UNIVERSITY OF SOUTHAMPTON

FACULTY OF LAW, ARTS AND SOCIAL SCIENCES

School of Education

Assessing Young People's Learning Needs

Related to Sexuality and Relationships

on the Maltese Islands

by

Roderick Bugeja

Thesis for the degree of Doctor of Philosophy

January 2010

UNIVERSITY OF SOUTHAMPTON
<u>**ABSTRACT**</u>
FACULTY OF LAW, ARTS AND SOCIAL SCIENCES
SCHOOL OF EDUCATION
<u>**Doctor of Philosophy**</u>
Assessing Learning Needs Related to Sexuality and Relationships in Malta
By Roderick Bugeja

This research explored young people's learning needs related to sexuality and relationships within the current rapidly changing social, cultural and religious context of the Maltese Islands. It also explored the challenges, opportunities and alternative means by which these needs can be met. A definitional matrix for needs assessment that adopts a sociological perspective to people's needs, which is widely used in health promotion, was employed. This thesis was framed around the underlying principles of youth involvement, participation and empowerment, and thus emphasised young people's own perspective of their learning needs.

The mixed-methodology approach was adopted in this research. The first stage of investigation sought to achieve an overview of sexual behaviour and knowledge among young Maltese people aged 14 - 16 attending secondary schools. A stratified random sample of 1310 pupils (68% response rate) provided a first-ever snapshot of young people's sexual behaviour in Malta. The second stage sought to explore young people's felt and expressed learning needs within and outside the school setting by way of sixteen focus groups involving another 166 pupils.

Findings suggest a relatively low rate of pupils who would have practiced sexual intercourse by school-leaving age in Malta (12.3%). Mean age at first intercourse seems similar to that of other European countries (14 years) for both genders. Only a fifth used condoms every time they had sex. Knowledge of STIs was scant. The pupils were more informed about HIV. Girls were more knowledgeable. Boys had sex with more sexual partners. No gender differences were noted in substance abuse with sex. Discussions among pupils revealed a high degree of perceived unmet learning need. Participants valued highly learning about sexuality but thought it received much less attention than their other academic learning needs. Disparities between schools were evidenced. Learning was sporadic and uncoordinated with conflicting messages from different teachers. Often sessions started timely to pupils' needs, but ended prematurely. Learning from parents was scanty and associated with the overall relationship and bonding between parents and the child. Gaps were noted between perceived ideal sources (teachers, parents and visiting speakers) and actual / preferred sources (friends and the media). Needs were perceived in relation to the content and timing of learning, sources of knowledge, learning styles and resources. Maltese pupils had diverse values and called for a variety of approaches.

Recommendations were made for a national sexuality education policy to standardize the framework of sexuality education among Maltese schools; more initial teacher training and in-service training in sexuality education to meet the needs of a diverse group of adolescents through various approaches; more collaboration among teachers within schools; parenting skills and life-long learning opportunities for parents; more active involvement of adolescents and a wider consultation with schools and families in the evaluation of sexuality education.

DEDICATION

TO ALL YOUNG PEOPLE.

MAY THEY NOT GROW TO WISDOM,

THE HARD WAY.

LIST OF CONTENTS

LIST OF TABLES

ACKNOWLEDGEMENTS

ABBREVIATIONS

AIDS	Acquired Immune-deficiency Syndrome
CPD	Continuing Professional Education
EU	European Union
ESPAD	European-wide School Survey Project on Alcohol and other Drugs
DfEE	Department for Education and Employment (UK)
HBSC	Health Behaviour in School-aged Children
HIV	Human Immune-deficiency Virus
N	Population
n	Sample
NSO	National Statistics Office
PGCE	Post Graduate Certificate in Education
PSD	Personal and Social Development
PSHE	Personal, Social and Health Education
SEF	Sex Education Forum
SIECUS	Sexuality Information and Education Council of the United States
SRE	Sexuality and Relationships Education
STI	Sexually transmitted Infections
UK	United Kingdom
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
USA	United States of America
WAS	World Association of Sexual Health
WHO	World Health Organisation

CHAPTER ONE: INTRODUCTION

THE PURPOSE AND AIMS OF THIS RESEARCH,
AND ITS SOCIAL AND PERSONAL CONTEXT

THE PURPOSE OF THIS RESEARCH

The overall purpose of this thesis was to explore young Maltese people's needs related to their developing sexuality and relationships within the current changing context, and seek the challenges, opportunities and alternative means by which these needs can be met. A secondary purpose was to contribute further to the ongoing debate on how to develop culture-sensitive and age-appropriate learning programmes and guidelines capable of meeting young people's needs.

This thesis was concerned with young people attending secondary schools. After having explored the concept of need and identified an approach for needs assessment for this thesis, four principal aims and related objectives were identified to fulfil the purpose of the study. These were informed by current debates in the academic literature, which are explored and discussed in the next chapter.

The aims of this research to achieve the overall purpose of the thesis were:

1. To achieve an overview of sexual behaviour among Maltese young people aged 14-16

2. To achieve an overview of the extent of young Maltese people's knowledge related to sexual health

3. To explore young Maltese people's general perceptions and beliefs related to learning and knowing about sexuality and relationships.

4. To explore young Maltese people's felt/expressed needs related to learning about sexuality and relationships, and their perceived extent to which these needs, through current practices, have been or are being met.

AN OUTLINE OF THIS RESEARCH

This research was conducted in two stages of empirical investigation. The first sought to map the field by exploring the general state of sexual behaviour and knowledge among young people nearing the end of their secondary school years in Malta. This created a platform to underpin the central investigation of the thesis. A quantitative approach was adopted by way of a survey questionnaire targeting a fifth of the total population of young people aged 14-16 years on the Maltese islands. It was decided to restrict this study to ages 14, 15 and 16 years since the thesis has particularly explored young people's experience of learning about sexuality and relationships both at home and at school.

The second stage sought to explore young people's own perspective of their learning needs related to sexuality and relationships, and their perceived extent to which these learning needs have been met. This was extended to young people's perception of how their needs could be better met. A qualitative approach was adopted by way of 15 focus groups – applying the theoretical saturation criterion – involving 166 pupils. A number of objectives related to these aims were also triangulated by way of methodological triangulation, mixing the qualitative and quantitative methods during the research process.

Finally, this thesis sought to draw some conclusions as to the challenges and opportunities that educators, parents, and others whose role or duty is to assist young people's learning about sexuality and relationships ought to face in order to better address young people's needs. The rationale for opting to focus on the felt and expressed needs of young people is further discussed in the second chapter of this thesis

THE SOCIAL CONTEXT OF THIS RESEARCH

Malta is a member state of the European Union, the British Commonwealth, the Council of Europe and the United Nations. The Maltese archipelago, located in the centre of the Mediterranean, consists of two inhabited islands, Malta and Gozo, covering a total area of 316 square kilometres. The Maltese population during the latest census (2005) stood at 404, 346 people, making it the most densely populated country in Europe. Despite a continuing decrease in fertility rate, the Maltese population is still increasing by an average of 0.7% per year, mainly due to improvements in medical and health services, quality of life, and thus longevity (National Statistics Office, Malta 2006).

The uniquely complex Maltese history – which has gone through successive waves of domination by the Carthaginians, Romans, Byzantines, Arabs, Normans, Spanish, French, and British – has left some distinguishing marks on contemporary Maltese society. The Maltese people have managed to accommodate outside influences and yet retain a strong sense of national identity. Sultana & Baldacchino (1994) identified three decisive influences on contemporary Malta: the British tradition, the Catholic Church, and what they term "the Realm of Lilliput" (p.14). This implied that British interest in Malta was essentially strategic, and on the whole, the British model of imperialism tended not to disrupt local culture and customs unless it was absolutely necessary for its national interest. The British did not seek to wipe out the local language or culture, and certainly avoided serious disputes with the Roman Catholic Church. However, they did leave the marketable asset of fluency in the Maltese language and also left an imprint on education, administration, justice and government. The colonial governor-style of 'top-down' administration fitted well with established local traditions of paternalistic authority coming from the Church.

Roman Catholicism is defined as "the official religion of Malta" by the country's Constitution, thus giving Maltese people a specific religious identity. Religious education in the Catholic faith in Maltese schools is enshrined in the Constitution and the Education Act as well as being stipulated in the agreement between the Holy See and the Republic of Malta (Ministry of Education, 1999). Discussions have only very recently started taking place to introduce pupils to other faiths apart from Catholic teachings "without renouncing [to] the centrality of the Catholic faith" (*The Times of Malta*: 8 September 2009, pg.3).

Malta is a country with somewhat conservative but rapidly changing social, cultural and moral norms. The Maltese scored highest in a survey investigating religious affiliation across Europe, with over 95% of the citizens professing to be Catholic (National Statistics Office, 2002). However, research has shown that the power and influence which the Church once wielded in the community is slowly diminishing (Abela, 2000). Both the National Youth Values Survey in Malta (Abela, 1998) and the European Values Study (2001) show how the strict traditional morality of the Catholic Church is gradually giving way to a more open discourse on sexuality and its ensuing secularisation. In the past decade or so, with Malta's entry into the European Union and considerable developments in information technology infrastructure, adolescents became more exposed to

Western cultural practices, which may have implications for the attitude change towards adolescent sexual activity as well as the specific needs experienced by this group. In a new global context, independently of the forces of religion, Malta did not remain isolated from the influence of pluralistic values, permissive morality and the emancipation of sexuality (Abela, 1998). More young people in Malta have come to hold liberal sexual values and are engaging more freely in sexual activity than in previous decades.

On the other hand, local research did not support the view that Maltese youths are experiencing a dramatic transition from traditional restrictive morality to liberal sexual lifestyles (Abela, 1998). Research suggested evidence of a disjunction between the ideals and values that young people held on to and actual sexual behaviour. The observed change in young people's sexual values in a new social environment is still present alongside traditional familial orientations and upkeep of a strong religiosity. The results emerging from a recent Eurobarometer survey (European Commission, 2006) conclude that there seem to be competing Maltese identities. On the one hand there is an inherited national identity which is related to people's attachment to the Church, and on the other there appears to be a growing identity which is driven by individualised and secular values (Abela, 2006).

The increased tolerance of sexual diversity and practices by the upcoming generation of Maltese young people will almost certainly lead to further secularisation of sexuality locally. However, it remains to be seen how sexual expression among young adolescents changes in view of their changing values and attitudes, since no prior studies have ever addressed this cohort. By way of its findings, this research sets up a baseline value for future studies to identify how young adolescents' sexual expression in the Maltese islands is changing over time.

Furthermore, with the changing values, attitudes and sexual behaviour, those learning needs of young Maltese people related to sexuality and relationships within this cohort will also change. This will surely challenge previous sexuality education practices and interventions, and create new challenges for parents and educators to meet these young people's learning needs. Therefore, this thesis sets out to first of all explore young people's needs within their current changing context, and secondly to seek the challenges, opportunities and alternative or innovative means by which their needs can be met.

THE AUTHOR'S ROLE AND INTEREST IN CONDUCTING THIS RESEARCH

I am an academic member of the University of Malta, where I lecture about public health theories, sexuality and sexual health, and social research methods within the Medical School and School of Education. I am also a freelance sexuality education consultant and have been appointed to working groups that formulate national policies on adolescent sexual health. For seven years I practised genito-urinary medicine, during which time I witnessed a widespread lack of factual knowledge, misconceptions, myths and mixed messages about sex and sexuality among Maltese adolescents. Thus I started looking at sexuality education in Maltese schools. This is when I learned how scant and uncoordinated sexuality education was across the island, where most teachers and parents held very negative attitudes towards youth sexuality and lacked the knowledge, willingness and competence to talk about sexuality and relationships with young people.

More recently I was asked by the local Secretariat for Education to identify what education resources are needed to support school sexuality education. I searched for local empirical evidence exploring young people's sexuality education needs in order to adopt an evidence-based approach, but found none. This set me to systematically explore young people's learning needs and ways by which these could be met more effectively.

The strong socio-religious culture deeply embedded within the Maltese political hierarchy was the main barrier hindering the research process. A third of the questions in the survey tool (many of which were adopted from standard WHO surveys conducted across Europe) had to be omitted, while others were substantially re-worded, in order to obtain the necessary permission to conduct this research. The main reason given for such requests was that raising certain issues with young people could give them the wrong impression as to what is sexually permissible. An example of such questions is one that explores the extent of willingness or regret with regard to one's sexual relationships and sexual practices. This limited the objectives that could be set for this study.

Despite the limitations and hurdles, the outcome of this research is bearing fruit by way of a voluntary organisation called Life Resources Foundation that I founded with two other colleagues (see Appendices 14 and 15). We provide educational resources and services to assist educators and parents engage more with adolescents in creating dialogue on matters related to sexuality and relationships, and in better equipping Maltese young people to meet their learning needs. Such needs for services and resources were determined by the local empirical evidence provided by this research.

This chapter has defined the overall purpose of the thesis, outlined the main aims of this research and described the two stages of empirical investigation. Furthermore, it also portrayed the social context of this research and provided an account of my role as a researcher and personal interest in conducting this research. The next chapter defines the major concepts and the underlying principles of this thesis, and explores current issues and debates related to the overall purpose and aims of this thesis.

CHAPTER TWO
RATIONALE AND LITERATURE REVIEW

Aim of this chapter

The aim of this chapter is to provide a rationale for this research. Therefore the first section explores and describes current issues related to this thesis from which the essential principles underlying this research emerged. It then defines the concepts of need and needs assessment, which are fundamental to this thesis. The third section then presents a review of literature exploring and discussing key issues and indicators related to young people's sexual behaviour and knowledge, as well as current debates about sexuality education, to inform the objectives of this study, which are listed in the final section.

The search

A literature search was conducted to meet the aim of this chapter. Priority was given to literature published within a decade prior to the commencement of this research. Literature retrieved included articles in peer reviewed journals, systematic reviews, books, and post-graduate research studies in the English language in the fields of adolescent sexual health, health education, health promotion, and sexuality and relationships education. The University of Southampton Libraries Webcat and the University of Malta Library Web OPAC were used to access books and other resources also related to the main areas discussed in this chapter.

Online searches were conducted using the Social Science Citation Index, Medline, Pub Med, Informaworld, TDNet, The Cochrane Library, The Cochrane Database, ScienceDirect, Emerald Insight, IngentaConnect, Questia, EBSCO, The Cinahl Database, ERIC and the British Education Index. Manual searches in well recognised journals related to the field of sexual health promotion and sexuality education were conducted, and included the Health Education Journal, Health Education Research, Health Promotion International, the Journal of the Royal Society for the Promotion of Health and Sexuality Education.

SECTION 1:   ESSENTIAL PRINCIPLES UNDERLYING THIS THESIS

The purpose of this section is to define basic aspects related to this thesis from which the essential principles underlying this research emerged. This thesis focuses on the learning needs of Maltese young people specifically related to sexuality and relationships during the secondary school years, when the majority of pupils are 11-16 years old. It is built on the premise that young people have a fundamental right to learn about sexuality, relationships and sexual health matters. Therefore, formal and informal education should aim to meet young people's learning needs related to these issues. However, it is believed that an essential requisite for meeting young people's needs is to first gain an awareness of these specific learning needs, and to subsequently explore the level or degree of met or unmet need. This constitutes the central concern of this thesis, that is, to explore Maltese young people's sexuality and relationships education needs, and to reach some conclusions regarding the extent to which these needs are being met.

The WHO (1999) identified the period between 10 and 19 years of age as *adolescence*, although these variables cannot be absolute (Spear and Kulbok, 2001). During this period, adolescents undergo a transitional developmental phase from childhood through to adulthood, following the onset of puberty. Adolescence is not only marked by dramatic physiological changes, but also by important and often profound emotional and behavioural changes, social-role development and interpersonal events (Bee, 2009).

Research has been quite consistent in regarding adolescent sexuality and sexual behaviour as a multidimensional and complex phenomenon (Spear and Kulbok, 2001), but the way terms such as *young people* and *adolescents* are often used in the general literature tends to simplify adolescence and encourage a misinterpretation of the nature of young people's sexual development and expression in different ways. First, this cohort is generally grouped and homogenised with habitual characteristics that give little recognition to the diversity among adolescents. As Warwick and Aggleton (2001:1) stated:

> Because some young people take risks, all young people are assumed to do so. Because for some young people the present matters more than the future, all young people are assumed to live in the here and now. And because some young people seek pleasure and thrills, all are assumed to be hedonistic.

Warwick and Aggleton argued that too often in the past, young people's sexual and reproductive health needs were unproblematically 'read-off' from the international literature on adolescence and adolescent health, assuming all young people to be similar. They argued that the starting point for much work with young people needs to be a *local* needs assessment. The latter involves finding out about young people's beliefs, feelings and actions in response to particular issues, in order to recognise the similarities and differences in young people, and to avoid falling back on stereotypes and oversimplifications of what young people are like. It is also commonly argued in the literature that experts and policy makers cannot make practical recommendations for interventions that meet young people's needs unless they are mindful of the key sexual attitudes, behaviours and lifestyle, and the outcome of youth sexuality within that particular context, taking into account the diversity among young people (Ross *et al.*, 1994; Allot and Paxton, 2000; Wight and Abraham, 2000; Senanayake *et al.*, 2001; Spear and Kulbok, 2001; Misra and Ballard, 2003).

This thesis is founded on the principle of a social definition of adolescence which recognises young people's diversity of attitude and behaviours, regards adolescents positively, and views them as active and valuable citizens in their own right, enabling them to participate in decisions that affect them and their society.

Secondly, very often the literature seems to highlight the spontaneity, social immaturity, risk-taking and volatile behavioural patterns of the adolescent, focusing on the abnormal, deviant and spectacular behaviour which young people are often inclined to engage in as they negotiate adolescence (Warwick and Aggleton, 2001). Much of the research reviewed has placed more emphasis on young people's perceived vulnerability to risks associated with early sexual debut and unprotected sexual activity, or the negative and problematic perspective on young people's sexual behaviour (Giseck, 1992; Moore et al., 1996; Smith, 1996; Spear and Kulbok, 2001; Wellings *et al.*, 2001). Hirst (2004) too stated that in international literature, young people's behaviours are often considered as relatively homogeneous, risk-laden, and without any emotion. Thus, adolescents can quickly be perceived as a collection of discrete problems and adolescence depicted as a period that may impact young people's health in a negative way for the rest of their lives (Spear and Kulbok, 2001; Crooks and Baur, 2002; Ross *et al.*, 2004).

An alternative perspective is to see adolescence as a time for discovering potentials, endowed with positive life-affirming developmental events, which assist young people in becoming mature and holistic persons (Spear and Kulbok, 2001). Children develop physically, sexually and emotionally, bringing them to the full physical and behavioural sexual maturity to start forming relationships. It is true that sexual relationships starting in adolescence can bring significant health and social problems among young adults (Gokengin *et al.*, 2003; Ross *et al.*, 2004), but through building relationships, young people also start to learn how to relate with others in an intimate way in an expression of communication, affection and bonding. It also helps them develop sexual values that guide their sexual behaviour (Moore and Rosenthal, 1998; Senanayake *et al.*, 2001).

The World Association for Sexual Health (WAS, 2009) asserts that sexual health is fundamental to the wellbeing of all people. It is much more than the absence of disease. Adolescents' actual needs are less likely to be effectively addressed in society if young people's sexual health is viewed in terms of problems such as teenage pregnancies and sexually transmitted infections (STIs). More holistic definitions of sexual health have been suggested, such as the World Health Organisation (WHO) definition (2006) which integrates the physical, emotional, intellectual and social aspects of sexual wellbeing. This perspective takes into account the emotional wellbeing of the individual, the ability to develop mutually satisfying relationships, and the development of a self-identity. Other definitions have even gone beyond these domains to require sexual integration – the congruence of a person's sexual values and behaviours. For example, Robinson *et al.* (2002) provided a definition which incorporated various aspects into a single comprehensive definition of sexual health; this requires an individual to have:

- accurate knowledge

- personal awareness and positive self-acceptance

- an ability to understand and communicate sexual needs and desires

- an individual's ability to build intimate sexual relationships with a partner

- respect for others, individual differences and an appreciation of diversity

- a feeling of belonging to and involvement in one's sexual culture(s)

- an ability to set up appropriate personal sexual boundaries;

as well as being sexually functional and obtain sexual fulfilment.

Sexual health includes a sense of self-esteem, personal attractiveness and competence, as well as freedom from sexual dysfunction, sexually transmitted diseases, and sexual assault and coercion. Sexual health affirms sexuality as a positive force, enhancing other dimensions of one's life (Robinson *et al.*, 2002:43).

In this definition, one's behaviour, values and emotions are congruent and integrated within a person's wider personality structure and self-definition. Robinson *et al.* (2002) also identified a communal aspect in their definition, reflecting not only self-acceptance and self-respect, but respect for others. Hence the priority needs of young people are more likely to be effectively addressed if researchers and policy makers start from the premise of a positive and more holistic view of young people's sexuality and sexual health reflecting the above definitions.

In dealing with young people's needs, this thesis acknowledges the positive aspects of adolescents' sexuality and sexual expression. It is founded upon the principles of a more holistic, positive and integrated definition of sexual health, and not merely a state of freedom from diseases and unplanned pregnancy.

Thirdly, quite often the literature fails to acknowledge that young people's sexual drive and expression are not only the result of their physiological and emotional development, but also influenced and shaped by the attitudes, ideas and expectations of both the immediate and the wider socio-religious and cultural context (Moore and Rosenthal, 1998; Senanayake *et al.*, 2001). It has long been recognised that sexuality and sexual behaviour are socially constructed, and not the mere result of natural phenomena (Foucault, 1978). The theories and models of Bandura (1977) elaborate on the individual's social existence in relation to other people. Thus young people's behaviour can be considered a mirror of a particular society's norms and attitudes. Robinson *et al.* (2002) recognised that sexuality encompasses cultural diversity and that its definition may vary in different social and cultural contexts. Hirst (2004) too stated that faith and cultural beliefs, together with context and social processes, are important factors that influence the ways in which sexuality and sexual practices shape identity, agency and subjectivity. Thus, youth sexuality cannot be adequately understood unless due consideration is given to the influence that religion and secularisation play on the sexual mores and culture.

Horrocks (1997) stated that historically, sexuality has been under the influence of religion; Christianity has dominated Western thinking for a very long time and is still with us, even if in an unconscious or degenerate form. Today, in post-secular times, where religiosity and secularisation are believed to revitalise one another, the discussion of sex does not escape religious preoccupation (Abela, 1998) especially in Malta, in view of its unique political and socio-religious context where, as we have already seen, religion plays a major role. Youth sexuality in Malta is still a subject of much controversy and conflict. Until recently, doubts that perceptible changes are occurring in sexual behaviour and attitudes among Maltese youth still persisted. Often policy makers, government officials, parents and religious leaders in the community have difficulty accepting adolescents as sexual beings with changing sexual attitudes, values and behaviour.

This thesis acknowledges the influence that the specific local cultural and socio-religious context has on Maltese young people's understanding and expression of sexuality, and thus on their learning needs related to sexuality and relationships. It is the main reason why a local needs assessment was deemed essential in this research, rather than assuming young people's needs from international literature.

SECTION 2:   DEFINING THE MAJOR CONCEPTS OF THIS THESIS

The concept of 'need' and 'needs assessment'

Given today's diverse and dynamic societies, population needs keep changing. Solutions that worked in the past do not remain appropriate for subsequent generations, creating an impetus for assessing needs. *Needs assessment* is a tool designed by social scientists when planning policies and intervention strategies to support decision making in prioritisation (Reviere *et al.*, 1996). It can also be used to compare service expectations with outcomes (Pigg, Carrier and McDonald, 1995). But the multi-faceted nature of the meaning of the term *need* makes 'needs assessment' a contentious area about which considerable confusion exists. There seems to be no single standardised methodology or cohesive theory to guide the process of needs assessment (Pigg, Carrier and McDonald, 1995).

The complex and diverse definition of the concept of need have led to various perspectives and approaches to assess needs. Different approaches take into consideration different indicators of need that may be employed. In his *Taxonomy of Social Need*, Bradshaw (1972) delineated a paradigm which adopts a sociological perspective that sets a useful definitional matrix for needs assessment that is widely used in health promotion (Endacott, 1997; Ewles and Simnett, 1999; Naidoo and Wills, 2000; Woo and Twinn, 2004; Morin and Leblanc, 2005). Bradshaw described four different definitions:

- normative need
- felt need
- expressed need
- comparative need.

It was argued that when assessing needs, it is essential to ask which definition of 'need' would most suitably fit in with the characteristics of the population whose needs are ostensibly assessed, and link this definition with a congruent methodology to assess needs (Pigg *et al.*, 1995; Reviere *et al.*, 1996; Endacott, 1997). But Bradshaw (1994) argued that none of the four perspectives can be absolute because the definitions of need established by the different approaches may not correspond. Each definition of social need is flawed by the involvement of a value judgement about the threshold that should be applied, influenced by psychological, socio-economic and cultural factors. Any attempt to define need is always open to criticisms of its having a dual role – that of subjugating the individual or group being assessed to the needs of the system, or professional interests within the system, while simultaneously constructing a picture of what that individual or group needs. Thus, while the diverse approaches to needs assessment can be to some extent legitimate and potentially mutually informing to meet the purpose of this research, any single approach used in isolation would fall short of identifying what young people's learning needs are most likely to be.

The collective body of literature reviewed suggests that employing an interrelation of all the sociological perspectives to needs assessment would increase the probability of obtaining a holistic view of the needs of a given population (Bradshaw, 1972; Bradshaw, 1994; Pigg *et al.*, 1995; Stevens and Gillam, 1997; Bradshaw and Finch, 2001; Spear and Kulbok, 2001; Bowling, 2002). Thus, 'actual need' is more likely to be identified at the core of a definitional matrix of approaches to needs assessment, where findings from the four elements (felt, expressed, normative and comparative) overlap.

Therefore, in this research a triangulation of different approaches to needs assessment has been attempted in order to obtain a holistic perspective of young people's learning needs related to sexuality and relationships. This was primarily done by adopting and linking different epistemologies and methods of data collection with different definitions of need. Methods used were the survey method, focus group discussions and document analysis of other research and routine statistical data. Further details related to the methodology of this research can be found in the next chapter. Below is a discussion of how the different definitions of need and their corresponding approaches to needs assessment could contribute to a better understanding of young people's learning needs about sexuality and relationships.

Normative need

Normative need is what 'experts' define as needed by any given population within a given context (Bradshaw, 1972). In sexuality education this could be young people's learning needs according to standards established by public health experts, school teachers, administrators and governors, researchers and policy makers, parents, politicians and religious leaders within a given society or community.

Bradshaw said that 'experts' do not identify needs in a vacuum. Decisions are based on a value judgement according to the value orientation of the 'expert', personal experiences, knowledge, expertise and beliefs. Thus, normative needs cannot be taken as an empirical fact because there may well be different and possibly conflicting views within the same definition, as different 'experts' may lay down different 'desirable' standards.

Furthermore, needs assessment approaches adopting this definition may be tainted with a charge of paternalism and moralistic views. For example, more often than not, public health specialists addressing the sexual health of young people placed emphasis on the problematic perspective of young people's sexual behaviour leading to social, emotional and economic costs in people's lives. This blinkered vision of adolescents as a deviant group within society has led to much sexual health education interventions being linked to young people's needs in terms of reducing the negative and problematic outcomes of adolescent sexuality, such as HIV/AIDS, STIs and unplanned pregnancies, which are commonly associated with the early onset of sexual activity, unprotected sex, multiple partnership and the use and/or abuse of illicit and licit recreational substances.

Within this perspective, young people's learning needs are more likely to be identified as the need to abstain from or postpone sexual activity, confine sex to marriage to ensure monogamy, use contraception or birth control methods to prevent unplanned pregnancies, and refrain from using recreational substances (example, the WHO's ABCD campaign). For many years, much of the evaluation research conducted internationally weighed the success of sexual health promotion and education interventions solely against shifts in trends of sexually transmitted infections, unplanned pregnancies and abortions among young people. In the light of a more holistic definition of sexual health as seen above, adopting a normative approach to needs assessment would mean that other needs of young people going through this sensitive developmental phase will be neglected.

This thesis acknowledges the limitations of the normative approach when used in isolation to measure need. However, it acknowledges the important contribution it can make towards a more holistic understanding of young people's learning needs when integrated into a multi-dimensional approach to needs assessment. Therefore, this approach was incorporated with other definitions and approaches to needs assessment.

Felt / expressed need

An alternative definition is *felt need,* or the way people objectively view themselves and identify their true needs within their own context (Bradshaw, 1972). In sexuality education, this would entail young people's perception of their own needs related to learning about sexuality and relationships. Felt need becomes *expressed need* when it is verbally turned into a demand. Therefore, in assessing need one would need to listen to the people concerned as they articulate their own perceived need.

There has been a growing body of evidence supporting the argument that young people are able to articulate and prioritise their needs, and that young people should have the biggest say in identifying their own needs and what might be done to address them (Reviere *et al.*, 1996; Carrera and Ingham, 1997; Patel-Kanwal and Lenderyou, 1998; Warwick and Aggleton, 2001). There have also been claims that sexuality education seems to be more effective if it has a direct bearing on young people's lives and concerns, overcoming some of the assumptions and biases adults have over adolescents. Kirby (1999) showed evidence that proves the success of sexuality education strategies based on young people's own expressed needs over professional opinion.

As discussed above, sexuality education programmes applying a 'top-down' approach based on adult-led risk and lifestyle orientation tend to view young people negatively in terms of health problems rather than in terms of their potential capabilities. Negative approaches to sexuality education often fail to address the vulnerabilities of particular young people, and fail to contextualise sexual health within a wider framework of young people's lives. Furthermore, this approach also considers all young people as an equally vulnerable and a homogeneous group, and fails to recognise the full diversity of all young people. Therefore it would also fail to address the real needs and vulnerabilities of particular groups of young people. In reality young people have specific needs and concerns because of their adverse social circumstances, specific lifestyles and sexual preferences. Senanayake *et al.* (2001) suggested that it is more likely that the priority needs of young people are better met if intervention strategies take account of the realities of adolescents' lives by listening to young people, giving them the opportunity to define their needs, and involving them in the decision-making process. The WHO (2005) also reiterated the concern that neglecting felt and expressed needs would mean that young people's sexual health needs remain poorly understood and thus much served in much of the world, with far reaching consequences in people's lives as they develop into adulthood.

On the other hand, this approach has been criticised as being an inadequate measure of 'real need'. It was argued that this approach is flawed, partly because even though people in need may very legitimately have an idea of what is wrong with them, their individual perceptions can be limited and biased by their limited knowledge and awareness of what kinds of assistance or services could be made available to them. Furthermore, individuals may not even believe or realise that they are in need, and thus need someone else to make them aware of their needs (Doyal and Gough, 1991). Sometimes people might also be reluctant to confess a loss of independence (Bradshaw, 1972).

This definition of need has also been equated with the notion of *want*. A concept analysis of 'need' identified *want* as a possible alternative term bearing the same meaning. Endacott (1997) argued that while a 'need' must be satisfied because it's a necessity, 'want' has connotations of desire, hence a non-priority which can be deferred. This approach was also thought to be inflated by those who ask for help without really needing it and thus may not truly represent need at all (Reviere *et al.*,1996; Doyal and Gough, 1991; Naidoo and Wills, 2000; Bradshaw and Finch, 2001).

It was also argued that it is common for felt needs not to be expressed, but lack of demand should not be equated with lack of felt needs (Ewles and Simnett, 1999; Naidoo and Wills; 2000). There could be various reasons why young people do not express their needs related to sexuality and relationships. These could include embarrassment and fear (such as fear of stigma, prejudice or punishment for disclosing one's own sexual attitudes) of talking about sex and sexuality due to the taboo associated with the topic. Also, the lack of opportunity for young people to express their felt needs and the lack of motivation and assertiveness to do so would mean that young people's felt needs remain unheard. Bradshaw and Finch (2001) argued that policy makers can only learn what young people feel they need by creating the opportunity and encouraging individuals to express their needs; otherwise, many needs remain unidentified and unmet.

This thesis acknowledges the limitations of the felt/expressed definition of need as a measure for young people's learning needs about sexuality and relationships. However, the intrinsic strengths of this approach in contributing to a more holistic picture of young people's needs are also recognised. Therefore the felt/expressed definition of need has also been employed within the matrix of multi-dimensional approaches to meet the purpose of this research.

The felt/expressed need approach has also been commended by various authors for reasons that go beyond discourses related to the definition of 'need' and the concept of 'needs assessment'. For example, Senanayake *et al.* (2001) stated that involving young people in decision-making empowers young people – a marginalised group in many societies – through learning about collaborative and problem-solving skills, becoming aware of differences in attitudes and lifestyles, and respecting diversity. Spear and Kulbok (2001) asserted that young people are believed to engage more with an intervention if they are given an active role while setting it up – thus benefiting more from it. They are more likely to become reliant, passive, disinterested, and covertly resistant to – or even overtly reject – interventions if they are not involved. Bowling (2002) affirmed that using participatory techniques can bring people together around issues of rights and welfare of adolescents rather than endorsing a single model of how policies should work. The United Nations (1991) declared adolescents' participation in the decision-making processes affecting their lives as one of the fundamental rights of young people.

Despite the above, Senanayake *et al.* (2001) noted that research into adolescent sexual health rarely placed the voices and concerns of adolescents at the centre of the research, even though in recent years there has been a greater willingness to listen directly to young people. In the past, children and young people's needs were largely defined by the experts in child development, so that the debates became a battle between different adult groups over their preferred vision (Halstead and Reis, 2003). Although in theory adolescents' right to participate is becoming more accepted, in practice it remains a major challenge for many adults to let go of the control they had exercised over young people, and make decision-making democratic and representative at all stages.

Therefore, this thesis recognises and highly values the principles of youth involvement, youth participation and empowerment. Given the restrictions in writing this thesis, and in view of the debates just mentioned, this research placed more emphasis on the felt/expressed definition against other approaches to assess young people's needs. Recommendations for further research are made to build on findings from this study and look more profoundly into other definitions and methods of needs assessment to obtain a more complete picture of young people's needs related to learning about sexuality and relationships.

Comparative need

Comparative need is that measured by exploring the gap between what services exist in one area and what services exist in another area (Bradshaw, 1972). If people within an area having similar characteristics to those of another area are not in receipt of a service offered to the other group, then they are identified as being in need. The difficulty remains how to define and clearly delineate significant characteristics between groups.

It can be argued that although the Maltese islanders are in many ways similar to other European people, Maltese society remains distinctive in view of its small, bounded and confined geography, its history, language, culture, religious beliefs and values. Even Maltese laws related to sexual and reproductive health matters such as contraception and abortion are different. Therefore, given the different social contexts, the comparative approach to exploring young people's learning needs related to sexuality and relationships in Malta can be viewed as rather inadequate. This further supports the rationale behind the conduct of this research within a largely unexplored unique context.

An alternative perspective could be that, as we have already seen in the Introduction, sexual mores in Malta are constantly changing, especially among youth, since young people's exposure to Western cultural practices was intensified in the last two decades (Mifsud *et al.*, 2009). Therefore, exploring contemporary public and political discursive perspectives related to sexuality education that have developed in other countries could provide valuable insight into how young people's learning needs are being explored and addressed in other contexts. These perspectives are related to the scope, meaning, approaches and methods being adopted and researched to address young people's learning needs related to sexuality and relationships. This provides a basis for which findings from this research can be compared with those of other countries, highlighting where they converge or diverge.

Therefore in this research the comparative approach was employed by conducting a literature review and comparing findings. This approach, in combination with the other approaches, further enhanced the understanding of young people's needs from a wider perspective, within a globalised world. It also helped explore potential future challenges to be experienced locally in view of the ongoing shifting of values and sexual practices among the Maltese youth.

SECTION 3: LITERATURE REVIEW

Preamble

This section presents a review of current literature retrieved to form a basis for the objectives of this research. The review focuses on previous research undertaken that addressed young people's learning needs related to sexuality and relationships both from a normative as well as participative approaches. Overall, the literature seemed to highlight four major domains that are most commonly associated with the assessment of young people's learning needs. These are:-

- sexual behaviour

- sexual attitudes

- sexual knowledge

- sexuality education provision

This research focused on young people's sexual behaviour, knowledge and education. A number of key emergent themes in the literature related to these major topics were then explored. This thesis adopts a multi-dimensional approach to needs assessment, adopting different definitions of need. However, for reasons discussed earlier, more consideration has been given to the participative and youth empowerment (felt/expressed) approach. Therefore the review of literature addressing normative approaches was limited to a selection of the most common themes deemed sufficient to create the necessary baseline data for this study, and that allowed an extent of interrelation of the different sociological perspectives and approaches to needs assessment in this research.

Previous research highlighted a number of factors that showed evidence of significant differences in young people's sexual behaviour, knowledge and sexuality education needs. Gender differences seemed to be the most commonly explored and cited factor in previous studies. Scientific research claims that profound biological differences exist between boys' and girls' cognitive, social, and emotional development, styles of learning and educational needs (Cable and Spradlin, 2008).

This thesis focuses on adolescents aged 14-16 attending secondary schools in Malta. An overall objective of the study was to note any significant gender differences in relation to all the other objectives of this study, identified throughout the rest of this chapter.

This section is organised into two parts. The first addresses young people's sexual behaviour and knowledge, and the second addresses sexuality education. It must be noted that while reviewing the literature, nomenclature referring to sexual and reproductive health education varied considerably. Different terms encountered include sex education (Rolston, Schubotz and Simpson, 2005), sex and relationships education (Sex Education Forum, 1999; 2002), sex and relationship education (DFEE, 2000); relationships and sexuality education (Rolston *et al.*, 2005; Loughrey, 2002); education about personal relationships; education for love (Rolston *et al.*, 2005); education in human love (Sacred congregation for Catholic education, 1983), and family life education (Mturi and Hennink, 2005). The variety of terms denotes proposals for different purposes, approaches and even doctrines and discourses related to learning about sexuality and relationships. The different approaches are discussed below. But for the purpose of writing this thesis, the simple term *sexuality education* has been used throughout to refer to young people's learning about sex, sexuality, relationships and sexual health.

Key behavioural and knowledge factors

In the past two decades or so, there has been considerable focus on the sexual behaviour and knowledge of young people, considered to be major determinants of conception rates, STIs and HIV transmission, and other sexual health outcomes (Kirby, 1999). The literature revealed a number of key indicators commonly used to assess and measure the sexual health of young people and their learning needs. The most common seem to be:-

Behavioural indicators:
- age at first sexual intercourse
- sexual experiences
- number of sexual partners
- contraception use
- substance abuse

Knowledge indicators:
- awareness of sexually transmitted infections, including HIV
- knowledge of their modes of transmission
- methods of prevention
- awareness of screening and treatment services
- awareness of contraception methods

Some studies have shown a significant association between knowledge and safer sexual behaviour (e.g. Burazeri *et al.*, 2004). But others indicated that knowledge in itself is neither sufficient nor a precursor for the adoption of safer practices, be they abstinence or barrier methods of prevention and contraception (e.g. Agius *et al.*, 2006; Trani *et al.*, 2005; Jones and Haynes, 2006). A threshold has also been suggested beyond which knowledge does not impact on behaviour (Biro *et al.*, 1994). There is still a lot of uncertainty around this issue which merits further research. However, it is still commonly believed that young people need this information to enable them to make informed decisions about their behaviour before they become sexually active (WAS, 2009). Theoretically, the provision of information in sex education would provide individuals with the means to make a decision as to whether to practise safer sex or not. Social Cognitive Theory proposes that people's actions are informed by their perceptions of social reality, and that behavioural intentions will change with changes in social cognitions, which include beliefs, attitudes, self-efficacy and perceptions of social norms (Willig, 1999).

Downs *et al.* (2006) compared knowledge of STIs between adolescent females that had contracted an STI and girls who never did. Results showed that participants knew more about their diagnosed STI than about other STIs. They also appeared to learn about STIs primarily after diagnosis, when it is not only too late for effective prevention, but also for early detection or prompt treatment. If adolescents get this information before, they would more likely to recognise symptoms earlier, routinely screen for STIs in the absence of symptoms, seek earlier treatment and thus avoid infecting their partners and further complications. If people do not know about STIs they cannot even begin to consider protecting themselves from them. In this research, all key factors mentioned above were explored as one component of a multi-dimensional approach to needs assessment – the normative approach – among Maltese young people attending secondary school.

Overview of research studies addressing sexual behaviour and knowledge

The overall literature suggested that sexual mores and cultures have continually changed over the centuries, and have done so more rapidly over the past few decades. Young people are now living in a more open and explicit social environment, and their sexual attitudes and behaviours have been shifting continuously to reflect this process of social change. Therefore more consideration was given to international studies conducted around the same time of this current research. Table 2.1 below shows a chronological summary of a selection of research studies retrieved related to adolescent sexual behaviour and knowledge based on selected evaluative criteria.

As stated in the first chapter, the purpose of exploring the general state of sexual behaviour among young Maltese people aged 14-16 was to map the field and create a platform to underpin the central investigation of this thesis. In view of restrictions laid down when writing up this thesis, a decision was taken not to distinguish between and further explore the prevalence of young people's sexual activity with same-sex partners or persons of the other sex in the first stage of investigation of this research. Furthermore, given the predominant conservative socio-cultural context of this research described earlier, enquiring about same-sex relationships among young adolescents could have compromised the whole study when seeking permissions from the local education authorities to conduct the survey. This issue has been taken up for further discussion in section 5 of the Discussion Chapter in page 282. A recommendation is also made in this thesis to investigate same-sex relationships and related needs among young Maltese adolescents in subsequent research.

Author	Wellings et al. (1995)	Ingham, Sadler and Diamond (1999)	Maswanya et al. (2000)	Wellings et al. (2001)	Johnson et al. (2001)
Country	Britain	Hampshire, England	Japan	Britain	Britain
Study design	Cross-sectional descriptive survey	Cross-sectional descriptive survey	Cross-sectional descriptive survey	Cross-sectional Descriptive survey	Descriptive survey
Method(s)	Self-administered questionnaire and face-to-face interviews	Structured questionnaire	Self-administered structured questionnaire	Computer-assisted face-to-face interview and self-completion questionnaires	Computer assisted self-interview (CASI)
Sampling method	Random sample	Random sampling	Non-random sampling	Probability cluster sample	Stratified multistage Probability cluster sampling design
Sample	n = 18,876	n= 804	383 female students	n = 11,161	n = 11,161
Participants' age	16-59 years	mean age 15 years	18-21 years (mean age 18.8 years)	16-44 years	16-44 years
Response rate	66.8% response	98% response	93%	65.4% response rate	65.4% response
Indicators measured	Behavioural factors	Behavioural factor Knowledge factors Sexuality education	Knowledge factors	Behavioural factors Knowledge factors	Behavioural factors

Author	Nahom et al. (2001)	Poulin and Graham (2001)	Garside et al. (2001)	Clark et al. (2002)	Loughrey (2002)
Country	United States	Canada	England	United States	Northern Ireland
Study design	Longitudinal cohort survey (7 years)	Cross-sectional descriptive survey	Descriptive survey	Descriptive survey	Cross-sectional descriptive study
Method(s)	Self-administered questionnaire	Self-reported questionnaire	Self-administered questionnaire and 18 focus group discussions	Self-reported questionnaire	748 self-administered questionnaires and 7 focus groups
Sampling method	*Details not provided by authors*	Random sample	All year 9 and year 11 students in one school	Convenience sample	Survey - random Focus groups - convenience
Sample	n = 1173	n = 9997	432 secondary school students	393 participants	Year 12 students from 17 catholic schools
Participants' age	Grades 3-6 through to Grade 9-12	15-18 years (mean age 16 years)	Year 9 (13-14 yrs) Year 11 (15-16 yrs)	12-21years (mean 17 years)	16-17 years
Response rate	*Not provided by authors*	98% response rate	100%	*Details not given*	*Details not given*
Indicators measured	Behavioural factors Knowledge factors	Behavioural factors	Knowledge factors	Knowledge factors	Sex education

Author	Gokengin et al. (2003)	Tabone et al. (2003)	Kelley et al. (2004)	Burazeri et al. (2004)	Hirst, (2004)
Country	Izmir, Turkey	Malta	Russia	Albania	North of England
Study design	Cross-sectional descriptive survey	Cross-sectional descriptive survey	Cross-sectional descriptive survey	Cross-sectional descriptive survey	In-depth case study
Method(s)	Self-administered questionnaire	Self-reported questionnaire	Self-reported questionnaire using optical scan form	Self-reported questionnaire	4 focus groups 15 unstructured group/individual interviews Observation
Sampling method	Stratified sample	Random sample	Non-probability sample of convenience	Not given	Purposive sample
Sample	n = 2,217	n =415	290 secondary school students	722 undergraduate students	15 secondary school students
Participants' age	17-35 years (mean age 21 years)	18-30 years	Grades 8 - 9 - 10 (mean age <15yrs)	Details not given	14-16 years
Response rate	92.3% response	83% response	Not given	Not given	Not applicable
Indicators measured	Behavioural factors Knowledge factors	Behavioural factors	Behavioural factors Knowledge factors	Behavioural factors Knowledge factors	Behavioural factors Sex education

Author	Trani et al. (2005)	Agius et al. (2006)	Westwood and Mullan (2006)	Shaikh and Rahim (2006)	Jones and Haynes (2006)
Country	Italy	Australia	England	Pakistan	England
Study design	Cross-sectional descriptive survey	Three serial cross-sectional descriptive surveys (1992, 1997, 2002)	Two-phase intervention survey	Cross-sectional descriptive survey	Descriptive survey
Method(s)	Self-reported questionnaire	Self-reported questionnaire	Self-reported questionnaire	Interviews	Self-administered questionnaire and 8 focus group discussions
Sampling method	Random sample	Stratified random sample	Non-random sampling	Systematic random sampling	All students attending one college
Sample	644 students	1992 = 1741 pupils 1997 = 3550 pupils 2002 = 1490 pupils	1959 secondary school pupils	400 students	303 college students
Participants' age	14-20 years (mean age 17.7 years)	Year 10 = mean 15 Year 12 = mean 17	8th, 9th and 10th grade students	Mean age 17 years	16-24 year olds, mean age 17.7 years
Response rate	98.9% response	59% response	57.30%	100%	94%
Indicators measured	Behavioural factors Knowledge factors	Behavioural factors Knowledge factors	Behavioural factors Knowledge factors	Knowledge factors	Behavioural factors Knowledge factors

Author	Downs *et al.* (2006)	Buston and Wight (2006)	Abel and Fitzgerald (2006)	Coleman and Testa, 2007	Kniss and Akagi (2008)
Country	Pennsylvania	Scotland	New Zealand	Greater London, UK	Kansas, US
Study design	Longitudinal study over 6 months	Randomised controlled trial (SHARE)	Three-and-a-half year cohort qualitative descriptive study	Descriptive survey	Exploratory Descriptive study
Method(s)	Self-administered structed questionnaire	In-depth interviews Focus group discussions	Focus group discussions Personal interviews	Self-administered questionnaire	Online Questionnaire survey
Sampling method	*Details not given*	Purposive sample	Random sampling	All school students from Years 11 to 13 present on the day	Non-random sample
Sample	300 clinic attendees	n=35 pupils	n = 42	n = 3007	n = 410
Participants' age	14-18 years (median 16 years)	14-16 years	14-15 years	15-18 years	18-21years
Response rate	*Details not given*	*Not applicable*	*Not applicable*	99% response	24% response
Indicators measured	Behavioural factors Knowledge factors	Behavioural factors Sex education	Sex education	Behavioural factors Sex education	Behavioural factors Knowledge factors Sex education

Author	Sprecher, Harris and Meyers (2008)	Lesta, Lazarus and Essen (2008)	Li et al. (2009)	Bartolo et al. (2009)	Allen (2009)
Country	Midwest U.S.	Cyprus	China	Malta	New Zealand
Study design	17-year longitudinal survey (1990-2006)	Exploratory study	Cross-sectional descriptive study	Cross-sectional descriptive survey	Cross-sectional exploratory survey
Method(s)	Self-administered anonymous questionnaire	In-depth interviews using semi-structured discussing guide	Self-administered questionnaire	Self-reported questionnaire	Self-reported questionnaire survey Focus group discussions
Sampling method	*Details not provided by authors*	Purposeful sampling using snowballing technique	Cluster stratified sampling	Random sample	*No sampling details given by the author*
Sample	n = 6527	n = 12	2688 students	421 University students	n = 1180 (survey) n = 78 (FGP participants)
Participants' age	Mean age 20 years	15-18 years	15-23 years	Mean age 21 years	16-18 years
Response rate	*Details not provided by authors*	*Not applicable*	89.10%	70.2% response	*No details provided by the author*
Indicators measured	Sex education	Knowledge factors Sex education	Knowledge factors	Behavioural factors	Sex education

The literature search revealed that generally, population-based studies either focused on or included adolescents aged 16 to 19 years. However, it seems that few reliable and nationally representative studies were conducted with school-aged young people under 16 years of age. The vast majority of the studies reviewed were non-experimental and cross-sectional, which examined sexual behaviours, knowledge and related factors at one point in time. Several studies included random samples, although few had large samples. Most studies were in-school surveys, which by definition excluded the population that had dropped out of school prior to the study. Self-report questionnaires and investigator-developed instruments were most frequently used and the majority of the tools had been tested for reliability. Some researchers used standardised tools. Very few of the studies reviewed used a qualitative design and the vast majority had to rely on the self-report method, subject to bias. Moreover, a number of studies were retrospective, thus subject to recall bias. The majority of studies reviewed used both descriptive and inferential statistical procedures for data analysis. Most of the studies included information pertinent to data analysis procedures, mostly using multivariate logistic regression analysis. The following is an overview of the more significant studies reviewed.

Agius *et al.* (2006) conducted a series of three self-report surveys at five-year intervals among Australian pupils in Years 10 to 12 between 1992 and 2002. The aim of the study was to report changes in the sexual health knowledge and sexual risk-taking behaviours of students over 10. Government schools were randomly selected with a probability proportional to the size of the target population stratified by territory. A class from Year 10 (median age 15 years) and Year 12 (median age 17 ages) students were chosen from every school at each year level. Additional replacement schools were sampled geographically to replace schools unable to participate. This method enhanced representation of the findings to the wider geographical area, but excluded young people outside the school system. A total of 6781 students participated in all three surveys over the 10 year period (1992 - 1741; 1997 - 3550; 2002 - 1490). The researchers did not state what percentage of the total population the sample represented. Modest response rates were achieved with the overall participation rate being approximately 60%. The researchers claimed that generally non-response was due to students not returning completed consent forms, but did not discuss how non-response could have influenced the results. The tools were claimed to have face validity but were not tested for construct validity. For testing the significance of change over time, linear regression, binary and multinomial logistic regression statistical methods were used.

Trani, Gnisci, Nobile *et al.* (2005) conducted a study in 2003 to evaluate knowledge and behaviour in adolescents regarding the prevention of STIs among a random sample of 644 young people aged 14-20 years attending public high schools in one region in the extreme south of Italy (Calabria). Therefore, findings can only be generalised for this particular region of the country. All measures of the study were self-reported, although confidentiality was stressed to enhance the truthfulness of student responses. Multiple logistic regression analysis was performed. A number of explanatory variables were included in the analysis which consisted of gender, age, parents' employment and source of information about STIs. A major strength of the study was its high response rate of 98.9%, which could indicate the absence of a response bias. However, the sample did not include young people who had fallen out of the education stream after the age of 16. This study also relied on self-report method and thus it is possible that risky sexual practices were under-stated.

Wellings, Nanchahal, MacDowall *et al.* (2001) conducted their second probability sample survey between 1999 and 2001 in Britain to explore age at first heterosexual intercourse, homosexual sexual practices, number of heterosexual partners, sexual practices, condom use, communication about sex and STI acquisition. The results were compared with an earlier similar study conducted in 1990. The researchers recruited 11,161 participants aged 16-44 years by way of probability sampling, of which 12% were aged 16-19; and used a combination of data collection methods, a questionnaire and face-to-face interviews, which further enhanced the strength of the study. Adjustments were made for non-response. Logistic regression analysis was conducted to analyse data.

Nahom *et al.* (2001) examined gender differences between sexually experienced and inexperienced American youth attending urban schools with regard to intentions of engaging in sexual activity and condom use, perceptions of peers' engagement in sexual activity, and pressure felt to engage in sexual activity. Data were obtained from a larger seven-year longitudinal-cohort study intended to provide an empirical basis for designing AIDS education programmes for youth. A sample of 1173 students in Grade 3 through to Grade 6 were surveyed annually for seven years, with the final year of data collection occurring when youth were in their ninth through to their twelfth grades. The researchers stated that accuracy of the data cannot/couldn't be ascertained due to self-report bias.

Poulin and Graham (2001) sought to determine the prevalence of high-risk sexual behaviours and the influence of substance use and unplanned sexual intercourse on multiple sexual partners, inconsistent condom use and reasons for not always using condoms among Canadian adolescent students. Participants were a representative sample of 9997 pupils in grades 9, 10 and 12 attending public schools in 1998. The participants' ages ranged from 15 to 18 years with an average age of 16 years. Data was collected via a standardised cross-sectional self-reported anonymous questionnaire.

Lavikainen, Lintonen and Kosunen (2009) examined the relationship between adolescents' sexual behaviour and drinking style among a national sample of 100,790 Finnish pupils in Grade 8 (mean age 14.8) and Grade 9 (mean age 15.8) in 2002-2003. Three aspects of sexual risk-taking were included: early activity, unprotected sexual intercourse and having sex with multiple partners. A distinction was also made between different drinking styles, that is, alcohol drinking and drunkenness-related drinking. Logistic regression analysis was used to investigate the association.

Clark, Jackson and Allen-Taylor (2002) sought to explore young people's knowledge of the prevalence of STIs, and to determine the correlates of high STI knowledge levels and whether self-perceptions of STI knowledge correlated with knowledge test scores. A convenience sample of adolescents from waiting areas in an urban children's hospital in Pennsylvania were asked by peer educators about their STI knowledge, the sources of learning, and their self-perception of their knowledge. Peer educators were instructed to read the questionnaire to participants verbatim, without deviation. They also completed a short questionnaire about major curable and incurable STIs. A total of 393 surveys were collected from adolescents aged 12-21 (mean age 17). No records were kept of adolescents who declined to participate in the study. Thus findings could have differed had data been obtained from those who opted out of the study. The study was set in a healthcare complex, therefore reaching health-seeking adolescents. Thus the sample might not be representative of non-health-seeking adolescents.

Garside *et al.* (2001) adopted a mixed-method approach to explore teenagers' knowledge of STI prevention, symptoms, treatment and services. The researchers conducted a questionnaire survey with Year 9 and Year 11 students in a rural school in England, totalling 432 participants. They also conducted 18 focus groups with teenagers living in and around the project study area. They were designed to investigate teenagers' atti-

tudes towards seeking help for various sex-related problems and their impressions of different service providers. The groups were of single-sex teenagers and conducted by the same member of the team. The use of both qualitative and quantitative methods was a major asset for this study, and deeper insight into issues identified in the questionnaire survey was possible by way of the focus group discussions. Young people participating in the focus groups were aged either over or under 16 years, and were recruited from schools, colleges and youth centres. Therefore the findings might not be representative of non-youth centre attendees above 16 years of age within the area of the study.

Li *et al.* (2009) reported a study conducted in 2008 aimed to assess HIV/AIDS-related knowledge, sources and perceived need among senior high school students in two districts in Shanghai, China. Participants were chosen by way of a cluster-stratified selection procedure, using geographic location, economic standard and population density as criteria. A total of 2688 senior high school students (response rate 89.1%) aged 15-23 (mean age 17) participated in the survey. A self-administered questionnaire was used to collect information on HIV/STI-related knowledge, sources and perceived information need. Only students attending high school within the region were invited to participate in the study. Therefore, although a large sample was used, the findings of this study might not be representative of young people who dropped out of the education stream earlier.

A thematic review of key determinants of sexual health

- *Sexual activity and age at first intercourse*

Early sexual debut has long been associated with risk behaviours such as substance abuse, multiple partners and unprotected sexual intercourse, which constitute the most significant factors contributing to STIs and unplanned pregnancies (Klanger *et al.*, 1993; DeHovitz *et al.*, 1994 and Wellings *et al.*, 2001). Therefore, age at first intercourse has been shown to be an important indicator of the possible outcomes of young people's sexual health, and thus their learning needs, from a normative perspective.

Previous international studies have commonly shown that the mean age at first intercourse among teenagers has declined rapidly during the last two to three decades. The trend in Malta cannot be established because no other study had ever sought to explore the mean age of sexual debut. There are anecdotal indications which suggest increased

sexual activity and a decreasing mean age at first intercourse among Maltese teenagers, such as the increased rate of teenage pregnancies among the younger age groups over the last two decades (National Statistics Office, 2006) and evidence of increasing numbers of Maltese young girls who get pregnant unintentionally and travel abroad to have an abortion, especially to the UK (Johnston, 2008; Vella, 2008).

An objective of this research was to explore the proportion of sexually active young people aged 14-16 years in Malta. It also sought to explore young people's mean age at first intercourse within this cohort and thus set the baseline data required for future comparisons to establish local trends.

A WHO cross-national study of Health Behaviour in School-aged Children (HBSC) from 35 countries (WHO, 2004) revealed that sexual intercourse among 15 year-olds ranged from 4% to 79% of girls and 18% to 71% of boys, varying by country and regions. Rates generally were lower in Eastern and Central Europe and Spain, and higher in Greenland, Ukraine and the United Kingdom. The Maltese education authorities did not permit asking the sexual health questions in the questionnaire among young people. HBSC findings from England showed an average of 38.1%. (Data were unavailable for Ireland) (WHO, 2004). But Clements *et al.* (1999) found that 50% of young people (mean age 15 years) in South-East Hampshire stated they had had sexual intercourse, which was considerably higher than the findings reported by the WHO (2004).
It is probable that the sampling method Clements *et al.* used was the main factor leading to the dissimilar findings in the two English studies. The researchers sampled young people from schools and family planning clinics. Clinic attendees were more likely to have been sexually active than young people of the same age in the general population.

In Britain, two studies explored mean age at first intercourse over an interval of 10 years (Wellings *et al.* 1995; 2001). The researchers found that the median age at first intercourse for both genders aged 16-19 at the time of the study went down from 17 to 16 in a decade, and compares with 20 for men and 21 for women three decades earlier (Wellings *et al.*, 1995). Furthermore, Wellings *et al.* (2001) reported that the proportion of women aged 16-19 having had sexual intercourse before age 16 increased from 18.7% in 1990 to 25.6% in 2000, compared with less than 1% three decades earlier. The proportion of men having had sexual intercourse before age 16 remained fairly constant (27.6% and 29.9%). This compares with 5.8% three decades earlier.

In the United States, Nahom *et al.* (2001) conducted a seven-year longitudinal-cohort study and found that young people's age at first intercourse decreased over time. The study revealed that the rate of young people who engaged in sex rose significantly as the number of years spent in school increased. The researchers concluded that student life is an important factor in sexual activities. It could be that young people are encouraged to start having sex when they learn that their school peers are having sex. Peer pressure and the need to identify with a peer group could also play an influential role among young people. Nahom *et al.*'s findings highlighted the importance of exploring the specific age when the students first become sexually active to make sure that awareness of conception, contraception and prevention of STIs are emphasised in advance of this age. Nahom *et al.* found that when the first few students become sexually active, the number of sexually active young people will increase disproportionately within a shorter span of time as the number of years spent in school increase.

In Canada, Poulin and Graham (2001) reported that 38.6% of their sample (15-18 years) had engaged in sexual intercourse 12 months prior to the survey. However, this figure is an underestimate of young people who had at some point been sexually active in the sample, since a number of participants could have had sex earlier but would not have been practising sex during that period. In Turkey, Gokengin *et al.* (2003) conducted a study among university students, of which 3.6% reported having sexually debuted before the age of 15. Another 71.4% claimed to have been sexually active since the ages of 15-19 years. The latter study collected data retrospectively from university students and was thus subject to recall bias. The study does not represent young people who had fallen out from the educational stream earlier.

This research sought to collect data from young people who were still attending the mandatory (compulsory) secondary school years. This has minimised the risk of shortcomings in the study design, which makes it more likely to represent the wider young people's cohort aged 14-16 years in Malta, since the sample included pupils from the whole of the Maltese nation (including the sister island of Gozo).

Furthermore, this thesis looks at young people's most imminent and relevant learning needs that can be addressed at school since collecting data retrospectively over a number of years could fail to identify specific practices and needs of a new generation of young people in a highly dynamic and changing society.

Gokengin *et al.* (2003) stated that 36.6% of participants claimed to have had sexual experiences. It is not clear whether 'sexual experience' included sexual intercourse. Young people can be sexually active on various levels of intimacy, and not all sexual practices carry any or equal risks of STIs or unplanned pregnancy. Sexual activity can be a very generic term. Participants could have considered themselves to be sexually active through practices of deep kissing, petting and heavy petting, oral sex and mutual genital masturbation to penetrative vaginal or anal sex and others. As discussed in the previous section, building relationships in adolescence has also been acknowledged to play an important role in the young person's holistic psycho-sexual development.

An objective of this research was to explore the specific nature of intimate sexual activities practised by Maltese adolescents and to thus be able to deduce a more accurate measure of the extent of risky sexual behaviour among local young people.

In Australia, Agius *et al.* (2006) found that significantly more secondary school students reported having experienced intercourse between 1992 (35%) and 2002 (42%). The increasing trend was more pronounced among the younger age group of pupils in their sample (Year 10 – mean age 15 years). The researchers suggested that these changes could occur due to changing attitudes and a shift in sexual cultures across some decades; young people are part of this process of social change which leads to them to alter their behaviour. However, Johnson *et al.* (2001) suggested that it could also be partly due to an increased willingness on the part of individuals to report intimate behaviours over the years. In Italy, Trani *et al.* (2005) found that a third of their sample reported having had sexual intercourse at least once, and the mean age at first intercourse was 16 years. However, the age of participants in the Italian study ranged from 14-20 years.

Another factor that was not so commonly explored in the studies retrieved was the association between early menarche and age at first intercourse. Wellings *et al.* (2001) found that women who were less than 13 years old when they had their first period (menarche) more commonly reported early intercourse. Edgardh (2000) also found early menarche (before or at age 11) to be an independent background factor for early intercourse in Sweden, which is also in accordance with an earlier study conducted in the United States (Phinney *et al.*, 1990).

An objective of this research was to explore whether an association exists between early menarche and early sexual debut among Maltese adolescent girls.

Gender differences in young people's sexual activity were often highlighted in the literature. Given that these differences are often statistically significant, they shed light on dissimilar needs between young men and women. The WHO cross-national study of health behaviour in school-aged children (WHO, 2004) reported that in most countries and regions, rates were higher among boys. Others including Austria, Belgium, Canada, England, the Netherlands and Scotland showed little gender difference. In Finland, Germany and Wales, rates were 10% or higher among girls. Edgardh (2000) stated that in the Nordic countries and in Germany, girls tend to experience intercourse at an earlier age than boys in younger age groups, while in the UK, in the southern parts of Europe, and in the United States, the opposite seemed to be the rule – boys tend to start earlier.

In the United States, Nahom *et al.* (2001) found that more boys than girls had engaged in sexual intercourse in earlier grades (23% boys and 14% girls in eighth grade, 32% boys and 28% girls in ninth grade) but more girls than boys reported having engaged in sexual intercourse during 10th grade (40% boys and 44% girls). In Britain, Wellings *et al.* (1995) found that initially more boys than girls became sexually active; however, they did not trace the genders separately to identify whether girls surpassed boys in the initiation of sexual activity in older age groups. In Turkey, Gokengin *et al.* (2003) found that male university students were more sexually active than females. The researchers argued that, as expected, female participants in their study adopted a more conservative attitude than males because virginity is highly esteemed in Turkey. They did not find any significant differences between genders when compared for age at initiation of sexual activity. In Australia, young men were marginally more likely to report having experienced sexual intercourse, albeit its being insignificant (Agius *et al.*, 2006). In Italy, Trani *et al.* (2005) found that males were much more likely to report having had a sexual experience than females.

- *Multiple sexual partnerships*

Multiple sexual partnerships have also been commonly addressed by the various studies retrieved, as research has shown that having multiple partners can have a significant association with the risk of becoming infected with STIs. For example Gokengin *et al.* (2003) sought to explore multiple partnerships and found that 31.5% of sexually experienced university students in their study had had sex with different partners at irregular intervals. Poulin and Graham (2001) found that 36.4% of young people who reported

having had sexual intercourse 12 months prior to their survey had also had multiple sexual partners. Agius *et al.* (2006) found that among those who were sexually active in their sample, just over half (55%) reported having had sex with one person in the previous 12 months, while about a fifth (20%) had had intercourse with three or more people in the same period. In Italy, Trani *et al.* (2005) found that among adolescents who had ever had sexual intercourse, the mean number of sexual partners in their lives was 2.3 and 52.6% indicated they had only had one sexual partner in their lifetime.

An objective of this research was to explore the prevalence of multiple sexual partners and frequency of partner change among sexually active adolescents in Malta during their secondary school years.

Gender differences have also been highlighted. For example, Gokengin *et al.* (2003) reported that males in their study were significantly more likely to have sex with different partners (39.3%) than females (3%). They argued that these findings reflect the greater moral pressure on young women in the Turkish community to be faithful to a single partner. Poulin and Graham (2001) also found that males reported relatively more multiple sexual partners (40.9%) than girls (32.1%). However, they also found that older males (aged 18) were significantly less likely to have reported multiple sexual partners than their younger counterparts (aged 15-16).

- *Contraception use*

Various previous studies identified contraception use among sexually active adolescents as being a significant determinant of young people's sexual health, not only in terms of prevention of unplanned pregnancy, but also – in the case of barrier methods of contraception– in the prevention of STIs. Contraception use has also been considered to be one of the variables constructing a measure of *sexual competence* (regret, willingness, autonomy and contraception at first intercourse) (Wellings *et al.*, 2001; Hirst, 2008).

Wellings *et al.* (2001) explored contraception use at first intercourse in Britain and found that four in five participants aged 16 – 24 reported using a condom at first intercourse, while one in four were on the pill. Less than 1% reported using the safe period or the withdrawal methods. The researchers also sought to explore the trend of contraception use at first intercourse over a period of ten years (1990-2000) and found a significant increase in the prevalence of condom use at first intercourse, while the preva-

lence of oral contraceptive use remained largely unchanged across the age groups. They also noticed a decline in the prevalence of non-contraception use at first intercourse with decreasing age groups. Wellings *et al.* (2001) attributed the latter to increased school sexuality education, since data also showed a positive association between young people receiving sexuality education from school in Britain and use of contraception at first intercourse.

In Turkey, Gokengin *et al.* (2003) explored contraception use among university students and found that the condom was the most common method of contraception reported among the sexually active participants (67.4%). This was followed by oral contraceptives (29.4%) and the withdrawal method (24.7%), which do not offer protection against STIs. The researchers also noted that while almost half of the participants perceived the condom to be the best method for the prevention of STDs, the rate of condom use reported was low in comparison. One plausible reason for the latter may be that knowledge and positive attitudes do not always transform into responsible behaviour. Gokengin *et al.* (2003) argued that although condoms are widely available in Turkey, young people are probably hesitant to purchase them. Such findings may prove beneficial when planning sexuality education programmes and determining target groups. In another study by Poulin and Graham (2001), 57.3% of Canadian students in the sample, who had had sexual intercourse in the previous 12 months, revealed inconsistent condom use. Agius *et al.* (2006) found that 39% of sexually active students had inconsistent condom use, while 9% had no condom use at all in 2002. Year 12 students (mean age 17) in the Australian study were more likely than Year 10 students to report inconsistent condom use (46% vs 29%) and never using condoms (13% vs 5%).

In Italy, Trani *et al.* (2005) reported that 52% of sexually active adolescents used condoms every time, while only 5% of sexually active adolescents claimed to have never used a method of contraception (condom and/or pill). The most common methods of contraception reported by the Italian participants were the condom (80.2%) and the pill (9.3%). The latter researchers also found that the younger sexually active participants were more likely to use contraception. The researchers explained this correlation of age with condom use by an inference that younger adolescents were more likely to be careful and to be more highly motivated to avoid risky practices than older adolescents, who might have gained excessive confidence because of their experience, and therefore would not deign to use condoms.

An objective of this research was to explore the extent of contraception use (condom and contraceptive pill) among sexually active Maltese young people.

Gender differences in contraception use were also commonly highlighted in the literature. The WHO cross-national study of health behaviour in school-aged children (WHO, 2004) reported that overall, 70% of sexually active girls and 80% of boys reported using condoms during their last intercourse. However, ranges were quite wide, with 58% to 89% for girls and 69% to 91% for boys. Rates were highest in southern European countries and lowest in Finland, Germany, Sweden and the United Kingdom.

In Italy, Trani *et al.* (2005) found that adolescents who used condoms every time during sexual intercourse were significantly more likely to be males. Poulin and Graham (2001) found that girls in the Canadian study reported more inconsistent condom use (64.1%) than males (49.9%), even though significantly more males than females perceived condoms to interfere with sex (37.4% vs 21.6%). Gokengin *et al.* (2003) reported that the rate of male Turkish university students in their study who never used condoms (38.8%) was significantly higher than that for female participants (21.3%). But in Australia, Agius *et al.* (2006) found that young school girls were more likely to report using condoms 'sometimes' and more likely to report never using condoms than males.

Participants in the Canadian and Australian study were significantly younger (mean age 16 years) than participants in the Turkish study (mean age 21 years). Therefore, it seems that age, sexual experience and culture could possibly determine gender differences in contraception use. In fact, Nahom *et al.* (2001) found that the American students' intention of using condoms when regarding the possibility of having sex the following year changed according to sexual experience and gender as they grew older, where boys became less likely to use condoms than girls. The researchers attributed this to young people finding out that sex feels better without condoms; that girls find out boys do not want to use condoms; that girls find it more difficult to negotiate condom use with their partners than they had expected, or that different contraception (i.e. oral hormonal contraceptives) is used in longer-term relationships. It may also be due to the difference in the socialisation process of boys and girls.

Gender differences in condom use may also stem from societal and cultural norms about the meaning of sexual activity for girls and boys. It is commonly documented in the literature that it is more socially acceptable for boys to desire sex, while girls may be encouraged to stay virgins for as long as possible. The societal pressure for girls to delay intercourse implies that it is inappropriate for girls – but nor for boys - to desire sexual experience. But Trani *et al.* (2005) also argued that less condom use by females may be - at least partly - explained by the fact that girls often attract older partners and rely on oral contraceptives to prevent pregnancy, which may pose more of a threat (to them) for STIs. No research study retrieved explored the age of adolescent sexual partners to confirm the extent to which girls seek older male partners.

- *Substance abuse*

An increasing body of literature has shown a strong association between substance abuse and risky sexual practices. Lavikainen *et al.* (2009) found that the likelihood of young people engaging in unplanned intercourse increased with higher alcohol use. In particular, the likelihood of engaging in unprotected sex and/or having multiple sexual partners was high for adolescents who frequently drank until they reached a state of drunkenness. Particularly for girls, weekly drunkenness-related drinking was associated with multiple partners. The researchers recommended the combination of alcohol education and sexuality education in early adolescence. Poulin and Graham (2001) too found a clear association between unplanned and unprotected intercourse with multiple sexual partners, and an increasing frequency of alcohol, tobacco and cannabis use, both in the bivariate comparisons and the multivariate models. Out of all substances (alcohol, tobacco and cannabis), the researchers found that alcohol use was most associated with unplanned intercourse under the influence of a substance, and was identified as the strongest risk factor for having had multiple sexual partners. The researchers reported that the risk of sexual intercourse increased approximately two- to threefold as alcohol use increased from the least to the most frequent consumption category. More than half of young people who had had unplanned intercourse attributed it to alcohol or drugs. Compared with students who reported not having had unplanned sex when under the influence of a substance, those who reported having done so were almost four times more likely to have had multiple sexual partners. Poulin and Graham (2001) also reported that those who had engaged in unplanned sexual intercourse under the influence of alcohol were twice as likely to report inconsistent condom use. The authors also claimed that gender was not an independent risk factor.

Kaljee *et al.* (2005) reported a strong association between alcohol use and sexual behaviours, where nearly 70% of Vietnamese youths in their study also engaged in oral, anal or vaginal sex also reported drinking. This relationship appeared to remain when controlling for respondent age. Alcohol users were also found to be significantly more likely to intend to have sex in the next six months. In the qualitative analysis, engaging in unprotected sexual behaviours was only second to aggressive behaviour and physical fighting in terms of the perceived consequences of alcohol consumption.

An objective of this research was to explore the extent of sexual behaviour among Maltese school-age children associated with the use of drugs or alcohol.

- *Knowledge related to STIs*

Studies retrieved during the literature search were found to either explore young people's knowledge related to single specific STIs (especially HIV, HPV and Hepatitis), or to explore and compare knowledge of both HIV and other STIs. Li *et al.* (2009) sought to explore Chinese young people's basic knowledge about HIV/AIDS, ways by which HIV is transmitted or not, and knowledge of the HIV epidemic. The researchers found that 63.7% had a high level of knowledge, 29.6% had a moderate level, and 6.8% had a low level of knowledge (Li *et al.*, 2009). Over half of the participants confirmed a need for more information about HIV/AIDS. Maswanya *et al.* (2000) assessed knowledge concerning HIV infection among Japanese students. They recorded a high level of knowledge concerning HIV among the students, except for some misconceptions such as transmission through mosquito bites (11%), sharing of toilets (3%) and sneezing or coughing (4%). Shaikh and Rahim (2006) found that 54% of both males and females in their sample from a rural area in Pakistan were knowledgeable about the spread of STIs, while 40% revealed knowledge of prevention methods. Yet only 15% could identify signs and symptoms of STIs/AIDS. However the researchers did not distinguish between young people's knowledge of HIV/AIDS and the other STIs. In this study, the researchers explored young people's knowledge from a rural area. Had participants been from an urban community in Pakistan, the results might have been different.

The majority of research studies explored and compared young people's knowledge about HIV and other STIs. All studies suggest that the young people had a significantly much higher level of participant awareness of HIV/AIDS in comparison to the other STIs. For example, Clark *et al.* (2002) found that that while HIV was identified by 90%

of the young people in their study, adolescents' knowledge of other STIs was minimal. More than half the sample believed that HIV was the most common STI when it was not, while fewer than a quarter identified HPV which causes genital warts, even though the latter was the most common incurable STI at the time of the study. Garside *et al.* (2001) too found that almost all participants in their study correctly identified HIV as an STI, but there was less recognition of other infections. During focus groups, respondents were asked to comment on what they would like to learn more about in relation to sex. Young people seemed to be particularly concerned about HIV/AIDS and were less aware of the gaps in their knowledge relating to other infections. Downs *et al.* (2006) explored young people's knowledge of eight STIs (chlamydia, genital herpes, genital warts, gonorrhoea, Hepatitis B, HIV, syphilis, and trichomoniasis) by way of 15 knowledge questions about the symptoms, transmission, treatment and consequences of those STIs. Repeated measure analysis of variance (ANOVA) revealed that participants had more knowledge about HIV than the other STIs.

Gokengin *et al.* (2003) reported high awareness among their sample of university of students of HIV/AIDS (96%) in comparison with gonorrhoea (41%), Hepatitis B (41%), chlamydia (13%) and genital warts (6%). In particular, the researchers perceived their sample to be insufficiently informed about transmission routes and risk groups. Trani *et al.* (2005) reported that almost all their respondents were aware of HIV/AIDS, whereas the level of knowledge about the other STIs was unsatisfactory. Westwood and Mullan (2006) also complained that their participants scored lowest in questions concerning STIs and higher in questions concerning HIV, although STI knowledge increased slightly by age. The researches revealed that students improved in recognising certain STIs (chlamydia, genital herpes and gonorrhoea) between Year 8 and Year 10. Westwood and Mullan also found that the majority of pupils stated that AIDS was sexually transmitted, which, technically speaking, is not: HIV is.

An objective of this research was to explore Maltese young people's awareness of STIs and to compare the degree of awareness with that of HIV. Furthermore, it also sought to assess young people's knowledge of transmission and non-transmission as well as knowledge of protection measures.

A number of studies also sought to explore young people's knowledge and perceptions related to the prevention of STIs. For example, Gokengin *et al.* (2003) found that the sexually active university students in their study were not equipped with sufficient knowledge to adopt responsible sexual behaviour. The researchers stated that almost equal percentages of students reported that the most reliable method of protection was having a single sexual partner (48.9%) and using condoms (48%). Almost 20% thought that routine screening of individuals offered an effective method of prevention, while only 6.8% indicated that abstaining from sex would provide the best method. Garret *et al.* (2001) reported that young people in their study showed some confusion about contraception and condoms used as protection against STIs.

Garside *et al.* (2001) also sought to explore young people's awareness of STI screening services and found that very few teenagers in their study were aware of genito-urinary (GU) clinics, and all thought that their family doctor would be the best person to talk to about an STI. Unless people are aware of GU clinics, they will not refer themselves to their services. Another study found that just over half of first-time GU clinic users had obtained some information about the screening service before using it, after being referred by other general practitioners (McClean and Reid, 1997).

An objective of this research was to explore Maltese young people's awareness of the local specialised Genito-Urinary clinic available for self-referral screening services.

Gender differences related to young people's STI knowledge were also noted in the literature. The majority of studies reviewed indicated that girls are generally more knowledgeable than boys, but with exceptions. For example, Gokengin *et al.* (2003) found that Turkish males were more knowledgeable than females in their study about sexual health matters. However, they were less worried about contracting STIs. This further supports the above argument that having more knowledge does not necessarily result in higher adoption of safer practices. Furthermore, the researchers suggested that this could have been due to increased sexual experience among males and possibly even more personal experience with infections. Shaikh and Rahim (2006) also found that Pakistani males were relatively more knowledgeable about signs, symptoms, spread and prevention of sexually transmitted infections than their female counterparts. On the other hand, Westwood and Mullan (2006) found that female pupils had a higher knowledge score than males about STIs. Agius *et al.* (2006) also found that young women tended to have marginally higher HIV/AIDS/STIs knowledge than young men.

In one study, Garside *et al.* (2001) did not find any significant gender differences in young people's knowledge about STIs, and Li *et al.* (2009) indicated no significant gender differences in the scores of basic HIV/AIDS information, ways by which HIV does not transmit, and knowledge of the HIV epidemic. However, female students had a higher level of knowledge regarding ways in which HIV is transmitted and self-protection information. The different findings across different countries, although the samples were not always comparable in terms of age and level of educational attainment, suggest that cultural factors may also play a role on how young people learn about sexually transmitted infections. This assumption was also supported by Jones and Haynes (2006).

SEXUALITY EDUCATION

Key recurrent themes

The oldest systematic study of the views and experiences of schoolchildren about sex education traced was that carried out by Christine Farrell in 1974 among 16- to 19-year-olds in England who had been in secondary school in the early 1970s. That seems to have been followed by Isobel Allen's study conducted in 1985, just as widespread discussion concerning the full implications of the spread of HIV and AIDS had begun around the globe (Allen, 1987). Ever since, the number of studies exploring young people's views on sex education increased, but none was conducted on the Maltese islands prior to this study, which began in 2003. The overall literature related to young people's learning about sexuality and relationships revealed the following six recurrent themes:

a. purpose of sexuality education

b. approaches to learning

c. methods of teaching and learning

d. sources of information and knowledge

e. content

f. timing of learning

g. learning resources

These themes are further explored and discussed below.

Purpose and approaches to sexuality education

Since its conception at the beginning of the 20th century, sexuality education has provoked numerous debates which have drawn attention to its controversial nature. This is mainly due to its moral dimension. Sexuality education is about the private and intimate life of the learner and has to do with intense emotions related to intimacy, pleasure, affection, anxiety, guilt and embarrassment. Therefore it is inescapably a value-laden activity (Halstead and Reiss, 2003). Halstead and Taylor (2000) defined values as principles and fundamental convictions by which people judge beliefs and behaviours to be good, right, desirable or worthy of respect. Wherever moral judgements about what is of value or not and what is right or wrong are involved, people are bound to disagree.

Initially, debates about sexuality education focused on whether to teach sexuality education in schools or entrust it exclusively into the hands of parents, because of speculation that young children have a natural innocence which may be prematurely lost as a result of lessons designed to raise their sexual awareness and thus might cause an ill-effect on their behaviour – a fear which, although empirically unproven, still exists (Wellings *et al.*, 2001; Wiley, 2002; Mturi and Hennink, 2005).

Wellings *et al.* (1995) had examined the relation between sexuality education and early sexual experience from a study with a sample of 18,876 British participants (aged 16-59) and concluded that the data provided no evidence to support the concern that provision of school sex education might hasten the onset of sexual experience. Mueller *et al.* (2008) found that sexuality education had effectively reduced adolescent sexual risk behaviours when provided before sexual initiation. Furthermore, a review of 53 studies to examine the impact of HIV/AIDS education on young people's sexual behaviour concluded that:

> "*The overwhelming majority of reports reviewed […] regardless of variations in methodology, countries under investigation, and year of publication, found little support for the contention that sexual health education encourages experimentation or increases sexual activity.*" (UNAIDS 1997: 20)

Thus it can be said with a degree of certainty that sexuality education does not increase sexual activity, although there are still contradictory results about positive outcomes of school sex education in increasing contraception use and diminishing STIs and teenage pregnancies (Sousa, Soares and Vilar, 2007). Furthermore, as Collyer (1995) points out, the quality of innocence should not be confused with ignorance. The sexual abuse of children is more likely to thrive where they are kept in ignorance about sexual matters.

An objective of this research was to explore whether young people perceive any benefits and or threats in learning or not learning about sexuality and relationships during adolescence.

With the advent of HIV and AIDS in the late 70s and early 80s, the focus of the debate steered away from *whether* to teach sexuality education and started addressing more the *how* and *why*, thus looking at the nature of sexuality education (Allen, 1987) and seeking a socially, politically and culturally acceptable raison d'être for this education practice. One major debate evidenced in more recent literature was whether sexuality education should be driven by moral ideologies or by more scientific (positivist) approaches showing evidence of effectiveness regardless of Christian values and morality. Very often it has been suggested that sexuality education should be based on 'empirical evidence' of effectiveness proven by systematic research methods (for example, Blake and Francis, 2001; Weaver *et al.*, 2005). Numerous references were made to this debate in the literature, especially in the United States, where the matter has received special attention in view of the federal funding of millions of dollars being allocated to abstinence-only programmes (discussed below) since the early 80s, and for which there is an oft-stated claim that there has been no systematic evaluation to show that 'they work'.

The issue with the latter approach is that 'what works' and is 'effective' remains debatable. As discussed earlier, different perspectives and approaches to needs assessment may result in dissimilar priority needs and purposes, depending on the specific perspective and value judgements adopted (such normative vs. felt/expressed). Thus the question remains: effective in achieving what? Who ought to decide what? More often than not, the success of sexuality education is measured by statistical trends in teenage pregnancies and STIs. Harrison and Hillier (1999) stated that school sexuality education has become largely concerned with solving these problems rather than addressing the pleasures of human relationships and sexuality, and has been dominated by safer sex dis-

courses. In fact it has also been commonly argued in the literature that the discourse of desire or the discourse of erotics is mostly lacking in sexuality education (Fine, 1988; Harrison and Hillier, 1999; Allen, 2001), even though Allen (2001) warned that including a discourse of erotics in sex education programmes should not be at the expense of messages about other 'official discourses' (such as safer sex).

Many argued that the scope of sexuality education should be more ambitious than that of reducing the negative consequence of adolescent sexual behaviour (Moore and Rienzo, 2000; Mellanby *et al.*, 2001; Warwick and Aggleton, 2002; Hirst, 2004). Collectively, the latter argued that sexuality education should not be a negative process that attempts to frighten teenagers away from a powerful biological drive, but should take into account positive aspects of sexual and intimate relationships. Whipple *et al.* (2006) stated that today's public sexuality discourse is almost exclusively about risks and dangers such as abuse, addiction, dysfunction, infection and teen pregnancy. Public discourse about the physiological and psychosocial health benefits of sexual expression has been almost entirely absent. Allen (2001) recommended that public health messages be reformulated within a discourse of erotics to capture the attention of young people, and to integrate this information into a reality that more readily matches their sexual practices.

Sexuality education has been commonly defined as a lifelong learning process starting in adolescence, with a potential to promote positive sexuality by enhancing young people's knowledge and understanding (cognitive domain); developing or strengthening interpersonal and relationship skills (behavioural domain); explaining and clarifying feelings, attitudes and values (the affective domain) in relation to their sexual development; and increasing comfort with their own developing sexuality (SIECUS, 1996; Ministry of Education, 1999; DfEE, 2000; UNESCO, 2009).

For example, the English national sexuality education guidelines define sexuality education as the teaching about sex, sexuality and sexual health, and the understanding of the importance of marriage for family life, stable and loving relationships, respect, love and care. Other objectives identified are helping and supporting young people through their physical, emotional and moral development; helping them learn to respect themselves and others; and moving with confidence from childhood through adolescence into adulthood (DfEE, 2000). The American national guidelines also recommend that the

content of sexuality education be based upon concepts that are consistent with values that reflect the beliefs of most communities in a pluralistic society, such as human development, spirituality, society and culture, and that the primary goal of sexuality education be the promotion of sexual health (SIECUS, 1996). To the latter mutually reinforcing objectives, the UNESCO (2009) has recently added that sexuality education should also seek to promote and sustain risk-reducing behaviour.

The purpose of sexuality education has also been extended to include learning about psychological well-being by enhancing young people's ability to deal with their emotions. Indeed it has also been suggested that sexuality education ought to be an element within a broader objective of developing emotional resourcefulness and forming 'emotionally intelligent citizens' (Social Exclusion Unit, 1999; Blake, 2002). Emotional intelligence, which describes more or less the same concept as emotional literacy, has been defined by Weare (2004:2) as:

> the ability to understand ourselves and other people, and in particular to be aware of, understand, and use information about the emotional states of ourselves and others with competence. It includes the ability to understand, express and manage our own emotions, and respond to the emotions of others, in ways that are helpful to ourselves and others.

Therefore, within this wider and more holistic approach to sexuality education (taking into consideration a more holistic definition of 'sexual health' as discussed earlier), exploring 'what works' entails much more than tracing trends of STIs and teenage pregnancies, and factors leading to them. It has been shown above that promoting an approach to young people's learning about sexuality and relationships with a sole target of reducing these negative outcomes is more likely to adopt a narrow meaning and understanding of the terms *sexuality* and *sexual health*, and thus results in a highly reduced purpose and scope for sexuality education. It has also been stated that while it is important to provide young people with information about the dangers and possible negative consequences of sexual activity, it is equally important to focus on the positive and pleasurable 'consequences' of sexual activity, and to encourage adolescents to explore non-goal-oriented sex (e.g. non-penetrative sex) and sexual self-exploration within their experiences, needs and limits (Connell, 2005).

It has also been commonly argued in the literature that the debate regarding what, when, how and why young people ought to learn about sexuality and relationships should also be founded on deeper underlying principles, assumptions and ideologies related to conceptions of the good society (D'Onofrio, 2003). However, over the years divergent philosophies have shaped and advocated different purposes and approaches to sexuality education. Very often these theoretical underpinnings have also been associated with dominant political and cultural point of views, bringing into close association systems of knowledge and power (Epstein and Johnson, 1998), something which the French philosopher Michel Foucault coined as *discourse* (Foucalt, 1980). The combination of different discourses gave rise to 'discursive formations' which also involved strategies (discursive strategies), such as for example moral traditionalism and the insistence on the importance of family values and conservative gender relations in some cultures (Epstein and Johnson, 1998).

Thus, the debate about what constitutes appropriate sexuality education can be also viewed as a manifestation of a deeper conflict among nationalised socio-cultural, political and religious beliefs. Comparisons of sexuality education practices conducted across developed countries have identified key differences between European countries and the United States, emphasising different discursive strategies related to sexuality and relationships (Weaver *et al.*, 2005). As highlighted in the Introduction, this research has been conducted within a context where the Catholic Church authority is not only highly influential over social and cultural beliefs and practices, but also steers politics and the Maltese law (for example about the legal age of consent, abortion, emergency contraception, homosexual marriage and divorce). The political and philosophical discourses about sexuality education are discussed further within the context of this thesis.

Very often in the literature reference is made to two political movements engaged in a polarised debate about the purpose and approach to sexuality education (e.g. Blake and Frances, 2001). But a closer look at the literature revealed that, rather than two opposing forces pulling their agenda apart, there seem to be a number of perspectives, some more closely related than others, all lying in an imaginary philosophical discursive continuum. The different perspectives support specific purposes and approaches to young people's learning about sexuality. At the extreme right end of this continuum is the 'traditionalist' ideology supporting moral traditionalist beliefs. This is also known as the conservative philosophical attitude to preserve traditional beliefs and practices, focusing

on stability and continuity. Moving away from this extreme end of the continuum is a series of more progressive or 'liberal' ideologies, commonly termed *anti-traditionalist*.

The term *anti-traditionalist* may falsely denote that ideologies held by non-traditionalists diverge totally from traditionalist views. However, albeit being different in many aspects, there appear to be common characteristics between them as well. For example, one can find liberal conservatism, which is a variant of conservatism that combines modern conservative (less traditionalist) views and policies with liberal stances. There is also conservative liberalism, which is a variant of liberalism that combines liberal values and policies with conservative stances, commonly known as the 'right-wing' of the liberal movement. Therefore, the term *non-traditionalist* (vs *anti-traditionalist*) will be used to denote the variety of ideologies which, despite their being conservative in principle, borrow aspects from left-wing ideologies as well.

D'Onofrio (2003) described the traditionalists as those typically – although not always – devout Christians whose perspectives tend to reflect the Augustinian linkage of sexual desire with the failings of the human condition. Their messages are often connected to a religious view of the state as a kind of theocracy. According to this perspective, a moral society is one that actively assists human beings in the task of sexual restraint through, for example, regulatory laws, education, religious training, and so forth. Discourses of sexuality as violence and victimisation, commonly associated with the traditionalist or conservative notion (Fine, 1988), equate adolescent heterosexuality with violence, such as abuse, incest, STIs and coercion, and presume a causal relationship between official silence about sexuality and a decrease in sexual activity. Such discourse also emphasises the need for young women to defend themselves against disease, pregnancy and 'being used'. Females are seen as victims of male desire where males are portrayed as their potential predators. Within this perspective, moral sex then is only confined to heterosexual marriage and primarily for the purpose of reproduction.

Proponents of this discourse, often motivated by Christian sexual morality, urge a complete reliance on the family to dictate appropriate sexual values, mores and behaviour. However, other non-extremist moral traditionalists support school sexuality education but with parental rights to withdraw children from sex education lessons, thus shifting control from education authorities to schools and parents. Traditionalists insist on the value of family life and marriage in any programme, and demand a form of sexuality

education that instils a kind of sexual decency based on adherence to clear moral principles (Epstein and Johnson, 1998). Therefore, those who align themselves with a traditionalist ideology often use sexuality education to protect public morals as much as – or even more than – they show concern with public health issues (Alford, 2001). Traditionalists emphasise that teaching young people about sexual abstinence and the practice of saying no to sex is the best means to counteract STIs and unplanned pregnancies, and to censor information about contraception and condoms except to discuss its general, and sometimes exaggerated, ineffectiveness (Landry *et al.*, 1999; Santelli *et al.*, 2006).

It is worth noting here that the term *abstinence* is often not clearly defined, both by policy administrators and young people alike (Santelli *et al.*, 2006; Bersamin, 2007). Abstinence may be defined in behaviour terms such as 'postponing sex' or 'never had vaginal sex', while it can also be defined in moral terms using language such as *chaste* or *virgin* and framing abstinence as an attitude or a commitment, therefore emphasising character and morality. An example of sexuality education programmes supported by a traditionalist or conservative discourse is 'abstinence-only' or 'abstinence-until-marriage' education, which is more noticeably prevalent in the United States (Weaver *et al.*, 2005). 'Abstinence-only' sexuality education promotes abstaining from sex outside marriage, maintains the ideal position as heterosexual monogamy, and does not include teaching about contraception except to discuss its general ineffectiveness in addressing social problems such as unwanted pregnancy or STIs.

On the other hand, situated further away from a traditionalist ideology along this imaginary philosophical continuum are non-traditionalists who question the rigid moral conformity in the sexual sphere advocated by traditionalists, and who believe in a wider scope of what is considered moral sexual behaviour (D'Onofrio, 2003). They argue against the Christian/Victorian ethos, claiming that such conformity only serves to perpetuate unjust social hierarchies, such as the privileging of heterosexuality over homosexuality and married life over single parenthood. Leading critics describe abstinence-only programmes as "threatening fundamental human rights to health, information and life" (Santelli *et al.*, 2006: p.72). Many non-traditionalists seek to free adolescents and teenagers from an oppressive sexual morality that, in their view, only succeeds in achieving its aims by impeding individuality and restricting sexual liberty and choice. The latter advocate a sexuality education that adopts a value-free 'scientific' approach to learning about sexuality and relationships.

Sexuality education within this more progressive and liberal ideology is often used as a vehicle for the protection of public health; indeed, the term *public health pragmatism* is commonly used to characterise aspects of liberalism. Thus, non-traditionalists tend to suggest that sexuality education needs to become more explicit and comprehensive, moving somewhat away from a family values paradigm towards an approach that emphasises hard science, medical facts, and objective information about various contraceptive devices independent of moral evaluation (Epstein and Johnson, 1998; D'Onofrio, 2003). However, the latter approach has also been criticised as being more preoccupied with sexual pathologies such as STIs and unplanned pregnancy and the promotion of technical solutions to prevent them.

Non-extremist liberalists still promote abstinence as the preferred option for unmarried young people, but they also support the teaching of contraception for the prevention of unwanted pregnancies and STIs, which is why it is also commonly referred to as abstinence-plus education (Landry *et al.*, 1999), for which there is building evidence of effectiveness claimed in terms of reducing unplanned pregnancies and STIs (Constantine, 2008; Eisenberg *et al.*, 2008; Kohler *et al.*, 2008; Mueller, Gavin and Kulkarni, 2008). Supporters of a more progressive ideology criticise abstinence-only programmes for withholding health information, and promote questionable and inaccurate options. Weaver *et al.* (2005) too found that while the dominant US sexual abstinence programmes have not generated a culture of sexual abstinence among most American young people, young people in countries that have adopted a more balanced approach to sexuality education, such as the Dutch, and to a lesser extent the French and the Australians, have had more positive sexual health outcomes (even though the latter could have also been partly accounted for by readily accessible sexual health services).

On the other hand, Edgardh (2002) argued that although in Sweden society's attitudes towards teenage sexual relationships are liberal, contraceptive counselling is free, condoms and oral contraception are low cost, and emergency contraception is sold over the counter, sexual and reproductive health problems and teenage abortion rates have been increasing since the late 90s. The author concluded that "[t]hus, even in Sweden, with its tradition of openness and non-judgemental attitudes towards adolescent sexuality, and ample resources with regard to sexual and reproductive health services for the young, challenges remain to be met in order to prevent STDs and unwanted teenage pregnancies, as well as sexual exploitation and abuse" (Edgardh, 2002:355).

Harrison (2000) argued that adopting a more progressive and liberal approach to learning that assists young people's formative development, and that empowers them to make informed choices, calls for teaching methods that facilitate this learning not just by way of the quality and content of teaching resources, but also through the teaching methodology, learning environment and classroom management. Collectively, these aspects are commonly identified as part of the *hidden or implicit curriculum,* defined as the unwritten expectations and norms of the school regarding the attitudes, achievements, and behaviour of pupils – anything that children pick up consciously or otherwise from, for example, interaction with teachers, their teaching style and classroom ethos and management (Halstead and Reiss, 2003).

Traditionally, teaching emphasised the transmission of knowledge by way of didactic teacher-centred instruction and content focus. Teachers normally assumed the powerful role of the knowledgeable party in the communication process with students who, in turn, were the recipients of information (Rolston *et al.*, 2005). A debate continues at educational and political levels about the relative effectiveness of these traditional instructional approaches and the more progressive approaches that allow the learner to have greater control, applying an active learning methodology in sexuality education.

This debate is also associated with the above discussion about the purpose of sexuality education. More progressive teaching calls for learning approaches that involve participatory active learning such as group work, and that are pupil-centred and process-focused. Harrison (2000) compared the two latter approaches, a summary of which is presented in Table 2.2 below.

Table 2.2 Traditional and progressive styles of teaching (Harrison, 2000:87).

Traditional	Progressive
Transmission of knowledge	Integration of knowledge
Teaching as instruction	Learning as active and participatory
Didactic, teacher-centred	Experiential, pupil-centred
Content-focused	Process-focused

Furthermore, the author emphasised the importance of conducting diagnostic assessments to allow teachers to start from where young people stand and to support them in learning what they cannot manage on their own, hence provide the necessary 'scaffolding' for pupils' learning.

D'Onofrio (2003) argued that these debates often pits people with deeply held religious convictions, who express anxiety and fear over the permeation of moral relativism and loosening sexual norms in schools, against more secular-minded citizens. However, although these conceptions draw from different and seemingly competing intellectual traditions, they also share a common belief: all citizens should have the benefit of a kind of education that will assist them in living lives that are healthy, freely chosen, dignified, and self-directed. D'Onofrio (2003) observed that in the past, the traditional moralistic and the scientific approach were intertwined, forming a marriage of sorts designed to reduce sexual promiscuity (and the births and diseases linked with it) by way of scientific reasoning. It was with the emergence of the HIV/AIDS epidemic in the mid-80s that sex education began to show familiar signs of the modern controversy that surrounds the subject. The marriage between science and health on the one hand, and traditional morality on the other, became strained and soon deteriorated.

D'Onofrio (2003) further suggested that both traditionalists and non-traditionalists forward moralised visions of sexuality. While traditional sexual ideology rests on a religious/restrictive morality, anti-traditionalist sexual ideology is also clearly reliant on morality, albeit of a particularly liberal egalitarian kind – one that emphasises a particularly individualist view of freedom and equality. Sex is thought to be good or bad to the degree that it is mutually wanted and non-exploitative. Furthermore, proponents of more progressive ideologies still support the idea that abstinence presents the best approach to the prevention of negative outcomes of youth sexual behaviour such as teenage pregnancies and STIs, although it is not seen as the only option (Alford, 2001). For example, Santelli *et al.* (2006) argued that schools and health care providers should encourage abstinence as an important option for adolescents. However, they also acknowledged that although abstinence from vaginal and anal intercourse is theoretically fully protective against pregnancy and disease, in actual practice, abstinence-only programmes often fail to prevent these outcomes. Experts in public health are among the leading agents supporting more progressive sexuality education approaches, commonly known as abstinence-plus or comprehensive sexuality education. Very often, these experts seemed to be more concerned with the protection of public health issues than with public morals.

Another common element among traditionalists and the more progressive ideologists is that they both teach values believed to lead to healthy and fulfilling lives. Although many claim that comprehensive sexuality education adopts a scientific-based and not a

value-based approach to young people's learning, it can hardly be considered value-free. Halstead and Reiss (2003) argued that values permeate every aspect of sexuality education, and that it would therefore be impossible to deliver any programme without making reference to values, whether conscious or not, although they do not necessarily have to be made the subject of reflection. The authors stated that the selection of aims, content and method for sexuality education involves explicit or implicit value judgements, deliberate or not. D'Onofrio (2003) too argued that values are always transmitted – knowingly or not – for example by educators via the hidden curriculum, even when mindful teachers make their best efforts to create value-neutral environments.

Furthermore, both traditionalists and liberalists believe in the righteousness and truthfulness of their respective ideological positions, and both seem to recommend normative statements to affirm how sexuality education should be, or ought to be, and which actions are right or wrong from their respective perspectives. They both believe their opinion will lead to the common good in society. Normative statements are fundamental for prioritising goals and organising and planning services. But the way in which individuals or societies define what they consider to be appropriate – that is, to be in accordance with their (normative) standard – varies greatly among people and cultures.

Would any singular approach to sexuality education from a diverse spectrum of perspectives acknowledge young people's diversity and do justice to their diverse needs? Is it possible to achieve any single approach that would lead all young people to more fulfilling, dignified and healthy sexual lives, irrespective of their religious faiths or beliefs, cultures, gender, sexual orientation, social and family backgrounds? Would any single sexuality education approach believed to create the greatest good for the greatest number of young people do justice to the specific needs of a minority group of young people with differing needs? As has already been discussed above, it seems to be more likely that, given the diversity among adolescents globally, a 'one-size-fits-all' approach to sexuality education will fail to meet the diverse needs of young people.

Pushing forth a normative approach to sexuality education that is socially valued by any particular ideology could also mean supporting the idea of a homogeneous and 'normalised' youth culture. Sexuality education is more likely to be effective in meeting young people's needs if it had to move away from a normative approach focusing on risks and towards embracing young people's participation and empowerment in exploring their

own needs, promoting sexual health rather than avoiding sexual ill-health (Senanayake *et al.*, 2001; Mellanby *et al.*, 2001; Makenzius *et al.*, 2009). A systematic review of 26 randomised controlled trials on sexuality education interventions revealed that very few involved adolescents in their design process and none of the interventions focused on strategies for improving the quality of sexual relationships. Furthermore, none of the interventions reviewed delayed the initiation of sexual intercourse, improved use of birth control, or reduced pregnancies (Dicenso *et al.*, 2002). This further supports the rationale for a *local* sexuality education needs assessment, involving young people to acknowledge their diversity and help meet their varying needs.

An objective of this research was to explore whether Maltese young people have been involved in the setting up of their sexuality education programme, if any, and their perceived satisfaction with the sexuality education they have received.

Young people's views

In an Irish study, Rolston *et al.* (2005) discovered high levels of dissatisfaction among young people with regard to the sexuality education they had received. The latter reported that sex was frequently presented as risky and dangerous. Furthermore, the participants complained that teachers were comfortable with describing topics such as puberty, body development, the menstrual period and STIs, but when pupils challenged the notion of sex as a solely reproductive function, and asked questions about topics like oral sex, this often resulted in the student's expulsion from class. The students also aspired to an approach that was less directive and more positive about sex. This was also discovered by Dicenso *et al.* (2002) in their systematic review. These stated that adolescents had suggested that sex education should be more positive, placing less emphasis on anatomy and scare tactics, and focusing more on negotiation skills in sexual relationships and communication.

Rolston *et al.* (2005) stated that it was clear that in the participating Irish schools, strong moral messages were being imparted, overtly and otherwise. The approach to young people and their sexuality was at best cautious, at worst negative. This reflects a seemingly common approach to sexuality education in harmony with a traditionalist ideology as discussed above. Yet, only 10.2% (8.4% of males and 11.4% of females) of the young people surveyed believed that sex before marriage was always or mostly wrong,

and 58.9% of males and 34% of females considered sex between two males as always wrong. These findings showed that many respondents questioned the moral and religious values at the heart of the school sexuality education they had experienced.

Rolston *et al.* (2005) argued that sexuality education in Northern Ireland could be greatly improved by being opened up to a wider range of moral views, as there is much potential value in allowing the space for a multiplicity of perspectives. On the basis of their findings, the researchers stated that many young people in Northern Ireland would welcome a more democratic approach to sexuality education and would rise to the challenge of dialogue in a constructive, mature and mutually respectful way. This is congruent with Ingham *et al.*'s (1999) study, who showed that participants preferred learning through discussion, and wanted to be heard and taken seriously. The researchers argued in favour of a policy shift that would move beyond the legacy of Ireland's history to allow other voices influence sexuality education in Northern Ireland's schools.

An objective of this research was to explore what Maltese young people perceive to be the most suited approach to learning about sexuality and relationships in adolescence. Furthermore, this research has sought to explore young people's perception of the extent to which the sexuality education they have received is reflected in their beliefs.

Learning methods and resources

Young people have often been given an opportunity to voice their preferred learning methods and educational resources through research. For example, Loughrey (2002) revealed that 46% of her participants favoured classroom discussions with an adult, followed by talks delivered by guest speakers who specialise in the field (33%) and use of videos/DVDs (29%). Nahom *et al.* (2001) in the United States found that young people preferred to learn through role playing scenarios. In another study, Rolston *et al.* (2005) reported that young people complained about the handing out and dissemination of (sexuality education) literature without being given the opportunity to explore and discuss it in class with a trained adult. This usually concerned 'contentious' areas and issues related to sexuality where teachers, for various reasons already discussed above, seemed to avoid rigorous and open discussion of sex in general or specific topics in particular.

Evans *et al.* (1994) found that students highly valued factual input from teachers and other speakers using active learning approaches carefully interleaved with active teaching methodologies and use of resources. Examples of such methods and resources given were small group discussions, anonymous question sessions, videos and discussions, drama and role play such as practice in talking about feelings and dilemmas, and the use of video tapes, CD-ROMS and TV programmes. Hirst (2004) too argued that if provision is to match need, diverse and flexible approaches need to be engendered in the planning and implementation of sex and relationship education strategies. She also emphasised that a 'one-size fits all' approach is unlikely to prove effective.

An objective of this research was to explore Maltese young people's preferred methods of learning as well as education resources use, both within and outside schools, to assist their learning about sexuality and relationships. Furthermore, this research sought to explore the extent to which young people have opportunities to use such resources

Learning environment

An issue commonly discussed in the literature relates to whether sexuality education sessions should be conducted in single-sex or mixed-sex groups. For example, Carrera and Ingham (1997) found that generally, young people preferred to learn about the physical aspects related to sexuality in single-sex groups, and about matters related to relationships, social and emotional aspects in mixed groups. Single-sex groups were also identified as being useful in addressing the different needs of either gender, being able to create a less embarrassing or more comfortable atmosphere. However, the researchers also found that young people preferred role-playing and discussions of negotiation skills to take place in mixed groups as they sought to learn the views of adolescents of the opposite sex too.

Ingham *et al.* (1999) and Hilton (2007) found that young people wanted to learn about sexuality in groups of no more than about 15 to allow freer discussion. The young people argued that when sexuality education took place in larger groups, a number of students would start disrupting the lessons (Ingham *et al.*, 1999). Hirst (2004) found the approach of giving the young people the choice to decide upon the makeup of the group useful. By allowing for this, the researcher argued, it was possible for her to learn more about young people's sexual experiences and cultures even from a small group, and thus the discussion between the participants was enhanced.

An objective of this research was to explore what Maltese young people perceive to be the ideal physical learning environment for adolescents – such as the size, gender and composition of the group, etc. – that are the most conducive to learning about sexuality and relationships.

Content

There has been constant criticism in the general literature that sexuality education takes too little account of the social, moral, sexual climate and cultural circumstances in which sexual activities take place. It is commonly argued that the content of sexuality education needs to reflect the local situation and values to which growing young people are exposed to, and make sure that sexuality education programmes are consistent with the norms and diversity existent within the community (Wellings *et al.*, 1994; SIECUS, 1996; Ingham *et al.*, 1999; The Social Exclusion Unit, 1999; Lawrence *et al.*, 2000; Buston *et al.*, 2001; Gokengin *et al.*, 2003).

On the other hand, Rolston *et al.* (2005) criticised the fact that young people in Northern Ireland experienced different approaches to sexuality education, depending on the religious affiliation of their families and the ethos of the school they attended. For example, the researchers found that participants in their study who attended Catholic schools were less likely to receive education about contraception and safer sex than their counterparts attending other schools, while they learned more about marriage (as reproduction) and abortion (as taboo). The researchers argued that a focus on marriage, as well as the avoidance of the 'contentious' issues of contraception and safer sex, followed logically from Catholic moral teaching. Rolston *et al.* (2005) also argued that these negative attitudes to sex were not confined to Catholic respondents. Protestants emerged as more conservative with respect to sex before marriage, sex between males and sex between females. Therefore, on one hand there are views which suggest that sexuality education should reflect local culture and values, while others criticise Catholic schools for limiting sexuality education to the doctrine of the ethos of the school.

An objective of this research was to establish what Maltese young people perceive they need to learn in relation to sexuality and relationships during adolescence. Furthermore, this research also sought to explore the extent to which young people perceive the content of sexuality education as being of value and relevant to their true life experiences.

It has also been commonly argued that very often school sexuality education follows a uni-dimensional moral framework that stresses reproduction, biological functions and a hetero-normative agenda, thus excluding and making invisible other ways of being sexual (Harrison and Hillier, 1999). Hirst (2004) too argued that the sexuality education participants in her study had received normative constructs of sexist sexual behaviour which promoted gender sex role stereotypes. Other research has shown that sexuality education is more often than not limited to vaginal sex for the purpose of procreation, and avoids and disregards other 'contentious topics', such as homosexuality, bisexuality, anal sex, contraception, abortion, wet dreams, orgasm and masturbation (Carrera and Ingham, 1997; Harrison and Hillier, 1999; Loughrey, 2002; Rolston *et al.*, 2005).

Sexual feelings, emotions and the whole area of eroticism, sexual pleasure and desire are yet other topics which young people in various studies claimed had been disregarded in the sex education they had received (for example Hilton, 2007). This view was also supported by Hirst (2004), who stated that the contents of much school-based sex and relationship education is devoid of agency and passion, at least in the UK. While young people seem to value an extensive sexual repertoire – including heavy petting and fore-play (kissing, stroking, mutual masturbation and oral sex) – as 'safer sex' practices when these are discussed, young people are usually either encouraged to delay sexual initiation or simply say no. Rolston *et al.* (2005) reported that overall, sexual desire – 'how to make sex more satisfying', for example – ranked low in the hierarchy of topics actually covered in sexuality education. Yet sexual desire was high on young people's agenda. The participants in the Irish study revealed a desire to receive more balanced and reliable information about sexual matters in a non-judgemental way. Rolston *et al.* (2005) further argued that while 'the joys of sex' may exist for adults in Northern Ireland, the religious and moral climate is such that little attempt is made to prepare young people for this aspect of adulthood. The researchers argued that sexuality education should prepare young people to recognise the responsibility and indeed the pitfalls of sex while at the same time exploring sexuality, recognising the positive aspects of sex, and thereby making informed choices. Participants in the latter Irish study argued that they wanted a form of sexuality education that did not just look at reproduction and would not merely focus on negative effects. They also called for more sexuality education in relation to the emotional upheaval it causes. The authors reported that pupils in their study wanted sexuality education that was less moralistic and more concerned with how it affected self-esteem if it were to go wrong.

Another common argument encountered in the literature is that the content of sexuality education needs to be customised to appropriately meet the specific needs of young people according to their age, gender and sexual experience, which may vary. For example, Nahom *et al.* (2001) argued that boys and girls with varying degrees of experience may have different learning needs and different concerns and questions about sexuality. Yet it remains unclear how education curricula deal with these differences, if at all. The researchers argued that a further understanding of how sexual experience and gender lead to different perceptions among the young would help curricula developers design better sexuality education programmes that take these factors into account. For example, they found that boys were more likely to intend to have sex than girls, while girls, as a result, felt significantly more pressured to engage in sexual intercourse than did boys.

These findings suggest that girls and boys experience different social processes regarding sexual intercourse and therefore may need different information and skill training when learning about relationships. Girls may require more open discussions to explore their feelings and learn how to handle the pressure they are experiencing. They could also be better supported by sexuality education that provides assertiveness training, during which they learn to avoid intercourse when they do not really want to engage in it. Boys may need to learn about dealing with pornography, masturbation and STIs (Nahom *et al.*, 2001; Hilton, 2007).

Carrera and Ingham (1997) also found that female respondents in their study asked for more learning on the emotions surrounding sex and sexuality. These findings suggest that boys could benefit from knowing how girls' experiences differ, and may thus need to be addressed in a different manner. Nahom *et al.* (2001) emphasised that gender differences need to be acknowledged as natural in sexuality education programmes, so that teens can understand and embrace variability as opposed to trying to conform to a hetero normative standard. They also argued that normalising differences might also help create an environment in which adolescents can openly discuss their concerns regarding sexual behaviour and be better prepared to make choices congruent with their desires.

Therefore this research sought to explore differing learning needs between the genders and to discover how young people believe the different needs, based on gender and sexual experience, may be addressed.

The area of 'skills' in sexuality education has also been commonly debated. For example, Harrison (2000) argued that the widening concept of health and sexuality education in recent years has led to an emphasis on health-related life skills in schools. She argued that young people need to learn about decision-making skills, negotiation skills, communication skills and problem solving skills. Cates (2008) reported on qualitative findings where young participants expressed particular disappointment with the lack of education in communication and a full range of topics, including talking with children about maturing into a sexually healthy adult, communication with a romantic partner about protection against disease, and discussing the options for preventing diseases with healthcare providers. Loughrey (2002) reported that although two-thirds of her participants claimed to have been taught communication skills, more than half admitted they could not talk to anyone about the way they felt. She argued that there appears to be a need for further work on developing young people's skills in understanding and communicating their feelings. Pupils indicated that they would like more confidence to ask people on dates, thus highlighting a need to focus on communication within sexuality and relationships education.

Hirst (2004) stressed the importance of taking into account the venues where young people have sex, and the nature of sexual activities taking place, when discussing negotiation skills. Sexual encounters described by the 15-year-old participants in her study were furtive and often rushed. This suggests that while addressing life skills is important, these should be suited to the social context in which sexual activity takes place if they are to yield any beneficial outcome in real life. Hirst (2004) highlighted the contrast between adults' expectations of sexual experiences and young people's reality, in which sex takes place in terms of time, place, privacy and even weather conditions. Furthermore, Hirst (2004) noted a limited or inaccurate sexual vocabulary that her participants made use of while communicating about sexual repertoires, which were described through words and gestures that excluded accurate descriptions. She argued that sexual negotiation could be hindered by the lack of familiarity with or confidence to use a mutually acceptable language. Thus she emphasised the need for sexuality education that enhanced young people's sexual vocabulary and made them familiar and confident with the use of a more accurate and common language.

Timing of learning

Literature related to sexuality education is often characterised by discussions about the age at which it is deemed appropriate for children to learn about specific matters related to sex and sexuality. Several theories of human development indicate that young people go through a series of psycho-sexual development phases. It is commonly argued that educators must ensure that the materials and concepts included into the programme take into account these developmental stages, because the information given and topics discussed might become important to young people only when they have understood the relevance of the issue or topic to themselves (Ministry of Health, 1999; Harrison, 2000). So, for example, the US guidelines to sexuality education identify four stages of development at which different topics related to sexuality and relationships ought to be discussed. These are middle childhood (ages 5-8), preadolescence (ages 9-12), early adolescence (ages 13-15) and late adolescence (ages 16-18) (SIECUS, 1996).

However, others argue that the dilemma of when to time sexuality education is even more complex, since in any group of young people of a particular age range there will be a wide variation in levels of sexual knowledge, attitudes and experience, in addition to a variety of moral and religious views (Harrison, 2000). Although the norms of development have been well-established, it is well-known that not all students develop at the same rate. In view of this issue, Ingham (1993) proposed the self-selection of young people into smaller groups on the basis of friendship (since these groups will be more homogeneous in attitudes, knowledge and behaviour) as a possible approach to overcome some of the problems caused by different rates of sexual development among young people. Thus, in view of the latter, SIECUS (1996) added that local factors such as community attitudes, local socio-economic influences, parent expectations, student needs and expectations, and religious and other cultural perspectives ought to determine the exact developmental stage designated for specific topics.

Various studies sought to explore adolescents' views about the timing of sexuality education. Young people have commonly complained of poor timing, arguing that it often came too late, when they had already made mistakes or after having gleaned the information from friends and other sources (Carrera and Ingham, 1997; Ingham *et al.*, 1999; Hirst, 2004). Nahom *et al.* (2001) reported that young people in their study claimed the need for them to be informed about sex, STIs and contraception *before* engaging in sexual intercourse which, for a over a third, especially in city areas, was before Year 12.

Furthermore, they also suggested that young people need to start learning about sex before they start getting information about sex from other unreliable sources, such as friends or the media, which for most occurred in Year 8 or Year 9.

A common argument in the literature is that for optimum impact, sexuality education should occur before teenagers start experimenting with sexual practices and relationships, and should then be followed up so as to reinforce the endorsement of abstinence or safer behaviours (Gokengin *et al.*, 2003; Hirst 2004). This was also shown by Downs *et al.* (2006), who observed that girls became more knowledgeable about STIs after contracting an infection. Loughrey (2002) found that the median age for all subjects recommended by young people in Ireland was between 12 and 13. The participants were also able to rank the topics in the order starting with the lowest mean age. The participants also suggested that the earlier parents discussed sexual matters, the better it would be for them, as they would be less embarrassed to talk about sex as they grow older.

An objective of this research was to establish from Maltese young people's experiences at what ages specific topics were being addressed at school. Furthermore, it also sought to explore young people's views of the adequacy of the timing and their recommendations for future sexuality education practice.

Sources of learning

Young people's sources of sexual knowledge have been commonly debated in the literature. Various studies explored and compared young people's preferred sources with their actual sources of learning about sexuality and relationships. Findings highlighted schools, the family (parents or guardians), friends, the media, and religious leaders (although the latter's influence did not seem to be strong) as young people's sources of knowledge (Halstead and Waite, 2001; Sousa *et al.*, 2007).

In England, Wellings *et al.* (1995) found that while young people preferred schools and parents to be their sources of information about sexual matters, friends still featured as the most common source. Data from two surveys (Wellings *et al.* 1995; 2001) revealed that schools and parents were playing an increasingly important role in the sexual education of young people, even though the proportion was still low at the time. In fact, the researchers found that over the 10 years, school-based lessons became the main source of information about sexual matters for young people in Britain. In Northern Ireland,

Rolston *et al.* (2005) reported that young people's most preferred source of information was 'the school' (40%), followed by 'parents' (21.9%), while in Italy, Trani *et al.* (2005) found that adolescents learn about STIs primarily from the mass media (79.3%), while also relying on parents (53.1%) and physicians (38%).

In China, Li *et al.* (2009) revealed that senior high school students preferred TV / photographic recording sources, followed by healthcare workers and the health education curriculum. Their actual sources were related to their preferred sources and classmates/friends/peers, while communication with parents or other family members was less frequently reported, both as actual and preferred sources. These findings were very similar to those obtained in the research by Maswanya *et al.* (2000) conducted in Japan. The researchers argued that the results reflect China's conservative traditions where topics related to sex were often taboo, or at least sensitive and highly personal.

An objective of this research was to explore Maltese young people's actual and preferred sources of knowledge and information related to sexuality and relationships.

Parents

Wellings *et al.* (2001) found an increase in the proportion of females that reported having received knowledge and information from their parents. Halstead and Reiss (2003) stated that the relationship between sexuality education and the family is an important and intimate one. The family is the first provider of sexuality education for young people and also a major influence on the developing sexual values and understanding. Furthermore, the family is inevitably part of the sexuality education content because topics such as family relationships, parenthood and family planning are well-established elements in sexuality education (e.g. DfEE, 2000). Various studies identified parents to be among young people's preferred sources of sexual knowledge. Yet, researchers often reported that the majority of young people found it too embarrassing to talk about sex with their parents (Loughrey, 2002; Rolston *et al.*, 2005). It was also commonly shown that the communication breakdown between parents and young people was due to uneasiness and embarrassment on both sides when discussing the subject.

In Turkey, Gokengin *et al.* (2003) revealed that the family was an uncommon source of knowledge on sexual matters. Instead, young people preferred friends and the media as their main sources of knowledge about STIs among their participants. The researchers argued that this could also reflect a culture where sexuality was still very much considered a taboo subject that is not discussed with adults. In view of the lack of reliable sources for sexual knowledge, the authors further emphasised the necessity for formal sexuality education to be encouraged in Turkish schools.

This current research sought to explore the extent to which Maltese young people discuss sexual matters with their parents at home, and whether they find/found it easy to talk with them about such topics. Furthermore it also sought to explore young people's views on the parents' role as sexuality and relationship educators among teenagers.

Schoolteachers

The literature reviewed also revealed the strengths and weaknesses of the different sources sought by young people to learn about sexuality and relationships. For example, schools seem to offer the best possible combination of reliability and interactivity in sexuality education. The school setting also seems to be a non-threatening environment in which sensitive issues related to sexuality can be discussed (Rolston *et al.*, 2005). On the other hand, Ingham *et al.* (1999) found that young people were embarrassed to ask questions in front of their classmates during school sexuality education classes. This was also experienced by Hirst (2004) while conducting her focus group discussions with young people. The researcher observed that African-Caribbean and white females dominated the discussion in large group settings, but in small group and individual interviews, others disclosed sexual experiences and substantiated, elaborated and disputed the disclosures arising in group discussions. Furthermore, Pakistani and Somali participants had not disclosed much about their experiences until they were separated from their white peers. In this case it seems that some of the young people were comfortable disclosing their sexual experience to (presumably) an unknown adult (the researcher), but felt inhibited to talk about sex with their peers. But Rolston *et al.* (2005) argued that although within schools there is still the embarrassment factor, it is arguably less than – for example – within the family.

66

Another problem which Ingham *et al.* (1999) highlighted in the classroom environment was that a number of people tended not to take the lessons seriously, which spoiled sexuality education for everyone else. Furthermore, while a number of studies revealed that young people identified schools as being the most desirable venue for sexuality education, many did not reveal whether the quality of sexuality education in schools as experienced by the respondents was actually high within that setting.

The literature search conducted indicates that very few studies sought to explore young people's preference for certain characteristics and personal attributes in the educator with whom they wished to learn about sexuality and relationships. Loughrey (2002) reported that participants in her study indicated that the most important qualities for an effective teacher were confidence and lack of embarrassment when teaching, and personal qualities such as good communication, empathy, openness, a genuine interest in pupils' wellbeing, listening skills and knowledge. Having a youthful outlook and being open were also identified as positive qualities. Carrera and Ingham (1997) too revealed that young people showed a preference for both a personal teaching style and the approach in one's teaching activities. The young people showed preference for teachers who were youngish, had a sense of humour and not easily embarrassed.

An objective of this research was to explore Maltese young people's views of the quality of learning related to sexuality and relationships at school, and its perceived influence on adolescents. Furthermore, it also sought to explore young people's views on how school sexuality education can be improved. This research also sought to explore Maltese young people's views of the teachers' teaching role, style, methods of presentation and management of discussions. It also sought to explore young people's expectations of school teachers as sexuality and relationships educators.

Out-of-school speakers

The use of out-of-school (outside) speakers in sexuality education has been widely discussed in the literature, with reactions to this method varying considerably. Outside speakers in the literature vary from professionals with specialisation in topics related to sexuality and sexual health – such as sexual health advisors, sexuality education counsellors, social workers and youth workers; to people from the wider community sharing their personal experiences – such as teenage mothers, homosexual people and people

living with HIV/AIDS. Carrera and Ingham (1997) revealed that young people in their study highly valued discussions with people living particular experiences. It seemed that until they met someone living on a day-to-day basis with the experience, the issues had not really hit home. Trani *et al.* (2005) found that the Italian young people having received information from medical specialists had significantly more correct knowledge about STIs. The researchers asserted that, as their findings suggested, physicians and other health care professionals could make themselves available to provide education and counselling to adolescents for the prevention of STIs and to promote less risky sexual behaviour among them. It seems that the experiences of people who operate in places where risk-taking and potentially health-compromising behaviour takes place could prove valuable for school sexuality education. On the other hand, it was also emphasised in the literature that outside visitors invited at school should function in addition to and complement school-based learning, and must not replace a sexuality education programme (Sex Education Forum, 2002). Such approaches can offer more time and scope to explore issues that are of particular interest to the young people.

An objective of this research was to explore how often young people were and are being given the opportunity to learn from outside speaker – if any -- at school. Furthermore, it also sought to explore young people's views on learning from such people.

Other sources: friends and the media

Friends have long been considered as an important source of information – or misinformation – for young people (Allen, 1987). Research has shown time and again that in the lack of effective sexuality education from reliable trained professionals, and with parents often feeling ill-equipped to discuss sexual issues, young people resort to friends, magazines, television, the internet and other media for information about sex (Prendergast, 1992), even though friends are not commonly perceived as a particularly trustworthy source of information by young people themselves.

A major concern with these sources is that they can be inaccurate and misinform young people about sex and sexuality and how to deal with puberty and relationships. Friends have a tendency to provide an excessive and misleading picture regarding sexuality, which may create unrealistic ideals and contribute to stereotype gender attitudes (Makenzius *et al.*, 2009).

Rolston *et al.* (2005) also argued that while media sources such as television and the internet are anonymous, they offer little opportunity for reliable interactive learning, which is arguably more important in this area of education. Halstead and Waite (2001) too found that much of the children's sexual knowledge and many of the values came from the media, which appeared to have both positive and negative influences on young people.

Survey findings made Wellings *et al.* (1994) suspect that sources glamorizing sex enticed young people to start having sex early. They argued that in the lack of effective sexuality education delivered by knowledgeable and confident health educators, school health education programmes might prove insignificant when compared to long-term and pervasive influences, such as the expectations about sexual relationships shaped by peer pressure and the mass media. Information gleaned from unreliable sources such as friends and the media could mislead young people and can perpetuate prejudice and even fear. This has also been discussed elsewhere (Patel-kanwal and Lenderyou, 1998).

Hirst (2004) sought to explore young people's perceived impact of media, such as television and magazines, on perceptions and beliefs related to sexuality. It seemed that participants did not consider the media to leave a significant impact, or at least not as much as teachers' views did. But a survey conducted by Wellings *et al.* (2001) revealed that young men who had obtained sexual information mainly from their friends or other (media) sources were more likely to have had unprotected first sexual intercourse by age 16. This might indicate that young people are not aware of the strong influence that the media may actually play on their lifestyle and decision making. However, it must be noted that this relationship was not evident among girls. In Turkey, Gokengin *et al.* (2003) stated that HIV and AIDS were very frequently discussed in the media, which seemed to explain the high rating of HIV awareness among the participants. Other sexually transmitted infections were not given similar attention by the media at the time of the study, and consequently were not recognised by their respondents.

A number of studies have also highlighted gender differences in young people's sources of sexual knowledge. For example in England, Wellings *et al.* (2001) found that boys preferred friends and the media as sources of information significantly more than girls. The latter seemed to prefer to talk to their parents (mothers in particular) and schoolteachers about sexual matters more than boys, even though the proportion was

still low. However, this could also be because mothers and teachers are usually more willing to talk about sexual matters with girls, but not equally with boys. Similar findings were also reported elsewhere (Mturi and Hennink, 2005).

In Pakistan, Shaikh and Rahim (2006) found that boys identified classmates and friends as their most preferred sources of information (83%), followed by the media (TV/videos) (48%) and school teachers (46%), in comparison to parents (18%). This greatly suggests that male respondents opposed the idea of learning about sexuality from their parents. Girls mostly sought parents (41%) – particularly their mother – in the first place, followed by classmates/friends (31%) and the media (21%). As a result of these findings, Shaikh and Rahim (2006) questioned the quality and authenticity of the information passed between friends. However, they were highly in favour of exploiting young people's inclination to learn from their friends and peers and turn it into an opportunity for learning by training and mentoring peer leaders.

An objective of this research was to explore Maltese young people's views and experience of the effects of other sources of information such as friends and the media, including the internet. It also sought to explore their perceived reliability of the latter sources of knowledge related to sexuality and relationships. Furthermore, this research sought to establish the extent to which young people are able to distinguish between the information they receive from friends and media sources on one hand, and other more authoritative sources on the other.

Peer education

For the last two decades, there has been a growing body of literature surrounding youth-to-youth work, commonly coined as 'peer education'. It has often been suggested in the literature that peer education is the most acceptable and feasible strategy to disseminate maximum knowledge and information about sexual heath issues among adolescents. However, the effectiveness of this method has also been questioned.

Mellanby *et al.* (2001) conducted a comparative investigation of peer-led and adult-led sexuality education among 13- to 14-year-old schoolchildren. The aim was to determine in which aspects peer leaders had been more effective in achieving specific outcomes. The main objective of the intervention was to establish or confirm a 'conservative norm', in this case being the fact that most teenagers had not had sexual intercourse before 16. The peer-led component of sexuality education was delivered within an established programme known as APAUSE (Adding Power And Understanding in Sexuality education), which in an earlier controlled experiment had demonstrated increases in knowledge, changes in beliefs and a relative decrease in first intercourse (Mellanby *et al.*, 1995). The results revealed that peer educators might have been considerably more effective in establishing this norm than adults; this, according to the authors, confirmed the theoretical basis and previous research findings of peer influences in health education. Mellanby *et al.* (2001) could not explain why peers might have been more effective in changing attitudes. They suggested that peers could be more influential as role models or could be more popular. However, further investigation into the perceptions of students receiving such a programme would provide greater insight into these factors.

Mellanby *et al.* (2001) argued that in view of their evaluation study, peer-led sexuality education could be a more effective method of assisting teenagers to develop skills and set their own standards of behaviour than instruction from adults. They also noticed that the peer leaders themselves were more conservative about sex and relationships than teenagers exposed to the pressures of a purely adult world. However, they saw it as both inefficient and inappropriate to train and expect young people to act as peer leaders, and to be able to deliver all topics covered by sexuality education and cover all students in primary, secondary and further education. It remains a challenge to determine how peer-led sexuality education can be integrated into mainstream education and to determine which areas are best dealt with and by whom. The effectiveness, quality and acceptability of peer-led sexuality education require clear ideas of the theoretical basis, content and evaluation methodology. Mellanby *et al.* (2001) argued that longer-term follow-up to determine whether the differences found in their study translated into differences in adolescent behavioural outcomes would still be required.

An objective of this research was to explore how Maltese young people perceive learning from their peers as part of a peer education programme. It also sought to explore the extent to which this approach has been used in their sexuality education.

CONCLUSION

This chapter has described the basic principles underlying this thesis, recognising young people's diversity of sexual attitudes and behaviour; the positive aspects of adolescent's sexuality and its expression; and the influence of the local cultural and socio-religious context upon young people's understanding of sexuality and sexual expression.

The rationale for the importance of conducting a local needs assessment adopting a participative and youth empowering approach was provided. Having identified both its strengths and limitations, the importance of integrating this approach into an interrelation of different sociological perspectives and approaches to needs assessment was justified.

Key domains through which young people's learning needs have commonly been assessed were explored and examples of different international approaches to needs assessment were given. The philosophical debate underlying approaches to sexuality education was also discussed.

This chapter then explored, by way of a review of the literature and previous studies conducted in other countries, young people's perceptions of the way they learn about sexuality and relationships. As a result, it has provided a theoretical framework on which to base a number of objectives that were significant to the accomplishment of the four main aims of this thesis. These aims and objectives are summarised in Appendix 1.

The ensuing chapter will discuss the methodology applied to empirically fulfil the aims and objectives of this research, the findings of which are then presented in Chapters Four and Five.

CHAPTER THREE
THE METHODOLOGY

Introduction

This chapter describes the methodology used in undertaking this research. The mixed-method approach was adopted to meet the overall purpose of the study and to allow for a broader range of research questions to be answered. The benefits, as well as the challenges, of using a mixed methods approach are discussed. The rationale behind the choice of methods employed in this research is also given followed by a description of the research tools and the research process including sampling, piloting, data collection and analysis. The chapter then moves on to explore issues of rigour, validity and reliability followed by a discussion of ethical issues involved and how these were addressed. Reflexivity is then explored, with a discussion of how the position of the researcher may have affected the results presented.

SECTION 1 - THE EPISTEMOLOGICAL ASSUMPTIONS OF THIS RESEARCH
Contrasting vs. complimentary paradigms

Epistemological assumptions concern the question of what is (or should be) regarded as acceptable knowledge in a discipline (Bryman, 2004). A central issue in this context is the question of whether the social world can and should be studied in an objective manner. The epistemological position of the researcher who systematically observes and measures facts, which are believed to be undistorted by his/her value judgement, is known as *positivism*, or the positivist philosophy, emphasising positive facts. A more conventional term is *the normative paradigm*. A contrasting epistemology to the latter is phenomenology, also known as the *interpretive paradigm*.

Bryman (2004) argued that positivism falls under a descriptive category, assumed to produce knowledge capable of being transmitted in an objective manner. Positivists articulate assumptions that are consistent with quantitative research. This strategy entails the collection of numerical data, taking a broadly deductive approach to the relationship between theory and research. The quantitative paradigm uses methods adopted from the

physical sciences, including appropriate statistical techniques, to determine if and to what extent predetermined study variables are causally related (Steckler et al., 1993). Researchers following a quantitative paradigm administer survey questionnaires with predetermined response categories. Denscombe (2003) argued that quantitative data carry an aura of scientific respectability and its use in social research conveys a sense of solid, objective research. On the other hand, critics of the normative paradigm argue that observations are socially situated in the worlds of the observer and the observed, and it is naïve to assume that objective observations can be achieved. Research is intrinsically value-laden. This approach has also been criticised for its *reductionist* view which excludes notions of choice, freedom, individuality and moral responsibility, thereby dehumanising the individual (Denzin and Lincoln, 1998; Bowling, 2002).

Steckler et al. (1993) argued that quantitative methods produce factual and reliable outcome data that are usually generalisable to some larger population. Johnson and Onweugbuzie (2004) contend that quantitative methods can test and validate already constructed theories about how, and possibly why, phenomena occur. Some quantitative methods are relatively quick and can provide precise numerical data. Data analysis is relatively less time consuming and can be aided with statistical software. Quantitative results are relatively independent of the researcher and it may have higher credibility with people in power. On the other hand, the categories and theories used in quantitative research may not reflect local constituencies' understandings. Knowledge produced by quantitative data may be too abstract and general for direct application to specific local situations, contexts, and individuals. The researcher may miss out on phenomena occurring because of the focus on hypothesis testing rather than on hypothesis generation.

The interpretive paradigm, in contrast, embraces a philosophy concerned with the individual and in understanding the subjective world of human experience. It emphasises subjectivity, description more than analysis, and interpretation rather than measurement. Therefore, social science is seen as a means of dealing with the direct experience of people in their contexts. The research setting in phenomenology is accepted as natural, interactive and participative (*naturalistic research*) (Bowling, 2002). This approach requires, to a certain extent, subjective judgement and interpretation (Simons, 1999). Stake (1995) argued that the quality and utility of qualitative research is not based on its rigorous examination of quantity, amount, intensity, frequency or reproducibility, but whether or not the meanings generated by the researcher and the readers are respected.

Interpretive research calls for methods that allow open-ended, unstructured and in-depth collection of 'raw' data, unshaped by prior concepts or theories (Denscombe, 2003). It focuses on meanings that people give to make sense of the world around them, the way these are expressed, cultural norms and language used (Denzin and Lincoln, 1998). Interpretivists are characterised by detailed, rich and thick (empathic) descriptions, written directly and informally (Guba, 1990; Lincoln and Guba, 2000). Qualitative methods are based on the participants' own categories of meaning, generate rich, detailed, valid process data situated and embedded in their local context, that usually leave the participants' perspectives intact (Steckler et al., 1993). They are useful for studying a limited number of cases, exploring and understanding complex phenomena, describing how and why they occur from an insider's (emic) viewpoint (Johnson and Onwuegbuzie, 2004).

But a major weakness of qualitative data is that they may not generalise to other people or other settings because findings may be unique to the relatively few people included in the study. It is also difficult to make predictions from qualitative data. They may have lower credibility with administrators and commissioners of programs. They consume more time to collect and analyse when compared to quantitative data. Another weakness of qualitative research is that the results are more easily influenced by the researcher's personal biases and idiosyncrasies (Johnson and Onwuegbuzie, 2004).

Traditionally, researchers advocated the incompatibility thesis between the two paradigms. Positivism and phenomenology were seen as being theoretically diametrically opposed, based on different perspectives and using different methods. But Johnson and Onweugbuzie (2004) contend that while their divergences are more commonly emphasised in a vast literature, their similarities are more often overlooked. Both approaches use empirical observations and both incorporate safeguards into their inquiries in order to minimise confirmation bias. More contemporary theorists argued that taking a non-purist position helps to answer more fully specified research questions (Bowling, 2002). Adopting a *mixed-methods approach* is believed to lead to more effective research as each method's weaknesses are compensated for by the strengths of the other (Steckler et al., 1992). This epistemological and methodological pluralism is, therefore, the natural complement, even a third paradigm, to traditional qualitative-versus-quantitative research (Johnson and Onweugbuzie, 2004).

Identifying appropriate methods for this research

Three sorts of objectives were noted in this research. Some investigated facts, thus needing factual information, and called for data that could be generalised to the larger population. Therefore, an approach was needed that is able to cater for a large number of participants. The sensitive nature of some objectives, such as those related to sexual intimacy, called for an approach that allows a high degree of anonymity and minimal contact with participants. Considering all factors, the normative paradigm was considered to lend itself best to these objectives by way of a self-administered questionnaire survey. Mostly quantifiable information was sought, asking 'how many', 'how much', 'how often' and 'to what extent'. It was beyond the scope of this research to understand the underlying mechanisms and meanings young people give to their sexual experiences. Below is a detailed discussion on the use of the survey method.

A second set of objectives called for deep exploration of more complex issues that connect with the direct experiences of young people's learning about sexuality and relationships within their contexts. Thus, the method required to be open-ended to provide insightful and rich data which could allow the researcher to understand the participants' own meanings of their learning experiences and a subjective perception of the degree of met/unmet need. Young people's learning occurs within a social sphere. Therefore, the method had to allow them to explore issues as a group rather than as individuals, with least disruption of the natural setting in which these discussions commonly take place. The method also needed to allow the researcher personal contact with those being researched and become responsive to the local situation and conditions. Therefore, the phenomenological and hermeneutic approach was considered to be more appropriate in this case using focus group discussions since these allow contextual and setting factors to be identified as they relate to the issues of interest in this research. In fact, data towards the second stage of this research were collected in the same setting and format that young people usually attended for sexuality education sessions, divided in smaller groups, sitting in a circle on the floor, in an informal and more vivid ambience. Thus, the discussions could occur in their most naturalistic environment.

This is not to say that the young people were not influenced at all by the actual presence of the researcher during the discussions. The fact that they were sharing their discussion about sexuality education with an outsider to the school environment must have still influenced to a certain degree the way they expressed their needs.

It was likely that the young people knew me by sight within my professional role as a health promotion specialist since during the time of the study I appeared regularly on local media stations and participated weekly in a number of TV talk shows, leading discussions among young people on sexual health. They could have also seen me regularly in footages with the health minister and other politicians during press conferences. Thus, the young people could have associated me with politics. Any disproportion in 'social power' that the young people might have perceived between me and them could have been a cause for distancing, creating a gap between us during the discussions. Therefore, a conscious effort was made to minimise this influence by exhibiting a more friendly and youthful outlook, through dress, talk and attitude (informal), lying on the floor with the students, sharing biscuits during the introduction and talking about other matters before starting the discussion (such as sharing my favourite musical artists and the music they listened to) to make them feel in a more friendly company and environment, thus encouraging a more open and honest discussion later in the focus group. A more comprehensive discussion on how focus groups were employed is found below.

Thus, a combination of methodological approaches was employed across the two stages of the research. Therefore, the 'third paradigm' was adopted in this research. However, it was also observed that a third set of objectives could be investigated employing both approaches. As a result, the findings could be integrated and contrasted during data analysis and interpretation. Stronger evidence could be provided for the conclusion through the convergence and corroboration of findings. In combination, the two methods could produce more knowledge than the sum of their parts to answer the research enquiry. This approach is known as *triangulation* and is discussed in more detail below.

Johnson and Onweugbuzie (2004) argued that mixing quantitative and qualitative approaches helps to seek convergence between results (*triangulation*); elaboration and clarification of the results (*complementarity),* discover paradoxes and contradictions *(initiation),* support findings between methods *(development)* and, expand the breadth and range of research (*expansion*). On the other hand, it might be difficult for a single researcher to carry out both qualitative and quantitative research. Competence is required in both approaches. Applying mixed method research is also more expensive and time consuming. To minimise the disadvantages of using a mixed-method approach in this research, the researcher underwent a comprehensive research training programme in research methodology to gain as much competence as possible in both approaches.

The Questionnaire Survey

Rationale for using self-completion questionnaire

The survey method is commonly used to map out the social world (Denscombe, 2003). It proved to be valuable in identifying broad patterns of levels of sexual knowledge and behaviour which could be compared with patterns in other contexts. Surveys help researchers identify at which level problems exist and to identify priorities (Warwick and Aggleton, 2001). Therefore, this method also proved useful to compare needs and assess need from a comparative approach. It looks at issues at a specific point in time and more commonly relate to the present state of affairs. A survey design comprises a cross-sectional design in relation to which data are collected predominantly on more than one case and at a single point in time in order to collect a body of quantifiable data in connection with a number of variables, which are then examined to detect patterns of association (Bryman, 2004). Hence, the survey method was deemed a suitable fit for the first stage of this research which sought to map the field by exploring the general state of sexual behaviour and knowledge among young people aged 14-16 years in Malta.

The advantages and disadvantages of using questionnaires

The self-completion questionnaire design allowed the collection of standardised information from identical questions. The information required was quite straightforward and relatively brief. Hence data could be gathered directly from a large number of respondents in different locations. It was also deemed useful because the social climate was open enough to allow full and honest answers when face-to-face interaction could have led to discomfort among participants. Another advantage of using the survey method was that it could supply a considerably larger amount of data in a relatively short time. It was also relatively easier to organise and administer compared with other methods. Another advantage is that the survey could pose standardised questions to all respondents in exactly the same way – lessening variation as may sometimes happen during interviews, other than having different interpretations of terms. The data collected were very unlikely to be contaminated through variations in the wording of questions or the manner in which the question was asked. There was also little chance for the data to be affected by 'interpersonal factors' (Denscombe, 2003).

Another advantage of the questionnaire survey was that a range of pre-coded answers offered by the researcher could be used. These allow for the speedy collation and analysis of data by the researcher. It was also easier for respondents who need not think how to express their ideas, but pick one or more answers readily spelt out for them. On the other hand, pre-coded questions could have biased the findings towards the researcher's way of seeing things. The options available to the respondent could have imposed a structure on the answers and moved away from the respondents' perception of matters (Denscombe, 2003). An attempt was made to minimise this through piloting the questionnaire with young people of the same age. The piloting procedure is described below.

Surveys have been criticised for being less useful in helping researchers know how to address identified problems. While the survey strategy was valuable in identifying general issues among young people's sexual behaviour and knowledge, a different method was needed to understand these concerns. The questionnaires also offered little opportunity to check the truthfulness of the replies. Answers are given at a distance, thus a researcher cannot rely on a number of clues that an interviewer might have about whether the answers are genuine or not. An interviewer is able to probe the answers, but in using questionnaires there is little option but to accept the answers as true (Denscombe, 2003).

The Tool

The tool consisted of 20 questions divided in 4 sections. The first sought to explore information about young people's learning about sexuality and relationships. The second section sought to explore young people's knowledge related to sexual health. The third section enquired about young people's sexual behaviour, age at initiation of sex, age of partner, number of lifetime partners and sexual partners within three months prior to the survey, consumption of alcohol or use of illicit drugs before practicing sexual activities and use of contraception measures. Finally, basic demographic data were collected consisting of the participants' age and gender. A Maltese and English version of the questionnaire were used for data collection. The original tool was in Maltese, which was then translated in English and back translated to Maltese by two different professional translators to compare any divergences between the original and the back-translated version of the tool. This was done to ensure that both versions of the tool measured exactly the same factors irrespective of being answered in Maltese or in English. Both version of the questionnaires are attached with this thesis (see Appendices 2 and 3.)

Piloting

Oppenheim (1992) recommended that every aspect of a survey has to be tried out beforehand to make sure that it works as intended. The tool used in this survey was piloted for its wording in both the Maltese and English versions, the question sequences, the inventory lists, the question layout on the page, the instructions given to the respondents, the answer categories, and the question-numbering sequences. Oppenheim (1992) also recommends piloting the questionnaire for the coding and quantifying of responses for open-ended questions. This was also attempted in the questionnaire tool in this research.

One class of pupils consisting of 24 students identical in age to the actual respondents of the survey were invited to take part in a try-out study. They were asked to be critical and ask about things they did not understand in the questionnaire. They were also asked to put down the questions in their own words where necessary. Due consideration and care was given to protect the participants in the pilot from becoming uncomfortable or suffering undue stress as a result of the consultation process.

As a result of the piloting exercise a number of changes were made to the questionnaire, mostly related to the wording of the tool in the Maltese version. Additional extra response categories were included. Gated questions to reduce response confusion to the proceeding questions were added. However, the researcher felt that not enough feedback was obtained from the young people in other aspects of the questionnaire. Thus the questionnaire was also shared with peers working in health education for their comments. Other slight modifications were made to the questionnaire concerning the sequence of questions asked. The modified tool was piloted for the second time with another class of pupils but no further changes were required to the tool.

Population and sampling

The population

The target population concerning this research were young people aged 14 - 16 years attending the last of the secondary school years across Malta and Gozo (excluding young people attending special schools). The total population of Maltese young people falling into that category at the time of the study (academic year 2001-2002) amounted to 9988 pupils (53% boys and 47% girls) (NSO Malta: Education Statistics 2002). Table 3.1 below shows how the target population were distributed by age and gender.

Table 3.1 - Total target population details by age and gender

Age / Gender	14 years	15 years	16 years	*Total by gender*
Males	1389	2519	1076	**4984**
Females	1572	2494	938	**5004**
Total by age	**2961**	**5013**	**2014**	**9988**
Source: National Statistics Office Malta: Education Statistics - 2002				

An explorative exercise revealed that young people aged 14 - 16 years in Malta and Gozo attend one of three secondary education sectors: the State, the Church and the Independent sector. Table 3.2 below shows the total number of schools within each sector during 2001-2002 on the Maltese Islands (National Statistics Office, 2004).

Table 3.2 Number of Schools in Malta and Gozo

Education Sector	**Number of schools**
State schools	35
Church schools	21
Independent schools	8
Total schools	**64**

Oppenheim (1992) stated that most social survey researchers usually rely on representative samples of fewer than 2,000 carefully chosen participants who, together, can provide an accurate picture of what would have emerged from a study of an entire population of many thousands. At a margin error of 95% (0.05 confidence level) the sample size at confidence intervals 1% to 5% was calculated to be:

Margin error	Sample
$^+$/- 1%	4896
$^+$/- 2%	1936
$^+$/- 3%	964
$^+$/- 4%	566
$^+$/- 5%	370

Given the resources available to the researcher, a sample leading to an acceptable confidence interval close to $^+$/- 2% at 95% degree of confidence (z = 1.96) was targeted. Thus, 84 classes were randomly selected to participate in the survey, totalling 1928 pupils, resulting in $^+$/-2.01% margin of error. Table 3.3 below shows further details how the target sample size was calculated.

Table 3.3 - Calculating sample size

$$\text{Margin of Error } = z\sigma_{\bar{p}}$$

For a 95% degree of confidence, $z = 1.96$
σ_p is the standard error (Standard deviation of the sampling distribution of proportion), which is given by:

$$\sigma_p = \sqrt{\frac{p(1-p)}{n}\left(\frac{N-n}{N-1}\right)}$$

σ_p is maximized when $p = 0.5$.

When the population size is $N = 9988$, the maximum value of the standard error σ_p is:

$$\sigma_p = \sqrt{\frac{p(1-p)}{n}\left(\frac{N-n}{N-1}\right)} = \sqrt{\frac{(0.5)(0.5)}{n}\left(\frac{9988-n}{9988-1}\right)} = (0.005)\sqrt{\left(\frac{9988-n}{n}\right)}$$

With maximum margin of error set to be 2% then

$$z\sigma_{\bar{p}} = (1.96)(0.005)\sqrt{\left(\frac{9988-n}{n}\right)} = 0.02$$

$$\sqrt{\left(\frac{9988-n}{n}\right)} = \frac{0.02}{0.00981} = 2.0387$$

$$\frac{9988-n}{n} = (2.0387)^2 = 4.1564$$

$$9988-n = 4.1564n$$

Target sample size $n = 1936$

Sampling method

Oppenheim (1992) defines a representative sample as a sample of any population in which every member has a specified non-zero probability of being identified to participate in the study. Therefore, the *cluster sampling technique* was identified to be a suited method to give every young person aged 14 - 16 years attending secondary school a statistically equal chance of participating in the study, irrespective of gender, type of school attended (state secondary / state junior lyceum / independent / church school, mixed- / single-sex), living in any of the six districts in Malta or Gozo, in proportion to the total population of young people. It was considered more convenient to reach the pupils for data collection purposes by class. Therefore, calculating by an average of 25 pupils in every class, around 80 school-classes were required to reach the target sample.

All 11th and 12th grade classes in Malta and Gozo were numerically coded and clustered by gender, type of school and region (Southern Harbour, South Eastern, Northern Harbour, Western, Northern and Gozo). With the aid of a computer random number generation software, 41 male and 43 females classes were randomly selected from all 11th and 12th grade classes on the Maltese islands reaching a target sample of 1928 pupils. Thus every young person attending the last of the secondary school years in each of the latter stratum had an equal chance of being chosen. Table 3.4 below shows details of the sampled schools and classes, as worked out by the ratio of classes in the different types of schools and region. The target sample consisted of 937 males and 991 females (48.6% and 51.4% respectively).

Table 3.4 – Details of sampled schools, classes and pupils by gender and type of school

	Boys	Girls	Totals
State Junior Lyceums	5 schools	5 schools	10 schools
	20 classes	19 classes	39 classes
	433 pupils	434 pupils	867 pupils
State Secondary schools	8 schools	7 schools	15 schools
	12 classes	11 classes	23 classes
	242 pupils	257 pupils	499 pupils
Catholic Church Schools	4 schools	6 schools	10 schools
	9 classes	11 classes	20 classes
	262 pupils	264 pupils	526 pupils
Independent Schools	*nil*	1 school	1 school
	nil	2 classes	2 classes
	nil	36 pupils	36 pupils
TOTALS	**17 boys' schools**	**19 girls' schools**	**36 schools**
	41 male classes	**43 female classes**	**84 classes**
	937 boys (48.6%)	**991 girls (51.4%)**	**1928 pupils**

Permission was requested from all head-teachers of the 36 sampled schools to conduct the sexual health survey among pupils attending their school. Twenty-nine approved while seven declined despite even having the permission of the local education authority. The main reasons for declining were due to a perceived inappropriateness to question young people about sexual activities, and fear of parents complaining. Therefore,

402 sampled pupils were not permitted to participate in the study, reducing the sample by 20.9%. The remaining 68 classes, totalling 1526 pupils were allowed to participate in the study, of which 687 were males and 839 females (45% and 55% respectively). Table 3.5 below shows details of participating and non-participating schools.

Table 3.5 – Details of participating and non-participating schools

	1 Church School	1 boys' school	3 male classes	98 males
Young people not consented by school head teachers to participate in the survey	4 Secondary Schools	2 boys' schools	3 male classes	103 males
		2 girls' schools	3 female classes	77 females
	2 Junior Lyceums	1 boys' school	4 male classes	148 males
		1 girls' school	3 female classes	121 females
	Sub-totals	**4 boys' schools**	**10 male classes**	**250 males**
		3 girls' schools	**6 female classes**	**152 females**
	TOTAL	**7 schools**	**16 classes**	**402 pupils**
	9 Church schools	3 boys' schools	6 male classes	157 males
		6 girls' schools	11 female classes	264 females
Young people who were consented to participate in the survey	11 Secondary schools	6 boys' schools	9 male classes	186 males
		5 girls' schools	8 female classes	180 females
	8 Junior Lyceums	4 boys' schools	16 male classes	344 males
		4 girls' schools	16 female classes	359 females
	1 Independent School	1 girls' school	2 female classes	36 females
	Sub-totals	**13 boys' schools**	**31 male classes**	**687 males**
		16 girls' schools	**37 female classes**	**839 females**
	TOTAL	**29 schools**	**68 female classes**	**1526 pupils**

Data collection and analysis

An exact number of coded questionnaires totalling the number of potential participating students in every class were disseminated to all sampled schools who accepted to take part in the study. A member of the staff was identified by the respective head teacher of every school to take over the responsibility of the class during data collection. The questionnaires were to be completed on the last day of the pupils' examination period during mid-term, when classes were arranged with separated seating for exam purposes. Thus, the opportunity was taken for pupils to fill in the questionnaire with minimal chance that young people could discuss answers between them. Furthermore, being the examination period ensured better pupil attendance at school during the day of data collection.

All classes within every school completed the questionnaires on the same day at the same time to prevent pupils from discussion the survey between them before completing the tool. All schools completed the questionnaires over a period of three days across Malta and Gozo. Teachers were given instructions not to make any suggestions or recommend replies to young people as they filled the questionnaire, but to answer any queries giving the least information possible to meet their enquiry. All questionnaires whether fully or partially completed were returned to the researcher. Teachers were also asked to note down the number of pupils that were absent on the day of data collection.

Each questionnaire was given a unique identifying code, that was written on to the questionnaire, which corresponded to the entry of data onto the computer. This helped ensure that none of the questionnaires were inputted twice. In addition, the questionnaires could be re-checked at a later stage. All questionnaires were analysed manually and the data were entered into the MS Office EXCEL software to produce frequency tables and percentages, then transferred to a Statistical Package for Social Science (SPSS) for Windows v.15 to further enable cross-tabulations and tests for correlation and association using the Pearson's test, the Chi-square test and one-way ANOVA.

Questions that had incomplete or rogue responses (like having all option ticked in all questions) were omitted from the final analysis. The number of responses for each question is made explicit in the presentation of the results, as most differ from the total number of completed questionnaires.

The Focus Group Discussions

Rationale for using focus groups

Young people's views and the way in which they collectively constructed meanings to learning about sexuality was an important point of departure. Focus groups are highly valued for playing a role in allowing the voices of marginalised groups to surface, and constitute a relatively rare opportunity to empower people to voice their needs (Bryman, 2004; Rabiee, 2004). The method also helped to reduce the power gap that could have arisen between the researcher and the participant in other research methods, which also reduces the risk of an exploitative attitude towards adolescents. The method integrated well into the overall principles adopted by this thesis, namely young people's right to participation, empowerment and involvement in assessing their learning needs.

The focus group method also gives the researcher relatively less control over the proceedings than with individual interviews, which is passed over to the participants. While some consider the latter as valuable to the quality of data obtained, others perceive it a disadvantage. But one of the major strengths of the method within this research was that it allowed participants to bring up issues they considered significant, argue with each other and challenge each other's views. This further enhanced the quality of the data by increasing the chance of providing more realistic accounts of what people think since it gives the participants the opportunity to revise their views.

The focus group method could also help in identifying cultural values and group norms as a result of the discussions and shared knowledge, which was a further asset in this research since it emphasised young people's perception and views within a specific context. The question related to control for researchers remains as to how far they can surrender control of a focus group to its participants (Bryman, 2004). Finally, using focus groups in this research created a greater opportunity to obtain information in a more natural situation and thus derive understandings from the lived school experience of the participants. As such, young people could be studied within a social context, preventing the decontextualisation of the data collected.

The Tool

A set of general and open-ended questions was employed as a guide for the discussion. A copy of the topic-guide used with core questions and prompts is attached as Appendix 4. These were not followed in any specific order. The approach used was not intrusive and generally unstructured so that the discussion could range fairly widely. Questions posed early during the focus group discussions were designed to generate initial reactions in a relatively open-ended way to allow participants to raise issues they see as significant in their own terms. The three major areas addressed during the focus groups were young people's perceptions related to learning about sexuality and relationships, young people's own perceived needs, and the extent to which these had been or were being met.

Piloting

This was the researcher's first attempt at conducting focus groups. Therefore, two focus groups were planned to pilot the structure of the discussion, response rate of pupils and

their parents consenting for their children to participate, the most advantageous size of groups, and any other potential difficulties arising during the actual data collection. All pupils attending their final year of one particular secondary school (92 students aged 15 - 16 years) were invited to participate in the pilot focus group discussions. The sample was purposive in so far as it specified a particular age range (14 - 16 years). Access to participants was negotiated via the head teacher and the PSD teacher. The details and purpose of the overall research study and of the focus groups were explained to the pupils, while a parental consent form was handed to all young people willing to participate. The pilot focus groups helped to gain insight into a number of practical issues that were not anticipated prior to the data collection and are discussed below.

Group size

The response rate to the pilot groups was much higher than expected, with 66 students (72%) returning the consent form positively signed to the school. Originally two focus groups were planned for the pilot run. Robinson (1999) suggested that focus groups should consist of 5 to 8 participants while Rabiee (2004) mentioned not more than 10 participants. The head teacher and PSD teachers of the pilot school were consulted and it was decided not to let down students from participating once they had returned the consent form duly signed. Therefore, four focus groups were planned to carry out the pilot test. The focus groups discussions took place after school hours to avoid students having to miss lessons, but at a time when students could choose to attend a number of extra curricular activities such as drama, sports, etc. Therefore, between 16 and 17 students were invited to attend four focus groups separately.

In line with what Rabiee (2004) had found, between 3 and 4 participants (20-25%) did not turn up for every pilot group either because of absenteeism or because they did not want to miss a specific extra curricular activity taking place on the day of data collection. Furthermore, a small number of students seemed to enjoy listening and following the discussion without contributing to it. Therefore, a conscious over-recruitment of participants had to be employed to overcome these issues in later data collection. Also, it was emphasised more among potential participants that those opting to join the focus groups had to feel comfortable and willing to get involved in the discussion about matters related to learning about sexuality and relationships with other school mates and two adults (the researcher and an assistant researcher).

The pilot groups also revealed that having 10 young people in every group seemed to be most profitable in producing manageable data. Larger groups amounted to large volumes of data and severe difficulties to transcribe the discussion. Therefore, 12 students were recruited for every focus group thereafter targeting 10 participants at every group.

Group composition

An issue was raised whether to select participants from natural groups (generally from the same class) or from different classes who might be less familiar to each other. The literature revealed that some researchers prefer to exclude people who know each other since pre-existing styles of interaction may contaminate the session. Another problem with using natural groups is that people who know each other well are likely to operate with taken-for-granted assumptions and certain issues might not be brought to the fore during the focus group. On the other hand, it was also stated that 'pre-existing' groups make the discussion more natural since people are able to discuss in situations that are quite normal for them (Bryman, 2004). A compromise was attempted by bringing together groups of three students from every class into each focus group. The pilot groups revealed that mixing students from different classes created a good opportunity for young people to discuss between them views of different approaches adopted by different teachers, which sometimes varied extensively and led to very interesting discussions about different teaching qualities within the same school. Therefore, this approach was maintained for the rest of the focus groups.

Number of focus groups

While time and resources were important factors to consider, the number of focus groups to be conducted was based on two criteria. First was the use of stratifying criteria to ensure that groups with a wide range of features will be included (Robinson, 1999). The main socio-demographic factors considered in this study were the pupils' gender and whether they attended a boys'-, girls'- or a co-ed school. The aim was to establish any systematic variation in the ways in which different gender groups viewed their learning about sexuality and relationships. Secondly, the *theoretical saturation criterion* was employed until the major analytic categories were attained and the researcher could anticipate fairly accurately what the next group was going to say (Bryman, 2004). A further nine focus groups (three from each kind of school) were envisaged to suffice.

Data collection process

The focus group strategy aimed to foster a trusting relationship with the participants so as to facilitate an understanding of their experiences in their own worlds. The discussions started with presentations and thanking the pupils. The aims of the research were outlined, the reasons for recording the session explained, and the format of the discussion described. The duration of the focus group was made known (90 minutes). The participants were reminded of confidentiality and anonymity issues. A set of ground rules was agreed not to reveal any intimate details of private lives, to respect each others opinion, and avoid disagreeing profoundly with each other or passing any disrespectful or judgmental comments on other people such as teachers or peers at school.

The pupils were informed that everybody's views were definitely required and all were actively encouraged, but not coerced, to voice their ideas. They were encouraged to talk to one another, ask questions, exchange anecdotes and comment on one another's experiences and views. However, they were also encouraged to limit conversations to one person at a time. All the above was listed on a paper and gone through at the start of every focus group to ensure consistency throughout data collection (see Appendix 5).

Note taking during focus group discussions carries the risk of missing the meaning that is collectively constructed within the session, thus challenging the whole purpose of the sessions (Bryman, 2004). Recording and transcribing focus groups helped solve the problem. But the recorder could have been off-putting for respondents who become self-conscious or alarmed at the prospect of their words being preserved, inhibiting a more useful discussion. To help counteract the latter limitation a very tiny but highly sensitive digital recorder that looked more like a wafer-thin mobile phone was used, barely noticeable by the respondents. Furthermore, all participants in the focus groups were given the opportunity to refuse recording of the session. None did so. The sessions were later transcribed verbatim.

Discussions were conducted in the same setting and format that young people attended for PSD lessons, in smaller groups, sitting in a circle on the floor, in an informal and more vivid room with colourful curtains and paintings on the walls. This is not to say that the young people were not influenced at all by the presence of the researcher (and his assistant) during the focus group interviews. However, a conscious effort was made to minimise as much as possible this influence by making young people feel more comfortable in a friendly environment, thus encouraging a more open and honest discussion.

The participants were asked to reflect on a series of issues using the topic-guide (see Appendix 4). Participants were allowed to take over much of the direction of the session themselves to stand a better chance of getting access to what individuals perceived as more important. Thus, participants' views were much more likely to be revealed than had other traditional methods been employed. An attempt was made to achieve a suitable balance between allowing the discussion to flow freely and intervening to bring out the more salient issues when the group participants did not do so. Whenever a specific point of potential interest to the research objectives was not picked up, the participants were probed, leads were followed up and inconsistencies were cleared.

Attention was paid during focus groups to what was being said and by whom, and whether certain individuals seemed to act as opinion leaders or dominated the discussion. A female PGCE student who had a special interest in how young people learn about sexuality and relationships, who was also a graduate in Educational Psychology, was employed as a second moderator during the focus groups. The student kept notes of the characteristics of the interaction taking place during the focus group sessions, such as whether the discussion was complementary or argumentative, whether it demonstrated broad agreement or disagreement between participants and the subjective nature of its interpretation. Later on the same person also conducted a secondary analysis of the transcripts to evaluate the researcher's analysis and also reviewed the themes that emerged from the data following analysis. This helped to encounter accusations that the analysis might have been influenced by the researcher's values and biases.

Data analysis

Data were analysed while the focus groups were being completed and transcribed. Thus emerging themes were asked about in a more direct way in later focus groups (Miles and Huberman, 1994). Rabiee (2004) suggested a strategy that incorporated both themes in what people said and patterns of interaction which was adopted for this thesis. Data analysis was conducted in five key stages (Rabiee, 2004:657). These are:

1. familiarisation
2. identifying a thematic framework
3. indexing
4. charting
5. mapping and interpretation

In the first stage, recordings, transcripts and observational notes were reviewed several times. During this process the major themes emerged. In the second stage, ideas and concepts arising from the text were written in the margin of the transcripts. During this process categories were developed. In the third stage the data was sifted through, highlighting and sorting out quotes and making comparisons both within and between cases. The fourth stage involved lifting quotes from their original context and re-arranging them under the newly developed thematic content. In the final step, relationships between quotes were explored and links between the data were made. All data analysis was made manually with the aid of Microsoft Office Word software.

The meaning of quality in social science research

The concept of quality in research is interpreted as what makes research essentially *reliable* and *valid* (Bowling, 2002). The concepts of reliability and validity are multi-faceted. Cohen et al. (2000) argued that validity and reliability are not all-or-nothing characteristics of the research instrument, and that threats to validity and reliability cannot be eliminated completely. However, the researcher strives to maximise the validity and reliability of his findings. This section discusses and considers validity and reliability issues in relation to this research.

It is commonly suggested that both reliability and validity criteria carry connotations of measurement, which is generally considered to be a major preoccupation with quantitative research and less so with qualitative research. However, there has been some discussion among qualitative researchers about an alternative set of criteria that would be more relevant to qualitative research. These alternative criteria in question are identified as issues related to *trustworthiness* and *authenticity* (Lincoln and Guba, 2000). This research adopted a mixed-method approach using both quantitative and qualitative methods. Therefore, consideration was given to validity and reliability issues in both approaches.

Validity

Validity is the degree to which a measure of a concept obtained by a method truly reflects the concept that it is denoting (Benton, 1995). Hence, it is the degree to which an instrument measures what it is supposed to be measuring (Carter, 1995; Bryman, 2004; Polit and Hungler, 1993). In qualitative terms, Janesick (2000:393) defined validity as having to do with description and explanation, and whether the explanation fits the description. In other words: "is the explanation credible?" It was also defined to be concerned with the appropriateness, meaningfulness and usefulness of the inferences that are generated from research based on data collected (Fraenkel and Wallen, 2000). Several kinds of validity measures were identified in the literature. Those relevant to this current research are discussed below.

Internal validity / credibility

Cohen et al. (2000) described internal validity as a measure which seeks to demonstrate that the explanation of a particular event, issue or set of data which a piece of research provides, can actually be sustained by the data. The authors argued that in some degree this concerns accuracy; that is, the findings must accurately describe the phenomena being researched. In order to enhance the internal validity of the findings, young people in the focus groups were presented with the main findings of the survey and asked to air their views on them. The level of convergence between the findings from the survey and young people's agreement or disagreement with the inferences was considered as a gauge of internal validity of the findings from the survey.

Furthermore, throughout the focus group discussions, every time a particular theme or issue was discussed, the conclusions reached were communicated back to the participants to seek their agreement with the researcher's understanding of the participants' views. The latter technique is often referred to as *respondent validation*. Peer debriefing of the findings was also employed to enhance the internal validity of this research, where the researcher exposed himself to disinterested peers in a manner akin to cross examination, in order to test the honesty, working hypothesis and to identify the next steps in the research.

External validity / transferability

External validity concerns whether the results of a study can be generalized to settings or samples beyond the specific research context in which it was conducted (Polit and Hungler, 1993). One aspect of a study's external validity concerns the adequacy of the sampling design. Every effort was made to employ the most favourable sampling techniques towards the survey and obtain a representative sample of the Maltese young people population. However, the overall non-response rate could have demeaned the generalisability of the results obtained from the quantitative survey findings. This is further discussed in the final chapter.

Lincoln and Guba (2000) suggest the criterion of *transferability* to parallel with external validity in qualitative research. They argued that whether qualitative findings hold in some other context is an empirical issue. In qualitative research, it is not the researcher's

task to provide an index of transferability. Rather, they suggest that readers should determine whether transferability of findings from one piece of research to another situation is possible, and the extent to which it is possible. In this respect, transferability requires thick description of data. Therefore, every effort was employed to provide sufficiently clear, detailed and in-depth description of the qualitative data obtained, as well as the process by which it was obtained, so that the reader can determine the extent of transferability of the data from the focus group discussions to the wider population.

Ecological validity

Ecological validity is concerned with the question of whether social scientific findings are applicable to people's everyday natural social setting. The fundamental premise of qualitative research, which often involves a naturalistic stance, is that the researcher deliberately avoids manipulating variables or conditions, making sure that the situations in the research occur naturally (Cohen et al., 2000). Every effort was made to collect data in as naturally occurring situations and environments, as opposed to fabricated, artificial ones. Focus group discussions were conducted within the same classroom set-up where young people usually discuss topics related to sexuality and relationships at school. Every attempt was made to stay mindful of the approach that was typically being used during the focus groups, to be less directive and carefully word questions to ensure they did not imply a right or best answer to give.

Content / face validity

Cohen et al. (2000) argued that to demonstrate content validity the research instrument must show that it fairly and comprehensively covers the domain or items that it intends to cover. Content validity is of particular relevance to researchers designing tests of knowledge in a specific content area, as was the case in the questionnaire survey of this study. There are no objective methods for ensuring the adequate content coverage of an instrument. Face validity is, therefore, an essentially intuitive process (Polit and Hungler, 1993). In this current research, peer professionals in the field were called on to act as judges and analyse the items in the questionnaire to determine whether on the face of it the measure seemed to reflect the concept concerned.

Construct validity

Cohen et al. (2000) argued that in qualitative research construct validity must demonstrate that the categories the researcher uses are meaningful to the participants themselves and reflect the way in which the participants actually experience the situations. In other words, that the researcher sees the situation through the participants' eyes. In this respect, a conscious effort was made during the focus groups to enter into the participants' shoes and experience the concepts discussed as much as possible in the same way that young people do. This was very challenging indeed. Matters arising during the focus groups as a result of the participants' discussion were taken up and probed further. This was attempted by ending the discussion on every specific topic with the following: "*So, just to make sure that I am understanding you well - but please correct me if you believe I misunderstood you: you seem to feel / believe that ....*".

Triangulation

An emerging trend in social science research over the last few decades has been the increased blending of methods. Two or more qualitative or quantitative methods are used sequentially or simultaneously, provided the analysis is kept separate and the methods are not muddled, to determine how far they arrive at convergent findings (Mertens, 1998). This is believed to enhance the degree of confidence the researcher can place in the data collected (Wallen and Fraenkel, 2000). The latter approach to investigation is referred to as triangulation, or *methodological pluralism* (Tones and Tilford, 2001). Denzin and Lincoln (1994) pointed out that triangulation has also come to mean convergence among researchers, that is, agreement between field notes of one investigator and observations of another. But generally the term triangulation in the literature has been reserved for those specific occasions when researchers seek to check the validity of their findings by cross-checking them with another method. Denzin (1989) identified different triangulation strategies in his extended view of the multi-method approach, some of which were adopted in this research and are discussed below.

Data triangulation

Data relevant to the overall purpose of the thesis were gathered from both a quantitative survey and qualitative focus group discussions. Different data sources were tapped, us-

ing different sampling strategies, but maintaining the same foci to obtain diverse views from young people having different experiences of learning about sex, sexuality and relationships. Pupils from single-sex and mixed-sex schools participated in both stages of the study, while pupils from state schools, junior lyceums, church schools, and independent schools were invited to participate in the survey. Therefore, the data were collected from different groups at one point in time - otherwise known as a '*panel study*'.

Another way by which data triangulation was employed in this research was by comparing learning needs identified by the researcher through the interpretation of the survey data (such as age at first intercourse, contraception use, condom use) with young people's own perception of need through the focus group discussions. In other words, identifying young people's learning needs by comparing the normative (the researcher's) with young people's (felt/expressed) interpretation of need.

Space triangulation

Data were gathered among pupils across Malta and Gozo and from different types of schools. Therefore, at least two sub-cultures of Maltese society (Maltese and Gozitan) were represented in the samples. Cohen et al. (2000) described space triangulation as an advantageous method to overcome the limitations of studies conducted within one culture or subculture. Human behaviour is both culturally and sub-culturally bound. Findings that would have been obtained from studying a single group cannot be generalised.

Investigator triangulation

Sim and Sharp (1998) argued that individual observers and researchers have their own particular observational styles which are reflected in the data collected and the inferences made. Therefore, the use of more than one investigator to analyse the data enhances the validity of data by counteracting the shortcomings of one investigator with the strengths of another. In this current research, colleagues specialists in health promotion and public health were called to analyse the survey data and share their interpretations. Furthermore, a PGCE student with a shared interest in the topic but a different area of expertise and perspective participated as a second moderator in the focus groups and also reviewed the themes that emerged from the data following analysis.

Methodological triangulation

Denzin (1989) stated that 'between methods' triangulation is a check on validity embracing the notion of convergence between independent measures of the same issue. Thus the shortcomings of one technique or method will be compensated for by the strengths of the other. In this current research a number of objectives related to young people's learning sources of knowledge about sex and sexuality (actual and preferred) were asked in both the questionnaire survey and the focus group discussions.

The potential benefits of triangulation to research

Triangulation raises researchers above their personal biases, partially overcoming the deficiencies of a single method (Denzin, 1994). Multi-methods produces different kinds of data on the same topic, allowing the researcher to understand the topic more completely (Denscombe, 2003). Findings from one method can be checked against findings from another method. The strengths of one compensates for the weaknesses of the other (Brewer and Hunter, 1989). Therefore, triangulation is not a simple combination of different kinds of data, but a strategy that attempts to relate them so as to counteract the threats to validity in each (Schwandt, 2001). Triangulation does not prove any particular method of data collection right, but gives some confidence that the meaning of the data has some consistency across methods and that the findings are not too closely tied up with a particular method used to collect the data. Thus, triangulation increases validity in research studies, enhancing confidence in ensuing research findings.

Triangulation also provides a better insight of the phenomenon. Denzin and Lincoln (1998) argued that the combination of multiple methods reveals the qualitative researcher's attempt to ensure an in-depth understanding of the phenomena at hand. Triangulation helps to capture a more complete, holistic and a contextual portrayal of the topic under study adding breadth and depth to the findings. Foss and Ellefsen (2002) argued that triangulation provides better insights to situations where established conventional approaches yielded an over-simplified or frequently distorted picture. They assert that combining different methods coming from different epistemological traditions has the potential to reveal new perspectives to the phenomenon under investigation which otherwise may have been neglected by the single-method approach.

The limitations of triangulation techniques

Triangulation is sometimes accused of subscribing to a naïve realism that implies that there can be a single definitive account of the social world (Foss and Elefsen, 2002). Writers aligned with constructionism argue that research findings should be seen as just one among many possible interpretations of social life. The multi-method approach can contribute to the overall quality of a research study by supporting the strength of interpretations and conclusions in qualitative research, but it does not make it faultless (Mertens, 1998). It is at best understood as a strategy that adds quality and rigour to any investigation. Furthermore, Sim and Sharp (1998) argued that triangulation is not a straight forward manner by which all aspects of validity are enhanced in research. Probably the most common variety of measurement validity enhanced is criterion-related validity. It is debatable how triangulation enhances other measurements.

Triangulation, as a means of validation, rests upon the assumption that the individual methods have different patterns of error associated with them, and that such errors will rule each other out. Therefore, a more accurate picture of the truth is supposed to emerge from combining the two data collection methods. However, it has also been argued that the attempt to relate different kinds of data through triangulation of different methods is a challenging task as data derived through different methodologies are viewed as incommensurable (Sim and Sharp, 1998; Foss and Ellefsen, 2002).

Sim and Sharp (1998) argued that research combining methods should not be regarded as inherently superior to single-method research in all circumstances. Some research questions may be adequately answered by a single method. Thus, the appropriateness of the triangulation strategy is not self-evident, but depends upon the nature and scope of the particular research question. Within the context of this research, there was no means by which young people's personal sexual behaviour could be explored other than the anonymous questionnaire survey. Therefore, not all objectives in this research could be triangulated. Also, obtaining similar findings from different sources does not in itself guarantee that the findings are valid. Both data sets could be equally incorrect. Furthermore, Denzin and Lincoln (1994) argued that independent measures never converge fully. Sources can be inconsistent or even conflicting, with no easy means of resolution. Knowledge gained from triangulated approaches should not be seen as incontestable pools of knowledge, but as a different position on a continuum of knowledge (Foss and Ellefsen, 2002), not necessarily a test of validity (Denzin and Lincoln, 1998).

Reliability Issues

Reliability is concerned with the degree of consistency with which the instruments measures an attribute (Benton, 1995; Bryman, 2004). Seeking a good level of reliability means that the research instrument produces the same data time after time that it is used unless due to variations in what is being measured and not the volatile nature of the research instrument itself (Denscombe, 2003). The idea of reliability is then closely related to another criterion– *replicability*, which is particularly related to quantitative research. Details of the setup and instructions given to teachers invigilating pupils completing the questionnaires to ensure consistency have already been described above.

Replicability is more difficult to meet in qualitative research since the social setting cannot be 'frozen'to make it replicable in the sense in which external reliability is usually employed (Bryman, 2004). But Lincoln and Guba (2000) propose the idea of *dependability* as a parallel to reliability in qualitative research, achieved by adopting an 'auditing' approach. To this end, complete records were kept of the research process and a full account of the process has been given to serve as an audit trail. Furthermore, during the conduct of the focus group, the second moderator could establish how far proper procedures were being followed using a checklist (see Appendix 5).

Lincoln and Guba (2000) propose that one of the objectives of the auditors would be to establish confirmability which is concerned with ensuring that, while recognising that complete objectivity is impossible in social research, the researcher can show to have acted in good faith, and has not overtly allowed personal values or theoretical inclinations manifestly sway the conduct of the research and findings deriving from it. To this end, further down I am presenting an account of my own biography and affiliations while acknowledging what influences these could have brought to the research field. Therefore, the readers can act as auditors to this research.

Furthermore, the researcher and the second moderator conducted separate content analysis of the focus group transcripts and compared the decisions taken to categorise the items arising out of the discussion. The consistency of their judgements was sought (inter-observer consistency), which can also be a measure of reliability of the findings (Denscombe, 2003).

Reflexivity

The 'self' in qualitative analysis

There is a general acceptance among qualitative research practitioners that the researcher's identity, values and beliefs, are inevitably an integral part of the design and interpretation of data (Stake, 1995; Coffey, 1999; Denscombe, 2003). This has created a major concern in social science research in that the researcher may prioritise his or her own subjectivity over the respondents'. Thus qualitative data can easily be produced by the way they are interpreted and used by the researcher, inducing bias in the findings. This is in stark contrast to the ambitions of positivistic researchers, who criticised qualitative research for its subjective approach to empirical enquiry and challenged it, called it unscientific and one that degraded the reputation of the objective researcher.

Peshkin (1988) argued that while researchers cannot eliminate subjectivity, rather than fear it, they should be encouraged to formally and systematically seek out to monitor and manage it. And this not retrospectively, when the data have been collected and analysed, but meaningfully and attentively throughout the process. This was also supported by Bowling (2002) who argued that while scientists cannot divorce themselves from the cultural, social and political context of their work, they can make their assumptions about their world explicit and strive to conduct their research as rigorously and objectively as possible. She recommended that researchers ought to include a statement of their assumptions to place the reader in a better position to appraise critically the values inherent in the research, hence the purpose of this section. Furthermore, Denscombe (2003) argued that the extent to which the *self* is intertwined with the research process should rather offer a privileged insight into social issues. Thus, rather than being a limitation, it could also be regarded as a crucial resource.

My own subjectivity

There are a number of personal issues that could have influenced the way I designed the study and how I interpreted the results. First is that I am Maltese and a practicing Roman Catholic. I was brought up in the Maltese socio-religious and cultural environment where learning to live the Catholic doctrine is considered to be the norm. Being Catholic helps me identify with the Maltese community and culture where I live. Thus, one can say that I am the product of the history and culture of my country, which for eighteen centuries has been deeply embedded in Christianity.

Secondly, I come from a general medical / nursing professional training background, and from a genito-urinary and reproductive health specialisation roles. Following my clinical specialisation and experience, I practiced for seven years as a public health / health promotion specialist taking on an educator's role. For the last two years I taught on the public health programmes as a full-time academic at the University of Malta.

Through reflexivity, which is a subjective process of self-awareness that should clarify how one's beliefs have been socially constructed and how these values are impacting on interaction and interpretation of the data (Grbich, 1999), I came to realise that my affiliation with various organizations and movements lobbying for students' rights in my youth (such as being the student representative on the university's council and member of the university's students' union) could have left within me a deep-seated passion for lobbying in favour of young people's rights. The rights-based approach to sexuality education has long been acknowledged in the literature and highly proclaimed up to very recently at the IVth Biennial International Sex and Relationships Education Conference (7-9th September 2009, Birmingham). Yet, my long reputation in lobbying for young people's rights could have further influenced the way I shaped the approach to needs assessment in this research, and focus on young people's felt-expressed needs, empowering and supporting young people's participation in decision making. Furthermore I am a male researcher, and thus could have looked at issues arising from the data from a male gender-role and stereotyped perspective. I am also married, and this could influenced the way that I look at relationships' issues discussed and possibly considered the male-female marital relationship as an ideal.

 Therefore, my personal ethics are the product of two formations: my *personal formation*, shaped by my family values and upbringing within the Maltese socio-religious context; and my *professional formation,* shaped by my academic training (much of which took place in England and thus a different culture) and my public health related professional practice. These two aspects of myself undoubtly could have influenced this research. On the one hand, I was brought up in an environment which tends to favour a traditional ideology and moral perspective to sexuality and sexuality education, and on the other hand I was professionally trained to see the righteousness of the evidence-based more progressive and liberal perspective to sexuality education. These two approaches were described and discussed in the Rationale chapter.

My main challenge in this research was to step outside of my roles, both as a practicing Catholic that stresses the role of parents in sexuality education, as well as a public health practitioner favouring a more comprehensive approach to sexuality education involving specialists in public health, and be conscious that as a researcher I have to let the data speak for itself. Thus, cognisant of the fact that, as Peshkin (1988) stated, I could not eliminate subjectivity during the design and the conduct of this research, I strived to control it, by being careful of the way I designed or spelled certain questions during the focus group interviews, by consciously interrogating the data, and by cross-examining my interpretations with that of other colleagues and experts in the field.

Consideration of ethical issues

Protecting young people's best interests

This research concerned young people who because of their age may not be in a position to understand fully the implications of the research. Given the lack of social power they have, young people are more vulnerable to exploitation and other harmful outcomes from participating in research than adults (Vaughn et al., 1996; Schenk and Williamson, 2005). Schenk and Williamson (2005) published a set of guidelines about ethical measures specifically to protect young people participating in research from unintentional harm. These were strictly observed and adhered to assure that this research remained in principle ethically defensible.

Justifying the need for this research

Schenk and Williamson (2005) argued that the involvement of young people in research should be necessary and justified to be ethically sound. Oliver (2003) argued that the researcher needs to reflect on whether the acquisition of knowledge through his/her research is not only intrinsically good, but also instrumentally correct. This research sought to improve the conditions and outcome of young people's sexuality as a result of learning. Given the approach to need assessment adopted in this thesis (felt/expressed need), a direct method of data collection with young people was inevitable. However, the participants were always placed at the centre of the research process.

Ethical considerations related to the social ecology of participating schools

The researcher's presence in the school during data collection could leave some sort of impact on the school's usual routine (Oliver, 2003). Consideration was given to the influence this research could have on the social ecology of the school. Discussions were held with the head of schools to minimise potential disruption to the school's routine during the research process. Data collection generally occurred after school hours, which is a normal procedure for various extra curricular activities organised by the schools, so students did not miss any lessons.

Ethical supervision and consultation

Schenk and Williamson (2005) argued that researchers collecting data from young people are governed by both legal and ethical codes pertaining to the country of the organisation managing the activity, the body funding the activity, and the country where the activity is taking place. There was no funding body for this research as the researcher paid for all the expenses related to this PhD research degree. Ethical approval was sought from the ethical review board of the University of Southampton and a research panel at the local education authority to ensure that the research is culturally acceptable and meets the highest possible standards of the local code. Given the sensitive nature of the study, the approval of the Secretariat of Education of the Maltese Curia was requested, which was also attained (see Appendices 6 and 7). An independent mechanism of ethical supervision for this study was also sought from the Health Education Unit and the surrounding School of Education at the University of Southampton whose high reputation and experience in educational research are widely recognised.

Gaining access to the research field

Separate meetings were held with a panel from the local education authority, school governors, and individual head-of-schools to fully explore the impact this research might have on the school, how the pupils can benefit from the research, and for reassurance that the schools would not be identified in the final report. The main research plan was outlined, indicating possible directions in which the research might develop as suggested by Schenk and Williamson (2005). These discussions evolved into a healthy symbiotic relationship between the researcher and the schools. Wherever data collection was permitted, in return, assistance was offered to help the schools further develop their sexuality education programme informed by the research outcomes.

The issue of informed consent

Permission from appropriate third-party adults

Schenk and Williamson (2005) argued that the principle of 'respect for persons' addresses the need to seek individual informed consent from potential participants in the study. Research ethics require that consenting participants need to be over the legal age of consent. Thus it was not appropriate to obtain the consent only from prospective students participating in the study (aged 14 – 16 years). The Education Department's ethics committee advised that third party adult consent would suffice for young people participating in the survey. Therefore, consent for young people's survey participation was sought through the head teachers of the respective schools. However, the parent/guardians' consent was sought for young people participating in the focus groups. Sufficient information about the activity in a manner appropriate to their culture and education was provided to consenting adults in both cases. A copy of the letter that was sent to the parents with the consent form is copied as an Appendix 8 in this thesis.

Information giving

Oliver (2003) argued that being 'fully informed' requires participants and appropriate adults to be given any information that they might conceivably need in order to make a decision about whether or not to participate. In this current research, head of schools and parents were informed of the purpose and aims of the research, the importance of young people's participation, the extent to which the responses will be kept confidential and the commitment that participation entails. No assumptions were made on whether potential participants and third party consenting adults were fully informed of the research. After having attained the authority's and head-of-school's permission to conduct the research, young people were approached in their classes and told in clear simple terms the purpose and aims of the study. A letter addressing the standard core information that young people and their parents definitely needed to know about the research were distributed to all potential participants (see Appendices 9, 10 and 11) Young people were informed that, should they accept to participate, the letter had to be handed over to their parent/s or guardian/s who after having read, accepted and signed the consent form, had to return it to the head teacher's office from where it was collected by the researcher. Parents were also given the opportunity to ask any questions pertinent to the research study by email, by phone or in person.

Allowing sufficient time for decision making

Oliver (2003) argued that a key ethical issue is that research participants and appropriate third party adults should be given sufficient time to make up their mind on whether they wish, or would consent for the participation of the children for whom they are responsible. Therefore, all potential participants were contacted first at school and explained the purpose of the research. They were then allowed a period of one week for them to return the signed consent form in the event they and their parents agreed to participate.

The right to end participation in research

It was understood that, in spite of the detailed outline of the research being communicated before data collection, some participants would have preferred not to acknowledge certain elements of their private lives required in the survey. Therefore, before every data collection session in this study, it was made clear to all the participants that they could stop or withdraw from the study at any time, or decline to answer any question/s during the questionnaire survey, or decline to discuss a particular topic during the focus group discussion, without having to give any explanation for withdrawal, nor to be brought under any pressure to continue. In an effort to avoid any inconsistencies, the above information was written down precisely as intended to be communicated to potential participants which helped to ensure that there would be no deviation from such statements in practice (Oliver, 2003).

Compensation

Schenk and Williamson (2005) argued that compensation can distort the way in which data are provided. Material benefits risk becoming the principal interest of potential participants, more than assisting the impartial exploration of a subject of important social concern. No inducements were offered in this current research. However, every opportunity was taken to make young people understand the value and worth of their role in this research, and how their views would contribute and make the exploration of their needs possible for future interventions to better meet young people's sexuality education needs. It was hoped that making the participants realise that the researcher is really interested in their opinion, and that they were at the focus of the research process, would give them an enhanced sense of their own worth and feeling of self-esteem.

The ethics of participant confidentiality and anonymity in research

Participants in this study were reassured that the confidentiality and anonymity of their responses would be maintained at all stages of the study to make them feel sufficiently secure to express their views. Those participating in the survey were informed about coding of questionnaires and emphasised not to write their names on any part of the questionnaire. Those participating in the focus groups were reassured that no one will be identified by his/her name in the transcription, even if this happens accidentally during the focus group sessions, by way of fictional names. However, the use of anonymity could be used by the respondents as a shield for making unfair or unjustifiable comments about teachers or others responsible for sexuality education or the school. Therefore, the participants were cautioned to make constructive critical judgement where necessary.

Ethical considerations related to researching sensitive topics

Schenk and Williamson (2005) argued that information gathering on sensitive topics can be upsetting and should be regarded as intrusive. Therefore, the use of information-gathering methods was kept to the strict minimum required to gain appropriate information on sensitive issues, in accordance with the basic ethical principle of beneficence. Gathering information with relation to one's sexual activities in this research was considered as sensitive information and kept to the minimum of three questions in the survey questionnaire.

Ethical considerations related to recording data

The participants were informed of the benefits of recording discussions, namely so that I could be able to follow and guide the discussion rather than focussing on note-taking, and that there would be less risk that someone's comments might not be noted down. The pupils were also informed that the digital recordings will be stored on the researcher's personal computer which only he uses, and that the files will be deleted immediately after that all the data were transcribed. Other researchers could only access the data by reading transcriptions with fictional names.

Ethical consideration related to storage of data

Careful thought was given to anonymise as effectively and as early as possible all individuals so that, in the event that the data might be accessed by somebody else, or used for some other purpose, it minimised any adverse effects for the individual participants. Furthermore, all the raw data were kept under lock and key. The files with the original digital recordings on the researcher's laptop were protected by a start-up password to access the laptop and a permission-password to open the folder holding the files until transcription was completed. Transcriptions of the recorded data were conducted soon after data collection, partially to avoid unnecessary prolonged storage of the raw data.

Ethical considerations related to the tools of this research

Schenk and Williamson (2005) argued that, while some quantitative approaches are unsuitable for use with young children, when working with adolescents the research methods and tools should reflect the use of age-appropriate survey methods, and the need to protect their best interests. Therefore, both questionnaires and focus groups discussion guides were developed in discussion with professional colleagues and the assigned supervisor for this research to avoid raising issues where it can be anticipated that the participants will surely feel uneasy discussing them. The tools were piloted among a small group of children who resembled the study population in terms of their age, sex, ethnicity, and socio-economic status. The tools were discussed, and the feedback obtained from this process was respected and acted upon.

CHAPTER FOUR
FINDINGS STAGE 1: THE SURVEY

RESPONSE RATE AND SAMPLE DEMOGRAPHICS

Out of 1526 sampled pupils eligible to participate in the study, 165 (10.8%) were absent on the day of data collection and another 51 (3.3%) chose not to participate in the survey. This reduced the sample by 216 participants resulting in 85.9% response rate. The margin of error was re-calculated, taking into consideration the decrease in sample size due to non-responses, and reached a maximum margin of $^{+}/$-2.52% at 95% degree of confidence ($z = 1.96$), which was still conventionally considered a suitable limit for the nature of this study. Therefore, no replacement sampling was performed. Table 4.0 below shows how the resultant maximum margin of error was calculated for a sample size of 1310 participants.

Table 4.0 - Computation of maximum margin of error at 67.95% response rate

$$\text{If sample size is } n = 1310$$

$$\text{Maximum value of } \sigma_p = (0.005)\sqrt{\left(\frac{9988-n}{n}\right)} = (0.005)\sqrt{\left(\frac{9988-1310}{1310}\right)} = 0.0129$$

$$\text{Maximum margin of Error } = z\sigma_{\bar{p}} = 1.96(0.0129) = 0.0252 = 2.52\%$$

The sample consisted of 573 males (43.74%) and 737 females (56.26%). The mean age for participating girls and boys separately was constant at 14.9 years, and hence the mean age of the sample. Table 4.1 below shows the age distribution within the sample

Table 4.1

Sample distribution by age and gender

110
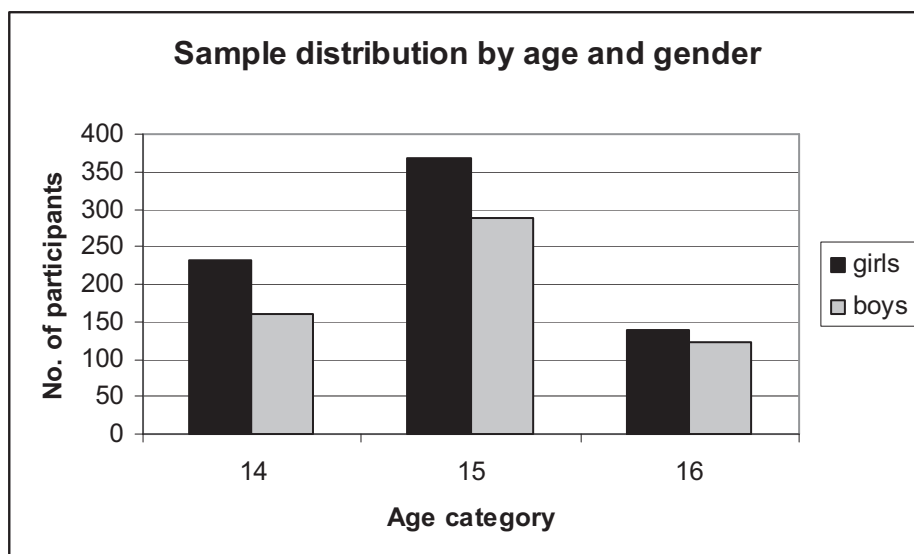
1. Has anyone ever discussed sex, sexuality and relationships with you?

The first question sought to explore what proportion of young people had or had not discussed about sex, sexuality and relationships with someone. Out of 1310 participants, 1296 (99.1%) gave valid replies. Table 4.2 presents the results for this question.

Table 4.2 – Have you ever been given information about sex, sexuality and relationships?
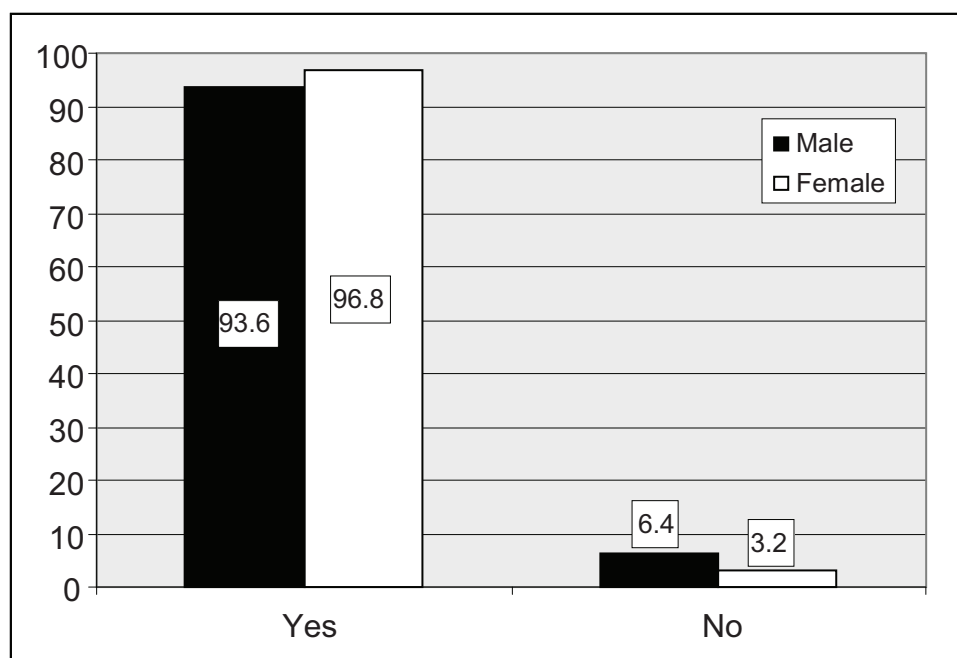
It was evident from the cross tab that a large proportion of young people (95.4%) specified that they had been given information about sex, sexuality and relationships. However, an interesting observation was that the proportion of male young people (6.4%) that specified they had not been given information about sex differs considerably from the proportion of female young people (3.2%). This was analysed using Pearson Chi-square test for significance. Table 4.3 show the results produced by SPSS v.15.

Table 4.3 -   Pearson chi-square test results for question: Have you ever been given information about sex, sexuality and relationships?

			Gender		Total
			Male	Female	
Have you ever been given information about sex, sexuality and relationships?	Yes	Count	530	707	1237
		Percentage	93.6%	96.8%	95.4%
	No	Count	36	23	59
		Percentage	6.4%	3.2%	4.6%
Total		Count	566	730	1296
		Percentage	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	P-value
Pearson Chi-Square	7.559	1	.006

Since the p value (0.006) is less than 0.05 level of significance, it can be deduced that the difference between the 2 proportions is significant and not attributed to chance. Therefore, although in a small proportion, significantly more boys than girls claimed not to have been given information about sex, sexuality and relationships.

2. With whom have you discussed matters related to sex?

Question 2 sought to explore with whom young people had commonly discussed sexuality and relationships. Table 4.4 shows the results in descending order of the other most commonly cited sources by sample mean.

Table 4.4 – With whom have you discussed matters related to sex?
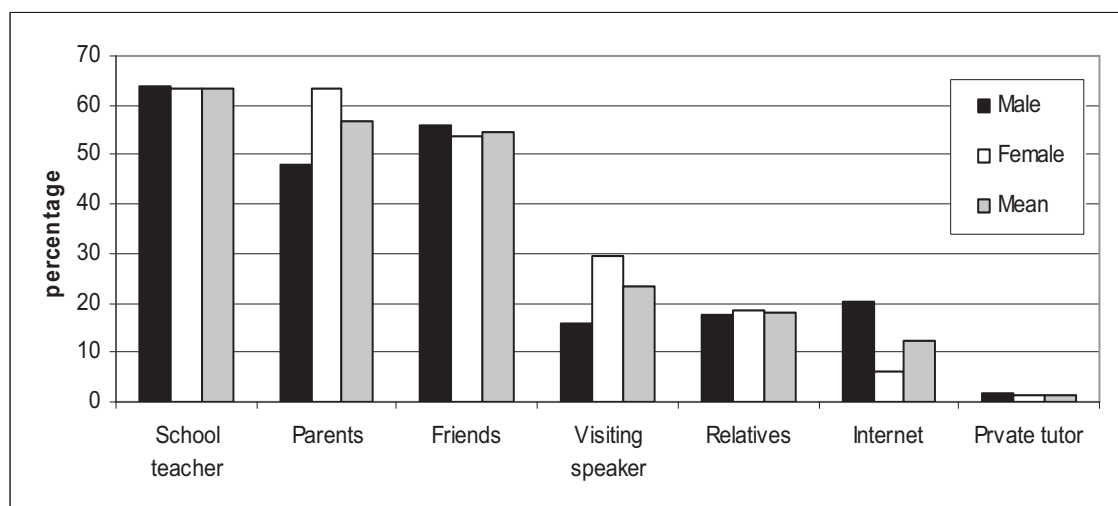
The findings show that 'school teachers' were reported to be the main source of information both for the boys and girls in the sample (64% and 63.4% respectively). This was paired with 'parents' as the main source of information for girls (63.5%) but not for boys, for whom, 'friends' (55.8%) were the second most popular source of knowledge. 'Parents' were shown to be the third most popular source of knowledge for boys, while 'friends' were listed third by girls. 'Someone over the internet' was much more favoured by boys than girls in the sample as a source of information about sex and sexuality. Visiting speakers in schools from external agencies were more often invited to deliver seminars on sexuality in girls' schools than in boys' secondary schools.

The participants were given the opportunity to indicate "others" with whom they discussed sexuality that were not included in the list and 132 participants (42% males - 58% females) gave more detail about their sources. The young people specified that 'guidance teachers' and 'PSD teachers' were among the teachers with whom they discussed more about sexuality and relationships. Furthermore, 'my boyfriend', 'my girlfriend' and 'my best friend' were specified within the category of friends.

3. Do you feel you have been given enough information from these sources?

The third question sought to explore what proportion of young people felt they have or have not received enough information about sexuality and relationships from the sources they identified in the previous question. Out of 1296 participants who answered 'yes' in the first question, 1276 (98.5%) gave valid replies. Table 4.5 shows the results.

Table 4.5 – Do you feel you have been given enough information from these sources?
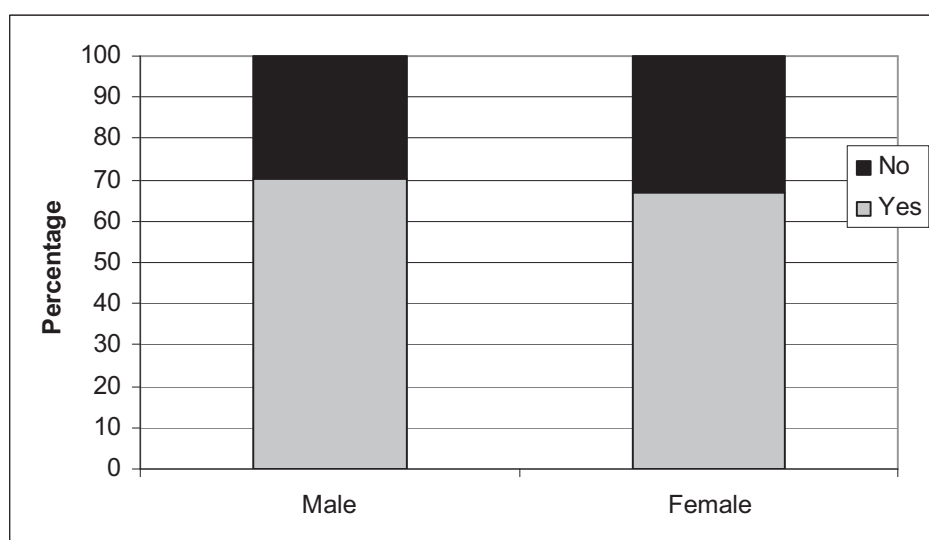
Findings showed that more than two-thirds of the respondents felt satisfied with the information received while a third (29.9% males and 32.8% females) expressed dissatisfaction with the extent of information received. No significant gender differences were noted in this question.

4. From which of the following do you use to learn more about sex?

The fourth question sought to explore from what resources young people prefer to learn more about sexuality and relationships. Out of 1310 participants, 1276 (97.4%) gave valid replies. Table 4.6 shows the other sources of information the young people marked in a descending order of the most commonly identified by gender mean.

Table 4.6 – From which of the following do you prefer to learn more about sex?
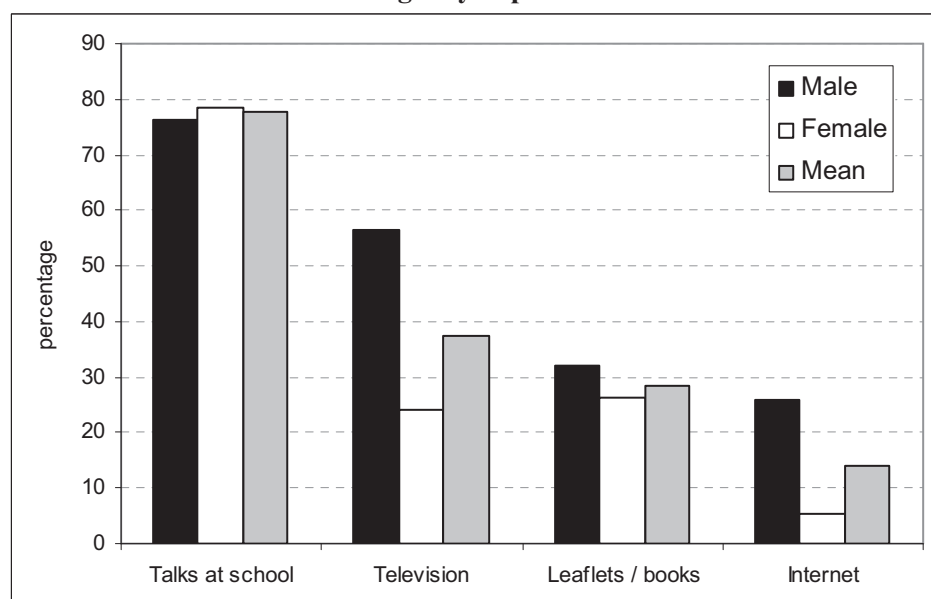
The results show evidence of both gender similarities and significant differences. Both males and females preferred to learn significantly more from talks at school. Other stark differences were noticed between young people's preference to learn from the television and through the Internet.

5. With whom of the following would you prefer to discuss more about sex?

The fifth question sought to explore with whom young people would prefer to discuss more about sexuality. Out of 1310 participants, 1286 (98.7%) gave valid responses. Table 4.7 below shows the results in descending order of the most commonly cited preferred sources by sample mean.

Table 4.7   With whom of the following would you prefer to discuss more about sex?
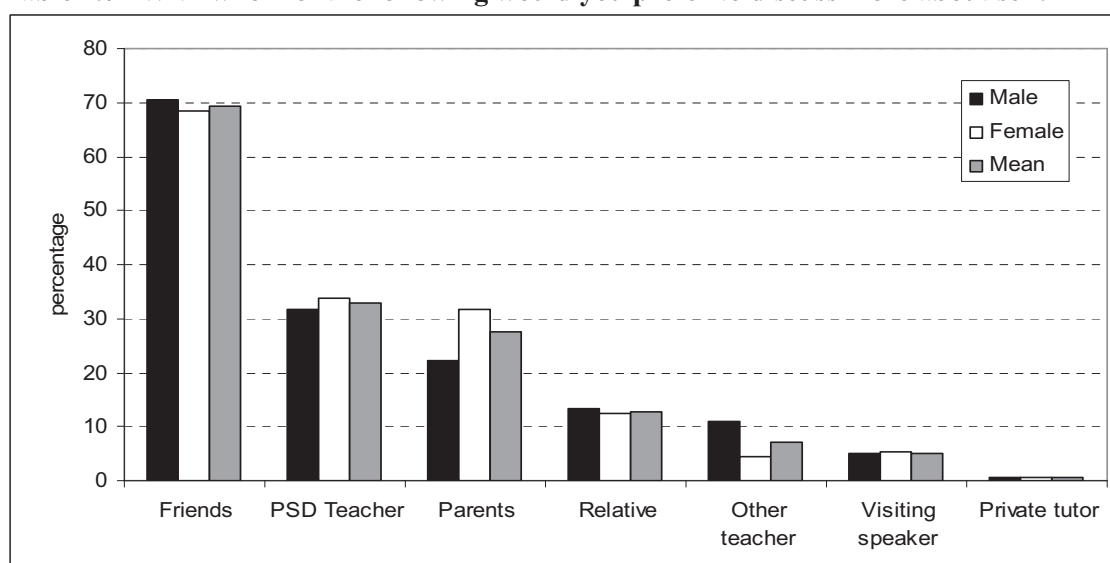
Both males and females identified 'friends' as the preferred source of information among other people, more than twice as much than either teachers or parents. Girls also identified parents significantly more than boys as their preferred sources of information.

6. Which of the following are sexually transmitted infections (STIs / STDs)?

This question sought to explore young people's awareness of STIs and were asked to identify which from a list are sexually transmitted. Out of 1310 participants, 1149 (87.7%) answered the question. Table 4.8 below shows the results in descending order by sample mean of the infections most commonly marked as sexually transmitted.

Table 4.8 – Which of the following are sexually transmitted infections (STIs / STDs)?
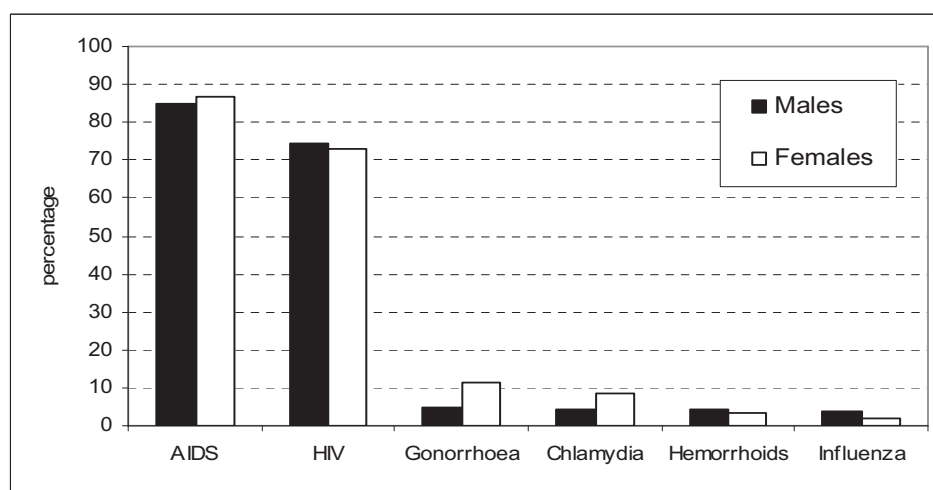
Question 6 required the participants to identify three STIs among a list of other common ailments known to Maltese young people. Gonorrhoea, chlamydia, HIV and AIDS were listed as sexually transmitted infections, while haemorrhoids and influenza were added as non-sexual infirmities. The findings showed that more participants identified AIDS (86.0%) than HIV (73.5%) to be sexually transmissible.

Twice as many girls than boys identified Chlamydia (8.4% vs 4.2% respectively) and Gonorrhoea (11.6% vs 4.9% respectively) as sexually transmitted infections. Only 3% of the sample correctly identified the three infections - HIV/AIDS, Gonorrhoea and Chlamydia, as the only sexually transmitted infections from the list. These constituted 0.3% of the males and 4.1% of the females in the sample.

The one-way Anova test was conducted using SPSS v.15 to test for the mean knowledge degree between the two genders. A knowledge score of 1 was assigned to the participants for every STI correctly identified, and 0 for not identifying any of the STIs. Table 4.9 and Table 4.10 below show the frequency of young people identifying between one and four STIs, or none, in tabular and graphical form.

Table 4.9 - Knowledge score for STIs and frequency

| | | | Gender | | Total |
			Male	Female	
Knowledge score for STI	0	Count	182	72	254
		Percentage	31.8%	9.8%	19.4%
	1	Count	100	164	264
		Percentage	17.5%	22.3%	20.2%
	2	Count	264	399	663
		Percentage	46.1%	54.1%	50.6%
	3	Count	20	69	89
		Percentage	3.5%	9.4%	6.8%
	4	Count	7	33	40
		Percentage	1.2%	4.5%	3.1%
Total		Count	573	737	1310
		Percentage	100.0%	100.0%	100.0%

Table 4.10 - Frequency of knowledge score for STIs
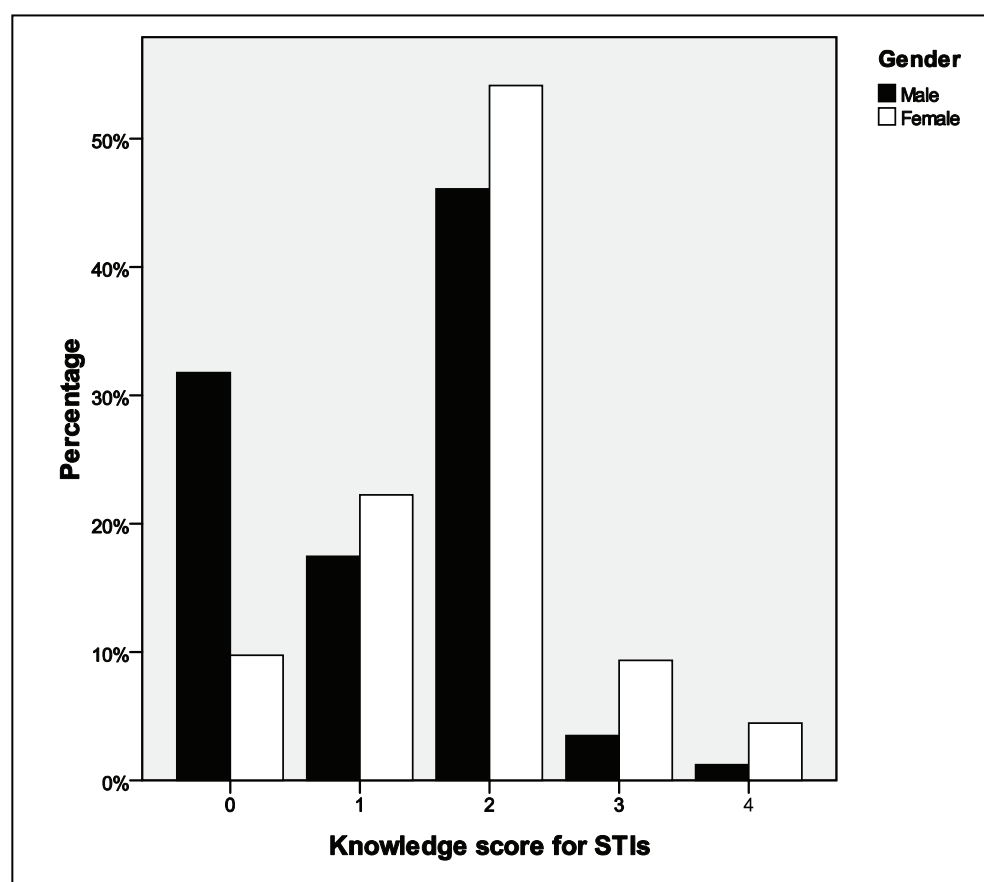
The results have shown that about half of the sample could identify two STIs from the list. Significantly more boys, three times as many girls, did not identify any STIs from the list. Overall the girls in the sample could correctly identify more STIs than boys. The mean score for STI awareness between the genders was also calculated and showed that girls were significantly more knowledgeable than boys at 95% confidence interval. Tables 4.11 and 4.12 below show the SPSS results.

Table 4.11 - ANOVA test results for mean knowledge score by gender

Descriptives

| | N | Mean | Std. Deviation | Std. Error | 95% Confidence Interval for Mean | |
					Lower Bound	Upper Bound
Male	573	3.19	.946	.040	3.11	3.27
Female	737	3.71	.933	.034	3.65	3.78

ANOVA

	Sum of Squares	df	Mean Square	F	P-value
Between Groups	88.338	1	88.338	100.226	.000
Within Groups	1152.857	1308	.881		
Total	1241.195	1309			

Table 4.12 - Mean score for STI awareness by gender
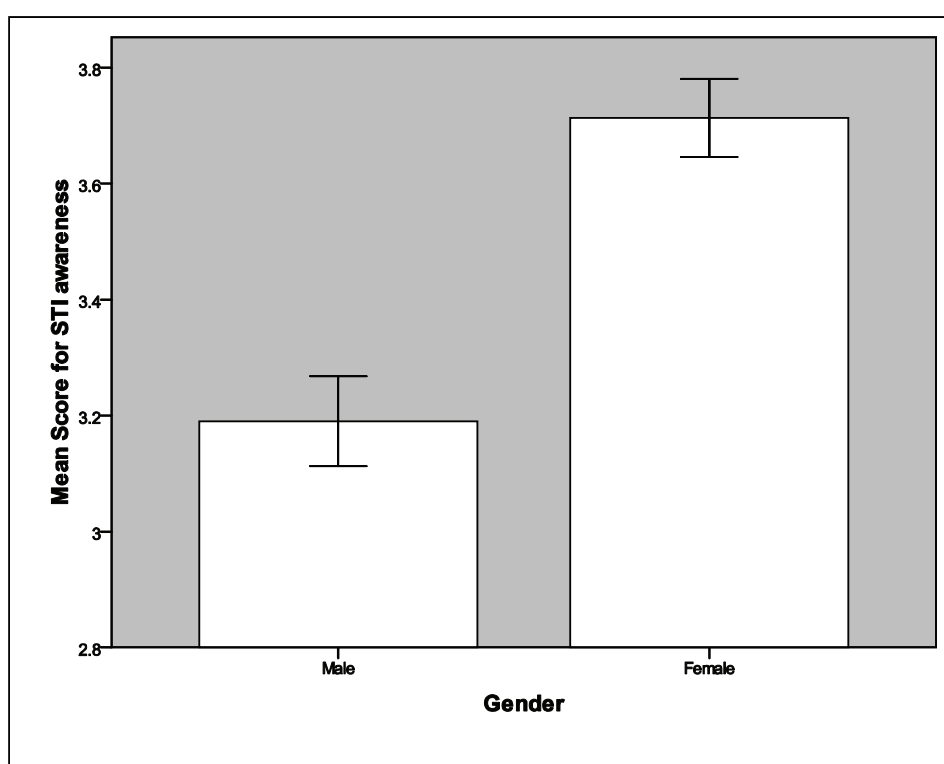
7. From which of the following do you think one can become infected with HIV?

Question 7 sought to explore young people's knowledge of transmission/non transmission of STIs. The participants were asked to identify which item/s from a list of common human interactions and activities can potentially transmit HIV between people. Out of 1310 participants, 1147 (87.6%) gave valid replies. Table 4.13 below shows the results in descending order by sample mean of the most common activities marked.

Table 4.13 – From which of the following one can become infected with HIV?
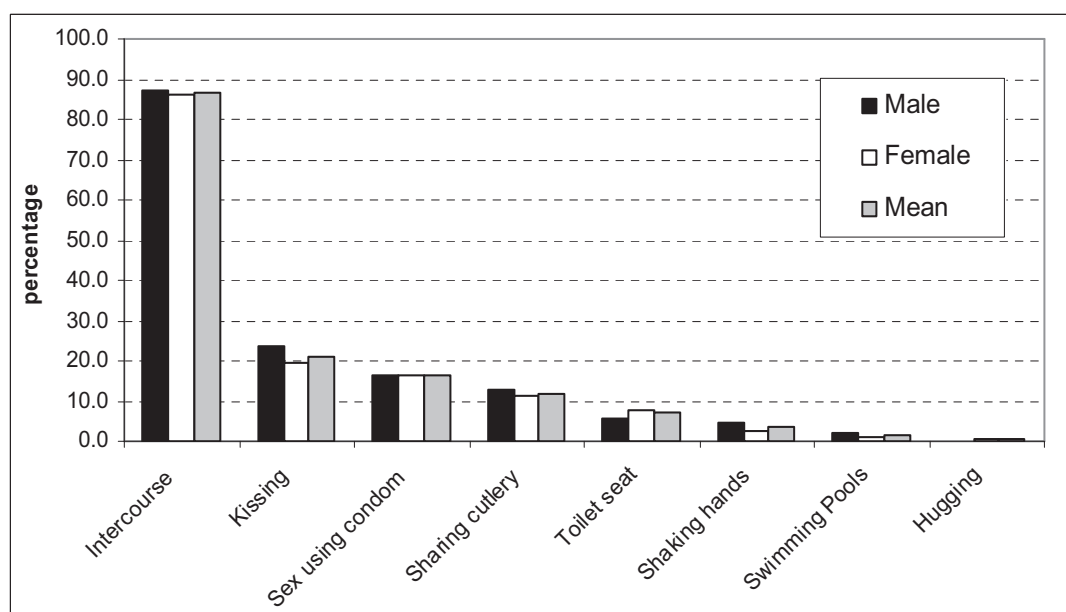
Sexual intercourse (unprotected) was the *only* correct item in the list through which a person can become infected with HIV. This was marked by 86% of those who answered the question. However, only just over half (54%) correctly identified sexual intercourse as the *only* means by which HIV can be transmitted from the list of human interactions given. There were common misconceptions that HIV can be transmitted through kissing practices (20.8%) or when making intercourse with a condom (16.6% of respondents). No significant gender differences were noted in this question.

8. Which of the following may promote protection against STIs?

Question 8 sought to explore young people's knowledge of protection against STIs. The participants were asked to identify which measures or activities from a list can help protect someone from STIs. Out of 1310 participants, 1147 (87.6%) gave valid replies to the question.

Table 4.14 below shows the results in descending order by sample of the most common activities or measures marked.

Table 4.14 – Which of the following may promote protection against STIs?
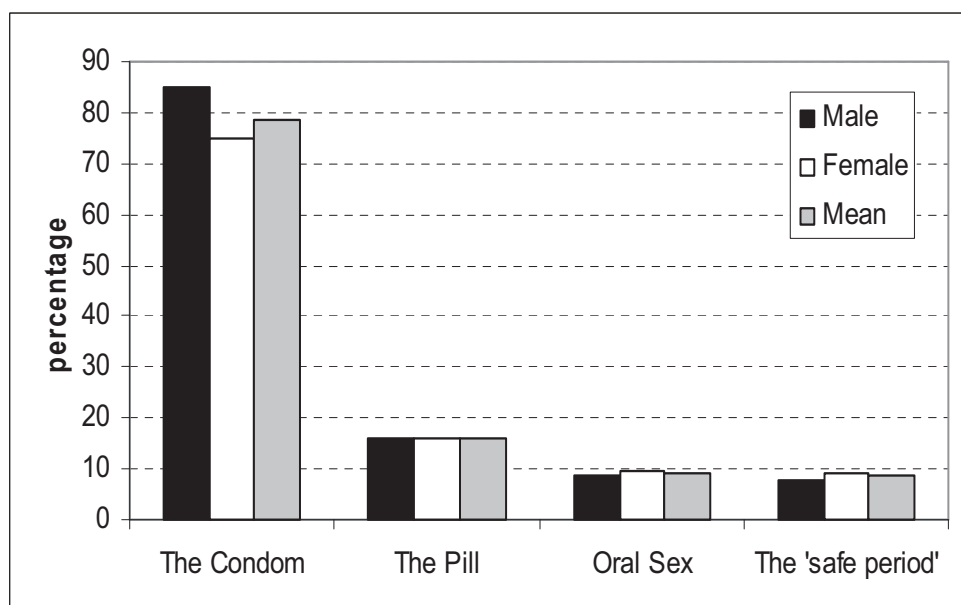
The use of a condom was the only protective measure available against STIs provided in the list. While that overall more males (85%) than females (75%) marked the use of condom as a protective measure against STIs as shown in the figure above, however, more females (56.7%) than males (48.7%) correctly identified the condom as the *only* protective measure found in the list.

9. Have you ever heard of the GU Clinic (or Genito-Urinary Clinic)?

Question 9 sought to explore young people's awareness of the local sole Genito-Urinary Clinic on the Maltese Islands. Out of 1310 participants, 1147 (87.6%) gave valid replies to the question. Table 4.15 below shows the results.

Table 4.15 – Have you ever heard of the GU Clinic (or Genito-Urinary Clinic)?
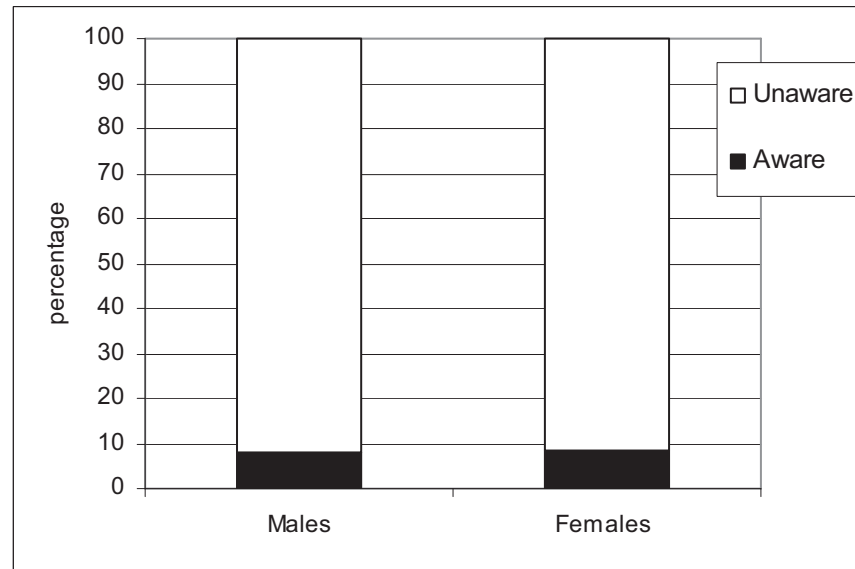
Table 4.15 shows that less than 10% of young people in the sample had ever heard about the genito-urinary clinic. There was no significant difference between the two genders' awareness of the clinic.

10. Can you state where the GU Clinic (Genito-Urinary Clinic) is found?

Table 4.16 - Young people's knowledge of location of the clinic.
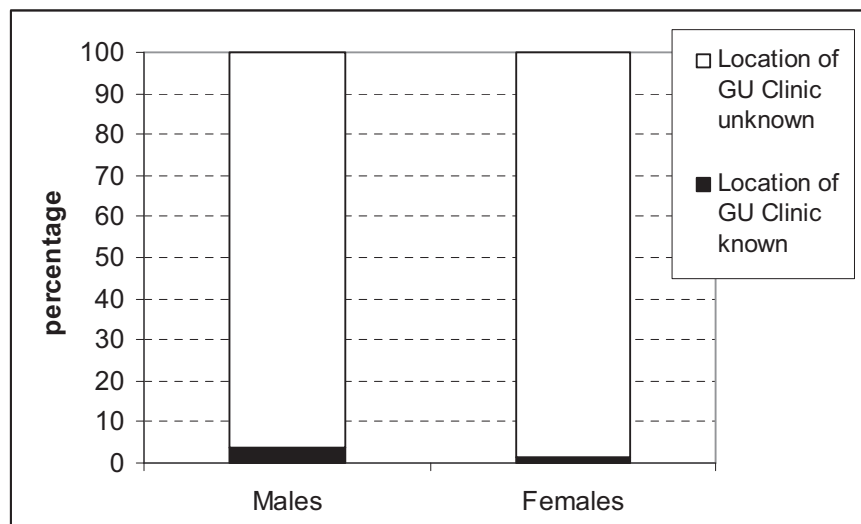
Following on from Question 9, the tenth question sought to explore whether young people who had heard about the clinic knew where it was located. The correct answer was Sir Paul Boffa Hospital in Floriana. Table 4.16 shows that out of the 33 males who were aware of the clinic, 16 correctly identified the location of the clinic, while that out of the 62 females who had heard about the clinic only 9 correctly identified its location. Therefore, only 2% of the total sample could correctly identify the location of the clinic.

SEXUAL BEHAVIOUR

11.   Have you ever been sexually active with a partner?

Question 11 sought to explore what proportion of young people claim to have been sexually active with a partner (irrespective of sexual activity practiced). Out of 1310 participants, 1137 (86.8%) gave valid replies to the question. Table 4.17 below shows the results.

Table 4.17   Have you ever been sexually active with a partner?
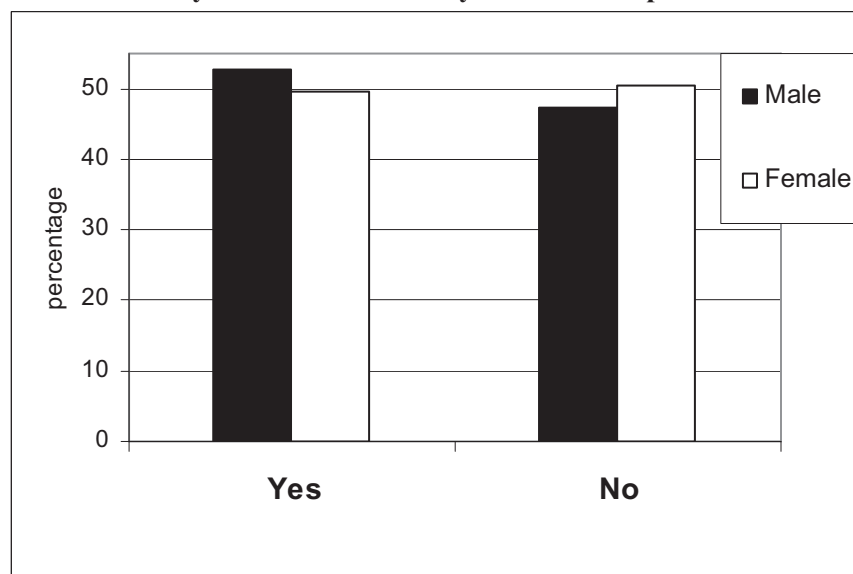
The table above shows that around half of all participants in the sample and almost equally between the two genders (52.6 % males and 49.6 % females) claimed to be sexually active. However, as revealed in the following question, sexual activity ranged from French kissing to penetrative sex and not all young people who claimed to be sexually active in Question 11 had practiced penetrative sex.

12.   Which of the following sexual practices have you ever experienced?

Question 12 sought to explore the extent of sexual intimacy practiced by Maltese young people aged 14 - 16 years. All young people in the sample were asked to mark which from a list of sexual activities they had ever practiced. The sexual activities listed ranged from least or not risky in terms of sexually transmitted infections and pregnancy to the more risky practices as stated above. Table 4.18 below shows the results.

Table 4.18 Which of the following sexual practices have you ever experienced?
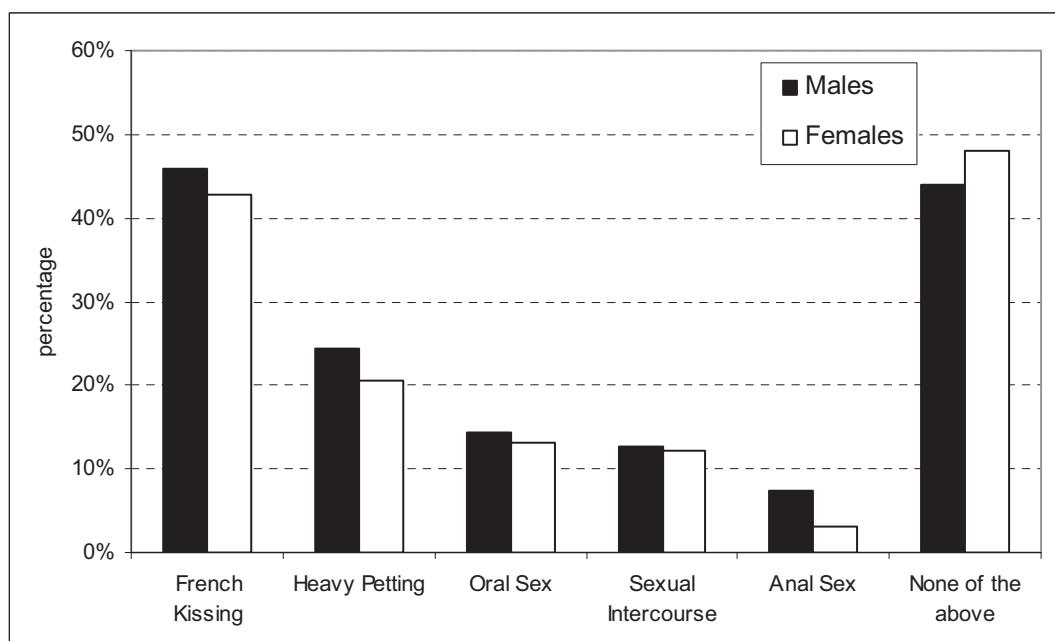
The results show that 12.6% of males and 12.0% of females in the sample had practiced vaginal penetrative sex. Significant gender differences were noted among those claiming to have practiced anal sex (7.3% of males and 3.2% of females), but in no other sexual activities. The findings have also shown that among those participants who in the previous question (Q.11) stated they had never been sexually active with a partner, in this question (Q.12), two claimed to have had vaginal intercourse, six to have practiced oral sex and one practiced anal sex. On the other hand, 354 participants who, as they showed in Question 11, perceived themselves to be 'sexually active', in this question (Q.12) they did not report to have ever practiced penetrative (vaginal, oral or anal) sex (61% in both genders).

13. How old were you the first time you practiced sexual intercourse?

Question 13 sought to explore the mean age at first intercourse among those who had practiced vaginal penetrative sex. Young people who had not practiced sexual intercourse were given the option to mark the item stating "I have never had sex". Valid replies were received from 1124 participants.Table 4.19 below shows the results from this question.

Table 4.19 - How old were you the first time you had sexual intercourse?
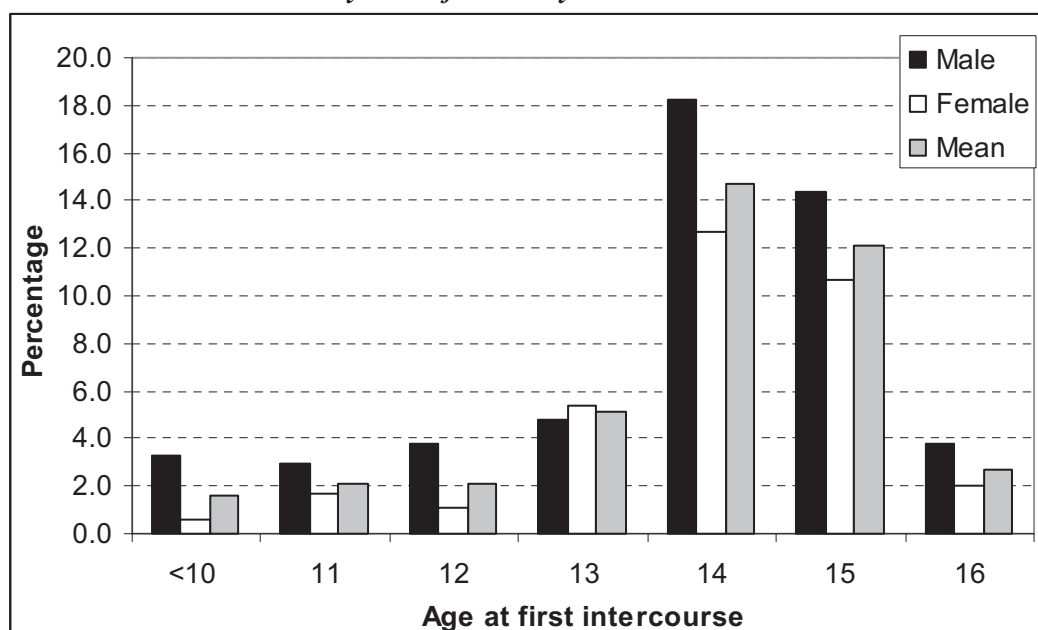
When interpreting the results shown in Table 4.19 above, it must be kept in mind that the sample of young people in the survey were aged 14 - 16 years (secondary school students), hence why the decreasing trend in the frequency of young people who claimed to have become sexually active at 15 and 16 years of age. Had the sample included older young people it would have continued to increase. The results showed that sexually active secondary school pupils seemed to mostly start having intercourse at the age of 14 years (mean age at first intercourse for both sexes). However, it also interesting to note a significant gender difference in the sharpest rise in frequency of young people who become sexually active at a specific age. For boys this took place between age 13 and 14 (an increase of 400% over the previous year) while for girls it came about earlier (between age 12 and 13) and more prominent (an increase of 500% over the previous year). Another observation made was the rise and immediate fall again in the proportion of girls having intercourse at age 10 (0.6%), 11 (1.7%) and 12 (1.1%), after which it multiplied by five at age 13 (5.4%).

14. How old was your partner with whom you had sex the first time?

Question 14 sought to explore the mean age of young people's partner at first intercourse (among those who had practiced penetrative sex). Young people who had not practiced sexual intercourse were given the option to mark the item stating "I have never had sex". Valid replies were received from 1106 participants.Table 4.20 below shows the results from this question.

Table 4.20 - How old was your partner with whom you had sex the first time?
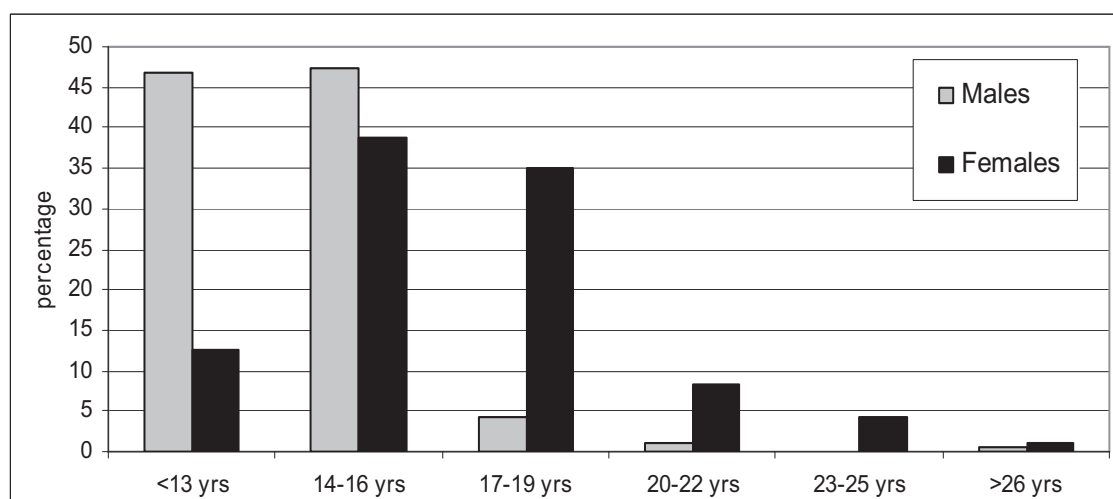
The results revealed notable gender differences among the participants answering this question. The findings show that generally boys sought same age or younger partners, while girls sought same age or older partners. Almost half of all sexually active male participants in the study (46.8%) sought younger female partners at 11 -13 years of age, while an almost other half (47.4%) sought same age girls (14 – 16 years old). Over a third of sexually active female participants (38.9%) sought same age male sexual partners, while another third (35.1%) sought older male sexual partners (ages 17 – 19).

15. During your lifetime, with how many people have you had sex?

Question 15 sought to explore the mean number of partners whom young people had intercourse with since sexual debut. Young people who had not practiced sexual intercourse could mark an item stating "I have never had sex". Valid replies were received from 1129 participants.Table 4.21 below shows the results from this question.

Table 4.21 During your lifetime, with how many people have you had sex?
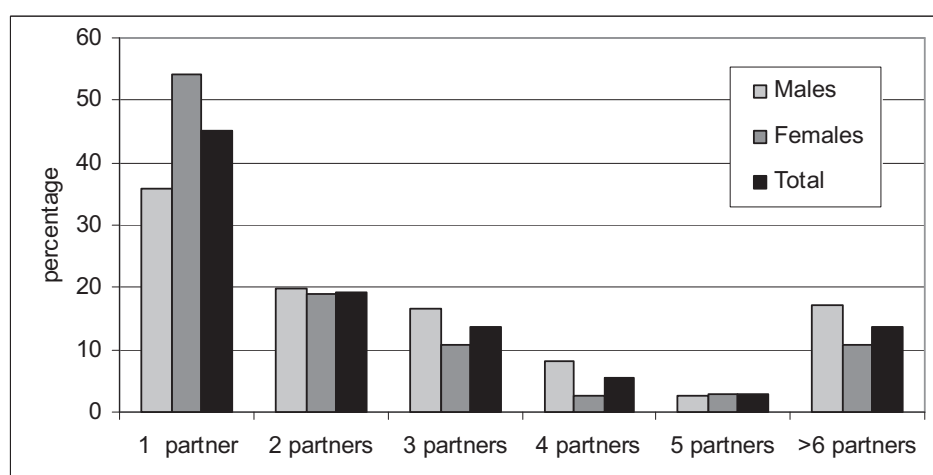
Results showed that males in the sample were more likely to have had multiple partners since their sexual debut. Just over a third of all sexually active young men (35.8%) and more than half of all sexually active young women (54.3%) had sex with one partner only. There was a significant increase in the frequency of participants reported having had sex with six partners or more, which was also more prominent in males.

16. During the <u>past 3 months</u>, with how many people have you had sex?

Question 16 sought to explore with how many people participants had sex during the 3 months prior to the study. Young people in the study could choose from 'I have never had sex', 'I have not had sex' during the last 3 months', or identify between one to 'six persons or more'. Valid replies to this question were received from 1129 participants. Table 4.22 below shows the results from this question.

Table 4.22 - During the past 3 months, with how many people have you had sex?
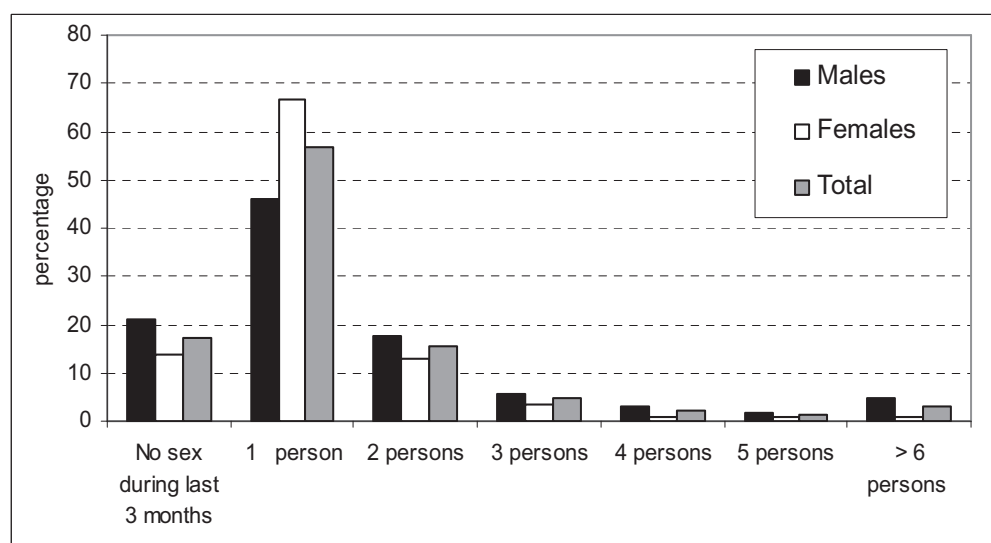
The percentages shown in Table 4.22 above are in relation to young people who had practiced sexual intercourse only, and not to the whole sample. The results have shown that males tend to have sex with more different partners more often then females. Furthermore, a surge of participants was again noted among young people who had intercourse with sex people or more in the 3 months prior to the study.

17. Did you ever drink alcohol / took drugs before you had sex?

Question 17 sought to explore the proportion of young people who had ever practiced intercourse under the likely influence of alcohol or drugs. An option was given for young people to mark the statement 'I have never had sex' in this question. Valid replies were received from 1139 participants. Table 4.23 below shows the percentages of young people who had sexual intercourse under the influence of alcohol or drugs at least once, from those participants who previously stated they practiced sexual intercourse.

Table 4.23 - Did you ever drink alcohol or took drugs before you had sex?
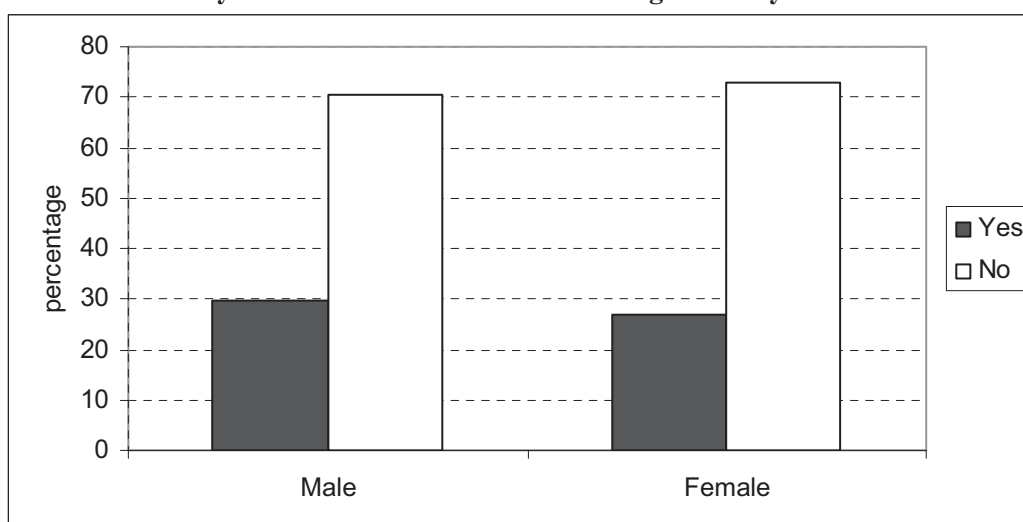
Table 4.23 above shows that well over a third of young people who had practiced sexual intercourse, at least once did it under the influence of alcohol or drugs. Boys were slightly, though not significantly, more likely to have had sex under the influence of alcohol than girls. Further calculations from the above data has shown that 4.4% of all young people in the sample (including those who had practiced intercourse and who did not) had sex at least once under the influence of alcohol or drugs (5.2% of males and 3.9% of females).

18. When you had sex did you or your partner use a condom?

Question 18 sought to explore the frequency of condom use among young people aged 14 - 16 years who practice sexual intercourse. An option was given for young people to mark the statement 'I have never had sex' in this question. Valid replies were received from 1130 participants. Table 4.24 below shows the result for the latter question.

Table 4.24 - When you had sex did you or your partner use a condom?
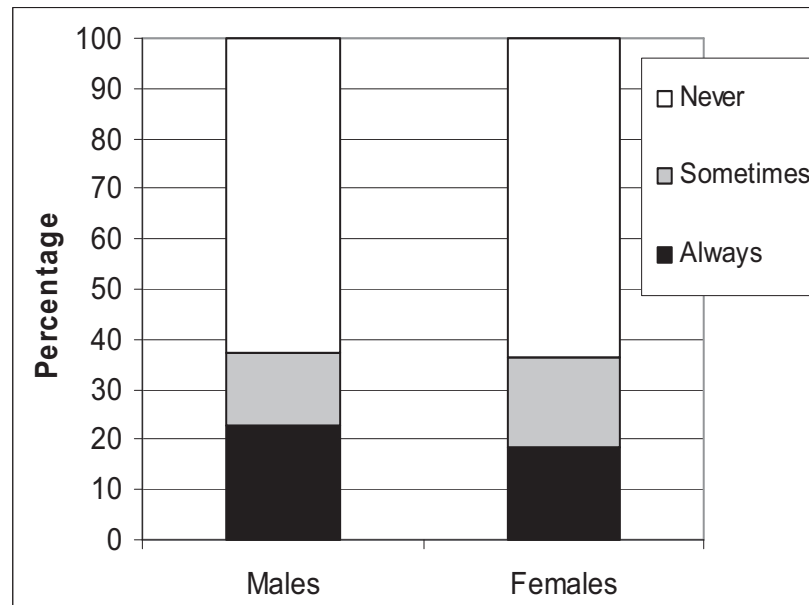
The results suggested that while about a fifth of young people who practice intercourse use condoms constantly, 80% either use them sporadically or don't use condoms at all.

19. When you had sex, were you or your partner on the 'pill'?

Question 19 sought to explore the frequency of contraception use (the contraceptive pill) among young people aged 14 - 16 years who practice sexual intercourse. An option was given for young people to mark the statement 'I have never had sex' in this question. Valid replies were received from 1129 participants. Table 4.25 below shows the result for the latter question.

Table 4.25 - When you had sex, were you or your partner on the 'pill'?
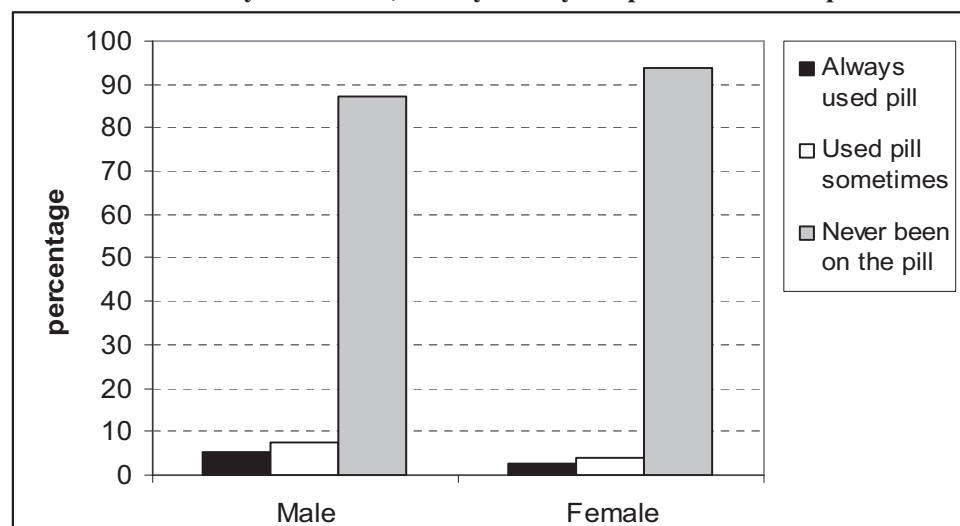
Gender differences were noted in the results. While only 2.5% and 3.8% of girls claimed to have always been or sometimes have been on the pill respectively, twice as many males claimed that there partner/s were always or sometimes had been on the pill (5.1% and 7.7% respectively). The results also revealed that vast majority of the young people who had sex (the female partner) was not on the pill (91.6%) and only 3.4% always had been on the pill.

20. Age at menarche

The twentieth and last question, which was for females only, sought to explore the mean age when girls started having their menstrual period which was associated with increased prevalence of first intercourse in previous studies. The question was: Have you started having your period (menstruation)? If yes, at what age? Table 4.26 shows the distribution of age when girls start experiencing their menstrual cycles (menarche).

Table 4.26: Have you started having your period (menstruation)? If yes, at what age?
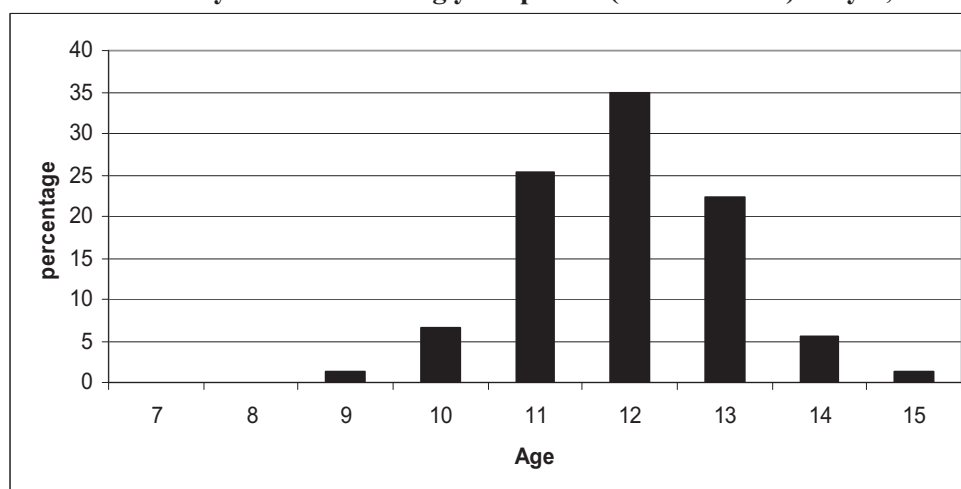
Further analysis was conducted using the Pearson Chi-Square to establish whether there is an association between age at menarche and age at first intercourse. A cross tabulation was conducted between the two sets of data. Table 4.27 below shows the percentages of the cross tabulation between age at menarche and age at first intercourse and Table 4.28 shows a clustered bar-graph of the cross-tab.

Table 4.27: Cross tabulation age at first intercourse and age at menarche

			Age at menarche (First period)					
			10 years or younger	11 years	12 years	13 years	14-15 years	Total
Age at first inter-course	Never had intercourse	Count	37	114	168	125	78	522
		Percentage	64.9%	65.5%	70.0%	81.2%	88.6%	73.2%
	12 years or younger	Count	4	9	21	7	2	43
		Percentage	7.0%	5.2%	8.8%	4.5%	2.3%	6.0%
	13 years old	Count	5	20	20	9	0	54
		Percentage	8.8%	11.5%	8.3%	5.8%	.0%	7.6%
	14 years old	Count	5	15	21	8	4	53
		Percentage	8.8%	8.6%	8.8%	5.2%	4.5%	7.4%
	15-16 years old	Count	6	16	10	5	4	41
		Percentage	10.5%	9.2%	4.2%	3.2%	4.5%	5.8%
Total		Count	57	174	240	154	88	713
		Percentage	100%	100%	100%	100%	100%	100.0%

Table 4.28: Clustered bar-graph for cross-tab age at menarche and age at first intercourse

129
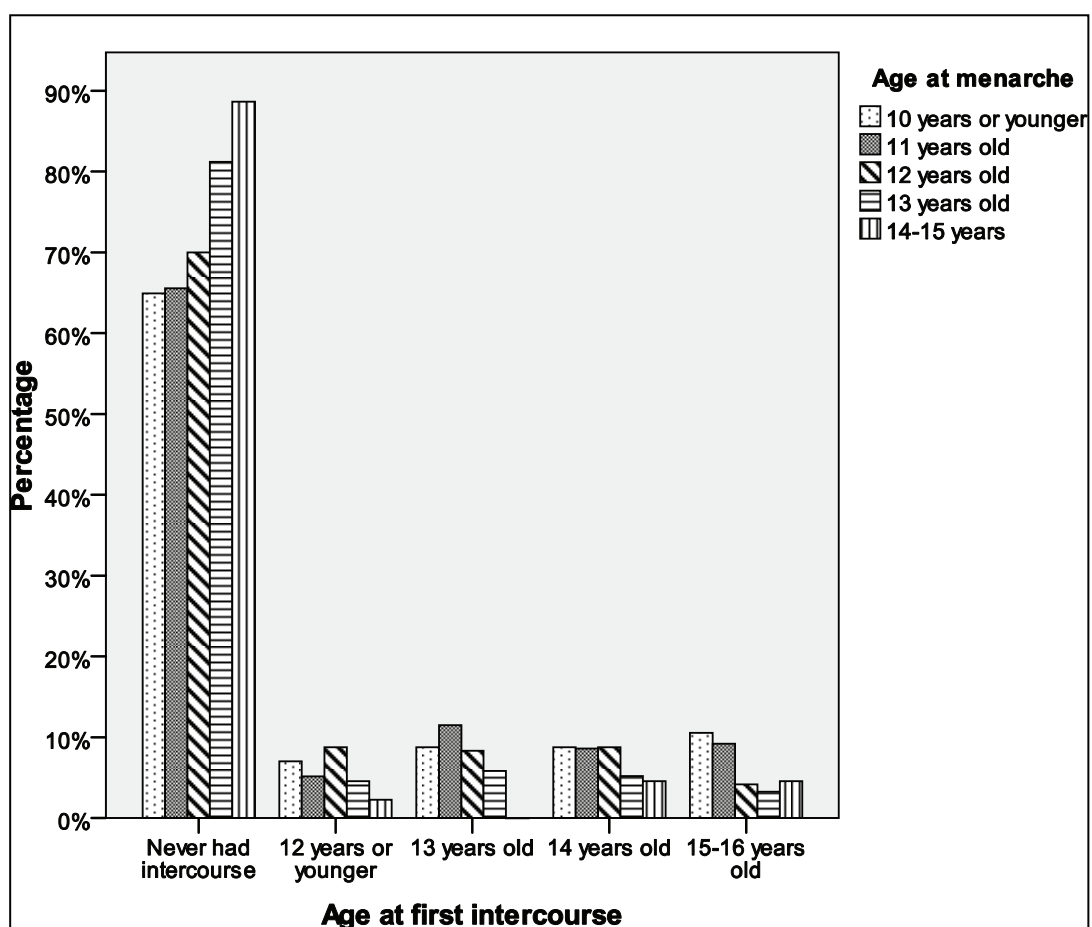
The clustered bar graph and crosstab above shows that there is an association between age at menarche and age at first intercourse. The proportion of participants who never had intercourse increases as age at menarche increases. Around 35% of the participants whose age at menarche was 10 years or less had intercourse before the age of 17. However, only about 11% of the respondents whose age at menarche was 15 years or more had intercourse before the age of 17.

The chi square test ($\chi^2 = 35.292$, $v = 16$, $p = 0.004$) reveals that the above association is significant since the p-value is less than the 0.05 level of significance. Hence the result can be generalized because it is not attributed to chance.

Chi-Square Tests

	Value	df	P-value
Pearson Chi-Square	35.292	16	0.004

Furthermore, another test for association was conducted between age at menarche and sexual activity. The Pearson Chi-Square test was used again to cross-tabulate age at menarche with the percentage of young people who had not performed any sexual activity, those who performed French kissing, intercourse and oral sex. Table 4.29 below show the percentages of the cross tabulation and Table 4.30 further down shows a clustered bar-graph of the cross-tab.

Table 4.29: Cross-tab between age at menarche and sexual activities non-/practiced

			Sexual Activity				Total
			No sexual activity	French kissing	Inter-course	Oral sex	
Age at menarche	10 years or younger	Count	128	24	9	10	171
		Percentage	74.9%	14.0%	5.3%	5.8%	100.0%
	11 years old	Count	387	72	32	31	522
		Percentage	74.1%	13.8%	6.1%	5.9%	100.0%
	12 years old	Count	553	109	25	33	720
		Percentage	76.8%	15.1%	3.5%	4.6%	100.0%
	13 years old	Count	371	65	15	11	462
		Percentage	80.3%	14.1%	3.2%	2.4%	100.0%
	14-15 years old	Count	225	30	4	5	264
		Percentage	85.2%	11.4%	1.5%	1.9%	100.0%

Table 4.30: Clustered bar-graph for cross-tab age at menarche and sexual activity
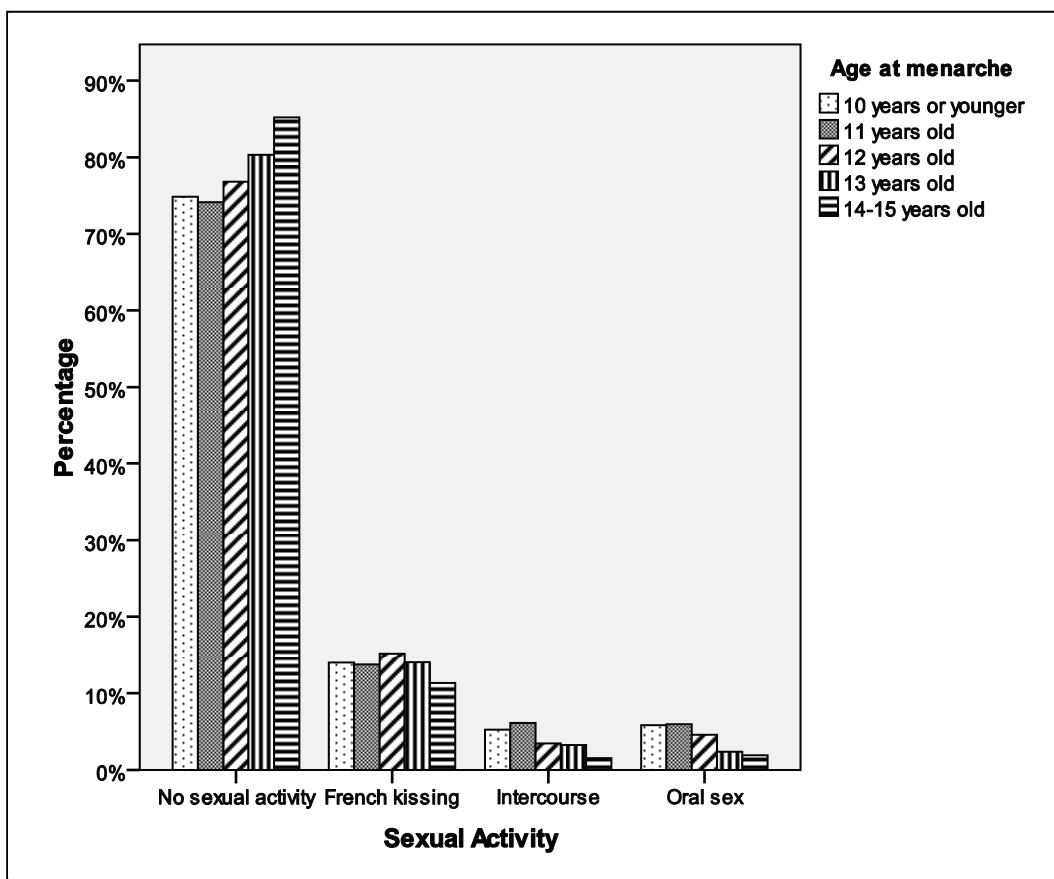
The clustered bar graph and crosstab shows that there is an association between age at menarche and sexual activity. There are higher proportions of participants whose age at menarche is 14 years or older who never engaged in any sexual activity. Conversely, there are higher proportions of participants whose age at menarche is 11 years or younger who engaged in sexual intercourse or oral sex.

The chi square test ($\chi^2 = 29.403$, $v = 12$, $p = 0.003$) reveals that the above association is significant since the p-value is less than the 0.05 level of significance. Hence the result can be generalized because it is not attributed to chance.

Chi-Square Tests

	Value	df	P-value
Pearson Chi-Square	29.403	12	.003

CHAPTER FIVE
FINDINGS OF STAGE II - THE FOCUS GROUP DISCUSSIONS

INTRODUCTION

This section presents qualitative data collected during the second stage of this research towards the third and fourth aim of this thesis, and thus, it is organised in two main sections. First, details of the sample that participated in the focus groups are given. This is followed by Section A which describes data collected with the aim of exploring young people's perceptions and beliefs related to learning and knowing about sexuality and relationships. Section B presents data collected with the aim of exploring young people's expressed needs related to learning about sexuality and relationships, and young people's perceived extent to which these needs, through current practices, have been or are being met. Table 5.1 below presents a summative view of the aims and objectives intended for the focus group discussions.

THE PARTICIPANTS

A sample of 166 students aged 14 - 16 out of 180 young people who had expressed interest in participating in the focus groups obtained their parents' consent. Originally, nine focus groups (three focus groups from each school sector - public / church / private) were predicted to meet the needs of this research. Eventually, more focus groups were required to reflect the theoretical saturation criterion and another 3 focus groups were conducted, hence totalling twelve focus groups. Therefore, a total of 16 focus groups (adding the initial 4 pilot focus groups) were conducted.

During data analysis it was decided to omit findings from one focus group since the discussion was highly influenced by one participant who had lived abroad until recently. He was considerably older than the rest of the group and seemed to influence his peers through his personal views which were atypical of other young people, possibly due to both his age and his personal experiences within a foreign culture. Thus, data from 15 focus groups with young people from 7 different schools are presented below. The schools were three Catholic schools, three public schools and one co-ed school from the private sector. Table 5.2 further down shows details of the sample of participants. Seven focus groups were conducted with boys (including the two pilot groups), five groups with girls and three groups with mixed participants from a co-ed school.

Young people's perceptions related to learning about sexuality and relationships

Section A
Young people's general perceptions related to learning about sexuality and relationships

Section B
Young people's expressed needs related to learning about sexuality and relationships and perceived extent to which their learning needs were met

1. Young people's understanding of sexuality and relationships education
2. The importance young people attribute to learning about sex, sexuality and relationships
3. Benefits/threats young people perceive in learning/not about sexuality and relationships
4. Perceived extent to which young people's learning needs received a merited attention
5a. Expressed fundamental learning needs (content) related to sexuality and relationships
5b. Perceived extent to which young people's learning (content) was adequate to their needs
6a. Expressed timing at which young people need to learn about sexuality/relationships
6b. Perceived extent to which young people's learning was timely to their needs
7a. Expressed ideal sources (persons) to be consulted on sexuality and relationships
7b. Expressed expectations (personal/professional attributes) of the latter sources (persons)
7c. Perceived extent to which young people learn from ideal sources (persons) expressed
7d. Perceived extent to which other sources consulted helped young people meet their needs
8a. Expressed ideal approaches/methods by which young people ought to learn about S&R
8b. Perceived extent to which approaches/methods used met young people's needs
9a. Expressed ideal resources young people need to learn about sexuality and relationships
9b. Perceived extent to which such resources were utilised by young people
9c. Perceived extent to which other resources used helped young people meet their needs

Table 5.1- A summative overview of the aims and objectives intended for the focus group discussions with young people

Table 5.2: Sample of young people participating in the focus group discussions

Gender	Participating schools	Focus groups conducted	No of pupils
Boys	2 schools	7 focus groups	82
Girls	4 schools	5 focus groups	54
Mixed	1 school	3 focus groups	30
Total	**7 schools**	**15 focus groups**	**166**

The focus group interviews were conducted in a semi-structured manner. The order in which the questions are presented in this chapter do not reflect the course of the discussions during the focus groups. Young people were given the opportunity to lead the discussion themselves, and issues were taken up as raised by the participants. The young people were guided whenever the discussion went astray of the objectives of this research, or whenever the discussion got stale, to keep the participants focussed on the expression of their sexuality and relationships education needs. Throughout this chapter, quotes from the focus groups' transcripts are shown to illustrate the conversations and discussions that took place during data collection. However, pseudonyms are used to protect the anonymity of the sources.

YOUNG PEOPLE'S GENERAL PERCEPTIONS ABOUT SEXUALITY EDUCATION

The objectives

The fourth aim of this study was to explore Maltese young people's general perception and beliefs related to learning and knowing about sexuality and relationships. Five specific objectives related to this aim were addressed in this research.

1. To explore what young people understand by sex education
2. To explore the importance young people attribute to learning about sexuality and relationships during adolescence
3. To explore any benefits and/or threats young people perceive in learning or not learning about sexuality and relationships
4. To explore young people's perceived extent to which their learning needs related to sexuality and relationships have received the merited attention
5. To explore young people's overall perception to which their learning needs related to sexuality and relationships have been being met

1.   Young people's understanding of sexuality and relationships education

This thesis sought to explore what Maltese young people understand by sexuality and relationships education. Therefore, at the start of each focus group, the participants were introduced to the topic of discussion and asked the following core questions towards this objective:

- *Have you ever heard about sex education, sexuality education or sexuality and relationships education?*

- *Have you ever had any of this kind at school or anywhere else?*

- *Do you have a sex education programme at school?*

- *What do you say it is all about? How would you describe it?*

In about half of the focus groups, participants were initially not sure about the meaning of *sex education or sexuality and relationships education*. Many participants found it difficult to remember any formal learning about sexuality and relationships.

> *Researcher: "Have you had sex education at school or anywhere*
> *else, do you have a sex education programme at school?"*
> *Researcher's notes: A long period of silence followed the question.*
> *The participants looked at each other's blank faces, speechless.*
> *Monica: "Ermm… sorry, but what exactly is this 'sex education'*
> *you're talking about?"*
>
> *Girls' School A – Focus Group 2*

> *Researcher: Have you ever had sexuality education at school? And*
> *did you find it useful?*
> *Samantha: What do you mean by sexuality education?*
>
> *Girls' School B – Focus Group 1*

At first, the young people did not recall having discussed sexuality and relationships at school. They found it even more difficult to relate to any learning or discussions taking place at home. However, after probing the participants with prompts, such as – *have you ever been taught about dating and relationships, about love, about issues related to sexual health such as contraception, sexually transmitted infections, abortion, teenage*

pregnancy…etc? the participants recalled having mostly discussed these topics during PSD sessions (Personal and Social Development), Religious Education and Science lessons at school.

> Keith: *We learned about it [sexuality] mostly in biology and science lessons.*
>
> > *Co-ed school A – Focus Group 1: 172*

> Frans: *We did more about sex in science lessons in Forms 1 and 2. It was not exactly about sex, but more about reproduction.*
>
> > *Boys' School B – Focus Group 1: 177*

> Assunta: *We received most of our sex education during PSD lessons.*
>
> > *Girls' School A – Focus Group 2: 7*

> Lourdes: *We discussed sex during the religion lessons.*
>
> > *Boys' School B – Focus Group 5: 21*

In the majority of focus groups other subject teachers were sporadically identified who occasionally dedicated time during their lessons to discuss matters related to sexuality and relationships. These included home economics, physical education, social studies and a mix of language subject lessons.

In general, young people participating in this study described learning about sexuality and relationships as getting to know more about one's sexual body, one's gender, one's sexual thoughts, feelings and attractions, learning about love, and becoming more aware of what goes on around in the sexual world.

> Angelica: *"Sex education is about …learning about your own sexuality, issues related to your body…our sexual development … the way you think, your feelings, how your body reacts … and things like that."*
>
> > *Girls' School B – Focus Group 2: 11 – 18*

Participants also perceived sex education as learning about potential risks and harm, including precautions to be taken in one's sexual activities, responsibilities to bear in relationships, the law, and consequences to actions.

> *Maria:*   *Learning about sexuality is learning about things related to your body…STDs…sex…risks…and responsibilities.*
>
> *Melanie:*   *It is learning about our development.*
>
> *Claudia:*   *Learning about consequences related to our actions and taking precautions*
>
> *Marcia:*   *…and about issues related to your gender, the way you think, what you feel and how your body reacts*
>
>   *Girls' School D – Focus Group 1: 17*

2. The importance young people attribute to learning about sexuality and relationships

This thesis sought to explore whether, and how important young people believe it is for them to learn about sexuality and relationships during the secondary school years. The core questions asked towards this objective were:

- *How important and essential, or otherwise, do you think it is for young people your age to learn about sexuality and relationships?*
- *Why do you think it is important or otherwise for young people to learn about sexuality and relationships during adolescence?*

All participants across the focus groups, without exception, highly valued learning about sexuality and relationships. In all focus groups young people claimed that it is *extremely* important for young people to learn about sexuality and relationships.

> *Zak:*   *At school, I think, everybody looks forward to learn about them [sexuality and relationships]. I see everyone enthusiastic about it. In our case [class], whenever the topic is raised every body shows interest and is enthusiastic to discuss it.*
>
>   *Boys' School A – Focus Group 1: 11*

> Samuel: Sex education is extremely important as you need to explore new aspects of life as you grow up. And you need to discuss these issues with adults who can help you learn and understand what is going on. Otherwise you can interpret badly all that you see happening around you.
>
> *Boys' School B – Focus Group 1: 33*

The young people said it becomes even more important the older they grow during adolescence. In two focus groups participants argued that it is every young person's right to learn about sex because it is essential to young people's physical and emotional development.

> Frank: It is our right to learn about sex and sexuality. We shouldn't even need the permission of our parents to talk on the subject at school. We have every right to know about these things.
>
> *Boys' School B – Focus Group 3: 483*

A theme that emerged across several focus groups was that building intimate relationships is an important aspect of their present, as well of their future lives. The young people considered that learning about sexuality and relationships now is indispensable.

> Ryan: It is very important. You _need_ to know about these things
>
> *Co-ed School A – Focus Group 2: 134*

> Philip: There is much taboo about the topic. We are living like in the shadow of the past. We should not just be in that shadow. We are living in a new and different time.
>
> *Boys' School B – Focus Group 1: 395*

The participants also stated that sex education could prepare young people beyond their academic needs to build their future.

> Kylie: What's the purpose of studying all those academic subjects at school if you're not ready to face the real world out there once we leave the school?
>
> *Girls' School A – Focus Group 2: 195*

> *Petra: Sexuality education at school should prepare you to face whatever situation you might come across after leaving school. It is important that we are prepared for the most important things in life, not just academically.*
>
> *Girls' School C – Focus Group 1: 98*

> *Ginevra: If you're gonna do it [sex], then you have consider everything and be ready to risk it all. If you're gonna try something you have to be aware of the consequences and take all the necessary precautions because it's useless that you cry when it's too late and it's useless to say "look what I've done! look what I've done!" … I think!*
>
> *Girls' School D – Focus Group 1: 136*

3.   The benefits and threats young people perceive in learning or not learning about sexuality and relationships during adolescence

This thesis sought to explore young people's perceived benefits or threats from learning about sexuality and relationships during the adolescent years. The core questions asked towards this objective were:

- *How do you think young people would benefit by learning about sexuality and relationships during adolescence?*
- *What risks do you perceive in learning or not learning about sexuality and relationships during adolescence?*

Participants argued that through sexuality education, adolescents could learn about and understand the physical and emotional changes happening inside their bodies during puberty. Female participants in two focus groups argued that learning and understanding puberty would enhance young people's coping with the changing self-body image and thus, would also enhance their self-esteem. This more especially, girls argued, was needed around the time when they start experiencing first changes related to their menstrual cycle. It could also help avoid unnecessary concerns and fears.

> *Esmeralda: It is important that we learn about us, about ourselves,*
> *our bodies and what is happening to you.*
>
> > *Girls' School A – Focus Group 1: 6*

> *Sylvana: We can learn about the way we are growing up for*
> *example.*
>
> *Jahel: That you start accepting yourself, it would also boost*
> *your self-esteem and later it will help with building*
> *relationships with others*
>
> *Roberta: I think also about the menstrual cycle because many*
> *children grow up without knowing absolutely nothing about it!*
>
> > *Girls' School C – Focus Group 1: 542*

Participants from different focus groups argued that education about sexuality and relationships could help young people protect themselves from events or circumstances that could badly effect their present and future lives. Reference was made especially to teenage pregnancies, sexually transmitted infections and sexual abuse or rape. Participants also argued about taking the right decisions when dealing with challenging situations during relationships, where otherwise young people would feel lost and unprepared during events that could lead to the above circumstances.

> *Serena: It is very important that you learn about yourself and*
> *what's happening inside you. Let's say that a girl was sexually*
> *abused and she doesn't even know what's happening to her and*
> *that if she's already having periods she can become pregnant.*
> *If it had to happen to me, and later I realise that I was never*
> *told anything about it, I would take it very badly with the*
> *people around me because they wouldn't have told me what I*
> *was supposed to know. That is really bad.*
>
> > *Girls' School C – Focus Group 1: 572*

Two boys in one male focus group and three girls in a female focus group raised the concern that teaching young people about topics such as contraception could result in young people receiving the wrong message. These participants argued in their respective focus groups that telling and showing young people how to use a condom would be

promoting teenage sex that is very risky. In both situations these participants were highly contested by their peers who argued that opting to have sex or not depends on other factors, and not on whether young people learn or not about sex or contraception at school. Generally, most of the young people argued, it depends more on the individual being influenced by peer pressure and the media.

> Valentino: *Sex education has its disadvantages too. Because the more you know the more you would want to know. The more one would know the higher the chance that he will start experimenting with sex then.*
>
> Casey: *Especially if they are young.*
>
> Chris: *But if you don't tell them anything it's even worse!!*
>
> Andrew: *That's right, if you talk to them you'll tell them what the consequences would be if they have sex. So in a way you're protecting them.*   *Boy's School A – Focus Group 2*

> Chris: *Most times it [learning about sex] is important, but not always… sometimes it can be misleading … because it gives too much of a negative image of sex, like it's something bad*
>   *Co-ed School A – Focus Group 1: 3*

4. **Young people's perception about the extent to which their learning needs related to sexuality and relationships has been given a merited attention**

This thesis sought to explore how young people perceive the extent of attention merited to their learning needs related to sexuality and relationships. Therefore, the following core questions were asked towards this objective:

- *How often did you have sessions related to sexuality and relationships every year throughout the secondary school years? How do you feel about the frequency of sessions you received?*
- *How long were sessions related to sexuality and relationships? How do you feel about the duration of the sessions you received at school?*
- *How do you feel about the sexuality and relationships education you received in general?*

Participants in all focus groups remarked that their personal and social developmental needs at school were not equally catered for as much as their academic needs were. They believe that Maltese schools are too academically oriented and highly competitive in this regard. Young people felt that at school they learn too many academic subjects, much more than they believe they need to help build a career. At the same time their sexual and emotional development, which they believe is an essential part of their present and future life, is ignored.

> *Serena: We should learn about sex and sexuality as much as we learn about all other topics … because when we're faced with certain situations we don't know what to do…. Many times we end up really [emotionally] hurt, even just with the comments they throw at you…*
>
> <div align="right">Girls' School C – Focus Group 1: 973</div>

> *Petra: At school we should be prepared to face whatever situation we might come across after school leaving. It is important that we are prepared for the most important things in life, not just academically. You have to be prepared for every situation.*
>
> <div align="right">Girls' School C – Focus Group 1: 98</div>

The majority of participants said they had PSD sessions on a weekly basis in Form 1, Form 2 and to a lesser extent in Form 3 (ages 11 to 14 years). PSD lessons in all schools stopped in Form 4 and Form 5 although some schools organised one or two short seminars in Form 4 and Form 5 (ages 14 to 16 years).

> *Samuel: …We are given the information without having any time to explore and discuss that information.*
>
> *Mark: And this we're saying at Form 1 [age 11 / 12] and Form 2 [age 12 / 13]. At Form 3 [age 13 / 14] the time designated for PSD is reduced!*
>
> *Christian …we had just one [40minute] lesson a week in Form 3 [age 13/14]! And we have had no lessons at all ever since.*
>
> <div align="right">Boys' School B – Focus Group 1: 8</div>

Time allocation for PSD at school is very limited, and the participants argued that it is not being used in the best way possible to meet their priority learning needs. Participants from all focus groups argued that 30 to 35 minutes a week dedicated to PSD are far too little in Form 3 and that no weekly commitment to PSD in Forms 4 and 5 is too bad. The limited time allocated to personal and social development in class does not allow enough time to have a proper discussion in class.

> Marika: *The lessons are too short. They are not enough to raise a discussion in class.*
>
> Georganne: *We have one lesson of 40 minutes a week.*
>
> Pauline: *It's not even 40 minutes, it's 30 minutes. Five minutes are for assembly and another 5 minutes wasted until the teacher comes to class.*
>
> Eileen: *And it used to be once a fortnight! It has only recently become once a week.*
>
> *Girls' School C – Focus Group 1: 960*

Much of the talks and seminars organised at school seem to have been related to career guidance, smoking, alcohol and drugs. Participants in various focus groups argued that discussions related to the latter subjects were always the same – "*once you have heard it, you know it all*". They perceive learning about sexuality and relationships as something that changes with young people's sexual development throughout adolescence. However too much little time is allocated to it and the young people perceived sexuality and relationships education to be in competition with other subjects in the PSD curriculum.

> Bjorn: *About alcohol and the like [drugs and tobacco] … it's always the same thing. However sexuality is always changing and developing and there are always new things to learn as we grow up. Once you know the issues related to alcohol, there's nothing more that you can learn. You know the consequences and that's it.*
>
> *Boys' School B – Focus Group 1: 351*

Participants from various focus groups suggested that sex education was generally missing especially in the later secondary school years when it is needed more.

> Robert: *Whenever we require an extra French lesson because of the O Levels, it replaces our PSD lesson. It's like they are telling us that PSD is not important.*
>
> Alan: *I can achieve all the O Levels. But if I don't learn about personal and social development I might make a mistake and lose everything.*
>
> Pierre: *He is right. Because you cannot just study about life, you have to experience life. So you need to be ready for it.*
>
> *Boys' School B – Focus Group 1: 51*

The overall feedback received during the focus groups was that the young people received very few lessons about sexuality and relationships, and that those they did receive were too short and far apart, and their frequency decreased when they were needed most to give way to other academic subjects. The young people stressed that learning about sexuality is not an issue that should be taken lightly by schools.

> Keith: *Everybody makes mistakes. But with PSD you make "grammatical" mistakes that can be redeemed. Without PSD you make mistakes than can change your whole life!!*
>
> *Boys' School B – Focus Group 1: 64*

> Clint: *At school they haven't understood our needs. We are not listened to and they don't understand us. What we're doing today [the focus group] was never done before at school and we have reached the end of our secondary school. There's too much emphasis on the academic subjects and they forgot to listen to us all these years. Sex education was unsuccessful in our school. It has not changed anything in us and we're already facing the reality out there.*
>
> *Boys' School B – Focus Group 1: 473*

Young people in more than half the focus groups argued that the lack of sex education they receive go unnoticed because it has never been evaluated. Young people do not sit for examinations related to sexuality and relationships. Hence, the school administration does not worry whether the related subjects or topics have been discussed at school or home or not. Young people believe that sexuality and relationships are life skills which young people need in order to protect their health and future, and is something which is not meant to be examined in writing. However, young people called for a means by which what they learn at school related to sexuality and relationships is monitored and evaluated.

> *Andrew:* *We never had the opportunity to discuss these matters [sexuality education needs] with anyone before. What we did today was superb.It was really good. Because you don't just walk up to the [rector's office] to tell him that our sex education at school is failing. Nobody else before ever realised that we had never discussed these topics. Other teachers don't care whether we're discussing matters related to sex or not in our PSD lessons. Other subjects are evaluated. But PSD is never evaluated because we don't have to sit for exams at the end of the secondary school as we do in other subjects .... when we sit for the O levels.*
>
> *Boys' School B - Focus Group 1: 517*

YOUNG PEOPLE'S EXPRESSED NEEDS RELATED TO LEARNING ABOUT SEXUALITY AND RELATIONSHIPS, AND THEIR PERCEIVED EXTENT TO WHICH THEIR NEEDS WERE MET

The objectives

The fourth aim of this study was to explore young people's expressed needs related to learning about sexuality and relationships, and their perceived extent to which these needs were met. Five specific needs were addressed in this research. These were:-

Therefore, the main objectives related to this aim were:-

1. needs related to the fundamental knowledge and information **content** related to sexuality and relationships;

2. needs related to the **timing** of learning about sexuality and relationships;

3. needs related to the **sources** from whom young people learn about sexuality and relationships;

4. needs related to the **learning methods** to be used;

5. needs related to **learning resources** young people require to learn more about sexuality and relationships.

Data from focus group discussions related to the above is presented below.

1. Needs related to the fundamental knowledge and information content

In relation to the fundamental knowledge and information content related to sexuality and relationships, this research sought to explore:-

a) young people's expressed fundamental learning needs (content) related to sexuality and relationships;

b) young people's perceived extent to which their learning, in terms of content, was adequate to their needs

The core questions asked towards these objectives were:

- *What specific topics or aspects related to sex, sexuality, sexual health and relationships do you believe young people your age need to learn about?*

- *Why do you believe these specific topics are important for young people?*

- *At what age do you believe young people should start learning about these topics?*

- *How satisfied are you with what you learned to date about sex, sexuality, relationships, sexual health, etc.?*

- *How do you feel about the topics, subjects or issues discussed at school / home?*

Prompts given to the participants were:

- *Were topics discussed useful and relevant to you?*

- *Were topics you consider most important discussed with you?*

- *Which topics were not discussed at school / home that you deem important?*

- *Were they discussed enough in-depth to satisfy your curiosity and learning needs?*

In addition to the prompts, a list of topics related to sexuality and relationships was also shown to the participants, which is attached as Appendix 12, to prompt them further on subjects related to the topic. Furthermore, a blank chart was presented to the young people, markers were provided, and the participants were asked to list down those topics which they considered were important for young persons to learn about during adolescence. This section presents the young people's perception of the importance of specific topics and their perceived extent to which their learning need has been met. Table 5.3 next page shows a summative overview of the fundamental topics the young people expressed they need to learn in relation to sexuality and relationships, in the way they classified them themselves.

What young people expressed they need to learn about sexuality and relationships

Sexuality

- Sexual Development → Boy / girl sexual development; Menstruation / Wet-dreams; Body image and Self-esteem
- Where babies come from → Intercourse / Conception; Test-tube babies / IVF; Pregnancy / Birth
- Sexual Problems → Sexual impotence; Sexual dysfunction; Where to seek help
- Sources of Help → What to do if in problem; Where to go for help; How to help a friend in need
- Sexual Activities → Sexual positions; Oral sex / Anal sex; Masturbation / Orgasm
- Sexual Diversity → Heterosexuality; Homosexuality; Bisexuality / Homophobia
- Sexual Abuse → Sexual Molestation / Rape; Coerced sex /; Knowing how to say No!
- Sexual Health → STIs / Teenage pregnancy; Safer sex / Contraception; Alcohol and Drugs
- Other issues → Prostitution; Pornography; Sexual Terms and Language

Religion

- Morals, Beliefs and Values → Catholic Beliefs; Abstinence / Abortion; Respect / Responsibility
- The Law and Sex → Legal age of consent / Rape; Teenage Pregnancy; Abortion

Relationships

- Dating → Feelings, Love, Emotions; Communication skills; Social Skills; Starting relationships; Ending relationships
- Long term relationships → Marriage; Co-habitation; Divorce

Table 5.3– A summative overview of the fundamental topics the young people expressed they need to learn about in relation to sexuality and relationships

149

The overall feedback

The majority of participants in the focus groups claimed to have discussed and learned to some extent about the majority of topics related to sexuality and relationships, either at school or at home. However, the overall feedback received by the young people in this study was that, as has already been indicated, their learning was very superficial and the information they received was limited. The young people complained that most of the information they learned was either simple common sense or stuff they already knew or had gleaned from other sources much earlier. Participants in almost all focus groups argued that at school they are commonly rushed through the topics in their syllabus to make it through the list before the end of the scholastic year. This, they felt, deprives young people of the opportunity to delve deeper into those topics which they believe are more important to them. As a result, the participants maintained, they need to know more than they are told.

> *Martin:* *The PSD teachers had a syllabus to follow. At the beginning of each year they would have already discussed what they'll be going to teach in class. So… should there be something going on in the class… for example if there's an issue going on… we would not be able to discuss it with the teacher because for her it's not like a normal subject…they have to follow the syllabus, otherwise they will not deliver what they would have agreed on.*
>
> *Charles:* *The teacher cannot just discuss anything that is raised in class unless it is in the syllabus!*
>
> *Boys' School B – Focus Group 2: 234*

Participants from three schools complained that their PSD teacher changed every year. The limited sex education young people receive therefore is very fragmented as it does not follow on previous years. The new teacher often covers the same topics all over again to the same depth they were discussed in previous years. Hence while time is very limited, very often it is wasted going over the same basic issues year after year. Participants claimed there could be better co-ordination to guarantee a continuation and build up in the sex education they receive at schools.

> *Ivan: Our PSD teachers changed between years and they repeated*
> *the same topics all over again. There was no linking between*
> *them and we did the same thing repeatedly.*
>
> <div align="right">

Boys' School B – Focus Group 2: 100
> </div>

The participants in one focus group asserted that young people should be allowed to ask about any topic related to sexuality and relationships and discuss it in class, rather than just follow a list of topics in the curriculum.

> *Alex: We should be allowed to guide the content of sex education,*
> *not just having to follow a set curriculum. If we want to learn*
> *about a certain topic we should be able to ask and discuss it in*
> *class.*
>
> <div align="right">

Boys' School B – Focus Group 1: 173
> </div>

Another major barrier to comprehensive learning about sexuality and relationship cited by the young people was the influence that the Catholic Church in Malta plays on the schools' curriculum. The young people across all focus groups complained that their school sex education was rather limited due to conflicts between teachers' own perspectives and the school's Catholic ethos.

> *Stefan: "Our school is too biased and Christian minded. Everything*
> *they tell us just reflects what the church says. They don't even*
> *consider the fact that you might not care much about what the*
> *church says".*
>
> <div align="right">

Boys' School B – Focus Group 1: 567
> </div>

In more than one focus group the young people complained that different teachers from different subjects gave different opinions and interpretations of what the Catholic Church's doctrine says about sexuality and relationships. Hence, much of the perception built upon the Catholic Church's point of view was seen to depend upon an individual teacher's perspective. The young people felt mixed interpretations of the Catholic Church doctrine has led to many young people become confused about certain issues such as homosexuality, masturbation and contraception, and has lost trust in what the Catholic Church says.

Alexia:	*Even like… about bisexuals and gays, we're only told it's bad but we don't really know what is bad about it. They don't tell us anything.*
Miriana:	*Yes, it's always like that, even though we know that it's ok to be gay for example, but they still tell us it's bad.*
Christine:	*It's not bad!*
Miriana:	*I know that it's not bad but that's what they tell us.*
Christine:	*But then like everybody heard our teacher saying that it's ok to be gay.*
Miriana:	*But our religion teacher didn't say that being gay is ok!*
Paula:	*I think people should change their opinion about homosexuals and I think it should start from schools.*

Girls' School B – Focus Group 1: 323

The young people argued they find no objection to learning about what the Catholic Church doctrine says about sex, sexuality and relationships as long as this is limited to the religious education lessons. However, they did expect their PSD and Biology teachers to provide a neutral opinion about sexual matters and not be biased by the teachings of the Catholic Church, such as with regards to the use of contraceptives for example.

Sandro:	*We should be taught about the morality [of sex and sexuality] during religion lessons, and the rest [about sex] during PSD lessons. They should not be mixed up. Otherwise we get confused. We want to know the way things as they really are in PSD lessons, and the morality issues and the Catholic Church doctrine in religion lessons.*

Boys' School B – Focus Group 2: 397

More findings related to this issue are presented later in this chapter.

Puberty and sexual development

Above all other topics, participants stressed that young people need to learn more about the difference between male and female sexuality, the body and its sexual function. Both male and female participants in the study stressed the importance of learning about

the sexual development of both sexes, not just about one's own gender. And both male and female participants argued they learn much more about the sexual development of their own sex while they learn little about the sexual development of the other sex. The young people believed that adolescents need to learn about the sexual development of the other sex as much as about their own.

> Alexia: Something which we never spoke about is guys, how they grow sort of. Like in biology we did refer to them, but not in PSD.
>
> Martha: I presume that's because we're all girls ... sort of ... I don't know ... it would be quite useful to know about guys.
>
> Rebecca: ... We know what girls think about relationships. But we don't know what boys think. It is very important for us to see what they think.
>
> *Girls' School B – Focus Group 1: 178*

Physiological processes related to the female menstrual cycle were emphasised in the majority of the focus groups by both male and female participants. But, especially female participants remarked that they did not learn what they believe they should have known about menstruation before having had their first period.

> Ramona: Why shouldn't a girl aged 10 who is menstruating know what is happening inside her? May be not to the full details, but the truth…. She would start noticing that things are changing in her, all over the body, and should know what and why this is happening…. Girls who experience menses without knowing about it are overwhelmed with enormous fear as they believe they are afflicted by a disease or something. It's better if they teach you beforehand and you'll be expecting it to happen. Even when you are expecting it, you're still overwhelmed! Let alone when you are not. ... Many girls think they are abnormal.
>
> *Girls' School C – Focus Group 1: 475*

Boys too argued about the importance of learning about 'wet-dreams' since the majority neither expect it to happen nor understand why it happens. Almost all boys participating in the focus groups claimed that wet-dreams were never discussed with their teachers at school nor with parents at home.

> *Dino:* *We never talk about wet-dreams, neither at school nor at home. Girls usually know about their period much before it happens for them. But boys wouldn't know what to expect.*
>
> *Boys' School A – Focus Group 2: 240*

> *Alessio:* *Young people don't realise what is happening and there's a lot of embarassment associated with it [wet-dream].*
>
> *Boys' School A – Focus Group 1: 730*

The topic of masturbation was highly debated especially among boys. The participants asserted that it is important for them to learn about all aspects of masturbation, from a moral to a biological perspective, including physical and psychological/mental risks associated with masturbation practices. Generally they are only told that masturbation is a sin.

> *Miguel:* *We never discussed this topic at school even though we asked questions about it. It is important for us to know more about it [masturbation].*

> *Chris:* *It was barely ever mentioned.*
>
> *Boys' School B – Focus Group 1: 123*

> *William:* *It is an important topic that young people should know about. This was only discussed during the religion lesson who told us that it is wrong to do.*

> *Matthew:* *It is the most avoided topic at our school.*
>
> *Boys' School A –Focus Group 2: 427*

Intercourse, Conception, pregnancy and teenage pregnancy

Participants argued that young people need to know about intercourse, conception and pregnancy. They strongly felt young people need to learn about 'the facts of life', the way things actually are, what happens and how it happens, without the need of going into euphemisms and beating around the bush. Participants asserted young people should learn about the different sexual practices including intercourse, oral sex, anal sex and others, about different sexual positions and any risks potentially associated with these practices. They wanted to know whether there is a high risk, a low risk or no risk at all associated with different sexual practices.

> Petrina: *Young people should be informed about different forms of sex, not just intercourse, like for example oral sex…*
>
> Co-ed School A – Focus Group 2: 371

> Pierre: *We should learn about different types of sex… and what harm they can cause… like for example oral sex.*
> Joseph: *And different positions and whether they can cause harm.*
>
> Boys' School B – Focus Group 2: 150

Participants from the majority of focus groups argued they received information about conception and pregnancy both at school and at home, generally from a biological perspective. However, details related to certain events, such as how the sperms in the male reach the female egg (intercourse), were never described. Participants claimed having learned about the latter from friends.

> Rene':   *Ok, they tell you that the sperm meets the egg in the female. But how do the sperms find themselves in the female if they are the male's? They don't tell you… and even when I asked… I was ignored. Then they leave you wondering and imagining things, or asking friends to learn certain information.*
>
> Boys' School B – Focus Group 4: 165

Contraception

Contraception was highly discussed by participants in all focus groups. The young people argued strongly in favour of learning and knowing about contraception issues. They want to learn about the different methods of contraception, why certain methods can or cannot be used, and learn about the percentage safety each method can offer to the user. They also discussed the importance of learning how the safe period works as a method of birth control and knowing when the female is fertile during the menstrual cycle.

> *Cheryl: They don't tell us about how to go around stuff if it does*
> *   happen.*
> *Lisa: Like what alternative we can take, than know about stuff*
> *   that we ought not to do. Like if we cannot do that, that, and*
> *   that – so what should we do? You know!*
>
> *   Girls' School B – Focus Group 1: 257*

While the majority of participants from different schools claimed to have learned to some extent about contraception up to the time when the focus groups were conducted, in general there were complaints that the information they received was very limited. None of the participants in the focus groups recalled having discussed the safe period in the female menstrual cycle.

> *Colin: I've heard about methods of contraception that were never*
> *   discussed at school.*
>
> *   Boys' School B – Focus Group 3: 444*

In three focus groups the participants argued that while many young people know that condoms exist, they were never shown how to use them. Thus they believe that demonstrations and hands-on practice should be performed at school using real condoms and models. In one focus group the participants made reference to schools abroad where condom demonstration are performed and students practice on models in class and asked why in Malta young people are not given the same opportunities as abroad. In none of the schools were any demonstrations on contraception use reported as being performed, such as condom use.

> Carlos: We are not taught how to use condoms because of religion… our religion does not permit contraception use in Malta.
>
> *Boys' School B – Focus Group 2:51*

> Cynthia: In America they give condoms to school children at the end of the secondary school years. I don't agree that at school they should give you condoms. But they should teach you how to use it.
>
> Maria: Instead of giving them out for free, they should tell you how to get them.
>
> Malcolm: Many young people know that a condom exists, but they don't know how to use it [very strong case made here].
>
> *Co-Ed School A – Focus Group 2: 315*

Abstinence

The majority of participants across the focus groups maintained that learning about abstinence is also important. A minority argued that 'abstinence' is irrelevant for young people in today's world, especially for the 'non-believers'. The majority claimed that the topic was discussed at school over and over again in different subject lessons too. Some even complained that far too much time was spent discussing abstinence while other important subjects were left out.

> Gilbert: It is already enough to talk about abstinence in religion lessons. There is no need to discuss it further in PSD. It is a must in religion lessons.
>
> *Boys' School A – Focus Group 2: 334*

Sexually Transmitted infections, HIV and AIDS

The participants talked about the importance for young people to learn about sexually transmitted infections including HIV/AIDS and argued that adolescents need to know how to protect themselves from sexually transmitted infections. Young people in all focus groups claimed to have discussed HIV and AIDS at school and even with parents at home. However only young people coming from two schools claimed to have learned about sexually transmitted infections other than HIV/AIDS, such as gonorrhoea, chlamydia and genital warts.

> *Arthur: Only AIDS was mentioned in class. There must be more. And*
> *they don't tell you what you can catch if you practice certain*
> *sexual practices and not others.*
>
> <div align="right">*Boys' School A – Focus Group 2: 363*</div>

Drugs and sex

A keen interest was noted among male participants from three focus groups to learn about the use of drugs and substances to enhance a person's libido and boost sexual activity. A minority of participants talked about the increased use of similar substances by young people in places of entertainment. Such a topic, they claimed, was never raised and discussed at school. In none of the focus groups with females was this matter raised.

> *Stefan: We should know about pills that enhance sex such as Viagra,*
> *and other drugs used against STIs for example*
>
> <div align="right">*Boys' School B – Focus Group 2: 183*</div>

> *Louis: I would like to learn about those substances that boost the*
> *person's "libido" or enhance sex*
>
> <div align="right">*Boys' School A – Focus Group 1: 747*</div>

Teenage pregnancy

The participants also argued that it is important that young people are made aware of the long term problems and responsibilities associated with a pregnancy, especially during the teenage years. Both male and female participants claimed to have discussed the topic with teachers at school or at home with parents. However, a group of girls stressed the importance that boys should also learn more about their responsibilities in case of a teenage pregnancy.

> *Claire: ...the fact that then something goes wrong, like if she*
> *becomes pregnant, they should be told that it is not just her*
> *fault, and it is not just her responsibility.*
>
> <div align="right">*Girls' School D: Focus Group 1: 307*</div>

Abortion

The majority of participants stressed the need for young people to learn about abortion although one participant remarked it brings about too many negative feelings. Abortion was in fact reported as being among those topics most commonly discussed in all schools represented in the focus groups. This was generally covered in both PSD and religion lessons. An anti-abortion lobby group visited almost all participating schools to talk about abortion and the related legal and moral issues within the Maltese context.

> Natalino: *We should learn about abortion in sexuality education.*
> Silvan: *Yes, it is important that we know all about it and what it entails.*
>
> > *Boys' School B – Focus Group 2: 549*

Sexual Abuse

Participants, especially females, asserted that young people need to be alerted about in-appropriate touching and abuse. Female participants argued that girls are more prone to sexual abuse and need to be made aware of the different types of sexual abuse and mo-lestation, and how to deal with such situations.

> Brian: *We should be told from whom and from what we have to be careful*
>
> > *Boys' School B – Focus Group 1: 178*

Relationships

Matters related to relationships were among the most discussed by the young people in all focus groups. The participants argued young people should be prepared for sexual relationships, both in the short-term and in the longer-term. However, while that learning about marital and long-term committed relationships was considered important, the young people also emphasised the need to learn about non-marital and short-term relationships. The young people argued that there was considerably more discussion of long term marital relationships at school and too little or nothing at all mentioned about the more relevant and realistic short term relationships. Participants coming from 3 out of 7 participating schools claimed to have discussed issues related to relationships at school.

Samantha: Unless they are going to tell us before the end of this
              year how to go about it when going out with a boy and these
              sort of things we would never know, because we never
              discussed the issue, and we're never going to learn such
              things. Following that, you'll have to try and make up things
              by yourself.

Dorothy: You need to know how to react in certain situations, how
              to behave and answer a boy. That would really help.

Girls' School C - Focus Group 1: 583

Kristjana: This [relationships] is important because many young
              people don't even realise what's happening… Before you start
              going out with someone you need to know what is right and
              what is wrong and what you should do… Need to be prepared
              to face someone who is coercing you to have sex if you don't
              want to.

Co-ed School A - Focus Group 1: 46

They also stressed the need to discuss other forms of relationships as in cohabitation.

Glen: I don't think that we ever talked about the subject
        [relationships] as we are doing today. Sort of… we're always
        beating around the bush and we never really talk about
        today's real facts, do you know what I mean!

Researcher: What exactly do you mean by today's real facts?

Glen: Today's facts, like … The thing that not all people living
        together are married… and short term relationships

Boys' School A – Focus Group 1: 232

Karl: Everytime we talk about it we end up discussing marital
        relationships. It's not a matter we're interested in at this time
        in our lives!

Boys' School A – Focus Group 2: 53

Among the related issues mentioned by participants as being those they would like to know more about were how to start a relationship, how to keep a relationship going on longer, and how to end a relationship as necessary. The majority of participants across the focus groups were particularly interested in these subjects.

> *Claire:*   *It's important that we are prepared for relationships*
> *before we actually start having them, especially to prepare*
> *ourselves for emotional let downs when you break up!*
> > *Girls' School C – Focus Group 1: 841*

Feelings and emotions

Participants from a number of focus groups also emphasised the need for young people to learn about the emotional aspect of relationships, understanding one's feelings and knowing how to react to those feelings and emotions. The young people also claimed that the emotional aspect of relationships was generally lacking in their school curriculum. Participants argued that young people need the opportunity to explore and discuss the feelings and emotions they experience.

> *Melina:*   *We would like to talk more about our feelings and*
> *emotions…things around us.*
> > *Girls' School B – Focus Group 1: 247*

> *Melvin:*   *Our developing body was discussed more in biological*
> *terms, not from a psychological or emotional level.*
> > *Boys' School A – Focus Group 1: 448*

A group of female participants stressed the need that boys are taught more about the emotional issues related to relationships and that sex is not something just for fun. They remarked that from their interaction with male peers, boys are not taught about love, feelings and emotions at school. As a result, girls felt they suffer emotionally more in relationships because boys disregard their feelings.

> Sephora: Boys should be taught more that sex is not just
> something for fun
>
> Graziella: I think it's very wrong that they focus more on girls and
> not equally on boys, just because he's a boy!
>
> Christine: Then girls suffer!
>
> Rodianne: Yes, exactly!
>
> Graziella: Girls suffer, but it is boys who should be taught. Because
> boys take our feelings for granted - no consideration at all!.
>
> *Girls' School A – Focus Group 2: 619*

Communication skills

Participants discussed the importance of learning how to communicate in a relationship, thus learning about communication skills. In particular participants made reference to learning how not to be shy, raising and maintaining a conversation, being assertive and expressing one's feelings towards a partner in a relationship. Girls participating in the study also discussed the importance of maintaining a high level of self-esteem within relationships and when going out with friends.

> Ilaria: And about social skills, like knowing how one should go
> about talking to someone, rather than just saying
> "yes…no" but know how to raise and maintain a con-
> versation.
>
> *Girls' School B – Focus Group 1: 277*

Girls in particular also stressed the importance of learning about body-image, self-esteem and self-acceptance in a number of focus groups

> Francesca: I would like to discuss more about body image, our body
> image, and how we react to that body image
>
> *Girls' School B – Focus Group 1: 275*

> Leanne: Learning about self-esteem … will help you later on
> when you start building relationships
>
> *Girls' School C – Focus Group 1: 543*

Challenging situations

Participants argued they want to learn about practical matters related to sexuality and relationships. Participants, especially females in two focus groups, held that adolescents need to learn how to deal with challenging situations they face in a practical way. They argued that rather than being told to abstain from sex, girls should be taught how to say no! when they mean it, and how to be assertive and stay determined not to fall for a boy causing pressure to have sex when they are not yet ready to make love...

> *Melinda:*   *We need to be taught how we CAN say No! to a boy-*
> *friend who wants more than we would like to, rather than just*
> *telling us that we should abstain from having sex.*
>
>   *Girls' School C – Focus Group 1: 1100*

Homosexuality

Young people in all focus groups argued that sexual orientations and homosexuality are important topics which young people should know about. Participants argued that relationships between men and between women are acknowledged even in Maltese society and therefore adolescents should learn issues and matters related to homosexuality.

> *Mary:*   *We should know more about it because it's something*
> *happening around us as well. I mean, I'm sure that all of*
> *us has known or met someone who is gay. So you know,*
> *we have to know about it somehow.*
>
>   *Girls' School B - Focus Group 1: 323*

Values and morals

The young people also argued that it is important to learn about values and morals associated with sexuality and relationships, although none complained about a lack of the latter in their learning programmes.

> *Roberta:*   *The church ... can't just let you do whatever you want*
> *because then it will seem like everything is nothing. The church*
> *cannot say 'yes' to everything. Ok then...if you start doing this*
> *and doing that...then everything seems like it's nothing.*
>
>   *Co-ed School A - Focus Group 2: 516*

Other topics

Other topics mentioned by a few participants across the data collection but which were not discussed at length during the focus groups were impotence, infertility, in-vitro fertilisation, the law in relation to sexual activity, marriage, orgasm, seduction, one-night-stands, prostitution, the meaning of slang words used in the Maltese language, and pornography. The participants also felt that there must be a great deal more to sexuality but which they had never even heard about and hence they did not know what else they need to know.

2. **Needs related to the timing of learning about sexuality and relationships;**

In relation to the timing of learning about sexuality and relationships, this thesis sought to explore:-

a) young people's expressed ideal age or stages at which they need to learn about specific topics related to sexuality and relationships.

b) young people's perceived extent to which their learning about sexuality and relationships was timely to their needs.

The core questions asked towards these objectives were:

- *At what age do you believe parents should start talking to their children about specific topics related to sex, sexuality, and relationships? Why do you think so?*
- *At what age do you believe teachers or others at school should start talking to young people about specific topics related to sex, sexuality, and relationships? Why do you think so?*
- *How timely do you think learning about sex, sexuality and relationships at school was for you?*
- *How timely do you think it was when your parents started discussing sexual matters with you at home?*

The 'timing of sex education' was commonly discussed by the participants across all focus groups. All participants seemed to agree that young people ought to start learning about matters related to sexuality and relationships as early as possible.

They also affirmed that the younger (newer generation) of adolescents need to be taught about sex and sexuality earlier than the rest.

> Giannella: These days they [younger people] should start
> [learning] at a much younger age, like 8 or 9, because
> students who are in Form 1 and Form 2 are much more
> informed about sex than we were at the time, sometimes even
> much more than we do now! We are innocent such as to say, in
> comparison. Even at year 6 there are girls already talking
> openly about sex. When I was their age I wouldn't even dare
> pronounce the word [sex], I wasn't allowed at home.
>
> *Girls' School A - Focus Group 2: 571*

The young people stated that a segment of Maltese adolescents start having sexual relationships as early as ages 10 to 12. Hence, it was remarked in the focus groups, these young people need to be informed about matters related to sexuality and relationships before this age.

> Samantha: [Starting sex education] at age 12 is definitely not early!
> Young people that age already start going out with friends.
>
> Josef: And they learn a lot of things from the television too.
>
> Dorothy: These days it seems like everyone starts going out at a
> younger age. So it's like one tells you one thing, another tells
> you another thing…so it's better that you would know
> beforehand. These days children start going out even from age
> 10, they do! So better to know these things before.
>
> *Co-ed School A – Focus Group 1: 96*

Two major perceptions were put forth during the discussions. About a third of participants suggested a specific age when sex education should start. Generally those supporting the latter argued that discussions with young people about sex should start as early as age 8 to 9 years for girls, and 10 to 11 for boys.

> Maxine: I believe girls aged 12 should know certain important things. Boys would still be immature at that age and should not know about certain things. But many girls at 12 are already menstruating…
>
> Madeline: To the contrary, I believe boys should know even more at that age because yes, they're still immature, and so they need to know…
>
> Marisa: …so that they'll be aware of the consequences of whatever they'll be doing.
>
> Madeline: … exactly!
>
> Kristina: That's why I believe girls should be taught before boys. If boys are to be taught at 12, then girls should be taught at 10
>
> Maxine: But at age 10 it might still be a bit early for her…
>
> Marisa: But the thing is that they would still get to know from others. Speaking personally I remember listening to my friends sharing what their mother told them or what they read on magazines… and I wouldn't know what they're talking about because my mum never used to tell me anything…
>
> Sarah: That's why they should be taught earlier from someone like a teacher or parent and be told the truth the first time they'll hear about it.
>
> *Girls' School C – Focus Group 1: 445 - 471*

The other two thirds of the participants argued that parents and teachers should be led by the maturity of young persons under their responsibility for education and care, because not all children mature sexually at the same time. This group recommended that teachers and parents should be guided by the questions the young person asks as an indication of the extent to which s/he is able to comprehend certain matters.

> Carlos: I think that the topic should not be raised with them [children] when they are still too young, I think. But when they [children] grow up, if parents would have done their duties right, the way I see it, then I think that thoughts about sex start coming naturally. It is exactly at that time when they [parents] should start talking to their children about sex. When children

start getting these thoughts naturally on the subject. So that
then they [parents] can talk to them [children] and they [chil-
dren] would be able to understand and learn.

<div align="right">

Boys' School A - Focus Group 1: 382

</div>

They also argued that young people should not reach the end of the secondary school years without having acquired all the necessary knowledge to face the challenges of their present and future sexual lives. The young people argued that by age 12 to 13 years (late Form 2) all adolescents should have learned all the basic matters related to sexuality and relationships, and these shall be consolidated with further detail and discussions until age 15 (Form 5). Participants across all focus groups stated that learning 'new' things after Form 3 is too late for young people.

Simon:	*... [learning about sexuality] at school for me came late.*
Mark:	*It's true.*
Simon:	*...for example, they told us about sexually transmitted infections in Form 5 and that was very late.*
John	*Yes, in Form 5 it was late.*
Mark:	*...Many things [sexual activities] start from when you're 13, so you should know about them before you're 13!*

<div align="right">

Co-ed School A – Focus Group 2: 49

</div>

The participants also argued that sex education should not be left until a time when young people would have gleaned all the information from friends and other sources and become confused with myths, mixed messages and misconceptions about sex. The participants also argued that talking to young people about sexual matters at a younger age is easier since children have fewer inhibitions.

Bjorn:	*I would want my child to hear it from me before hearing it from anyone else. Like, I know the real thing and I'm going to tell the truth... Because...one tells you this, the other tells you another thing ... then ... he will start listening to different versions. I would rather be the first one to tell him the truth. Then the school builds on that.*

<div align="right">

Co-ed School A - Focus Group 2: 153

</div>

2b.   Young people's perceived extent to which the sex education they received was timely to their needs

It became evident from the feedback received during the focus groups that the different participating schools had different approaches to when and how sexuality and relationships education started, what topics were discussed and how much detail was given. The majority of the schools were reported as having started delivering lessons related to sexuality, although generally these were related to reproduction, in Form 1 (age 10 to 11 years). All schools were reported to have continued the latter into Form 2 (age 11 to 12 years). In about two-thirds of the participating schools sex education was reported to have continued in Form 3 but the frequency and duration of PSD lessons, during which sexuality and relationships could be discussed, were heavily reduced. Only one school was reported to have included one PSD lesson a week in the students' timetable during Form 4 and Form 5. Therefore, while school sexuality education started timely in almost all schools, much less or none was being discussed when young people believed they needed it most in later years. All participants argued that school sex education should remain in Forms 1 and 2, but should be developed further into Forms 3, 4 and 5 when they start experiencing sexual relationships and hence would need more opportunities to discuss sexuality and relationships matters.

> Karl: *I think it's more important that we do it [sex education]*
> *in Form 5 because let's say you talk about sex to a boy in*
> *Form 1…he would just keep staring at you…while in Form 5*
> *you would have already started experiencing certain things. So*
> *I believe it's even more important that we do it now…*

> Stefan: *He's right because in Form 1 we would still be a bit young and*
> *it's even less relevant to us, while in Form 5 it would make*
> *much more sense. But the best is that it would be spread out*
> *between Forms 1 and 5.*

> Charles: *I still think that it's good to start in Forms 1 and 2 … it's*
> *good because at that age you're already interested in knowing*
> *certain things. So it's better if they start right from the*
> *beginning.*

> *Mario:*   *I agree with Charles in that awareness should be raised about certain things as early as in Form 1, so that we would be informed well. But I believe that lessons in Form 4 and Form 5 should be increased because that's the time when you would start experiencing and facing these things in life and sort of ... you would know how to face it.*
>
> *Boys' School B – Focus Group 3: 68*

Participants from the only school who claimed to have received sex education regularly in Forms 4 and 5 complained that the information they received in the later years was more intended for much younger children. Hence they were still discussing the same basic information they had learnt earlier (with a different teacher).

> *Kirsty:*   *What we learned in Forms 4 and 5 should have been discussed in Form 1 and 2. We should have done something more in detail in Form 4 and 5.*
>
> *Girls' School D - Focus Group 1: 644*

Many participants did not discuss much about the timing of learning about sexuality with their parents, stating that it was neither too early nor too late as it almost never happened. However, the few participants who claimed to have discussed sex with their parents argued that they were approached at age of 15 years, which they considered very late.

> *Debbie:*   *They [parents] do not talk to me about sex any more.*
>
> *Mariella:*   *May be they did in the beginning, when I was still too young. Now whatever they say is pretty useless…because now we know most of it. Because this is not just like finding out.*
>
> *Debbie:*   *Because it's like what parents tell you it's a bit late because by that time you would have already heard it all from friends.*
>
> *Co-ed School A - Focus Group 2:35*

3. Needs related to the sources (persons) of information about sexuality and relationships

In relation to young people's sources of information about sexuality and relationships, this research sought to explore :-

a. Young people's expressed ideal sources (persons) to be consulted about sexuality and relationships;

b. expressed expectations (personal/professional attributes) young people seek in these persons;

c. young people's perceived extent to which they found the 'ideal sources' available and adequate to help meet their learning needs and the barriers that hinder young people from learning about sexuality from these sources

d. 'others' whom young people consulted to learn about sexuality and relationships

e. young people's perceived extent to which young people found 'others' adequate to help meet their learning needs.

Questions asked during the focus groups towards these objectives were:

a. *From whom do you believe that young people your age ought to learn about sexuality and relationships? Why do you think so?*

b. *What attributes, qualities or characteristics do you seek in these people? How would you describe a person who would be ideal to talk to about sexuality and relationships?*

c. *How often in reality do young people learn about sexuality and relationships from these persons that you identified? What hinders young people from learning about sexuality and relationships from these people?*

d. *Whom else do you seek in order to learn about sexuality and relationships?*

e. *Why would young people talk about sex and relationships with these persons?*

f. *How useful and reliable do you find the information these persons give you? What makes you think so?*

Other prompts given were:

- *What in your opinion might make young people think that teachers are not the right persons with whom they can discuss and learn about sexuality and relationships?*
- *What in your opinion might make young people think that parents are not the right persons with whom they can discuss and learn about sexuality and relationships?*
- *What in your opinion might make young people think that health professionals are not the right persons with whom they can discuss and learn about sex?*

Table 5.4 below shows an overview of the young people's claimed sources of information about sexuality and relationships.
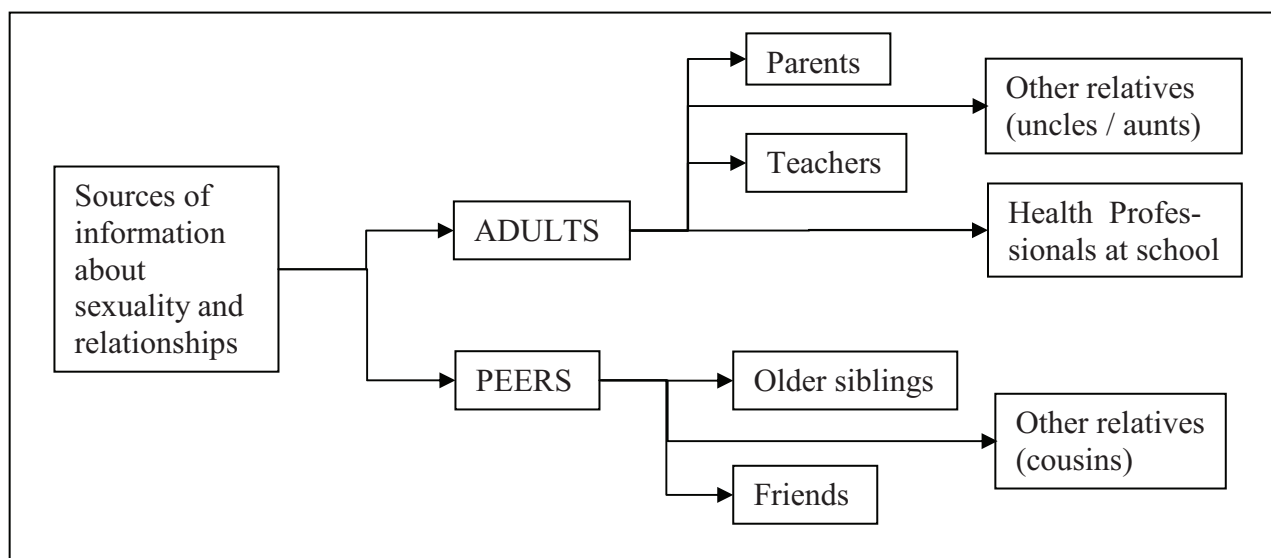
Table 5.4 – A summative overview of young people's claimed sources (persons) of information about sexuality and relationships

3a.   *Ideal sources*

Adults

The young people across all focus groups stated that the more accurate and reliable sources of information about sexuality and relationships would be adults.

> *Lucas: You would believe 99% of what an adult would tell you about sex, rather than what your friend says, even if you trust him. What your friend says is not necessarily true.*
>
> *Boys' School B – Focus Group1: 272*

> *Susan:*   *I think it's better to talk to someone older, who is experienced.*
>
> <div align="right">

Girls' School A – Focus Group 1: 55
</div>

However, many participants claimed that not all adults would be ideal to talk to about sexuality and relationships. The majority of participants identified parents, teachers and health professionals or experts in the field as the '*would be*' ideal sources of information and knowledge about sexual matters for young, with very few exceptions.

Parents

Participants believed that children generally have closer relationships with their parents than with any other adult since they spend most of their time together. Also, parents would know their children better than anyone else, and the young people stated that parents are more perceptive to their child's growing needs. Some asserted that parents should be sensitive to anticipate their child's learning needs.

> *Anthony:*   *Parents are different from teachers. You're only going to see your teachers for a few years, then you leave them, and you won't have a good relationship with them. Parents live in the same house, they can talk to you when you're still a child.*
>
> <div align="right">

Co-ed School A – Focus Group 2: 209
</div>

> *Sandra:*   *Look, I think that mum can tell you better because she has experienced it, but friends are not in a position to tell you…. they are… sort of … at your own level.*
>
> <div align="right">

Girls' School A - Focus Group 2: 166
</div>

> *Steve:* *I think that your parents can tell you better because they wish you most well… because you're their son.*
>
> *Ian:*   *Also, your parents would have experience on the subject…. If you get used talking about it with your parents you can learn much more, much better than talking about it with your friend who would only know as much as you do.*
>
> <div align="right">

Boys' School A – Focus Group 1: 34
</div>

One group of female participants argued that parents should only teach their children the very basic facts related to sex and sexuality and need not get into any details. The rest can be learned from school through friends, or from other sources.

> Philip: ...Young people should start learning about sex at home. Then the school will intensify that information ... because when you are young you are still immature ... parents should support you to learn and grow rather than telling you that these things should not be discussed. It should all start at home.
>
> *Boys' School A – Focus Group 1: 344*

> Josefa: These days I can learn anything from the Internet, TV or something. Why should I go and ask my parents?
>
> *Girls' School B – Focus Group 1: 76*

Some of the young people stated that parents should adopt the important role of talking to their children about particularly sensitive issues when they are still very young, before they ever learn them at school, as it might be too late. For example, some participants argued that parents should from early years teach their children what constitutes appropriate and inappropriate touching by other people. Teachers could then continue building further on that knowledge later on at school, providing more detailed and accurate information from their expertise and training.

> Annabelle: Learning at home is very important too because I think that parents should caution their children when they are still very young... because like for example a girl of 13, she's still a teenager and may be doesn't know anything yet and someone might take advantage of her or tell her something when she's still innocent.
>
> *Girls' School A - Focus Group 2: 13*

Table 5.5 below gives on overview of issues the young people raised in relation to parents as sources of information about sexuality and relationships.

Parent's approach to child's learning needs

Boy/Girl gender issues

Timing of discussion

Open communication
Close relationship

Child-parent relationship & communication

Personal attributes

Age & Age-gap

Open-mindedness
Perceptiveness and responsiveness of child's needs
Effective communicator
Experience
Understanding
Friendly
Trusting vs suspicious

Parents perspective of their growing child

Mother / Father
Gender Issues

Parents' attitude towards youth sexuality
Forbidden talk about sex
Overprotective parents
Parents' embarassment
YP's embarassment
Language / jargon used

Parent's dedication & quality time spent with child

Personality related issues

Level of knowledge and awareness

Opportunities for discussions & learning

Should be first source
Most trustful source

YP's perception of parents' role

Barriers

Issues related to sources of information about sexuality and relationships - parents

Table 5.5– An overview of the issues (young people) raised related to parents as sources of information about sexuality and relationships

Elder Brothers and Sisters

In quite a few instances, participants also favoured close relatives, such as older brothers and sisters or young uncles and aunts, as good sources of knowledge about sex and sexuality as an alternative to their parents.

> *Kimberley: I think it's better to talk to someone older, who is experienced, and know how to speak about the subject.*
>
> *Pricilla: Or even a close aunt, if she is young.*
>
> *Gabriella: Even older brothers and sisters are good sources.*
>
> *Girls' School B – Focus Group 1: 85*

> *Jude: … In my case, I don't speak much about sex with parents. I prefer talking about it with my brother…who is older than me.*
>
> *Boys' School A – Focus Group 1: 14*

Some participants argued that brothers and sisters can be good sources of information, depending on the age of the elder sibling. Some also argued they find it easier talking to their elder brother or sister, especially when married, than to their parents because while being mature, experienced and trusted adults, there is a narrower age-gap. Participants not having elder siblings referred to cousins with a similar role.

> *Pat: Family would be the most reliable sources of information.*
>
> *Gary: Older brothers and sisters are another good source.*
>
> *Co-ed School A – Focus Group 1: 176*

Teachers

Although as we have seen many participants felt that parents have an important role, the participants across all focus groups remarked that young people would not just discuss anything with their parents.

> *Miriam: I would not ask my parents certain issues. We should be told about these issues by teachers at school. That's why we go to school.*
>
> *Girls' School C – Focus Group 1: 589*

This is one of the reasons why the participants perceived the teachers' role at school imperative, also described as supplementary to the parents' role in such situations.

> Mead: Information from school is the most reliable. You cannot get the same information from other sources.
>
> Wayne: Yes, the information about sex from school is the best
>
> Suzanne: At school they can describe things to you.
>
> Caroline: And they teach you what is right.
>
> *Co-ed School A – Focus Group 1:155*

> Melissa: Sex education should be taught by both parents at home and teachers at school. But more especially from school since many parents don't discuss sex with their children.
>
> *Girls' School C – Focus Group 1: 628*

Participants also perceived teachers to be potentially a more detailed and accurate source of information about sexuality and relationships than parents.

> Conrad: You believe and trust whatever a teacher says 99%.
>
> Clive: You'll surely trust a teacher more than you trust your friends.
>
> *Boys' School B – Focus Group 1: 272*

Participants identified different roles for the Personal and Social Development (PSD) teacher, the biology or science teacher, and the religious education teacher. The young people perceive three different perspectives from which these teachers look at and discuss sexuality and relationships, and they considered all as important. They stated that the PSD teacher could look at the emotional perspective, the biology or science teacher at the biological perspective while the religion teacher at the moral/Catholic perspective related to sexuality and relationships.

> Antoine: The church has to make its point of view heard, and there is no problem with that. However there are young people who don't follow the church's perspective of the way things are. I believe we need to know about other perspectives too.
>
> *Boys' School B – Focus Group 4: 90*

> Donia: The religion teacher is bound to say what religion says
> about sexuality, not her own opinion.
>
> *Girls' School D – Focus Group 1: 698*

The young people were also adamant about teachers' overriding roles.

> Chiara: Sometimes the PSD teacher makes another religion
> lesson out of the PSD lesson.
>
> *Girls' School C – Focus Group 1: 1075*
>
> Matthew: A PSD teacher should not be biased by religion. If she is
> a religious persons, she should keep it for herself and doesn't
> allow it to influence what she teaches us in PSD.
>
> *Boys' School B – Focus Group 1: 403*
>
> Leonard: Learning about the church's point of view is very
> important. But this should only be done during the religion
> lesson, not PSD sessions.
>
> *Boys' School B – Focus Group 4: 72*

However, the young people also claimed that sometimes they are confused with different messages they receive from different teachers, given their different, sometimes even opposing perspectives.

> Nadia: The religion teacher says - you should not even think of
> doing it [sex] because it's a sin; the biology teacher says -
> these are normal and natural things; the PSD teacher says -
> it's up to you, the choice is in your hands. If you are gonna do
> it, then you have to be careful!
>
> *Girls' School D: Focus Group 1: 722*
>
> Malcolm: We used to feel a lot of difference between the religion
> lessons and the PSD lessons.
>
> *Boys' School B – Focus Group 2: 226*

Table 5.6 below shows an overview of the findings related to school-teachers as sources of information about sexuality and relationships for young people.

Charismatic / Enthusiastic
Good sense of humour
Open-minded
Friendly
Non-judgemental
Down-to-earth
Experienced

Good listening skills
Helpling / counselling skills
Communication skills
Leadership skills
Teaching skills

Limitations due to school Catholic ethos

Teacher's embarassment and unpreparedness

Language barriers and use of jargon

Teachers evading sex-related talk

Correct misinformation
Provide true knowledge
Provide technical details unknown to parents
Answers all questions

Age

Gender

Personality

Skills

Informed

Up-to-date

Personal Characteristics

Confidence and Openness

SRE - Specific Professional training

Confidentiality issues

Teacher's attributes

Pupil – Teacher relationship

Barriers

Teacher's Role

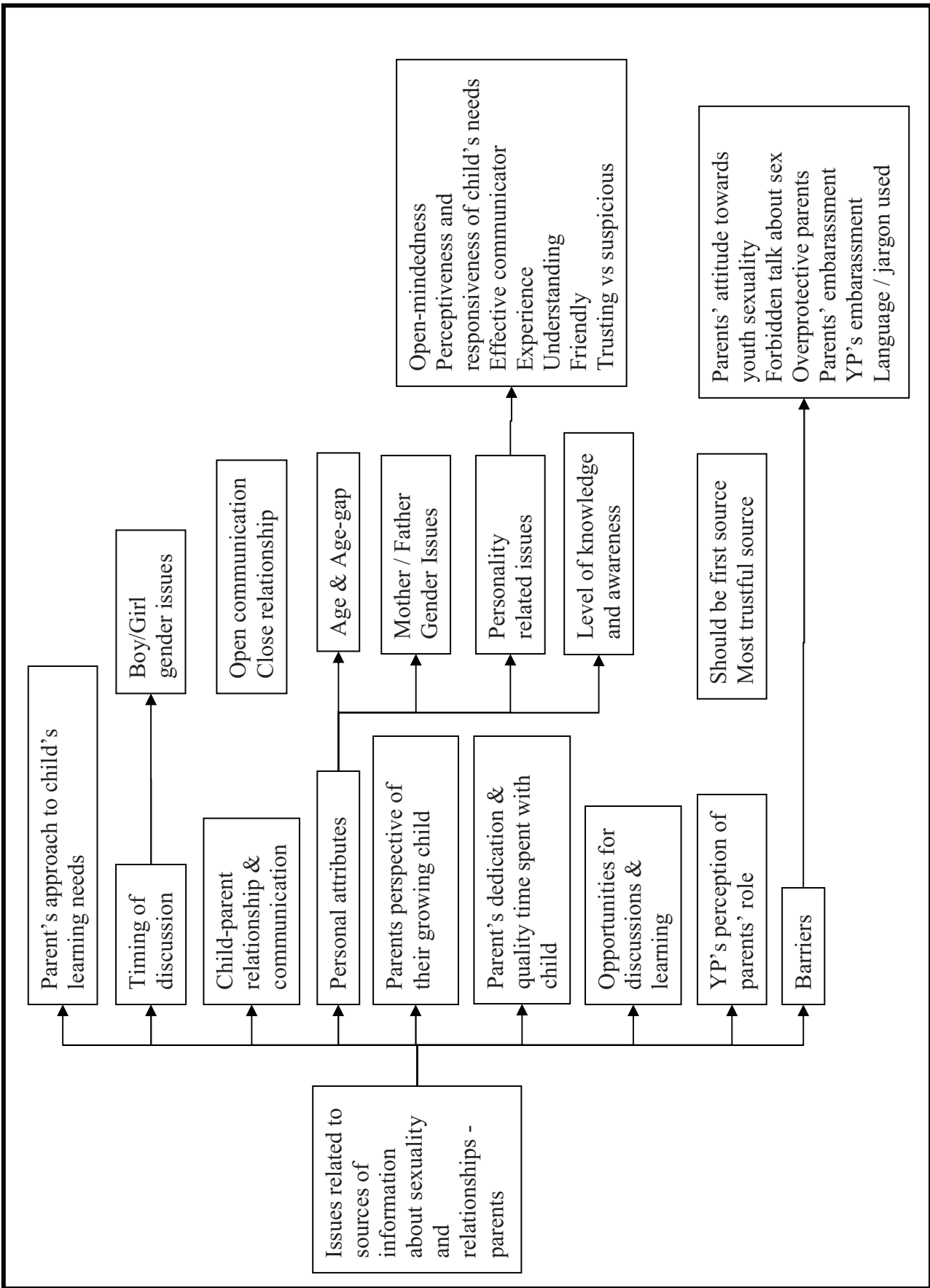Issues related to sources of information – school teachers

Table 5.6 – An overview of the issues young people raised related to school teachers as sources of information about sexuality and relationships

Health Professionals

Participants from all focus groups also commented on the role that health professionals trained in the sexual health field could play, as they were perceived as accurate sources of information, even more knowledgeable than their school teacher. The young people also praised health professionals as people who are more willing and know how to talk about sex and related issues.

> Christie: The best sources would be those adults who were profes-
>   sionally trained on sexual matters.
>
>   *Girls' School C - Focus Group 1: 712*

However, none of the participants across all focus groups favoured or considered seeing a health professional within a health setting out of school to discuss sexual matters.

> Researcher: Would you go and seek information from a doctor?
> Sylvia: No, I wouldn't go ask such questions to a doctor.
> Carmen: I don't know… it depends on who he is…I don't
>   know…no, I don't think I would do it.
>
>   *Girls' School A – Focus Group 1: 147*

The young people called for more opportunities to discuss sexual matters with health professionals at school, with further opportunities to follow up on these seminars with their PSD teachers. They also asserted that the school should take up the responsibility of inviting specialists to talk to young people about different matters related to sexuality and relationships.

> Nicholas: We should have more seminars and talks at school by
>   health experts.
> Maurizio: And then have sessions in class with the PSD teacher
>   and follow up the seminar, with a discussion for example.
>
>   *Boys' School A – Focus Group 2: 611*

3b. The personal qualities young people seek in whom teaches them about sexuality

Participants in all focus groups discussed at length the competencies, abilities and personal attributes that would mark identified adults as ideal persons with whom young people could discuss and learn more about sexuality and relationships.

The life experience of an adult discussing sexual matters with young people was given a lot of weight by the participants across the majority of focus groups. The young people perceived someone teaching from his personal experience, or that of other known to him/her, as a more credible source of information.

> David: *It has to be neither someone of a much older age but not too young either, ideally someone experienced.*
> > *Boys' School B – Focus Group 5: 223*

The young people said they sought adults who are aware of the present social environment in which young people live, and someone who spends a lot of time with young people. The participants described the latter as '*down-to-earth*', '*in-touch*' with today's reality and '*open-minded*'.

> John: *If not younger in age, should be young in spirit and open, and with his feet on the ground as much as a young person, aware of the world the way it is today.*
> > *Boys' School B – Focus Group 5: 217*

Participants made specific reference to university student-teachers that visit their schools for a number of weeks during their teaching practice whose fresh ideas, teaching approaches and mentality attract young people to discuss sexual matters with them more than with their usual teachers.

> Michelle: *A young teacher presents with more fresh ideas like when we have student teachers at school, they come with a lot of new and fresh ideas*
> > *Girls' School C – Focus Group 1: 1111*

The participants also commented on the personal social skills young people generally seek in adults with whom they discuss sexual matters. They stated that young people seek adults who have good communication skills, who can communicate effectively with young people. In particular they seek people who are good listeners, who listen to young people's fears and understand their concerns related to sexual matters, and those who are able to understand the emotions adolescents experience in their day to day situations and contexts

> *Edward:*   *He has to be a good listener too, someone who listens to us.*
>
>   *Boys' School – Focus Group 5: 229*

The young people stated that they seek adults who are comfortable talking openly and earnestly about sexual matters. For example, they expect teachers to be skilled in making students feel at ease talking about sexuality and encourage further exploration of issues raised in class. They also believe that a teacher should be ready and comfortable answering young people's questions. In a few focus groups, young people could identify with specific teachers with whom they feel very comfortable to discuss sexual matters.

> *Ryan:*   *Someone that you know that you can trust, that makes you feel comfortable talking to him*
>
>   *Boys' School B – Focus Group 5: 199*

Young people in the focus groups also argued that adults talking to young people about sex should be comfortable with the language young people use when talking about sex and sexuality, and avoiding jargon and technical terms.

> *Charlene:*   *I start playing with words as much as I can whenever these things are mentioned. I'm not comfortable talking to mum about these matters. It's really embarrassing the way mum does it. She's a midwife and starts using technical words and stuff like that.*
>
>   *Girls' School D - Focus Group 1: 54*

> *George: Our teacher finds the words we use as vulgar and slang.*
> *She becomes embarrassed when we talk about sex our way.*
> *Boys' School B – Focus Group 3: 473*

Participants maintained that teachers or others responsible of sexuality and relationships education need to be specially trained and knowledgeable in the field. The participants also argued that adolescents trust more someone who they know has been specifically trained and not just anybody willing to talk about sex. Some also argued that being a knowledgeable person is not enough to make a competent PSD teacher. A teacher should also be able to give young people the right advice when needed.

> *Edward: A good teacher … I would say … is someone who ties*
> *every loose end during a discussion, without exception.*
> *Boys' School B -Focus Group 3: 438*

In one particular focus group, the participants argued that someone who is trained in psychology is more likely to meet young people's needs as s/he would be more skilled in understanding young people's emotional needs.

> *Sabrina: [One who] …knows when to say yes, and when to say*
> *no, and knows where to draw the line. But at the same time*
> *knows how to adapt to a situation … and knows what we are*
> *going through.*
> *Girls' School C - Focus Group 1: 168*

Young people also argued that PSD teachers, especially, should also be trained in facilitating a group discussion with young people, keeping the discussion focussed, make it relevant, raise concrete and valid arguments, and weighs all aspects of a given situation.

> *Marion: The teacher should be able to guide a discussion… focus*
> *the discussion and keep it relevant.*
> *Girls' School C – Focus Group 1: 1075*

Participants also believed that discipline in class during sex education is important. Therefore, they argue the teacher should be skilled in keeping the class under control

without making the lesson too rigid where one would not be able to speak out an opinion, and without too many rules and punishments. The participants placed a lot of emphasis on the latter competence.

> Jeff: *The teacher should be skilled to control the class without making the lesson too rigid where you cannot speak your opinion. It is important that the class is controlled and disciplined, but not too much.*
>
> > *Boys' School B – Focus Group 1: 512*

The young people stated that teachers and parents should be prepared to deal with certain situations such as a girl having her first period. Girls in the focus groups had many a story to tell about their friends who had were shocked and the teachers did not know how to handle the situation.

> Sabrina: *…when a girl in our class had her first period during a lesson, the teacher did not know how to go about it… how to handle the situation and explain to the girl what was happening. She was so scared poor girl that she fainted, she didn't know how to react, and she fainted. The teacher did not know how to explain the thing to her.*
>
> Alice: *She wasn't prepared for such an event.*
>
> Sabrina: *Exactly!*
>
> > *Girls' School C – Focus Group 1: 592*

There were mixed views among the participants about whether young people prefer discussing sexuality and relationship with someone they know very well and whom they meet regularly at school, or whether it is someone who does not know them at all, but whom they can trust such as an invited professional or expert at school. In more than half of the focus groups the participants argued that it is very important for young people to have a close relationship with the person with whom they discuss sexual matters.

> Clint: *If I am to talk about my personal intimate matters, it has to be a person I know, not someone I don't know.*
>
> > *Boys' School B – Focus Group 5: 210*

> *Andre':   But if we don't have a close relationship with a PSD teacher, we'll believe more what our friends say rather than her.*
>
> *Boys' School B – Focus Group 1:281*

On the other hand, young people in a number of focus groups affirmed they find it easier discussing certain sexual matters with a knowledgeable person they can trust but whom they do not see or meet regularly at school.

> *Leanne: I feel more comfortable talking to someone visiting the school who doesn't know me and I open up with her because if the person doesn't know me, she doesn't know with whom I go out, she wouldn't know my family...Hence she cannot judge me. So I know that I would see her once and I won't see her again which makes me feel more comfortable. I wouldn't tell her everything, of course. But when I want to ask questions on a delicate matter...you know... I would prefer someone who I don't know... rather than someone who after having told her my personal problems I would meet her every day on.*
>
> *Girls' School C – Focus Group 1: 63*

It became clear that while some young people prefer discussing personal intimate matters with someone they know and can trust, at the same time they prefer talking about other general sexual matters with people they don't know as they feel safe from prejudice. No gender differences were identified among young people's perception about this issue.

> *Adrian: I think that the more I know the person [to talk to] the better because you would feel more comfortable talking to him, you can trust him more, he would be able to help you more and is going to be more open with you, and would talk more straight to the point and tells you everything about the subject….If I am to ask about personal intimate matters it has to be a teacher I know, not someone I don't know.*
>
> *Boys' School B - Focus Group 5: 206*

In one focus group the participants argued that a teacher responsible of teaching about sex and sexuality need to have a *charisma* for the job, one who enjoys teaching and dealing with young people.

> *Francesco:* *The character of the person is very important…like having a charisma for the job. Someone who teaches well, without having to be strict or being antipathetic.*
>
> *Boys' School A – Focus Group 2: 32*

> *Patricia:* *If the teacher is strict … we don't feel like talking about certain subjects with her.*
> *Nora:* *She has to be a person easy to talk to and feel comfortable to open up with…someone with whom you can talk to like a friend rather than a teacher.*
>
> *Girls' School B – Focus Group 1: 68*

> *Erika:* *Someone who says jokes.*
> *Georgina:* *Someone who gives colour to a discussion*
> *Phyllis:* *Someone who discusses with us and let us ask questions*
> *Erika:* *Someone who is really enthusiastic*
>
> *Girls' School B – Focus Group 1: 221*

> *Samuel:* *Someone who can talk openly about sex and who would talk about everything.*
>
> *Boys' School B – Focus Group 5: 207*

Participants also claimed young people seek to talk to someone who is non-judgemental towards them.

> *Researcher:* *Who would you seek to talk to about sexuality and relationships?*
> *Catherine:* *Someone who is ready to listen without judging you.*
>
> *Girls' School A – Focus Group 1: 66*

Elisa: *Should not be like someone that when you ask him a*
                    question would go like iiiieeeee! and wouldn't be thinking
                    like....

George: *...You dirty minded boy!*

Elisa: *Yes……someone who would... like... doesn't stare at you*
                    when you tell him/her something. Someone with whom you
                    would feel comfortable talking openly to.

                              Co-ed School A – Focus Group 2: 588

Young people across all focus groups placed a lot of emphasis on the age and personality of adults from whom they seek to learn more about sexuality and relationships. In general, the participants preferred talking to younger adults, such as young teachers at school. A young person was defined as someone in his/her mid-twenties to the mid-thirties, but less than forty, or adults who can still associate themselves more with adolescents.

Carl: *The best age would be that of 25 or 30. Someone who has just*
             been through our experiences. Shouldn't be younger either,
             because they would be just like you then.

                              Co-ed School A – Focus Group 2: 266

Miriam: *Or at least, if not a young person, someone who spends*
                    a lot of time with young people.

                              Girls' School C – Focus Group 1: 141

Participants having younger parents also claimed to have less barriers talking to their parents about sexual matters than other young people having older parents. On the other hand, young people also value adults who, although older, by virtue exhibit a young and trendy spirit. Some participants called the latter as people with 'a great personality'. Hence in young people's eyes parents' personality overrides age-gap barriers.

Miriana: *Someone who can identify with us, not someone old like*
                    going "Don't drink, don't have sex, don't do drugs, It's not
                    good for you"!

                              Girls' School B - Focus Group 1: 217

> *Stephen: I think their [parents] age makes a lot of difference. I think they have a different mentality to ours. I think if they're younger they're more open with their child.*
>
> *Mark: Rather than the actual age...its their mentality!*

In one focus group, the participants argued that ideally they should have both a younger and an older teacher at school since young people feel more comfortable talking about different topics to different teachers, depending on their age.

> *Mariah: Ideally we could have an option to choose between talking to a younger person or an older person*
>
> *Girls' School A – Focus Group 1: 100*

There were mixed views across the focus groups about whether sexuality and relationships should be taught by a male or female teacher to respective boys and girls. Both male and female participants argued in favour and against and presented pros and cons to being taught by teachers of the other sex. On the one hand, some young people argued that it is very important to learn about different perspectives related to relationships. This, they argued, would strongly enhance their understanding of the other sex in relationships. On the other hand, both male and female participants seemed to prefer a same sex teacher during the early secondary school years. A few boys questioned whether a female teacher would ever feel comfortable teaching boys about sex.

> *Sarah: It would be good if we could have a male teacher as well to get the point of view of the men ....*
>
> *Maria: If we had a male teacher we would be able to start accepting the male opinion as well. Because we've always been girls with girls and female teachers*
>
> *Girls' School C – Focus Group 1: 180*

> *Anton: We prefer a woman because this way at least we're able to see the perspective of the other sex.*
>
> *Alan: On the other hand having a female teacher we risk that she doesn't understand us. It would be best to have both!*
>
> *Boys' School B – Focus Group 2: 90*

> *Aaron:*   *Having a male teacher teaching us boys is probably better since he feels more comfortable talking about male things with boys. A woman talking about female things with boys would feel uncomfortable.*
>
>   *Boys' School A – Focus Group 2: 536*

Participants in two male focus groups argued that they would prefer sharing a personal problem with a female teacher because they perceive women to be more caring.

> *Christie:*   *A woman is somehow more caring. But if a male knows how to be caring as well and understand young people's situations, it would be ok. I would prefer someone who is more caring.*
>
>   *Girls' School D – Focus Group 1: 279*

Participants coming from a school who attended a seminar about sexuality delivered a male and female teacher together praised this unique opportunity they had to learn and discuss sexuality and relationships with adults of both genders.

> *Philip:*   *During the seminar we had both male and female teachers with us which was really good.*
>
>   *Boys' School A – Focus Group 1: 637*

Some of the young people claimed that an adolescent child would generally talk about sexual matters to only one of his/her parents, with whom s/he feels closer to. Generally, girls reported feeling more comfortable talking to their mothers, while boys to their fathers. Indeed girls in all focus groups said they expected the mother, and not the father, to explain to them matters such as the period. However, there were instances where the child's preference was reversed, especially boys who prefer talking to their mothers.

> *Josette:*   *Not with my father, but with my mother, otherwise I would be embarrassed talking to my father*
>
>   *Girls' School C – Focus Group 1: 720*

3c   The extent to which young people learn about sexuality and relationships from the above sources and the barriers that hinder young people's learning about sexuality from these people

Although parents and teachers were identified by the majority of participants to be their ideal sources of information about sexual matters, the young people seemed to agree that in reality neither of the two are the most common source of information about sex. Teachers were rated higher than parents by the majority of participants, but second to other sources (more about other sources below). One group of participants even claimed that the parents, in reality, "are not even part of the equation".

> *Pauline: NO! From my parents I don't get anything at all. Whenever these things are mentioned at home – nothing - perfect silence.*
>
> > *Girls' School D – Focus Group 1: 50*

> *Sylvana: I think they [parents] are not a primary source of information, surely. Actually they are the least sought…*
>
> > *Co-ed School A – Focus Group 1: 138*

> *Jamin: Your parents come from a different generation of people, and they would see things related to sexuality differently from the way we do… When you try and talk to them about it they find it difficult to explain certain things to you.*
>
> *Rennie: You simply cannot talk with your parents about it. It is natural that you cannot!*
>
> > *Boys' School B – Focus Group 5: 165*

The participants discussed many barriers as to why young people in general do not discuss sexual matters with whom they consider would be their ideal sources of information.

In almost all focus groups the participants stated that the taboo around sex and sexuality in Malta is still strong and saw it as the major reason why young people do not discuss much about sexuality and relationships with adults. The participants claimed that many people, even some young, still believe that talk of sex is condemned by society.

Peter: *There is much taboo about the topic. We' re living like in the*
shadow of the past. We shouldn't just be in that shadow. We
are living in a new and different time.

<div align="right">

Boys' School B – Focus Group 1: 395

</div>

Raphael: *Teachers are embarrassed because of the taboo on the*
subject.

<div align="right">

Boys' School B – Focus Group 5: 225

</div>

The participants also revealed that many young people feel uncomfortable and are embarrassed discussing sexual matters with either parents or in class. In a few groups, the young people claimed that whenever the topic was raised in class some reacted by laughing. Embarrassment, both on the side of adults and young people, was the most commonly cited reason why young people did not discuss so much about the topic with adults as much as they do with friends. The participants argued that many a time they find it uncomfortable bringing up conversations with parents about sexual matters that for the past twelve or thirteen years were concealed. Whenever young people do, they generally find their parents highly embarrassed and unprepared to talk about sex and sexuality. Some participants blamed ignorance as another major barrier, stating that their parents were never taught this kind of education at school when they were still young and hence don't know how to teach their own children.

Rachel: *If you're a parent you have to make your children feel*
like they can talk to you about anything, and not like they get
embarrassed and they don't ask you something important. Be-
cause otherwise, you're not going to have a good relationship
with your children. And you won't have to worry about what
your parents would think or say.

<div align="right">

Co-ed School A - Focus Group 2: 146

</div>

Jonathan: *Because parents weren't taught any sex education at*
school, that's why. They wouldn't have learned certain facts,
maybe. I mean, they know about sex, of course, but they don't
know how to pass on the information to their children.

<div align="right">

Co-ed School A - Focus Group 2: 193

</div>

> *Neil:* *There's an element of embarrassment among teachers and sometimes they react very negatively when you ask related questions, such as sending you out of class. I don't know what I'm supposed to do, whenever I want to ask a question. I feel awkward and sometimes afraid of asking the question to the teacher, then I might ask the question to the wrong person and get wrong information. It sounds funny, but it's serious.*
>
> *Boys' School B – Focus Group 3: 89*

In many cases, the participants argued, unless young people themselves raise the topic with their parents first, they would had never discussed sex and sexuality. There were only a few instances where participants claimed that their parents took the initiative to discuss sex and relationships with them. In many instances some young people in the focus groups especially boys, argued that parents try to avoid discussions about sex with their children. The majority of the participants agreed that unless young people approach their parents with questions themselves, the topic is never discussed at home. Others, but a minority, were approached by their parents at different stages and seemed to appreciate their parents' efforts to give them the opportunity to explore more about sexuality with their parents.

> *Gabriella:* *No, me they came up to me and I didn't have the time to ask. May be it's my fault because I don't ever ask them anything. May be my mum… I might ask her. But I don't know what I might go and ask. It's better if your parents come to you and start telling you things rather than wait for you to start asking questions because I don't know what questions to ask.*
>
> *Co-ed School A - Focus Group 2: 99*

It was commonly argued that sometimes parents, and even teachers, revert to humour to conceal their embarrassment when talking about sexual matters. Young people stated that whenever they find their parents or teachers embarrassed, they become even more embarrassed themselves. Only a minority of participants claimed to find their parents comfortable and happy to discuss with them on sexual matters. Generally the latter participants claimed having a close relationship with their parents.

> *Vanessa: As a young girl I used to ask my parents questions which they never answered. But there and then I was still young. Now that I'm older, whenever I need to know something, I go and look it up myself on the Internet.*
>
> *Co-ed School A - Focus Group 3: 119*

The young people complained that many teachers just broach the topic superficially and avoid getting into any further detail. They protested that while PSD teachers are being purposely trained to facilitate young people's learning about sexuality and relationships, they are not taking up the challenge the way young people expect. In one school the participants stated that prior to a sex education session students were advised not to ask any questions, otherwise they will be punished. In a number of focus groups young people complained that whenever they ask their teachers questions related to sexuality the latter complain of a lack of time to discuss such issues in detail and refer young people to discuss the matters with their parents.

> *Dale: There's a taboo about the subject of sex. Teachers keep escaping and avoiding discussing the topic. They are afraid of facing the challenge.*
>
> *Boys' School B – Focus Group 3: 89*

> *Jurgen: Whenever you tell something to PSD teachers they will tell you to go and talk to your parents. I don't think they know how to deal with our problems. Or they start telling you that you should do this and you should do that instead of just listening to you.*
>
> *Co-ed School A – Focus Group 2: 247*

Some of the PSD teachers or the religion teachers in participating schools were reported to be monastic persons or clergy. Participants in three focus groups argued they find it difficult to open up and discuss sexual matters with such people because they feel embarrassed talking to someone with such a background or who had not had sexual experiences.

> *Marvic: Our teacher is a nun. Hence she has not experienced what we are going through. How can you talk to her?*

> *Rebecca:*   *It's true. Since our teacher is a nun, even during*
> *discussion, when certain topics are raised, you don't feel*
> *comfortable opening up and talking about certain experiences*
> *or problems, you feel embarassed.*
>
> *Girls' School C – Focus Group 1: 12*

On the other hand, a different view was expressed in a separate focus group about whether a teacher is a priest or not.

> *Samaria:*   *Although our teacher is a nun, she is very much aware of*
> *what happens in our lives, and is open minded, and that is*
> *good. Even though she is a sister, she's still very good. It helps*
> *if the person is personally experienced.*
>
> *Girls' School B – Focus Group 1: 144*

> *Ray:*   *Irrespective of whether being a priest … as long as this person*
> *makes you feel comfortable that you can talk openly about sex.*
>
> *Boys' School B – Focus Group 1: 204*

Another barrier mentioned was the age-gap between the young people and their parents or teachers. Some believed that times have changed since some parents and teachers were young and the way sexual matters are thought and understood by young people today is very different from the way middle-aged adults do. Some of the young people believed that some parents find it very difficult to understand and accept today's trendy youth sexuality and sexual behaviour. Often parents were reported as not being even aware of what goes on around young people's lives today.

> *Sandra:*   *...speaking personally, I do not speak with my mum*
> *much because there's quite an age difference between me and*
> *my mum. So I do not feel comfortable. I speak to her about*
> *other stuff, but not about these things. I would prefer to speak*
> *to my PSD teacher on these things.*
>
> *Girls' School A – Focus Group 1: 41*

On the other hand, in a few instances participants also valued an older teacher as well at school since s/he would be able to teach more from experience.

> Tania: An older teacher is preferred since she is more experienced, as long as she can get herself down to young people's level. She can also act a motherly role and talk to her as if talking to a mother
>
> *Girls' School A – Focus Group 1: 88*

Some parents were also said to be afraid that their children are growing too fast, that girls the age of thirteen to fifteen should not be talking about and interested in sexual matters, as it were in the past.

> Marlene: Personally I would not let my mother know that I'm dating someone because I know that she wouldn't be happy with the fact that I'm not the same little girl I used to be before. Parents are afraid and don't accept that we grow up and change.
>
> Christine: Yes, exactly. I think that parents don't realise that we, at the age of 14 or 15…they have to accept the fact that we are growing up and that we can't remain with them all the time, as we used to do when we were younger, always staying with mummy and daddy.
>
> *Girls' School A - Focus Group 2: 533*

Another common barrier discussed was that whilst time has changed and societal norms and attitudes towards sex has changed, many parents and teachers are too conservative. They have not adapted to the present where sex and sexuality are seen in a different way and what used to apply in the past does not count any longer. The young people noted that in the past people were scandalised whenever sex was mentioned and they used to hold on to Catholic values and doctrine. The participants stated that by the age of 18 young people do not seek traditional values in sex and sexuality any more. An example mentioned is that as time goes by participants believe that the majority and still more young people opt to become sexually active before marriage.

> Stephanie: ...for example my mother used to tell me "because when I was young we used to do this and that" and these sort of things...I mean... she is not living in today's world. She needs to adapt to a different time and let go of the time when she was young.
>
> *Girls' School C - Focus Group 1: 136*

Some young people, especially girls, who said they were very close with either of their parents, claimed more easiness and satisfaction with discussing sexual matters with their parents. Conversely many participants stated that young people who do not have a close relationship or bond with their parents are less likely to discuss sex and relationships with them. Sometimes, this point was also made about teachers. The young people argued that building a trusting relationship with an adult is an antecedent for a young person to talk about sexual matters with him/her. However, participants in two female focus groups argued that in this time and age generally both parents work and hence they have less time to spend talking and building a relationship with their children. They argued that many parents do not even know their children well.

> Martina: With parents?! Oh no! no! Are we psychopaths! [giggles]
>
> *Girls' School B – Focus Group 1: 70*

> Melissa: If you're close with your mother it wouldn't be difficult to talk and discuss everything, even these things [sexual matters].
>
> *Girls' School C - Focus Group 1: 705*

> Mark: Young people who are close to their parents do not mind talking to them on their intimate issues. They wouldn't feel embarrassed. I believe a lot in this.
>
> *Co-ed School A – Focus Group 2: 202*

> Michelle: Many girls are not close with their mum, may be because the mother works and does not spend enough time with their children. The girl will find it even more difficult to open up
>
> *Girls' School C - Focus Group 1: 563*

> *Martina: I find it very embarrassing talking about it with my parents.*
> *May be because I don't have a good relationship with them.*
>

About half of the participants suggested that if parents did not have a close relationship with their children, they would not trust them. If such parents were approached by their children to discuss sexual matters they would jump into conclusions and become suspicious of their child's sexual activities. Some parents were reported to have reacted very badly and started to question their child why s/he wants to know and how s/he got to know, which made the young person feel very uncomfortable and created a barrier for further discussions.

> *Cher: My mum… I really had to pester her to tell me something, because what you hear from your friends…my goodness!… you wouldn't believe all that especially when you're still too young. But then when I asked my mum she started going "How do you know? How do you know?"… and this kind of interrogation.*
>

> *Samaria: If I had to talk to my parents they would start jumping into conclusions "Oh my God! You did that then!?!" So...better stay out of it.*
>

Participants from various schools stated that their PSD teachers at school were replaced every year. The young people maintained that getting to know and trust a PSD teacher takes time. Given the limited contact hours pupils had with PSD teachers, it usually took a whole year until they got to know the teacher well, by which time the teacher was often replaced. The participants strongly argued that PSD teachers should remain with the same group of students throughout the secondary school years. This, the majority of young people believed, would benefit both teachers and pupils alike. On the other hand, a few participants argued that if they disliked the teacher they would have to spend the whole of the secondary school years with the same teacher.

> Lionel: For us it was even more difficult because our PSD
>   teachers changed every year.
>
> Victor: That's right! We have a different teachers every year. So
>   by the time you get used to a teacher, you have a new one
>   instead.
>
> Aloysius: We even had two in Form…
>
> Anthony: …but that's because the teacher left the school.
>
> <div align="right">Boys' School B – Focus Group 1: 189</div>

About half of the participants argued that no matter how close young people are with their parents, there are always some reservations, some topics that an adolescent would never discuss with them. For example the focus groups revealed that almost all boys are embarrassed to talk about wet-dreams with their parents, and some girls, although a few, still find it difficult to talk about their period at home. However, young people in the focus groups still agreed that having a close relationship with one's parents facilitates learning about sexuality and relationships at home.

> Margaret: Many girls were embarrassed to tell their mum that they
>   were having their first period. This is not on! It shows a
>   serious lack of communication and trust between a mother and
>   her daughter.
>
> <div align="right">Girls' School C - Focus Group 1: 561</div>

> Sarah: I'm not that close to my parents that everything I would
>   need to know I'll ask them… but, like...I don't know… I don't
>   find it extremely hard to talk to them either, when I feel I want
>   to, I just feel I don't need to tell them sometimes.
>
> <div align="right">Girls' School B - Focus Group 1: 95</div>

In spite of the limitations and barriers, participants who claimed to have had opportunities to discuss sexuality and relationships with teachers or parents perceived both to be the best sources of knowledge they experienced. Young people argued that when parents or teachers do not provide the information young people need to know, adolescent will have to revert to other sources, which might not necessarily be the right sources to ask.

3d. ***Other sources, and the extent to which young people find these sources helpful to meet their learning needs;***

Almost all participants agreed that although 'friends' were not their ideal sources of information about sex and relationships, given their lack of experience, however, they were certainly the most commonly sought by young people. The main reason behind the latter suggested by the young people was that they find less due to embarrassment or fear of prejudice.

> *Katrina:* *Mum can tell you better because she would have experienced it herself, but friends aren't necessarily experienced, they are just in the same level as you are. But although you know that friends can be wrong, they remain that easy and convenient source of information, that when I have a problem I can talk to them anytime.*
>
> *Girls' School A - Focus Group 2: 166*

> *Jack:* *On certain issues, like how sex is done, you have to rely on friends to learn about these things. Parents or teachers will never tell you such things.*
>
> *Boys' School B - Focus Group 5: 304*

In two focus groups participants argued that friends appear to be a credible source because many young people talk from a 'claimed' experience. Young people were claimed to adopt a positive approach to sex in their discussions, emphasising the positive aspect of the sexual experience. This contrasted with that of other sources where the bad consequences seem to be emphasised more. This makes friends a more appealing source.

> *Martin:* *Friends are also more credible because they talk about the whole experience. Teachers at school say that sex is bad and wrong while friends who experienced sex say that they had a great time. Whom would you believe then?*
>
> *Boys' School B - Focus Group 5: 77*

However, participants also argued that much of what goes around between friends could be just bluff, and thus should not be perceived as a trustworthy source. Many young people talking about sex might have limited or no sexual experiences at all. Yet they try to exhibit a cool image with their peers. Hence the information they pass on might not necessarily be true or even misleading.

> Robert: From friends you don't get it right, someone says one thing and another says something else.
> Roger: When a friend tells you something, you don't really know whether you should believe him or not.
>
> *Co-ed School A - Focus Group 2: 9*

It was argued that sometimes young people mislead others purposely, either to look cool with their peers, or to make fun of each other, especially in groups. Furthermore the participants argued that 'friends' get information from other uninformed, inexperienced or misinformed friends, hence their information can also be untrustworthy.

> Rita: For example if my friend asks me something and I answer "yes, that's really good, do it, do it" when I don't really understand the thing but I would want to appear cool and a grown up. And then my friend ends up doing it simply because I would have told her that it's good to do it, and I would have told her that I did it as well, when it isn't true. Then she ends up really bad because I wanted to look cool with her.
>
> *Girls' School A - Focus Group 2: 159*

Some participants argued that the information friends give might persuade their peers to become sexually active at an earlier age. This, the participants believe, makes friends an unreliable and untrustworthy source of information. It was commonly argued among the participants that generally young people will have to make their own 'one-plus-one' from the snippets of information they glean from their friends, creating their own version of the facts, many times ending up with misconceptions and myths about sex and sexuality.

> *Mireille:* It depends on the type of friends that you talk to. If you're talking to ones who are drunk all weekend type-of-friends… aren't really a good source – they would tell you sex is all right with whoever or wherever while others will tell you there are consequences and all that. There's all this information all the time.
>
> *Girls' School B - Focus Group 1: 103*

> *Mariah:* My friends in year 6 already knew most of the things and I used to make my one-plus-one. I used to stay watching the television to learn something more. But I never asked, I didn't feel comfortable asking.
>
> *Girls' School C - Focus Group 1: 669*

4. Needs related to learning approaches and methods

In relation to young people's needs related to learning approaches and methods, this research sought to explore:-

    a. young people's expressed ideal approaches and methods by which they ought to learn about sexuality and relationships;

    b. young people's perceived extent to which these approaches and methods were used in their learning.

Questions asked towards this objective were:
- *If you had to be a PSD teacher, how would you go about teaching pupils your age about sexuality and relationships? What approaches and methods would you use?*
- *How would you like to learn more about sexuality and relationships?*
- *How often have you been taught by way of these methods and approaches?*
- *How do you feel about the approaches and methods used when you were taught about sexuality and relationships?*

Table 5.7 below presents an overview of the findings related to young people's expressed needs related to the approaches and methods of learning about sexuality and relationships.
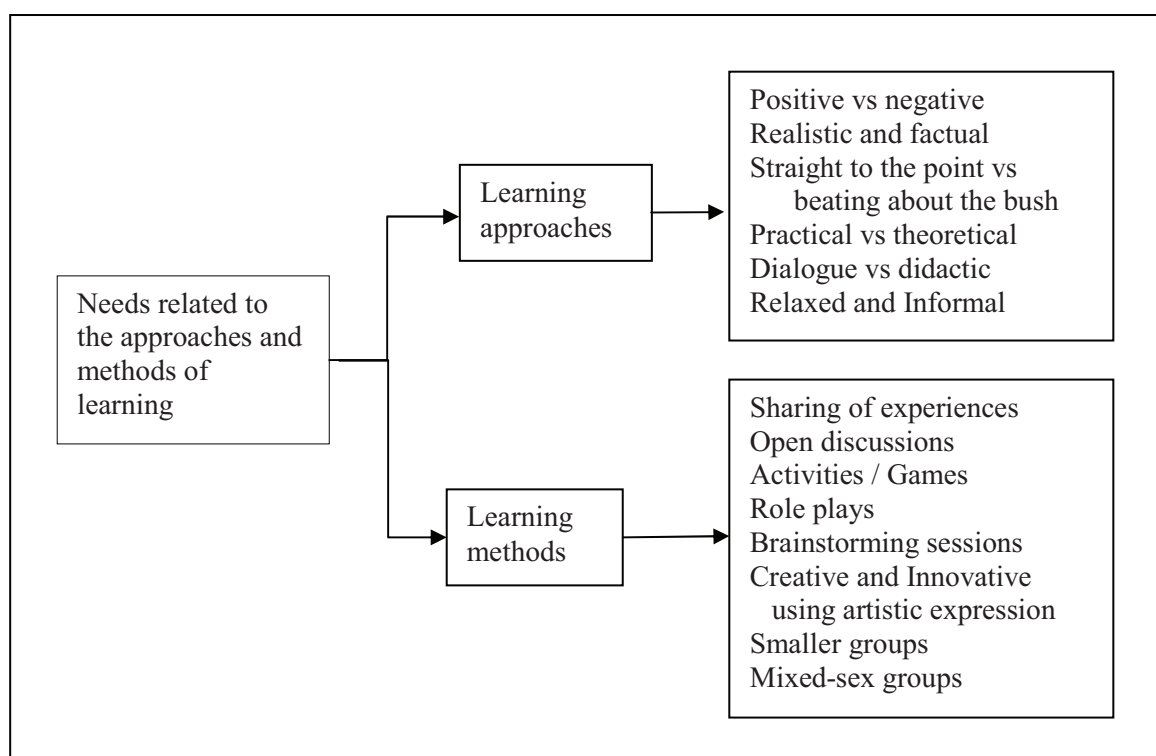
Table 5.7 – An overview of the findings related to learning approaches and methods

1. *Viewing sex, sexuality and relationships from a positive perspective.*

The young people asserted that teachers and especially parents should adopt a more positive attitude towards youth sexuality, and not just see it within the realms of sinful premarital sexual relationships, promiscuity, teenage pregnancies, sexually transmitted infections, emotional upsets and sexual abuse or rape. The young people called for a balanced approach between learning about the risks and complications and learning about the beauty and value of sexuality and relationships.

> *Maya:* *Whenever we're discussing sexuality at school we're always talking about the negative aspects of it. We barely ever mention the beautiful side, the positive of sex in our lives.*
>
> *Girls' School A – Focus Group 2*

The young people also argued that discussions led by adults about sex and sexuality need not be made to sound wondrous, but be approached in an ordinary manner, just like any other subject would be. The participants argued that young people are more comfortable discussing sex when there is no such fuss made about the subject.

> *Esmeralda:* *It's like… instead of making people aware of the bad things, may be we can make people aware of the things they can do instead…. because they [adolescents] already know what is wrong, they have always been taught about it, but they don't know what good stuff there is.*
>
> *Girls' School B - Focus Group 1: 408*

Throughout the focus groups, participants complained that generally parents and teachers adopt a very negative attitude when talking to young people about sex and related matters, depicting sex as something shameful and wrong. Instead of discussing and explaining matters, the young people complained that teachers and parents in general are more concerned with making young people cautious all the time.

> *Sylvana:* *The way mum talks about these matters is always like "Be careful! Be careful!". But isn't that obvious? You need not be told things like that…..you are already conscious of it.*
>
> *Girls' School D - Focus Group 1: 68*

> *Alexander:* *We're told that sex is bad since the early years of our life, not just from school, even at home. But in the end sex is not all that bad as they try to make us believe it is!*
>
> *Rueben:* *Every year they are telling us the same thing – basically that sex is bad and they keep saying the same thing until it starts sounding like a mantra.*
>
> *Boys' School B -Focus Group 3: 84*

> *Daryl:* *It's [sex education] too negative, all against sex. "Don't do it. Don't do it. Don't do it!"…*
>
> *Boys' School B – Focus Group 2: 4*

> *Rodianne:* *It's like when they tell you don't do this and don't do that and I say "Yeah! then I'll do it!" you know, I feel like that sometimes. In a certain sense, the more they tell us what not to do, the more we feel like wanting to do it. It's like, you don't really listen to what they are telling you.*
>
> *Girls' School B – Focus Group 1: 264*

The young people also complained that generally whenever adults talk about sexual matters with young people they make a lot of fuss about the issue. Some participants stated that, faced with the latter barriers, young people seek other sources to learn about the more positive, lustful and satisfying experience of sex, the way they see it in the media.

> *Vicky:*   *Once I had a teacher at school that used to make it [sex] sound like ... sort out...like something almost alien and ... sort of... trying to impress, you know! Then we had another teacher with whom I really used to enjoy talking and discussing sex, and I used to participate a lot during the lesson. I used to enjoy it because...like...it's just a normal thing and as I spoke she used to anticipate my thoughts...you know.... I feel much more comfortable with someone like that.*
>
>   *Girls' School D - Focus Group 1: 231*

2. Open discussions

Participants said they need parents, teachers and others to adopt an open and truthful approach when talking to young people about sexuality and relationships. The young people asserted that adolescents need be assisted with all the information and knowledge to grow and develop healthily sexually. Furthermore, the participants remarked that parents would also enhance their relationship with their children if they had to discuss and provide their children with all the information they need to grow and develop sexually.

> *Stefan:*   *I think that parents should explain things to their children, not just tell them "don't do this, don't do that". They should explain to them WHY they should not do something.*
>
>   *Boys' School A – Focus Group 2: 606*

The young people stressed the need to have discussions about sex and sexuality that are straight forward and to the point, without any beating-about-the-bush, and provide factual information about given issues or situations.

> *Alan:*   *We want someone who talk about things the way they are, in a more realistic way, without beating around the bush.*

> *Ian:*   *Yes, someone who talks straight to the point - say like "if you want to be safe, use a condom." That's it.*
>
> <div align="right">Boys' School A – Focus Group 2: 38</div>

The young people also believe in learning more about sexuality by way of an open dialogue and interactive discussions rather than through a didactic instructive approach.

> *Savio:*   *We're always told that we shouldn't practice sex. But they [teachers and parents] don't discuss with us reasons <u>why</u> we should not. We all feel like wanting to have sex, it's natural. And these are telling us not to. But our feelings are different, and real. Hence I don't think that the way it is being presented to us is right. It's going against our nature.*
>
> <div align="right">Boys' School B -Focus Group 3: 166</div>

> *Michael:*   *Your father should tell you "You may go out on Saturdays, but not every day during the week … you may spend up to 1am in the morning the latest, but no later. Enjoy yourself, but be careful whatever you do". This is how I believe parents should talk to their children. Be reasonable.*
>
> <div align="right">Boys' School A - Focus Group 2: 558</div>

> *Susan:*   *I want to hear my parents telling me "Look, I trust you, but still keep in mind that there are consequences to your actions".*
>
> <div align="right">Girls' School D - Focus Group 1:96</div>

Participants from various focus groups stressed the importance of being given the opportunity to exchange their views and opinion and share their feelings, beliefs, fears and experiences. They also stressed the need to be listened to and have discussions built around their feelings and not just around risks related to sex.

> *Melinda:* Sometimes you feel the need to share your personal life experiences….
>
> *Martha:* …and you manage to discuss more when you're with the right people.
>
> *Melinda:* If you feel that you are being supported, that someone is listening to you and understanding your problem, someone who already been through similar experiences, someone who tells you "this is what I did"… such person would help you from one's own experience.
>
> *Sephora:* These are issues which you feel you need to discuss them with someone else. So you would be waiting for that PSD lesson with whom to open up with people you trust.
>
> *Girls' School C - Focus Group 1: 124*

The young people also stated they want to discuss sexuality and relationships with parents and teachers more informally, without turning paternalistic or invading their space, just like friends normally do. Even at school, girls in three female focus groups from two different schools maintained that the classroom set-up and environment could make a difference. They stated that by personalising the PSD room according to young people's tastes could provide a more comfortable, friendly, informal and safe environment to discuss and learn about sexual matters. The issue of confidentiality was highly valued and stressed by the young people across a number of focus groups. The young people also recommended putting up trendy charts and posters on the walls.

> *Graziella:* We could have a room set up for discussions in an informal manner…such as with people sitting on cushions on the floor instead of using chairs and tables…
>
> *Claire:* … and we could personalise a bit the room with posters and colourful curtains.
>
> *Girls' School C – Focus Group 1: 1124*

> *Marie:* It is important we feel safe talking about sex. The room has to offer privacy, such as keeping doors closed. It would make us feel free to talk about sexual matters.
>
> *Girls' School A – Focus Group 2: 329*

The majority of participants, although with exceptions, complained that generally parents seem to try to hide sexual information from their children with the intent to "protect their innocence". Participants perceived parents, teachers and others as trying to protect their children from growing up and building intimate relationships. They believe that parents and others should instead assist adolescents to grow by truthfully answering their questions and curiosities about sexuality.

> *Marion:*   *Parents would not want their children to know about sex… because they're kids and they're like trying to protect their innocence and stuff…*
>
>   *Co-ed School A - Focus Group 2: 199*
>
> *Katya:*   *I always go back to my parents whenever we [friends] spoke about something and they were very… like… open to explain …like, you know… they weren't sort of…erm… "you shouldn't be talking about these things"… like… they would tell me "it's no big deal" and… like they understand it's something that I should know about.*
>
>   *Girls' School B - Focus Group 1: 88*

A common perception among the young people was that parents are afraid of seeing their children grow up to become sexually mature adolescents. Furthermore, participants argued that many parents worry that the more their children learn about sexual matters, the more they will be encouraged to become sexually active, which all participants but one disagreed with. So parents tend to steer the child away from sex by hiding information and details from them, which one group of participants argued they find 'really annoying'. In another focus group the participants declared the latter as "close minded", "old-fashioned" and "unacceptable".

> *Niomi:*   *They try to keep us secluded and like … 'innocent', you know! [giggles in the room]. They don't bring us out into the light of the real world. They try to protect us too much!*
>
> *Francesca:*   *We're always doing the same things!*
>
> *Louisa:*   *I feel like we're being kept locked inside a restricted glass cover, and everyone is trying to get out of it. It limits us.*
>
>   *Girls' School C – Focus Group 1: 1190*

The participants argued that the latter results in young people not retrieving the information they need. Girls in two focus group coming from separate schools remarked that schools take a very narrow-minded approach in trying to over protect young people.

> *Melissa:*   *We are over protected at this school. They have a certain attitude, they are too narrow- minded.*
>
> *Carmen:*   *At school they want to keep us innocent, they are over protective, they don't expose us to the real life*
>
> > *Girls' School C – Focus Group 1: 341/1190*

> *Janet:*   *Sometimes teachers sort of try to prevent us from growing up. They are over protective on us. They don't give us the information we need. We discuss topics meant for younger children.*
>
> > *Boys' School B – Focus Group 1: 377*

Females in particular argued that in being over protective, adults hinder young people from meeting their learning needs and thus from growing and developing sexually and emotionally. In one focus group the participants argued that children of over-protective parents find it harder when they face the real world once they start going out with friends in comparison to more "street-wise" children.

Participants from various focus groups argued that hiding information about sex from young people can be counterproductive and results in undesired consequences. One way or another young people will find out and learn by way of other sources. As a result, having realised that their parents or teacher kept certain information from them, young people would lose trust in these adults. This would lead to further breakdown of communication and barriers between young people and teachers, parents or other adult sources of information.

> *Bettie:*   *When you ask your teachers questions they say "ask your parents". When you ask questions to your parents they say "ask your PSD teacher".... How can you trust any of them! You'll have to ask your friends!*
>
> > *Co-ed School A – Focus Group 2: 430*

A general comment across the focus groups was that young people are not given the sufficient opportunity to discuss matters related to sexuality and relationships with teachers and parents. Instead they are very often given literature about sexuality and relationships to read without these being discussed. In about half the focus groups the participants perceived their teachers as afraid of discussing sexual matters with the pupils, apart from the issue of limited time available to discuss sexuality at school, mentioned earlier. The young people maintained that their learning needs are met better when information provided is explored and discussed further with an adult.

> *Paulette:*   *The thing is that the teacher we had was really bad. She used to just give us a booklet to read and that's just it.*
>
> *Sephora:*   *She just didn't like talking about it.*
>
> *Paulette:*   *So she just gave out booklets and did not discuss the topic.*
>
> *Laura:*   *Yes. And then just discuss something else.*
>
> *Alexia:*   *We had a different teacher and we read the booklets in class and we asked questions and discussed it. She was really good.*
>
>   *Girls' School B – Focus Group 1: 160*

3. Be given alternatives and entrusted with decision making.

Many participants strongly asserted that adults should trust young people more, give them the information they need to take certain decisions related to their lifestyle by themselves. The young people maintained they ought to learn about relationships, be given the opportunity to weigh the advantages and disadvantages of getting involved in a relationship, discuss the positive and negative outcomes and be trusted with making their own choice. Participants maintained this is the role that teachers and parents should take in supporting young people by giving them this opportunity.

> *Savio:*   *I feel at ease and comfortable talking about it [sex] with my parents because they are very open minded. They are … not the type… sort of … "there's only one way and you have to go through that". They tell me "there are different directions that you can choose from. Now the choice is in your hands.*

You are old enough now, you're mature and you have to choose. If you don't start taking your decisions now someday you'll have to start. But we prefer that you start now that you're still living with us so that we can guide you and show you how to take a decision." They are of this sort… they offer me options.

Researcher: *And how do you feel about this?*

Savio: *I think it's great and make me feel very comfortable, of course!*

<div align="right">

Boys' School A – Focus Group 1: 222

</div>

The young people claimed that the sex education they receive is generally a "monotonous singsong of don't do's". This, they asserted, creates more communication barriers between parents and sometimes teachers with young people. Instead of being given the opportunity to take decisions, young people stated they are constantly preached at against getting involved in intimate relationships, being prohibited from expressing loving feelings because of possible risks, and being dictated what they should do or should not do.

Jacqueline: *We learn through experiences, like I learned certain things because I experienced them, not because someone told me. Because like a lot of people told me that and that and that... but didn't really learn anything from that. I don't really care if someone tells me "that's wrong" or "you're not supposed to do that" or "that's bad". If it's bad, what can I do? Only when you do something and you're affected by it that you would know that it's wrong. Not because someone tells you it's bad or you're not supposed to be hanging out there.*

<div align="right">

Girls' School B – Focus Group 1: 422

</div>

Jahel: *They [parents and teachers] are all the time nagging about it… "don't do this and don't do that". Always the same. These are NOT the things you would want to hear. I want her [mum] to explain things to me and discuss with me instead.*

<div align="right">

Girls' School D - Focus Group 1: 72

</div>

The participants argued that simply telling young people that something is wrong and getting lost in such idle talk would not change anything for them. One specific group also argued that young people are always ready to explore something different, experiment with something new to what is conventionally suggested by adults.

> Marisa: Like… if it's something that all your friends are doing, no matter how much they tell you it's wrong, you don't want to end up being a loner. … if you know that other people are doing it, and you feel so left out by only doing the right thing.
>
> *Girls' School B - Focus Group 1: 438*

Another group maintained that when young people are told repeatedly by parents or teachers not to do something, they feel a stronger urge to try it, and eventually they will do it. A group of participants described young people as 'rebellious' in that they would crave more for what they are restricted to do.

> Christa: Because it's like when someone tells you "don't enter that room because there's something inside"…you would crave to peep in and look inside! So the more you hear people telling you don't do it, don't do it, the more you feel like wanting to know why!
>
> Jessica: Because when someone tells you don't do this it means there must be something about it, and if someone is emphasising it, it means there must be something <u>really</u> interesting.
>
> *Girls' School D - Focus Group 1: 82*

> Tyrone: When someone tells you not to do something, you feel a bigger urge to do it, and finally you'll do it. At least they should tell us why we are not supposed to do something. Otherwise I would want to explore why it is something which shouldn't be done. If someone, instead of telling you..." if you have sex you'll enjoy it at first, but then this, this or this can happen to you"...you'll end up doing it just to know how bad it is. Then you'll realise it's great fun... and wnating more of it!
>
> *Boys' School B – Focus Group 3: 252*

Participants from a majority of focus groups protested that generally adults are more inclined to dictate rather than listen to young people, understand their worries and discuss with them their actual needs and concerns. One group of male participants argued that sometimes parents do not understand young people's urges and emotional need to start building relationships, and ignore young people's feelings. Participants argued that most of the sex education they received both at home and at school, was a list of prohibited activities, and not an exploration of issues. Generally adults adopt a "you can't do this, you can't do that" approach. The young people described the sex education they receive as generally too prohibitive. In another group participants argued that parents place too much emphasis on their children's academic career and their future, and forget their immediate needs such as the need to start building relationships, and forbid them from meeting what they termed "a natural need".

Paulette: *I don't want to hear my parents telling me "don't do sex because you're still young" or "because the church doesn't allow it". I don't even take notice of all that. Because for me that means nothing, as if you said nothing!*

Girls' School D - Focus Group 1: 96

Sandra: *Like that poster - ABCD the one about AIDS.*

Stephanie: *It's very restrictive*

Sandra: *It's too much like shouting rules at you, it's not like ... you know ... it's not like a positive message, it's just like...boq!*

Stephanie: *I don't think that's the way to go with teenagers.*

Sandra: *It's like instead of...[inaudible recording] ...we keep making people aware of the bad things. May be we can make people aware of the things they can do instead because they already know what is bad, we have always been taught about it, but we don't know what good stuff exists.*

Paula: *They don't really change your opinion just by telling you do this and don't do that!*

Girls' School B - Focus Group 1: 400

While discussing this issue, participants kept making reference to the influence the Catholic Church in Malta plays on their learning related to sexuality and relationships, to which reference has already been made earlier in this chapter. The majority of young people in the focus groups complained that at school they are generally only taught about what the Catholic Church allows in relation to sex, sexuality and relationships, and are presented with no alternative views. In fact, participants in about two thirds of the focus groups argued that much of what they learned about sexuality and relationships from parents and teachers reflects, and is highly biased by the Catholic Church doctrine.

Young people described the Catholic teachings as prohibitive, restrictive and those that portray a very negative image of sexuality where, for example, sex out of wedlock, the use of birth control methods and sexual practices other than sexual intercourse are forbidden. The Catholic doctrine was also commonly perceived by participants as 'one that does not offer alternatives'. The participants labelled the teaching of the Catholic Church about sexuality as "close minded", "out-dated", "conservative" and one that has lost touch with today's reality.

> Amadeus: I don't think young people want to learn about the religious aspect of sexuality because they are not going to listen to it anyway.
>
> Francesca: For many young people, the church is not like there anymore. Many young people don't care about it that much.
>
> *Co-ed School A - Focus Group 2: 402*

Furthermore, young people argued that the Catholic Church makes sex look like something shameful. Young people argued they are deterred from this 'condemning' approach to sex and sexuality. In one male focus group the participants argued that whenever they challenged the Catholic Church's point of view about sexuality at school, the teacher rebuts it stating that the church's point of view is not to be questioned – it is a matter of faith. The young people stated this approach creates a barrier to their learning. They perceived the Catholic faith in the country as one of the major barriers to their holistic learning about sex and sexuality.

> *Joseph:*   *Religion has kept us from being able to think and reason things out. The church expects us to just follow what it says without questioning. "Just do everything as I say, if you're not with me, you're against me!*
>
> *Boys' School B - Focus Group 1: 397*

> *Samuel:*   *"The church obliges everyone to follow her way and you have to do as you're told to do. If you ask something they'll tell you that it's because the church says so, so and so!"*
>
> *Co-ed School A - Focus Group 3: 3*

One specific group seemed to differ between the religious (Catholic) perspective and a more liberal perspective. Overall, there were contradictory views across different groups, and within focus groups, about whether the Catholic Church should influence the sex education young people receive at school or at home. The majority maintained that both point of views are important and that young people should learn about the two. Many defended the Catholic doctrine stating that it is still valid in theory, because Catholic values help prevent complications such as teenage pregnancies and sexually transmitted infections. On the other hand, the young people argued, in practice it takes away young people's freedom. The young people asserted it is up to them to decide what to do, and thus they should learn about different perspectives.

> *Mark:*   *They should keep the essence of the message there, but they need to change like what surrounds it because our generation doesn't want that anymore, and are not going to follow what they [church] say. This is a different time from the older times.*
>
> *Co-ed School A - Focus Group 2: 519*

> *Marco:*   *Sex education at school should give us a view of sex from all different perspectives, a realistic perspective which reflects what happens out there in the streets, a perception where values are lost, as well as the more idealistic perspective which reflects what the church believes.*
>
> *Boys' School B - Focus Group 4:74*

Jack: *I think the school should, rather than promote or dis-*
              credit sex, provide us with the information and opinion, even
              the church own opinion, but not just that. Even others' opinion,
              and give us a whole picture.

Peter: *We should be given enough information in order to be*
              able to make choices, and let us decide whether it is worth or
              not to have sex. In the end it's for our own good. But the
              teacher should not be biased in her teaching.

                              Boys' School B -Focus Group 3: 170

Silvio: *They should tell us all that we are supposed to know,*
              and not just what the Catholic Church thinks about it.

Charles: *It is important for us to know what the Catholic Church*
              says about sex. We want to know what is considered good and
              what is bad. But they should leave the choice up to us and
              leave us free to decide for ourselves.

                              Boys' School B - Focus Group 2: 139

Researcher: *So, am I understanding well, that some are saying that*
              the church is right, that young people should not have sex be-
              fore marriage, for example?

Simon: *No, I disagree. The church is not right. Look, I believe in*
              God. But I don't think that the church has any right to say so.
              The church should not involve itself in this.

Paul: *He [Simon] is right.*

Charles: *But how can the church not be involved in this!*

Peter: *Yes, I think the church should be involved. Because the*
              problem is not just about sex, but what happens later. Imagine if
              a girl becomes pregnant, who will be responsible of her and the
              baby?

                              Boys' School B - Focus Group 4: 123

The majority of the young people argued that it is fine for them to learn about the
Catholic perspective towards issues related to sexuality and relationships during the re-
ligious education lessons. However, many complained that generally their PSD lessons

were a repetition of their religion lessons, especially when the PSD teacher is a cleric or a religious person. In one school, the young people argued strongly against having priests or others pertaining to a religious order teaching PSD at school. While in another school, the focus group participants made reference to a priest who taught participants PSD, and maintained that even a priest could be open about sex and they enjoyed discussing related issues with him.

> Isabelle: The fact that our [sex education] teacher is a nun, whatever she says represents the church's point of view ... we don't feel comfortable saying whatever we like because at the back of your mind you have it that she is a nun ... She cannot say anything that is against the church's teaching ... Besides there are things where you are embarrassed talking about them because you're with a nun. You know… we wouldn't want to hurt her by saying something. It's difficult to explain…do you know what I mean?
>
> Girls' School C - Focus Group 1: 144

> Paul: If it were me I wouldn't allow a priest to teach PSD, because he would…obviously… be biased.
>
> Adrian: I think that he would end up talking about religion, definitely!
>
> Paul: And every circumstance discussed would be discussed around the Catholic Church doctrine. He would not speak such as what you see happening in the streets ... everything would be like orbiting around the Catholic Church ... everything like that. I don't think that is right. It's half the truth.
>
> Boys' School B - Focus Group 4: 63

4. Realistic approach

It was commonly argued across the focus groups that young people want sex education based on tangible and concrete information. For example, if they are being taught about risks, the young people wanted to know how much risk specific sexual practices or behaviours carry when practised, shown through real statistics.

> *Reuben:*   *I don't think that at school we're getting a clear picture of how important it is … for example when we talk of STDs and these sort of things … you would say to yourself "How unlucky can I be to get one? What risk do I have of getting an infection?" For example HIV and AIDS, I don't know how many people there are in Malta who are infected. I have never heard of anyone who has HIV. So I would say "how risky it is of getting it?" I don't think there is really a risk. But if they had to tell me in Malta there are a thousand people infected then I would say "Ok if I have sex with that one I might get it because there is a real risk". Otherwise I would say these things happen in Africa, not here, because that's what we're told, there are many in Africa.*
>
> *Boys' School B – Focus Group 3: 369*

The participants commonly argued that the sex education they receive is too theoretical, with little or no discussion at all about what should be done in practice, and that as a result they find much of the sex education they receive irrelevant to their needs. For example while a number of participants had learned about condoms at school, they never discussed practical issues such as where to find them, how to get hold of them, when to use them and how to use them. The participants emphasised the need for more practical sexuality education.

> *Marisa:*   *It's useless to be told "Be careful!" because certain things will almost certainly happen to you one day or another. For example you're surely going to meet someone alluring you for sex. That is the reality. What we need to know is not that we have to be careful… because these things ARE going to happen to you some day. We need to know what to do when it happens!*
>
> *Rosalie:*   *We want to learn what to do in such situations, like how not to panic when these things happen to you and how to deal with the situation.*
>
> *Girls' School C - Focus Group 1: 891*

The young people also maintained they want to learn by way of real facts, real life examples, and not just made-up case scenarios. Participants believed they learn best when someone would share with them his life experience, such as a girl whom has been through a teenage pregnancy talks to pupils at school about her experience and how she faced her situation. They believe the latter approach is more practical and useful to their learning needs. The participants claimed the latter sources who teach by giving examples and discussing true-life experiences are perceived by young people as more credible, and the information they give as being more practical, realistic and factual. They also asserted that discussing real life examples is a very effective method to show young people the consequences of particular actions.

> Researcher: So what would change young people's opinion?
> Stephanie: Listening to people about what happened to them, their personal experience… like real situations
> Sandra: Like those drug-users on TV… they really impressed me
> Stephanie: Don't tell us stories that didn't exist, it's pointless. Give us real people that actually went through the experience, not stories that have been made-up.
> Paula: Someone saying "I've been through all this and it has actually happened to me" is very different.
>
> *Girls' School B - Focus Group 1: 413*

> Roberto: Rather than telling young people don't do sex, don't do sex, the church and everyone should show us the consequences of possible actions. And this should be shown by real facts, real experiences of real people.
>
> *Boys' School B – Focus Group 4: 136*

5. Practical methods

Participants, especially females, from various focus groups discussed the usefulness of drama and role plays as a creative and practical approach by which they can learn more about facing and dealing with challenging situations. They believe that they can relate more with a real life experiences through this approach. Young people believe this is an approach where they learn more in practical terms what to do in a given situation, and go beyond learning just what is good or bad.

Sabrina: *We want to learn through methods that are fun.*

Laura: *We want to get more interactive during lessons, do role plays, allowing us to voice our thoughts and opinions.*

Sabrina: *We could use acting and dancing.*

                 Girls' School A – Focus Group 2: 340

Sara: *You know what? I enjoy watching that programme on TV [Qalb in-Nies] where they play a sketch of a situation after which there will be a discussion… and I start thinking what if we could do something similar in PSD…*

Louisa: *Or we she could show us a video or DVD about a particular situation and then tells us to place ourselves in the shoes of the actress and then we have to say what we would have done and discuss the options. Placing the person in real factual situations*

                 Girls' School C – Focus Group 1: 943

The young people also believe they can learn about sexuality and relationships and enjoy learning more by way of other original, creative and interactive approaches, such as those including an activity, games or quizzes, rather than just listen to a teacher talking.

Johana: *Games for example, they make the session educational and fun at the same time. You learn a lot without getting bored.*

                 Girls' School D – Focus Group 1: 422

Celestina: *We should have more activities in which you engage more with the subject, such as having a quiz, not just sit there, stare and listen.*

                 Girls' School A – Focus Group 1: 224

6. Flexible syllabus

Participants discussed at length the issue related to the choice of topics young people need to learn at different stages during secondary school, which were already mentioned earlier in this chapter. The young people had controversial views upon whether sex education at school should follow a pre-established syllabus or whether it should remain

flexible and discuss topics of interest as they arise. On one hand, some argued that it is important that teachers follow a set of guidelines about which topics to be discussed year by year. This, the young people argued, would help prevent overlap or repetition of subjects covered over the years especially since PSD teachers changed every year in the majority of the participating schools. Others argued it would be better if PSD did not follow a fixed syllabus and instead young people are allowed to democratically choose to discuss issues that are more pertinent. In one focus group, the participants praised the method their teacher used where a brainstorming session was held to choose what topics to discuss.

> *Kenneth:*   *We should be allowed to guide the content of sex education, not just having to follow a set curriculum. If we want to learn about a certain topic we want the liberty to discuss it in class*
>
> *Kurt:*   *It was really good in Form 3 … the teacher asked us which topics we would like to discuss. We had a chart and everybody wrote down the topics he wanted.*
>
> *Clyde:*   *That's the way that PSD should be done.*
>
>   *Boys' School B - Focus Group 1: 173*

7. Smaller and streamed groups

Participants across all focus groups maintained that in order for group discussions about sex to be successful, the group need to be kept smaller in size, not whole classes. In the majority of participating schools, during PSD the classes were divided in two, each group having a separate teacher concurrently. All young people in such schools highly praised this initiative.

> *Jurgen:*   *I think it is much better when we discuss sexuality in smaller groups. When we discuss sex among the whole form I feel afraid from asking a question thinking of what others might be thinking of me and this sort of thing. I won't feel the same if we're a small group just from our class.*
>
>   *Boys' School B – Focus Group 3: 101*

However, participants from different focus groups complained about the class being divided by the register. The young people, especially girls, preferred being able to choose their peers and form groups themselves. As such, they argued, would feel more comfortable discussing personal experiences with others they trust rather than with anybody in the group, for confidentiality reasons.

> *Brenda:* *It's difficult to open up and talk freely when you're not surrounded by your usual friends during sexuality education. There are pupils in our group with whom I don't feel very comfortable talking openly in their presence. I fear that some other pupils will tell everybody around if I had to speak out about a personal issue.*
>
> *Ylenia:* *We should be able to choose with whom we stay in class rather than the teacher dividing the class in two at random. We're either divided according to the alphabet or the teacher chooses the people for every group. It would be much better for us. We would feel much more comfortable this way*
>
> *Girls' School C – Focus Group 1: 30*

> *Raphael:* *We should not be chosen at random. We should be allowed to make up our own group. It would certainly facilitate the discussion, makes us feel more comfortable discussing sex. You don't feel comfortable talking about personal matters in front of people you're not close to.*
>
> *Boys' School A – Focus Group 2: 122 / 634*

Others, especially boys, argued that not all young people develop at the same rate. Hence, the participants argued, streaming groups according to the developmental stage of the individuals would reduce certain misbehaviour in class when a few either become embarrassed with the discussions or make fun of the discussion because they are less mature than others.

> *Brendon:* *You could also choose certain young persons who are more mature than others and group them together*
>
> *Philip:* *...you would find immature people even in Form 4!*

> *Silvan:*   *Exactly! You can't just group everyone together and tell them the same things. Some are less mature than others and there will be those who would become very confused.*
>
> <div align="right">Boys' School A – Focus Group 1: 318</div>

8.   *Mixed sex discussion opportunities*

Almost all the young people strongly argued in favour of having discussions about sexuality and relationships in mixed sex groups. Almost all participants coming from single-sex schools felt disadvantaged in comparison with their peers who attend a co-ed school. Very few hesitated, stating they might not feel comfortable with young persons of the other sex in class while discussing matters related to sex. However, all thought it would be ideal when discussing certain topics especially those related to relationships.

> *Alexia:*   *Yes, we would keep the PSD group mixed at all times as from age 13 onwards, to discuss all topics except for example menstruation with girls. Otherwise, it's good to know the two sides of the coin.*
>
> *Rodney:*   *When you are going to learn about it together [boy and girl], sort of you are not going to get embarrassed when you end up talking about it with your girlfriend …*
>
> *Anna:*   *Surely, when you're older [age 13] it's like it's good to have boys in class when you discuss sex because when you'll be having sex with your boyfriend your're going to talk to him about it anyway, so you might as well get a bit used to it.*
>
> *Nicholas:*   *And like that, having talks which incorporate both boys and girls … for example if they have a relationship … then the boy doesn't have to stay telling everything the girl because she would know about it.*
>
> <div align="right">Co-ed School A – Focus Group 2: 462</div>

> *Josephine:*   *It would help us prepare ourselves for the future when we would need to mix up with boys and feel comfortable talking to them.*

Carmen: We would also be able to look at a boy not just as a
             boyfriend, but also as a friend. But inless we are used to it
             since early years it would be difficult later.
Doris: This is one of the main barriers at our school… that we
             don't mix with boys.
Marygrace: It is also important for them to know the way we feel and
             think about certain things.

                                        Girls' School C – Focus Group 1: 190

Andrei: Once we had a seminar mixed up with a group of girls.
             That was really good! It is very effective… you learn a lot that
             way.
Damian: At first we were a bit uncomfortable, but with time we
             really got used to each other.
Jean Pierre: There were topics which we felt very comfortable
             discussing them with the girls and was very beneficial.

                                        Boys' School B – Focus Group 1: 110

Victor: I have experienced a live-in with girls and learned about
             many expectations girls have of boys which I never thought of
             before and things I never took notice of, but for them they are
             very important. You can learn how to talk to them and what to
             do to relate with them better.

                                        Boys' School A – Focus Group 1: 499

However, in about half the focus groups young people argued they might prefer have single sex group discussions during sexuality education sessions until age 12. But all were in favour of mixing up the groups at age 13 (Form 3) and onwards. Participants coming from single sex schools advised that as from Form 3 onwards young people should be given an opportunity to hold a day-seminar every term where they mix up with other young people of the opposite gender.

Marika: There should be lessons to boys and girls separately at
             first, then they mix them up together.

> *Josephine: May be we should start having some mixed lessons at*
> *Form 3 or Form 4, some topics in Form 3 and others more in*
> *Form 4. At Form 3 we start feeling urges to go out with boys,*
> *and that's when we should start discussing relationships with*
> *boys.*
>
> <div align="right">*Girls' School B – Focus Group 1: 828*</div>

Participants from a co-ed school talked very positively of their opportunity to discuss topics related to sexuality in mixed-gender classes. A group of young people coming from a boys' school had a live-in experience with mixed-gender youth, during which they discussed relationships. These boys highly praised and valued the experience they had of sharing their attitudes and beliefs with girls.

> *Kym: …Such as for example the fact that if something goes wrong,*
> *such as begotten pregnant, it is a matter which I would prefer*
> *discussing with boys to make them aware that it's not just*
> *about me!*
>
> <div align="right">*Girls' School D - Focus Group 1: 307*</div>

5. Needs related to learning resources

In relation to young people's needs related to the provision of adequate resources to assist their learning about sexuality and relationships, this research sought to explore:-

a. resources young people perceive they need to learn about sexuality and relationships

b. young people's perceived extent to which such resources were available, adequate and utilised by young people

c. 'other' resources young people utilised to learn about sexuality and relationships

d. young people's perceived extent to which these 'other' resources were adequate to help meet learning needs.

Questions asked towards this objective were:

- *What resources do you believe young people need to help them best learn more about sexuality and relationships?*
- *How easy or difficult was it for you to come across and make use of such resources?*
- *What other resources did you or your peers use to learn about sex, sexuality, and relationships?*
- *How do you feel about the resources you use? How useful / beneficial / informative did you find them? How reliable did you find them?*
- *What aspects, topics or issues related to sexuality and relationships do you come across more often, or are lacking, among these sources of information?*
- *To what extent these sources of knowledge satisfy your need to learn about sex etc.?*

Table 5.8 below shows an overview of the findings about young people's expressed needs related to learning about sexuality and relationships.

| Needs related to learning resources | → | Up-to-date
Modern
Factual
Realistic
Detailed
Reliable
Attractive
Age-appropriate
Maltese | → | Audio visual e.g. videos or DVDs
PPT Presentations
Interactive CDs
Pictures / Illustrations
Photos
Drama
Booklets and leaflets
A specific website |
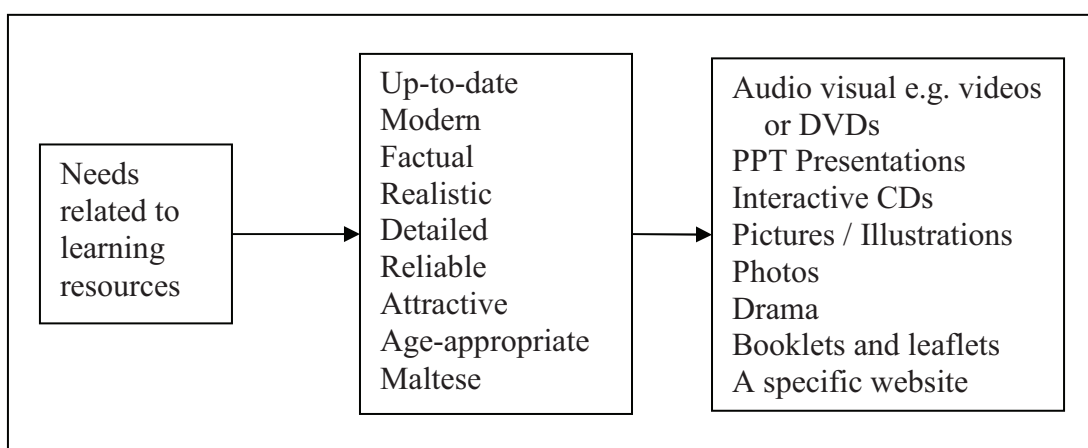
Table 5.8 – An overview of the findings about learning resources

Audio visual resources

The young people expressed a particular interest in the use of audio-visual resources such as DVDs, or other multimedia interactive resources. The participants held that such resources could present situations in the form of drama acted by actors with which young people could identify themselves with. The young people recommended the use of similar resources as they give young people the opportunity to place themselves in the shoes of a character, identify possible courses of action and discuss them with a trained adult. This way, the young people argued, they could safely experience chal-

lenging situations in a more realistic environment. Once again, the young people insisted on having such resources purposely and skilfully created with young people's needs and style in mind.

> Kurt: We want more videos, but modern videos, not like the one we saw last time! It was some 20 years old!!!
>
> Steve: And they have to be more detailed
>
> Daniel: Videos that show you the real thing, not cartoons and drawings. Those are useless.
>
> > *Boys' School A – Focus Group 2: 607*

> Stephanie: Yes, I would enjoy wathcing a video, but one that is not boring and does not use difficult words… or contains loads of theory.
>
> > *Girls' School A – Focus Group 1: 226*

Very few audio-visual resources were identified by the participants to have been used at school while none that could be used at home. Furthermore, none were in the Maltese language which the young people considered a disadvantage. The videos that a very few participants had seen were described 'old-fashioned'. In one focus group, the young people criticised a video they watched at school describing it 'silly' because it used cartoons intended for much younger children and not for pupils at secondary school level.

> Silvan: Once they showed us a video at school, in Form 2.
>
> Mark: But that was for very young children not for us…
>
> Silvan: Yes, it was more for children
>
> > *Boys' School A – Focus Group 2: 9*

> Marisa: Vidoes showing cartoons are not good for us. Because they are not real.
>
> Maria: They're so and so…
>
> Marisa: You'll understand better if you watch the real thing rather than cartoons!
>
> Orietta: What can you learn by watching cartoons?

Marisa: When you're using cartoons it would appear as if you're hiding the thing. They tell us that our body is beautiful, so why do we have to watch cartoons? Isn't it true? They are always telling us take care of your body… because it's precious… then they show us cartoons! It doesn't make sense!

Girls' School D – Focus Group 1: 517

Pauline: In Grade 9 they showed us a video

Stefan: Yes, we saw a video, it was a cartoon video

Alex: Yes, that one, with cats… how silly!

Note: All group laughing out loud

Co-ed School A – Focus Group 1: 81

Matthew: Last year we were shown a video

Mark: Yes, but that one wasn't good…

Matthew: There were two speakers just talking all the time about things…

Luke: It was about what happens inside the body during our sexual development

Mark: I think it was more intended for little children. It was very babish.

Boys' School A – Focus Group 1: 800

Published media

Participants across the data collection also felt that educational booklets, leaflets and other published media about sexuality and relationships designed for young people could also be very useful. However, they also remarked that if leaflets and booklets are to be useful and effective they need to look attractive by including more colourful and trendy pictures, photos and illustrations rather than long text of information to read. They also argued that resources should show the real thing, with real examples, rather than using abstract or vague cartoons and drawings. About half the participants also insisted that such resources should be in the Maltese language.

> *Researcher:* If I had to produce some resources, such as a booklet,
> how would you like it to be?
>
> *Robert:* Use less text, in point-form and discuss them in class.
>
> *Andre:* Use pictures, colourful pictures.
>
> *Tony:* Show more pictures and photos of… for example
> diseases. Show something more real.
>
> *Boys' School A – Focus Group 1: 782*

Very few published resources were mentioned to have been used by participants across the data collection and no books. Leaflets and booklets disseminated at school were perceived by the participants as potentially a reliable source of information. Those prepared by a health professional were perceived by the young people to be the most reliable resources. However, only a minority of the published resources identified were said to have been adequate in presentation and content to the young people's needs, while only one of the few mentioned booklets was in Maltese.

> *Researcher:* What about books? Do you use any books?
>
> *Georgina:* Books! We don't have any books…
>
> *Ingrid:* No, books no…leaflets, may be…but not books
>
> *Girls' School D – Focus Group 1: 158*

In the lack of such print resources, the young people claimed to turn to popular magazines. Female participants, in particular, remarked that magazines are highly favoured because they are easily accessible (can be bought from any local stationer) and can be read in privacy without their parents knowing what they are reading. Furthermore a group of girls also stated that they can are usually exchanged between friends and share the information within. On the other hand, although the use of magazines among female participants was highly favoured, the young people affirmed they are not necessarily a reliable source of information especially since they generally only portrayed the glamour aspect of sex, advertising and selling through sex rather than wanting to educate people. Only a few were perceived as truly educational.

> *Researcher:* How reliable do you believe magazines can…as a source
> of information?

> *Antoinette:*   *It depends, sometimes yes and sometimes no. It depends on what the story is based on.*
>
> *Researcher:*   *How would you know whether it is reliable or not?*
>
> *Antoinette:*   *I think you feel it. It depends… on what story the information is based…I don't know… something like that.*
>
> <div align="right">Girls' School A – Focus Group 1: 240</div>
>
> *Katherine:*   *Like magazines, they are more advertising sex rather than educating about sex.*
>
> <div align="right">Co-ed School A – Focus Group 2: 160</div>

The Internet

While in general more girls expressed interest in accessing magazines to learn about sex, boys were noted to favour the use of the Internet. Among all male focus groups, the Internet was the most commonly accessed source of information about sexuality. The young people claimed to have found the Internet very useful, easily accessible, and a detailed source of information. The illustrations and visual media accompanying the information made the Internet not just among the most commonly consulted sources, but also one of the most preferred among the participants. In one focus group, boys maintained that the Internet is more ideal to *see* things rather than to just read about. Furthermore, the participants also claimed preferences towards the Internet since they could read and watch about sex in privacy, unattended by parents and adults. Hence, they could read, watch and learn about anything they want.

> *Brendon:*   *You can look up the information on the Internet.*
>
> *Bertram:*   *Even if you go on Google and write a search word, will give you loads of information. It's easy.*
>
> *Richard:*   *You would go on the Internet to SEE things as well, rather than to learn!*
>
> <div align="right">Boys' School A – Focus Group 2: 160</div>

Reference was also made to pornographic media on-line which various male groups claimed to be another useful source of information about sex. One group of boys implied that as much as 90% of young people (assuming males) watch pornographic material on the Internet. Generally participants argued young people use the Internet to learn about sex unattended by adults.

> *Graziella:*   *The Internet is a good source because you're alone, with*
> *no one watching over.*
>
> *Girls' School D – Focus Group 1: 150*

> *Michael:*   *At school they never told us how sex is done. That's why*
> *young people turn to pornography to learn about sex.*
> *Louis:*   *Young people watch pornography because of the lack of*
> *sex education in general. At least that way you learn some-*
> *thing.*
>
> *Boys' School B - Focus Group 5: 291*

On the other hand, the young people argued that the Internet too could be an unreliable source of information. While that they come across various truly educational websites although none were in Maltese, many others were claimed to be 'commercial'. The young people also claimed that it is not easy to identify between reliable and unreliable information on the Internet.

> *Adam:*   *I learn a lot from the Internet. I guess there is good in-*
> *formation on the Internet. There is also bad information. I try to*
> *look at serious websites.*
>
> *Co-ed School A – Focus Group 2: 292*

When asked how one would go about identifying between the two, the participants stated they try to seek whether the author was a doctor or a health professional. How-ever, they also admitted that anyone could claim to be a doctor on the Internet.

> *Ermelinda:*   *One should check that the website is written by someone*
> *like a doctor, or someone like that…*
> *Emerenziana:*   *Sometimes on the Internet you find things that*
> *you wouldn't be expecting at all!*
>
> *Girls' School A – Focus Group 1: 466*

An overall comment the young people made across the focus groups, with reference to all kinds of resources, was that anything shown or provided at school need to be dis-cussed with a teacher or a trained adult. For example, the young people stressed the

need to follow up and discuss the content after watching a video with a trained adult and not just have a video to watch without any discussion. The majority of those who received literature to read were not discussed in class. These were just handed to the students to read by themselves. The participants also argued that sometimes the literature given to them at school replaced discussions about sex and sexuality in class. The participants argued that unless resources are discussed with an adult they are of not of much benefit. Generally, the young people claimed to end up discussing the resources with their peers.

Martha: *Once they gave us a booklet about growing up at school, and we just took it home. The teacher didn't explain it to us at all. That's not right! There were things in it which we couldn't understand, for example about the period.*

                                              Girls' School C – Focus Group 1 – 499

Mario: *Yes, videos are ok. But then we should discuss the video!*

Charles: *Yes, if for example you have a video, you first watch it, let's say half an hour, then he [teacher] should explain to you.*

Adrian: *Better to have a discussion rather than a video!*

Charles: *No, better to have a discussion AFTER having watched the video!*

Peter: *And he [teacher] shouldn't keep pausing the video every 10 seconds to explain what was said [video was in English]. First he should show us the whole video, then we discuss it.*

                                              Boys' School A – Focus Group 2: 58

Rennie: *Learning at school is more reliable. For example you cannot obtain the same information from the Internet about what sex really is, for example, than as much as you can obtain from school.*

Alexandra: *On the Internet you can find all the information, but the information from school is better…*

Nora: *…because at school you discuss things in class. The Internet only gives you text…you cannot discuss it.*

                                              Co-ed School A – Focus Group 1: 165

CHAPTER SIX: DISCUSSION

Aim of the chapter

This chapter examines the results of the questionnaire survey and the focus group discussions with young people. The degree of corroboration between the quantitative and qualitative findings is examined to further substantiate the inferences made from this research. This chapter is organized in seven sections. The first four sections address the objectives of this research. The fifth section presents a reflection on the methodological approach used and discusses pertinent issues arising from this research. The conclusion draws together the findings from the research questions and describes the contribution made to knowledge. Finally, the recommendations made from this research are summarized.

Throughout this chapter, the objectives of the study being discussed are first identified in italics. On occasions it was deemed more suitable to group and discuss two or more objectives together rather than address them separately. In such cases, the objectives are first listed together.

Section 1 - Maltese Young People's Sexual Behaviour

An aim of this research was to achieve an overview of sexual behaviour among young Maltese people aged 14-16. This served two purposes. First, to set the scene for this research since no previous local studies ever sought to investigate, quantify and characterise sexual and risk-taking behaviour among this cohort of young people in Malta and Gozo. In other words, to construct a context for this research. The second purpose was to create the necessary knowledge with which young people's perceptions and interpretations of their own world could then be triangulated in an attempt to obtain a more holistic picture of young people's learning needs related to sexuality and relationships.

The objectives addressed in this first section are related to the following topics:
- sexual activity
- age at first intercourse
- age of partner/s at first intercourse
- number of lifetime partners
- condom and contraception use
- alcohol, drugs and sex.

- **Sexual Activity**

The target objectives were:

Objective 1.1 - to explore the proportion of sexually active young people in Malta

Objective 1.2 - to explore the extent of sexual intimacy practised by young people

This research sought to explore the proportion of young people who, by the end of their secondary school years, identified themselves to be or have been sexually active with a partner. Furthermore, this research also sought to explore the extent of sexual intimacies practiced by young people aged 14 to 16 on the Maltese islands. Findings from the survey revealed that just over half the participating young Maltese people considered themselves to have been sexually active with a partner, while 12.3% of the total sample had practiced intercourse. The average of 15-year-olds who have had sexual intercourse from 30 countries participating in the WHO cross-national Health Behaviour in School-aged Children (HBSC) study was 24.2% and ranged from 15% in Poland to 75% in Greenland (WHO, 2004). Therefore, this current research suggests that Malta had the lowest percentage of 15-year-olds who have had sexual intercourse of all (30) countries that participated in the HBSC survey at the time of the study. In Italy, which is the closest European mainland country to the Maltese islands, and which is also characterised by a high Catholic profile, 23.9% of young people were reported to have had sexual intercourse. Poland, another country with a high Catholic profile had the lowest rate among the participating countries. Data were not available for Ireland since, as was the case for Malta, the education authorities did not permit the dissemination of the standard sexual health questions among young people.

This current study revealed that young people on the Maltese islands were more sexually active than had been commonly perceived by the local community leaders prior to this study. This became particularly evident by the numerous moving debates stirred in the local media and among politicians and Church leaders when the findings were first presented to the public who criticised the study to have intentionally or unintentionally inflated figures. This suggests that in Malta adults and community leaders find it difficult to accept young people as sexual beings whose sexual expression involves physical contact on an inter-relationship level. If young people's sexual expression is not acknowledged by those who have the power to influence the prioritisation and allocation of national health and education service resources, then much will remain to be desired in meeting young people's sexual health services and learning needs.

No statistically significant gender differences were noted in the young people's practice of sexual intercourse although there was a slightly higher tendency among males (12.6%) than females (12.0%). The majority of the countries in the HBSC study (23 countries out of 30, or 76.7%) also reported that more boys have had sexual intercourse than girls. However, highly significant gender differences (within country) were noted especially in countries with a more traditional pattern such as Greece, Israel, Ukraine, Russian Federation, Hungary, TFYR Macedonia, Croatia and Poland. A highly significant gender differences in young people's sexual activities was also noted by Gokengin et al. (2003) in Turkey. The average HBSC gender difference was of 7.9% while in this current study only 0.6% difference was noted between the two genders.

The cross-national differences undoubtedly reflect fundamental cultural, social, religious and educational differences across countries, as well as differences in public policy (WHO, 2004). The uniqueness of results obtained from this current study relative to the results of the other countries where the methodology, sampling technique employed, method used and questions asked were very close, further highlights the unique features and characteristics of the context in which this current research was conducted. Furthermore, the seemingly lack of significant gender differences in Malta shows that the traditional expectations tied to gender are eroding. This convergence in the patterns of female and male sexual behaviour has been linked with young people becoming increasingly liberal and tolerant in the area of personal morality (Thomson and Holland, 1998). This is in line with observations made by Abela (1998) who stated that the strict traditional morality in Malta is gradually giving way to a more open discourse on sexuality and its ensuing secularisation. Despite being predominantly a Catholic Country, Malta did not remain isolated from the influence of pluralistic values, permissive morality and the emancipation of sexuality which has been taking place in most countries around the globe.

- **Age at first intercourse**

The target objectives were:

Objective 1.3 - to explore young people's mean age at initiation of sexual intercourse
Objective 1.9 - to explore whether there is an association between early menarche and early sexual intercourse among Maltese teenage girls

It must be noted before discussing the findings towards the above objective that this study is not the ideal means of providing a complete picture of age at initiation of sexual activity because even the oldest participants are only in their sixteenth year of life, when the majority of young people have not yet started to be sexually active. Nevertheless, the population identified as sexually active in the study consists largely of early initiators who are still attending the secondary school years and who by definition are seen to be at higher risk of unplanned, unprotected intercourse and other risk behaviours associated with impulsiveness (WHO, 2004). This research was particularly interested in secondary school pupils' mean age at initiation of sexual practices and intercourse.

No statistically significant gender differences were noted in young people's mean age at first intercourse in this research. However, there was again a tendency showing in the data that the males started having sexual intercourse before girls. The mean age at first sexual intercourse reported by the young people in this study was 14 years which is very close to the HBSC study average (14.2%), ranging from 13.5% in Lithuania to 14.6 years in Ukraine (WHO, 2004). In most countries, the mean age at first intercourse was slightly lower for boys than for girls with the largest difference, about 1 year, has been reported in Portugal.

It was interesting to note the sharp increase among males having had their first sexual intercourse between age 13 and 14, which in girls this took place a year earlier (age 12 to 13). This seems to confirm what Nahom et al. (2001) stated, that the number of sexually active young people increases disproportionately within a shorter span of time as the first few pupils start becoming sexually active and as the number of years spent in school increase. This may be a normative indicator to determine when (at what age) sexuality education should start, an issue which is taken up for further analysis and discussion in Section 4 below.

In Chapter 4, the rise and fall in the proportion of girls having first intercourse at age 10 (0.6%), 11 (1.7%) and 12 (1.1%) was highlighted. This data was superimposed with the distribution of age at menarche among adolescent girls. It was noted that the highest increase in the number of girls who experienced their first period took place between age 10 (6.7%) and 11(25.3%), therefore increasing by almost 4 times as much, which occurred concurrently with the biggest rise in young girls having their first intercourse.

Further analysis revealed a statistically significant association between age at menarche and age at first intercourse. The proportion of participants who never had intercourse increased as age at menarche increased. This association was also shown for other sexual activities including French kissing and oral sex. This finding seems to resonate with what Edgardh (2000) had found in Sweden, that early menarche (before or at age 11) is an independent background factor for early intercourse, which is also in accordance with an earlier study conducted in the United States (Phinney et al., 1990). Therefore, in the case of females, this could be another normative indicator to determine the timing of sexuality education at school and at home - which is also further analysed and discussed in Section 4 below.

- **Age of partner at first intercourse**

The target objective was:

Objective 1.4 - to explore the mean age of young people's partners the first time they have sex

Evidence from this research suggests that Maltese girls tend to have sexual relationships and first intercourse with relatively older partners while males seek younger partners. While 5.3% of sexually active males had first sexual intercourse with a partner aged 17 years and older, 48.6% of girls did, including 13.5% who had first sexual intercourse with males aged 20 and older. Various reasons could explain this finding. It could be attributed to a societal expectation that women need an older (stronger, more protective and dominant) male partner and men need a younger (more submissive) female partner (Moore and Rosenthal, 2006). Another reason could be that males find it easier to lure or convince a younger inexperienced and unassertive girl to have sex. It could also be that during early adolescence, girls develop psycho-sexually at a younger age than males. Therefore, they seek older 'more mature' males to match their current level of development.

Researchers in the UK survey of sexual attitudes (Wellings et al., 2001) found that the earlier first intercourse occurred, the more likely it was that the respondent expressed regret relating to the timing. Among those who had their first intercourse at age 13 or 14, 84% of women regretted having done so. A degree of this regret expressed by women was attributed to being under pressure to have sex. These findings suggest that

girls, being generally younger than their male partners, need to be better equipped with communication skills such as assertiveness and negotiating skills to prevent themselves from having unwanted sexual relationships or practices. It could also be that they need to be better equipped with practical skills on how to first, help prevent and, secondly handle situations where they are faced with an older and physically stronger partner coercing a teenage girl to have sex. Girls participating in the focus groups repeatedly voiced this need as they recounted similar experiences of their friends. The girls wanted to be better informed, trained and equipped with practical skills that would help them handle such difficult situations, that were perceived as highly relevant and close to their lived experiences, such as situations where girls had been coerced to have sex with a boyfriend.

On the other hand, as female participants in the focus groups also pointed out, males ought to be sensitised to the needs and feelings of a younger girl being coerced to have sex and feeling helpless and vulnerable. This issue could also create a case in favour of giving both genders opportunities to learn and discuss issues related to relationships together, especially in Malta where very few schools cater for co-education services. This need was also commonly expressed during the focus groups. The few young people in the focus groups who enjoyed this opportunity highly valued its outcomes.

- **Multiple partners**

The target objectives were:

Objective 1.5 - to explore young people's mean number of partners since onset of intercourse

Objective 1.6 - to explore the frequency of partner change among young people

Evidence from the survey suggests that it is common practice among Maltese young people to have had sex with multiple partners by the end of secondary school years. About 65% of sexually active young people in the sample (who ever had intercourse) had sex with two or more partners while about 15% had intercourse with six partners or more. Furthermore, over a quarter of the same cohort (who ever had intercourse) had sex with two partners or more in the previous 3 months. Significant gender differences were evidenced in the findings. The boys participating in the survey had more sexual partners, both lifetime and within the previous 3 months than girls. This could reflect a conventional masculinity in Maltese culture where young men are expected to seek sex-

ual access while young women are expected to resist their sexual advances (Thomson and Holland, 1998). Therefore, as the evidence in this research suggests, the boys were more willing than girls to engage in uncommitted sex and one night stands reflected in the higher prevalence of multiple sexual partnerships among young men in a shorter span of time.

The data indicate that girls tend to limit the number of partners with whom they have sex more than boys since a relatively higher percentage of sexually active girls claimed to have had just one sexual partner than boys. Moore and Rosenthal (2006) stated that young girls tend to engage in fewer acts of intercourse with 'casual' partners or someone they have met for the first time than do boys and are more likely to report that sexual activity occurs with regular steady partners. They also argued that it is possible that young girls try to avoid the socially unacceptable role of taking part in 'one-night-stands', especially for women - "…by deluding themselves that the relationship with a new partner will last and is one characterised by love and commitment." (Moore and Rosenthal, 2006: 19).

Having multiple partners has been associated with a higher risk of acquiring sexually transmitted infections. As was shown in Chapter Four, the majority of young people in the survey lacked information about STIs. Furthermore, during focus groups, young people repeatedly expressed their need to learn more about STIs. Although the survey did not seek to specifically explore whether the participants were aware of the risks associated with multiple sexual partnerships, it seems likely from the young people's general awareness of STIs, that the majority of young people lack this knowledge. Therefore, given the evidence of common multiple sexual partnerships from the survey, the lack of knowledge about STIs evidenced in both the survey and the focus groups, and young people's own expressed need for more knowledge about STIs, it seems that Maltese young people in secondary schools are in need of knowledge of the risks associated with having multiple partners, to empower them to make informed choices in their sexual relationships.

The survey data also suggests evidence of a smaller cohort of young people who tend to have more sexual partners than average, such as having had intercourse with six partners or more since their sexual debut, and another group who claimed to have had sex with six persons or more in the previous 3 months. There were significantly more boys

than girls within the latter cohorts. It was beyond the scope of this research to identify key characteristics of young people who have sex with more sexual partners. However, evidence from this research warrants a study to explore the profile of young Maltese people with a higher tendency of becoming sexually active early in life. Such data would enable educators and other professionals identify at an earlier stage such at-risk groups and address their specific needs with more intense and comprehensive sexual health education strategies.

Previous studies with young men had found that sexual experience is highly prized within the male peer group where becoming sexually active appears to be a crucial part of the process of moving from the status of a boy to that of man (Thomson and Holland, 1998). Thus, young men experience pressure from their peers to be sexually active and affirm their status. This pressure could be leading young Maltese men to have sex with more sexual partners than girls and thus they could be identified as a target group for more education on resisting peer pressure.

- **Condom and contraception use**

The target objective was:
Objective 1.7 - to explore the frequency of contraception use among adolescents

While condoms are widely available in Malta, their reported use among young people in the survey was very low. The findings suggest that 60% of sexually active young people who had practiced intercourse never used condoms. This contrasts highly with the 9% found by Agius et al. (2006) in Australia and 5% reported by Trani et al. (2005) in Italy. In this current study only a fifth of sexually active young people having had intercourse reported to have used condoms every time they had sex and only 2.5% of sexually active girls had always been on the contraceptive pill. This research was not permitted to explore young people's intention to use contraception. Therefore, it cannot be deduced whether the widespread lack of contraception use was a result of young people's inability to realise intentions to practice safer sex. However, there is evidence from this research to suggest that many Maltese young people are uncertain about the perils and precautions that are involved in sexual relationships.

There are several reasons suggested in the literature for young people's failure to protect themselves during early intercourse. Wellings and Mitchell (1998) stated that young people may be reluctant to seek contraceptive supplies or advice for an act which, if it involves a young woman under the legal age of consent (18 years in Malta) is against the law. They also stated that purchasing condoms is widely regarded as an embarrassing activity, and many young people are anxious about being caught in possession of condoms either by friends or parents. Those who carry condoms may earn a reputation of promiscuity, since carrying condoms suggests that sex has been planned in advance. This is more so valid for countries with somewhat traditional values such as Malta. Use of alcohol could have also been another factor, which is discussed below. The widespread lack of contraception use among sexually active Maltese young people could also be linked with the gender differences in the sexual partner's age at first intercourse discussed above. The expectations of conventional femininity and masculinity within a social sphere could have been shaping communication and decision making in intimate encounters (Thomson and Holland, 1998). Power imbalances typical of young heterosexual relationships mean that lack of self-esteem and confidence are particularly salient issues for young women. Perhaps more than males, women lack a suitable script with which to negotiate safer sex. Furthermore, young people might make unrealistic assessments of the risks of becoming pregnant or becoming infected with an STI, believing that 'it will never happen to me' (Wellings and Mitchell, 1998).

These findings have important policy implications. No method of contraception is provided for free to Maltese citizens and young people seem to be hesitant to either buy condoms or use them. This could be in view of Malta socio-religious culture and background. During the focus group discussions the young people stated that much of sexuality and relationships education at school emphasized Catholic values and morality, very often highlighting aspects of sin and wrong doing associated with contraception use. Some young people complained that they were not taught about contraception methods simply because the Catholic Church disapproved their use. While that the majority of young people believed they ought to learn about the Catholic beliefs and perspectives with regards to contraception, in all focus groups the young people demanded the right to be taught how to use contraception and that it's up to them to decide whether to use contraception or not.

It was also noted that significantly more sexually active males (who practiced intercourse) in the study claimed that their partners were on the pill than girls claimed to have been. This is at odds with findings from another study where women interviewed claimed to have adopted a strategy for safer sex of 'subterfuge', which entailed being on the pill but using its invisibility as a cover to request condom use on the basis of fear of pregnancy (Thomson and Holland, 1998). It was beyond the purpose and aims of this study to explore further this issue during the focus groups. However, it could warrant further investigation to explore what meaning young people would give to this anomaly in the findings.

- **Alcohol, drugs and sex**

The target objective was:

Objective 1.8 - to explore the proportion of sexually active young people who have practised intercourse under the likely influence of alcohol or drugs

The results of the survey have also shown that close to a third of sexually active young people participating in the study had made use of recreational substances before having had sex. No significant gender differences were noted between the two sexes.

The European wide School Survey Project on Alcohol and other Drugs (ESPAD) provides a reliable overview of trends and a comprehensive picture of licit and illicit drug use among European adolescents (SEDQA, 2009). Results for Malta from ESPAD (2003; 2007) among the total population of young people aged 15 - 16 years on the island show that a vast majority of students in Malta had been drinking alcohol in the previous 12 months (90% compared to the average 83% in 2003; 92% compared to the average 89% in 2007) (The Swedish Council for Information on Alcohol and Other Drugs, 2004; 2009). In contrast, the proportion reporting drunkenness during the same period in both studies was very close to the European average (38%). Students participating in ESPAD were also asked if they had encountered any problems related to personal alcohol or drug use. The report stated that the number of Maltese students who had experienced sexual problems related to drug use was very low, however, young people had experienced various problems in relation to their own alcohol use. As stated in a report by Sedqa (2004) (a national agency addressing substance abuse in Malta) alcohol remains the number one problem from among licit or illicit substance abuse among Maltese teenagers aged 15-16 years. The Maltese national average of students who reported

having unprotected sex (without using condom) because of a personal alcohol problem was 4% in 2003 (9% for other reasons) and 10% in 2007 (European average 8%). The national average of students who reported to have regretted having had sex because of personal alcohol use was 5% in 2003 (6% for other reasons) and 6% in 2007 (European average 7%). The authors of the ESPAD survey found that the relative role of alcohol and sexual problems in Maltese young people was high in comparison to other problems. Results for Malta have shown that the average scores on sexual problems do not indicate any clear gender pattern, and are about the same for both boys and girls (The Swedish Council for Information on Alcohol and Other Drugs, 2004; 2009).

Findings from this current research and results from ESPAD indicate that alcohol consumption among young people in Malta could be one of the major factors leading to early and unprotected intercourse which thus merits linking more substance abuse education with sexuality education in schools and emphasising that alcohol could be the cause of unplanned and unprotected sex.

SECTION 2 - SEXUAL KNOWLEDGE

An aim of this research was to achieve an overview of young Maltese people's knowledge related to sexual health. This aim served the same general purposes identified above for the first aim of the study. The objectives addressed in this second section are related to the following topics:

- HIV/AIDS and other STIs
- Sexual health services

- **HIV/AIDS and other STIs**

The target objectives were:

Objective 2.1 - To explore young people's awareness of STIs, including HIV

Objective 2.2 - To explore young people's knowledge of transmission of STIs

Objective 2.3 - To explore young people's knowledge of protection against STIs

Findings from this study have shown that very few of the young people could correctly identify three sexually transmitted infections (3%). This shows that there was a general lack of specific knowledge related to sexually transmitted infections among the participants. However, the young people participating in the survey clearly were more aware of HIV/AIDS, which was identified by about three-quarters of the sample. This finding was in line with the findings of various previous studies such as those by Clark et al. (2002), Garside et al. (2001), Downs et al. (2006), Trani et al. (2005) and Westwood and Mullan (2006).

To date in Malta, public health statistics and disease surveillance has never indicated widespread HIV infection or cause for alarm among the local community. However, as was also argued elsewhere, perhaps Maltese educators are still putting too much emphasis on HIV infection in sexuality education to the exclusion of other STIs. In the face of the HIV pandemic which started in the 1980s, secondary schools worldwide were urged to place more emphasis on this area. Furthermore, in the early 1990s regular media attention to HIV undoubtedly also contributed to young people's awareness of HIV transmission. Consequently, young people achieved higher levels of knowledge on HIV than on other STIs. However, findings from an Australian study (Agius et al., 2006) indicated that although young people revealed higher levels of accurate knowledge about HIV/AIDS, this has been significantly declining since the mid-1990s, while the concern with other STIs is slowly increasing. But this increase must still be seen in the context of unacceptably low levels of knowledge about STIs other than HIV. These observations were also made in Britain by Johnson et al. (2001).

The majority of the young people in this study knew that the condom can promote protection against STIs (78.7%). But what seemed to be just under a quarter of young people that were not aware of the latter at the end of the secondary school years, is a worrying finding. Furthermore, 16% had the misconception that the contraceptive pill also offers protection against STI. This is similar to findings by other researchers such as Gokengin et al. (2003) and Garret et al. (2001). During focus group discussions, young people often used 'condoms' and 'contraception' interchangeably, suggesting that the participants regarded condoms primarily as a method of contraception rather than a form of STI protection. Preventing STIs by using condoms was rarely mentioned in the focus groups. The young people were clearly more concerned with avoiding pregnancy and they considered the possibility of STIs less frequently.

Data from the survey also suggested gender differences with respect to young people's knowledge of sexually transmitted infections. Overall, girls were much better informed about sexual health matters than their counterpart. For example, twice as many girls than boys identified Gonorrhoea and Chlamydia as sexually transmitted infections. Significantly more girls (4.1%) than boys (0.3%) identified all sexually transmitted infections in a list of common ailments. Also, more females (56.7%) correctly identified the condom as the only measure to promote protection against STIs from a list than males (48.7%). This was contrary to what Gokengin et al. (2003) had found in Turkey among their sample of older (university) samples, and Shaikh and Rahim (2006) in Pakistan. However, it was in agreement with other studies, such as that by Westwood and Mullan (2006) in England and Agius et al. (2006) in Australia.

The differences found in young people's knowledge between the two genders could be due to various reasons. They are likely to reflect the earlier physical and cognitive development of girls (Winn, Roker and Coleman, 1998). It could also be that more sexual health education is directed towards girls than boys which is also likely to be associated with the fact that some of the specific risks of lack of knowledge, such as an unplanned pregnancy, affect girls directly. It could also be that parents are subject to a greater fear that something might happen to their teenage daughters (such as becoming pregnant) and thus project more attention and advice to their daughters than parents usually do with their sons. A third reason could be that teenage girls are more self-conscious, conscious of their bodies, conscious of the way they look and their health than boys especially due to heightened body awareness during puberty in view of their menstrual changes and events, and also as a result of the influences of the media. Thus, girls could be more interested in learning about health risks that may affect their bodies and thus either seek more information or are keener to read literature related to sexual health than boys do.

These findings point to the need to consider creating gender-specific programmes. This would ensure that both young men and women were appropriately provided with the knowledge and understanding they required to minimise risk, and that would allow them to explore the social context of sexual decision-making, including the opportunity to interrogate gender expectations.

- **Sexual health services**

The target objective was:

Objective 2.4 - To explore young people's awareness of local sexual health services

A stark majority of young people in the sample (91.7%) were not aware of the sexual health clinic on the Maltese Islands which offers screening services for STIs and sexual health advice. This finding was similar to what Garside et al. (2001) had found in England. Young people who are unaware of the clinic would less likely attend STI-screening services should they be at risk. It is also more risky for boys since sexually active girls would more likely visit their gynaecologist for a routine smear test. The gynaecologist might enquire about sexual practices carrying a risk assessment for STIs and perform opportunistic screening. However, boys do not attend such routine medical visits. Therefore, unless they are made aware of the Genito Urinary clinic during the school years, especially at secondary school, it is likely they might contract an infection which remains unnoticed (a typical characteristic of many STIs) leading to more serious complications such as infertility and increased risk of spreading it to other partners.

No statistically significant gender differences were noted in young people's lack of awareness of the sole sexual health clinic on the Maltese Islands. The genito-urinary clinic in Malta has been in operation since 1999. It appears from this study that any promotional initiatives to make the local sexual health services known among local young people were inadequate. No other studies were found to have been conducted locally to explore to what extent the general public is aware of this clinic. It could be that very few parents and educators are aware of the clinic and this could partially explain the lack of awareness of the sexual health service in Malta among local young people.

The results indicated that more males than females correctly identified the location of the clinic. However, it was noticed that only males from one specific class completing questionnaires correctly identified the location of the clinic. It is highly likely that a specific school had been visited by a member of staff of the Genito-Urinary clinic to promote the clinic's services and, which thus explains the result. Given that very few participants were aware of the clinic, the percentage computed became very high which gave a statistically false impression that boys were significantly more knowledgeable about the clinic than girls. Thus, it is more likely that the young people were generally unaware of the Genito-Urinary clinic irrespective of their gender.

SECTION 3 - PERCEPTIONS TO LEARNING

An aim of this research was to explore young Maltese people's overall perceptions and beliefs related to learning and knowing about sexuality and relationships in adolescence. The objectives addressed in this third section were:

Objective 3.1 - To explore the perceived importance young people attribute to learning about sexuality and relationships
Objective 3.2 - To explore what young people perceive to be the purpose of learning and knowing about sexuality and relationships
Objective 3.3 - To explore what young people perceive to be the right approach to learning about sexuality and relationships
Objective 3.4 - To explore what benefits and/or threats young people perceive in learning or not learning about sexuality and relationships

Initially, many of the young people found it difficult to relate to any 'sexuality education sessions' to have taken place at school. But on further probing the majority of participants identified sporadic sessions related to sexuality and relationships during their PSD, religion and science or biology lessons. Almost all young people in the focus groups valued highly learning about sexuality and relationships. This finding was similar to what Bragg (2006) found, although she claimed that the young people in the anonymous survey questionnaire were more inclined to acknowledge that sexuality education was a 'useful' source of information than during focus groups. The young people seemed to agree that learning about these topics is extremely important for the adolescents' wellbeing, both in their immediate and future lives. Furthermore, the young people stressed that knowing and becoming aware of what goes on in the sexual world around them from an early age is every young person's right because it can help them protect themselves from abuse and unplanned pregnancies or infections - in other words to protect themselves from anything that can harm them physically and emotionally. This was the most important benefit young people perceived in learning and knowing about sexuality and relationships.

The young people highlighted the need to know and understand more about their physical and emotional development and cope better with the changes taking place during puberty. They also stressed the need to learn not only about themselves and what happens inside their bodies, but in particular they stressed the importance of learning and

knowing about the other sex, the similarities and differences in their sexual development during puberty. Girls emphasised the need to understand what motivates boys to become engaged in sexual relationships. Thus, another benefit in learning and knowing about sexuality and relationships identified by the young people was to become more competent in building sexual relationships.

The topics which young people perceived they need to learn about for them to enjoy the above benefits are explored in further detail and discussed in the following section under subheading 'content of education'. In addition the young people emphasised the importance of obtaining the information they need in a timely manner, in that the information reaches them when they need it most, neither too early when it is still irrelevant to their immediate experiences as sometimes seemed to have happened, nor too late after they would have made certain mistakes and suffered the consequences, which was also reported to be common practice. Issues around the timing of sexuality education are also explored and discussed in Section 4 under subheading 'timing of learning'.

There also seemed to be a consensus among the young people about the need of having the opportunity to learn more about sexuality and relationships from reliable sources, from people whom they can trust and with whom they can discuss their most intimate matters related to their personal feelings and life experiences. The young people highlighted the important role adults in particular ought to play in this regard. In addition to the latter, the young people highlighted the need for their sources to be equipped with the necessary social and personal attributes and professional competencies to make them effective communicators and educators with adolescents. Thus young people identified both desirable characteristics related to the social and personal outlook of the source as well as proficiencies in teaching methods and use of more effective techniques. Among the most trusted adults mentioned, young people highlighted the role of teachers, parents and other adults with expertise or particular experiences invited by the school to deliver talks and seminars to the pupils. Yet, the young people identified various barriers that often led them to seek other sources which they themselves perceived to be less reliable, such as friends, magazines and the Internet, but which turned out to be 'useful' sources to learn about certain aspects of sex, their developing sexuality or about the other sex. The role of the different sources young people currently access and seek is also explored and discussed in the next section under sub-heading 'learning sources'.

However, the young people also identified a threat with learning about sexuality and relationships from parents and teachers because many times the latter were perceived by the participants in the focus groups to give adolescents the wrong impression of what sex and sexuality is all about. The young people argued that teachers, parents and adults in general talk only about the negative aspects associated with adolescent sexual behaviour such as teenage pregnancy, sexually transmitted infections and disease, sexual abuse and rape. Adults with whom young people often discussed sexual matters seemed to be more concerned with the risks, sexual ill-health and negative consequences associated with early sexual behaviour. This seems to be in line with the public health discourse described in the second chapter.

The majority of young people criticised the sexuality education they received to lack talk and discussion about 'the other side of the coin' which many have already experienced themselves or read about and saw in the media (Internet, magazines, television etc.), that is, the beauty and pleasure of sex and sexual relationships. During the focus groups, young people discussed at length that sexuality education ought to be more positive, or at least balances the risks and dangers associated with sexual behaviour with the more positive aspects of sexuality. This seems to be in line with what literature reviewed earlier in this thesis, that school sexuality education has become largely concerned with solving these problems rather than addressing the pleasures of human relationships and sexuality, and has been dominated by safer sex discourses. In fact it has also been commonly argued in the literature that the discourse of desire or the discourse of erotics is mostly lacking in sexuality education (Fine, 1988; Harrison and Hillier, 1999; Allen, 2001), even though this is what young people seemed to be experiencing more in their everyday life. The young people in this research seems to be explicitly expressing a need to have this discourse included in their education.

Young people in this research revealed that Maltese schools adopt different strategies to address their public health concerns associated with young people's sexual behaviours. Although all Maltese schools by definition hold a Catholic ethos, the different schools participating in this research have adopted an array of approaches to sexuality education. There did not seem to be conformity between the schools. Although almost all young people claimed to have discussed (to varying levels) contraception and contraceptive methods at school, some schools seemed to have taken a more empowerment approach than others by giving their pupils a comprehensive review of the different con-

traception methods and discussed the pros and cons of each. Others, while contraceptives were said to have been mentioned, it was not clear what information more likely have been imparted to the young people, such as whether failure rates were more emphasised than the potential protective factors that these methods can offer. In all schools abstinence-until-marriage seemed to have been discussed during various sessions including PSD, Religious education lessons and sometimes other subjects as well. It seemed, from young people's experiences, that in girls' schools this approach (abstinence) was particularly emphasised over the other approaches. Therefore, findings from this research suggested that different schools in Malta adopted different approaches to young people's learning about sexuality and relationships. While all participating schools had a Catholic ethos, from young people's perceptions is seems that some schools adopted more conservative approaches than others. With reference to the imaginary philosophical discursive continuum indicated in the Rationale, different schools seemed to adopt different stances and perspectives from across the continuum, while none seemed to be at either end of the continuum.

An interesting finding in this research was that the majority of young people in the focus groups still believed that it is important for them to learn about abstinence, but not just. The young people seem to have wanted to learn about all possible approaches that would protect their sexual ill-health as long as all methods are equally addressed. The young people in this study wanted to be informed of all the difference alternatives and be given options to choose and adopt for themselves. Thus the young people called for sexuality education that reflects the empowerment discourse described in the second chapter.

The focus groups revealed instances where the young people enquired about specific issues such as homosexuality, homosexual acts, gay marriages, cohabitation and sex before marriage and were simply told that it is against the Catholic Church teachings, with the discussion cut short without being given further explanation. In fact, in a number of focus groups the young people expressed a need for adults to explain to them the reasons why the Catholic Church considers wrong practices that take place in other parts of Europe. This seemed to be more related to moralism associated with the conservative discourse which is also more related with the indoctrination of the Catholic teachings. Thus, it also seems that different approaches were adopted by teachers depending on the specific topics.

The overall perception among the young people in the focus groups was that their academic achievements and career guidance received more attention than their actual need to succeed in other aspects of life, such as building relationships, what to do and how to deal with difficult situations or coercion in a sexual relationship. Schools were perceived by the young people to be highly academically oriented and very competitive in the latter regard, giving too much attention to their matriculation examinations, at the cost of paying less emphasis on their social and emotional development. Furthermore, the young people in the focus groups argued that, whenever an extra curricular activity was promoted, or if any other organisation wanted to promote a topic, the school administration turned to their limited number of PSD lessons of limited duration. It has already been highlighted elsewhere that, given that the PSD curriculum is not bound by a strict syllabus, and young people do not sit for any examinations or assessment at the end of the semester, the subject's flexibility is considered ideal for the promotion of topics or issues outside of the structure of any other subject (Ministry of Education, Youth and Employment, 2005). Other subject teachers would find it impossible to include anything more outside their curriculum since they are tied to completing a syllabus for exam purposes. As young people informed this research, PSD lessons were often taken over by general extra curricular activities such as school outings and school projects, with little regard to the PSD discussions missed. Therefore, it seems like PSD has been regarded as an informal and adaptable subject. The overall attitude coming from the school administration perceived by young people was that their personal and social development is not considered as important as their academic achievement. Many young people seemed to consider their personal and social development even more important than the latter.

Another concern brought up in a number of focus groups was that through knowing more about sex and sexuality, young people could be enticed into experimentation with sexual acts at an earlier age. However, other participants challenged this idea stating that, to the contrary, if young people are not taught adequately about sex and sexuality, they would start experimenting more because first, it comes naturally and might not be aware of the risks, and secondly they would start to glean incomplete pieces of information from other sources and would want to explore further what is unknown to them through personal experience. Thus, the overall feeling from the discussions among the participants was that young people consider learning about sexuality and relationships during early adolescence as very beneficial.

Another barrier which young people discussed was that at times different teachers had different opinions and interpretations on specific topics, as a result of which the young people were being confused with conflicting messages. Specific issues for which young people have received different interpretations highlighted during the focus groups for example were related to contraception, homosexuality, divorce, abortion, the morning-after pill / emergency contraception and masturbation. Different teachers might bring different values to the classroom influenced by their personal experience, professional background (religion, science or psychology), personal beliefs, attitudes and values related to these subjects. Different interpretations of the Catholic doctrine by different teachers were reported by the young people in the focus groups which at times resulted in conflicting messages being imparted to young people at school. Some young people suggested the importance for designated teachers to address specific topics to avoid this confusion.

According to Halstead and Reiss (2003) this is a common dilemma in sexuality education because there is such a diversity of sexual values in contemporary western societies that any consensus, or some kind of script rather than teachers' own personal scripts, would be hard to achieve. As was stated in the second chapter, a one-size-fits-all approach will fail to meet the diverse needs of young people. Various recommendations were made in the literature to resolve this dilemma. For example, pressure groups promoting conservative family values have argued that sexuality education should be entrusted to the safer hands of the parents. However, Halstead and Reiss (2003) argued that although parents may have an important role in the sexuality education of their children, they generally lack the specialist resources and training of the school and may not always be in the best position to appreciate the influences to which their children are subject as they grow older. This was very much in line with what young people themselves communicated during the focus group discussions.

Furthermore, abandoning school-based sexuality education or withdrawing children from sexuality education classes does not protect children from exposure to values unacceptable to their parents. Young people are known to pick up a lot of information about sex from their peers in the playground, from sharing literature and through the hidden curriculum in general which may be haphazard and inaccurate. Television, the Internet and other media sources as has been shown in the previous chapter, are also major sources of sexual knowledge and values which parents cannot easily control. In

any case, as Halstead and Reiss (2003) argued, the answer is not necessarily to attempt an even tighter control of everything the children see and hear. The authors suggested that formal sexuality education should respond to these challenges not by trying to protect children from the influence of peers or television but by developing their ability to reflect critically on the sexual values to which they are exposed in the broader society and to deconstruct the sexual messages of the media and advertising.

Others suggested restricting sex education to imparting knowledge to children about reproduction and related matters, focussing on facts (Halstead and Reiss, 2003). But this approach assumes that 'facts' are separable from 'values'. As already discussed in the Rationale, values are an unavoidable part of sexuality education. It seems to be impossible to impart sexual knowledge without at least an implicit values framework. Furthermore, if the values are unacknowledged and thus left at the implicit level, and there is no systematic discussion of the values involved, Halstead and Reiss (2003) argued that children are then more likely to develop their values in a haphazard manner. The authors argued that leaving young people to pick up their values as and when they can may leave them open to manipulation at the hands of those less concerned with their well-being.

Another option would be to attempt to teach sexuality education in a monocultural way, regardless of the diversity of sexual values that exists in society, such as adopting the abstinence-based programmes mentioned in the second chapter or a programme based on a particular substantive framework of cultural values, such as those claimed to be in accordance with the teachings of the Catholic Church. However, the young people in this study highly criticised this approach. It was reiterated across the focus groups that while they perceive it important to learn about the Catholic teachings, young people also wanted to learn about 'other alternatives' and maintain the right of freedom to choose with their own distinctive beliefs and values. This was in line with what Halstead and Reiss (2003:25) affirmed:

> We believe that…the children must nonetheless be free to
> choose whether or not to make those beliefs and values their
> own, and freedom to choose implies a knowledge of alterna-
> tives. In any case, if they are to live as effective citizens of a di-
> verse society, they need to know something of the values of

those outside their own faith. There is little point in hiding from
children the reality of differing sexual values in society, espe-
cially in an age where they are given so much sexual informa-
tion through the media.

Another solution suggested was that sex education at schools should promote 'enabling'
rather than 'prescriptive' values in sexuality education, where enabling suggests posi-
tive, inclusive values like tolerance, equal opportunities and respect for difference that
empower children to make full use of their individual freedom and choice. This ap-
proach thus tends towards a philosophy of neutrality and relativism, recognising as
equally valid a wide diversity of sexual beliefs, values, practices and identities. But on
the other hand, as Halstead and Reiss (2003) argued, there are certain fundamental val-
ues on which society is based, such as human rights, equality and respect for persons,
which would be undermined if a neutral or tolerant attitude was adopted to such actions.
Thus, for example the neutrality would not extend to rape, child abuse or the exploita-
tion of others. Second, Halstead and Reiss argued there are certain qualities of character
which are highly valued in society which teachers are not expected to be neutral about
such as growing up caring (vs. uncaring), responsible (vs. irresponsible) and non-sexist
(vs. sexist) since these personal qualities are very relevant to sexual attitudes and behav-
iour. Furthermore, the authors argued that young people might have not developed the
maturity of judgement and breadth of knowledge, understanding and insight to make all
moral choices for themselves with confidence. Many believe that children need moral
guidance to grow into mature and responsible adults.

As stated above, young people in this research expressed the need to be taught about
alternative views of sexual values, not just the Catholic perspective, and be allowed the
opportunity to adopt values for themselves. However, there are a set of fundamental
sexual values that can justifiably be insisted on as universal principles irrespective of
any faith, such as the unacceptability of rape, child abuse or exploitation. Halstead and
Reiss (2003) stated that these sexual values are shared by everyone and often embedded
in law. But a second set of values has also been identified which may not command a
full consensus. These may consist of controversial values where there is a fundamental
and irreconcilable disagreement between groups (e.g. Catholics and non-Catholics) such
as, for example, on the issue of the moral acceptability of homosexual acts. It is this
second category of values that are more complicated, especially within the context of

this research because all Maltese schools are by definition Catholic schools and are thus required to work within this framework as in a monocultural society, and are values simply taken for granted for all. To date, all Maltese schools are required to adopt these values as part of the core central values imparted through education. But Maltese young people expressed a need for PSD/Biology teachers and Religion teachers to redefine their role and while in religion they learn about Catholic values, the PSD / Biology / Science teachers adopt a neutral stance to the diversity of values which are not among those universal values, and make their roles more explicit. As stated earlier in this thesis, in Malta, discussions to consider the teaching of other faiths' values and beliefs during religious education sessions have just only very recently started, which could be a first step in the direction of young people's needs as expressed in this research.

Section 4 - Felt/Expressed Learning Needs

The fourth aim of this research was to achieve an overview of how young Maltese people aged 14 - 16 currently learn about sexuality and relationships, to explore young Maltese people's felt/expressed needs related to learning about sexuality and relationships, and to explore their perceived extent to which these needs have been or are being met.

In this section, the discussion of the objectives towards this aim have been integrated together to examine the results from the two stages of data collection and focus the discussion thematically around the main themes emerging from the research. As mentioned earlier, the participants emphasised the need to address five key aspects related to their learning about sexuality and relationships during the qualitative part of this research. In summary these were:

a) specific information and knowledge perceived most needed (content))
b) when young people ought to start learning about these topics (timing)
c) persons with whom they ought to discuss and learn about sexuality (sources)
d) methods used for their learning and educational environment (learning methods / learning techniques)
e) educational resources through which their learning about sexual matters could be facilitated

The following sub-sections discuss in detail these aspects, from which an attempt is made to interpret the opportunities young people seek to meet their learning needs related to sexuality and relationships. These opportunities can then be seen as the challenge for parents and educators to create an environment more likely to be favourable for young people to meet their learning needs.

- **Content of education**

The target objective was:

Objective 4.1 - To explore what young people want to learn about to help them with their developing sexuality and forming relationships during adolescence, and their perceived extent to which the latter needs have been met

Quantitative evidence by way of the survey questionnaire suggested that about 70% of young people were satisfied with the amount of information they received about sexuality and relationships from their various sources. However, during the focus group discussions, the young people expressed a somewhat different opinion stating that unless they know what there is to know, they cannot state to what extent they have been informed about sexual matters. Unless young people are aware of what they are entitled to, they cannot gauge to what extent they have been taught what they need to know.

The young people participating in the focus groups were given the opportunity to brainstorm about subjects or issues related to sexuality and relationships, then invited to place them in a perceived order of most important topics to be learned during early adolescence. Furthermore, young people were also guided to discuss the extent to which they have had opportunities to explore the topics identified with a named adult. One of the major issues commonly raised during the focus groups was the large body of knowledge there is to discuss during PSD in relation to the limited number of lessons they had at their availability, which results in the topics being only superficially explored at school.

The young people identified a range of topics (Table 5.3) related to sexuality, fertility and relationships which they believe ought to be discussed with a reliable person. Participants in the focus groups seemed to classify the list into three areas. These were the biology or science related topics that mainly describe all aspects related to the body's

sexual and reproductive function, including intercourse, fertilisation, pregnancy, contraception, abortion, infections and diseases, sexual problems (sexual dysfunction) and sexual activities. The second classification included other topics related to the human experience such as how to build, maintain and end relationships when necessary, the diversity in sexual orientation, sexual abuse, feelings and emotions, communication skills, self-esteem and self-body image, what to do when in distress or in need of help, and whom, where and how to access related sources of help when needed. Finally the young Maltese people seemed to classify issues related to the morality surrounding the topic of sex and sexuality, Catholic doctrine, beliefs and values, which the young people seemed to identify to be part of the religious studies curriculum.

Young people's discussions during the focus group favoured the idea that sexuality and relationships at school should not be addressed by the same teacher, since there are too many topics to be covered in a limited number of PSD lessons available. From young people's perspective, this seems to have resulted in various topics being only superficially touched on without giving young people the opportunity to discuss and understand the topic further and apply it to their real life situational experiences. Instead, the young people suggested that the biology teacher, the PSD teacher and the religion teacher should address issues related to their specific area as they classified them above. While the biology or science teachers can describe the facts related to various issues related to sexuality and reproduction, the PSD teachers address the practical issues related to building relationships and facilitate young people's exploration of the emotional aspect of sexuality, while the religion teachers discuss the moral issues and religious beliefs related to sexuality.

Therefore, the young people suggested a cross-curricular approach to learning about sexuality and relationships which, as described by Harrison (2000), topics related to sexuality and relationships could be taught through core and foundation subjects of the statutory National Curriculum. The young people also seemed to suggest that all teachers be aware what others will be discussing with the pupils so that they do not overlap too much. Many young people complained that a number of topics are repeated over the years and in different subjects because different teachers do not seem to know what has already been discussed, and end up doing the same topics again, while missing on a number of important issues.

A common issue young people raised during the focus groups was that on occasions a sexual issue is raised by the pupils during a lesson and they would want to discuss it and explore it further with their teacher. But s/he replies that it is not part of their syllabus and they do not have the time to discuss this matter. It seems that sometimes it happened that young people come across an issue in the local media which attracted their attention. Young people's curiosity could lead them to seek information about the issue from various sources, some of which might not be accurate or reliable sources of sexual information, varying from their friends to commercial sources or inexpert websites. Addressing sexual matters timely with young people within a safe educational environment in times when their interest and curiosity is triggered by an external stimulus could help prevent young people seeking alternative sources.

Therefore, in view of young people's expressed need, a recommendation is made to allow enough flexibility in young people's PSD syllabus, since young people do not sit for assessments at the end of the scholastic year, to discuss matters as they are raised by the pupils in that specific group. By allowing those topics requiring a degree of information giving are taught by other subject teachers such as the biology and religion teacher, more time is made available to allow for the aforementioned flexibility asked for by the young people.

The vast majority of young people participating in the focus group seemed to agree that it is very important for young people to learn about the Catholic Church's views about a number of matters related to sexuality, fertility and relationships. These include issues related with co-habitation, sex before marriage, contraception, abortion, homosexuality/bisexuality, masturbation and non vaginal sexual practices. Yet, many participants seemed to be irritated by the fact that these subjects are always discussed within the light of catholic doctrine, even when discussed during PSD and in biology lessons. While acknowledging the importance of learning about Christian values surrounding specific subjects, they were adamant about the need to also look at the same issues from other perspectives, a more neutral position. In some instances, teachers did not allow a discussion in class about certain topics on ground that the matter is prohibited by catholic doctrine. This seems to irritate a number of young people who argued that they have a right to know about everything they see and hear around them.

One of the topics identified by the young people to be mostly neglected in their learning was the sexuality of the other sex. This was voiced by both males and females participating in the focus groups. On one hand, young people attending mixed-sex schools believed that an advantage of attending a co-ed school was that they could easily learn about and understand the views of the other sex. The latter pupils seemed comfortable learning about sexuality together. Girls from the mixed-sex school seemed to favour the idea of being separated from males in the early secondary school years when they used to learn about the female developing sexual characteristics, as at that age, they would have been embarrassed. However, they too believed that learning about sexuality together in the later secondary school years put them at an advantage over single-sex schools to learn about the other sex perspective on a number of matters. But young people coming from gender-segregated schools perceive themselves to be missing a very important aspect of what they should learn in the secondary school years.

While all girls' schools seem to be addressing the menstrual cycle and the period in females, boys' and girls' school rarely address matters such as wet-dreams in boys. It has already been highlighted above that boys in general seem to receive less attention to learning about sexuality and relationships. Young people have also shared their experience of embarrassment trying to hide the signs of their puberty from their parents, where it seems to be rare that such topic is raised by parents. Similarly masturbation is also a topic which young people, especially males, believe should be explored further with young people, especially in view of the mixed messages they receive from different sources (example of which are presented in the previous chapter).

Another topic which young people seemed to agree that is not appropriately addressed was relationships in terms of building, maintaining and ending relationships, what is in/appropriate to do in a relationship. In particular, young people made reference to communication and related social skills that would help them feel more comfortable and confident talking to other persons, especially of the other sex. Girls also emphasised the need to learn how to be assertive in a relationship and how to resist unwanted physical touching or coercion from a boyfriend to practice sexual activities. Maintaining self-esteem, especially after a relationship breakdown, was also reiterated by young people in a number of focus groups, contending that it is very difficult for them to handle without knowing what to do. Girls in one focus group also emphasised the need to learn how to help a friend going through a difficult period such as after a relationship breakdown,

having been abused or after finding her boyfriend has been with another girl. During data collection, while young people were describing these situations, the feeling of pain and emotional distress vented was intense. On reflection, it is believed that sometimes adults might look down on these young people's experiences, take them for granted and even laugh at the so called 'innocence' of adolescents and their experiences. However, for adolescents, especially this age, the feelings of pain are real and the repercussions of such experiences could last longer than many parents and other adults might assume.

Furthermore, young people emphasised the need to learn about the different types of relationships as in marital and non-marital relationships, such as co-habitation. Young people, especially girls, seem to be very keen to learn about the kind of immediate relationships that many have already experienced, while others will be starting soon. They referred to short term relationships which many times, when things go wrong, young people end up emotionally deeply hurt. This also led young people, especially girls, to identify another important topic which seems to be ignored in their learning - feelings and emotions. The young people in the focus groups seem to experience strong emotions which they feel unable to control, and sometimes they seem not to understand, such as crushes and deep love. Girls also argued that boys need to be taught more about the emotional aspect of a relationship since, talking from their experience, boys seem to disregard the aspect of true love in a relationship, and instead focus too much on their physical bodies.

- **Timing of learning**

The target objective was:

Objective 4.2 - To explore at what age young people believe they should start learning about sexuality and relationships, and their perception of the extent to which the sex education they received has been timely in meeting their needs

Findings from the survey questionnaire suggested that the early secondary school years were critical in terms of sexuality education, during which time a number of young people started experimenting with intimate relationships that could potentially result in having intercourse. During focus groups, many participants asserted that in Malta young people seem to start going out to places of entertainment unaccompanied by the parents at a much earlier age than they used to do before. It has become a rite of passage for young adolescents to start frequenting a large entertainment village in Malta where, as

the participants revealed, young people can experience everything, from the first cigarette to alcohol and drugs, sexual harassment and exploitation. Thus, many young people are becoming prone to sexual advances by elder youth whose sole intention may be just to have fun at younger ages and these are increasing in numbers. Findings from the survey seem to corroborate with the latter since it has shown that almost half of sexually active girls aged 14- 16 years had first intercourse with elder partners, even up to 10 years or more. Therefore, participants argued, young people should be made aware of sexual matters earlier so that they will be able to understand what is happening around them and protect themselves.

Young people seemed to be divided in opinion on how to decide when they should start learning in more detail about sexuality and relationships. One group seemed to recommend a specific ages, at 8-9 years for girls and 10-11 for boys because some the girls, although a minority, would have already started having their period in junior school. Another group of participants argued that teachers and parents should assess the children to identify when they are ready to understand certain issues about sex. However, both groups seem to agree that by the third of the secondary school years, that is age 13-14, young people ought to know everything related to sexuality and relationships. Leaving it till after that age would mean that young people would glean most of the information from their friends and other sources while experimenting about sex blindly without knowing the risks. Thus, the participants argued, it would be better for young people to learn about sexual matters earlier from a more reliable source of knowledge.

Those schools reported by young people to have been teaching about sexuality and relationships seem to have started at the very beginning of the secondary school years. This also in view of the fact that the majority of schools had a double PSD lesson weekly in their time-table till Form 2 and reduced in frequency in Form 3. Only one school was reported to have included a PSD lesson in the weekly time-table of the students in Form 4 and Form 5. However, participants from this school complained that the information they received in the latter Forms should have been imparted earlier. The young people in the focus groups argued that by Form 3 all information should ideally be imparted and opportunities are to be provided for young people in Form 4 and Form 5 to explore and delve deeper into the more sensitive topics. Participants from a number of focus groups asserted that it is unacceptable that young people leave the secondary school without knowing all the facts.

Qualitative data in this research suggest that whenever they do, parents approach their children to discuss sexual matters at around the age of 15 years, which participants in the focus groups considered to be late for the majority of young people. Young people were asked whether they should approach their parents with their questions themselves, or whether young people ought to wait for their parents to take the first step. No consensus was reached and most young people during the discussions seemed unsure as first they argued in favour of one, but later in the discussion seemed to change their opinion. Some argued that if the child had to approach the parent first it would be more likely that the young person would learn sexual matters from an ideal source. However, others argued that parents would still not answer the question if the child making the enquiry is still young. A common argument among the participants was that it also depends on the nature of relationship the young person has with his/her parents. It depends on how comfortable both the child and parents are talking about sexual matters together.

▪ **Learning sources**

The target objectives were:

Objective 4.3 - To explore with whom young people have discussed sex and relationships and what proportion of young people feel they have or have not received enough information from these sources

Objective 4.4 - To explore from whom young people believe they ought to learn about sexuality and relationships, and the extent to which young people currently learn about sexuality from these people

Objective 4.5 - To explore the extent to which young people perceive other people and sources they seek to learn about sexuality and relationships to be adequate to their needs

This research sought to explore with whom young people believe they *ought to* discuss and learn about sexuality. Another objective was to explore who young people's actual sources of information were and also whether these are different from whom they perceived ought to be their ideal sources and understand why. The purpose of exploring these two objectives was to identify whether there is a gap between young people's perceived ideal sources, and hence the opportunities they seek and identify future challenges for service providers.

Participants in the focus groups acknowledged that matters related to sex, sexuality and relationships were sensitive issues that adolescents would not just talk about with anyone. They affirmed that young people should only discuss these topics with persons in whom they have a certain degree of trust. In line with much of the previous research and literature on young people's sources of sexual knowledge, participants in both the survey and the focus groups identified teachers, parents and friends as their main sources of information. The participants also distinguished between PSD teachers (who are specifically trained to facilitate personal and social development - sometimes even called Guidance Teachers) and other subject teachers. They also distinguished between friends (as in peers) and a girlfriend or boyfriend with whom they were involved in a more intimate relationship. Sometimes these were designated different roles. Other sources identified by the young people to have a role in their learning about sexuality and relationships were visiting speakers at school and relatives (such as elder siblings, cousins, young uncles and aunts).

In general, participants in both the quantitative and the qualitative stages of this research identified school teachers as their first ideal source of knowledge about sexual matters. This were followed by parents, although a minority of boys seemed to have a different view and preferred friends over parents probably due to the fact that parents tend to discuss less about sexual matters with their sons than with their daughters. The majority of the young people argued that teachers and parents are both in an ideal position to provide them the necessary knowledge to learn about sexuality and relationships in a positive manner; parents by way of their experience, and teachers by way of their professional training.

However, evidence from both the qualitative and the quantitative stages of this research suggest a wide gap between young people's perceived ideal and the actual people with whom more often adolescents seem to discuss and learn about sexuality and relationships. The research also sought to understand in more depth the reasons why in practice young people are not conforming to their ideal. The latter is discussed in more depth in the following sections below.

Perceived role of teachers / schools

In the literature review reference was made to debates about whether young people's learning about sex and sexuality ought to be exclusively entrusted to the parents, or share this role with professionally trained persons. It was shown that proponents of more traditional and conservative ideologies to young people's learning about sexuality, often motivated by Christian sexual morality, urged a complete reliance on the family to dictate appropriate sexual values. However, both quantitative and qualitative findings from this research revealed that school teachers were the young people's *most commonly* identified source of knowledge about sexuality and relationships, where just under two-thirds of the total sample identified to had had discussed sexual matters with teachers at school. Furthermore, both in the questionnaires and during the focus groups, the young people identified school teachers as their *ideal source* of knowledge about sexual matters and were perceived to be the most reliable source of accurate information. And teachers were also identified as a *preferred source* of knowledge by both males and females over parents. The main reason given by the young people in the focus groups was that teachers, and in particular PSD teachers (also called PSD facilitators) have been specifically trained to teach about sexuality and relationships and thus were perceived to be in a better position to discuss sexuality and relationships with their pupils than parents. Young people also believed that the school is the institution responsible not only of their academic achievements and future career, but also to prepare them to face all sorts of challenges in life (through the provision of life skills education) such as building relationships and forming a family. Therefore, young Maltese people's views in this research do not support the traditional and conservative view that parents ought to be exclusively entrusted with their learning about sexuality and relationships.

While the data indicate that school teachers are young people's most common source of information on the Maltese Islands, it also reveals that over a third of young people, just about to finish their secondary school years, either did not recall or did not discuss sexual matters at school. No gender differences were noted in the latter. Qualitative data from the focus groups did not seem to corroborate the findings of the survey, or surely not to the same extent as it appeared in the survey. This could be the result of the (purposeful) sampling technique used to identify participants for the focus groups while young people in the survey were randomly selected.

Data from the first stage of investigation in this research revealed that although the same number of girls had discussed the topics of sexuality at school as boys did, girls had significantly more visiting speakers invited by the school to deliver seminars to the pupils, who mostly were experts in the field of sexual health and Genito-Urinary medicine. Thus girls seemed to have received more accurate knowledge from specialised sources on sexual health matters at school than boys did. This could partly further explain why girls seemed to be more knowledgeable in sexual health matters than boys as discussed in Section 2 above. Therefore, although a relatively equal number of boys and girls discuss sexual matters with their teachers at school, girls seem to be receiving a better sexuality education, more expertly trained and therefore knowledgeable professionals.

Data from the survey showed that only 15% of boys and fewer than 30% of girls had visiting speakers invited to deliver seminars at their school. Therefore, since many young people were not aware of what such initiatives could offer them to learn about sexuality and sexual health, it is not surprising that many did not choose visiting experts at school as a preferred source of learning. However, during focus groups, young people who had been visited by a health professional at school highly praised and recommended such initiatives by the school. Young people seemed to perceive health professionals as more comfortable discussing sexual health matters and answered questions in more detail than the average school teacher. This finding shows that had the issue not been triangulated, a misconceived inference could have been made from solely the quantitative analysis. Having triangulated the survey data with qualitative data by way of the focus groups provided a deeper insight and proper understanding of the issue.

From personal experience working within the field of sexual health promotion in schools, it is common that a number of head teachers instruct PSD teachers not to involve pupils in discussions about sexual matters with outsiders from the school. There were instances where a teacher made a request to invite a sexual health expert to talk with pupils at school, but the initiative was abandoned because the head-teacher did not permit such talks and discussions to take place at his/her school. Some fear that talks related to sexual health would revert to promotion of condom use which, given the Catholic ethos of all Maltese schools, would raise issues among some parents. This could partly explain why so many Maltese young people, possibly close to a third, claimed to have never discussed sex and sexual matters with their teachers at school despite the fact that learning about human sexuality, including awareness about contracep-

tive methods, is one of the objectives of the Maltese National Minimum Curriculum (see Appendix 13). The legal basis for the Maltese National Minimum Curriculum can be found in the Education Act (Chap. 327.) that was established by the Maltese Parliament in 1988 to consolidate and amend the law concerning education in Malta. Therefore, the teaching of sex, sexuality and sexual health matters is mandated by the Education Act in Maltese legislation (Ministry of Education, 1999). Yet, it is likely that over a third of young people on the islands are not being taught about certain subjects.

Although the survey revealed that teachers are among young people's most common source of sexual knowledge, it did not seek to identify to what depth or length were sexual matters discussed. Further quantitative data revealed that 70% of young people seemed to be satisfied with the information they received from their various sources. However, the question did not specify a source. Thus, it is difficult to deduce, from the quantitative data gathered, to what extent young people were satisfied with the information they have been given at schools. Yet, survey data indicate that the young people who had discussed sexual matters at schools seemed to be more satisfied with the overall information they received than those who did not. No gender differences were noted in the latter.

The young people participating in the focus groups criticised at length the lack of learning opportunities about sexuality and relationships at school. Overall, the young people expressed a high level of dissatisfaction with what they received. In the majority of cases, young people who had discussed sexuality at school stated that they had only addressed the topic superficially. It seems that, although the Maltese educational system includes a specific framework to impart a personal and social development programme (the PSD curriculum), which also includes sexuality education, and there are teachers specifically trained to facilitate learning and growing in the field, young people feel that their expectations and needs have not been adequately met.

It was also noted during the focus groups that PSD lessons are not offered uniformly in all schools. There were significant differences in the number of PSD lessons offered or even not offered to young people attending state secondary schools, Junior Lyceums and Catholic schools. Junior Lyceums pupils had two PSD lessons per week, usually one double lesson in their timetable until Form Two (pupil age 12 - 13 years), while in Area Secondary PSD is taught until Form Three (age 13 - 14 years) (Ministry of Educa-

tion, 2000). Furthermore, young people attending private and church schools also claimed having had even less lessons than claimed by those in Junior Lyceums. In fact, some young people believe that they were being discriminated from other young people attending state schools because they had less PSD lessons.

Young people in some of the focus groups revealed that a number of schools organised a one day seminar addressing the topic of sexuality in Form 4 and in Form 5 to make up for the lack of PSD lessons in the last two years of compulsory education. Yet, young people in this research complained that a yearly day seminar is not enough. A lot of information is given over one day with little opportunity to follow it up and discuss it further. The young people argued that delivering a yearly day-seminar is not adequate to meet the mission statement claimed in the PSD syllabus, which states:

> *PSD aims at empowering students to develop skills,*
> *knowledge and attitudes which will enable them to live*
> *and participate fruitfully and effectively in their environ-*
> *ment.* (Abela et al., 2002:2)

The Education Act (Chapter 327) in section 7: Right of the State to regulation education, states:

> *It shall be the right of the state -*
> *(a) to establish a national minimum curriculum of studies for all schools;*
> *(b) to establish the national minimum conditions for all schools; and*
> *(c) to secure compliance with the national minimum curriculum of studies and*
> *the national minimum conditions for all schools.*

Furthermore, the message of the Director General of Education in the preamble to the National Minimum Curriculum document (Ministry of Health, 1999:7) states:

> *The new National Minimum Curriculum is the breaking of a*
> *new dawn in the field of Maltese Education. The document is*
> *truly national because it is applicable to all State, Church and*
> *Independent schools alike.*

However, evidence from this research emanating from the young people highlighted above suggests that, with regards to the PSD programme which is the current framework in which sexuality education is delivered in Maltese schools, the conditions set to meet the minimum requirements are not being complied to equally among the different schools.

This research sought to explore with whom young people discuss sexual matters at school. Most commonly, the young people in the focus groups mentioned three subject teachers who address sexual matters. These are the PSD teachers, the religion teachers, and the biology or science teachers. In a few other instances, other subject teachers were mentioned by young people who were believed to have positive attributes and often dedicated some time during their lessons to discuss sexual matters, even though they thought a different subject. However, these were a minority.

This research sought to explore from young people's perspective why often teachers would not discuss sexual matters with them at school. Reasons given varied, but young people often discussed situations when their teacher became embarrassed when asked questions about sexual matters. Young people argued that many teachers are not prepared to talk about sexual matters in the classroom. Their embarrassment was obvious, which in turn made the pupils feel uncomfortable. Another common reason was that teachers did not have time to discuss sexual matters as they were always rushing through with the syllabus.

Perceived role of parents

Quantitative findings from the survey suggested that parents are girls' most common source of knowledge about sex, paired with teachers, although identified by just less than two-thirds of the sample. However, significantly fewer boys seemed to discuss sexual matters with their parents, who instead claimed 'friends' to be the most common source of information after their school teachers. In fact, this was one of the main gender differences noted in this research. Also, more girls seemed to prefer to discuss sexual matters with their parents than boys. Therefore, girls seemed to have more opportunities to discuss sexual matters than boys do, both at school through more visits my sexual health professionals, and at home. This further explains why girls always occurred to be more knowledgeable about sexual health matters in the survey results. Therefore, this research suggests that in general girls' needs for sexual knowledge are

more likely to be met than boys' on the Maltese islands. This is possibly a reflection of a likely higher perceived threat for girls from sexual relations and the social gender stereotypes between boys and girls.

Qualitative findings from the focus group suggested that there are mixed perceptions among adolescents with regards to the role parents ought to play in their children's learning about sexuality and relationships. The majority of young people argued that parents would be an ideal source from whom to learn about sexuality and relationships. Parents were generally perceived as a reliable source of information although not as detailed and scientifically correct as teachers. Among the most common reasons identified by the participants why parents would make a reliable source for adolescents were that parents had more life experience than most of their other sources, they are the ones who spend most time with the children and thus know the children best, and they are the ones who wish the young person most well. However, a minority of young people insisted that parents should not be involved in young people's learning about sexuality and relationships or, at most, should only talk about the very basics. The rest of the information, the latter argued, should be taught at school. It seems that a number of young people felt very uncomfortable discussing sexual matters with their parents. During the focus groups it appeared that the latter participants, who confronted the idea of parents being an ideal source of learning, did not experience a very good relationship with their parents back home. The same participants were noted to strongly criticise parents' personal attributes discussed further down.

The second stage of investigation in this research sought to qualitatively explore the barriers that hinder young people from discussing sexual matters with their parents. The young people identified a number of issues. One of the strongest factors revealed during the discussions was the overall relationship the young person had with his/her parents. Qualitative data from the focus groups suggested that young people claiming to have a closer and more trusting relationship with their parents found it easier to discuss sexual matters with them. On the other hand, it occurred that young people claiming not having good communication with their parents, who spent limited or no quality time with their parents, found it very difficult or completely rejected the idea that they could discuss sexuality and relationships with their parents. The latter young people generally sought the advice of others on various issues, not just about sexuality and relationships.

The young person's capability of discussing sensitive topics such as sexual matters with his/her parent/s reflects the nature of the overall relationship between the mother or father and the child. Young people not having a good relationship with their parents claimed they feared their parents and would not dare ask certain questions. It has been shown in the focus groups that in the lack of a trusting relationship, whenever the child exhibited a heightened interest in the topic, the parent/s became suspicious that the child was having sex. As a result, the young person fears punishment and thus prefers not to raise the subject at home. It also appears that in the latter families, sex and related issues seem to still be a highly tabooed subject to discuss at home.

Embarrassment was another common barrier identified by the young people. Participants argued that the grandparents probably never discussed such issues with their children, hence the parents. Thus, parents do not know how to address the matter and are taken by surprise, sometimes even scandalised, when their child raises an enquiry about sexual matters. As a result, sometimes parents become embarrassed and either tries to avoid the subject or start beating around the bush or turn to humour, which in turn makes young people feel uncomfortable discussing sexual matters and annoyed with their parents. This often leads young people to seek alternative sources of information.

Another common barrier identified by young people to hinder them from discussing sexual matters with the parents was a lack of quality time spent together. This was either because both parents worked on a full-time basis and had limited time on their hands to spend communicating effectively with their children or because they were always busy with younger siblings needing more attention, which was also mentioned by a number of participants. Given this lack of opportunity, young people sought others to have their questions answered.

Findings from the focus groups suggested that the age-gap between the parents and their adolescent child could also be another barrier to effective communication and opportunities for discussion and learning about sexual matters at home. Some participants having elder parents sense that the latter lost touch with today's world and find it difficult to accept a different mentality. They were often perceived as unprepared to face today's social issues and realities which surround young people's lives. They become scandalised when the child starts raising certain issues, which hinders any further communication.

Perceived role of friends

Findings from both the survey and focus groups with young people indicated that 'friends' were among their most commonly sought sources of knowledge about sexual matters. 'Friends' were sought for information by just over half the young people participating in the survey. No significant gender differences were noted in the latter. However, as quantitative data in this research indicated, while 'friends' were the third most commonly sought source of information for girls after parents and teachers, they were the second most common source of information for boys after school teachers.

Once again, the evidence in this research suggests that girls have more opportunities to discuss sexual matters with reliable adults than boys. Both quantitative and qualitative findings also suggested that males revert to other resources of information, significantly more than females, to learn about the subject. Examples of resources sought by males to learn about sex, with notable gender differences were the internet (four times as many boys than girls) and television including satellite and movies (twice as many boys than girls). Findings related to resources sought by young people to learn about sex are analysed and discussed in another section below.

'Friends' were also identified in the survey to be young people's most preferred source of information. No significant gender differences were noted in the number of young people who preferred to discuss sexual matters with friends. In fact, the survey data suggested that the frequency by which young seemed to prefer their friends (69.2%) is more than twice as much than those who prefer teachers (33%) or parents (27.7%).

On the other hand, qualitative data from focus group discussions suggested that although friends were most commonly sought and most preferred sources, the young people almost unanimously were in agreement that 'friends' are not a reliable source of information and hence, not an ideal source from whom to learn about sex and sexuality. The young people in the focus groups pointed out that their peers are no more experienced than themselves, even though many friends talk from a 'claimed' experience. The dynamics of the adolescent peer groups mean that it can be difficult for young people to demonstrate ignorance or innocence about sex to their peers or to their sexual partners (Thomson and Holland, cited in Hirst, 2008:411). The young people seem to realise that much of what young people say about sexual experiences is untrue. They also affirmed that generally friends are no more knowledgeable than themselves. The participants

suggest that the sources that their friends sought and consulted to learn about sexuality were not always reliable and, as a result, misinformation and misconceptions could prosper among young people.

Nonetheless 'friends' remained the most sought and preferred source of information because, as young people in the focus groups identified, they are easily accessible, always readily available and willing to talk about sex as opposed to many parents and teachers. Furthermore, friends and peers generally seemed to talk about the positive experience of sex, the glamorous, the pleasurable, and thus the pleasing aspect of sexuality (a discourse of erotics), rather than about diseases, unplanned pregnancies, abuse, life-long complications and death (a public health discourse). 'Friends' were also generally perceived to encourage and cheer on sexual activities among themselves, rather than prohibit or forbid sexual acts. Participants in the focus groups argued that to the average adolescent, this is more attractive than the series or rules and don't do's to which they are more used at home and at school. The latter issue is taken up again and discussed further in the following section

- **Ideal sources' personal attributes**

The target objective was:

Objective 4.6 - To explore what qualities young people attribute to persons whom they perceive to be ideal sources of information and with whom they would feel more comfortable to discuss sexual matters

The participants in the focus groups came up with a number of personal attributes that young people seemed to seek in someone they would perceive an ideal person with whom to discuss and learn about sexual matters. These ranged from personal social characteristics and outlook to professional competencies. Qualitative findings from this research suggest that young people seek to learn from other people's life experience. For example, a group of young people felt very uncomfortable discussing sex with a PSD teacher who was a member of a religious order. The teacher had led a monastic life, thus the pupils could not identify with his/her life experience. Having personal experience seemed to be one of the most important characteristics of the person they seek, thus young people also seemed to expect that the person would be older than themselves.

On the other hand, some young people also emphasised that the person is ideally young, and in fact suggested a person in his/her early twenties to the late thirties. Reference was made in different focus groups to student-teachers visiting their schools while performing their teaching practice. These university students were perceived as highly valuable to the young person's learning experience since they were still young adults themselves and in touch with the pupils' world, but at the same time they carry an aura of fresh knowledge and academic wisdom.

On the other hand, a number of participants made reference to individual teachers who are middle-aged and even older, and one who was also a member of a religious order, who yet were perceived as excellent persons whom they can trust to discuss sexual matters with them. The young people were then confronted to identify which personal characteristics made an older person seem ideal for them. The latter were described as being persons who by virtue exhibit a young and trendy spirit albeit their older age, and were considered to have a 'great personality'. Terms such as 'down-to-earth', 'in-touch' and 'open-minded' became prominent during the discussions. Someone who is in touch with young people's world, and the reality in which they live. The young people seemed to emphasise more the issue that the person, irrespective of his or her age, is able to identify him/herself with young people. Thus, in young people's opinion, the individual's personality and mentality overrides his/her age.

Among the personal characteristics most emphasised by young people in the focus groups was that the ideal person should have excellent communication skills, especially listening skills, and the willingness to allow young people have their say and listen to them attentively. The participants valued people who listen to their worries and fears, who give them the opportunity to express their feelings and emotions, and who treats them seriously. In a few cases, young people emphasised that it would be an asset if the person is trained in psychology and counselling, and thus would be able to understand young people's feelings and emotions better. Another important attribute young people identified were that the ideal person is capable of creating a dialogue with the person.

Above all the young people seek persons who are willing to talk about sexual matters with them openly and are comfortable doing so. They seek persons who do not evade questions and does not beat around the bush, but were eager to explain matters to them in a language they can understand, that is, without the use of jargon. Such a person was

also described as 'charismatic' in one focus group. The ideal person is also perceived by young people to be knowledgeable on the topic through experience, and also through specific training in the field. The young people participating in this research seemed to have higher esteem towards professionally trained individuals. Young people seek someone also ready to give advice when needed, and who deals with situation arising in the classroom efficiently.

Another important element young people identified in someone with whom they feel comfortable discussing sexual matters is that the person is non-judgemental. Having a trusting relationship and not being judgemental was considered a very important prerequisite, which young people seemed to emphasise a lot, in order for them to be able to discuss personal issues such as related to sexuality and relationships. On the other hand, a few young people also valued the opportunity to occasionally discuss sexual matters with someone they would not be seeing on a regular basis. Occasionally, young people seemed to fear prejudice and suffer consequences at school, or having to face someone after having opened up with a problem issue. This is also why at times young people seemed to value having a visiting speaker at school who also gave young people the opportunity to discuss personal matters with him/her after the session.

There were mixed views among young people about the gender of the person whom they believe would be ideal to discuss sexuality and relationships with adolescents. The young people discussed various pros and cons with regards to discussing sexual matters with either a male or a female, and they did not seem to reach a consensus. On the one hand they argued that talking about sex with a person of the same gender would help understanding one's concerns more since s/he has probably been through the same issue before. On the other hand, young people attending single sex schools argued that sometimes it is important to obtain the perspective of the other sex with regards to other matters. Young people attending co-ed sex schools were less adamant on the issue. However, girls in general seemed to agree that that they would seek a woman to discuss sexual and reproductive body functions such as menstruation at the beginning of puberty. Therefore, it seems like young people seek people of different genders to talk to about sexuality and relationships at different times during adolescence.

In keeping with the gender issue above, this research sought to explore with whom young people generally discuss more about sexuality and relationships at home, and why. The issue was taken up during the focus groups which revealed that generally young people seek to talk more to the parent of the same gender. Generally girls feel much more comfortable discussing sexual matters with their mother, while boys with their father. Very few girls discuss related matters with their fathers. However, more boys prefer to discuss sex with their mother than girls did with their father. It was noted during the focus groups that boys who said they preferred talking to their mother about sexual matters seemed to be slightly embarrassed in saying it. Therefore, there could have been more boys who prefer talking to their mother on sexual matters, but did not state so in front of their peers during the focus groups. It could be, although it is only a hypothesis, that a number of boys would not admit talking to their mother on sexual matters with their friends. However, there seems enough evidence to suggest that it is more likely that the mother plays a more important role at home than the father where it comes to young people's learning about sex and sexuality irrespective of the child's gender. There seems to be less communication on the sexual matters between fathers and their sons and daughters.

The main reason elicited from young people why girls prefer to discuss sexual matters with the mother was due to embarrassment to discuss female issues with a male. Girls, almost uniformly stated that since the beginning of their puberty, especially when they started having their menstrual period and first stages of their breasts' development, it was natural for them to talk about it with their mother, and not with the father. This remains largely the same throughout the years. However, boys identify the parent most willing to listen, understand and discuss the issues with them. Therefore, boys choose the parent by their personal qualities. Another rationale was the parent who is usually more available at home and thus, with whom they usually spend more time and in the meantime would have built a stronger bond with.

Not long ago in Malta, it could have been argued that since the father was generally the sole bread-winner of the family and was almost invariably at work most of the time during the day, between full-time and a part-time job, young people spent more time with their mother and thus providing more opportunity to discuss just any matter with her children. But recently, increasingly more women have opted to advance their careers and work on a full-time basis and share the financial burden of the family with the hus-

band. Yet, the Maltese woman still seems to be the parent at home who either spends more time with her children, or who earns more the trust of her children than the father does.

This issue could warrant a study locally to analyse in depth why children seem to discuss matters related to sexuality and relationships with one parent and not the other. Furthermore, another study could investigate how young people brought up by a single parent cope with their learning needs related to sexuality and relationships at home, especially during puberty and adolescence if this happens to be the parent of the other sex. One of the objectives of the study could be to note how boys and girls brought up by a single parent of the other sex compare in their strategies, resources sought and coping mechanisms. This study will provide evidence and recommendations on how to assist young people brought up in single parent families meet their specific sexuality and relationships needs.

- **Teaching styles and learning environment**

The target objectives were:

Objective 4.7 - To explore what teaching styles and learning techniques Maltese young people would like to be exposed in order to learn about sexuality and relationships, and the extent to which these methods have been used in the sexuality and relationships education they have received

Objective 4.8 - To explore what Maltese young people perceive to be the ideal physical learning environment conducive to learning about sexuality and relationships, and their perceived extent to which they have been able to learn in such an environment

The majority of young people in the focus groups were happy with the format of their PSD sessions. The PSD methodology adopted in Malta is based on two pillars: The Experiential Learning cycle (Kolb, 1984) and Processing - a technique borrowed from the counselling field and adapted to group growth and learning in the PSD session (Falzon, 1999; Ministry of Education, 2000; Muscat, 2006). Experiential Learning takes place through an active process and involvement of the whole person (Heron, 1999). The participants are learning from experience through an interactive process of action, reflection and planning (Whitaker, 1995). These processes are influenced by Dewey's proc-

ess of instruction which takes place in a five stage cycle, eliciting learning from the participants' own experiences, be they real or simulated through an activity (Dewey, 1916). Therefore, a successful PSD session involves the use of activities from which outcomes can be elicited such as role-plays, brainstorming exercises, and discussions. Furthermore, all this can become relevant if the facilitator successfully helps students to translate the activities into skills which eventually become part of the daily repertoire. This is carried out through processing. Evidently, these processes need time.

On the other hand, many young people from all focus groups criticised their school PSD programmes for lacking the necessary number of sessions and duration to effectively hold any useful discussions and exploration of issues. It seems, from young people's perspectives, that the 40-minute weekly session in their time-table, which as many participants complained generally results in effectively less than half-an-hour, does not allow sufficient time to run the aforementioned processes. Thus, as young people argued, the purpose of PSD sessions in schools is being defeated by the lack of time allocated to them in the time-table. It could be that what seems to be an organised and successful plan on paper as described above, in practice it leaves much to be desired.

The young people also criticised the approach certain teachers took during sexuality education sessions which the participants termed as 'beating around the bush'. Pupils complained that very often teachers and even parents were unprepared to discuss sexual matters with adolescents and revert to such approaches or humour to escape their questions and conversation. The participants also complained that often adults did not take young people's interest in learning about sexuality and relationships seriously and either denies them from all the information or the whole truth about certain issues, or talk to them as if they were small children. Some even complained that sometimes adults start talking in difficult and technical terms which the adolescent would not be able to understand. Some young people believed that sometimes this is even done purposely to deter children and young people from questioning further. As discussed earlier, this is in a way dangerous since young people could easily loose their trust in who ought to be their reliable sources and revert to other less reliable sources such as friends, magazines and the Internet and misinform themselves rather than learn aspects related to sex and sexuality. In summary, young people participating in this research have called for teachers and adults to provide them with all the information there is to learn that is the whole truth, in a language that is easily understood and straight to the point.

The young people in this study, especially girls, also expressed a need for practical approaches to learning during their sexuality education. It was emphasised across all focus groups that adolescents need to be taken away from an abstract level to a practical situation and answer the question: "Then what am I expected to do? How am I expected to behave? What shall I do in such a situation?" A common comment young people made that instead of restrictions and prohibitions, a successful sexuality education programme would be one that suggests alternative approaches and provides practical guidance. The young people seemed to want to learn about issues which at the end of the day they can apply to their life experience. They also seemed to highly favour the use of vignettes or case-scenarios to discuss them from real-life experiences, even sharing their own (where appropriate) to be genuine realistic cases with which they could identify themselves. They also praised initiatives were drama and role plays were used which took the young people to a hands-on, applied and realistic learning experience. As such they could explore and discuss different ways by which challenging situations can be handled and through practice gain more confidence in dealing with a similar situation when encountered in real life.

Findings from this study also suggested that Maltese young people favoured an open dialogue and approach to learning, and be given the opportunity to have their say as well. Some participants criticised approaches used by their parents and even by teachers at schools who dictated knowledge and behaviour, more often through a serious of prohibitions, restrictions and "don't do's" rather than offering young people an open discussion and exploration of issues and values. This seems to be more in line with a traditional didactic style of teaching and learning described by Harrison (2000). The young people seemed to call for more open and informal dialogues to facilitate learning.

The young people also believed that the environment in which learning about sexuality and relationships takes place can facilitate or hinder the learning process. It was stated above that young people favoured a more informal discussion with a reliable adult. This, young people argued, can be facilitated with an informal classroom setup and environment in which the discussion takes place. The young people praised initiatives that some PSD teachers took in a number of participating schools to have a PSD room which looked very different from the usual classrooms. These rooms had no tables and chairs but instead a carpet and cushions on the floor. They also had colourful posters attached to the wall and hand painted curtains (by pupils themselves) that made young people

feel more comfortable in an almost custom made environment for learning about intimate and personal aspects of the students' lives.

Moreover, the young people favoured initiatives that helped make the environment feel more safe, bound by confidentiality issues by way of ground rules, agreed and signed my the members of the group. In almost all schools even the size of the group was modified from the usual classes by dividing them in two. As such, discussions could take place with fewer people, which made the pupils feel safe. The young people highly praised these initiatives. A few argued that the pupils themselves could choose the composition of the group themselves. This would make them even more comfortable rather than being chosen by the teacher or by the class register. The young people emphasised that being with friends and people whom they can trust enhances their learning experience when discussion more intimate and sensitive sexual matters.

The young people coming from single-sex schools also stressed the importance to be given the opportunity to learn and discuss sexual matters with young people of the other sex. A few young people who were given this opportunity and the young people coming from a co-ed school highly praised the experience of being able to learn the perspectives of the other gender. While few disadvantages were identified by those who had the opportunity to discuss sexual matters in a mixed-sex group, the young people said there are issues which both males and females might not feel comfortable discussing with peers of the other sex at younger age groups. Examples given were when both learned for the first time about the primary and secondary sexual development characteristics such as when girls learned for the first time about their menstrual period and boys learned about erection, ejaculation and wet-dreams. However, the young people seemed to perceived less barriers when they grow older reaching the end of the secondary school years when they seemed to indicate they would feel comfortable discussing any matter in the presence of peers from the other sex. Boys and girls coming from single-sex secondary schools felt they were at a disadvantage not having these opportunities within the school.

- **Learning and educational resources**

The target objectives were:

Objective 4.9 - To explore what resources young people believe they ought to have to learn about sexuality and relationships, and the extent to which such resources were or are available to meet their learning needs
Objective 4.10 - To explore the extent to which any other resources young people use to learn about sexuality and relationships were and are adequate to their learning needs

Almost all young people participating in the focus groups highlighted the need for the availability, accessibility and use of educational and learning resources. Findings from the survey revealed how boys make up for the lack of opportunities available to learn about sex from a reliable source by reverting to friends and the Internet, while girls seemed to prefer the use published literature. Later in the focus groups boys seemed to admit using the Internet to watch more pornographic material to learn about sex while girls seemed to have been making more use of magazines and sometimes even novel books depicting love stories describing detailed sexual fantasies. Males participating in the focus groups stated that it is common practice among their friends to seek pornographic sites on the internet and share videos or DVDs, to learn about sex in the absence of 'other adults' willing to explain to them the facts about sex.

Both quantitative and qualitative data in this research suggested that young people still prefer to learn about sexuality and relationships by interacting with other people rather than through the use of educational resources. Yet, the young people in the focus groups also agreed that having some educational media would provide them with a further opportunity to learn about sexuality and relationships especially where teachers or parents are uncomfortable with any specific topics. However, the young people emphasised that any sort of education resources would be much more useful for them if after watching them they are then given the opportunity to discuss their content with a reliable and informed adult.

Borrowing from examples of resources used in other subjects at school, young people identified audio visual media such as DVDs including drama stories, interactive media such as CD-ROMS, drama scripts which they could enact between themselves, illustrated posters, power-point presentations illustrated with photos and published media

such as colourful and illustrated booklets, leaflets and handouts. Drama in particular was highly favoured by the young people who claimed it gives them the opportunity to identify themselves more with the situation being described and "enter the shoes of the protagonists". Bragg (2006) too had argued that the drama could lend itself to developing empathy and seeing things from others' perspectives, which is a key aim of relationships education. The young people in the focus groups also suggested a website on the Internet drawn up by professionals and intended for adolescents in a language that is easy for them to understand and without scientific technical terms and jargon, in the Maltese language, that is safe (without malicious content and window pop-ups), provides accurate and up-to-date information and that is relatively easy to navigate through.

The questionnaire survey revealed that boys are keener to learn about sexual matters through the internet. However during focus groups girls elaborated more on how the Internet and a dedicated website could provide them with another opportunity to learn about sexual matters from a safe and reliable source of knowledge, and which thus can be used as an education resource. For example girls also suggested the opportunity to be able to upload queries about sexual matters in a confidential manner and interact virtually with a sexual health expert or other health professional. The young people suggested this could facilitate their access to more accurate and reliable sources of information.

This research also sought to explore adolescents' perception of what makes a seemingly good and attractive educational resource that would encourage young people to make use of it and learn more about sexuality and relationships. Qualitative data in this research suggested that young people identify three important aspects in learning resources. First is how the resource looks from the outset. Young people seem to be attracted to resources that are colourful, eye-catching and having a trendy outlook and design. Second, the young people informed the researcher that adolescents prefer to learn through looking at images, illustrations and pictures that depict more real and actual situations rather than having to read through endless text. It was also evident from the survey data that interactive or multi-media resources seemed to be more preferred by young people over literature. For example reference was made to sexually transmitted infection where young people asserted that it is useless for them to keep reading how bad they look and how painful they can be unless they see something.

The participants in the focus groups also emphasised that long text does not attract young people to make use of the resource, but if any have to be used it must prove easy to read and to understand, be appropriate to their age without sounding childish but on the other hand (again) be free from jargon and difficult scientific and technical terms with which young people are unfamiliar. The adolescents participating in the focus groups were adamant that they cannot be expected to make use of resources using cartoons and drawings intended for younger children, rather than for young people their age. Bragg (2006) too had found that students appreciate not only the information they could glean from media sources but also the media's appeal to them as knowledgeable and mature, compared with the more patronising approach they more often perceive as coming from school and parents. Furthermore, the young people in this current research seemed to prefer resources that are in Maltese, their first language, and that provides them with factual information such as giving them a realistic and factual dimension, depicting true life stories and real life situations with which they can identify themselves. Also, the young people called for resources that were also positive about sex and not just highlight the dangers of sex. This finding was also similar to other studies reviewed in the literature (Measor et al., 1996; Epstein and Johnson, 1998; Bragg, 2006).

Third, the young people sought education resources that show that the information is up-to-date and that the source is a reliable person or a professional body or organisation. Some females in the focus groups suggested that if the resources are endorsed or acknowledged and recommend by the school they are more likely to be used. Finally, the young people in the focus groups suggested that learning resources should contain information of whom and where to contact someone should they want to enquire further, ideally through means of communication that offers them confidentiality and anonymity. Some young people also recommended that resources ought to contain contact details of other sources of help such as the Genito-Urinary clinic.

Qualitative findings in this research suggested that very few resources have been in circulation among young people locally. The few videos that seem to have been shown at some schools were perceived to be childish and old-fashioned and sometimes had the same videos shown by different teachers over the years. This findings was similar to what Hilton (2003) found. Very few booklets or leaflets seem to have been produced locally and less so in the Maltese language which young people seemed to have preferred. The use of commercial magazines seems to be widespread especially among

girls. Yet they admitted that the information within them is not necessarily reliable. Boys too stated that, while there were an endless number of websites giving information about sex and sexuality on the Internet, they perceived it difficult to decipher the reliability of the information. The findings from this research suggest that, in a widespread and general lack of education resources in Malta, there seems to be a wide gap and high degree of unmet need in the field of education resources that could create an opportunity for Maltese young people to learn more about sexuality and relationships.

SECTION 5 - METHODOLOGICAL REFLECTIONS

Methodological issues arising from the study

Overall, this research faced a very difficult challenge as it was carried out in a predominantly conservative setting which usually does not encourage, facilitate or lend itself to the conduct of studies exploring sexual activity among young adolescents. For example, the HSBC survey of 2001/2002 (WHO, 2004:153) in which Malta had participated included just four questions about sexual health which asked young people:

- *Have you ever had sexual intercourse?*
- *How old were you when you had sexual intercourse for the first time?*
- *The last time you had sexual intercourse, did you or your partner use a condom?*
- *The last time you had sexual intercourse, what method(s) did you or your partner use to prevent pregnancy?*

The HBSC survey report revealed that the majority of participating countries included either just one or more of the sexual health questions on the grounds that including all questions would most likely have a negative impact on school participation rates (WHO, 2004). Malta, Ireland and the United States did not ask any of the sexual health questions, while a number of other countries did not include the questions in religious schools. Locally, had the survey included the sexual health questions, the authorities would not have permitted the conduct of the same study. Yet, this current research, since its inception has been based on an open and honest dialogue and collaboration with the local education and church authorities, school councils and parents' associations, which led to a healthy partnership between me as a researcher and the people in the field, from head-teachers, teachers, parents and the young people themselves.

Much effort was employed to build this symbiotic relationship with the people in the field which proved to be very time and energy consuming, but which led to a valuable outcome. The collaboration conceived by way of this research resulted in the setting up and legal recognition of a voluntary organisation called Life Resources Foundation on the 28th May 2009 (see Appendices 14 and 15) - by demand of head-teachers, teachers and parents themselves to assist them in better meeting young people's sexuality and life-skills learning needs through the provision of training and teaching resources.

As stated in the Methodology chapter, seven schools still opted out of the study, declined the participation of over 400 students in the survey. The target sample of young people was reduced from 1936 participants to 1526. No replacement sampling was done at that stage since a maximum margin of $^+$/-2.52% error at 95% degree of confidence (z = 1.96) was still considered acceptable and the schools were quickly approaching the end of the scholastic year and examination period. Yet, no investigation was conducted to deduce how the 400 students missing from the original clustered sample could have influenced the results. However, all types of school that did not participate in the survey were still represented by similar other participating schools.

Furthermore, while the original target sample had a 1:1.06 male to female ratio which reflected the ratio of students attending secondary schools in Malta at the time of the study (NSO, 2004), the resultant sample had a ratio of 1:1.29. Thus, the maximum margin of error varied slightly between the two genders. Statistical analysis revealed that results for girls had a smaller margin of error than that for boys at 95% degree of confidence. However, the margin of error for boys still remained within the acceptable maximum possible limit. Sampling of more male classes would have resolved the issue.

Despite piloting the questionnaire survey twice, first with young people then with colleagues, it became evident following data analysis that a number of participants were confused by the option "I have never had sex" that was repeatedly presented in questions 13 - 19. A number of participants did not continue to answer the questionnaire as they thought the whole of the remaining questionnaire was irrelevant to them. This has constantly changed the baseline value for each question which had to be computed separately every time. Through hindsight, the option 'I have never had sex' ought to have been replaced with an instruction to move to the last question for participants never having had sexual intercourse.

As with most self-report data, accuracy cannot be certain, especially due to the socially desirable nature of the subject. Though each participant answered the questionnaire on his or her own, and the circulating invigilators were instructed to stay at a distance at the back of the room during the data collection to ensure confidentiality of participant responses, the topic of sexuality is not usually discussed openly. Thus, any conclusions drawn from these data must be made cautiously.

Young people participating in the focus group discussions were asked whether they would have preferred the discussion to be conducted in Maltese or in English. However, all participants opted to express their opinions in their native language since they felt more comfortable. However, since the thesis is written in English, all quotes listed in the Findings chapter had to be translated into English. Ideally the participants ought to have been given the opportunity to review the translated version of the transcripts to confirm that the text in the translated versions still represented their intended meanings. However, given the large number of participants involved in the study and the time restrictions set on the conduct of this research this was not performed. Every effort was made to stay faithful to the participants' own statements and the help of a local qualified translator was sought to help with the back translation of a sample of quotes in the chapter. At times, certain expressions in the Maltese language proved very difficult to translate to an equivalent expression in English. In these few instances a subjective judgement was made to choose the closest matching expression in English.

Each focus group contributed a huge amount of data which was difficult and time consuming to analyse. Developing a strategy of analysis that incorporates both themes in what people say and patterns of interaction was not an easy task either. Some focus group recordings were also prone to inaudible elements, such as a nearby traffic on a busy artery, low flying aircraft in a school which happened to be close to an aircraft landing site, the high pitched voices of children in a nearby playground, and the reverberations of an unfurnished room where the focus group took place - all of which affected transcription. Furthermore, focus group discussion recordings were also more time-consuming to transcribe because of variations in voice pitch and the need to take account of who says what with a multiple of people. There were also problems of group effects which included the problem of dealing with overly prominent participants and others who did not speak out loud.

Analysis of the focus group data was attempted at the same time while the data was still being collected. The students participating in the focus groups were in their last semester before leaving the secondary school. In order to manage all focus groups before the students finished their studies, the last few focus groups had to be conducted before data of the previous focus groups was transcribed, translated and analysed. It is not known how this could have influenced the quality of data and analysis of the later focus groups.

It is also not known how the fact that participants in the focus groups were sharing their discussion about sexuality education with two outsiders to the school environment could have influenced to a degree the way that the participants voiced their needs. There were times during the focus groups that the members shared a certain point of view and started to think uncritically about it and developed almost irrational attachments to it. It could be that at certain instances the participants were more prone to express expected views than their own views.

Given the long time taken to transcribe recordings, care was taken by consistent concentration and alertness until the very end of the session when unsolicited accounts towards the closure of the session were often the source of revealing information or views. This was done to avoid mistakes that could have occurred as a result of mental fatigue, which may have severely influenced the results of the study. The presence of an assistant researcher (a PGCE student) during the focus groups and conducting a secondary analysis of the data helped to avoid missing important issues during the discussions.

This research sought to employ a definitional matrix for needs assessment using all the elements of the Taxonomy of Social Need described in the Rationale. However, to keep within the scope of undertaking research for a PhD and abide by its restrictions, limited consultation was conducted from a normative perspective which was basically restricted to consultation with the survey data. Further consultation with key people such as heads of school, school teachers, parents, religious leaders in the community and public health experts, as well as seeking the latter peoples' interpretation of the survey results would have made the needs assessment more complete. This research was framed around the underlying principles of youth involvement, participation and empowerment, and thus sought to emphasise more young people's own perspective of their learning needs which was seemingly missing in the local context, as seen from the young people's perceptions and experience.

CHAPTER SEVEN: CONCLUSION

Preamble

Having discussed the findings of the study it is now possible to re-examine the original purpose of this empirical research, draw some key conclusions, and highlight the recommendations and contributions this thesis has made to current knowledge.

The overall purpose of this thesis was to explore young Maltese people's needs related to sexuality and relationships, and seeks the challenges, opportunities and alternative means by which these needs can be met. This research is distinct within the existing body of literature in three different ways. First, the socio-cultural context in which this study has taken place distinguishes it from other similar studies conducted prior to this research. The Maltese population is considered a staunch Roman Catholic European community, lying at the southern periphery of Europe. But the past strong moral frontiers relating to sexual practice throughout Europe slowly changed after the Second World War, and Malta did not remain isolated from the influence of global pluralistic values and permissive morality. Sociological studies in the last decades have shown a progressive process of secularisation with an increasing proportion of the Maltese adult population opting out from the behavioural norms promoted by the Catholic Church (Abela, 1994, 1998, 2000, 2006; Mifsud et al., 2009).

Secondly, this research was the first to explore the extent to which this process of secularisation has also extended into the sexual behaviour of school-aged young people on the Maltese islands. This study was the first conducted within a social ecology that is predominantly hostile to such research enquiries, reached through the building of a healthy alliance between the health and the education sectors, and the local Catholic Church authorities, with a common purpose of enabling young people to increase control over, and improve, their sexual health.

Thirdly, this research adopted an interrelation of different sociological perspectives with the public health perspective as an approach to an educational need assessment, prioritising those needs found at the core of this definitional matrix of perspectives, thus promising a more holistic view of the learning needs of young people. It is also hoped that the outcome of this research would contribute further to the ongoing debate on the development of culture-sensitive and age-appropriate learning programmes and guidelines capable of meeting young people's needs. The basic research questions accompanied by their respective key results from the empirical research are summarised below.

QUESTION 1:

What is the extent of sexual activity and sexual behaviour among young people aged 14-16 years on the Maltese Islands?

The results of this research revealed that by the end of the secondary schools years, it was likely that around half of the Maltese school age children had already been involved in sexual relationships and practiced some degree of sexual activity with a partner. Within the scope of undertaking research for a PhD, a decision was made not to seek to establish the proportion of sexual relationships and behaviours taking place between partners of the same or the opposite sex. Furthermore, this research has also indicated that by around the end of the secondary school years more than a tenth (12.3%) of the pupils would have likely had practiced sexual intercourse, and thus have exposed themselves to the health and social risks associated with early intercourse. The findings also suggested that the use of protective measures among this sexually active cohort of Maltese secondary school pupils is very low. Thus, the proportion of young people practising intercourse during the secondary school years, but also contraception use, were likely to be relatively low to that of other countries at the time of the study.

This current research provides for the first time empirical evidence suggesting that the process of secularisation in Malta has also extended into the sexual behaviour of school-aged Maltese young people as well, even though there does not seem to be any evidence to suggest that Maltese secondary school students are experiencing any dramatic transition from traditional restrictive moral behaviour to liberal sexual lifestyles. Early initiators of modified (non-traditional) sexual attitudes and behaviour among school-age children seem to have established themselves in Maltese secondary schools and could be acting as a driving force for others to become sexually active through peer influence. Yet, in comparison with other countries, the change is still taking place gradually, at least among the secondary-school attendees cohort. In fact, although they are believed to be a very small minority group in Malta, the findings of this research are not representative of school leavers prior to the legal school leaving age. Therefore, the findings of the study posit a need for the development of new approaches and updated policies in Church ministry and in Government and non-government organisations to acknowledge young people's early sexual experiences and address the legitimate needs of the increasingly sexually secularised youth in Malta.

The mean age at first intercourse among the Maltese cohort of secondary school pupils was 14 years, which is very close to that of other countries. No significant gender differences were noted except that the highest rise in the proportion of girls who had their first sexual intercourse occurred a year before it happened for boys (12 years and 13 years respectively). A statistically significant association was found between early age at menarche in females and initiation of sexual practices as well as an earlier age at first intercourse. This provides a clear indication from a normative perspective of the timing of sexuality education in schools. A smaller proportion of girls are more likely to become early sexual initiators at school by age 12. Furthermore, the findings suggest that early female sexual initiators have a higher tendency to have sex with older male partners. Therefore, certain communication and social skills would be crucial for girls to increase the odds of having protected sexual encounters because even though they might be taking the pill (which is very difficult in Malta given that it is not provided for free, nor is it prescribed without the consent of a parent), they would still remain unprotected for STIs. Therefore, from a public health perspective, learning about issues that could lead to risk reduction and harm minimisation in sexual relationships and practices ought to be imparted before this age. A sharp rise in the proportion of girls who become sexually active seem to follow this age as was evidenced elsewhere (e.g. Nahom et al., 2001). Evidence from this research suggests that the rise in sexual activity among boys takes place about a year later than girls', thus requires consideration to the timing of sexuality education.

Findings from this empirical research have also suggested that a smaller cohort of young Maltese people become highly sexually active before school-leaving age in Malta, with as far as 6 or more claimed sexual partners with whom they would have practiced intercourse in a period of 3 months. Boys had a higher tendency of having sex with multiple partners at a young age, thus exposing themselves to a higher risk of STIs. There were also indications emanating from the findings that by the end of the secondary schools years, a third of young people who would have practiced sexual intercourse would have also had sex under the likely influence of a recreational substance such as alcohol and/or drugs. Therefore, the findings justify the need to tie sexuality and relationships education with substance abuse and alcohol education at school and emphasise the cause (substance abuse) with the effect (early and unprotected sexual intercourse) among young people.

QUESTION 2:

What is the extent of young Maltese people's knowledge related to sexual health?

Within the scope of undertaking research for a PhD, a decision was made to explore the extent of young people's knowledge through a limited number of topics, namely awareness of STIs, knowledge of their transmission modes, methods of prevention and awareness of screening and treatment services. The findings indicate widespread need for rudimentary knowledge related to sexually transmitted infections among Maltese young people aged 14 - 16 years. The findings also show that young people were more informed about HIV/AIDS than about the other STIs, although this must still be seen within a wider picture of limited knowledge. Young people's awareness of the most common STIs such as chlamydia and gonorrhoea was very limited. Ironically this resulted in the young people being seemingly more aware of a disease that according to disease surveillance data poses a lesser threat locally among all sexually transmitted infections in Malta (excluding sex tourism). But participants were scarcely aware of infections that are much more prevalent in the Maltese community (such as gonorrhoea and chlamydia). Therefore, evidence from this research justifies the need to raise awareness and increase knowledge of school teachers, parents, other educators and the media to further educate and inform young people and the wider population about the more common STIs as well and not just about HIV/AIDS on World AIDS Day.

Males, who significantly have intercourse with more sexual partners than females, thus increasing their risk of encountering infections, were less informed in almost all knowledge factors related to STIs. Of course, it could be argued that females tended to limit the number of partners (and possibly one night stands) and thus risky sexual behaviours because they were more aware of sexually transmitted infections and that males risked more because they were not aware (reversed cause and effect). But this seems to be unlikely since other factors such as societal expectations could have played a role. Furthermore, as was discussed in the literature review, increased knowledge does not always or necessarily result in behaviour modification and risk reduction. Yet findings from this study still indicate that girls have received more education, and a better quality in education from visiting experts at school, than boys did. Therefore, this research justifies the need to intensify sexuality education among boys. Above all in Malta, there is need for the strengthening of education programmes for greater sexual responsibility, health protection and enhanced sexual competence.

QUESTION 3:

What are young Maltese people's general perceptions of the purpose of learning about sexuality and relationships?

The young people seemed to be in agreement that learning about sexuality and relationships during adolescence was essential to their well being. When the young people were challenged to identify benefits and threats they perceived in learning about sexuality and relationships during adolescence, they were more readily able to identify a number of benefits but fewer threats. The main benefit was that by knowing about the sexual world around them young people could protect themselves against unplanned pregnancy, STIs, and from being taken advantage of. In this regard, the young people claim learning about sexuality and relationships to be every adolescent's fundamental right. In identifying a perceived threat, the young people reiterated the often stated untested claim that sexuality education could lead to more sexual experimentation and activity among young people. However, the young people reached a consensus that the benefits of knowing outweigh any risk of induced experimentation.

Findings from this research suggest that although Maltese schools have a specific framework (PSD) through which health education could be imparted, there is no standardisation or conformity in the delivery of sexuality education between schools. The young people identify sporadic sessions taking place at school when sexuality and relationships were addressed. None identified any dedicated programme to learning about sexuality and relationships, although a few recalled a one-off day seminar taking place at school which was dedicated to sexuality matters. Furthermore, different Maltese schools were reported by the young people to have dedicated a disparate number of lessons and duration of sessions in different years and periods throughout the secondary school years. For example some schools had PSD sessions until the second year of secondary school, others until the third, while a few had PSD throughout the five secondary school years. It also appeared that in some schools, the weekly PSD sessions were replaced by a one to three-day seminar yearly to make way for other academic subject lessons. Therefore, findings from this research suggest that the young people did not perceive that sexuality education was given a merited attention in Maltese schools and that their personal and social development was considered secondary to their academic achievement and success.

Another perceived threat was that through learning about sexuality with most teachers and parents, young people can obtain a bad impression of what sexuality is and what intimate relationships can offer. The young people in the focus groups seemed to reach a consensus that most learning about sexuality and relationships taking place at school focuses more on the negative aspects and portrays sex as risky and undesirable, associating it with teenage pregnancy, abortion, STIs, abuse, rape and exploitation. The young people complained that generally adults try to scare adolescents from something which they believe ought to be different. The participants suggested another face of the coin which many seem to have personally experienced already, but which is not so commonly revealed, and is related to the beauty, the pleasure and the fun side of sex. Participants argued that other sources such as friends and the media seem to highlight more this aspect of sexuality. But learning about sexuality from teachers and parents, on the presumably limited occasions that this happened, generally portrayed a different, more negative picture. The parents' and sometimes educators' portrayal of sex was perceived to contrast with other representations of sex coming from the general media and from their friends. Therefore, empirical evidence from this research suggests that most of young people's learning about sexuality and relationships with teachers and parents is more in line with a discourse of *sexuality as victimisation*, and where the *discourse of desire and erotics* is overtly missing.

Another common perceived threat to school sexuality education was that young people receive different interpretations and guidance from school on matters related to sexuality and relationships. The young people identified different sources of sexual knowledge at school. Religion teachers were perceived to highlight the moral aspect of sex and sexuality emphasising that sex before marriage, the use of contraception and abortion are morally wrong (in line with the *traditional discourse of morality*). On the other hand they learn about sexuality during the biology or science lessons where sex was highlighted as something natural taking place and that leads to pleasure and procreation. Furthermore, during PSD session the young people learn about making informed choices, knowing the consequences and using methods of contraception to protect against unplanned pregnancy and infections (in line with the more *liberal public health discourse*). A common issue young people raised during the discussions was that pupils were being confused with different messages, and which nonetheless all were perceived to adopt a paternalistic approach and seeking to exercise control over young people.

The young people in this research called for more autonomy, the majority of which, with few exceptions, wanting to learn about the different perspectives including the Catholic Church's doctrine, but maintaining a degree of personal independence in choosing what to value for them. Furthermore, this research also confirms earlier claims made from sociological studies that in Malta there are competing Maltese identities where on the one hand there is an inherited national identity which is related to people's attachment to the Catholic Church, and on the other there appears to be a growing identity which is driven by secular and individual values.

QUESTION 4:

What are young Maltese people's felt/expressed needs related to learning about sexuality and relationships, and what is their perceived extent to which these needs, through current practices, have been or are being met?

Young people identified five areas that concern their needs related to learning about sexuality and relationships. These were the actual content of sexuality education, the timing of the learning and discussions taking place, attributes of persons with whom they discuss about sexuality and sexual health, learning methods and teaching techniques used especially at school and the availability of educational resources that could facilitate their learning.

Content

In addition to the empirical findings from this research already highlighted above stating that the majority of Maltese young people perceived of a general lack of learning opportunities related to sexuality and relationships at school, and that many young people complained that the limited discussions taking place focussed on the negative aspects associated with sexual behaviour, participants from across all focus groups also highlighted a lack of opportunity to learn about relationships, in particular about how to start a relationship, how to maintain relationships and how to end a relationship when required. Secondly, especially young people attending gender segregated schools highlighted a lack of opportunity to learn about the other sex, because most of the discussions focussed on themselves. Thirdly, the young people highlighted the need to learn about practical aspects related to sexuality and relationships including how sex actually

takes place, what to do and where to go when in need of help, and how to help a friend in need. Then there was an array of other topics which young people mentioned, but which mostly were also related to what are commonly coined as the contentious topics (especially in a Catholic environment) such as masturbation, orgasm, sexual diversity, prostitution and pornography. In addition to the latter, boys generally specified more the need to learn about wet dreams, while girls emphasised a specific need to learn how to communicate feelings and emotions and how to know what is motivating the partner (boyfriend) to be in a sexual relationship, whether for love or for fun.

Timing of learning

Given the diverse manners by which different Maltese schools seem to deliver sexuality education, young people coming from different schools suggested diverse needs related to their timing. Participants from across all focus groups seemed to agree that sexuality education should start early, before young people start frequenting places of entertainment with friends and unaccompanied by parents, and also when they start gleaning mis-/information from friends. These were young people's main rationale for which they identified the age by which sexuality education should have started. The ages that young people seemed to reach consensus on also coincided with the ages that this research had recommended from a normative approach based on mean ages at first intercourse and also on the mean age at menarche in females given the positive association identified between menarche and initiation of sexual activities. Both boys and girls suggested that knowledge about personal physical development should be imparted before changes start taking place, such as the menstrual period for girls and wet dreams for boys, therefore at the end of primary school. But topics more directly related to sex such as contraception were indicated to come later.

Learning sources

Disparities between Maltese young people's perceived ideal sources of learning and their preferred and actual sources of knowledge related to sexuality and relationships were explored in this research. The young people were able to distinguish between reliable and unreliable sources of information. Parents, teachers and visiting health professionals at school were the young people's perceived ideal sources, although not all

young people seemed to agree on the order of the most ideal source, while a very few maintained parents should not be considered to be among the desirable sources of sexual knowledge. It could be that the latter did not have a good relationship with their parents in general. 'Friends' were perceived to be an unreliable source of knowledge. Yet, 'friends' were the young people's most preferred and most referred to source of knowledge for the young people because they adopted a more positive perspective when discussing about sex, and were the source most easily accessible, readily available and willing to talk about sexual matters. Despite being perceived as ideal sources, very often parents and school teachers were found to be unprepared and uncomfortable discussing sexual matters. Sexual health professionals were perceived to be most accurate and most comfortable discussing sexual matters, yet they were rarely invited by the schools to deliver sexual health talks especially in boys' schools. This research also revealed personal and professional attributes young people seek in adults whom they would prefer to talk to about sexuality.

Learning methods and teaching style

The young people in this research valued the format that PSD sessions took in view of a more relaxed classroom set-up, more friendly environment, in smaller groups and based on activities and open discussions. The young people valued learning from experiential learning techniques and using role-plays, drama and discussing vignettes and case scenarios. The young people criticised the short duration of sessions which seemed to be defeating the purpose and format of the PSD sessions. Overall, the young people valued the more progressive teaching styles when learning about sexuality, which mostly seemed to take place during PSD sessions over more traditional didactic teaching which seemed to be the case of Religion lessons. Having ground rules to ensure confidentiality during sexuality education sessions was also perceived to be part of the desired environment by the young people. Furthermore, the young people expressed a need for opportunities to explore relationships issues in mixed-gender groups and for autonomy in forming the composition of the groups among friends and peers.

Learning and educational resources

This research revealed that the Maltese young people were very selective on the type and quality of learning resources they expect to be in addition to and not to replace personal discussions with a reliable adult and more experienced source of information. The young people expressed a need for interactive resources such as the use of the Internet and interactive DVDs illustrating real life case scenarios. Girls sought literature sources with illustrated colourful images that illustrate real life situations, with less text to read, in a language that can be easily understood, preferably in the native Maltese language, that is up-to-date and from a reliable source such as a health professional. Findings from this research indicate that very few resources that would meet young people's expectations and needs have been available.

RECOMMENDATIONS FROM THIS RESEARCH

In this section summary recommendations are made for sexuality education related:

- policy and management
- school sexuality education practice
- higher education and continuing professional development
- parenting skills and education
- further research and investigation

Recommendations for sexuality education policy and management

The results presented in this thesis suggest that:

▪ there is a need for the formulation of national policy and standards for sexuality education, and a mechanism for continuing monitoring of sexuality education practices, to ensure an attainment of higher levels of sexuality educational service and uniformity in service between schools

▪ there is a need to create mechanisms by which the requirements and entitlements of the National Minimum Curriculum be communicated to parents and young people, and enhance further collaboration and communication between the school and the home settings, where young people mostly learn and live

295

- there is a need for education authorities to involve young people and listen more to them by way of consultation exercises and research, when developing practice guidelines and policies that reflect and meet young people needs

- there is a need to increase the number and duration of PSD sessions throughout the secondary school years and/or consider the use of school premises after school hours to deliver dedicated educational and formative programmes to young people

- there is a need for different subject teachers that are related to sexuality and relationships within schools such as PSD, Religion, Biology, Science and others to come together and develop a coherent and comprehensive sexuality education curriculum in a spiral technique covering all topics to avoid communicating misinterpretations or conflicts in knowledge and information to the young people in different subject curricula

Recommendations for classroom sexuality education practice

The results presented in this thesis suggest that:

- young people would benefit more from the provision and use of high quality and professional teaching resources that meet the demands young people made and are reflected in this thesis, namely to be interactive, contemporary and attractive, realistic, up-to-date, with more visual material, using less text, in Maltese and in a language free from jargon and technical terms

- young people would benefit more from teachers' adoption and use of more progressive teaching style, that are pupil centred, involving young people as whole persons, listening to young people, using more drama presentations and role plays

- young people attending single-sex schools would benefit more from opportunities to have session where they mix with other young people of the opposite sex and discuss about sexuality and relationships matters together

- young people in all schools would benefit from having more opportunities to discuss and learn from visiting experts in various areas related to sexuality, relationships and sexual health at school

- young people would benefit by linking sexuality education with substance abuse education and raise their awareness of the evidenced link between the two

- discussions about sexuality and relationships with young Maltese people need to provide a more balanced view between the positive aspect including a discourse of erotics and desire and the negative consequences around sexual relationships in line with a public health discourse

Recommendations for higher education and continuing professional development

The results presented in this thesis suggest that:

- given their young age, new graduates may present a greater opportunity for young people to identify with them and thus communicate and related more effectively with their pupils. Therefore, a recommendation is made for undergraduates to be better trained in interpersonal skills to become effective communicators with young people and take on the role of sexuality educators early in their careers

- an assessment of the current undergraduate and post-registration teacher training courses to explore to what extent the latter prepares teachers especially in PSD, science, religious education and others, to meet young people's learning needs, and be developed accordingly

- teachers may benefit more in the interest of young people from support in dealing with the more 'contentious' topics and other topics which young people expressed the need for further exploration and discussion in the classroom by way of opportunities for continuing professional development courses and in-service training

Recommendations for parents' parenting skills and education

The results presented in this thesis suggest that:

- parents would benefit from learning opportunities such as evening seminars for parents to increase their competence in communicating effectively with young people and keep them abreast with new knowledge and developments in the field of sexual and reproductive health

- parents would benefit from learning resources addressing parenting skills and how to deal with the young person's developing sexuality, emphasizing the positive aspects of youth sexual expression

- parents would benefit from parenting skills education and life-long learning about sexuality so they can follow on what goes on at school, to bridge the gap between young people's learning about sexuality and relationships at home and at school

Recommendations for further research

The results presented in this thesis suggest that:

- the interrelation of the sociological perspectives to needs assessment employed in this research need to be extended to include parents, teachers, head-teachers, school governors and community leaders in order to further increase the probability of obtaining a holistic view of the sexuality education needs of young people

- given that young people's sexual drive and expression is influenced and shaped by the attitudes, ideas and expectations of both the immediate social context, as well as the wider cultural and religious context, it is imperative to consider a deeper exploration of young people's learning that is family-based and community-based and explore further opportunities within these fields

- a second questionnaire survey could be conducted to test a number of issues and insights arising from the qualitative focus group discussions using a quantitative approach to meet a larger sample of young people

- further research is needed locally to identify potential predictors of early sexual intercourse and multiple sexual partners among Maltese young people through socio-demographic data to target these more at-risk groups in a timely manner and benefit more from a more intensive and comprehensive sexuality education programme

- further research is needed locally to identify more gaps in young people's knowledge related to sexuality and risk-taking sexual behaviour other than knowledge related to STIs explored in this current research

- young people's expressed need to learn more about sexual diversity in this research warrants a more detailed study of Maltese young people's knowledge, sexual behaviours, learning needs, attitudes and beliefs related to lesbian, gay, bisexual and transgender issues.

Andrew, a 15 year old participant:

> *We never had the opportunity to discuss these matters [sexuality education needs] with anyone before. What we did today was superb. It was really good. Because you don't just walk up to the [rector's office] to tell him that our sex education at school is failing. Nobody else before ever realised that we had never discussed these topics. Other teachers don't care whether we're discussing matters related to sex or not in our PSD lessons. Other subjects are evaluated. But PSD is never evaluated because we don'thave to sit for exams at the end of the secondary school as we do in other subjects .... when we sit for the O levels.*

Boys' School B - Focus Group 1: 517

ജാ

APPENDIX 1

THE OVERALL AIMS AND OBJECTIVES OF THE STUDY

THE AIMS

Aim 1 - To achieve an overview of sexual behaviour among young Maltese people aged 14-16

Aim 2 - To achieve an overview of the extent of young Maltese people's knowledge related to sexual health

Aim 3 - To explore young Maltese people's general perceptions of the purpose of knowing and approaches to learning about sexuality and relationships

Aim 4 - To explore young Maltese people's felt/expressed needs related to learning about sexuality and relationships, and their perceived extent to which these needs, through current practices, have been or are being met

THE OBJECTIVES

Aim 1 - To achieve an overview of sexual behaviour among young Maltese people aged 14-16

1.1   to explore the proportion of sexually active young people in Malta and Gozo
1.2   to explore the extent of sexual intimacy practised by young people
1.3   to explore young people's mean age at initiation of sexual intercourse
1.4   to explore the mean age of young people's partner at first intercourse
1.5   to explore young people's mean number of partners since onset of intercourse
1.6   to explore the frequency of partner change among young people
1.7   to explore the frequency of contraception use among sexually active adolescents
1.8   to explore the proportion of sexually active young people who have practised intercourse under the likely influence of alcohol or drugs
1.9   to explore whether there is an association between early menarche and early sexual intercourse among Maltese teenage girls

Aim 2 - To achieve an overview of the extent of young Maltese people's knowledge related to sexual health

2.1   to explore young people's awareness of STIs, including HIV

2.2   to explore young people's knowledge of transmission/non-transmission of STIs

2.3   to explore young people's knowledge of protection against STIs

2.4   to explore young people's knowledge of sexual health services

Aim 3 - To explore young Maltese people's general perceptions of the purpose of knowing and approaches to learning about sexuality and relationships

3.1   to explore the importance young people attribute to learning about sexuality and relationships

3.2   to explore what young people perceive to be the purpose of learning and knowing about sexuality and relationships

3.3   to explore what young people perceive to be the right approach to learning about sexuality and relationships

3.4   to explore what benefits and/or threats young people perceive in learning or not learning about sexuality and relationships

Aim 4 - To explore young Maltese people's felt/expressed needs related to learning about sexuality and relationships, and their perceived extent to which these needs, through current practices, have been or are being met

Content

4.1   to explore what young people want to learn about to help them with their developing sexuality and forming relationships during adolescence, their perceived extent to which the latter needs have been met

Timing of learning

4.2   to explore at what age young people believe they should start learning about sexuality and relationships, and their perceived extent to which the sex education they received has been timely in meeting their needs

Learning Sources

4.3   to explore with whom young people have discussed about sex and relationships

4.4   to explore what proportion of young people feel they have or have not received enough information about sexuality and relationships from these sources

4.5   to explore from whom young people believe they ought to learn about sexuality and relationships, what their expectations of these people are, and the extent to which young people currently learn about sexuality from these people

4.6   to explore the extent to which young people perceive *other* sources they seek to learn about sexuality and relationships to be adequate to their needs

Learning methods

4.7   to explore the learning methods young people would like to be exposed in order to learn about sexuality and relationships, and the extent to which these methods have been used in the sexuality and relationships education they have received so far

4.8   to explore what Maltese young people perceive to be the ideal physical learning environment conducive to learning about sexuality and relationships, and their perceived extent to which they were given the opportunity to learn in such an environment

Learning Resources

4.9   to explore what resources young people believe they ought to have to learn about sexuality and relationships, and the extent to which such resources were or are available to meet their learning needs

4.10   to explore the extent to which any other resources young people use to learn about sexuality and relationships were and are adequate to their learning needs

APPENDIX 2

SEXUAL HEALTH QUESTIONNAIRE

DO NOT WRITE YOUR NAME ANYWHERE ON THE QUESTIONNAIRE

Please answer the following questions by marking the right answer/s with a tick, such as ☑ and fill in the spaces provided with text when necessary.

1. **Has anyone ever discussed about sex, sexuality and relationships with you?**

   ☐   Yes   ☐   No

   If your answer is **YES**, please proceed to **question 2**.

   If **NO**, then proceed to **question 4**.

2. **With whom have you discussed matters related to sex?**

   You may tick more than one answer in this question

   ☐   My parents or guardian

   ☐   A close relative (brother, cousin, aunt, uncle, grandparents)

   ☐   A school teacher

   ☐   My private lessons tutor

   ☐   A friend or with friends

   ☐   A health professional (nurse/doctor) visiting our school

   ☐   With someone on the internet

   ☐   If others, please specify _____.

3. **Do you feel you have been given enough information from these sources?**

   ☐   Yes   ☐   No

4. Which of the following do you use to learn more about sex?

You may tick more than one answer in this question

    ☐   Leaflets/Booklets

    ☐   TV programs

    ☐   Talks at school

    ☐   The Internet

    ☐   If others please specify _____ .

5. From whom of the following would you prefer to learn more about sex?

You may tick more than one answer in this question

    ☐   My parents or guardian

    ☐   A relative (brother, cousin, aunt, uncle, grandparents)

    ☐   My PSD or Guidance teacher at school

    ☐   Any teacher at school

    ☐   An external / visiting speaker at school

    ☐   My private lessons tutor

    ☐   My friend/s

    ☐   If others, please specify_____ .

6. Which of the following are sexually transmitted infections (STIs / STDs)?

You may tick more than one answer in this question

    ☐   AIDS

    ☐   Chlamydia

    ☐   Hemorrhoids

    ☐   Influenza

    ☐   Gonorrhea

    ☐   HIV

    ☐   I don't know

7. From which of the following can someone become infected with HIV?

You may tick more than one answer in this question

- ☐ Using a public toilet
- ☐ Sexual intercourse
- ☐ Swimming pools
- ☐ Shaking hands with an infected person
- ☐ Hugging
- ☐ Kissing
- ☐ Making intercourse with a condom (protected sex)
- ☐ Sharing cutlery with an infected person
- ☐ I don't know

8. Which of the following may promote protection against STIs?

You may tick more than one answer in this question

- ☐ The Pill
- ☐ The Condom
- ☐ Oral sex
- ☐ The 'safe' period
- ☐ I don't know

9. Have you ever heard of the GU Clinic (or Genito-Urinary Clinic)?

☐ Yes ☐ No

If your answer is **YES**, please proceed to **question 10**.

If your answer is **NO**, please proceed to **question 11**.

10. Can you state where the GU Clinic (Genito-Urinary Clinic) is found?

- ☐ **Yes,** the clinic is found in _____.
- ☐ **No,** I don't know.

11. Have you ever been sexually active with a partner?

☐　Yes　　　　　☐　No

12. Which of the following sexual practices have you ever experienced?

You may tick more than one answer in this question

☐　French kissing

☐　Heavy petting

☐　Sexual intercourse (making love, having sex, or going all the way)

☐　Oral sex

☐　Anal sex

☐　None of the above

13. How old were you the first time you had sexual intercourse?

☐　I have never had sex

☐　10 years or less

☐　11 years old

☐　12 years old

☐　13 years old

☐　14 years old

☐　15 years old

☐　16 years old

14. How old was your partner with whom you had sex the first time?

☐　I have never had sex

☐　11 - 13 years old

☐　14 - 16 years old

☐　17 - 19 years old

☐　20 - 22 years old

☐　23 - 25 years old

☐　 26 years and older

15. During your lifetime, with how many people have you had sex?

☐ I have never had sex

☐ 1 person

☐ 2 people

☐ 3 people

☐ 4 people

☐ 5 people

☐ 6 people or more.

16. During the <u>past 3 months</u>, with how many people have you had sex?

☐ I have never had sex

☐ I have not had sex the past 3 months

☐ 1 person

☐ 2 persons

☐ 3 persons

☐ 4 persons

☐ 5 persons

☐ 6 persons or more.

17. Did you ever drink alcohol / took drugs or substances before you had sex?

☐ I have never had sex

☐ Yes

☐ No

18. When you had sex did you or your partner use a condom?

☐ I have never had sex

☐ Always

☐ Sometimes

☐ Never used a condom

19. **When you had sex, were you or your partner on the 'pill'?**

☐   I have never had sex

☐   Always

☐   Sometimes

☐   Never was on the pill

THIS QUESTION IS FOR GIRLS ONLY

20. **Have you started having your period (menstruation)?**

☐   **Yes, when I was aged _____.**

☐   **Yes, but I don't remember when.**

☐   **No, I have not yet started having my period.**

Please mark your age and gender.

Age ☐   14 years old

       ☐   15 years old

       ☐   16 years old

       ☐   If other please specify _____.

Sex ☐   Male

       ☐   Female

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

Now please fold it, place it inside the envelope provided and hand it over to the teacher in-charge of the class. DO NOT WRITE YOUR NAME ANYWHERE ON THE QUESTIONNAIRE

APPENDIX 3

KWESTJONARJU DWAR IS-SAĦĦA SESSWALI

TIKTIBX ISMEK, FL-EBDA PARTI TAL-KWESTJONARJU

Jekk jogħġbok wieġeb għal dawn il-mistoqsijiet billi timmarka b'dan is-sinjal ☑ fejn japplika, u kompli imla b'aktar kliem fejn ikun hemm bżonn.

1. **Qatt iddiskutejt ma' xi ħadd is-suġġetti tas-sess, sesswalità u relazzjonijiet?**

   ☐   Iva   ☐   Le

   Jekk it-tweġiba tiegħek hija **IVA**, jekk jogħġbok wieġeb mistoqsija **numru 2.**

   Jekk **LE**, jekk jogħġbok aqbeż għal mistoqsija **numru 4.**

2. **Ma' min iddiskutejt is-suġġetti tas-sess, sesswalità u relazzjonijiet?**
   Tista' timmarka aktar minn risposta waħda

   ☐   Il-ġenituri tiegħi

   ☐   Xi ħadd li jiġi minni (ħija/oħti, kuġin/a, zija/ziju, nannu/a)

   ☐   Għalliem/a tal-iskola

   ☐   Għalliem tal-privat

   ☐   Ħabib/a jew ħbieb

   ☐   Professjonist/i dwar is-saħħa li żar/u l-iskola tagħna

   ☐   Ma' xi ħadd fuq l-internet

   ☐   Jekk oħrajn, jekk jogħġbok speċifika: _____.

3. **Tħoss li ngħatajt biżżejjed informazzjoni minn dawn is-sorsi?**

   ☐   Iva   ☐   Le

4. Liema minn dawn tuża biex titgħallem aktar dwar is-sess?

Tista' timmarka aktar minn tweġiba waħda f'din il-mistoqsija

- ☐ Kotba / fuljetti
- ☐ Programmi televiżivi
- ☐ Diskussjonijiet l-iskola
- ☐ Mill-Internet
- ☐ Jekk oħrajn, jekk jogħġbok speċifika _____.

5. Minn min minn dawn li ġejjin tippreferi li titgħallem aktar dwar is-sess?

Tista' timmarka aktar minn risposta waħda f'din il-mistoqsija

- ☐ Mill-ġenituri
- ☐ Xi ħadd li jiġi minni (ħija / oħti, kuġin / a, ziju / zija, nannu / a)
- ☐ Għalliem/a tal-PSD jew tal-Guidance l-iskola
- ☐ Kwalunkwe għalliem tal-iskola
- ☐ Xi ħadd li jżur l-iskola
- ☐ Għalliem tal-privat
- ☐ Ħabib/a jew sħabi
- ☐ Jekk oħrajn, jekk jogħġbok speċifika_____.

6. Liema minn dawn huma infezzjonijiet trażmessi sesswalment (STIs/STDs)?

Tista' timmarka aktar minn risposta waħda f'din il-mistoqsija

- ☐ AIDS
- ☐ Chlamydia
- ☐ Murliti
- ☐ Influwenza
- ☐ Gonorrhoea
- ☐ HIV
- ☐ Ma nafx

7. B'liema minn dawn jista' wieħed ilaqqat il-marda tal-HIV/AIDS?

Tista' timmarka aktar minn risposta waħda f'din il-mistoqsija

- ☐ Tojlit pubbliku
- ☐ Att sesswali
- ☐ Swimming pools
- ☐ Tieħu b'idejn xi ħadd infettat
- ☐ Tgħanniq
- ☐ Bews
- ☐ Tagħmel sess bl-użu tal-kondom
- ☐ Tuża frieket u skieken wara xi ħadd infettat
- ☐ Ma nafx

8. Liema minn dawn jistgħu jipproteġu kontra l-marda tal-HIV/AIDS?

Tista' timmarka aktar minn risposta waħda f'din il-mistoqsija

- ☐ Il-Pillola kontraċettiva
- ☐ Il-Kondom
- ☐ Sess orali
- ☐ Il-pirjid
- ☐ Ma nafx

9. Qatt smajt bil-GU clinic (jew Genito-Urinary Clinic)?

- ☐ Iva   ☐ Le

Jekk immarkajt **IVA**, jekk jogħġbok wieġeb il-mistoqsija numru **10**.

Jekk immarkajt **LE**, jekk jogħġbok aqbeż għall-mistoqsija numru **11**.

10. Taf tgħid fejn tinstab il-GU clinic (Genito-Urinary Clinic)?

- ☐ **Iva,** il-GU clinic tinstab _____.
- ☐ **Le,** ma nafx.

11. Qatt kont attiv sesswalment ma' xi ħadd?

☐ Iva ☐ Le

12. Liema minn dawn li ġejjin xi darba kellek esperjenza tagħhom?

Tista' timmarka aktar minn risposta waħda f'din il-mistoqsija

☐ Bews (French Kiss)

☐ Żegħil fuq partijiet intimi tal-persuna

☐ L-att sesswali (ikollox x'taqsam, att tal-imħabba, att taż-żwieġ)

☐ Sess orali (oral sex)

☐ Sess fil-warrani (anal sex)

☐ L-ebda waħda minn dawn ta' fuq

13. Kemm kellek età l-ewwel darba li qatt kellek x'taqsam sesswalment?

☐ Qatt ma kelli x'naqsam sesswalment

☐ 10 snin jew anqas

☐ 11-il sena

☐ 12-il sena

☐ 13-il sena

☐ 14-il sena

☐ 15-il sena

☐ 16-il sena

14. Kemm kellu/ha żmien il-persuna ma' min kellek x'taqsam l-ewwel darba?

☐ Qatt ma kelli x'naqsam sesswalment

☐ 11 - 13-il sena

☐ 14 - 16-il sena

☐ 17 - 19-il sena

☐ 20 - 22 sena

☐ 23 - 25 sena

☐ 26 sena jew aktar

15. Ma' kemm il-persuna qatt kellek x'taqsam sesswalment?

- ☐ Qatt ma kelli x'naqsam sesswalment
- ☐ Persuna waħda
- ☐ 2 persuni
- ☐ 3 persuni
- ☐ 4 persuni
- ☐ 5 persuni
- ☐ 6 persuni jew aktar.

16. F'dawn <u>l-aħħar 3 xhur</u>, ma' kemm-il persuna kellek x'taqsam?

- ☐ Qatt ma kelli x'naqsam sesswalment
- ☐ Persuna waħda
- ☐ 2 persuni
- ☐ 3 persuni
- ☐ 4 persuni
- ☐ 5 persuni
- ☐ 6 persuni jew aktar.

17. Qatt ikkunsmajt alkoħol jew ħadt drogi jew għamilt użu minn xi sustanzi oħra qabel ma kellek x'taqsam sesswalment?

- ☐ Qatt ma kelli x'naqsam sesswlament
- ☐ Iva
- ☐ Le

18. Meta jkollok jew kellek x'taqsam sesswalment, tuża / użajt kondom?

- ☐ Qatt ma kelli x'naqsam sesswalment
- ☐ Dejjem
- ☐ Kultant
- ☐ Qatt

19. Meta kellek x'taqsam sesswalment, użajt/u l-pillola kontraċettiva?

☐ Qatt ma kelli x'naqsam sesswalment

☐ Dejjem

☐ Kultant

☐ Qatt

DIN IL-MISTOQSIJA LI ĠEJJA IWEĠBUHA T-TFAJLIET BISS!

20. Beda jiġik il-pirjid?

☐ **Iva, beda jiġini meta kelli _____.**

☐ **Iva, imma ma niftakarx meta.**

☐ **Le, għadu ma bediex jiġini l-pirjid.**

Jekk jogħġbok immarka l-età u s-sess tiegħek.

Età ☐ 14-il sena

☐ 15-il sena

☐ 16-il sena

☐ Jekk aktar / anqas immarka hawn _____.

Sess ☐ Ġuvni

☐ Tfajla

GRAZZI TAL-PARTEĊIPAZZJONI TIEGĦEK F'DAN L-ISTUDJU

Issa jekk jogħġbok itwi l-kwestjonarju, agħlqu fl-envelop provdut u għaddih lill-għalliem/a li qed tieħu ħsieb il-klassi.

TIKTIBX ISMEK, FL-EBDA PARTI TAL-KWESTJONARJU.

APPENDIX 4

TOPIC GUIDE FOR FOCUS GROUP DISCUSSIONS WITH YOUNG PEOPLE

SECTION A. **YOUNG PEOPLE'S PERCEPTIONS RELATED TO LEARNING ABOUT SEXUALITY AND RELATIONSHIPS**

Topic Focus	Core Questions	Prompts
1. Young people's understanding of sexuality and relationships education.	Have you ever heard about sex education, sexuality education or sexuality and relationships education? Have you ever had any of this kind at school or anywhere else? Do you have a sex education programme at school? What do you say it is all about? How would you describe it?	Learning about issues related to:- Sex sexuality sexual health dating and relationships love, feelings and emotions abstinence interpersonal skills (examples given) intrapersonal skills (examples given) Appropriateness of lessons Quality of lessons Seriousness of lessons
2. The importance young people attribute to learning about sexuality and relationships during adolescence.	How important and essential, or otherwise, do young people your age believe it is to learn about sex and relationships? Why do you think it is important or otherwise for young people to learn about sexuality and relationships during adolescence?	
3. Benefits and/or threats young people perceive in learning or not learning about sexuality and relationships during adolescence.	How do you think young people would benefit by learning about sexuality and relationships during adolescence? What risks do you perceive in learning or not learning about sexuality and relationships during adolescence?	

4. The extent to which young people believe that their learning needs related to sexuality and relationships receive a merited attention.	How often did you have sessions related to sexuality and relationships every year throughout secondary school? How do you rate this frequency of sessions? How long were sessions related to sexuality and relationships? How do you rate this duration of sessions?	Rating: Too much importance More than enough Just right the way it is Not enough importance Too little (inconsiderable)

SECTION B.   MALTESE YOUNG PEOPLE'S (FELT/EXPRESSED) NEEDS RELATED TO LEARNING ABOUT SEXUALITY AND RELATIONSHIPS

Topic Focus	Core questions	Prompts
5. **Content**: Young people's perception of what adolescents need to learn in relation to sexuality and relationships during adolescence. 5b. Young people's perceived extent to which the latter needs have been met	What topics or aspects related to sex, sexuality, sexual health and relationships do you consider young people should have already learned by your age? How satisfied are you with what you have learned in relation to sex, sexuality, relationships, sexual health, etc. at school? How do you feel about the topics, subjects or issues discussed at home?	Hand out the list of topics related to sexuality and relationships to probe young people further Were topics discussed in depth? Were topics relevant and useful Which topics were not discussed at school / home?
6. **Timing**: The specific age or stages at which young people believe they need to learn about sexuality and relationships.	If you had to be a parent, when would you start talking to your children about sex, sexuality, and relationships? Then, if you had to be a teacher at school, at what age would you start talking to young people about matters related to sexuality and relationships?	Primary or Secondary school Year 5 / Year 6 Forms 1 – 2 – 3 – 4 – 5

Concept	Questions	Responses
	If you had to be a parent, would you be happy for your child to start learning about sex at school before you would have discussed the subject with him/her at home you first?	
	When, at what age or stages, would young people need to start learning about sexuality and relationships at school / at home? Why do you think so?	
	When, at what age or stages, would young people need to learn more on specific topics related to sexuality and relationships at school / home? Why do you think so?	
6b. Young people's perceived extent to which the sex education they received was timely to their needs.	How timely do you think sex education was at school?	Too early
	How timely do you think it was when your parents started discussing sexual matters with you at home?	Just right
		Too late
7. **Sources:** Persons from whom young people believe they ought learn about sexuality and relationships.	From whom do you believe that young people your age ought to learn about sexuality and relationships? Why?	Parents at home
		Teachers at school
		Health Professionals in health centres / clinics
		Health Professionals and other external speakers (experts) invited to deliver talks / seminars at school
		Friends and peers
7b. The extent to which young people learn about sexuality and relationships from persons they perceive to be their ideal preferred sources of knowledge	How often in reality did you learn about sexuality and relationships from the persons that you identified?	People's attitudes
	What could possibly hinder young people from learning about sexuality and relationships from these people?	People's characteristics
		Personal attributes

7c. The extent to which young people perceive teachers to be ideal sources of learning about sexuality and relationships	**Teachers:** What in your opinion might make young people think that teachers are not the right persons with whom they can discuss and learn about sexuality and relationships? What in your opinion keeps teachers from talking about sexuality and relationships with their pupils at school? What other barriers do you perceive to young people's learning about sexuality and relationships at school?	How truthful / honest / clear / correct / comprehensive are teachers in dealing with sexuality and relationships?
7d. The extent to which young people perceive parents to be ideal sources of learning about sexuality and relationships	**Parents:** What in your opinion might make young people think that parents are not the right persons with whom they can discuss and learn about sexuality and relationships? What in your opinion keeps parents from talking about sexuality and relationships with their children at home? What other barriers do you perceive to young people's learning about sexuality and relationships at home?	How truthful / honest / clear / correct / comprehensive are parents in dealing with sexuality and relationships?
7d. The extent to which young people perceive health professionals to be ideal sources of learning about sexuality and relationships	**Health Professionals:** What in your opinion might make young people think that health professionals are not the right persons with whom they can discuss and learn about sex?	How truthful / honest / clear / correct / comprehensive are health professionals in dealing with sexuality and relationships?
7e. The qualities young people seek in persons from whom they believe they ought to learn about sexuality and relationships.	Try to figure out the ideal person to whom young people your age would voluntarily approach to learn about sex. How would you imagine this person to be?	e.g. Young / Old Male / Female Open and Friendly Straight to the point Trained and well-informed

7f. Other persons young people seek to learn about sexuality and relationships.	Whom else do young people your age seek to learn about sexuality and relationships? Why would you talk about sex with these persons? How easy or difficult do young people find it to access and talk to these persons? What aspects, topics or issues related to sexuality and relationships do you usually discuss more often with these persons? Why so? What aspects, topics or issues related to sexuality and relationships you do not usually discuss with these persons? Why not?	a) Make a list of other (people) sources of information from whom young people like you learn about. e.g. Brothers and sisters Cousins Uncles and aunts Friends and peers
7g. The perceived extent to which young people find these persons adequate to meet their learning needs.	Are you satisfied with the amount of information and detail these people give you? How reliable do you find the information these persons give you? What makes you think so?	
8. **Approaches and methods** by which young people believe they ought to learn about sexuality and relationships 8b. Young people's perceived extent to which these methods were used in their learning.	▪ If you had to be a PSD teacher, how would you go about teaching pupils your age about sex and relationships? What approaches and methods would you use? ▪ How would you like to learn more about SRE? ▪ How often have you been taught these ways? ▪ How do you feel about the approaches and methods used when you learned about sexuality and relationships?	Methods of teachings, e.g. Talks / Discussions Drama / Role plays Games Reading literature

9. **Resources** young people believe they need to learn about sexuality and relationships	What resources do you think would help young people your age learn more about sexuality and relationships?	Could include:- Websites Leaflets Booklets DVDs / videos CD-ROMs etc.
9b. The perceived extent to which such resources are currently available for young people.	How easy or difficult it is for young people your age to come across, access and make use of such resources?	Make a list of other (media) sources of information from which young people your age learn about sexuality and relationships. These could include:
9c. Other resources young people currently use to learn about sexuality and relationships	What other resources do young people currently use to learn about sex, sexuality, and relationships?	Satellite / cable television Internet / specific websites DVDs / Movies Pornographic material Magazines Books Leaflets / booklets / brochures
9d. Young people's perceived extent to which current resources they use are beneficial and useful to their learning needs;	How do you feel about any resources you come across that are intended to help you learn more about sexuality and relationships? How do you feel about them? How useful / beneficial / resourceful do you find them? How reliable do you think they are? What aspects, topics or issues related to sexuality and relationships do you come across more often, or are lacking, among these sources of information? To what extent these sources of knowledge satisfy your need to learn about sex etc.? Do these other sources of information sought by young people vary between young men and women?	Place them in an order of the most important and useful sources of information.

APPENDIX 5

Focus Group Interview

Introduction

1. Introduce myself and the PGCE student

2. Describe the purpose and aims of the research

3. State the importance of consulting with young people

   - Giving young people a voice

   - Making learning more suitable to meet young people needs

4. Describe the purpose of a focus group

5. Emphasise the importance that participants should interact between themselves

6. Briefly describe the topic for discussion

   - Learning about sexuality and relationships at school, at home and at other venues

7. State that the terms sex/sexuality and relationship/dating will be used interchangeably

8. Inform about issues related to confidentiality:

   - that no part of the discussion will be personal, but related to young people in general

   - that no names will be used in transcript, but fictional names, even if it happens accidentally during the FG

   - that anything that is said should remain confidential within the group

   - that participants should feel free and comfortable enough to say anything they have to say

9. Make clear the issue of respecting each other's opinion/ideas

10. **Does anyone feel you do not belong here? Does anyone prefer not to participate? If yes, you may leave the group and join the rest of the class with the PSHE without having to give any further explanation at all.**

11. State young people's right to end participation any time of the focus group

12. State that I'll only act like a moderator for the focus group – keeping the meeting open-ended but related the area of discussion

13. Check how much time you've got left and make this known to participants

14. Introduce the first topic for the discussion

APPENDIX 6

Director – Education Services	**Mr Roderick Bugeja**
Secretariat for Education & Culture	**Armonia,**
5, Lion Street	**Fulija Road**
Floriana	**Qrendi**

20th November 2005

Dear Bro. Saviour Gatt,

I am conducting a research study with the University of Southampton in England. The overall purpose is to explore young people's learning needs related to sexuality and relationships. The aims of the study are:

The Catholic educational guidance in human love (Sacred Congregation for Catholic Education, 1983) asserts that sexuality education is directed not only to help children and adolescents on the way to psychological and spiritual maturity, but also and above all to protect them from the dangers of ignorance and widespread degradation. The Declaration on Christian Education of Vatican Council II (Gravissimum Educationis, n.5), which presents the perspective in which education on human sexuality must be set, also affirms the right of young people to receive education adequate to their personal needs. Based on the latter premise, and the principles of young people's involvement, active participation and empowerment, the main objectives of the study are:-

    a)   **To explore Maltese young people's perceptions and attitude towards the sexuality and relationships education they receive during the secondary-school years;**

    b)   **To explore young people's perceived personal requirements in relation to sexuality and relationships education;**

    c)   **To explore young people's perception of the extent to which the current sex education service provision in school meets their needs and expectations.**

I am hereby requesting your authorisation to conduct a questionnaire and a number of focus-group discussions amongst young people aged 14 - 16 years attending secondary schools. Permissions from the respective school-heads will be sought. Young people's participation will be entirely voluntary and parental consent of participating pupils will also be sought. All measures will be consciously taken to protect the dignity, privacy and confidentiality of the participating schools and pupils. Every effort will also be made, in collaboration with the PSD teachers, to minimise any disruption to the classes. A copy of the thesis will be submitted to your office following completion of the research upon request.

For further details please email me at roderick.bugeja@gov.mt

Kindest regards,

APPENDIX 7

Reply letter From Director of Services in Education

Directorate of Services in Education
Secretariat for Catholic Education

Mr Roderick Bugeja
Doctoral Research Student
Armonia
Fulija Road,
Qrendi.

28th November 2005

Dear Mr Bugeja,

With reference to your letter dated 20th November 2005 regarding data collection for research purposes among Catholic secondary schools, I am hereby granting you the permission to conduct the study as stated in your letter.

With best wishes,

DIRECTOR
OF SERVICES IN EDUCATION

SECRETARIAT FOR CATHOLIC EDUCATION AND CULTURE
THE ARCHBISHOP'S CURIA FLORIANA MALTA
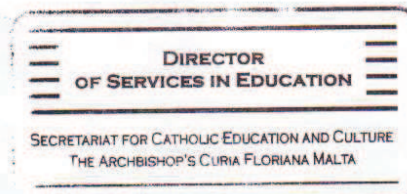
Brother Saviour Gatt FSC
Director of Services in Education

Tel. 25906 302 MOB 99242499
E-Mail: brosavfsc@maltachurch.org.mt

APPENDIX 8

LETTER TO PARENTS WITH CONSENT FORM

Date:

Dear Parent/s,

I am currently carrying out some research with the University of Southampton in England to look at Sexuality and Relationships Education in schools. I am trying to find out how far what we are doing in schools meets young people's emotional and developmental needs, to help us make this education more effective.

I will be holding a number of meetings with groups of students attending their final secondary-school years. These meetings will last about an hour. No child will be pressed to speak, and the questioning will be sensitive. Discussions will be taped for note-taking purposes only, and no individual child will be identified. Your child's school knows all about this, are happy with what I am proposing, and have granted me the permission to conduct this research. Obviously I need your permission too. I would therefore be grateful if you would fill in the attached form, put it in the envelope provided and return it to the school. If you feel you cannot give permission, your child will attend their usual PSD session during the meetings.

If you would like to know more about this research, you can contact me on mobile phone **9989 6308** or email me at **roderick.bugeja@gov.mt**

Many thanks for your time in reading this letter.

Yours truly,

Roderick Bugeja
Health Education Specialist

✂---

Consent Form

I / We, *(please fill in your name and surname)* _____,

Parent/s of *(please fill in child's name)* _____, in class _____:

☐ Our son / daughter **can** attend the discussion group on sex and relationships education.

☐ Our son / daughter **cannot** attend the discussion group on sex and relationships education.

☐ I/we are not sure, please contact us to give us more detailed information about this research.

   Kindly give your contact details here _____.

Add any comments you wish to make to the researcher here_____

_____

_____.

Signature: _____.   Date: _____.

APPENDIX 9

COVERING LETTER TO THE QUESTIONNAIRE

Dear participant,

First of all I would like to thank you beforehand for taking your time to read this letter and for accepting to participate in this research. By completing this questionnaire you will help me develop sex education guidelines and resources that will better fulfil young people's learning needs, both at home and at school.

However I would also like you to take note of the following before proceeding to answer the questionnaire:

- This questionnaire asks questions about how young people learn about sex, sexuality and relationships; your knowledge in relation to sexual health issues; and about your sexual experiences.

- You should only complete this questionnaire if you are happy to do so, out of your own free will, not because someone is asking you to do it, nor because you think this is mandatory, because it is not.

- Please make sure you don't write your name on the questionnaire, or any personal information other than that requested by the researcher that could lead to your identification.

- Only the researcher, who is not a member of staff of the school, will have access to the questionnaire once you fill it in. Nobody else will be reading your replies within the questionnaire.

- You may answer the questions either in Maltese or in English; whichever you feel more comfortable with.

- You are free to choose not to answer any of the questions if you don't feel comfortable doing so.

- You are also free to terminate your participation any time you wish if you deem it appropriate, without having to give any further explanation.

- You are free to return the questionnaire incomplete without having to explain why.

- If you decide to answer the questions, please only give honest responses because this is of utmost importance for the success of my research.

- Do not discuss any of the questions with someone else while completing the questionnaire. Just write down what you think is true for you. There are no right or wrong answers.

If you have any queries with regards to any of the above, please ask your PSHE teacher invigilating the class before you start answering this questionnaire. Once you have read and accepted all of the above, please proceed to filling it in. It should take you about 20 minutes to complete it. When you finish, enclose the questionnaire in the white envelope provided, seal the envelope, and hand it over to the PSHE teacher. Do not write anything on the envelope.

I thank you again for your participating in this study.

Yours sincerely,

APPENDIX 10

[DATE]

Dear student,

I am currently conducting research with the University of Southampton in England in collaboration with your school, to explore the extent to which young people feel their sexuality and relationships education needs are being met. I would like to know how young people learn about sex and relationships; what information they seek; from whom and where; and how satisfied young people are with the information they get. The latter will help me issue recommendations and guidelines to enhance the sex education young people receive. This research will also help me attain a doctoral degree in health education.

You have been chosen by the school and are being invited to participate, **OUT OF YOUR OWN FREE WILL**, in one of the focus group discussions which will be conducted during school hours. Should you accept to participate, and I will be very grateful if you do, kindly approach one of your PSHE teachers. S/he will give you a form addressed to your parents for you to take home and obtain their permission to participate by returning the consent form, duly filled and signed by one of your parents, and handing it back to your PSHE teacher.

Please note that whether you accept to participate in this study or not **WILL NOT**, in any way, affect the way the school or any of the teachers looks after you. Your views at the focus group will be kept strictly confidential. Only me and a university student, who is not a member of staff, will know what the participants discuss. If you accept, the session will be recorded for note-taking purposes only, following which, all the recordings will be deleted. You are also free to end your participation at any time during the focus group, should you wish.

While such studies take a lot of co-ordination efforts, your participation and co-operation, which is essential for the success of this study, will be greatly appreciated. Should you require any further information about the study, you may talk to your PSHE teacher at school or email me at roderick@soton.ac.uk   I thank you heartily beforehand for your help.

Yours sincerely,

APPENDIX 11

[Mr/Ms Name and Surname]
The Head teacher   **Mr Roderick Bugeja**
[Name of School]   **Il Girasole   3,**
[Address line 1]   **Margaret Murray Str**
[Address line 2]   **Birguma, Naxxar.**
[Address line 2]

[Date]

Dear [Mr/Ms Surname],

I am conducting a research study with the University of Southampton in England. The overall purpose is to explore young people's learning needs related to sexuality and relationships. The aims of the study are:-

> a)   **To explore Maltese young people's perceptions and attitude towards the sexuality and relationships education they receive during the secondary-school years;**
>
> b)   **To explore young people's perceived needs related to sexuality education;**
>
> c)   **To explore young people's perception of the extent to which the current sexuality education service provision at school is meeting their learning needs and expectations.**

Towards this end, I will be conducting a number of discussions with groups of ten to twelve pupils aged 14 - 16 years. The details of this research have already been discussed with the Director of the Secretariat for Education and Culture who also approved of this study (kindly refer to letter of approval attached).

I am hereby requesting your permission to conduct about three focus groups with pupils attending your school. Young people's participation will be entirely voluntary and parental consent of participating pupils' will also be sought. All measures will be consciously taken to protect the dignity, privacy and confidentiality of the participating schools and pupils. Every effort will also be made, in collaboration with the PSD teachers, to minimise any disruption to the classes. A copy of the findings will be submitted to your office following completion of the data collection and analysis upon request. For further details please do not hesitate to email me at roderick.bugeja@gov.mt

While thanking you beforehand for taking time to read this letter, should you approve, I will be more than happy to meet you at your office to discuss the data collection process further.

Yours sincerely,

APPENDIX 12

TOPICS RELATED TO SEXUALITY AND RELATIONSHIPS EDUCATION

1. Sexual Abstinence / Postponing sex   Astinenza mis-sess

2. Conception and pregnancy   Koncepiment u tqala

3. Natural Family Planning   Ippjanar Naturali tal-Familja

4. The Pill   Il-Pill

5. Using Condoms   Uzu tal-Kondoms

6. Teenage Pregnancy   Tqala fi tfajliet zghar

7. Abortion   L-Abort

8. HIV / AIDS   HIV / AIDS

9. Sexually Transmitted Infections / Diseases   Infezzjonijiet trasmessi sesswalment

10. Stages of sexual development of self   L-izvilupp sesswali tieghek

11. Sexual development of the opposite sex   L-izvilupp sesswali tas-sess oppost

12. Romantic relationships and dating   Relazzjonijiet romantici

13. Emotions and relationships   L-emozzjonijiet fir-relazjonijiet

14. Initiating intimate relationship   Kif tibda relazjonijiet intimi

15. Maintaining healthy relationships   Kif izzomm relazjonijiet initimi

16. Ending relationships   Kif ittemm relazjoni

17. Puberty and wet dreams in males   Il-Puberta' u l-wet dreams fil-guvintur

18. Puberty and menstruation in females   Il-Puberta' u l-pirjid fit-tfajliet

19. Masturbation   Masturbazzjoni

20. Orgasm   Orgasmu

21. Sexual Intercourse   L-att sesswali

22. Heterosexuality / Homosexuality / Bisexuality   L-omosesswalita

23. Abuse, Assault and Sexual Harassment   L-Abbuz sesswali

APPENDIX 13

National Minimum Curriculum
Ministry of Education - Malta
Creating the Future Together
December 1999

Objective 6:   Education on Human Sexuality

Knowledge/Information

Through the curricular experience, students should acquire knowledge in the following areas:

- the link between sexuality and gender politics;

- stereotypes regarding sexuality;

- the range of sexual identities;

- the range of diseases associated with sexuality and information regarding how they can be prevented;

- sexual anatomy and physiology;

- different forms of contraception;

- sexuality and the media;

- sexuality and the law;

- censorship and sexuality;

- sexuality and religion;

- sexuality in different cultural contexts;

- different forms of sexual exploitation and abuse;

- agencies that offer help in this area.

Skills

Through the curricular experience, students should develop these skills:

- how to develop positive interpersonal relations;

- how to make responsible choices connected with sexual activity;

- how to protect themselves against sexual abuse;

- the ability to recognise and report sexual abuse;

- empathy with persons experiencing difficulties related to sexuality or their sexual activity;

- how to avoid talk and action that discriminate against or hurt people of different sexual orientation;

- how to engage in a mature debate concerning sexuality.

Attitudes

Through the curricular experience, the students should develop these attitudes:

- understand and appreciate the human body and respect the body of people of different gender;

- have an open mind about sexuality and act responsibly and positively in this regard;

- respect persons with a different sexual identity.

When dealing with this topic, the teachers must keep in mind the context of moral and religious values of the students and their parents.

APPENDIX 14

Certificate of Registration

Life Resources Foundation

Il-Kodiċi Ċivili, it-Tieni Skeda
The Civil Code, Second Schedule

Kapitlu 16 tal-Liġijiet ta` Malta
Chapter 16 of the Laws of Malta

ĊERTIFIKAT TA` REĠISTRAZZJONI TA` PERSUNA ĠURIDIKA
CERTIFICATE of REGISTRATION of a LEGAL PERSON

Isem tal-Organizzazzjoni :   LIFE RESOURCES FOUNDATION
Name of Organisation :   *LIFE RESOURCES FOUNDATION*

Indirizz Reġistrat f`Malta : `Girasole`, number 3, Triq Margaret A. Murray, Naxxar
Registered Address in Malta: `Girasole`, number 3, Triq Margaret A. Murray, Naxxar
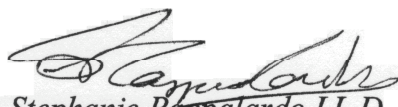
Numru taċ-Ċertifikat ta` Reġistrazzjoni : **LPF - 11**
Certificate of Registration Number :   ***LPF - 11***

Niċċertifika illi l-Organizzazzjoni hawn fuq imsemmija tissodisfa l-provvedimenti
This is to certify that the aforementioned Organisation satisfies the provisions of

tat-Tieni Skeda tal-Kodiċi Ċivili u ġiet reġistrata bħala Persuna Ġuridika mir-
the Second Schedule, Civil Code and has been registered as a Legal Person by the

Reġistratur għal Persuni Ġuridiċi.
Registrar for Legal Persons.

Data ta` Reġistrazzjoni:   Illum id – 29 jum t` April tas- sena 2009 .
Date of Registration: *Today the 29th day of April of the year 2009.*

Dr. Stephanie Pappalardo LL.D
Reġistratur għal Persuni Ġuridiċi
Registrar for Legal Persons

APPENDIX 15

Certificate of Enrolment of a Voluntary Organisation
'Life Resources Foundation'

Certificate of Enrolment

Voluntary Organisations Act
(Article 14)

LIFE RESOURCES FOUNDATION
(the Organisation)

of   IL-GIRASOLE, 3, MARGARET A. MURRAY STREET BIRGUMA, NAXXAR

Address

a   **FOUNDATION**

upon satisfying the Commissioner of Voluntary Organisations
that it qualifies in terms of Article 3[1] of
the Voluntary Organisations Act, 2007 (Act No. XXII of 2007),
has been enrolled as a Voluntary Organisation and its name been entered
in the Register of Voluntary Organisations as follows :

Identification Number: VO/ 0244

Principal Purpose :   **THE ADVANCEMENT OF LIFE-SKILLS EDUCATION**

Enrolment Classification :

The Organisation is henceforth eligible for the privileges granted to voluntary organisations in terms of Article 4 of
the said Act[3]. In terms of Article 4(7) of the Act[4], all persons to whom this certificate is provided are requested to
provide the Organisation with full recognition of its status as a voluntary organisation compliant with all provisions of
applicable law[5].

The Commissioner for Voluntary Organisations

Dated: **28**[TH] **MAY 2009**

REFERENCES

Abel, G. and Fitzgerald, L. (2006) When you come to it you feel like a dork asking a guy to put a condom on: is sex education addressing young people's understanding of risk? *Sex Education* Vol.6(2): 105-119.

Abela A.M. (1998) *Secularised Sexuality – youth values in a city-island*. Valletta: Union Print.

Abela, A.M. (2000) *Values of Women and Men in the Maltese Islands: a comparative European perspective*. Commission for the Advancement of Women. Malta: Ministry for Social Policy.

Abela A. M. (2006) Shaping a National Identity. *International Journal of Sociology* Vol 35(4): 22-25.

Abela, G., Camilleri, K., Zammit Pulo, S. and Vancell, J. (2002) *PSD Syllabus*. Ministry of Education: Malta.

Agius, P.A., Dyson, S., Pitts, M.K., Mitchel, A. and Smith, A. (2006) Two steps forward and one step back? Australian secondary students' sexual health knowledge and behaviours 1992 - 2002. *Journal of Adolescent Health* Vol.38(2006): 247-252.

Alford, S. (2001) What's wrong with federal abstinence-only-until-marriage requirements? *Transitions* Vol.12(3): 3-5.

Allen, I. (1987) *Education in Sex and Personal Relationships*. Policy Studies Institute Dorset: Blackmore Press.

Allen, L. (2001) Closing sex education's knowledge/practice gap: the reconceptualisation of young people's sexual knowledge. *Sex Education* Vol.1(2): 109-122.

Allen, L. (2009) Poles Apart? Gender differences in proposals for sexuality education content, *Gender and Education*, Vol.20(5): 435-450.

Allott, R. and Paxton, R. (2000) Drug education in primary schools: putting policy and research into practice. *Health Education* Vol.100(6):242-251.

Bandura A. (1977) *Social learning theory*. New Jersey: Englewood Cliffs and Prentice Hall.

Bartolo, J., Buhagiar, A., De Lucca, J., Galea, P., Lauri, M., Rossi, C., Tabone, C. and Warrington, E. (2009) *Religious Beliefs and attitudes of Maltese University Students: Revisited - 2009*. University Chaplaincy, University of Malta: Malta.

Bee, H.(2009) *The Developing Child*. 12th Edition. US: HarperCollins College Publishers.

Benton, D.C. (1995) Grounded Theory. in Cormack D.F.S. (ed) *The Research Process in Nursing*. 3rd Edition. Great Britain: Blackwell Science.

Bersamin, M.M., Fisher, D.A., Samantha, W., Hill, D.L. and Grube, J.W. (2007) Defining virginity and abstinence: adolescents' interpretations of sexual behaviours. *Journal of Adolescent Health* Vol.41(2007): 182-188.

Biro, F.M., Rosenthal, S.L. and Stanberry, L.R. (1994) Knowledge of gonorrhoea in adolescent females with a history of STD. *Clinical Paediatrics*, Vol.33: 601-605.

Blake, S. (2002) *Sex and Relationships Education: A step-by-step guide for teachers*. London: David Fulton Publishers Ltd.

Blake, S. and Frances, G. (2001) *Just Say No! to Abstinence Education: Report of a Sex Education Study tour to the United States.* London: National Children's' Bureau.

Bowling, A. (2002) *Research Methods in Health – Investigating health and health services*. 2nd Edition, Great Britain: Open University Press.

Bradshaw, J. (1972) The concept of social need. *New Society* Vol.30: 640-643.

Bradshaw, J. (1994) 'The conceptualisation and measurement of need: A social policy perspective', in Popay, J. and Williams, G. (eds), *Researching the People's Health*, pp. 45-57. Great Britain: Routledge.

Bradshaw, J. and Finch, J. (2001) *Core Poverty*. Paper for a seminar at the Centre for the Analysis of Social Exclusion, London. University of York, Social Policy Research Unit.

Bragg, S. (2006) Having a real debate: using media as a resource in sex education. *Sex Education* Vol.6(4): 317-331.

Brewer, J. and Hunter, A. (1989) *Multimethod Research: A synthesis of styles*, USA: Sage.

Bryman, A. (1984) 'The debate about quantitative and qualitative Research: A question of method or epistemology', *The British Journal of Sociology*, Vol.35(1):75-92.

Bryman, A. (2004) *Social Research Methods*. 2nd Edition. United States: Oxford University Press Inc.

Burazeri, G., Roshi, E. and Tavanxhi, N. (2004) Does knowledge about sexually transmitted infections increase the likelihood of consistent condom use? *Preventive Medicine*. Vol.39(2004): 1077-1079.

Buston, K. and Wight, D. (2006) The salience and utility of school sex education to young men. *Sex Education*. Vol.6(2): 135-150.

Buston, K., Wight, D., and Scott, S. (2001) 'Difficulty and Diversity: the context and practice of sex education'. *British Journal of Sociology of Education*. Vol.22(3): 353-368.

Cable, K.E. and Spradlin, T.E. (2008) *Single-sex education in the 21st Century*. Education Policy Brief Vol.6(9):1-12.

Carrera, C. and Ingham, R. (1997) *Exploration of the factors that affect the delivery of sex and sexuality education and support in and out of schools: A selective literature review.* Unpublished report, Centre for Sexual Health Research, University of Southampton.

Carter, D.E. (1995) Descriptive Research. in Cormack D.F.S. (ed) *The Research Process in Nursing*. 3rd Edition.Great Britain: Blackwell Science.

Cates, J.R. (2008) Education on STIs: finding common ground among youth, parents, providers and policy advocates. *Sex Education*, Vol.8(2): 129-143.

Clark, L.R., Jackson, M. and Allen-Taylor, L. (2002) Adolescent Knowledge about sexually transmitted diseases. *Sexually transmitted Diseases* Vol.29(8): 436-443.

Clements, S., Ingham, R., Stone, N. and Diamond, I (1999) *Young people's views on sexual health, services and sex education: Results of a survey in a large secondary school*. Unpublished report, Centre for Sexual Health, University of Southampton.

Coffey, A. (1999) *The Ethnographic Self*. London: Sage Publications.

Cohen, L., Manion, L. and Morrison, K. (2000) *Research Methods in Education*, 5th Edition, London: Routledge Falmer.

Coleman, L. and Testa, A. (2007) Preferences towards sex education and information from an ethnically diverse samle of young people. *Sex Education*, Vol.7(3): 293-307.

Collyer, J. (1995) *Sex Education in Primary Schools: A guide to policy development in primary schools*. London: Forbes.

Connell, E. (2005) Desire as interruption: young women and sexuality education in Ontario, Canada. *Sex Education*, Vol.5(3): 253-268.

Constantine, N.A. (2008) Editorial - Converging evidence leaves policy behind: sex education in the United States. *Journal of Adolescent Health* Vol.42: 324-326.

Crooks, R. and Baur, K. (2002) *Our Sexuality*. Eight Edition. United States: Wadsworth.

DeHovitz, J.A., Kelly, P., Feldman, J., *et al*. (1994) Sexually transmitted diseases, sexual behaviour, and cocaine use in inner city women. *Am J Epidemiol*. 1994; Vol.140: 1125-1134.

Denscombe, M. (2003) *The good research guide for small scale research projects*. 2nd Edition, Great Britain: Open University Press.

Denzin, N.K. (1989) *The research act: a theoretical introduction to sociological methods* (3rd. ed.). Englewood Cliffs, NJ: Prentice Hall.

Denzin, N. K. and Lincoln, Y. S. (1994) *Handbook of Qualitative Research*. California: Sage Publications.

Denzin, N.K. and Lincoln, Y. S. (1998) *The Landscape of Qualitative Research: Theories and Issues.* London: Sage Publications.

Denzin, N.K. and Lincoln, Y.S. (1994) Introduction: entering the field of qualitative research. In: Denzin, N.K. and Lincoln, Y.S. (Eds.). *Handbook of Qualitative Research*, Sage Publications, Thousand Oaks,pp 1-17.

DfEE (2000) *Sex and Relationship Education Guidance: Curriculum and Standards.* Nottingham: DfEE.

DiCenso, A., Guyatt, G., Willan, L. and Griffith, W.L.(2002) Interventions to reduce unintended pregnancies among adolescents: systematic review of randomised controlled trials. *British Medical Journal* Vol.324: 1426.

D'Onofrio, E. (2003) Sex Education, Liberalism, and Autonomy: Bridging the Traditionalist vs. Anti-Traditionalist Gap. Paper presented at the annual meeting of the American Political Science Association, Philadelphia Marriott Hotel, Philadelphia, PA, Aug 28, 2003.

Downs, J.S., Bruine de Bruin, W., Murray, P.J. and Fischhoff, B. (2006) Specific STI knowledge may be acquired too late. *Journal of Adolescent Health*. Vol.38(2006):65-67.

Doyal, L. and Gough, I. (1991) *A Theory of Human Need,* New York: The Guilford Press.

Edgardh, K. (2000) Sexual behaviour and early coitarche in a national sample of 17 year old Swedish girls. *Sexually Transmitted Infections* Vol.76: 98-102.

Eisenberg, M.eE., Bernat, D.H., and Bearinger, L.H., *et al*. (2008) Support for comprehensive sexuality education: perspectives from parents of school-aged youth. *Journal of Adolescent Health* Vol 42: 352-359.

Endacott R. (1997) Clarifying the concept of need: a comparison of two approaches to concept analysis. *Journal of Advanced Nursing* Vol.25: 471-476.

Epstein, D. and Johnson, R. (1998) *Schooling sexualities*. Buckingham and Philadelphia: Open University Press.

European Commission (2006) *Standard Eurobarometer 66 - Public Opinion in the European Union - National Report Malta* (ed. Micallef, R.): European Commission.

European Values Study Foundation (2001) *A Third Wave. Source book of the 1999/2000 European Values Study Surveys.* (compiled by Loek Halman in collaboration with Anthony M. Abela, Helmut Anheier and Stephen Harding and 53 others) Tilburg: European Values Study.

Evans, D., Ingham, R. and Roots, B. (1994) *Sex Education in Salisbury - Report of an Evaluation Project in Secondary School*. England: Salisbury Health Authority.

Ewles, L., and Simnett, I. (1985) *Promoting health: a practical guide to health education*. Chichester: John Wiley and Sons.

Falzon, R. (1999) *Some thoughts on Processing*. Unpublished monograph. University of Malta: Malta.

Falzon, R. (2008) *PGCE/PS facilitation methodology programme 2008-2009. Official Course Overview*. Department of Psychology. University of Malta: Malta.

Falzon, R. and Muscat, M. (2009) Personal and social development in a small island community - Presenting the Maltese democratic model. *Journal of the European Teacher Education Network*. Vol.4.

Fine, M. (1988) 'Sexuality, schooling and adolescent females: the missing discourse of desire', *Harvard Educational Review*, Vol.58(1): 29-53.

Fine, M. and McClelland, S. I. (2006) Sexuality education and desire: Still missing after all these years. *Harvard Educational Review*, Vol.76(3): 297-338.

Foss, C.F. and Ellefsen, B. (2002) 'The value of combining qualitative and quantitative approaches in nursing research by means of method triangulation', *Journal of Advanced Nursing*, Vol.40(2), 242-248.

Foucault, M. (1978) *The History of Sexuality*. Volume 1: An Introduction. Translated from French by Hurley, R. USA: Vintage books.

Foucault, M. (1980) *Power/Knowledge: Selected Interviews and Other Writings 1972-1977*, edited by Colin Gordon, Harvester, London.

Fraenkel, J.R. and Wallen, N.E. (2000) *How to design and evaluate research in education*, 4th edition, USA: McGraw Hill.

Garside R., Ayres, R., Owen, M., Pearson, V.A. and Roizen, J. (2001) "They never tell you about the consequences": young people's awareness of sexually transmitted infections. *International Journal of STD and AIDS.* Vol.12: 582-588.

Giesecke, J., Scalia-Tomba, G. and Gothberg, M. (1992)   Sexual behavior related to the spread of sexually transmitted diseases - a population-based survey. *International Journal of STD AIDS* Vol.3: 255-260.

Gokengin, D., Yamazhan, T., Ozkaya, D., Aytug, S., Ertem, E., Arda, B. and Serter, D. (2003) Sexual knowledge, attitudes and risk behaviours of students in Turkey. *Journal of School Health* Vol.73(7):258-263.

Guba, E.G. (1990) The alternative paradigm dialog. In E.G. Guba (Ed.), *The paradigm dialog* (pp17 – 27). Newbury Park, CA: Sage Publications.

Guba, E.G. and Lincoln, Y.S. (1994). Competing paradigms in qualitative research. In N.K. Denzin and Y.S. Lincoln (Eds), *The handbook of qualitative research* (pp. 105-117) USA: Sage Publications.

Halsted, J.M. (2005) 'Teaching about love' *British Journal of Educational Studies,* Vol.53 (3):290-305.

Halsted, J.M. & Reiss, J. (2003) *Values in Sex Education.* London: Routledge Falmer.

Halstead, J.M. and Taylor, M.J. (2000) *The development of values, attitudes and personal qualities: A review of recent research*. Slough: NFER.

Halstead, J.M. and Waite, S. (2001) Living in different worlds: gender differences in developing sexual values and attitudes of primary school children. *Sex education* Vol.1: 59-76.

Harrison, J. (2000) *Sex Education in Secondary Schools.* Buckingham: Open University Press.

Harrison, J. and Hillier, L. (1999) What should be the subject of sex education? *Discourse: Studies in the cultural politics of education*, Vol.20(2): 279-288.

Heron, J. (1999) *The complete facilitator's handbook*. United States: Stylus Publishing.

Hilton, G. (2003) 'Listening to the boys: English boys' views on the desirable characteristics of teachers of sex education', *Sex Education: Sexuality, Society and Learning, Vol.*3(1): 33-45.

Hilton, G. (2007) 'Listening to the boys again: an exploration of what boys want to learn in sex education classes and how they want to be taught', *Sex Education* Vol.7(2): 161-174.

Hirst, J. (2004) Researching young people's sexuality and learning about sex: experience, need, and sex and relationship education. *Culture, Health and Sexuality*. Vol.6(2): 115-129.

Hirst, J. (2008) Developing sexual competence? Exploring strategies for the provision of effective sexualities and relationships. *Sex Education*. Vol.8(4): 399-413.

Horrocks, R. (1997) *An introduction to the study of sexuality*. Great Britain: Macmillan Press Ltd.

Ingham, R., Sadler, M. and Diamond, I. (1999) *Young people's sexual health in south-east Hampshire*. Centre for Sexual Health Research, Department of Psychology: University of Southampton.

Janesick, V.J. (2000) The choreography of qualitative research design. In N.K. Denzin and Y.S. Lincoln (Eds), *Handbook of qualitative research* (pp.379 – 399). Thousand Oaks, CA: Sage.

Johnson, A.M, Mercer, C., Erens, B., Copas, A., McManus, S., Wellings, K., Fenton, K., Korovessis, C., Macdowall, W., Nanchahal, K., Purdon, S. and Field, J (2001) 'Sexual Behaviour in Britain: partnerships, practices and HIV risk behaviours', *Lancet,* 358: 1835-42.

Johnson, R.B. and Onwuegbuzie, A.J. (2004) 'Mixed Methods Research: a research paradigm whose time has come'. *Education Researcher*, Vol.33(7): 14-26.

Johnston, R. (2008) Historical Abortion Statistics, Malta. Accessed on 27th October 2009. http://www.johnstonsarchive.net/policy/abortion/ab-malta.html

Jones, N.R. and Haynes, R. (2006) The association between young people's knowledge of sexually transmitted diseases and their behaviour: a mixed methods study. *Health, Risk and Society*. Vol.8(3): 293-303.

Kaljee, L.M., Genberg, B.L., Minh, T.T., Tho, L.H., Thoa, L.T.K. and Stanton, B. (2005) Alcohol use and HIV risk behaviours among rural adolescents in Kanh Hoa Province Viet Nam. *Health Education Research*, Vol.20(1): 71-80.

Kelley M.R., Ball, M., Cerullo, J. and Trunova, E. (2004) HIV and STD Knowledge, Sexual Behaviours and Drug taking behaviours of adolescents in southern Russia. *The International Electronic Journal of Health Education*. Vol.7: 20 - 26.

Kinsman, J., Nakiyingi, J., Kamali, A., Carpenter, L., Quigley, M., Pool, R. and Whitworth, J. (2001) 'Evaluation of a comprehensive school-based AIDS education programme in rural Masaka, Uganda.' *Health Education Research*, Vol.16(1): 85-100.

Kirby, D. (1999) Reflections on two decades of research on teen sexual behavior and pregnancy, *Journal of School Health*, Vol.69(3): 89-94.

Klanger, B., Tyden, T. and Ruusuvara L. (1993) Sexual behaviour among adolescents in Uppsala, Sweden. *J Adolesc Health*. 1993 Vol.14: 468-474.

Kniss, D.D. and Akagi, C.G. (2008) Sexuality Education and HIV Knowledge, Atttitudes, and Behaviours of Young Adults. *American Journal of Sexuality Education*. Vol.3(4): 355-373.

Kolb D. (1984) *Experiential Learning: Experience as the source of Learning and Development*. New Jersey: Prentice-Hall Incorporated.

Kohler, P.K., Manhard, L.E. and Lafferty, W.E. (2008) 'Abstinence-only and comprehensive sex education and the initation of sexual activity and teen pregnancy.' *Journal of Adolescent Health* Vol.42: 344-351.

Landry, D., Kaeser, L. and Richards, C. (1999) 'Abstinence promotion and the provision of information about contraception in public school district sexuality education policies', *Family Planning Perspectives*, Vol.31: 280-286.

Lavikainen, H.M., Lintonen, T. and Kosunen, E. (2009) Sexual behaviour and drinking style among teenagers: a population based study in Finland. *Health Promotion International* Vol.24(2):108-119.

Lawrence, J., Kanabus, A. and Regis, D (2000) *A Survey of Sex Education Provision in Secondary Schools.* Horsham: AVERT.

Lesta, S., Lazarus, J.V.a dn Essen, B. (2008) Young Cypriots on sex education: sources and adequacy of information received on sexuality issues, *Sex Education* Vol.8(2): 237-246.

Li, S., Huang, H., Xu, G., Cai, U., Shi, R. and Shen, X. (2009) HIV/AIDS related knowledge, sources and perceived need among senior high school students: a cross-sectional study in China. *International Journal of STDs and AIDS*. Vol.50: 561-565.

Lincoln, Y.S. and Guba, E.G. (2000) Paradigmatic controversies, contradictions and emerging confluences. In N.K. Denzin and Y.S. Lincoln (Eds), *Handbook of qualitative research* (pp.163 – 188). Thousand Oaks, CA: Sage.

Loughrey, C. (2002) *Beliefs, attitudes and experiences of pupils, parents and teachers about relationships and sexual education in post-primary Catholic schools in Northern Ireland*. North Ireland: Accord Catholic Marriage Care Service RSE Report.

Makenzius, M., Gadin, K.G., Tyden, T., Romild, U. and Larsson, M. (2009). Male students' behaviour, knowledge, attitudes, and needs in sexual and reproductive health matters. *The European Journal of Contraception and Reproductive Health Care*. Vol.14(4): 268-276.

Maswanya, E., Moji, K. Aoyagi, K., Yahata, Y., Kusano, Y., Nagata, K., Izumi, T. and Takemoto, T. (2000) Knowledge and attitudes towards AIDS among female college students in Nagasaki, Japan. *Health Education Research*, Vol.15(1): 5-11.

McClean H.L. and Reid, M. (1997) use of GUM services and information and views held by first time service users in a large UK city: implications for information provision. *International Journal of STDs and AIDS*. Vol.8: 154-158.

Measor, L, Tiffin, C and Fry, K. (1996) 'Gender and sex education: a study of adolescent responses', *Gender and Education, Vol.*8(3): 275-288.

Mellanby, A.R., Newcombe, R.G., Rees, J. and Tripp, J.H. (2001) 'A comparative study of peer-led and adult-led school sex education'. *Health Education Research: Theory and Practice*, Vol.16(4): 481-492.

Mertens, D. M. (1998) *Research Methods in education and psychology: Integrating diversity with quantitative and qualitative approaches*, USA: Sage publications.

Mifsud, M., Buttigieg, G.G., Savona-Ventura, C. and Delivata, S. (2009) Reproductive health in Malta. *The European Journal of Contraceptive and Reproductive Health Care*. Vol.14(4): 249-257.

Miles, M. B. and Huberman, A. M. (1994) *Qualitative Data Analysis*, Sage Publications: London.

Ministry of Education (1999) *Creating the future together - The National Minimum Curriculum*. Klabb Kotba Maltin: Mata.

Ministry of Education (2000) *National Curriculum on its way*. Proceedings from a conference on the implementation of the National Curriculum, June 2000. Gutenberg Press: Malta.

Misra, R. and Ballard, D. (2003) Community needs and strengths assessments as an active learning project. *Journal of School Health* Vol.73(7):269-271.

Moore, M.J. and Rienzo, B.A. (2000) Utilising the SIECUS Guidelines to assess sexuality education in one state: content scope and importance. *Journal of School Health*, Vol.70(2): 56-60.

Moore, S and Rosenthal, D. (1998) *Sexuality in Adolescence: Current Trends.* London: Routledge.

Morin, D. and Leblanc, N. (2005) Less money, less care: How nurses in long-term care allocate hours of needed care in a context of chronic shortage. *International Journal of Nursing Practice*. Vol.11: 214-220.

Mturi, A.J. and Hennink, M.M. (2005) Perceptions of sex education for young people in Lesotho. *Culture, Health and Sexuality* Vol.7(2): 129-143.

Mueller, T.E., Gavin, L.E. and Kulkarni, A. (2008) The association between sex education and youth's engagement in sexual intercourse, age at first intercourse, and birth control use at first sex. *Journal of adolescent Health* Vol.42: 89-96.

Muscat, M. (2006). *Evaluation of the PSD programme*. (M. Ed. Dissertation). University of Malta.

Nahom, D., Wells, E., Gillmore, M.R., Hoppe, M., Morrison, D.M., Archibald, M., Murowchick, E., Wilsdon, A. and Graham, L. (2001) Differences by gender and sexual experience in adolescent sexual behaviour: implication for education and HIV prevention. *Journal of School Health* Vol.71(4):153-158.

Naidoo, J. and Wills, J. (1994; 2000) *Health Promotion: Foundations for Practice,* London: Bailliere Tindall.

National Statistics Office (2002) *Children*. Malta: Interprint Ltd.

National Statistics Office (2004) *Education Statistics 2001-2002*. Education and Culture Statistics Unit: Malta.

National Statistics Office (2006) *Census of Population and Houses 2005. A preliminary report*. Malta: Government Printing Press.

Oliver, P. (2003) *The student's guide to research ethics*. Milton Keynes: Open University Press.

Oppenheim, A.N. (1992) *Questionnaire Design, Interviewing and Attitude Measurement*. 2nd Edition. London: Pinter Publishers.

Patel-Kanwal, H. and Lenderyou, G.F. (1998) *Let's Talk about Sex and Relationships.* London: National Children's Bureau.

Peshkin, A. (1988) In search of subjectivity – One's own. *Education Researcher* Vol 17(7):17-22.

Phinney, V.G., Jensen, L.C. and Olsen, J.A. *et al*. (1990) The relationship between early development and psychosocial behaviours in adolescent females. *Adolescence*. Vol.25: 321-332.

Pigg, K.E., Carrier, J. And McDonald, T. (1995) *Needs Assessment: Uses in Program Planning in Cooperative Extension*. Paper presented at the Annual Meeting of the American Evaluation Association University of Missouri-Columbia.

Polit D.F. and Hungler B.P. (1993) *Essentials of Nursing Research: Methods, appraisal and utilisation*. 3rd Edition. United States of America: J.B. Lippincott Company.

Poulin, C. and Graham, L. (2001) The association between substance use, unplanned sexual intercourse and other sexual behaviours among adolescent students. *Addiction* Vol.96: 607-621.

Prendergast, S. (1992) *This is the time to grow up. Girls experiences of menstruation in school*. Health Promotion Research Trust.

Rabiee, F. (2004) 'Focus-group interview and data analysis'. *Proceedings of the Nutrition Society*, Vol.63: 655-660.

Reviere, R., Berkowitz, S., Carter, C., Ferguson, C.G. (1996) Editors – *Needs Assessment* Publisher Taylor Francis Printed in the United States of America.

Robinson, N. (1999) The use of focus group methodology - with selected examples from sexual health research. *Journal of Advanced Nursing*. Vol.29(4): 905-913.

Robinson, B.E., Bockting, W.O., Rosser, B.R., Miner, M. and Coleman, E. (2002) The sexual health model: application of a sexological approach to HIV prevention. *Health Education Research* Vol.17(1):43-57.

Rolston, B., Schubotz, D. and Simpson, A. (2005) Sex education in Northern Ireland schools: a critical evaluation. *Sex Education* Vol. 5(3): 217 - 234.

Ross, J., Godeau, E. and Dias, S. (2004) Sexual Health. in WHO *Young people's health in context*. 153-160. Copenhagen: WHO Regional Office for Europe.

Sacred Congregation for Catholic Education (1983) *Educational Guidance in Human Love: Outlines for sex education*. Rome.

Santelli, J., Ott, M., Lyon, M., Rogers, J., Summers, D. and Schleifer, R. (2006) 'Abstinence and Abstinence-only education: a review of U.S. policies and programs', *Journal of Adolescent Health, Vol.* 38(1): 72-81.

Schenk, K. and Williamson, J. (2005) *Ethical approaches to gathering information from children and adolescents in international settings: Guidelines and resources*. Washington DC: Population Council.

Schwandt T.A. (2001) *Dictionary of Qualitative inquiry*, 2nd edition, USA: Sage Publications.

SEDQA (2004) *Synopsis of ESPAD 2003 - Results for Malta. National Agency Against Drug and Alcohol Abuse* - Foundation for Social Welfare Services. Malta: Ministry of Social Policy.

SEDQA (2009) *Launch of 2007 ESPAD*. News and Press Release Thursday March 26, 2009 - National Agency Against Drug and Alcohol Abuse - Foundation for Social Welfare Services. Malta: Ministry of Social Policy.

Senanayake, P., Nott, J.H., and Faulkner, K.M. (2001) Adolescent sexual and reproductive health: the challenge for society. *Human Fertility* Vol.4: 117-122.

Sex Education Forum (1999) *The Framework for Sex and Relationships Education*. London: National Children's Bureau Enterprises Ltd.

Sex Education Forum (2002) *Delivering sex and relationships education within the youth service* London: National Children's Bureau Enterprises Ltd.

Shaikh and Rahim (2006) Assessing knowledge, exploring needs: a reproductive health survey of adolescents and young adults in Pakistan. *The European journal of contraception and reproductive health care*. Vol.11(2): 132-137.

SIECUS (1996) *Guidelines for Comprehensive Sexuality Education*. 2nd Edition New York: SIECUS Publications.

Sim, J. and Sharp, K. (1998) A critical appraisal of the role of triangulation in nursing research, *International Journal of Nursing Studies*, Vol.35(1998) 23-31.

Simons, H. (1999) *The Self in Case Study Research*. Paper presented to British Educational Research Association Annual Conference, University of Sussex, September 1999.

Smith, S. (1996) Teenage Sex. *British Medical Journal* Vol.312: 390-91.

Social Exclusion Unit (1999) *Teenage Pregnancy*. London: The Stationery Office.

Sousa, A.P., Soares, I. and Vilar, D. (2007) Lessons learnt from a secondary school sex education program in Portugal. *Sex Education* Vol.7(1): 35-45.

Spear H.J. and Kulbok P.A. (2001) Adolescent Health Behaviours and Related Factors: A Review *Public Health Nursing* Vol.18(2): 82-93.

Sprecher, S., Harris, G. and Meyers, A. (2008) Perceptions of Sources of Sex Education and Targets of Sex Communication: sociodemographic and cohort effects. *Journal of sex research*. Vol.45(1): 17-26.

Stake, R. E. (1995) The Art of Case Study Research. London: Sage Publications Ltd.

Steckler, A., McLeroy, K.R., Goodman, R.M., Bird, S.T. and McCormick L. (1992) Toward integrating qualitative and quanitative methods: an introduction. *Health Education Quarterly*, Vol.19(1): 1-8.

Stevens A. and Gillam, S. (1998) Needs assessment: from theory to practice. *British Medical Journal* Vol.316: 1448-1452.

Sultana, R. G. & Baldacchino, G. (1994) Maltese Society: A Sociological Inquiry. Malta: Mireva.

Surrey County Council (2001) *Sex and Relationship Education: Guide for Effective Programmes in Schools (4-19)*. Surrey: Surrey County Council.

Swann, J., Weare, K., Prosser, J. and Bryant, I. (1995) *Research Methods: Distance Learning Course.* Southampton: University of Southampton.

Tabone, C., Buhagiar, A., Zammit, L., Pace, P., Lauri, M. and Bartolo, J. (2003) *Religious Beliefs and attitudes of Maltese University Students*. University Chaplaincy, University of Malta: Malta.

The Health Promotion Agency for Northern Ireland (1996) *Sex Education in Northern Ireland – Views from parents and schools.* The Health Promotion Agency for Northern Ireland Publication: Northern Ireland.

The Swedish Council for Information on Alcohol and Other Drugs (2004) *The 2003 ESPAD Report.* Stockholm: Modintryck offset.

The Swedish Council for Information on Alcohol and Other Drugs (2009) *The 2007 ESPAD Report.* Stockholm: Modintryck offset.

The Times of Malta (2009) *Students may be exposed to other religious faiths*. Article by Calleja, C. Tuesday, September 8, 2009.

Thomson, R. and Holland, J. (1998) Sexual Relationships, Negotiation and Decision Making. In Coleman, J. and Roker, D. (eds) *Teenage sexuality: Health, risk and education*. The Netherlands: Harwood Academic Publishers.

Tones, K. and Tilford, S. (2001) *Health Promotion: effectiveness, efficiency and equity*. 3rd Edition Great Britain: Nelson Thornes.

Trani, F., Gnisci, F., Nobile, C.G. and Angelillo, I.F. (2005) Adolescents and sexually transmitted infections: knowledge and behaviour in Italy. *Journal of Paediatric Child. Health* Vol.41: 260-264.

UNAIDS (1997) *Impact of HIV and Sexual Health Education on the Sexual Behaviour of Young People: A Review Update*. UNAIDS Best Practice Collection, Key Material (Geneva: Joint United Nations Programme on HIV/AIDS).

UNESCO (2009) *International Guidelines on Sexuality Education: An evidence informed approach to effective sex, relationships and HIV/STI education.* Conference Ready Version. France: UNESCO.

Vaughn, S., Schumm, J. and Sinagub, J. (1996) *Focus Group Interviews in Education and Psychology.* California: Sage Publications.

Vella, M. (2008) *Aborting the truth about contraception*. News article on Malta Today on Sunday of Sunday 20th April 2008 accessed on 27th October 2009: http://www.maltatoday.com.mt/2008/04/20/n11.html

Warwick, I. and Aggleton, P. (2001) *Learning from what young people say… about sex, relationships and health*. Southampton: University of Southampton.

Weare, K. (2004) *Developing the Emotionally Literate School.* London: Paul Chapman Pub.

Weaver, H., Smith, G. and Kippax, S. (2005) 'School-based sex education policies and indicators of sexual health among young people: a comparison of the Netherlands, France, Australia and the United States', *Sex Education,* Vol. 5(2):171-188.

Wellings, K. and Mitchell, K. (1998) Risks associated with early sexual activity and fertility, in Coleman, J. and Roker, D. (ed) *Teenage Sexuality: Health, risk and education*. India: Harwood Academic Publishers.

Wellings, K., Field, J,. Johnson, A.M. and Wadsworth, J., (1994) *Sexual Behaviour in Britain, The National Study of Sexual Attitudes and Lifestyles.* London: Penguin.

Wellings, K., Wadsworth, J., Johnson, A.M., Field, J., Whitaker, L. and Field, B. (1995) Provision of sex education and early sexual experience: the relation examined, *British Medical Journal* Vol.311: 417-420.

Wellings, K., Nanchahal, K. and Macdowall, W. (2001) 'Sexual Behaviour in Britain: early heterosexual experience', *Lancet*, *Vol.*358: 1843-1850.

Westwood, J. and Mullan, B. (2006) Knowledge of secondary school pupils regarding sexual health education. *Sex education*, Vol.6(2): 151-162.

Whipple, B., Knowles, J. and Daves, J. (2006) The health benefits of sexual expression. in Tepper, M.S. and Owens, A.F. (editors) *Sexual Health*. Greenwood Publishing Group.

Whitaker, P. (1995) *Managing to learn - aspects of reflective and experiential learning in schools*. London: Cassell Publication.

Wight, D. and Abraham, C. (2000) From psycho-social theory to sustainable classroom practice: developing a research-based teacher delivered sex education programme. *Health Education Research* Vol.15(1):25-38.

Wiley, D.C. (2002) The ethics of abstinence-only and abstinence-plus sexuality education. *Journal of School Health*, Vol.72(4): 164-167.

Willig, C. (1999) Discourse analysis and sex education, in : Willig, C. (Ed.) *Applied discourse analysis: social and psychological interventions*. Buckingham and Philadelphia: Open University Press.

Winn, S., Roker, D. and Coleman, J. (1998) Young People's Sexual Knowledge. in *Teenage sexuality: Health, risk and education* (eds) Coleman, J. and Roker, D. India: Harwood Academic Publishers.

Woo, H. and Twinn, S (2004) Health needs of Hong Kong Chinese pregnant adolescents. *Journal of Advanced Nursing* Vol.45(6):595-602.

World Association of Sexual health (2009) Press Release on Human Rights Day - 10th December 2009. www.worldsexology.org/sites/default/files/WAS STATEMENT HUMAN RIGHTS DAY DEC 09.pdf Accessed on 10th December 2009.

World Health Organisation (1999) *Programming for adolescent health and development*: Report of a WHO/UNFPA/UNICEF study group on programming for adolescent health. Geneva: World Health Organization. 1999 (Technical Report Series, No.886).

World Health Organisation (2004) *Young people's health in context - Health Behaviour in school-aged children (HBSC) study: international report from the 2001/2002 survey*. Denmark: The Regional Office for Europe of the World Health Organisation.

World Health Organisation (2006) *Defining sexual health. Report of a technical consultation on sexual health*, Geneva, 28-31 January 2002.

BIBLIOGRAPHY

Abela, A.M (1994). *Shifting values in Malta*. Malta: Media Centre.

Abela, G., Azzopardi, A., Camilleri, K., Ciantar, Vancell, J. M., & Zammit Pulo, S. (2001). *Developmental programme for PSD teachers*. Malta: Ministry of Education.

Adams, P. (2003) 'Health education: part or all of the PSHE and citizenship framework?' *Health Education*, Vol.103(5): 272-277.

Addison, N. (2002) What are little boys made of? Victorian art and the formation of gender. *Sex Education*, Vol.2(2): 171-182.

Addison, N. (2006) 'Acknowledging the gap between sex education and the lived experiences of young people: a discussion of Paula Rego's The Pillowman (2004) and other cautionary tales'. *Sex Education*, Vol.6(4): 351-365.

Aggleton, P. (1996) *Health Promotion and Young People*. Great Britain: Health Education Authority.

Aggleton, P. and Crewe, M. (2005) Effects and effectiveness in sex and relationships education. *Sex Education*, Vol.5(4): 303-306.

Aggleton, P., Oliver, C. and Rivers, K. (1998) *The implications of research into young people, sex, sexuality and relationships*. Great Britain: Health Education Authority.

Airton, L. (2009) 'From sexuality (gender) to gender (sexuality): the aims of anti-homophobia education.' *Sex Education*, Vol.9(2): 129-139.

Alderson, P. and Morrow, V. (2004) *Ethics, social research and consulting with children and young people*. Barnardo's: UK.

Allen, L. (2004) 'Beyond the birds and the bees: Constituting a discourse of erotics in sexuality education'. *Gender & Education*, Vol.16(2): 151-167.

Allen, L. (2005) 'Say everything': exploring young people's suggestions for improving sexuality education' *Sex Education*, Vol.5(4): 389-404.

Allen, L. (2009) 'It's not who they are it's what they are like: re-conceptualising sexuality education's 'best educator' debate'. *Sex Education*, Vol.9(1): 33-49.

Anderson, A. M. (1996) 'Prevention intervention (promoting safer sex for mentally ill patients)'. *Journal of Community Nursing*, Vol.10(5): 20 - 22.

Anderson, A. and Ronson, B. (2005) Democracy – The first principle of Health Promoting Schools. *The International Electronic Journal of Health Education*, Vol.8: 24-35.

Andrews, G. (ed) (1997) *Women's Sexual Health*. London: Bailliere Tindall.

Apostolidou, M. and Fontana, D. (2003) Teacher attitudes towards health education in Greek speaking Cyprus schools. Health Education, Vol.103(2): 75-82.

Appel, E., and Kleiber, D. (1997) Evaluation of a peer education program on love, sexuality and contraception. A paper presented at the 11th Conference of the European Health Psychology Society (Bordaux, September 3-5, 1997, France).

Atkinson, E. (2002) Education for diversity in a multisexual society: negotiating the contradictions of contemporary discourse. Sex Education, Vol.2(2): 119-132.

Avery, L. and Lazdane, G. (2008) 'What do we know about sexual and reproductive health of adolescents in Europe?' *European Society of Contraception*, Vol.13(1): 58-70.

Baber, K. M. and Murray, C. I. (2001) A postmodern feminist approach to teaching human sexuality. *Family Relations*, Vol.50(1), 23-33.

Backett-Milburn, K. and Wilson, S. (2000) 'Understanding peer education: insights from a process evaluation'. *Health Education Research*, Vol.15(1): 85-96.

Bandiera, F.C., Jeffries, W.L., Dodge, B., Reece, M. and Herbenick, D. (2008) 'Regional differences in sexuality education on a state level: the case of Florida'. *Sex Education*, Vol.8(4): 451-463.

Baraitser, P., Dolan, F. and Cowley, S. (2003) 'Developing relationships between sexual health clinics and schools: more than clinic nurses doing sex education sessions?' *Sex Education*, Vol.3(3): 201-213.

Baraitser, P. and Wood, A. (2001) 'Precarious partnerships: barriers to multidisciplinary sex education in   schools - a short communication'. *Health Education Journal*, Vol.60(2): 127-131.

Barak, A. and Fisher, W. A. (2001) 'Toward an internet-driven, theoretically-based, innovative approach   to sex education'. *Journal of Sex Research*, Vol.38(4):324.

Barnett, J.E. and Hirst, C.S. (2003) Abstinence Education for rural youth: an evaluation of the life's walk program. *Journal of School Health*, Vol.73(7): 264-268.

Bartz, T. (2007) 'Sex education in multicultural Norway', *Sex Education*, Vol.7(1): 17-33.

Bassey, M. (1999) *Case study research in education settings*, Great Britain: Open University Press.

Batchelor, S. A., Kitzinger, J. and Burtney, E. (2004) 'Representing young people's sexuality in the 'youth' media'. *Health Education Research* Vol. 19(6): 669-676.

Bay-Cheng, L.Y. (2003) 'The trouble of teen sex: the construction of adolescent sexuality through school-based sexuality education'. *Sex Education*, Vol.3(1): 61-74.

Beatty, B.G., O'Connell, M.O., Ashikaga, T. and Cooper, K. (2003) Human Papillomavirus education in middle and high schools of Vermont. *Journal of School Health*, Vol.73(7): 253-257.

Bell, J. (1999) *Doing Your Research Project: A Guide for First-Time Researchers in Education and Social Sciences.* Buckingham: Open University Press.

Bellis, M., Hughes, K. and Ashton, J. (2004) 'The promiscuous 10%' *Journal of Epidemiology and Community Health*, 58, pp.889-890.

Bennett, S.E., and Assefi, N.P. (2005) 'School-based teenage pregnancy prevention programs: a systematic review of randomized controlled trials'. *Journal of Adolescent Health*, Vol.36: 72-81.

Ben-Zur, H. (2003) Peer risk behaviour and denial of HIV/AIDS among adolescents. *Sex Education*, Vol.3(1): 75-85.

Berne, L. and Huberman, B. (1999) *European Approaches to Adolescent Sexual Behaviour and Responsibility*. Advocates for Youths. Washington DC.

Bezzina, C. (2003) The Maltese National Minimum Curriculum: the challenges ahead. Management in Education, Vol.17(1): 14-17.

Bhana, D. (2007) The price of innocence: Teachers, gender, childhood sexuality, HIV and AIDS in early schooling. *International Journal of Inclusive Education*, Vol.11(4): 431-444.

Blake, S. (2002) 'Endnote: from research to practice'. *Sex Education*, Vol.2(3): 279-282.

Blake, S. and Katrak, K. (2002) *Faith, Values and Sex and Relationship Education.* London: National Childrens' Bureau.

Blakey, V. and Frankland, J. (1996) Sex education for parents. *Health Education*, Vol.5: 9-13.

Boddington, N., Perry, D., Clements, I., Wetton, N. and McWhirter, J. (1999) 'A multi-level approach to community-focussed training in drug education: part I - working with parents, governors and school staff'. *Health Education*, Vol.6: 244-252.

Botting, B., Rosato, M. and Wood, R (1998) *Teenage mothers and the health of their children*. Population Trends. Autumn Vol.93.

Bowden, R. G., Lanning, B. A., Pippin, G. and Tanner, J. F. (2003). Teachers' attitudes towards abstinence-only sex education curricula. *Education*, Vol.123(4): 780.

Boynton, P.M. (2007) 'Advice for sex advisors: a guide for 'agony aunts', relationship therapists and sex educators who want to work with the media'. *Sex Education*, Vol.7(3): 309-326.

Bragg, S. and Buckingham, D. (2003) *Young People and Sexual Content on Television: A Review of Research.* London: Institute of Education, University of London, Broadcasting Standards Commission.

Brewster, M. and Wylie, K.R. (2008) 'The use of sexually explicit material in clinical, educational and research settings in the UK and its relation to the development of psychosexual therapy and sex education'. *Sex Education*, Vol.8(4): 381-398.

British Educational Research Association (1992) *British Educational Research Association Ethical Guidelines*, London: Bera.

British Market Research Bureau (1994) *Young people's attitudes towards sex education*. Family Planning Association.

British Medical Association (1997) *School Sex Education: good practice and policy*. London: BMA Board of Science Education.

Brook, S. J. and Smith, C. (1991) Do combined oral contraceptive users know how to take their pill correctly? *British Journal of Family Planning*, Vol.17:18-20.

Bruess, C.E. and Greenberg, J.S. (2008) 'Resolving Ethical Issues when conducting sexuality education. *American Journal of Sexuality Education'*, Vol.3(4): 313-322.

Brugman, E., Vogels, T. and Van Essen, G. (1997) 'Trends in sexual risk behaviour among Turkis/Moroccan adolescents in The Netherlands 1990-1995'. *European Journal of Public Health*, Vol.7: 418-420.

Buckingham, D. and Bragg, S. (2003) *Young People, Media and Personal Relationships,* London: Advertising Standards Authority, British Board of Film Classification, British Broadcasting Corporation, Broadcasting Standards Commission, Independent Television Commission.

Buckingham, D. and Bragg, S. (2004) *Young people, sex and the media: The facts of life?* First Published. Great Britain: Palgrave Macmillan.

Budesa, J. (2009) *Abstinence makes the state grow stronger: the politics of sex education in Croatia*. Paper presented at the Thinking Gender Conference, UCLA, February 6, 2009.

Burgess, R.G. (1990) *In the Field. An introduction to field research*, 4th Impression Great Britain: Routledge.

Buston, K. and Hart, G. (2001) Hetereosexism and homophobia in Scottish school sex education: exploring the nature of the problem. Journal of Adolescence, Vol.24: 95-109.

Buston, K. and Wight, D. (2004) 'Pupils' participation in sex education lessons: understanding variation across classes'. *Sex Education*, Vol.4(3): 285-301.

Buston, K., Wight, D., Hart, G. and Scott, S. (2002) Implementation of a teacher-delivered sex education programme: obstacles and facilitating factors. *Health Education Research: Theory and Practice* 17(1): 59-72.

Buzwell, S. and Rosenthal, D. (1996) Constructing a sexual self: Adolescent´s sexual self-perceptions and sexual risk-taking. Journal of Research on Adolescents, Vol:6(4): 489-513.

Caron, F., Godin, G., Otis, J. and Lambert, L.D. (2004) 'Evaluation of a theoretically based AIDS/STD peer education program on postponing sexual intercourse and on condom use among adolescents attending high school'. *Health Education Research*, Vol.19(2): 185-197.

Cash, K., Khan, S.I., Nasreen, H., Bhuiya, A., Chowdhury, S. and Chowdhury, A.M.R. (2001) Telling their their own stories: legitimizing sexual and reproductive health education in rural Bangladesh. Sex Education, Vol.1(1): 43-57.

Chambers, D., Tinchnell, E. and Van Loon, J. (2004) 'Peer regulation of teenage sexual identities.' *Gender and Education*, Vol.16(3): 397-415.

Chambers, D., van Loon, J. and Tincknell, E. (2004). Teachers' views of teenage sexual morality. *British Journal of Sociology of Education*, Vol.25(5): 563-576.

Che, F.S. (2005) 'A study of the implementation of sex education in Hong Kong secondary schools'. *Sex Education*, Vol.5(3): 281-294.

Clark, J.A. (2001) Sex Education in the New Zealand Primary school: a tangled skein of morality, religion, politics and the law. Sex Education Vol.1(1): 23-30.

Clark, J.K., Brey, R.A., and Banter, A.E. (2003) 'Physicians as educators in adolescent sexuality education'. *Journal of School Health*, Vol.73(10): 389-391.

Clark S.E. and Clark, J.K. (2004) Spirituality and Sexuality: compatible components for optimal health. Journal of School Health, Vol.74(1): 30-31.

Clewell, B.C., Brooks Gunn, J. and Benasich, A.A. (1989) Evaluating child related outcomes of teenage parenting programs *FAMR* Vol:38: 201-209.

Cok, F. and Gray L.A. (2007) 'Development of a sex education programme for 12 years old to 14 year old Turkish adolescents'. *Sex Education*, Vol.7(2): 127-141.

Coleman, L.M (2008) 'Preferences towards sex education and information from a religiously diverse sample of young people'. *Health Education* Vol.108(1): 72-91.

Coleman, L.M. and Ingham, R. (1999) Exploring young people's difficulties in talking about contraception: how can we encourage more discussion between partners? *Health Education Research*, Vol.14(6): 741-750.

Constantine, N.A., Slater, J.K. and Carroll, J. (2007) 'Motivational aspects of community support for school-based comprehensive sexuality education'. *Sex Education*, Vol.7(4): 421-439.

Coolican, H (1990) *Research Methods and Statistics in Psychology.* Kent*:* Hodder and Stoughton.

Corbin, J. and Morse, J.M. (2003) 'The Unstructured Interactive Interview: Issues of reciprocity and risk when dealing with sensitive topics'. *Qualitative Inquiry* 9(2): 335-354.

Cotton, J.A. (2002) 'Personal Communication - involving key stakeholders in the review process: a multi-method approach.' *Health Education Journal*, Vol.1(1): 87-90.

Coyle, K., Engquist, K.B., Kirby, D., *et al*. (1999) 'Short-term impact of Safer Choices: a multi-component, school-based HIV, other STD, and pregnancy prevention program'. *Journal of School Health*, Vol.69(5): 181-188.

Cumper, P. (2004) Sex education and human rights - a lawyer's perspective. *Sex Education*, Vol.4(2): 125-136.

De Almeida Reis, M.H. and Rei Vilar, D.G. (2006) 'Validity of a scale to measure teachers' attitudes towards sex education'. *Sex Education*, Vol.6(2): 185-192.

Denborough, D. (1996) 'Power and Partnership? Challenging the sexual construction of schooling' in Deakin Centre for Education and Change' *Schooling and Sexualities,* Victoria: Deakin University.

De Palma, R. and Atkinson, E. (2009) 'Editorial - The continuing dialogue about sexualities and schooling'. *Sex Education*, Vol.9(2): 125-127.

De Ruyter, D.J. and Spiecker, B. (2008) Sex education and ideals. *Sex Education*, Vol.8(2): 201-210.

DfEE (1999) *National Healthy School Standard Guidance*. London: DfEE publication.

Dias, S.F., Matos, M.G. and Goncalves, A.C. (2005) Preventing HIV transmission in adolescents: an analysis of the Portuguese data from the Health Behaviour School-aged Children study and focus groups. *European Journal of Public Health*, Vol.15(3): 300-304.

Diorio, J.A. and Munro, J.A. (2000) 'Doing Harm in the name of protection: menstruation as a topic for sex education'. *Gender and Education*, Vol.12(3): 347-365.

Discern (2006) *Sunday mass attendance census 2005*. Discern institute for research on the signs of the times. Archdiocese of Malta.

Dix, D. (1996) *Sex education for parents: A resource pack for professionals to support parents in their role as sex educators*. FPA and Health Promotion Wales.

Dixon, H. and Mullinar, G. (eds) (1992) '*Taught Not Caught' strategies for sex education*. London: Ebenezer Baylis and Sons.

Donovan, C. and Hester, M. (2008) 'Because she was my first girlfriend, I didn't know any different': making the case for mainstreaming same-sex sex and relationships education'. *Sex Education*, Vol.8(3): 277-287.

Douglas, N., Kemp, S., Aggleton, P. and Warwick, I. (2001) 'The role of external professionals in education about sexual orientation - towards good practice'. *Sex Education*, Vol.1(2): 149-162.

Drew, C.J., Hardman, M.L. and Hart, A.W. (1996) *Designing and conducting research inquiry in education and social science*, 2nd Edition, USA: Allyn and Bacon.

Duncan, G. *et al*., (1990) Termination of pregnancy: lessons for prevention. *British Journal of Family Planning* Vol.15: 112-117.

Duncan, P. (2002) 'Values, obligations and 'good lives': how useful is bioethics to sex educators?' *Sex Education, Vol.*2(2): 133-144.

Dunne, C. and Somerset, M. (2004) Health Promotion in university: what do students want? An unpublished research report.

Duryea, E.J. (2003) Using counterfactual exercises to enhance decision making in sexual health. Journal of School Health, Vol.73(9): 356-357.

Edgardh, K. (2002) 'Adolescent sexual health in Sweden'. *Sexually Transmitted Infections*, Vol.7: 352-356.

Elia, J. P. (2000) Democratic sexuality education: A departure from sexual ideologies and traditional schooling. *Journal of Sex Education & Therapy*, Vol.25(2): 122-129.

Elliott, K.J. (2003) 'The hostile vagina: reading vaginal discourse in a school health text'. *Sex Education*, Vol.3(2): 133-144.

England, K. (1999). Sexing geography, teaching sexualities. *Journal of Geography in Higher Education*, Vol.23(1): 94-101.

Erlandson, D.A., Harris, E.L., Skipper B.L. and Allen S.D. (1993) *Doing naturalistic inquiry: A guide to methods*, USA: Sage Publications.

Family Planning Association for Northern Ireland (2003) *Factsheet: Sex Education in Schools*. Northern Ireland: Family Planning Association.

Farrelly, C., O'Brien, M. and Prain, V. (2007) 'The discourses of sexuality in curriculum documents on sexuality education; an Australian case study'. Sex Education, Vol.7(1): 63-80.

Fawole, I.O., Asuzu, M.C., Oduntan, S.O. and Brieger, W.R. (1999) 'A school-based AIDS education programme for secondary school students in Nigeria: a review of effectiveness'. *Health Education Research*, Vol.14(5): 675-683.

Ferguson, R.M., Vanwesenbeeck, I. and Knijn, T. (2008) 'A matter of facts… and more: an exploratory analysis of the content of sexuality education in The Netherlands'. *Sex Education*, Vol.(8(1): 93-106.

Fernandez, T., Chapman, J. and Estcourt, C.S. (2008) 'Joint-working as a policy for reducing inequalities in access to information: developing culturally appropriate sex and relationships education for young Bangladeshis in London'. *Sex Education*, Vol.8(2): 187-200.

Few, C., Hicken, I. And Butterworth, T. (1996) *Partnerships in Sexual Health and Sex Education.* Manchester: University of Manchester.

Fielding, N.G. and Fielding, J.L. (1986) *Linking Data: The articulation of Qualitative and Quantitative Methods in Social Research*, Beverly Hills: Sage Publications.

Fields, J. (2005) '"Children having children": Race, innocence, and sexuality education'. *Social Problems*, Vol.52(4): 549-571.

Flick, U. (2006) *An introduction to qualitative research*. 3rd Edition. Sage Publications: Great Britain.

Fogel, C. I. (1990) Human sexuality and health care. In Fogel, C.I. and Lauver, D. (eds) *Sexual Health Promotion*. WB Saunders Philadelphia.

Fontana, D. and Apostolidou, M. (2001) 'Perspectives of serving teachers on the respective importance of areas deemed suitable for inclusion in the health education curriculum for Cyprus Schools'. *Health Education Journal*, Vol.60(2): 173-183.

Forrest, S. (2000) 'Big and tough: boys learning about sexuality and manhood', *Sexual and Relationship Therapy, Vol.*15(3): 247-261.

Forrest, S. Strange, V. and Oakley, A. (2002) 'A comparison of students evaluations of a peer-delivered sex education programme and teacher-led provision', *Sex Education*, Vol.2(3):195 - 214.

Forrest, S., Blake S. and Ray, C. (2003) *Sex and relationships education: a guide for independent schools and those working with them*. London: Sex Education Forum.

Francis, B. and Skelton, C. (2001) 'Men teachers and construction of heterosexual masculinity in the classroom' *Sex Education,* Vol.1(1):9-21.

Franiuk, R., Cohen, D and Pomerantz, E. (2002) 'Implicit theories of relationships: Implications for relationship satisfaction and longevity' *Personal Relationships, Vol.* 9: 345-367.

Furniss, C. and Blair, A. (1997) 'Sex wars: conflict in, and reform of, sex education in maintained secondary schools'. *Journal of Social Welfare and Family Law*, Vol.19(2): 189-202.

Gackzak, M., Boro-Kacsmarska, A., Laszczyszyn-Pynka, M. and Szych, Z. (2005) 'Polish adolescents and their beliefs and attitudes to HIV/AIDS and sexual relationships'. *Sex Education*, Vol.5(1): 1-14.

Gall, M. G., Borg, W. R. and Gall, J. P. (1996) *Education Research: An introduction* 6th Edition New York: Longman Group.

Gannon, S. (2004) Crossing 'boundaries' with the collective girl: A poetic intervention into sex education. *Sex Education*, Vol.4(1): 81-99.

Garrick, J. (1999) 'Doubting the philosophical assumptions of interpretive research', *Qualitative Studies in Education,* Vol.12(2): 147-156.

Gawlinski, J. R. (2007). 'A teacher's point of view on family life (sex) education'. *American Journal of Sexuality Education*, Vol.2(2): 73-78.

Gerouki, M. (2007) Sexuality and relationships education in the Greek primary schools - see no evil, hear   no evil, speak no evil. *Sex Education*, Vol.7(1): 81-100.

Gerouki, M. (2008) Pushed to the margins - sex and relationships in Greek primary textbooks. *Sex Education*, Vol.8(3): 329-343.

Gibson, S. (2007) 'The language of the right: sex education debates in South Australia'. *Sex Education*,   Vol.7(3): 239-250.

Giddens A. (1992) *The transformation of Intimacy, Sexuality, Love and Eroticism in Modern Societies*. Polity press: Oxford.

Gilbert, J. (2007) 'Risking a relation: sex education and adolescent development'. *Sex Education*, Vol.7(1): 47-61.

Gill, R. (2007) *Falling church attendance: has anything gone wrong?* Discern: The Archdiocese of Malta.

Glaser, B.G. and Strauss, A.L. (1967) *The Discovery of Grounded Theory: Strategies for Qualitative Research*. New York: Aldine Publishing Company.

Goldman, J.D.G. (2008) 'Responding to parental objections to school sexuality education: a selection of 12 objections'. *Sex Education*, Vol.8(4): 415-438.

Goldman, J. and Bradley, G (2001) 'Sexuality education across the lifecycle in the new millennium' *Sex Education*, Vol.(1):197-217.

Goldman, J. and Torrisi-Steele, G. (2005) 'Pedagogical design considerations in sex education on interactive multimedia using CD-Rom: An example of sexual intercourse'. *Sex Education*, Vol.5(2): 189-214.

Goldman, R. and Goldman, J. (1982) *Childrens Sexual Thinking.* London: Routledge and Kegan Paul.

Goodson, P., Suther, S., Pruitt, B.E. and Wilson, K. (2003) Defining abstinence: views of directors, instructors, and participants in abstinence only until marriage programs in Texas. Journal of School Health, Vol. 73(3): 91-96.

Gordon, J. and Grant, G. (2002) *How We Feel: An Insight Into the Emotional World of Teenagers.* London: Jessica Kingsley.

Gordon, J. and Turner, K.M. (2004) 'The empowerment principle: casualties of two school's failure to grasp the nettle'. *Health Education*, Vol.104(4): 226-240.

Gosin, M.N., Dustman, P.A., Drapeau, A.E. and Harhun, M.L. (2003) 'Participatory Action Research: creating an effective prevention curriculum for adolescents in the Southwestern US'. *Health Education Resaerch*, Vol.18(3): 363-379.

Granger, C. A. (2007) 'On (not) representing sex in preschool and kindergarten: A psychoanalytic reflection on orders and hints'. *Sex Education*, Vol.7(1): 1-15.

Grbich, C. (1999) *Qualitative Research in Health: An introduction*. Singapore: Sage Publications Ltd.

Green, J. (1995) 'School sex education policies: a qualitative analysis of the process of policy development'. *Journal of the Institute of Health Education*, Vol. 32: 106-111.

Green, J. (1998) School sex education and education policy in England and Wales: the relationship examined. *Health Education Research* 13(1): 67-72.

Green, J. and Tones, K. (2000) Sex and the world in Wilson, H. and McAndrew, S. (ed) *Sexual Health: Foundations for Practice*. London: Bailliere Tindall in association with the Royal College of Nursing.

Grunseit, A and Kippax, S (1994) *Effects of Sex Education on Young People's Sexual Behaviour,* National Centre for HIV Social Research, Macquarie University. Australia: For the WHO Global Program on AIDS.

Guba, E. (1985) 'The context of emergent paradigm research'. In Lincoln, Y (Ed.) *Organisational Theory and Inquiry.* London: Sage Publications.

Halstead, J.M. and Waite, S. (2003) 'Love and trust: Making space for feelings in sex education', *Education and Health*, 21(2): 23-28.

Hammersly, M. and Atkinson, P. (1995) *Ethnography: Principles in Practice*. 2nd Edition Great Britain: Routledge.

Hardon, A. (2003) 'Reproductive health care in the Netherlands: would integration improve it? '*Reproductive Health Matters*, Vol.22(21): 59-73.

Hardy, S. (2004) 'Reading pornography'. *Sex Education*, Vol.4(1): 3-18.

Harries, N. (1996) *Children, sex education and the law*. National Children's Bureau.

Harrison, L. (2000) 'Gender relations and the production of difference in school-based sexuality and HIV/AIDS education in Australia'. *Gender and Education*, Vol.12(1): 5-19.

Hartman, T. and Samet, B. (2007) 'Uncovering private discourse: teachers' perspectives of sex education in Isreali religious Jewish schools'. *Curriculum Enquiry*, Vol.37(1): 71-95.

Haywood, C. and MacGhaill, M. (1995) 'The sexual politics of the curriculum: Contesting values'. *International Studies in Sociology of Education*, Vol.5(2): 221.

Health Development Agency (2001a) *Teenage pregnancy: an update on key characteristics of effective interventions*. London: Health Development Agency publication.

Health Development Agency (2001b) *National Healthy School Standard: Sex and Relationships Education*. London: A Health Development Agency Publication.

Health Education Authority (1998) *Unintended teenage conceptions: Qualitative research to inform the national programme to reduce the rate of unintended teenage pregnancies*. London: A Health Education Authority Publication.

Health Education Authority (1998b) *Reducing the rate of teenage pregnancies: an overview of the effectiveness and programmes aimed at reducing unintended conceptions in young people*. London: Health Education Authority.

Health Education Authority (1999) *Young People and Health*. London: Health Education Authority .

Health Education Authority and National Foundation for Education Research In England and Wales (1994) *Parents, schools and sex education – a compelling case for partnership*. London: HEA.

Health Education Authority, (1994) *Sex Education. Values and Morality,* London: HEA.

Hedgepeth, E. (2000) 'From margin to center: Sexuality education as a model for teaching in a democracy'. *Journal of Sex Education & Therapy*, Vol.25(2):137-146.

Heinze, E (Eds) (2000) *Of Innocence and Autonomy: Children, Sex and Human Rights.* Aldershot: Ashgate.

Helitzer, D., Yoon, S.J., Wallerstein, N. and Garcia-Velarde, L.D. (2000) The role of process evaluation in the traning of facilitators for an adolescent health education program. *Journal of School Health*, Vol.70(4): 141-147.

Helleve, A., Flisher, A.J., Onya, H., Mukoma, W. and Klepp, K.I. (2009) South African teachers' reflections on the impact of culture on their teaching of sexuality and HIV/AIDS. *Culture, Health and Sexuality*, Vol.11(2): 189-204.

Hemingway, J. (2006) 'Reframing sex education'. *Sex Education*, Vol.6(4): 313-315.

Hemingway, J. (2008) 'Taking place seriously: spatial challenges for sex and relationships education'. *Sex Education*, Vol.8(3): 249-261.

Hendriks, A. (1992) The political and legislative framework in which sexual health promotion takes place. In: Curtis, H. (ed) *Promoting Sexual Health*. British Medical Association Foundation for AIDS. London: BMA publication.

Hillier, L. and Mitchell, A. (2008) 'It was as useful as a chocolate kettle': Sex education in the lives of same-sex-attracted young people in Australia. *Sex Education*, Vol.8(2): 211-224.

Hilton, G. L. S. (2001). 'Sex education - the issues when working with boys'. *Sex Education*, Vol.1(1): 31-41.

Hird, M.J. (2003) 'Thinking about sex in education'. *Sex Education*, Vol.3(3): 187-200.

Hitchcock, G. and Hughes, D. (1995) *Research and the Teacher*. London:Routledge.

Holland, J. and Thomson, R. (1998) Sexual relationship, negotiation and decision making, in Coleman, J. and Roker, D. (ed) *Teenage Sexuality: Health, risk and education*. India: Harwood Academic Pub.

Holzner, B.M. and Oetorno, D. (2004) 'Youth, sexuality and sex education messages in Indonesia: issues of desire and control'. *Reproductive Health Matters*. Vol.12(23): 40-49.

Huberman, A.M. and Miles, M.B (1994) in Denzin, N.K. and Lincoln Y.S. ed *Handbook of Qualitative Research*, USA: Sage Publications.

Hughes, G., Catchpole, M., Rogers, P.A., Brady, A.R., Kinghorn, G., Mercey, D. and Thin, N. (2000) Comparison of risk factors for four sexually transmitted infections: results from a study of attenders at three genitourinary medicine clinics in England. *Sexually Transmitted Infection* Vol 76:262-267.

Imamura, M., Tucker, J., Hannaford, P., da Silva, M.O., Astin, M., Wyness, L., Bloemenkamp, K.W.M., Jahn, A., Karro, H., Olsen, J. and Temmerman, M. (2007) Factors associated with teenage pregnancy in the European Union countries: a systematic review. *European Journal of Public Health*, Vol.17(6): 630-636.

Ingham, R (2005) 'We didn't cover that at school': education against pleasure or education for pleasure', *Sex Education, Vol.*5 (4):375-388.

Ingham, R. and Aggleton, P. (eds.) (2006) *Promoting young people's sexual health: International Perspectives*. Great Britain: Routledge.

Ingham, R., Carrera, C., Hyde, M. and Jaramazovic, E. (1998) *Exploration of factors that affect the delivery of sex and sexuality education and support in schools*. Centre for Sexual Health Research, Department of Psychology: University of Southampton.

Isherwood, L. (2004) 'Learning to be a woman: feminist theological reflections on sex education in church schools'. *Sex Education*, Vol.4(3): 273-283.

Ito, K.E., Gizlice, Z., Owen-O'Dowd, B.S., Foust, E., Leone, P.A. and Miller W.C. (2006) Parent opinion of sexuality education: does policy match parental preference? *Journal of Adolescent Health* , Vol.39: 634-641.

Ivinson, G. (2007) 'Pedagogic discourse and sex education: myths, science and subversion'. *Sex Education*, Vol.7(2): 201-216.

Janssen, D. F. (2007) 'The body as (in) curriculum: On wars, complexes and rides'. *Pedagogy, Culture & Society*, Vol.15(1): 1-17.

Javorski, B.K. (2009) 'Reproductive justice and media framing: a case-study analysis of problematic   frames in the popular media'. *Sex Education*, Vol.9(1): 105-121.

Jenson, B.B. (1997) 'A case of two paradigms within health education'. *Health Education Research*, Vol.12(4): 419-428.

Jewitt, C. (1994) *Exploring healthy sexuality. A guide to sex education in a youth setting*. London: Family Planning Association.

Jimenez, K.P. (2009) 'Queering classrooms, curricula, and care: stores from those who dare'. *Sex Education*, Vol.9(2): 169-179.

Johnson, R. (1996) 'Sexual Dissonances: or the impossibility of sexuality education', *Curriculum Studies,* Vol.4(2):163-189.

Jordan, T.R., Price, J.H. and Fitzgerald, S. (2000) 'Rural Parents' communication with their teenagers about sexual issues'. *Journal of School Health*, Vol.70(8): 338-344.

Jorg, F., Boeje, H.R., Huijsman, R., de Weert, G.H., and Schrijvers, A.J.P. (2002) 'Objectivity in needs assessment practice: admission to a residential home'. *Health and Social Care in the Community*, Vol.10(6): 445-456.

Jose, J. (1999) 'Drawing the line: Sex education and homosexuality in south Australia, 1985'. *Australian Journal of Politics & History*, Vol.45(2):197.

Kafewo, S. A. (2008) 'Using drama for school-based adolescent sexuality education in Zaria, Nigeria'. *Reproductive Health Matters*, Vol.16(31): 202-210.

Kakavoulis, A. (2001) 'Family and sex education: a survey of parental attitudes', Sex Education, Vol.1(2): 163-174.

Kane, R. (2008) Sex and relationship education: bridging the gap between research and practice. *Health Education* Vol.108(1): 5-9.

Kane, R. and Wellings, K. (1999) *Reducing the rate of teenage conceptions: Data from Europe*. London: Health Education Authority.

Kantor, L.M. and Bacon, W.F. (2002) 'Abstinence only programs implemented under welfare reform are incompatible with research on effective sexuality education'. *Journal of the American Medical Women's Association*, Vol.57(1): 38-40.

Kehily, M. J. (2002) 'Sexing the subject: teachers, pedagogies and sex education', *Sex Education*, Vol.2(3): 215-231.

Kerridge, J., Kyle, G. and Marks-Maran, D. (2009) 'Evaluation of the use of team teaching for delivering sensitive content - a pilot study'. *Journal of Further and Higher Education*, Vol.33(2): 93-103.

Kidd, K. (2004) 'He's gotta have it: teen film as sex education' in Nelson, C and Martin, M. (2004) *Sexual Pedagogies: Sex Education in Britain, Australia and America, 1879-2000.* Basingstoke: Palgrave Macmillan.

Kidd, P. and Parshall, M. (2000) 'Getting the focus and the group: Enhancing analytical rigor in focus group research, *Qualitative Health Research,* 10 (3), pp.293-308.

Kidger, J. (2004) 'You realise it could happen to you': the benefits of pupils of young mothers delivering school sex education'. *Sex Education*, Vol.4(2): 185-197.

Kidger, J. (2006) 'Measuring effectiveness in school sex education - methodological dilemmas in researching an intervention involving young mothers'. *British Education Research Journal*, Vol.32(2): 291-305.

Kingori, P., Wellings, K., French, R., Kane, R. Gerressu, M. and Stephenson, J. (2004) 'Sex and relationship education and the media: an analysis of national and regional newspaper coverage in England, *Sex Education, Vol.*4(2): 111-124.

Kinsler, J., Sneed, C.D., Morisky, D.E. and Ang. A. (2004) Evaluation of a school-based intervention for HIV/AIDS prevention among Belizean adolescents. *Health Education Research*, Vol.19(6): 730-738.

Kippax, S. and Stephenson, N. (2005) 'Meaningful evaluation of sex and relationship education'. *Sex Education*, Vol.5(4): 359-373.

Kiragu, S.W. (2007) 'Exploring sexuality education and the burdened teacher: A participatory approach in a rural primary school in Kenya'. *Pastoral Care in Education*, Vol.25(3): 5-15.

Kirana, P.S., Nakopoulou, E., Akrita, I. and Papharitou, S. (2007) 'Attitudes of parents and health promoters in Greece concerning sex education of adolescents'. *Sex Education*, Vol.7(3): 265-276.

Kirby, D. (1995) Sex and HIV/AIDS education in schools. *BMJ*, Vol.311: 403-406.

Kirby, D. (1997). *The National Survey of Sexual Attitudes and Lifestyles*: Teenage pregnancy, ESRC Research Results.

Kirby, D. (2001). *Emerging Answers: Research findings on programs to reduce teen pregnancy (Summary)*. Washington: National Campaign to Prevent Teen Pregnancy.

Kirby, D. (2002). *Do Abstinence-Only Programs Delay the Initiation of Sex Among Young People and Reduce Teen Pregnancy?* Washington, DC: National Campaign to Prevent Teen Pregnancy.

Kirby, D, Short, L, Collins, D, Rugg, D, Kolbe, K, Howard, M, Miller, B, Sonenstein, F, and Zabin, L (1994) 'School-based programmed to reduce sexual risk behaviours: A review of effectiveness', *Public Health Reports,* 109(3): 339-360.

Kirby, B. and Michaelson, C. (2008) 'Educating about homosexuality: what do American Catholics think?' *Sex Education*, Vol.8(2): 225-235.

Kirkman, M., Rosenthal, D.A. and Feldman, S. (2005) Being open with our mouth shut: the meaning of openness in family communication about sexuality. *Sex Education*, Vol.5(1): 49-66.

Kitzinger, J. (1995) 'Qualitative Research: Introducing focus groups' *British Medical Journal, Vol.*311: 299-302.

Klavs, I., Rodrigues, L.C., Weiss, H.A. and Hayes, R. (2008) 'Factors associated with early sexual debut in Slovenia: results of a general population survey'. *Sexually Transmitted Infections*, Vol.82: 478-483.

Knapp R.G. (2000) *Basic Statistics for Nurses*. 2nd Edition. United States: Delmar Publishers.

Krang, M. and Quine, S. (2007) 'Young people's concerns about sex: unsolicited questions to a teenage radio talkback programme over three years'. *Sex Education*, Vol.7(4): 407-420.

Kunkel, D., Cope-Farrar, K., Biely, E, Farinola, W. and Donnerstein, P. (2001) "Sex on TV (2) A biennial report to the Kaiser family foundation, Menlo Park, CA: Kaiser Family Foundation in S. Bragg and D. Buckingham, *Young People and Sexual Content on Television: A Review of Research.* London: Institute of Education, University of London, Broadcasting Standards Commission.

Lall, M. (2007) 'Exclusion from school: teenage pregnancy and the denial of education'. *Sex Education*, Vol.(7(3): 219-237.

Langille, D., Mackinnon, D., Marshall, E. and Graham, J. (2001) 'So many bricks in the wall: young women in Nova Scotia speak about barriers to school-based sexual health education'. *Sex Education*, Vol.1(3): 245-257.

Larkin, J., Andrews, A. and Mitchell, C. (2006) 'Guy talk: contesting masculinities in HIV prevention education with Canadian youth'. *Sex Education*, Vol.6(3): 207-221.

Lee, R.M. (1993) *Doing research on sensitive topics*, London: Sage Publications.

Lees, S. (1994) 'Talking about sex in sex education' *Gender and Education, Vol.*6(3):281-292.

Lefkowitz, E.S., Boone, T.L., Au, T.K. and Sigman, M. (2003) 'No sex or safe sex? Mothers' and adolescents' discussion about sexuality and AIDS/HIV'. *Health Education Research*, Vol.18(3): 341-351.

Lenderyou, G and Porter, M, (1994) *Sex Education, Values and Morality.* London: Health Education Authority.

Lenderyou, G. and Ray, C (eds) (1997) *Let's Hear it for the Boys: Supporting Sex and Relationship Education with Boys and Young Men.* London: Sex Education Forum.

Lietz, P and Keeves, J.P. (1997) Cross sectional research methods in J.P. Keeves (ed) *Education Research, methodology, and measurement: an international handbook* 2nd Edition. Great Britain: Pergamon.

Lincoln, Y.S. and Guba, E.G. (1985) *Naturalistic Inquiry*. Newbury Park, CA: Sage.

Lindberg, L.D., Ku, L. and Sonenstein, F. (2000) Adolescents' Reports of Reproductive Health Education, 1988 and 1995. *Family Planning Perspectives*, Vol.32(5): 220-226.

Lindberg, L.D., Santelli, J.S. and Singh, S. (2006) Changes in Formal Sex Education: 1995-2002. *Perspectives in Sexual ahd Reproductive Health*, Vol.38(4): 182-189.

Lindberg, L.D., Jones, R. and Santelli, J.S. (2007) *Non-coital sexual activities among adolescents.* An unpublished research report. US: Guttmacher Institute.

Lindly, L.L., Reininger, B.M., Vincent, M.L., Richter, D.L., Saunders, R.P. and Shi, L. (1998) 'Support for School-based sexuality education among South Carolina voters'. *Journal of School health*, Vol.68(5): 205-212.

Lu, H.Y. (2009) 'Source preferences and the displacement/supplement effect between Internet and traditional sources of sexually transmitted diseases and HIV/AIDS information'. *Sex Education*, Vol.9(1): 81-92.

Mabray, D.and Labauve, B.J. (2002) A multidimensional approach to sexual education. *Sex Education*, Vol.2(1): 31-44.

Mac an Ghaill, M. (1996) 'Deconstructing heterosexualities within school arenas'. *Pedagogy, Culture & Society*, Vol.4(2): 191.

Martiniuk, A.L.C., O'Connor, K.S. and King, W.D. (2003) 'A cluster randomized trial of a sex education programme in Belize, Central America'. *International Journal of Epidemiology*, Vol. 32: 131-136.

Mason, J. (1996) *Qualitative Researching*. London: Sage Publications.

Massey, D. (1990) 'School sex education: Knitting without a pattern?' *Health Education Journal,* 49(3): 134-141.

Maxwell, C. (2006) Context and "contextualisation" in sex and relationships education. *Health Education*, Vol.106(6): 437-449.

Maxwell, C and Chase, E. (2008) 'Peer Pressure - beyond rhetoric to reality'. *Sex Education*, Vol.8(3): 303-314.

McFadyen, J. (2003) 'Teaching sex education: are Scottish school nurses prepared for the challenge?' *Nurse Education Today*, Vol.24: 113-120.

McKee, M. (1998) 'An agenda for public health research in Europe. European' *Journal of Public Health*, Vol.8(1): 3-7.

Measor, L. (2004) 'Young people's views of sex education: gender, information and knowledge', *Sex Education*, Vol.4(2): 153-166.

Measor, L. (2006) 'Condom use: a culture of resistance'. *Sex Education*, Vol.6(4): 393-402.

Measor, L., Tiffin, C. and Miller, K. (2000) '*Young People's Views on Sex Education: education, attitudes and behaviour.* London: Routledge.

Mellanby, A.R., Phelps, F.A., Crichton, N.J. and Tripp, J.H. (1995) 'School sex education: an experimental programme with education and medical benefit'. *British Medical Journal*, Vol.311: 414-417.

Mellanby, A.R., Phelps, F.A., Crichton, N.J. and Tripp, J.H. (1996) 'School sex education, a process for evaluation: methodology and results'. *Health Education Research*, Vol.11(2): 205-214.

Mellanby, A.R., Rees, J.B. and Tripp, J.H. (2000) Peer-led and adult-led school health education: a critical review of available comparative research. *Health Education Research: Theory and Practice*, Vol.15(5): 533-545.

Merakou, K., and Kourea-Kremastinou, J. (2006) 'Peer education in HIV prevention: an evaluation in schools.' *European Journal of Public Health*, Vol.16(2): 128-132.

Meredith, P. (1989) *Sex Education: Political Issues in Britain and Europe.* London: Routledge.

Meyrick, J. and Wann, C. (1998) *An overview of the effectiveness of interventions and programmes aimed at reducing unintended conceptions in young people*. HEA.

Milton, J. (2003) 'Primary school sex education programs: views and experiences of teachers in four primary schools in Sydney, Australia.' *Sex Education*, Vol.3(3): 241-256.

Milton, J., Berne, L., Peppard, J., Patton, W., Hunt, L. and Wright, S. (2001) Teaching sexuality education in High schools: what qualities do Australian teachers value? Sex Education, Vol.1(2): 175-186.

Minor, L. C., Onwuegbuzie, A. J., Witcher, A. E. and James, T. L. (2002) 'Pre-service teachers' educational beliefs and their perceptions of characteristics of effective teachers'. *Journal of Educational Research* Vol.96: 116–127.

Ministry of Education, Youth and Employment (2005a) *PSD Syllabus for Secondary Schools. PSD Section- Curriculum Department*, Malta: Government Printing Press.

Ministry of Education, Youth and Employment (2005b) *PSD Guidelines for PSD syllabus. PSD Section - Curriculum Department*. Malta: Government Printing Press.

Mirembe, R. (2002) 'AIDS and democratic education in Uganda'. *Comparative Education*, Vol.38(3): 291-302.

Mirembe, R. and Davies, L. (2001) 'Is schooling a risk? Gender, power relations, and school culture in Uganda'. *Gender & Education*, Vol.13(4): 401-416.

Monk, D (2000) 'Health and education: conflicting programmes for sex education' In Heinze, E (Eds) (2000) *Of Innocence and Autonomy: Children, Sex and Human Rights.* Aldershot: Ashgate.

Monk, D (2001) 'New Guidance/Old Problems: Recent Developments in Sex Education', *Journal of Social Welfare and Family Law*, Vol.23(21):271-291.

Morgna, D., Robbins, J and Tripp, J. (2004) Celebrating the achievements of sex and relationship peer educators: the development of an assessment process. *Sex Education*, Vol.4(2): 167-183.

Morgan-Ellis, J., Alexander, D., Dickinson, A., Fielding, J., Sleney, J., and Thomas, H. (2006) 'Triangulation and integration: processes, claims and implications', *Qualitative Research*, Vol.6(1):45-59.

Morris, R.W. (2005) 'Research and evaluation in sexuality education: an allegorical exploration of complexities and possibilities'. *Sex Education*, Vol.5(4): 405-422.

Morrow, R., and Brown, D. (1994) *Critical Theory and Methodology.* London: Sage Publications.

Myklestad, I. and Rise, J. (2008) 'Predicting intentions to perform protective sexual behaviours among Norwegian adolescents'. *Sex Education*, Vol.8(1): 107-124.

Narring, F., Michaud, P.A. and Sharma, V. (1996) 'Demographic and Behavioural factors associated with adolescent pregnancy in Switzerland'. *Family Planning Perspectives*, Vol.28: 232-236.

Nash, R. (2002) 'Sex and schooling: the sexual activity of young people and its implications for education'. *Gender and Education*, Vol.14(2): 149-165.

National Campaign to Prevent Teen Pregnancy (2003) *Breaking Ground: Lessons learned from the Centers for Disease Control and Prevention's Community Coalition Partnership Programs for the Prevention of Teen Pregnancy.* Washington DC.

National Children's Bureau (1996) *Children, sex education and the Law*, Edited by Harris, N., United Kingdom: National Children's Bureau Enterprises Ltd.

National Foundation for Educational Research (1994) *Parents, Schools and Sex Education Survey. Summary of Research.* London: Health Education Authority.

Nelms, B.C. (2003) 'Adolescent sex education: making it a priority.' *Journal of Paediatric Health Care*, Vol.17: 221-222.

Neuman, W.L. (1997) *Social Research Methods: Qualitative and Quantitative Approaches*, 3rd Edition, USA: Allyn and Bacon.

Nic Gabhainn, S. and Kelleher, C.C. (2000) 'School health education and gender: an interactive effect?' *Health Education Research*, Vol.15(5): 591-602.

Oakley, A., Fullerton, D., Holland, J., Arnold, S., Dawson, M.F., Kelley, P. and McGrellis, S. (1995) 'Sexual Health Education interventions for young people: a methodological review'. *British Medical Journal*, Vol.310: 158-62.

Office for Standards in Education (2002) *Sex and Relationships: A Report from the Office of Her Majesty's Chief Inspector of Schools.* London: OFSTED.

Ogden, J. and Harden, A. (1999) 'The timing, format and content of school based sex education: an experience with a lasting effect?' *The British Journal of Family Planning*, Vol.25: 115-118.

Onwuegbuzie, A. and Leech, N., (2005) 'Taking the "Q" out of research: teaching research methodology courses without the divide between quantitative and qualitative paradigms', *Quality and Quantity,* Vol.39: 267-296.

Oshi, D.C. and Nakalema, S. (2005) The role of teachers in sex education and the prevention and control of HIV/AIDS in Nigeria. *Sex Education*, Vol.5(1): 93-104.

Packer, C. (2000) 'Sex education: child's right, parent's choice or state obligation?' In Heinze, E (Eds) (2000) *Of Innocence and Autonomy: Children, Sex and Human Rights.* Aldershot: Ashgate.

Pankratz, M., Hallfors, D. and Cho, H. (2002) Measuring perceptions of innovation adoption: the diffusion of a federal drug prevention policy. *Health Education Research*, Vol.17(3): 315-326.

Parkes, A., Wight, D., Henderson, M., Stephenson, J. and Strange V. (2009) 'Contraceptive method at first sexual intercourse and subsequent pregnancy risk: findings from a secondary analysis of 16-year old girls from the Ripple and Share Studies'. *Journal of Adolescent Health*, Vol.44: 55-63.

Paton, D. (2006) 'Random behaviour or rational choice? Family planning, teenage pregnancy and sexually transmitted infections.' *Sex Education*, Vol.6(3): 281-308.

Patton, C. (1990) ' What science knows: formations of AIDS knowledge' in Aggleton, P., Davies, P., and Hart, G. (eds) *AIDS International, Cultural and Policy Dimensions.* Basingstoke: Falmer Press.

Patton, M.Q. (1987) *How to use qualitative methods in evaluation*, USA: Sage Publications.

Pearce, S. (2006) 'Sex and the cinema: what American Pie teaches the young'. *Sex Education*, Vol.6(4): 367-376.

Pearson, D. (1999) 'Sex education policies in schools: the first hurdle'. *Health Education* Vol.99(3):110-115.

Pearson, S. *et al* (1996) *Promoting young people's sexual health services*. Brook Advisor Centre and Health Education Authority.

Perhats, C., Oh, K., Levy, S.R., Flay, B.R. and McFall, S. (1996) 'Role differences in gatekeeper perceptions of school-based drug and sexuality education programs: a cross-sectional survey'. *Health Education Research*, Vol.11(1): 11-27.

Pilcher, J. (2005) 'School sex education: policy and practice in England 1870 to 2000', *Sex Education, Vol.*5(2): 153-170.

Pitts, M., Burtney, E. and Dobraszczyc, U. (1996) 'There is no shame in it any more: how providers of sexual health advice view young people's sexuality'. *Health Education Research*, Vol.11(1): 1-9.

Pluhar E.I. and Kuriloff, P. (2004) 'What really mattes in family communication about sexuality? A qualitative analysis of affect and style among African American mothers and adolescent daughters.' *Sex Education*, Vol. 4(3):303-321.

Pokharel, S., Kulzycki, A. and Shakya, S. (2006) 'School based sex education in Western Nepal: uncomfortable for both teachers and students'. *Reproductive Health Matters*, Vol.14(28): 156-161.

Powell, E. (2008) 'Young people's use of friends and family for sex and relationships information and advice. *Sex Education*, Vol.8(3): 289-302.

Purohit, K. D. and Walsh, C. (2003) 'Interrupting discourses around gender through collective memory work and collaborative curriculum research in middle school'. *Sex Education*, Vol.3(2): 171.

Quinlivan, K. and Town, S. (1999) 'Queer pedagogy, educational practice and lesbian and gay youth'. *International Journal of Qualitative Studies in Education, Vol.*12(5): 509-524.

Radnor, H. (2002) *Researching Your Professional Practice: Doing Interpretive Research.* Buckingham: Open University Press.

Ramirez-Valles, J. (2002) 'The protective effects of community involvement for HIV risk behaviour: a conceptual framework'. *Health Education Research*, Vol.17(4): 389-403.

Reiss, M. (1999) 'How Should We Teach in Schools about Sexual Orientation? A rejoinder to Petrovic', *Journal of Moral Education, Vol.*28(2): 211-214.

Rendel, M. (2000) ' Sexuality and the United Nations Convention on the rights of the child'. In Heinze, E (Eds) (2000) *Of Innocence and Autonomy: Children, Sex and Human Rights.* Aldershot: Ashgate.

Rogow, D. and Haberland, N. (2005) 'Sexuality and relationships education: toward a social studies approach'. *Sex Education*, Vol.5(4): 333-344.

Rosenthal, D. and Peart, R. (1996) 'The rules of the game: teenagers communicating about sex, *Journal of Adolescence*, Vol.19: 321-332.

Rushing, W. (2002) 'Sin, Sex, and segregation: social control and the education of southern women'. *Gender and education*, Vol.14(2): 167-179.

Schofield, J (1993) 'Increasing the Generalisability of Qualitative Research'. In Hammersley, M (1993) *Social Research: Philosophy, Politics and Practice.* London: Open University Press.

Scholer, A.M. (2002) Sexuality in the science classroom: one teacher's methods in a college biology course. *Sex Education*, Vol.2(1): 75-86.

Sclafan, J. H., Perry, D. L., Lolacono, M. L., Fryer, C. S., Adair, E. S., Silver, E. J., *et al*. (2005) 'Teaching gender to younger and less sexually experienced adolescents in the

context of HIV/STD prevention'. *American Journal of Sexuality Education,* Vol.1(1): 119-139.

Scott, P.R.D, Milsom, G.A. and Milsom, G.L. (1995) Teachers and parents too - an assessment of Dutch sexual health education. *The British Journal of Family Planning*, Vol.21: 20-21.

Sears, J.T. (1992) 'Dilemmas and possibilities of sexuality education: reproducing the body politic in Sears, J. (1992) *Sexuality and the Curriculum: The Politics and Practices of Sexuality Education.* New York: Teachers College Press.

Sears, J.T. (2002) 'Out of harmony on the Cherokee boundarty: clinics, culture and the sex ed curriculum'. *Sex Education*, Vol.2(2): 155-169.

Sex Education Forum (2000) *Our (Young People) Charter for Good Sex and Relationship Education.* London: National Children's Bureau.

Shapiro, B.Y. (2001) 'School based sex education in Russia: the current reality and prospects. *Sex Education*, Vol.1(1): 87-96.

Sharpe, S. (2002) 'It's just really hard to come to terms with: young people's views on homosexuality'. *Sex Education*, Vol.2(3): 263-277.

Sharpe, S. and Thomson, R. (2005) *All You Need is Love: The Morality of Sexual Relationships Through The Eyes of young People.* London: National Children's Bureau.

Shepherd, J., Weare, K. and Turner, G. (1997) 'Peer-led sexual health promotion with young gay and bi-sexual men - results of the Hapeer project'. *Health Education*, Vol.6: 204-212.

Shih, F.J. (1998) 'Triangulation in nursing research: issues of conceptual clarity and purpose'. *Journal of Advanced Nursing*, Vol.28(3): 631-641.

Shrier, L.A. and Crosby, R. (2003) 'Correlates of sexual experience among a nationally representative sample of alternative high school students'. *Journal of School Health*, Vol.73(5): 197-200.

Shuey, D.A., Babishangire, B.B., Omiat, S. and Bagarukayo, H. (1999) 'Increased sexual abstinence among in-school adolescents as a result of school health education in Soroti district, Uganda'. *Health Education Research*, Vol.14(3): 411-419.

Shulman, S. and Seiffge-Krenke, I. (2001) 'Adolescent romance: between experience and relationships' *Journal of Adolescence*, *Vol.*24: 417-428.

Sieg, E. (2003) 'Sex education and the young - some remaining dilemmas'. *Health Education*, Vol.103(1): 34-40.

Silva, M. (2002) 'The effectiveness of school-based sex education programs in the promotion of abstinent behaviour: a meta-analysis'. *Health Education Research* Vol.17(4): 471 - 481.

Silva, M. and Ross, I. (2003) 'Evaluation of a school-based sex education program for low income male high school students in Chile'. *Evaluation and Program Planning*, Vol. 26: 1-9.

Silverman, D. (1993) *Interpreting Qualitative Data*. London: Sage Publications.

Simey, P and Wellings, K. (2008) 'How do national newspapers report on sex and relationships education in England?' *Sex Education*, Vol.8(3): 257-270.

Simons, H. (1995) 'The Politics and Ethics of Education Research in England: contemporary issues'. *British Education Research Journal*, 21(4):435-449.

Simons, H. (2000) Ethical and Political dilemmas in evaluation in H. Simons and R. Usher (eds) *Situated Ethics in Educational Research*, Great Britain: RoutledgeFalmer.

Simons, H. and Usher, R. (2000) *Situated Ethics in Educational Research*, Great Britain: RoutledgeFalmer.

Simovska, V. (2004) 'Student participation: a democratic education perspective - experience from the health promotion schools in Macedonia'. *Health Education Research*, Vol.19(2): 198-207.

Simovska, V. (2004) 'Student participation - simulation or reality? A vignette from the Macedonian network of health promoting schools'. *Health Education*, Vol.104(3): 163-173.

Singh S., Bankole, A. and Woog, V. (2005) Evaluating the need for sex education in developing countries: sexual behaviour, knowledge or preventing sexually transmitted infections/HIV and unplanned pregnancy. *Sex Education*, Vol.5(4): 307-331.

Smith, A.B., Gaffney, M. and Nairn, K. (2004) 'Health rights in secondary schools : student and staff perspectives'. *Health Education Research* Vol.19(1): 85-97.

Smylie, L., Maticka-Tyndale, E. and Boyd, D. (2008) 'Evaluation of a school-based sex education programme delivered to Grade 9 students in Canada'. *Sex Education*, Vol.8(1): 25-46.

Somers, C.L. and Surmann, A.T. (2004) Adolescents' preferences for source of sex education. *Child Study Journal*, Vol.34(1): 47-59.

Song, E.Y., Pruitt, B.E., McNamara, J. and Colwell, B. (2000) 'A meta-analysis examining effects of school sexuality education programs on adolescents' sexual knowledge', 1960-1997. *Journal of School Health*, Vol.7(10): 413-416.

Spencer G., Maxwell, C. and Aggleton, P. (2008) 'What does 'empowerment mean in school-based sex and relationships education?' *Sex Education*, Vol.8(3): 345-356.

Stanton, W.R., Willis, M. and Balanda K.P. (2000) 'Development of an instrument for monitoring adolescent health issues'. *Health Education Research* Vol.15(2): 181-190.

Stears, D., Clift, S and Blackmen, S. (1995) 'Health, sex and drugs education: rhetoric and realities'. In J Ahier and A. Ross (eds) *The Social Subjects in the Curriculum.* Lewes: Falmer Press.

Stephenson, J.M., Strange, V., Forrest, S. *et al*. (2004) 'Pupil-led sex education in England (RIPPLE study): cluster randomised intervention trial'. *Lancet*, Vol.364: 338-346.

Stephenson, J.M., Oakley, A., Johnson, A.M., Forrest, S., Strange V., Charleston, S., Black, S., Copas, A., Petruckevitch, A. and Babiker, A. (2003) 'A school-based randomized controlled trial of peer-led sex education in England.' *Controlled Clinical Trials*, Vol.24: 643-657.

Stevens A. and Raftery J. (1994) *Health Care Needs Assessment: The Epidemiologically Based Needs Assessment Reviews*, Vol.1. Radcliffe Medical Press, Oxford.

St. Leger, L. and Nutbeam, D. (2000) 'A model for mapping linkages between health and education agencies to improve school health'. *Journal of School health*, Vol.7(2): 45-50.

Strange, V., Forrest, S., Oakley, A., and the RIPPLE Study Team (2002) 'What influences peer-led sex education in the classroom? A view from the peer educators'. *Health Education Research*, Vol.17(3) 339-349.

Strange, V., Forrest, S., Oakley, A., Stephenson, J. and the RIPPLE Study Team (2002) 'Peer-led sex education - characteristics of peer educators and their perceptions of the impact on them of participation in a peer education programme.' *Health Education Research*, Vol.17(3): 327-337.

Strange, V., Forrest, S., Oakley, A., Stephenson, J. and the RIPPLE Study Team (2006) 'Sex and relationships education for 13-16 year olds: evidence from England', *Sex Education*, Vol.6(1): 31-46.

Strange, V., Oakley, A. and Forrest, S. (2003) 'Mixed-sex or single-sex sex education: how would young people like their sex education and why?' *Gender and Education*, Vol.15(2): 201-214.

Strauss, A. L. and Corbin, J. (1998) *Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory*, 2nd Edition. Thousand Oaks, CA: Sage Publication.

Strauss, A. L. and Corbin, J. (1990) *Basics of Qualitative Research: Grounded Theory Procedures and Techniques*. London: Sage Publications.

Strong, B., DeVault, C. and Werner-Sayad, B. (1996) *Core Concepts in Human Sexuality.* California: Mayfield.

Sturman, A. (1997) Case Study Methods in J.P. Keeves (ed) *Educational Research, Methodology, and Measurment: an international handbook*. 2nd Edition. Great Britain: Pergamon.

Svenson, G.R. and Hanson, B.S. (1996) 'Are peer and social influences important components to include in HIV-STD prevention models?' *European Journal of Public Health*, Vol.6(3): 203-211.

Swain, R. and McNamara, M. (1997) 'The effects of a participative programme on Irish pupils' attitudes to HIV/AIDS'. *Health Education Research*, Vol.12(2): 267-273.

Swartz, P. C. (2003) 'It's elementary in appalachia: Helping prospective teachers and their students understand sexuality and gender'. *Journal of Gay & Lesbian Issues in Education*, Vol.1(1): 51.

Tavakol, M., Torabi, S., and Gibbons, C. (2003) 'A quantitative survey of knowledge of reproductive health issues of 12-14 year old girls of different ethnic and religious backgrounds in Iran: implications for education'. *Sex Education*, Vol.3(3): 231-239.

Thistle, S. (2003) *Secondary schools and sexual health services: Forging the links*. National Children's Bureau: London.

Thomas, B. (2000) Forward in Wilson, H. and McAndrew S. eds *Sexual Health: Foundations for Practice. London*: Harcourt Publishers Limited and the Royal College of Nursing.

Thomas, M.H. (1999) Abstinence-based programs for prevention of adolescent pregnancies: A review. *Journal of Adolescent Health*, Vol.26: 5-17.

Thomson, C., Currie, C., Todd, J. and Elton, R. (1999) 'Changes in HIV/AIDS education, knowledge and attitudes among Scottish 15-16 years olds, 1990-1994: findings from the WHO: Health Behaviour in School-aged Children Study (HBSC)'. *Health Education Research*, Vol.14(3): 357-370.

Thomson, R. (1994) 'Prevention, promotion and adolescent sexuality: the politics of school sex education in England and Wales', *Sexual and Marital Therapy*, Vol.9(2):115-126.

Thorogood, N. (1992) 'Sex education as social control' *Critical Public Health,* Vol.3(2): 43-50.

Trimble, L. (2009) 'Transformative conversations about sexualities pedagogy and the experience of sexual knowing'. *Sex Education*, Vol.9(1): 51-64.

Trinh, T., Steckler, A, Ngo, A. and Ratliff, E. (2009) 'Parent communication about sexual issues with adolescents in Vietnam: content, contexts, and barriers'. *Sex Education*, Vol. 9(4): 371-380.

Trudell, B. (1993) *Doing Sex Education.* London: Routledge.

Tucker, J.S., Fitzmaurice, A.E., Imamura, M., Penfold, S., Penney, G.C., Van Teijlingen, E., Shucksmith, J and Philip, K.L. (2006) *European Journal of Public Health*. Vol.17(1): 33-41.

Turner, Y. (2008) 'Doing it right: making smart, safe and satisfying choices about sex'. *American Journal of Sexuality Education*, Vol.3(4): 399-402.

Twine, C., Robbe, I.J., Forrest, S. and Davies, S. (2005) A needs assessment in South Wales schools for a novel medical student-led sex education programme. *Sex Education*, Vol.5(2): 137-152.

Tyden, T., Norden, L. and Ruusuvaara, L. (1991) 'Swedish adolescents' knowledge of sexually transmitted diseases and their attitudes to the condom'. *Midwifery*, Vol.7: 25-30.

Uecker, J.E. (2008) Religion, Pledging, and the Premarital Sexual Behaviour of Married Young Adults. *Journal of Marriage and Family*, Vol.70: 728-744.

Van Den Akker, O.B.A. and Lees, S. (2001) Leisure Activities and adolescent sexual behaviour. Sex Education, Vol.1(20): 137-147.

Van de Ven, P and Aggleton, P. (1999) 'What constitutes evidence in HIV/AIDS education?' *Health Education Research*, Vol.14(4): 461-471.

Veiga, L., Teixeria, F., Martins, I. and Melico-Silvestre, A. (2006) 'Sexuality and human reproduction: a study of scientific knowledge, behaviors and beliefs of Portuguese future elementary school teachers', *Sex Education*, Vol.6(1):17-29.

Vuttanont, U., Greenhalgh, T., Griffin, M. and Boynton, P. (2006) '"Smart boys" and "sweet girls" - sex education needs in Thai teenagers: a mixed method study'. *Lancet*, Vol.368: 2068-2080.

Walker, J. (2001) 'A qualitative study of parents' experiences of providing sex education for their children: the implications for health education', *Health Education Journal*, Vol.60(2): 132-146.

Walker, J. (2004) 'Parents and sex education-looking beyond the birds and the bees', *Sex Education*, Vol.4(3): 239-254.

Walker, J., Green, J. and Tilford, S. (2003) 'An evaluation of school sex education team training'. *Health Education*, Vol.103:(6): 320-329.

Walker J. and Milton, J. (2006) 'Teachers' and parents' roles in the sexuality education of primary school children: a comparison of experiences in Leeds, UK and Sydney, Australia', *Sex Education*, Vol.6(4): 415-428.

Walker, Z., Townsend, J., Oakley, L., Donovan, C., Smith, H., Hurst, Z., Bell, J. and Marshall, S. (2002) 'Health promotion for adolescents in primary care: randomised controlled trial.' *British Medical Journal,* Vol.325: 524-530.

Wallen, N.E. and Fraenkel, J.R. (2001) *Education research: A guide to the process*, 2nd edition, USA: Lawrence Erlbaum Associates.

Wallis, A. and VanEvery, J. (2000) 'Sexuality in the primary school'. *Sexualities*, Vol.3(4): 409.

Warwick, I., Aggleton, P. and Rivers, K. (2005) 'Accrediting success: evlaluation of a pilot professional development scheme for teachers of sex and relationships education'. *Sex Education*, Vol.5(3): 235-252.

Weare, K. (2000) *Promoting Mental, Emotional and Social Health: A Whole School Approach.* London: Routledge.

Welles, C.E. (2005) 'Breaking the silence surrounding female adolescent sexual desire'. *Women and Therapy*, Vol.28(2): 31-45.

Weis, L. and Carbonnell-Medina, D. (2000) 'Learning to speak out in an abstinence based sex education group: Gender and race work in an urban magnet schoo'l. *Teachers College Record*, Vol.102(3): 620.

West, J. (1999) '(Not) talking about sex: youth, identity and sexuality' *Sociological Review*, *Vol.*47 (3): 525-547.

White, N. (1993) 'Sex education: the teenage agenda'. *Health Education*, Vol.92(1):18-26.

Wiefferink, C.H., Poelman, J., Linhorst, M., Vanwesenbeeck, I., Van Wijngaarden, J.C.M. and Paulussen, T.G.W. (2005) Outcomes of a systematically designed strategy for the implementation of sex education in Dutch secondary schools. *Health Education Research*, Vol.20(3): 323-333.

Wight, D. (1999) 'Limits to empowerment-based sex education'. *Health Education*, Vol.6: 233-243.

Wight, D. (2008) 'Theoretical bases for teacher- and peer-delivered sexual health promotion'. *Health Education* Vol.108(1): 10 - 28.

Wight, D., Abraham, C. and Scott, S. (1998) 'Towards a psycho-social theoretical framework for sexual health promotion'. *Health Education Research*, Vol.13(3): 317-330.

Wight D. and Buston, K. (2004) Meeting needs but not changing goals: evaluation of in-service teacher training for sex education. *Oxford Review of Education*, Vol.30(1):

Wight, D., Henderson, M., Raab, G., Abraham, C., Buston, K., Scott, S. and Hart, G. (2000) 'Extent of regretted sexual intercourse among young teenagers in Scotland: a cross sectional study'. *British Medical Journal*, Vol.320: 243-4.

Wight, D., Raab, G.M., Henderson, M., Abraham, C., Buston, K., Hart, G. and Scott, S. (2002) 'Limits of teacher delivered sex education: interim behavioural outcomes from randomised trial'. *British Medical Journal*, Vol.321: 1430-1436.

Willig, C. (2001) *Introducing Qualitative Research in Psychology: Adventures in Theory and Method.* Buckingham: Open University Press.

Wilson, J. (2003) 'Can sex education be practical?' *Sex Education*, Vol.3(1): 23-32.

Witcher, A. E., Onwuegbuzie, A. J. and Minor, L. C. (2001). Characteristics of effective teachers: Perceptions of pre-service teachers. *Research in the School*s, Vol.8: 45–57.

Wodarski, L. and Wodarski, J. (1995) *Adolescent Sexuality: A comprehensive peer/parent curriculum* New York: Charles C. Thoma, Publisher.

Woodcock, A., Stenner, K. and Ingham, R. (1992) 'All these contraceptives, videos and that…: young people talking about school sex education', *Health Education Research*, Vol.7(4): 517-531.

Wylie, K. (2005) 'The moral dimension of personal and social education', *Pastoral Care, Vol.*12: 12-18.

Yates, L. (2003) 'Interpretive claims and methodological warrant in small-number qualitative, longitudinal research', *International Journal of Social Research Methodology, Vol.* 6(3): 223-232.

Yin, R. K. (1993) *Applications of case study research*. United States of America: Sage Publications, Inc.

Yoo, S., Johnson, C.C., Rice, J. and Manuel P. (2004) 'A qualitative evaluation of the students of service (SOS) programme for sexual abstinence in Louisiana'. *Journal of School Health*, Vol.74(8): 329-334.

Zhang, L., Li, X. and Shah, I.H. (2007) 'Where do Chinese adolescents obtain knowledge of sex? Implications for sex education in China'. *Health Education*, Vol.107(4): 351-363.