# A Sex and Relationships Health Education project in a Greek senior high school

Δρ Βασιλική Ι. Παπαϊωάννου (Dr Vasiliki Papaioannou)

Εκπαιδευτικός ΠΕ06 (Αγγλικής Φιλολογίας) στο 10° Λύκειο Λάρισας EFL teacher working for the Greek Ministry of Education <u>elpic@yahoo.gr</u>

# ΠΕΡΙΛΗΨΗ

Αυτό το άρθρο περιγράφει ένα πρόγραμμα Αγωγής Υγείας με θέμα 'Διαφυλικές σχέσεις και σεζουαλική αγωγή' που έλαβε χώρα σε ένα δημόσιο λύκειο της Λάρισας, το σχολικό έτος 2009-2010. Στο πρόγραμμα συμμετείχαν εθελοντικά δεκαεννιά μαθητές – έφηβοι της δευτέρας τάζης του Ενιαίου Λυκείου υπό την καθοδήγηση δύο εκπαιδευτικών, ύστερα από σχετική έγκριση των αρμόδιων αρχών και φορέων και του συλλόγου διδασκόντων.

Το πρόγραμμα διήρκησε περίπου 25 ώρες, λάμβανε χώρα μετά τη λήζη των μαθημάτων και αποτέλεσε μελέτη περίπτωσης. Ερωτηματολόγια διανεμήθηκαν στους συμμετέχοντες στην αρχή, μέση και τέλος του προγράμματος προκειμένου να ανιχνευτούν οι ανάγκες των εφήβων στη σεζουαλική εκπαίδευση, η στάση και μέχρι τώρα πληροφόρησή τους για σεζουαλικά μεταδιδόμενες ασθένειες και ανεπιθύμητη εγκυμοσύνη και να αζιολογηθεί το πρόγραμμα προκειμένου να βελτιωθεί την επόμενη σχολική χρονιά.

Με την εφαρμογή και αξιολόγηση παρόμοιων προγραμμάτων Αγωγής Υγείας, οι Έλληνες εκπαιδευτικοί μπορούν να παίζουν σημαντικό ρόλο στην σεζουαλική αγωγή των εφήβων στα λύκεια, κάτι που λείπει από το βασικό κορμό των μαθημάτων στην ελληνική δημόσια εκπαίδευση. Παρόμοιες παρεμβάσεις οφείλουν να είναι ευπρόσδεκτες από τις εκπαιδευτικές κοινότητες και με τη βοήθεια ποικιλίας εκπαιδευτικών μεθόδων, βιβλιογραφίας, εκπαιδευτικής καθοδήγησης και εθελοντισμού στα πλαίσια καινοτόμων δράσεων, η συναισθηματική και σεζουαλική υγεία μαθητών – εφήβων μπορεί σημαντικά να βελτιωθεί μέσα από την ενημέρωση.

**ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ:** πρόγραμμα αγωγής υγείας, διαφυλικές σχέσεις, σεζουαλική αγωγή, μελέτη περίπτωσης, έφηβοι

#### **INTRODUCTION**

While the prevalence of sex education courses in America's schools has grown substantially during the last several decades (Sabia 2006) the curricula for health education projects in Greek schools were only approved in 2002 by the Greek Pedagogical Institute ( $\Gamma 2/6006/7-11-2001$  and  $\Phi 11.2/818/78436/\Gamma 1/25-7-2002$ ) in relation to the then minister's decision ( $\Gamma 2/43520/\Phi EK/543/\tau$ .B'/1-5-2002) ( $\Sigma \tau \dot{\alpha} \pi \pi \alpha$  – Mouptζivn 2004). School projects in the area of Health Education have therefore been slowly increasing in Greek schools in the last decade. This is probably due to an urgent need to fill in gaps in education that are created within a school system which still does not adequately encourage or facilitate classroom interaction, student exchange of ideas, and group work -- particularly on issues closely related to adolescence. Such issues are usually discussed and taught in the context of biology lessons (Iwu et al. 2011) either by biology teachers or by teachers with an adjacent area of expertise.

It is likely that those teachers who work in the 'high uncertainty avoidance' Greek classroom might feel stressed, as they know they are expected to be the 'guru' with all the answers. If the answer is not given to students, this can be taken as a sign of weakness (Hofstede 1986:313). Greek teachers are in an even worse position, never having been trained for the recent, approved by the parliament changes (Law 3848/2010, ( $\Phi$ EK 71/19-05-2010), 3966/2011 (A' 118), 4024/2011 (A' 226), 4072/2012 (A' 86) which for the first time

## ΕΚΠΑΙΔΕΥΤΙΚΗ ΕΠΙΚΑΙΡΟΤΗΤΑ, τόμος Α, τεύχος 4, 28-35

introduce the concept of teacher and teaching process evaluation in Greek schools and place 'the student' at the top of the educational hierarchy, encouraging teachers' lifelong learning (Νέο Σχολείο: πρώτα ο μαθητής 2010; Εγκύκλιος σχεδιασμού υλοποίησης προγραμμάτων σχολικών δραστηριοτήτων 2009-10). Health education projects may take some of the burden off teachers' shoulders, since they are based on the idea that teachers do not have the answers to all the problems. Rather, teachers can only suggest solutions to problems discussed, motivate students, increase awareness and critical thinking, and help students to work alone or in groups to find the answers themselves (Αναλυτικό Πρόγραμμα Σπουδών 2012).

Students' expectations may create certain challenges or raise certain issues in this type of learning, and this paper discusses the importance of a health education project implemented in a senior high school of Greece (Eviato Aúkeio) and attempts to evaluate it in the process (not the outcome). Although the creation of fixed evaluation methods in this type of projects may be an impossible task considering the diversity of communities served (Sriranganathan et al. 2010), we will show the principles and tools we used to meet the goals of our educational organisation.

# LACK OF PREVIOUS RESEARCH IN HEALTH EDUCATION PROJECTS IN GREECE

Discussing the wide choice of school projects available in Greek primary and secondary education (stress, nutrition, or food disorder, bullying, antismoking & antiviolent behaviour, mourning etc.), Gerouki (2009) highlights an uneven distribution of teachers' choices when selecting a thematic unit for implementing Health Education Projects in the Greek elementary sector. Some of the factors which explain the lack of sex education in Greek schools include the Greek educational system, pragmatic and moral reasons on the teachers' part (Gerouki 2008) and other reasons possibly related to the conservative spirit still prevalent in Orthodox Greek families who remain faithful to the biblical and traditional norms regarding premarital sexual relations between men and women.

However, there have been changes in Greek society and especially in family relations lately (Cohen et al. 2007) and today's adolescents are allowed to date more than those of previous generations. Greek public high school system, however, has not facilitated the implementation of sex education programmes in the classrooms as a regular part of instruction for decades, even though this subject has been officially part of the Greek primary and secondary educational curriculum since 2008 (law 2817/14-3-2000 ( $\Phi$ EK 78, article 7, par. 6).

In Sweden 'society's acceptance of sexual activity among young people is high and responsible sexual relationships recognised to add quality to adolescent life' (Edgardh 2002:355). Health policies have been introduced in England and Wales in order to address sexual health concerns (Social Exclusion Unit 1999; National Assembly for Wales 2000; Nutbeam et al. 1987). In general, the sexual behaviour of young people has long been cause for concern (Piltcher 2005) especially about the increasing levels of sexually transmitted infections and high levels of teenage pregnancy (United Nations Children's fund 2001; Coleman and Testa 2007).

It is well documented and widely acclaimed that adolescent children receive sex education through family interactions before they reach their teenage years (Baldwin and Baranoski 1990), with parents usually serving as 'role models' by instilling values and beliefs in their children (Angera et al. 2008; Turnbull 2011; Turnbull et al. 2011) and with family members, friends and other peers playing varied roles within the information seeking behaviour of young people's sex and relationships (Powell 2008).

Comprehensive sex education has been supported by empirical studies conducted in a variety of countries as an effective approach to delaying and preventing adverse effects of premarital sexual behaviour (Thato et al. 2008:466). Sex education programmes need to be introduced in schools in order to reduce risk behaviors such as unprotected sex, to equip adolescents to make informed decisions about their personal sexual activity, to encourage their sense of responsibility, understanding and acceptance of sexual health ((Nakpodia

2012:36). However, although the majority of Greek parents (70%) believe that sex education should start before adolescence, 80% believe that the Greek school is not adequate to provide it (Kirana et al. 2007:265). In Cyprus it has been found that lack of formalised sex education (Lesta et al. 2008:244) ends up in limited and erroneous sexually transmitted infection knowledge as well as widespread negative stereotypes. Sex education should therefore also include the inculcation of moral principles and dispositions, while still allowing students the freedom to explore their own sexual preferences and ideals. Adolescents need to recognize sexual exploitation and to be aware of sexual and emotional abuse.

# **OBJECTIVES**

Responding to the above needs, two young female teachers in a senior high school of Larissa, one of whom was the writer, decided to run a twenty-five hours annual school project about adolescent relations across sex and sex education. This was done outside the normal school hours, on a voluntary basis, out of educational interest, and the writer also received 40 hours preparatory training from the Hellenic Centre for infectious diseases control (K.E.E.L).

Twenty secondary schools in the wider area of Larissa were involved in the planning and implementation of Health Education projects in 2009-2010. These were based on experiential learning -- a mental and emotional stimulation of high and upper high school students' imagination and creativity through sharing experiences, and participating in activities such as research, observation, interviews, and creative composition.

The project was initially designed to meet the sex education needs of nineteen adolescents. Although parents play invaluable roles in educating their children about sexuality and relationships, we initially tried to identify students' knowledge of the basic facts of sex education, investigate areas susceptible to misunderstanding (e.g. how safe the withdrawal method is), evaluate ourselves in a different teaching approach, and make the project better for the following year. The project could in the future be implemented in other senior high schools in the wider area or as a cooperative project across several local schools or even include parents' help in its planning or implementation. According to Clarke (1982:51) careful monitoring of the teenagers' views and opinions can lead to more effective sex education in schools. So we first wanted to study Greek students' views and perceptions about sex education and relationships with the other sex are based, and help them become aware of the dangers that sexually transmitted diseases pose before taking this research further.

## **METHODOLOGY**

Questionnaires were the simplest, safest way to identify students' beliefs and feelings throughout the project. However, we also used other approaches in order to meet our project objectives, including ice breakers, experiential fun learning activities and workshops, brainstorming, theory distributed in the form of handouts (documentary materials from the Ministry of Education and other educational - counselling sources), power point presentations, discussion and reflection groups to develop argumentation skills and encourage assertiveness. We also encouraged the dissemination of findings via such media as school newspapers, personal blogs, local educational websites, exhibition of students' best art work on the school notice board, and so on. Twenty-four participants were initially selected via ballot as the participation rate was unexpectedly high in the second grade of Lykeio (year 11). Teenagers seem to realize that there is a great challenge in relationships between the sexes, and by helping them familiarize themselves with notions, words, definitions and ideas that initially sound strange, simple, or even funny we can help to demystify sex and give it its proper role in a healthy human life.

Twelve females and twelve male students were requested to fill in a questionnaire where they would prioritize the ten thematic units outlined in the educators' agenda numbering from one (first priority) to ten (last priority) according to their personal expectations and needs, rather than in the prescribed order. The thematic units were self-esteem (self-identity), active listening, social exclusion, contraception, biological gender and sex (gender equality and relationships), making love/having sexual intercourse, maintaining/valuing friendship and interpersonal relations, human reproduction, sexually transmitted diseases, and puberty issues. The range was wide since we decided to associate sex education not only with biology but also with the wider scope and variety of useful personal and social issues that could be included. Students' views were also explored in order to identify their preferences and favorite subjects, in order to help us explain any possible (future) absences from the project. Students were also requested to fill in at least two time slots outside normal school hours when they would be available at the school premises and to explain in a few lines their expectations from the project. Because we had to reach an agreement about the hours the project would take place every second week, we produced a final list of nineteen students who had agreed to attend every second Wednesday from 2:00 - 3:30 p.m.

Student's attitudes towards the use of research to discover their students' favorite sexual themes were very favorable. As part of an evaluation case study, mini, open-ended questionnaires were distributed to all participants in the middle (February 2009) and end of the project (May 2009), and students' responses were analyzed using manual methods as the sample was small. Responses came from all students in the first two questionnaires and from only six students in the last one.

#### **QUESTIONNAIRE ANALYSIS**

Students' expectations (first questionnaire) were initially rather vague. Three categories of student interest were formulated as all answers nearly fell into them: Gaining knowledge, raising self-esteem, and learning new ways/types of communication and behaviour. Adolescents expressed a sincere interest in learning as many things as possible about friendship, interpersonal relations, sexual life, and problems related to the last. They wanted to gain knowledge and information beyond the curriculum (shown by the fact that they posed unexpected questions), understand issues related to puberty, and become aware of ways to protect themselves from sexually transmitted diseases. They also wanted to get to know themselves deeply, raise their self-esteem, and increase their self-confidence. Finally, our students wanted to understand other people's thinking and behaviour and develop healthier friendships and sexual relationships.

The second questionnaire was designed to help us realize whether there should be a shift of objectives and policies due to students' altering needs. When participants were asked to discuss what they had liked about the voluntary project they had been involved in so far, they generally replied positively. Initially they expressed a rather shallow adolescent argumentation (e.g. 'interesting class', 'everything was great', 'interesting conversation', 'we discuss issues easily', etc.). However, in their full answers students also highlighted the notions of 'unexpectedness' and 'newness' as far as the content was concerned and raised the positive issues of 'internal seeking', following/respecting common rules, expressing themselves freely through discussing issues of immediate concern, sharing experiences and questions, learning from each other, trusting each other when exchanging sensitive information, and building healthy interpersonal relationships and cooperation skills (with the help of team-building activities).

Among the things that participants liked less (as of February 2009) were having to split into two groups (of ten people) for practical reasons. They also commented on team discipline issues and on covering incredibly large territory in some sessions. Students also mentioned the incoherence in the frequency with which sessions had been organized (not always every second week, owing to strikes or bank holidays) and the lack of an educational (out of town) day trip as a motivation to keep them attending and an opportunity to learn something useful from experts. Although some students mentioned they would have liked more opportunities to exchange information within the group, only one felt intimidated by her encouragement to talk at some point.

When participants were asked whether the project had met their expectations so far they all admitted it had been a unique opportunity to exchange ideas which had enabled them to look at different sides of their own selves. Some of them reported that they were amazed because the team was friendlier than they had expected and they were getting along unexpectedly well with classmates they didn't know before. This attitude was clearly depicted in one student's words:

## 'Now, I am not just learning; I am also having fun, which is great.' (Maria)

The answers to the third questionnaire (May 2009) gave us a complete picture of students' feelings about the project. Among the new things that the students reported they had learned were gender biological and social differences, society's perceptions of the different genders, sexually transmitted diseases, contraception, interpersonal relations, and self-esteem. Students admitted that they learnt better how their body and sexual organs worked and how to appreciate their body image and a large number of teenagers liked best the aspect of the course that covered relationships with the opposite sex.

Asked to recall their favourite moments from the sessions, students mentioned the art work the group had made and presented, titled 'what is love in my opinion', the role-playing sessions about types of behaviour (e.g. aggressive, assertive etc.), the games we played (e.g. funny active listening tasks), and talking and writing about the advantages and strengths of other people.

Students' feelings at the end of the project reflected their increased knowledge and appreciation of their body. It is worth mentioning that students were punctual in our weekly meetings throughout the year, even though they were participating on a voluntary basis. Most students recommended this unique experience to other students in the following year, not only for the information gained but also for the opportunity to share and discuss things that are still considered of low importance in a Greek school context.

## STRENGTHS AND WEAKNESSES OF THE PROJECT

The project was a brief interlude during the school curriculum so it was not a long enough period to effectively relate such serious material, fulfill set objectives and cover the broad spectrum of sex education.

October and November 2009 were the months for team-building activities, after a mutually agreed contract based on five students' expectations. We tried to keep in mind that teaching skills such as communication and interpersonal relations are very important for the emotional health of children (Mishara & Ystgaard 2000:4) and consequently for the success of the project.

Self-confidence was a major theme in the project, since our perception of ourselves has an enormous impact on how others perceive us. In this area, perception is reality; the more self-confident we are, the more likely it is we will succeed and adolescents need to become aware of this. Although many of the factors affecting self-confidence are beyond our control, there are a number of things we can consciously do to get the mental edge we need to reach our potential.

The issue of equal rights to sex education for both sexes was supported throughout the project, since the group was gender inclusive. Students were not taught only what is necessary to know for their own gender. The whole process familiarized them with the opposite sex and helped them to overcome embarrassment when discussing delicate issues. Students were taught the correct terms for the reproductive system, sexually transmitted diseases, and contraceptives, rather than the 'street language'. Myths surrounding sexual intercourse were dispelled, such as not being able to get pregnant the first time.

Teenagers had some difficulty accepting abstinence as a means of preventing sexual problems in their lives. And because some of them had already become sexually active before the implementation of the project, it was not easy to persuade them to practice safe sex, since they had reported experiencing more pleasure without using contraception and were bombarded with negative and inaccurate sexual messages from the media and their peers. However, we felt it was important for teenagers to know that there are pitfalls to becoming sexually active without thinking it through and taking precautionary steps.

We sometimes caught ourselves struggling with personal 'conflicts, tensions and anxieties' (Oladepo & Akintayo 1991:220) as well as importing our own beliefs and morals into the subject matter rather than sticking with the facts in the set literature. It was sometimes difficult for both of us to answer questions without bringing up personal feelings and experiences and adopting conservative parental or teacher attitudes, especially as were concerned that our opinions might be reported to the students' parents and friends.

Furthermore, the students who were willing to participate in this project were the ones who were keeping the lines of communication open with their parents on multiple levels. Parents who thought that the subject of sex education was inappropriate for adolescents did not allow their children to participate. So, in the end, the project addressed adolescents who seemed to know a lot about the subject, owing to a healthy communication with their parents.

Dissemination of findings at the end of the project included presentation of student artwork related to the topic. The physical, emotional, sexy, risky, sensitive, romantic, messy, enjoyable, and recreational aspects of love were depicted in students' artwork which was hung on the main noticeboard at the entrance of the school premises. This regrettably caused some annoyance to school staff who were not familiar with the content of the project and thought it was inappropriate, even though they had given their full consent to it at the beginning of the year. The artwork was therefore immediately removed from the noticeboard in order to avoid confrontation in the staff room.

#### CONCLUSION

This article attempted to evaluate a sex education project implemented in a public upperhigh school in mainland, Greece and discussed strengths and weaknesses in its process, as reflected in students' answers to three open-ended questionnaires. It has been an effort to raise awareness about the issues that facilitate and prohibit the implementation of similar Health Education projects in a Greek school context -- projects which are desirable in the light of the wide range of sexual-health-related problems and unplanned pregnancies affecting the young population in Greece and other developing countries (Edet, 1991; Mellanby et al. 1992) nowadays.

Although Greek teenagers tend to undervalue discussion of sex, there is a growing recognition that a healthy interaction between males and females is essential if young people are to help each other grow biologically, sentimentally, and socially. Stereotypical views about the sexes with strong conservative elements are still deeply rooted in collective Greek society (Hofstede & Hofstede 2005) and are frequently imposed on teenagers, though, thankfully, they seem to be gradually reducing from generation to generation. Gender inclusive health education projects and their evaluation can help towards that direction and the role of school should be capitalised in providing sex education (Alexander & Jorgensen 1983:324) responding to the unequivocal request of young men and women for school-based sexuality education that will meet their needs in a more satisfactory way than it does at present (Fakinos 2010).

#### REFERENCES

Alexander JS and Jorgensen SR. (1983). Sex education for early adolescents: a study of parents and students, *Journal of Early Adolescence*, 3(4): 315–325.

«Αναλυτικό Πρόγραμμα Σπουδών του μαθήματος επιλογής «Αγωγή Υγείας – Πρώτες Βοήθειες» της Α΄ Τάξης ημερησίων ΕΠΑ.Λ.», Αθήνα, Αριθ. Πρωτ. 100579/Γ2, 04-09-2012, ΦΕΚ 2499 Β΄

Angera JJ, Brookins – Fisher J and Inungu NJ. (2008). An investigation of parent – child communication about sexuality. *American Journal of Sexuality Education*, 3(2):165–181.

Baldwin E and Baranoski M. (1990). Family interaction and sex education in the home. *Adolescence*, 25: 573–581.

Clarke L. (1982). Teenage views of sex education. *Health Education Journal*, 41(2): 47–51.

Cohen S, Crawford K, Guillari S, Michailidou M, Mouriki A, Spyrou S, et al. (2007). *Family diversity: A guide for teachers*. Cyprus, Nicosia.

Coleman L and Testa A. (2007). Sexual health knowledge, attitudes and behaviours among an ethically diverse sample of young people in the UK. *Health Education Journal*, 66(1): 68–81.

Edet E. (1991). The role of sex education in adolescent pregnancy. *The Journal of the Royal Society for the Promotion of Health*, 111: 17–18.

Edgardh K. (2002). Adolescent sexual health in Sweden. Sexually transmitted Infections, 78: 352–356.

Fakinos M. (2010). Sexuality education in Greek schools: student experiences and recommendations. *Electronic Journal of Human Sexuality*, 13.

<u>www.ejhs.org</u> (2010, ανακτήθηκε στις 4 Μαρτίου 2013).

Gerouki M. (2009). Innovations on hold: sex education in the Greek primary schools. *Health Education*, 109(1): 49–65.

Gerouki M. (2008). Pushed to the margins – sex and relationships in Greek primary textbooks. *Sex Education* 8(3): 329–343.

Hofstede, G. (1986). Cultural Differences in Teaching and Learning. *International Journal of Intercultural Relations*, 10(3): 301–320.

Hofstede G. and Hofstede J. (2005). *Cultures and organizations: software of the mind*, New York: McGraw-Hill.

Iwu, RU, Onoja, AI, Ijioma, BC, Ngummah, MO and Egeruoh AS. (2011). The Integration of sexuality Education in secondary school biology curriculum for sustainable development. *International Journal of Science and Technology Education Research*, 2(4): 62–66.

Kirana PS, Nakopoulou E, Akrita I and Papaharitou, S. (2007). Parents' attitudes and health promoters' views concerning adolescents' sexual education. *Sex Education*, 7(3): 265–276.

Lesta S, Stalo VL and Essén B. (2008). Young Cypriots on sex education: sources and adequacy of information received on sexuality issues. *Sex Education*, 8(2): 237–246.

Mellanby A, Phelps F, Lawrence C and Tripp JH. (1992). Teenagers and the risks of sexually transmitted diseases: a need for the provision of balanced information. *Genitourin Med.* 68: 241–244.

Mishara BL and Ystgaard M. (2000). Exploring the potential for primary prevention: evaluation of the best friends international reaching young people pilot programme in Denmark. *Crisis*, 21(1): 4–7.

Nakpodia ED. (2012). The relevance of sex education in secondary school curricula in Abraka Metropolis, Delta State, Nigeria. *Scholarly Journal of Business Administration*, 2(2): 36–41.

National Assembly for Wales. (2000). A strategic framework for promoting sexual health in Wales, Cardiff National Assembly for Wales, pp: 1–21.

*ΝΕΟ ΣΧΟΛΕΙΟ: πρώτα ο μαθητής*, Αθήνα: Υπουργείο Παιδείας, Διά Βίου Μάθησης και Θρησκευμάτων.

Nutbeam D, Clarkson J, Phillips K, Everett, V. Hill A and Catford J. (1987). The health-promoting school: organisation and policy development in Welsh secondary schools. *Health Education Journal*, 46(3): 109–115.

Oladepo O and Akintayo T. (1991). Secondary school teachers' viewpoint on sex education. *The Journal of the Royal Society for the promotion of health*, 111: 216–220.

Piltcher J. (2005). School sex education: policy and practice in England 1870 to 2000. *Sex Education: Sexuality, Society and Learning*, 5(2): 153–170.

Powell E. (2008). Young people's use of friends and family for sex and relationships information and advice. *Sex Education*, 8(3):289–302.

Sabia, JJ. (2006). Does Sex Education affect adolescent sexual behaviors and health? *Journal of Policy Analysis and Management*, 25(4): 783–802.

Social Exclusion Unit. (1999). Teenage Pregnancy Cm 4342. London: The Stationery Office

Στάππα – Μουρτζίνη Μ. (2004). Αγωγή Υγείας: Βασικές Αρχές – Σχεδιασμός Προγράμματος, Εγχειρίδιο για εκπαιδευτικούς α/θμιας και β/θμιας εκπ/σης, Αθήνα, Παιδαγωγικό Ινστιτούτο: ΟΕΔΒ, pp: 1–85.

http://www.doe.gr/2010/neosxoleio.pdf (2010, ανακτήθηκε στις 4 Μαρτίου 2013).

Stiranganathan G, Jaworsky D, Larkin J, Flicker S, Cambell L, Flynn S, Janssen J and Erlich L. (2010). Peer sexual health education: interventions for effective programme evaluation. *Health Education Journal*, 71: 62–71.

Σχεδιασμός και υλοποίηση προγραμμάτων σχολικών δραστηριοτήτων για το σχολικό έτος 2009-10, αρ. πρωτ. 81687/Γ7, 09/07/2009, Αθήνα: Υπουργείο Εθνικής Παιδείας και Θρησκευμάτων, Δ/νση Συμβουλευτικού Επαγγελματικού Προσανατολισμού και Εκπαιδευτικών Δραστηριοτήτων.

Turnbull T. (2011). Sex and relationship education in British families: How do we move forward? *Education and Health*, 29(2): 35–37.

Turnbull T, van Wersch A and van Schaik P. (2011). Parents as educators of sex and relationship education: the role for effective communication in British families. *Health Education Journal*, 70(3): 240–248.

Thato T et al. (2008). Effects of the culturally sensitive comprehensive sex education programme among Thai secondary school students. *Journal of Advanced Nursing*, 62(4): 457–69.

United Nations Children's Fund (2001). A league table of teenage births in rich nations. *Innocenti Report Card.* Florence: Unicef, Innocenti Research Centre, 3: 1–36.