

Sexuality and relationships education: Toward a social studies approach*

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Globally, gender norms and power differentials profoundly affect both girls' and boys' sexual attitudes, practices and health. One avenue for enabling young people to reflect on traditional gender arrangements that endanger their health—and to lay the groundwork for satisfying sexual lives—is sexuality and relationships education (SRE). Unfortunately, many SRE programmes address gender norms and critical thinking skills either superficially or not at all. Moreover, in some developing countries, SRE programmes do not reach the majority of girls aged 15–19, a high proportion of whom are simply not in school. This paper argues for grounding SRE within a social studies framework, emphasizing gender and social context. Such an approach can foster critical thinking skills, can provide a foundation for subsequent lessons on explicitly sexual topics, can illuminate the links between gender inequality and other social issues, can allow for a human-rights emphasis that may prove politically less controversial than technical sexuality topics, and may ultimately prove vital to achieving better sexual health outcomes. The experience of community based programmes provides lessons for designing and evaluating such approaches in schools.

Introduction

Gender norms and power disparities negatively affect both girls' and boys' sexual attitudes, practices and health. Ample research from both developed and developing country settings documents this relationship. For example, traditional attitudes about gender roles and inequitable power in intimate heterosexual relationships are associated with earlier age of sexual debut, a higher number of partners, more frequent intercourse, low rates of condom and contraceptive use, and higher rates of HIV infection (Jorgensen et al., 1980; MacCorquodale, 1984; Foshee & Bauman, 1992; Marsiglio, 1993; Pleck et al., 1993; Kowaleski-Jones & Mott, 1998; Karim et al., 2003; Dunkle et al., 2004).¹

Additional studies from settings as diverse as China (Parish et al., 2004), Peru (Caceres et al., 1997), the USA (Martin et al., 1999), and Uganda (Koenig et al., 2004) have found that girls and/or young women who had previously experienced sexual coercion are significantly less likely to use condoms, and more likely to report genital tract infection symptoms and/or unintended pregnancy. Moreover, girls and boys tend to have sex for different reasons, with girls citing their desire for love and approval, while boys tend to mention curiosity and pleasure (Mongolian

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¹ Gender norms and dynamics have been variously defined and measured as, for example, 'traditional male gender role attitudes' measured with a scale representing status, toughness and antifemininity (Marsiglio, 1993; Pleck et al., 1993), a 'traditional women's roles scale' (Kowaleski-Jones & Mott, 1998), a 'female stereotyping' scale (Foshee & Bauman, 1992), an egalitarian versus traditional 'gender role attitudes' score (MacCorquodale, 1984), an 'egalitarian gender role perceptions' index (Karim et al., 2003), a relational 'female power' scale (Jorgensen et al., 1980) and a scale to assess 'male control in a woman's current relationship' (Dunkle et al., 2004).

Ministry of Health and Social Welfare & United Nations Population Fund, 1996; Eggleston et al., 1999; Rani et al., 2003).

Spurred both by the consistency of such findings and by the light that HIV/AIDS has directed on this topic globally, policy-makers are increasingly citing the need for greater attention to gender issues in efforts to promote sexual health. The 1994 International Conference on Population and Development's Programme of Action declared that 'Responsible sexual behaviour, sensitivity and equity in gender relations, particularly when instilled during the formative years, enhance and promote respectful and harmonious partnerships between men and women' (United Nations, 1995, par. 7.34; emphasis added). A decade later, on the occasion of World AIDS Day, United Nations Secretary General Kofi Annan (2004) issued a statement calling for:

... real, positive change that will give more power and confidence to women and girls. Change that will transform relations between women and men at all levels of society. Change that can only be brought about through the education of girls, through legal and social reforms, and through greater awareness and responsibility among men.

Peter Piot (2004), Executive Director of UNAIDS and Under Secretary-General of the United Nations, has advocated a similar course:

Prevention methods such as the 'ABC' approach—Abstinence, Be faithful, and use Condoms—are good but not enough to protect women where gender inequality is pervasive. We must ensure that women can choose marriage, to decide when and with whom they have sex, and to successfully negotiate condom use.

The World Health Organization has identified 'gender differences' along with '... the needs of younger adolescents, exploring developmentally appropriate teaching and learning approaches, and reaching vulnerable adolescents ...' as a '... primary factor that needs greater exploration and attention in intervention development' (2004, p. 2). One obvious avenue for enabling young people to transcend traditional gender arrangements that endanger their sexual health—and to lay the groundwork for satisfying sexual lives—is sexuality and relationships education (SRE).

Unfortunately, guidelines and curricula for sexuality education often have failed to reflect these research findings and policy concerns (Sexuality Information and Education Council of the United States [SIECUS], 1996; Swann et al., 2003; Centers for Disease Control, 2004).² Programmes vary considerably, but in terms of both content and—particularly in developing countries—of reach, many still neglect the realities of gender inequality. This article describes these gaps in broad terms and argues for exploring new approaches to increasing and evaluating the effectiveness of SRE.

Current gaps in content

Content is an issue in both developed and developing countries. To a great degree, sexuality education programmes still do not reflect what has been learned about the fundamental role of gender in shaping sexual attitudes and behaviour. A preliminary content analysis we have undertaken of some more widely known or commonly used comprehensive sexuality education curricula indicates that, among many, gender issues (if addressed at all) tend to be included in a superficial manner.³

² Notably, in its third edition of its Guidelines for Comprehensive Sexuality Education, SIECUS takes encouraging steps toward greater incorporation of gender issues (SIECUS, 2004).

³ In the first phase, our primary criteria in selecting curricula were wide usage and/or documented effectiveness. (We also sought out several extant non-traditional curricula that focused extensively on sexism.) As such, the analysis

While the traditional curricula analysed thus far do not comprise a representative sample, several points are noteworthy. Among those ‘gender-sensitive’ topics most frequently addressed are coercion and male behaviour. Far less frequently considered are homophobia, female pleasure or the gendered dimensions of oral sex. Typically missing altogether is a meaningful treatment of underlying gender discrimination in society; that is, the very issues that Annan and Piot highlight as most critical—empowering girls through legal and social reforms, transforming relations between the sexes, and ensuring that girls have power to decide about sex, marriage and condom use. In short, sexuality education is relatively disconnected from the social context in which sex takes place.

Critical thinking skills similarly get short shrift. As various authors have argued, information about gender is not enough. Both girls and boys need to develop critical thinking skills that enable them to reflect meaningfully on the ways that gender directly and indirectly shapes their sexual lives and relationships, and to begin to transcend these deeply entrenched roles (Barcelona & Laski, 2002; Barker, 2003). Evidence indicates that fostering such critical reflection about gender role socialization can change sexual attitudes and behaviour (Rogow, 2000; Pulerwitz et al., 2004). Among the mainstream curricula analysed, however, the promotion of critical thinking skills and reflection about gender norms rarely appears as a learning objective. Those curricula that do seek to promote reflection typically emphasize individual values and behaviour, again, often unlinked to the social context. Such an approach may reinforce the sense that a young person’s obstacles in promoting their own sexual well-being are solely his or her own ‘fault’. By the same token, when lessons on gender and society are simply tagged on to the end of curricula, they provide much less meaningful support for earlier units on sexuality or relationships.

Current gaps in access

A lack of attention to gender in programme content is not the only problem. In some developing countries, most young people, and especially girls, are altogether beyond the reach of school-based SRE programmes. In many settings, a large proportion of girls are not in school, particularly in the grades where most SRE programmes are offered. For example, in Senegal only 9% of 15-year-old to 19-year-old girls are in secondary school; in Kenya this figure is 13% and in Bangladesh it is 20%. In other settings, particularly in Latin America, this pattern is less acute; in Colombia, for instance, 49% of 15-year-old to 19-year-old girls are in school (Population Council, 2001a, b, c, 2002).

Where are these out-of-school girls? Often they are married. For example, in Senegal over one-quarter (29%) are already married, and in Bangladesh 50% are ever married (Population Council, 2001a, c). In the vast majority of settings, being married means a girl is not attending school.⁴

reflects an informal ‘state of the art’ rather than a representative sampling. While access was uneven and the content analysis process is still underway, to date we have reviewed 24 curricula. A fuller report is forthcoming pending completion of a more comprehensive sampling and review.

⁴ Mensch et al. (2004) documented the reduced educational attainment associated with marriage. They found that among women aged 20–24 in South and Southeast Asia, the proportion married by age 18 increases from 17.3% among those with eight or more years of schooling to 55.7% among those with 0–3 years of schooling. Similarly, in West and Central Africa, the proportion is 14.1% among women with eight or more years of schooling and 70.5% among those with 0–3 years of schooling. In South America the corresponding figures are 10.8% and 41.7%. These authors noted that some, but not all, of the decline in early marriage is explained by the increase in schooling for girls.

Ironically, these young wives may have the greatest need for SRE. Looking at data across 25 countries, Bruce and Clark (2003) found that in every country included in their analysis, the proportion of married girls who had sex in the past week was higher than the proportion of sexually active unmarried girls who did so. This is in part because of the desire of married girls to become pregnant; however, even unmarried sexually active girls who wish to become pregnant were less likely to have had unprotected sex in the previous week than their married counterparts. Moreover, married girls are less likely to have information about their sexual health; for instance, in a large-scale survey in Indonesia 86% of unmarried 15-year-old to 19-year-old girls had heard of HIV/AIDS, compared with only 59% of married girls (Achmad & Westley, 1999).

Even among those female adolescents who are in school, many have not yet reached the middle or secondary school levels where SRE typically is offered. In Kenya, for example, 36% of girls aged 15–19 are still in primary school (Population Council, 2001b). Mensch and Lloyd (1998) found that this delay is due in part to non-payment of school fees and other demands on time that lead many young people (especially girls) to begin schooling late and/or to attend irregularly, so that they fall behind and must repeat grades. In their study of three districts in Kenya, these authors found that between 79% and 94% of 12–18 year olds were in primary school. Hence, even those girls who manage to attend school are unlikely to be present for SRE classes in this context.

Unfortunately, as currently configured, community-based projects may also fail to reach adolescent girls. A study in Zimbabwe, for example, found that males outnumbered females by 2 to 1 in centres integrating recreational activities and reproductive health services (Erulkar, 2003). Moreover, many youth centres seem to reach a cohort of young adults rather than adolescents. A recent assessment by the Population Council of 26 youth centres across four sub-Saharan African countries found that the number of youth served was typically low and the centres tended to serve older youth or even adults. In the catchment areas of the Kenyan centres, for example, 86% of the clientele were over the age of 20, and 26% were older than the centres' upper age limit of 24 years (Erulkar, 2003).

In summary, then, in many developing countries existing sexuality education programme models may not be appropriate for reaching the vast majority of girls who are not part of the elite segments of their societies. Given the paucity of resources for SRE, such gaps—in reach, as well as in content—constitute a serious concern.

Toward a social studies approach

A review of these gaps suggests the need for a shift focused on both content and reach of SRE programmes. There would be value in reframing such programmes with less emphasis on the purely biological aspects of sexuality, in favour of stronger and earlier emphasis on the social context in which sexual attitudes form, sexual decisions are made and sexual scripts enacted. Such a reframed approach would most aptly be placed not (or at least not exclusively) within a health/biology rubric, but as part of what might broadly be understood as 'social studies' or civics.⁵

⁵ Schools structure academic disciplines in diverse ways, but it is the weaving together of social context and sexuality that is important. That is, sexuality educators might incorporate defining modules on social context, or, conversely, social studies curricula can serve as the point of entry for concurrent or subsequent 'sexuality' topics. Moreover, while the term 'social studies' is rather widely used around the world, similar interdisciplinary approaches are instituted in

A number of arguments exist for grounding SRE within such a framework. First, social studies offers an effective ‘discipline’ for fostering analytic thinking and critical reflection, beginning in the early grades. While social studies is often equated in peoples’ minds with history and geography, it is also typically the home for interdisciplinary lessons about social movements, communities, government, culture and contemporary social issues. For example, in many countries, social studies may engage students on such topics as racial discrimination, population growth and current political affairs. Moreover, such critical thinking skills—what Paulo Freire (1974, p. 66) called ‘posing the problems of human beings in their relations with the world’—are transferable to a broad range of subjects.

Even where more traditional pedagogic approaches predominate, however, social studies topics may generate broad questions about the individual and society, self/others, democratic culture and notions of equality/inequality.⁶ In many settings (including settings in the USA), specific curricula or modules may enable teachers to supplement standard lectures and readings with more interactive dialogue. For example, some of the most basic social studies lessons on citizenship, on family structures and on community lend themselves to critical reflection about women’s roles and gender equality.

Second, social studies lessons on gender provide a strong foundation for subsequent teaching on explicitly sexual topics; this approach seems far more logical than the converse (i.e. tacking lessons about social context and gender onto sex education). Issues such as girls’ and boys’ disparate reasons for having sex; the practice of exchanging sex for favours; the continuum that exists between wanted, mutual sex and rape; the ways that norms about masculinity undercut boys’ self confidence and result in performance pressure to prove their manhood and heterosexuality; gender-based violence; sexual minorities; and female genital mutilation are fundamentally social matters.

Moreover, as thorny gender-sensitive issues, these SRE topics are presently often ignored or addressed ineffectively in many sex education curricula. Even a subject as ‘sex-specific’ and technical as promoting condom use provides a case in point. It may do students little good to learn about condoms if they have not explored and critically reflected on the ways that their ability actually to use condoms may be impeded by gender relations; for example, the double sexual standard that causes girls to feel embarrassment about buying condoms, and causes boys to feel anxious anxiety about losing an erection while putting a condom on (Costa, 1998). If young people can first learn to analyse the social forces underlying their intimate relationships, then teaching about sex and relations would become far simpler.

some settings under such rubrics as Civics, Religion, Society, and Ethics (Csank, 2005; Lkhagvasuren, 2005; Marques, 2005; Rajani 2005; RamaRao, 2005).

⁶ Although social studies does not always imply an interactive pedagogy, as a discipline social studies has a long tradition and extensive body of resources for fostering an open classroom culture, critical analysis and meaningful reflection. Interestingly, drawing from multi-country analyses (World Values Survey and International Association for the Evaluation of Educational Achievement), Pettersson (2003) concluded that an open culture in the classroom was closely associated with positive attitudes toward ‘good citizenship’. Moreover, Pettersson compared the association of a range of macro-level and social– environmental factors with adolescent attitudes toward gender equality; the strongest correlation with favourable attitudes toward gender equality was having ‘an open classroom climate’. Indeed, ‘[t]he more open the classroom climate, the more positive the attitudes towards gender equality’ (Pettersson, 2003, p. 20). Exposure to news media was the second most tightly associated factor. Pettersson noted, ‘A change in classroom climate from strict to open, together with increased media exposure from low to high increases the number of students who strongly endorse gender equality by as much as 50%’ (2003, p. 21).

Much can be learned from the few curricula that have addressed sexual health issues by fostering reflection about social norms. Two unusual one-year schoolbased examples include ‘Conocimiento Es Salud/Poder’ (‘Knowledge is Health/Power’) in the USA and ‘Exploring Masculinities’, a programme in boys-only high schools in Ireland. However, much of the leadership in this arena has been provided by community-based organizations, particularly in developing countries. For example, in Nigeria, the Girls Power Initiative grounds its SRE curriculum on the principle that gender equality is fundamental to females’ enjoyment of their sexuality, and to their sexual and reproductive health (Madunagu, 2003). Beginning with the earliest level, the Girls Power Initiative curriculum includes strong units on gender stereotyping, girls’ rights, and gender-based violence. The Kenya-based Maendeleo Ya Wanawake Organization fosters broad discussion about gender inequities in education and in the law as a key element in its efforts to eliminate female genital mutilation. The group began with the recognition that sexual norms are regulated by the dominant custodians of culture, in their case males and elders. They consciously sought ‘change ... [toward] girls and women assuming roles as cocustodians of a culture that can protect and empower them’ (Mohamud et al., 2002, p. 455). In the USA, Girls Inc. implements its pregnancy prevention curriculum in the context of six other empowerment and social-connectedness programmes that foster, for example, critical thinking about sexism in the media, participation in sports and economic literacy (Girls Inc., 2005).

Third, the link between gender inequality and other social issues is a tight one. The issues underlying discussions of gender—the ways that both law and social norms perpetuate unequal power arrangements in human relationships—parallel and reinforce critical thinking about human rights and democracy, and equality in general. Since the 1994 International Conference on Population and Development, a number of successful educational projects focused on critical thinking about gender embed their work within a broader promotion of citizenship. Again, community programmes that have developed innovative curricula provide useful, accessible examples. For example, the Calabar International Institute for Research, Information and Development programme views ‘fostering antisexist and critical consciousness ... to be an important aspect of the struggle for the broader democratization of Nigeria’ (Girard, 2003, p. 25).⁷ The link exists beyond developing countries: analysing data from the World Values Survey, Inglehart et al. (2002) argue that growing support for gender equality is a critical factor—indeed, the most powerful single correlate—contributing to democratization in industrial and post-industrial settings.

Of course, discussion about gender role socialization is not limited to concerns about discrimination against girls and women. Students can also benefit from learning to understand and analyse as social phenomena the pressures and risks associated with traditional masculinity and heteronormativity. For example, Salud y Genero in Mexico, Men As Partners in South Africa, Instituto ProMundo in Brazil, and Men Can Stop Rape, as well as the Gay/Straight Alliance in the USA, are only a few of the many organizations reaching out to young men on such issues.

Fourth, a social studies focus on gender (emphasizing human rights, dignity and freedom from discrimination and violence) may prove politically less ‘sensitive’ and controversial than lessons on the technical aspects of sexuality. This is not to say that critical discussions about gender issues will not spark profound debate (indeed they will), but that many teachers may still find it less discomfiting to implement lesson plans on gender norms than on such topics as intercourse, masturbation, the relative safety of oral and anal sex, or the sexual response cycle. Similarly,

⁷ Both CINSTRID and the aforementioned Girls Power Initiative have worked closely with the International Women’s Health Coalition in developing and documenting these approaches.

lessons on social attitudes toward homosexuality may also be more comfortable and appropriate than on homosexuality per se. Gender studies, in a sense a focused element of what has also been termed Family Life or Life Issues, may also be less controversial among school administrators and parents in some settings. If so, a social studies curriculum may lay a foundation for successfully introducing and implementing critical age appropriate SRE.⁸

Fifth, a social studies approach, appropriate for primary grades, can reach girls while they are still in school. As made clear by the data on resource-poor countries presented earlier, many girls are simply absent from secondary school and community centres. Their enrolment rates in primary school, however, are more encouraging. Indeed, in low-income countries, enrolment rates of girls age 10–14 is double the rate among girls aged 15–19 (69% versus 34%); among boys, three out of four aged 10–14 attend school, as compared with less than one-half (46%) of boys aged 15–19 (Lloyd, 2004).

Drawing from youth studies, researchers have argued the need to begin sexuality education at younger ages and in younger grades (Eggleston et al., 1999; Gorgen et al., 1998). Unfortunately, in some cases, implementing this shift boils down to focusing only on negative aspects of sexuality (protection against abuse) or on lessons about intercourse and contraception for children who are not prepared for such information. In contrast, a culturally appropriate focus on social norms related to gender might also be considerably more appropriate for under-12 children than focusing predominantly on sexuality per se. Indeed, research suggests that this is the age at which learning about and grappling with gender norms and stereotypes may be most critical (Foshee & Bauman, 1992). For example, depending on the specific cultural context, activities aimed at primary school children may encourage them to think about such questions as the following: What makes a boy a boy? What about a girl? How are they different and the same? Is one superior to the other? Who helps out at home? What does it mean to be strong? Could a woman lead the country? Is it right for men to hit women? Why are girls married off at young ages? Who benefits and who loses from the current arrangements?

Middle school children can begin to reflect on such questions (again, depending on local context) as the following: How does a human relationship (whether friendship or romantic) characterized by equality differ from a relationship in which the two people do not have the same degree of power? What kinds of pressures do boys experience to prove themselves in the world, and how do those pressures affect their well-being? What power do messages in the media regarding gender norms and expectations hold? Do girls and boys have the same access to public space in the society? Is there a better way to live?

⁸ It remains to be seen how lessons about human rights and freedom from (gender) discrimination would be received in settings with active movements against feminism. As Kristin Luker (forthcoming), who has studied the sex education policy conflict in the USA, argues in *The Hidden Sexual Revolution*, the battle against sex education (in the USA, at least) is a proxy for a deeper cultural war against changing gender norms, particularly with regard to marriage. According to Luker, the liberal ‘right-to-knowledge’ position that often characterizes the defence of sex education largely fails to reckon with the underlying concerns about gender that actually fuel the opposition to such programmes, and it is the opponents who have been gaining fast ground. Practitioners have reported different experiences. For example, the ‘Knowledge is Health/Power’ project in the USA encountered active resistance to two ‘sex ed’ topics—emergency contraception and a student proposal for school-based condom distribution—while such ‘social’ issues—human rights, gender equality, homophobia and hate groups did not generate opposition (Snider-Simon, 2005). In contrast, the Irish programme cited earlier encountered opposition for perceived treatment of domestic violence, feminism, masculinity and social constructionism (Mac an Ghaill et al., 2004).

Finally, reframing sexuality education—so that it rests upon a gender-sensitive, social-studies-oriented foundation, rather than the other way around—may optimize the effects of sexuality education. Given that entrenched gender norms contribute to sexual health outcomes and that they are mutable (Rogow, 2000; Pulerwitz et al., 2004), it seems reasonable to hypothesize that tinkering with gender attitudes may ultimately prove vital to achieving significant change in sexuality education indicators such as delaying sexual debut, promoting contraceptive and condom use, and reducing rates of infection and unwanted pregnancy.

Discussion

Currently, many sexuality education programmes have mixed effects when evaluated on standard behavioural outcomes (Kirby, 2001; DiCenso et al., 2002; Speizer et al., 2003). While some lessons are being generated about relatively more effective programmes, we should not shy away from exploring bolder approaches that reach many more young people, especially girls, and could potentially lead to far better outcomes. The close links between gender and reproductive health and other outcomes, along with the relatively small proportion in many settings of school-going adolescent girls, argue for SRE that places gender and critical thinking at its heart, beginning in early grades. The experience of community-based programmes, documented in a rich case-study literature, can provide us with important lessons for the design of school-based programmes, curricula and evaluation of such approaches.

Evaluating the impact of a social studies approach will require thoughtful methodological approaches. Importantly, interventions that begin at younger ages will require longer-term follow-up. Data from the occasional studies that assessed early childhood programmes suggest not only that longer-term effects can be measured, but that such programmes may improve sexual and reproductive health many years down the line (Campbell, 1999, as cited in Kirby, 2001). Moreover, data on all outcome measures (including delay in sexual debut, frequency of intercourse, and contraceptive and condom use) will need to be routinely disaggregated by gender. Surprisingly, such disaggregation is not currently universal in sexuality education evaluation research. Even standard ‘gender-blind’ curricula tend to have differential effects on boys as compared with on girls. Impact of gender-specific content may vary even more; capturing such comparative outcomes is essential to improving programme design.

Presumably, a social studies curriculum would also aim to influence a wider range of outcome measures than those included in typical sexuality education programme evaluations. For example, programme leaders and policy-makers might seek changes in specific attitudes and behaviours related to gender equality and human rights. A number of concrete markers can be measured. For example, depending on the local context, such outcomes might include leadership in school activities; girls’ participation in sports; age at marriage; attitudes regarding males’ and females’ roles in the sexual, domestic and economic spheres; and prevalence of or attitudes toward gender-based violence, sexual harassment, homophobic bullying and harmful practices. These measures are important not only as antecedents to poor sexual health, but as outcomes in their own right.

References

- Achmad, S. I. and Westley, S. B.(1999) Indonesian survey looks at adolescent reproductive health. In *AsiaPacific Population & Policy*. (pp. 1 - 4).
- Annan K. 2004. Secretary General hails women as most courageous, creative champions in fight against HIV/AIDS. World AIDS Day Message Press Release, 23 November 2004. SG/SM/9613. AIDS/85. OBV/454. Available online at: <http://www.un.org/News/Press/docs/2004/sgsm9613.doc.htm> (accessed 8 February 2005)
- Barcelona, D. and Laski, L. (2002) Introduction: what are we learning about sexuality education? *Quality/Calidad/Qualité*, 12, pp. 1 - 4.
- Barker, G. (2003) Introduction *Quality/Calidad/Qualité*, 14, pp. 1 - 4.
- Bruce, J. and Clark, S.(2003) Including married adolescents in adolescent reproductive health and HIV/AIDS policy. In . background paper presented at the WHO/UNFPA/Population Council Technical Consultation on Married Adolescents, Geneva, 9–12 December
- Caceres, C. F. and Marin, B. V. and Hudes, E. S. and Reingold, A. L. and Rosasco, A. M. (1997) Young people and the structure of sexual risks in Lima *AIDS*, 11((supplement 1)), pp. S67 - S57.
- Campbell, F. A.(1999) Long-term outcomes from the Abecedarian study. In *Biennial Meeting of the Society for Research in Child Development*. . Albuquerque, NM, 16 April [cited in Kirby, 2001]
- Centers for Disease Control. 2004. Guidelines for effective school health education to prevent the spread of AIDS in. CDC Healthy Youth! Sexual Behaviors School Health Guidelines. reviewed 16 November 2004. Available online at: <http://www.cdc.gov/HealthyYouth/sexualbehaviors/guidelines/guidelines.htm> (accessed 3 February 2005)
- Costa, N.(1998) Integration of HIV/STD prevention in family planning. In . paper presented at the AVSC International and IPPF/WHO Symposium: Male Participation in Sexual and Reproductive Health: New Paradigms, Oaxaca, Mexico, 10–14 October
- Csank, D.(2005) Personal communication, 13 May. In .
- DiCenso, A. and Guyatt, G. and Willan, A. and Griffith, L. (2002) Interventions to reduce unintended pregnancies among adolescents: systematic review of randomized controlled trials *British Medical Journal*, 324, pp. 1426 - 1434.
- Dunkle, K. and Jewkes, R. and Brown, H. and Gray, G. and McIntyre, J. and Harlow, S. (2004) Gender-based violence, relationship power, and risk of HIV infection in women attending antenatal clinics in South Africa *The Lancet*, 363 (May 1), pp. 1415 - 1421.
- Eggleston, E. and Jackson, J. and Hardee, K. (1999) Sexual attitudes and behavior among young adolescents in Jamaica *International Family Planning Perspectives*, 25, pp. 78 - 84.
- Erulkar, A.(2003) Examining the gender dimensions of popular adolescent programming concepts: what do they offer girls and boys?. In . paper presented at the Background Document for a Population Council and UNFPA Workshop: Adolescent and Youth Sexual and Reproductive Health: Charting Directions for a Second Generation of Programming, Population Council, New York, 1–3 May 2002
- Foshee, V. and Bauman, K. (1992) Gender stereotyping and adolescent sexual behavior: a test of temporal order *Journal of Applied Social Psychology*, 22, pp. 1561 - 1579.
- Freire, P.(1974) . In *Pedagogy of the oppressed*. . Seabury. (M. Bergman Ramos, Trans., original Portuguese work published 1968)
- Girard, F. (2003) My father didn't think this way: Nigerian boys contemplate gender equality *Quality/Calidad/Qualité*, 14, pp. 5 - 31.
- Girls Inc. 2005. Programs. Available online at: <http://www.girlsinc.org/ic/page.php?id = 1.2> (accessed 7 February 2005)
- Gorgen, R. and Yansane, M. and Marx, M. and Millimounou, D. (1998) Sexual behavior and attitudes among unmarried urban youths in Guinea *International Family Planning Perspectives*, 24((2)), pp. 65 - 71.
- Inglehart R, Norris P, Welzel C. 2002. Gender equality and democracy, world values survey. Available online at: <http://www.worldvaluessurvey.org/library/latestpub.asp> (accessed 11 February 2005)
- Jorgensen, S. and King, S. and Torrey, B. (1980) Dyadic and social network influences on adolescent exposure to pregnancy risk *Journal of Marriage and the Family*, 42, pp. 141 - 155.

- Karim, A. M. and Magnani, R. and Morgan, G. and Bond, K. (2003) Reproductive health risk and protective factors among unmarried youth in Ghana *International Family Planning Perspectives*, 29, pp. 14 - 24.
- Kirby, D.(2001) . In *Emerging answers: research findings on programs to reduce teen pregnancy*. . National Campaign to Prevent Teen Pregnancy.
- Koenig, M. and Zablotska, I. and Lutalo, T. and Nalugoda, F. and Wagman, J. and Gray, R. (2004) Coerced first intercourse and reproductive health among adolescent women in Rakai, Uganda *International Family Planning Perspectives*, 30, pp. 156 - 163.
- Kowaleski-Jones, L. and Mott, F. (1998) Sex, contraception and childbearing among high-risk youth: do different factors influence males and females? *Family Planning Perspectives*, 30, pp. 163 - 169.
- Lkhagvasuren, O.(2005) Personal communication, 12 May. In .
- Lloyd, C. (Ed.).(2004) . In *Growing up global: the changing transitions to adulthood in developing countries*. . The National Academies Press.
- Luker, K.(forthcoming) . In *The hidden sexual revolution*. . W.W. Norton & Co..
- Mac an Ghail, M. and Hanafin, J. and Conway, P.(2004) . In *Gender politics and exploring masculinities in Irish education: teachers, materials, and the media*. . Dublin : National Council for Curriculum and Assessment.
- MacCorquodale, P. (1984) Gender roles and premarital contraception *Journal of Marriage and the Family*, 46, pp. 57 - 63.
- Madunagu, B. (Ed.).(2003) . In *Training manual level 1: adolescent sexuality, sexual and reproductive health and rights*. . Calabar, Nigeria : Girls Power Initiative. (2nd edn)
- Marques, M.(2005) Personal communication, 27 January. In .
- Marsiglio, W. (1993) Adolescent males' orientation toward paternity and contraception *Family Planning Perspectives*, 25, pp. 22 - 31.
- Martin, S. and Matza, L. and Kupper, L. and Thomas, J. and Daly, M. and Cloutier, S. (1999) Domestic violence and sexually transmitted diseases: the experience of prenatal care patients *Public Health Reports*, 114, pp. 262 - 268.
- Mensch, B. and Lloyd, C. (1998) Gender differences in the schooling experiences of adolescents in low-income countries: the case of Kenya *Studies in Family Planning*, 29, pp. 167 - 184.
- Mensch, B. and Singh, S. and Casterline, J.(2004) Trends in the timing of first marriage among men and women in the developing world. In . paper presented at the Annual Meeting of the Population Association of America, Boston, 1–3 April
- Mohamud, A. and Radeny, S. and Yinger, N. and Kittony, Z. and Ringheim, K.(2002) Protecting and empowering girls: confronting the roots of female genital cutting in Kenya. In *Responding to Cairo: case studies of changing practice in reproductive health and family planning*. . Population Council. in Mongolian Ministry of Health and Social Welfare and United Nations Population Fund.(1996) . In *Adolescent reproductive health survey*. . Ulan Bator : Mongolian Ministry of Health and Social Welfare.
- Parish, W. L. and Wang, T. and Laumann, E. O. and Pan, S. and Luo, Y. (2004) Intimate partner violence in China: national prevalence, risk factors and associated health problems *International Family Planning Perspectives*, 30, pp. 174 - 181.
- Pettersson T. 2003. Basic values and civic education. A comparative analysis of adolescent orientations towards gender equality and good citizenship, World Values Survey. Available online at: <http://www.worldvaluessurvey.org/library/latestpub.asp> (accessed 5 January 2005)
- Piot P. 2004. Message on the occasion of World Aids Day. UNAIDS, 1 December. Available online at: http://www.unaids.org/NetTools/Misc/DocInfo.aspx?LANG=en&href=http://gva.doc.ow/WEBcontent/Documents/pub/Media/Speeches02/SP_Piot_WAD2004_01Dec04_en.pdf (accessed 8 February 2005)
- Pleck, J. H. and Sonenstein, F. L. and Ku, L. C. (1993) Masculinity ideology: its impact on adolescent males' heterosexual relationships *Journal of Social Issues*, 49, pp. 11 - 29.
- Population Council.(2001a) . In *Facts about adolescents from the demographic and health survey: statistical tables for program planning: Bangladesh 1996–1997*. . Population Council.
- Population Council.(2001b) . In *Facts about adolescents from the demographic and health survey: statistical tables for program planning: Kenya 1998*. . Population Council.
- Population Council.(2001c) . In *Facts about adolescents from the demographic and health survey: statistical tables for program planning: Senegal 1992–1993 and 1997*. . Population Council.

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- Population Council.(2002) . In *Facts about adolescents from the demographic and health survey: statistical tables for program planning: Colombia 1995*. . Population Council.
- Pulerwitz, J. and Barker, G. and Segundo, M.(2004) . In *Promoting healthy relationships and HIV/STI prevention for young men: positive findings from an intervention study in Brazil, Horizons Research Update*. . Population Council.
- Rajani, R.(2005) Personal communication, May. In .
- RamaRao, S.(2005) Personal communication, February. In .
- Rani, M. and Figueroa, M. E. and Ainsle, R. (2003) The psychosocial context of young adult sexual behavior in Nicaragua: looking through the gender lens *International Family Planning Perspectives*, 29, pp. 174 - 181.
- Rogow, D. (2000) Alone you are nobody, together we float: the Manuela Ramos movement *Quality/Calidad/Qualité*, 10, pp. 3 - 30.
- Sexuality Information and Education Council of the United States.(2004) . In *Guidelines for comprehensive sexuality education: kindergarten–12th Grade*. . SIECUS. (3rd edn)
- Sexuality Information and Education Council of the United States.(1996) . In *Guidelines for comprehensive sexuality education*. . SIECUS. (2nd edn)
- Snider□Simon, N.(2005) Personal communication, 25 May. In .
- Speizer, I. S. and Magnani, R. J. and Colvin, C. E. (2003) The effectiveness of adolescent reproductive health interventions in developing countries: a review of the evidence *Journal of Adolescent Health*, 33, pp. 324 - 348.
- Swann, C. and Bowe, K. and McCormich, G. and Kosmin, M.(2003) . In *Teenage pregnancy and parenthood: a review of reviews: Evidence briefing, Health Development Agency*. . London : Department of Health.
- United Nations.(1995) Programme of action of the International Conference on Population and Development. In *Report of the International Conference on Population and Development*. United Nations. Cairo, Egypt, 5–13 September 1994 (UNDoc.A/CONF.171/13/Rev.1)
- World Health Organization. 2004. Key issues in the implementation of programmes for adolescent sexual and reproductive health. Department of Child and Adolescent Health and Development, WHO/FCH/CAH/04.3 (Geneva, WHO). Available online at:
http://www.who.int/child□adolescenthealth/New_Publications/ADH/WHO_FCH_CAH_04.3.pdf
(accessed 3 February 2005)