26. POTENTIALS OF ACTION-ORIENTED SEX EDUCATION PROJECTS IN THE DEVELOPMENT OF ACTION COMPETENCE

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What was done in the projects and why?

Participatory and action-orientated sex education projects were carried out in 15 preparatory and secondary schools in the north of Portugal. This involved three hundred and fifty students from the 7th to the 12th grades. The main objectives were to analyse the level of students' participation in the project phases and the student's action competence. The research techniques used were field notes, semi-structured group interviews and documental analysis of material put online by students regarding their projects, online class diaries and discussion e-forums. This project was developed in the following phases:

Year one:

1. the students created the online infrastructure to participate in the project's website
2. debated the concept of sexuality and sex education
3. selected the themes/problems and planned their action-oriented project to solve the first problem
4. elaborated on e-class diaries, put the material produced online and participated in the e-forum discussions
5. evaluated part of the first action-oriented project

Year two:

6. the students developed and evaluated one or two action-oriented projects

This methodology was selected because in Portugal sex education is part of the entire educational process and one of the components of health promotion where it is hoped that the students will take the lead (Vilaça, 2008). Since sexuality is treated as part of real life it is taught with a space for dialogue. Students are invited to put forward problems and learn through collaborating to resolve them. (CNE, 2005). Jensen (1995, 1997, 2000) proposes the democratic health education paradigm and the IVAC approach (investigation, vision, action & change) to promote the development of students' abilities to act and change. According to Jensen, knowledge and insights should be action-oriented, meaning this should include four action-oriented dimensions:

(1) What type of problem is it?
(2) Why do we have these problems?
(3) How can we change things?
(4) Where are we going?

At the end of this process it would be hoped that 'action experiences' or the students' real experiences from participating individually or collectively in initiating health changes within a democratic framework, could then be carried out. Considering how to overcome the barriers to change would be part of this.

What actually happened and which aspects went particularly well?

The problems chosen by the students in order to carry out their action-oriented projects, were mainly related to: the prevention of adolescent pregnancy and contraceptive methods (73,3% of the schools); prevention of sexually transmitted infections (STIs) (60,0%); the first sexual relationship (46,7%); sexual behaviour (40,0%); dating (40,0%); dialogue with parents concerning adolescent sexuality (40,0%); puberty (33,3%); homosexuality (20,0%); interpersonal relationships and friendship (13,3%); youth consultation at the health centre (13,3%); the morning-after pill (13,3%); human fertility (6,7%), abortion (6,7%); love and intimacy (6,7%); paedophilia (6,7%) and other paraphilias (6,7%); adult sexuality (6,7%); and sexual dysfunctions (6,7%).

Investigation, Vision, Action & Change

Following the IVAC approach a plan of action was undertaken to investigate recognised problems. During the course of this plan, the students had a range of experiences which they incorporated into the plan to achieve the visionary objectives:

1. changing the school policies and home environment in order to involve parents in sex education for youths (60%)
2. peer education with their colleagues of the same age or younger (60%)
3. peer education with their older colleagues (30%).

One of the action-oriented projects carried out in schools used preventing an unwanted teenage pregnancy as the starting problem. In order to better understand the problem, they discussed in class what a teenager can do to prevent an unwanted pregnancy. They suggested several methods:

1. taking the pill
2. using a condom
3. simultaneously taking the pill and using a condom
4. taking the 'morning-after pill'
5. withdrawing the penis before ejaculation
6. oral and anal sex as an alternative to vaginal sex
7. mutual masturbation without coitus
8. not having sexual relationships during the fertile menstrual period
9. not having sexual relationships

The class was divided into four research groups in order to investigate the consequences of the use of these methods. In a class assembly, the spokesperson presented the conclusions of his/her group research. After a class debate, students decided that the best methods to protect adolescents against unwanted pregnancies and STIs are: not having sexual relationships, using both the pill and a condom simultaneously, and, if something wrong happened, taking the 'morning-after pill'. As a consequence, students started thinking about why teenagers do not use these methods.

The reasons suggested and debated by students focused on personal issues relating to their lack of knowledge or personal competence to act on their knowledge and on social causes. They suggested in defence of young people that some causes of these problems were related to their life conditions and specifically to their families and social environment. Students then moved on to think about how to gain control over their own life. They decided that in order to do this they needed to increase their practical

knowledge about the use of contraceptive methods and how to acquire them, improve their personal abilities to talk with parents and their partner about contraceptives and safer sex, and lose their shame and fear of going to the health centre or buying contraceptives at the pharmacy.
The students thought creatively to find solutions for these challenges. They showed how much they wanted to be more able to talk with their partner and parents about sexuality, resist the pressures of others and access the pill and condoms.
In order to realise this vision, they planned events which were held in school. The first one was to develop a roundtable for parents, coordinated by students and professionals. The students presented their desire to increase dialogue with parents regarding adolescent sexuality, and the professionals helped them to promote a final debate with parents in order to develop a contract regarding parent/student dialogue.
At the end of the project students from the six participating schools were interviewed in groups and talked about the importance of participating in a project like this out of their personal choice as opposed to being part of a set curriculum. This made the project very enjoyable and impacted on their self-confidence about solving personal problems in the future.
Teachers experienced barriers including the pre-conceived ideas of parents and students. Teachers were concerned about their professional function and the role of formal education in this area of work.

What could be learnt?

The results of this study revealed that by using this educational approach, these students:

1. worked on the four dimensions of action-oriented knowledge
2. used a positive and broad concept regarding sexual health
3. developed visions aimed at the causes of the problems
4. actions were carried out in partnership with specialists that involved their parents and their colleagues
5. most of the students perceived themselves as having a high level of participation in the project.

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