

**PROMOTING ADOLESCENTS' SEXUAL HEALTH,
IN THE MUNICIPALITY OF BERGEN, NORWAY.**

**A QUALITATIVE STUDY EXAMINING HOW TO STRENGTHEN THE
SEXUAL EDUCATION IN MIDDLE SCHOOLS IN A HEALTH PROMOTING
PERSPECTIVE**

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DECLARATION OF ORIGINALITY

I hereby declare that this thesis is of my own work and that, to the best of my knowledge, it contains no material previously published, or substantially overlapping with material submitted for the award of any other degree at any institution, except where due acknowledgement is made in the text.

Trine Nilsen

Bergen, May 20th 2014

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ABBREVIATIONS

WHO	World Health Organization
ENHPS	European Network of Health Promoting Schools
NGO	Non governmental organization
RLE	Religion, philosophies of life and ethics
MSO	Medical students' sexual enlightenment organization
HFU	Health clinic for youth
PBL	Problem based learning

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ABSTRACT

Background: Promotion of sexual health and prevention of sexually transmitted diseases and prevention of unwanted pregnancies and abortion is a priority for the Norwegian government. 28.5 million NOK was allocated solitarily for this work in Norway as of 2010. In this context, a national action plan for the years 2010 – 2015 was created. In addition to the national action plan, a local action plan was also created on how to promote the sexual health in the municipality of Bergen.

One of the main strategies on how to achieve these goals is to strengthen sexual education in middle schools. There is a broad consensus in society that sexual education should be strengthened as part of promoting sexual health. But, there are few suggestions on how this should be done, and on whose shoulders the responsibility lies.

Objectives: The objectives of this study is to gain knowledge on how we can strengthen the sexual education from a health promotional perspective, in middle schools in the municipality of Bergen, as an important step in the plan for promoting adolescent's sexual health. The research questions for this study are: 1. How can we strengthen the sexual education in a health promotion perspective? 2. How do pupils experience the sexual education given? 3. How do teachers experience to facilitate for sexual education?

Theoretical framework: The theoretical foundation of health promoting schools form the basic theoretical framework for this study. The aim of a health promoting school, is to make school a better place to learn and work, and to encourage pupils and staff to take action to benefit their physical, mental and social health. A health promoting school strives to integrate health promotion into every aspect of the school setting, addressing all the people connected with it: pupils, teachers, all other school staff, parents and eventually the wider community.

Method: In this study it was the choice of research questions that determined the choice of method. In order to examine pupils' and teachers' personal experiences and point of views, the qualitative method with individual semi-structured face-to-face interviews, and open-ended questions was found most suited.

Findings: The findings show that it is the curriculum, which provides the guidelines and sets the framework for the teaching, but the findings also show that the sexual education given differs from middle school to middle school, and even from teacher to teacher. It is clear that few teachers emphasise the sexual education, but the reason for this is less clear. The findings stand in contrast to the principles and the definition of a health promoting school, but nevertheless in one school they have partly succeeded, evidence that it is indeed possible. The findings are evidence that this is what the pupils themselves wish.

Conclusion: This study suggest that it is unlikely to succeed in strengthening the sexual education in a health promoting perspective unless it is done both at a national, regional and local level. In order for the sexual education to be successful, also the pupils need to be included in the process of planning, decision making and evaluation of the education given. The education should be based on the pupils' own wishes and ideas. Further more research within the field is required and general health promotion principles need to be implemented in the schools. Maybe some schools and some teachers will partly succeed, but unless the sexual education is implemented in a holistic and strategic way, which includes the basic principles of health promotion, it is unlikely that we will succeed.

Keywords: Health promotion, sexual health, sexual education, health promoting schools, collaboration, partnership, empowerment, action competence, curriculum, communities and teachers training.

1. INTRODUCTION AND STUDY OBJECTIVE

1.1 Problem statement

“Sexual health is a state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence” (World Health Organization, (WHO) 2006, p. 5).

Promotion of sexual health and prevention of sexually transmitted diseases and prevention of unwanted pregnancies and abortion is a priority for the Norwegian government. The government want to ensure that people are given the opportunity to manage their sexuality and fertility, and that they are empowered and provided with knowledge. Prevention of sexual transmitted diseases and unwanted pregnancy and abortion is an important element in promoting good health, and it also contributes to promote welfare and to reduce social inequalities in the society (Norwegian Directorate of Health, 2010).

International research shows that knowledge and a positive relationship with your own body and your own sexuality is essential for sexual pleasure and for developing a safe sexual identity (WHO, 2006). In European context, the World Health Organization (WHO) has emphasized this through a holistic view, which focuses on preventing unwanted pregnancies and abortions through clear strategies to improve sexual health (WHO, 2006).

28.5 million NOK was allocated solely for this work in Norway as of 2010. In this context, a national action plan for the years 2010 – 2015 was created (Norwegian Directorate of Health, 2010). In addition to the national action plan, a local action plan was also created, on how to promote the sexual health in the municipality of Bergen (Bergen municipality, 2010).

The action plans main goal is a reduction of abortions and sexually transmitted diseases, and to strengthen the ability of youth and young adults to take care of their sexual health. One of the main strategies on how to achieve these goals is to strengthen sexual education in middle schools (Bergen municipality, 2010).

Literature shows that the foundation for sexual pleasure and a safe sexual identity are already founded during childhood years, and are under constant formation throughout life. Furthermore, there is a broad consensus in society that sexual education should be strengthened as part of promoting sexual health (Norwegian Directorate of Health, 2010). But, there are few suggestions on how this should be done, and on whose shoulders the responsibility lies. For the time being, sexual education is incorporated in four different subjects in middle school¹: Natural science, Social studies, Norwegian and RLE (Religion, philosophies of life and ethics) (Norwegian Directorate for Education and Training, 2013 a,b,c,d).

There is no consensus on how sexual education should be emphasized or how many hours the topic should be taught (Bergen municipality, 2010). In the

¹ In Norway middle school consist of eighth, ninth and tenth grade.

guidelines for the school health services in municipality of Bergen, it says that the school nurse is responsible for the sexual education together with the schools teachers (Bergen municipality, 2014). Furthermore, various teaching programs for sexual education have been developed, but there is little knowledge about the extent to which these teaching programs are used (Norwegian Directorate of Health, 2010).

According to the local action plan (Bergen municipality, 2010) studies show that adolescents today receive too little sexual education too late, and they lack competence in key areas within topics related to sexuality. The plan suggests that we promote specific expertise in how to act in sexual situations and that these topics need to be promoted at an early stage, because of the new trends of early sexual debut (Bergen municipality, 2010).

A quantitative survey conducted by the Educational Department in the municipality of Bergen (Bergen municipality, 2012) states that most of elementary schools² says that there is no need for an educational update within the topic of sexual education. Schools have also stated that they have well-qualified teachers who can provide sexual education, but it is not a topic that is highly prioritised (Bergen municipality, 2012).

² Elementary school in Norway includes first to tenth grade. Primary school is first to seventh grade and middle school is from eighth to tenth grade.

1.2 Purpose of the study

Health promotion is the process of enabling people to increase control over, and to improve their health” (WHO 1986, p.1). The purpose of the study is to explore how we can enable adolescents to increase control over, and to improve their sexual health in the municipality of Bergen. There are many different strategies on how to promote adolescents sexual health, and this study will examine what can be done to strengthen the sexual education in middle schools in a health promoting perspective. Further on, the study will focus on how teachers experience to facilitate for this kind of education, and how the pupils experience the education given.

1.3 Objectives and research questions

The objectives of this study are to gain knowledge about how we can strengthen the sexual education from a health promotional perspective in middle schools in the municipality of Bergen, as an important step in the plan for promoting adolescent’s sexual health. The research questions of this study are:

- 1) How can we strengthen the sexual education in a health promotion perspective?
- 2) How do pupils experience the sexual education given?
- 3) How do teachers experience to facilitate for sexual education?

1.4 Significance and contribution of the study

The Department of Health in the municipality of Bergen was asked to put together an action plan for promoting adolescents sexual health. They then chose a committee for this action plan.

The committee consist of members within the health and education sector. Two years ago the committee carried out a quantitative study among the middle schools in the municipality of Bergen in order to gather information about the sexual education. The committee wished to shed light on the sexual education from different perspectives. To gather information about the sexual education given in middle school is set as one of the aims in the local action plan for promoting sexual health (Bergen municipality, 2010). It was with an intention to shed light on these issues that this study took place.

2. THEORETICAL BACKGROUND OF THE STUDY

2.1 Theoretical framework

The first international conference of health promotion took place in Ottawa, Canada, in 1986 lead by WHO. The well-known Ottawa Charter was created after this first international conference. The Ottawa Charter created a framework for contemporary health promotion and it identified three broad strategies to promote health: advocacy, enabling and mediation. The Ottawa Charter also listed five main action areas: to build a healthy public policy, create supportive environments, straighten community action, develop personal skills and reorient health services (Green & Tones, 2010).

WHO defines health promotion as *“the process of enabling people to increase control over, and to improve their health (WHO 1986, p.1). Health is defined as: “a resource for everyday life, not the object of living. It is a positive concept, emphasizing social and personal resources, as well as physical capabilities” (WHO, 1998, p. 19).*

While disease prevention is focused on eliminating or reducing risk factors for illness, injury and death, health promotion primarily revolves around promoting health among people. A health promotion approach emphasises therefore primarily positive resources for health (Mæland, 2010). In health promotion, empowerment is essential; empowerment is a process where people gain greater control over decisions and actions that affect their health. Empowerment may

be a social, psychological cultural, or political process through which social groups and individuals are able to presents their concerns, express their needs, devise strategies for involvement in decision-making and achieve political, social and cultural action to meet those needs. Through a process like this people are able to see a closer correspondence between their goals in life and a sense of how to achieve them, and relationships between their efforts and life outcomes (WHO, 1998)

The theoretical foundation of a health promoting school is based on the definition and principles of health promotion and the Ottawa Charter. In the year 1991, three international agencies in Europe – the WHO Regional Office for Europe, the European Commission, and the Council of Europe launched a project in order to combine education and health promotion, with the aim to realize the potential of both. Together with the three leading organizations, many European countries and hundreds of schools have formed the European Network of Health Promoting Schools (ENHPS). The aim of ENHPS is to make schools a better place to learn and work, and to encourage pupils and staff to take action to benefit their physical, mental and social health. According to ENHPS, health education has long traditions in schools, but it has usually been a relatively small part of the curriculum and focused on single causes of ill health in individuals, such as alcohol, smoking and drug abuse (Burgher, Rasmussen & Rivett, 1999).

“Schools intend to help pupils acquire the knowledge and develop the skills they need to participate fully in adult life, but all too often fall short of this

goal” (Burgher, Rasmussen & Rivett, 1999, p. 4). Now, on the other hand, the aim is to integrate health promotion into every aspect of the school setting, addressing all the people connected with it: pupils, teachers, all other school staff, parents and eventually the wider community (Burgher, Rasmussen & Rivett, 1999).

Health Promoting Schools differs from ordinary schools in the way that the health aspects are included in the whole organization of the school. A health promoting school makes use of its management structures, its internal and external relationships, its teaching and learning styles and its methods of establishing synergy with its social environment to create the means for pupils, teachers and all those involved in everyday school life to take control over and improve their school. A health promoting school uses health promotion as a device to improve the whole quality of the school setting. The success of a health promoting school will better equip schools to enhance learning outcomes (Burgher, Rasmussen & Rivett, 1999).

In order to enable schools to determine their needs and work to meet them in their own ways, ENHPS uses partnership as both goal and a method. ENHPS requires collaboration at and between every level of European society (international, national, regional and local) and within and between several sectors, particularly the education and the health sector. Partnerships between ministries of education and ministries of health have been key elements of achieving success (Burgher, Rasmussen & Rivett, 1999).

On a local level the curriculum of the health promoting school should be focusing on action learning, instead of teaching. The challenge for teachers is to develop and use innovative approaches to learning. Success depends on investment in both the initial and in-service training of teachers. A health promoting school is based on a social model of health. This model emphasizes the entire organization of the school, as well as focusing upon the individual. (Burgher, Rasmussen & Rivett, 1999).

A health promoting school is based on ten principles and these principles are enshrined within the concept and the practice. The principles provide the basis for investing in education, health and democracy for generations to come. The ten principles are as follows:

1. **Democracy:** A health promoting school is founded on democratic principles.
2. **Equity:** A health promoting school will ensure that the principle of equity is enshrined within the educational experience.
3. **Empowerment and action competence:** A health promoting school should improve young people's abilities to take action and make change. This will provide a setting where pupils work together with their teachers and others to gain a sense of achievement. Young people's empowerment should be linked to their visions and ideas, in order to enable them to influence their lives and living conditions.
4. **School environment:** A health promoting school places emphasis on the environment of the school, both physical and social, as a crucial

factor in sustaining and promoting health.

5. **Curriculum:** A health promoting school's curriculum should provide opportunities for young people to gain knowledge and insight, and to acquire essential life skills. The curriculum should be relevant to the needs of young people, both for the time being and in the future, as well as stimulating the young peoples' creativity and encouraging them to learn and providing them with necessary learning skills. The curriculum of a health promoting school should act as a stimulus for own personal and professional development for all the people in the school.
6. **Teacher training:** The training of teachers is an investment in health, as well as an investment in education. Legislation, together with appropriate incentives, should guide the structures of the teachers training, both initial and in- service, by using the conceptual framework of the health promoting school.
7. **Measure success:** To measure the success is viewed as a means of support and empowerment, and it is also a process through which health promoting school principles' can be applied to their most effective ends.
8. **Collaboration:** A health promoting school should be based on collaboration. A partnership demonstrated at a national level should be mirrored at regional and local level. Roles, responsibilities and lines of accountability must be established and clarified for all parties.
9. **Communities:** At a health promoting school, parents and the school community should together play a vital role in leading, supporting and

reinforcing the concept of health promotion. By working in partnership, schools, parents, NGOs (non governmental organizations) and the local community, should represent a powerful force for positive change. This way, young people themselves, are more likely to become active citizens in their local communities. Together, the school and its local community should have a positive impact in creating a social and physical environment conducive to better health.

10. **Sustainability:** in order to achieve a health promoting school, all levels of government must commit resources to health promotion in schools. Without this investment, there will be no long-term, sustainable development (Burgher, Rasmussen & Rivett, 1999).

2.2 Literature review

This chapter sheds light on scientific literature related to this study. First the chapter focus on literature related to health, secondly literature related to health education in schools and thirdly literature related to sexual education.

2.2.1 Health

Health: "*A state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity*" (WHO 1946, p. 1).

Hauge and Mittlemark (2006) write that health does not only evolve around aspects related to diseases, it evolves around quality of life, joy and energy to cope with the everyday life. Many factors work together, both social,

environmental and individual factors. Together these factors influence the opportunity to live a good life. Health is therefore not primarily created in the health sector, but it is created in the settings where people live their daily lives. By drawing attention to settings such as schools, workplaces, families and communities, we get knowledge of matters relevant to people's health (Hauge & Mittlemark, 2006).

Hauge and Mitlemark (2006) also describe the challenges related to promoting the health in settings like school. If changes in health, environment and well being in the school are to be possible, the school as an organization must commit to critical scrutiny of their own practices, then do more of what works, and less of what does not work. Only this way can the improvements persist. The school as an organization must have the ability to see the different elements in health as a whole. This may be difficult to implement in practice because it requires courage, time and expertise (Hauge & Mittlemark, 2006).

2.2.2 Health education in schools

*“Health is created and lived by people within the **settings** of their everyday life; where they learn, work, play and love” (WHO 1986, p. 2).*

According to Mæland (2010) knowledge of health is a part of the general education and is included in the schools' curriculum, but not all health education works as intended, especially when it comes to raising education for lifestyle and behaviour. Some of this is due that the education has been thought few hours in school and it has been implemented in an unsystematic way.

Another explanation could be that the educational methods are insufficient (Mæland, 2010).

Today, we have knowledge of a number of factors that need to be present for health education to be successful in schools. It must be of a sufficient number of lessons for health education. The teachers should lead the education and they need to be qualified for health education and problem-based learning. Pupils must be active participants and moreover, it is also important that pupils are given the opportunity to present their point of view and argue for them. Role-play and discussion are important ways of achieving action skills. It is also desirable to have parent cooperation in relation to health education and cooperation with the local community (Mæland, 2010).

Naidoo and Wills (2009) write that schools are seen as an important setting for promoting health, because it reaches out to a large part of the population for many years. Childhood and adolescence are times where one experiences great change, and in this period of time young people often acquire lifetime habits and attitudes. They write that part of growing up is risk taking and that problems arise when the children and adolescents are not aware of the scale of risk involved. Despite these facts Naidoo and Wills (2009) state that health education in schools today often focuses on developing knowledge rather than skills and attitudes. Further they state that the health education often is characterized by information-giving approaches rather than being characterized by the *process* of the education, where emphasis is placed on finding teaching and learning strategies, which encourage reflection and personal awareness.

The reason for this is among others that teachers lack training in areas related to health, and that the governments send mixed messages of the importance of health education within the curriculum (Naidoo & Wills, 2009).

Further on Viig (2010) claims that years of research within health promotion in schools shows that programs and projects are more likely to be successful if they are implemented in a holistic and strategic way, compared to plain information-based programs, used in classroom implementation only (Viig, 2010).

Brinchmann-Hansen (1999) writes that a lot of work has been done to find methods that will lead to a good teaching experience. An important part of all education is the communication of knowledge. The stream of information is forever on the rise, and the amount of information to be passed on, will break all known boundaries. The larger the amount of information gets, it is more important to simplify the teaching method that will give the pupils raised awareness and skills so that he or she will find it easier to understand the amount of knowledge and stream of information. This means that it is important to teach the pupils where information can be found, and how it can be utilised (Brinchmann-Hansen, 1999).

Brinchmann- Hansen (1999) write that by using teaching methods where pupils them self are active and responsible for their own learning, one can achieve lifelong learning. Brinchmann- Hansen (1999) promote project work and problem based learning. What is project work? According to Brinchmann-

Hansen (1999) it is different criteria's that need to be met. The project needs to include group work, where all its members are committed. It is the teachers' task to facilitate a project, but the pupils need to manage the project them self. Furthermore, a project should be based on problem-based learning, where the pupils discuss relevant subjects – and society relevant questions that are also relevant in regards to the curriculum, and can be defined through problem areas and problem solving. Pupils should be encouraged to seek knowledge beyond the curriculum, for example in forms of questionnaires, observation or interviews. This way, the pupils are working theoretically and practically at the same time. Another important criteria in project work are that it should seek a holistic approach and that the traditional disciplinary boundaries are erased so that the pupils can work across disciplines. In a project there should always be a final product that will consist of a presentation, a written report, a role-play, a newspaper article or so on (Brinchmann-Hansen, 1999).

2.2.4 Sexual education

Røthing and Bang Sevedsen (2009) write that the curriculum for the sexual education sets the requirements of what to teach in relation to sexual education, but they state that the curriculum does not provide clear enough guidance on what are the overarching aims of teaching. There are indications that the schools mandate still is related to reproduction instead of sexuality, promotion of sexual health and self -determination. For example, most of the natural science textbooks are based on reproduction in relation to sexuality instead of

being based on anatomy related to sexual relations and pleasure (Røthing & Bang Svendsen, 2009).

Røthing and Bang Svendsen (2009) state that in order to strengthen sexual education, it is important that the education revolves around sexual relations and the pupils own questions, needs, and dreams in relation to sexuality.

Further on Røthing and Bang Svendsen (2009) write that all teachers should be able to relate to sexual education and have the competence needed, not matter what subject they teach, because sexuality is a central element in everyday interaction in school, both between teachers and pupils and pupils themselves'. Further, the authors argue that there are indications that teachers lack the skills to teach in ways that are not based on reproducing stereotypical understanding of sexuality and gender that work against discrimination. Røthing and Bang Svendsen (2009) write that in the teachers' education today there are no requirements, which say that the teachers have to learn something about sexuality. The authors explain that in a Swedish study, 90% of the teachers who responded stated that their education had not given them the skills to teach about sexual orientation and homophobia (Røthing & Bang Svendsen, 2009).

According to a study of the sexual education in Trondheim, Norway (Røthing & Bang Svendsen, 2008) the pupils state that they get useful information about sexuality mostly from the school nurse, friends, internet, magazines and TV. Only 25% stated that they get useful information from the teachers at school. According to the study, pupils want more sexual education and that they want sexual education of a higher quality. There are different opinions on who

should conduct the actual teaching, however, as some pupils prefer their teachers, others find it more comfortable if the school nurse give the education. The study (Røthing & Bang Svendsen, 2008) also shows that a wide range of topics within sexuality is taught. The following was the highest priority in relation to sexual education: falling in love, abortion, limits in relation to our own body and sexuality, safe sex in heterosexual relationships, pregnancy and contraception. Among the topics that were the lowest priority among the options provided, was safe sex for women who have sex with women, safe sex for men who have sex with men, and transgender-ness. The study claims that this stands in contrast to the variability in the sexual education as it is presented in the curriculum and guidelines (Røthing & Bang Svendsen, 2008).

Finland has seen the consequences of the new sex trends amongst young people, and have decided to make sexual education a compulsory part of the teacher education. In Finland they also provide their pupils with sexual education throughout primary school, with a program that already starts in the first grade. The largest part of the sexual education is given in the seventh grade. A Finnish study shows that both students and teachers are satisfied with the educational program (Norwegian Directorate of Health, 2010).

There can be found some research in relation to sexual education given in middle schools in Norway. Nevertheless, it is shown that there still remains a lack of knowledge on which actions are effective to tackle the challenge on how to strengthen the sexual education in middle schools. It is shown that previous research has a tendency to focus on sexuality linked to sexuality and gender and

sexual discrimination, unlike this study that sees the sexual education in a health promotion perspective. Furthermore, there is little research identifying sexual education given in the county of Hordaland and within the municipality of Bergen.

2.3 Background documents

This chapter highlights important documents and guidelines in addition to the curriculum of sexual education. The chapter will also present the work of relevant non governmental organizations (NGO's).

2.3.1 National action plan for sexual health

The Norwegian directorate of health (Norwegian directorate of health, 2010) constructed a national action plan for promoting sexual health for the years 2010 – 2015, it is called “*Prevention of unwanted pregnancies and abortions 2010 - 2015 - Strategies for promoting sexual health*”. The action plan highlights the key challenges in the years ahead and focuses on target groups, interventions and results. The main target groups’ are youth, young adults, ethnic minority groups and particularly vulnerable groups of unwanted pregnancy and sexual health. The action plan overall aim is to reduce the number of abortions and promote sexual health. To achieve their goal they have emphasized five different strategies. One of the five strategies is that good knowledge about sexual health and sexual competence shall be readily available. Furthermore, the plan states that sexual education in Norwegian schools is not very skill orientated, and it is started too late. The plan also states

that if the sexual education is to become more effective, a more goal orientated program needs to be implemented. The plan states that a good sexual education should be led by competent, confident teachers, often as part of a cross-sectorial collaboration which also includes relevant NGO's (Norwegian directorate of health, 2010).

2.3.2 Local action plan for sexual health

The city advisory board for Health and inclusion wishes to reduce the amount of cases of chlamydia and unwanted pregnancies. Because of this, the department of health was asked to set up an action plan for the years 2010 – 2013, for the municipality of Bergen. The action plan highlights several challenges in relation to promoting the sexual health of youths and young adults. Based on the challenges in the report, there have been developed several implementations, which will take place in the years 2010 – 2013. The implementations are divided into three groups, one is to strengthen the health services for youth, the second is to strengthen the collaboration with non governmental organizations and the third group of implementations is to strengthen the sexual education in middle schools (Bergen municipality, 2010).

The aims of the implantations regarding the sexual education in middle schools is raising the teachers expertise within sexual education, strengthen parental skills related to communicating about sexuality with their children, to gather information about the extent of the sexual education given in middle schools

and establishing a collaboration between the health clinic for youths and the middle schools in the municipality of Bergen (Bergen municipality, 2010).

2.3.3 Curriculum of Sexual Education

The Norwegian Directorate for Education and Training has the responsibility to approve the curriculum for middle schools. The curriculum provides guidelines and sets a framework for the teaching as well as the development of textbooks. This study requires an extended understanding of this, which is why a brief presentation of the core competencies that the pupils should learn during middle school will be presented.

Natural science: the pupils should be able to discuss problems and issues in relation to sexuality, different sexual orientation, contraception, abortion and sexually transmittable diseases. The pupils should also be able to describe how to prevent and treat infectious diseases, describe how hormones controls different bodily processes, to explain how the nervous system and the hormone system control body processes. Also, to describe the development of a foetus and how birth occurs, and elaborate on how lifestyles may lead to disease and injury and how this may be prevented (Norwegian Directorate for Education and Training, 2013 a).

Social studies: The pupils should be able to provide examples of how beliefs about the relationship between love and sexuality can vary within and between cultures. Analyse gender roles in the light of sexuality and explain the difference between the wanted sexual contact and sexual assault (Norwegian

Directorate for Education and Training, 2013 b).

Religion, philosophies of life and ethics (RLE): The pupils should reflect on ethical questions related to interpersonal relationships, family and friends, forms of cohabitation, heterosexuality and homosexuality, youth culture and body culture (Norwegian Directorate for Education and Training, 2013 d).

Norwegian: Discuss and elaborate on how language can have discriminatory and injurious effects (Norwegian Directorate for Education and Training, 2013 c).

In addition to the curriculum, the Norwegian Directorate for Education and Training also provide middle schools with a compendium about sexual education (Norwegian Directorate for Education and Training, 2011). The compendium should serve as an academic resource; one that teachers can make use of when they are talking about issues related to sexuality, relationships, sexual harassment and gender related bullying. The compendium includes ideas for activities, and relevant literature related to the curriculum in each subject (Norwegian Directorate for Education and Training, 2011).

2.3.4 School health services guidelines for sexual education

According to the program for the school health services in the municipality of Bergen (Bergen municipality, 2014) the school health services are responsible for the sexual education that include reproduction, contraceptives, abortion, female genital mutilation, sexual health and sexual orientation. The school

health services shall participate in the planning and conduction of the sexual education in middle schools. The school health services can also cooperate with the schools in regards to dividing tasks and topics. In the program it is written that sexual education is well suited for project work in groups in addition to the regular teaching methods. The school health services are also obligated to have what we call “open door” every week, were the pupils can come and talk to the nurse without making an appointment first (Bergen municipality, 2014).

The school health services also include the health clinics for youth (HFU). This is a low-threshold offer for pupils and students in the municipality of Bergen. HFU is situated in seven different parts of the municipality. HFU is open one afternoon a week, except the one situated in the city centre which is open three afternoons a week. The staff at the clinics consists of nurses, a doctor and a midwife. The health clinic situated in the city centre also offers sexual education to boys in middle schools. It is a male nurse with expertise within sexuality who’s responsible for these groups (Bergen municipality, 2014).

2.3.4 Non governmental organizations providing sexual education

The organization Sex and politics (2014) have developed a teaching program called “Week sex”. This teaching program is supported by the ministry of education, the ministry of health, the ministry of families and children and the ministry of justice. “Week sex” is suitable for pupils from grades 7. to 10., and contains information, projects and challenges for and during the lessons about sexuality, together with guiding suggestions for the lesson plan. The material

encourages an active, varied and reflective participation during the lessons.

“Week sex” is free of charge and should be easily available for teachers’

regardless of economy and location (Sex & Politics, 2014)

The goals of the program are to contribute to an education that will provide children and youths with an arena to develop skills, that will help them in strengthening their sexual health, autonomy, mastery and will help them in the prevention of unwanted advances, sexually transmitted diseases, unwanted pregnancies and abortion. In addition to this, “Week sex” has a campaign week each year in calendar week 6. The week long campaign is meant to act as cooperation between different departments and provides the opportunity to teach about the subject of sexuality, with cooperation between schools across and over the whole country. Yearly, “Week Sex” provides up to date basic material and new subject matter that is released prior to the start of the campaign. “Week sex” is suited for goals for teaching described in the curriculums’ general description, and for work with the relevant academic goals within the subjects of natural science, social studies, RLE and Norwegian. From 2015 and onwards, “Week sex” will also be able to provide teaching material from 4th grade, and will also provide own basic material for primary schools’ and will therefore be updated and expanded (Sex & politics, 2014).

The medical students’ sexual enlightenment organization (MSO) is an independent organization of medical students in the municipality of Bergen,

who since 1973 have run outreach sexuality education programs for young people. The organization has as its main objective to reduce unwanted pregnancies by raising sexual education and use of contraception. In addition to focusing on preventing sexually transmitted diseases. MSO have a strict policy that says that no teachers or school nurses are allowed to be present during the visit. This is because MSO believe that the best conversation takes place without the present of the teachers (Medical students' sexual enlightenment organization, 2014).

Red Cross Youth are also engaged in sexual education for other young people in schools, leisure clubs and other places where young people meet. The Red Cross Youth work to decrease the numbers of people infected by sexually transmitted diseases. Through the program, "Active Choice" they believe that youth communicate better with other youth, and they use methods like role plays, games, condom demonstrations and open discussions to spread information about HIV/aids and other sexually transmitted diseases. They provide a standard program that lasts for 90 minutes and includes many activities to raise the awareness of young people in terms of their own sexual health, respect for others' boundaries, attitudes, etc. (Red Cross, 2011).

Queer Youth is a politically and religious independent, volunteer organization for youth under 30. The target group is lesbians, gays, bisexuals, transgender, and others who fall outside straight worm or traditional gender stalls. Queer Youth work on ensuring political rights to equal, legal rights of the target

audience, while they also are an organization dedicated to creating social events for gay youth across the country (Queer Youth, 2012).

Queer Youth is working to improve physical and mental health among young queers. They have developed a program called “RESTART” which forms the basis for their school project. Queer Youth offers to educate young people about sex, sexuality and norms. Their goal is to get rid of prejudice and discrimination and to create a better school environment. They give pupils tools that will enable them to be proactive in preventing discrimination and bullying in their daily lives, and to create a school where all pupils dare to be themselves. The project is supported by Children, Youth and Family Affairs and the Ministry of Education, and is therefore free (Queer Youth, 2012).

3. METHODOLOGY

There exists some research on sexual education in Norway today, but few or no studies are based on how to strengthen the sexual education in health promoting perspective. Furthermore, few studies are based on both pupils' and the teachers' point of views. In the municipality of Bergen a quantitative survey was performed two years ago in order to map the scope of the sexual education given in middle schools. The quantitative survey provided a numeric description of the sexual education given. The intention of this study is to add knowledge and provide broader perspective of the sexual education given, as a supplement to the quantitative survey carried out.

This study uses Kvale and Brinkmann (2010) seven stages of an interview survey as a foundation. The seven stages have been adapted to suit this study and are as follows: Methodological approach, planning, interviewing, transcribing, analyzing, verification and methodological considerations.

3.1 Methodological approach

In this study it was the choice of research questions that determined the choice of method. According to Creswell (2009) qualitative research is well suited for exploring and understanding the meaning individuals, or groups ascribe to a social or human problem. In order to examine pupils' and teachers' personal experiences and point of views, the qualitative method with individual semi-structured face-to-face interviews, and open-ended questions was found most

suited. The aim of this method is to gain an understanding of teachers and pupils' experiences.

The method chosen, gives the opportunity to probe into the participant's personal experiences, and to make a conversation out of it, at the same time as there is a framework to follow. According to Green and Thorogood (2011) it is the researcher who sets the agenda in a semi-structured interview in terms of the topics that are covered, but it is the responses from the interviewee's that determine which information that will be produced within each topic, and the relevance of them.

The interviews are conducted with both pupils and teachers to ensure that both the pupils and the teachers can share their views on the education given. In order to promote a trustful, open and comfortable atmosphere for the participants, the interviews were conducted individually rather than in focus groups. Other methods have not been made use of due limitations such as time, availability and applicability.

3.2 Planning and selection of participants

In the planning of this study the researcher cooperated with the committee for promoting sexual health in the municipality of Bergen. On behalf of the study, members of the committee sent out requests to principals at several schools in the county of Hordaland. In the requests, the researcher, asked for permission to contact teachers and pupils at the schools, in order to carry out the study. The first four schools that gave a positive response were selected to participate.

Then the members of the committee set the researcher in contact with the school nurses at the selected schools. The school nurses were gatekeepers, and were managing the contact with the teachers and pupils. Convenience sampling is often used in a qualitative study that concerns sensitive issues. In this study it may be difficult to find people who are willing to participate in interviews, willingness therefore becomes an important selection factor (Thagaard, 2003). The size of the sample was determined by how many who were willing to participate and the time and resources available for this study. The teachers and pupils were asked to participate by the school nurses, the only criteria being that the teachers were teaching at least one of the subjects that include sexual education in its curriculum (Norwegian, natural science, social studies or RLE) and that the pupils went in the tenth grade. In some schools only female participants were recruited and in some schools there were only male participants, and some schools both genders were recruited. All in all there were three male teachers and five female teachers who participated and four male pupils and four female pupils. Eight teachers and eight pupils from four different middle schools in the county of Hordaland have been interviewed.

3.3 Interviews

There have been developed two separate interview guides, one for pupils, and one for teachers. The topics were the most important in the interview guide, in order for the participants to talk as freely as possible within the framework. Each interview lasted approximately 45 minutes, and a tape recorder was used

in order to document the interviews. Test interviews with both a teacher and a pupil were held before the actual interviews were conducted. After the test interviews the interview guides were adjusted. All the interviews took place at the schools, during school hours. The interviews were conducted during a three-month period, from November 2013 to January 2014. The majority of the interviews were conducted in November. On several occasions two interviews were held in one day. The interviews were held in Norwegian.

3.4 Transcriptions

The interviews were transcribed by the researcher. In order to preserve as much as possible of the observational experiences, the transcriptions were done soon after the interviews. Some interviews were held within a short time-frame, therefore it was not always possible to transcribe one interview before the next took place, but by the beginning of February all interviews' were fully transcribed. They were all written down in Norwegian.

3.5 Analysis

The analysis was guided by Kvale and Brinkmanns (2010) six steps. The six steps were adapted to this study and made into four steps. The first step in the analysis took place when the participants describe their experiences, the second step took place when the participants discovered new perspectives during the interview, the third step the researcher observed and interpreted what the participants' expressed and the last step the researcher interpreted, transcribed

and analysed the interview.

In the first step the participants described how they perceived the sexual education, the first step did not include any significant degree of interpretation from either the participant or researcher.

The second step took place when participants discovered new perspectives during the interview. This became evident when participants were asked the same questions at the end of the interview that they were asked in the beginning.

The third step revolved around how the researcher observed and interpreted what the participants' expressed. Moreover, it was about how the researcher and the participant were able to reach a common understanding of what was stated. In this step the interpretation was an on-going process.

In the fourth step the researcher interpreted, transcribed and analysed the interview. The transcription was systematized, categorised and shortened. The transcription was first interpreted and analysed separately, then in two groups, one group for the teachers and one group for the pupils. Finally, the two different groups assembled into one. Only chosen categories were included and then the data were interpreted and analysed a third time.

3.6 Verification

Verification is about evaluating the study's validity, reliability, and generalizability (Kvale, 1997).

3.6.1 Validity

“In social sciences validity is usually means whether a method investigates what it purports to investigate” (Kvale & Brinkmann, 2010, p. 325). That means that one have to consider if the research will provide answers to the research question, and if the research design is suitable for investigate what it is set out to investigate. The researcher sought to answer the research questions by employing semi-structured interview to illuminate how can we strengthen the sexual education in a health promotion perspective? How pupils experience the sexual education given? And how teachers experience the facilitation of sexual education?

Validity revolves around more than just the choice of method; it can also be seen as a continuous process that is ongoing from the very beginning to the very end of the study (Kvale & Brinkmann, 2010). The question about validity should be included in all the different stages and it should serve as quality control in all stages of the production of knowledge (Kvale, 1997). The researcher was aware of the issue of validity and reflected upon it in every stage of the study. One example can be in the stage of interviewing. In this stage dialogic validation was emphasized. Dialogic validation can be used to strengthen the inter-subjectivity between the researcher and the participants (Malterud, 2003).

An example of dialogical validation is to check whether the researcher has understood the participant correctly by repeating questions in the interview with

a different formulation. Another example is that it is important to be critical to ones' own interpretations and that other research should be able to verify the result of the study (Thagaard, 2003).

3.6.2 Reliability

Reliability: *“The consistency and trustworthiness of a research account; intra and intersubjective reliability refer to whether a finding can be replicated at other times and by other researchers using the same method”* (Kvale & Brinkmann, 2010, p. 325).

Yin (2003, referred in Creswell, 2009) suggest that qualitative researchers need to document as many steps and procedures as possible. While Kvale and Brinkmann (2010) provide the reader with a checklist consisting of seven different steps that one can follow to achieve the highest possible reliability. To ensure the highest possible reliability, this study has been guided by Kvale and Brinkmanns (2010) seven steps, and the process has been conducted with the utmost transparency.

In a qualitative study the language plays an important role. According to Green and Thorogood (2011) the language is the tool for generating the data, but at the same time the language is the data. The language is also the route to understanding how the respondent interprets their world. This means that the researcher have to develop awareness in relation to the language.

The researchers' native language is Norwegian, in order to avoid language confusion all the interviews were conducted in Norwegian. Only the quotation used in this study was translated to English after the completion of the entire data analysis. In this study every effort was made, to translate the quotation, as they were expressed by the participants, rather than word for word translation.

3.6.3 Generalizability

Generalizability: *“The extent to which findings from one situation can be transferred on to other situations”* (Kvale & Brinkmann, 2010, p. 323). After considering the validity and reliability of the study, the question of generalizability remains. Is it possible to generalize the findings in this study? Kvale and Brinkmann (2010) describe three different types of generalizability. Naturalistic generalizability is based on personal experiences rather than explicit knowledge, statistic generalizability is formal and explicit, based on a representative and random sampling. Analytic generalizability involves a reasoned assessment of the extent to which the findings from one study can be used as a guide for what might happen in another situation. Analytic generalizability is based on similarities and differences in various situations. By specifying the findings and making the arguments in study explicit, the researcher allows the readers themselves to decide the generalizability of the study (Kvale & Brinkman, 2010).

The researcher of this study is aiming for analytic generalizability in terms of providing the reader with rich and specific descriptions in addition to valid arguments.

3.7 Methodological considerations

The methodological considerations will address the ethical consideration, the methodological limitations of the study and the role of the researcher in regards to this study.

3.7.1 Ethical considerations

Ethical reflection is a continuous process throughout all phases of the study (Kvale, 1997). Since this study was conducted in Norway, it must follow the ethical guidelines of the Norwegian National Committee for Research Ethics in the Social Sciences and the Humanities (National Committee for Research Ethics in the Social Sciences and the Humanities Norway, 2006). It was also submitted for approval by the Norwegian Social Science Data Services (NSD), but the response was that approval was not needed in this study.

Before starting the interviews, permission to contact teachers and pupils was given by the principals in the selected schools. Further on teachers, pupils and the pupils' parents were given written information about the study, and they signed an informed letter of consent. Every interview was started off with an introduction of the researcher, an explanation of the purpose of the study and the participants' rights to confidentiality and right to withdraw at any time. The

participants were also asked if they were comfortable with the use of a tape recorder during the interview. After conducting the interviews, all the data was stored in a secure place, only accessed by the researcher. All the data will be destroyed within six month after finalising the study.

In this study, the issue with anonymity could be a challenge, but the participants' confidentiality and anonymity was ensured by not writing down their names, age, ethnicity, name of school or any other information that could reveal their identity. Instead of using names the participants were identified by numbers and letters, for example P1 (pupil one) or T1 (teacher one).

The fact that adolescents can be seen as a vulnerable group and that sexual education can be considered as a difficult and private subject to talk about was taken into consideration in this study. If any of the adolescents had asked the researcher for advice in relation to sexuality, or if any of the adolescents disclosed something that would cause concern, the researcher would have referred them to the Health clinic for Youth, in order for them to get professional advice and help. The health clinic was aware of the situation and was prepared to help if necessary.

3.7.2 Methodological limitations of the study

As this is a masters' thesis, there are several limitations. First and foremost is the researchers' lack of experience within the process and field of research. Secondly, time and resources are relevant limitations. In regards to this study, time in particular. It was not an easy task for the school nurses to set aside time

to be a gate keepers' in this study, it took several months just to schedule a meeting with them. Time was also a challenge for the teachers. It was not easy for them to make time for the study either. Many of the interviews were postponed several times. Even when it was set aside time for the interview, the available time was sometimes shorter than agreed on in advance. Only in relation to the pupils was time not a challenge, the challenge in this case was for the pupils to remember to bring the signed informed consent letter from the parents, this matter also resulted in several delays. Thirdly the scope of the research is a limitation, in order for this study to be representative for all the middle schools in the county of Hordaland, the number of participants has to be increased significantly. Ideally, one should perhaps combine interviews and focus groups.

3.7.3 Role of researcher

As a researcher I am a student at the HEMIL centre at the University of Bergen and my masters' thesis will be based on this study. I was invited to contribute in the work of developing the action plan for promoting sexual health in the municipality of Bergen. I have also been a part of a project group who have facilitated for courses in sexual education for teachers and the school health services, in the municipality of Bergen. The project group was chosen by the committee for developing the action plan for sexual health.

4. PRESENTATION OF FINDINGS

In this chapter the interview findings will be presented. Eight teachers and eight pupils at four different middle schools have been interviewed. The middle schools represented in this study are of different size and in different parts of the county. All the pupils were in the tenth grade when the interviews took place. The teachers have various backgrounds both when it comes to education and teaching. Some teachers have only been teaching for a couple of years and others have been teaching for several years. The teachers that are represented in this study are teaching at least one of the subjects that include sexual education, most of the teachers teach at least two of the relevant subjects (Natural science, Norwegian, social studies or RLE). Each interview was done separately. The teachers and pupils did not necessarily have any connection. This chapter presents the interview findings with regard to the following topic areas:

- The sexual education given
- Teachers educational background
- Emphasised objectives in regards to sexual education given
- Multidisciplinary projects
- Teaching programs
- Cooperation with external partners
- Planning, decision making and evaluation
- Teachers perspective on strengthening the sexual education
- Pupils perspective on strengthening the sexual education

4.1 The sexual education given

The findings show that it is the curriculum, which provides the guidelines and sets the framework for the teaching, as well as the textbooks. None of the teachers had heard about the national or local action plan on how to promote sexual health, and none of the teachers was familiar with the compendium for sexual education. One teacher was familiar with the teaching program “Week sex”, four teachers knew about it, and three teachers had never heard of this particular teaching program. Five of the eight teachers asked had been in contact with the school nurse regarding sexual education, and four of the teachers had collaborated with external partners.

The findings show that the sexual education given differs from middle school to middle school, and even from teacher to teacher. In one school they have a four-week multidisciplinary project, which includes sexual education, in addition to the sexual education given in the subjects’ social studies, natural science, RLE, and Norwegian.

“It is the last two years we have begun to take sexual education seriously here at our school. We have chosen to do something more with the topic than what is written in the textbooks. We have created a multidisciplinary project that runs for four weeks in addition to the education given in the different subjects like natural science, social studies and RLE” (T8)

Some schools only provide the pupils with sexual education in natural science classes. Other schools find them self in-between these two examples. Common to all schools is that sexual education is most emphasised in the subject of

natural science. Some teachers explain that sexual education is not a highly prioritized topic, and that this is because the teachers themselves lack interest for the topic. Other teachers explain that the lack of interest is caused by the lack of knowledge within the field. A third teacher says it is because it is uncomfortable to give sexual education.

“I find it uncomfortable to talk about sexuality with the pupils, I prefer that someone else take care of this” (T1)

Another teacher thought it was not her job to be responsible for the sexual education:

“We opted out that part of the curriculum that concerns sexuality and sexual health. Social studies are a huge subject, which encompasses a lot. We, who teach social studies at this school, do not think that it is our job to give sexual education, someone else should be doing this” (T2)

A fourth teacher explains that she talks about sexuality when the opportunity presents itself, even when it is not on the schedule:

“We spend 23 school hours on sexual education in the ninth grade. However, sexuality is a broad topic that encompasses a lot and it might pop up when you least expect it. Therefore it is important that we as teachers take advantage of these opportunities” (T3)

All the pupils agreed upon the fact that sexual education is something they look forward to and something they find very interesting. All the pupils think they get too little sexual education, too late in middle school, and they all wish sexual education were more emphasised.

“I think it is too late to start sexual education in the tenth grade. In addition they only teach us what we already know” (P6)

One pupil claims that sexual education is the most interesting topic of all the topics in middle school:

“I believe that all the pupils are looking forward to having sexual education, I think it's the most fun and interesting topic of them all”
(P8)

Another pupil reveals that she was disappointed over the education given:

“We were looking forward to the sexual education, but we were disappointed” (P1)

4.2 Teachers’ educational background

In regard to the teachers’ educational background, the findings show that the teachers in middle school have very different backgrounds. Some teachers have a university degree, others are educated at the teachers’ university college.

Common to all the teachers is that they had little or no experience with sexual education when they graduated. None of the teachers had any focus on or for sexual education during their education, but some teachers think it could be useful to integrate sexuality and sexual health as a part of the teachers’ education in the future.

One teacher describes the sexual education as a difficult topic to teach, and that it therefore could be useful to integrate it in the teachers’ education:

“There was absolutely no focus on sexuality during the course of my education. The way I remember it was that we did not even discuss it what so ever. But, I believe that some would have had benefitted from it, seeing as it is a difficult subject to teach for some people” (T5)

Another teacher said that there was no focus on sexuality in her education, but it was not something she has missed:

“There was little or no attention given to the topic of sexual education during my education as a teacher, the topic was only discussed briefly. In a way I find that I manage quite well, even though no attention was given to the subject during my education to become a teacher. Although, I do believe that it would be a wise choice to pay more attention to this subject, so that those who are now training to become teachers’ are reminded just how important this subject is. Until today I have never looked back and thought that more attention and focus should be given to sexual education during my years at school, training to become a teacher. I did not miss out on anything” (T7)

A third teacher described why she thinks sexuality, as a multidisciplinary topic, should be incorporated into the education of the teachers:

“In regards to those who are training to become teachers today, I believe that some priority should be given to the topic of sexual education, during their training and education, so that the teaching students gain some experience on the topic before they start teaching it themselves” (T3)

A fourth teacher explains that even though sexual education is a topic many teachers chose not to prioritize it is important that it becomes a part of the teachers’ education:

“I believe that a lot of the time the harder subjects and themes are not given any attention. I believe that sexual education is a subject that teachers’ choose not to prioritize. Therefore I firmly believe that sexual education should be a made an obligatory part of the curriculum for student teachers” (T8)

Despite the lack of focus on sexual education in the teachers own education, the findings show that all the teachers feel competent to teach within this field, and only a few would be willing to prioritize learning more.

“There was no attention given to the topic of sexual education or sexual health during the course of my own education, but I believe this not to be a problem. I do however believe that to be able to teach sexual education is based on how open and real a person can be, so this makes me believe that I am capable enough to do so” (T6)

Another teacher explains that she would like a higher expertise within all the subjects’ she teaches, but she is not certain that she would prioritize sexual education:

“It is difficult to say whether I want a higher level of expertise in sexual education or not. To have the opportunity to get a higher expertise in any field is not to be despised, but I do not think I would prioritize sexuality and sexual education” (T2)

4.3 Emphasised objectives in regards to the sexual education

given

The objectives of sexual education extend over four different subjects: science, social studies, Norwegian and RLE. As explained in earlier chapters we have found different objectives emphasises in the different subjects. In this study the teachers have been asked which objectives they emphasise in their teaching.

The overall impression is that the science teachers are the ones who emphasised sexual education the most, and that also the science textbooks emphasise reproduction, sexuality and sexual health. When it comes to Norwegian, RLE and social studies it varies a lot how much the topic sexuality is emphasised by the teachers, or if it is emphasised at all. A natural science teacher described the sexual education like this:

“Within natural science the curriculum focuses on pregnancy, birth and similar things. The curriculum also mentions being in love, but not on a large scale. It also focuses on how the body functions. In my lessons, we

participated in “Week Sex”. I used the material that was written about setting boundaries, and the practical project work” (T1)

Another teacher describe that the sexual education within RLE focus mostly on ethics and abortion.

“I teach RLE and in this subject I handle a lot of ethical questions in regards to interaction and relations between people, and I use a fair amount of time discussing things like abortion with the pupils” (T7)

One teacher describes how the teachers divided the topics within sexual education between them:

“In natural science we focus on anatomy and biology and we discuss fetal development. In social studies we focus on things like marriage, laws and sexual debut. In RLE we focus on the social and emotional aspects of sexuality, in addition to the setting of boundaries” (T6)

Also, the pupils were asked which subjects and topics they felt were the most emphasised within the sexual education given. The overall impression is that it is natural science and science teachers who emphasise the sexual education and that it is the biological and anatomical aspects that dominate the teaching. In addition to topics like abortion, sexual transmitted diseases, sexual boundaries and homosexuality are emphasised.

One pupil describes the education given in natural science like this:

“It was during the natural science lessons that we focused the most on the topic of sexuality. We have looked at the different aspects which include pregnancy, giving birth, sexually transmitted diseases, methods of prevention and the setting of boundaries” (P3)

Another pupil describes the sexual education in natural science and RLE, but the pupil cannot recall any sexual education within social studies:

“We have discussed it a little during natural science class, there most of discussion was used on sexually transmitted diseases, pregnancy and so on. I knew about most of this topic matter from before. During RLE class we discussed a little about ethical dilemmas and gay marriage. But during social studies I cannot remember that we have focused on any of these things at all” (P6)

A third pupil also claims that the emphasis of sexual education lays on natural science, but recalls that they have been talking about related topics in RLE and social studies:

“Most of the focus on sexual education was during natural science class. Most of the time we learned about such things as menstruation, pregnancy and childbirth. We were also shown two documentaries; one about menstruation and the other one were about rape. We have discussed the topics methods of prevention and the uses of them. In my opinion we have used little time discussing sexuality and sexual health during social studies class, but we have actually used a small amount of time discussing things like sexually motivated violence and rape, using the internet and so on. During RLE class we have discussed abortion, homosexuality, and have also read in the bible to find out what it says there about such things” (P5)

4.4 Multidisciplinary projects

According to the curriculum for middle school, sexual education is included in four different subjects. In this study, both teachers and students were asked whether they had attended a multidisciplinary project in regard to the sexual education given. Furthermore, they were asked what they think about multidisciplinary projects and the possibility of creating one in regard to this topic. Regarding the teachers they are all positive to a multidisciplinary project, and all of the teachers can see that the pupils could benefit greatly from such a

project. One teacher described how they at his school have managed to create a multidisciplinary project, but most of the teachers' interviewed have no experience with multidisciplinary projects and they highlight the challenges that come with a multidisciplinary project. The teachers have different views on what it takes to succeed.

Some teachers claims that the textbooks are the main challenge, other point out that it is the lack of time and resources, some teachers claims that it should be the school administrations responsibility to facilitate for such a project, others state that the initiative needs to come from the teachers them self. One teacher explains that they have manage to facilitate for the sexual education to take place at the same period of time in two different subjects and that they have managed to collaborate with the school nurse. This teacher claims' that the main challenge in relation to multidisciplinary projects is the time and resources available, and he does not necessarily see it as realistic to achieve this:

“When it comes to sexual education during natural science class, the time used is spread out through the class time for a period of six weeks. During the course of this time, the school nurse is also present. We were also able to use some of the time during RLE lessons, for sexual education during the same period of time. We also tried to join in with social studies classes, but did not succeed in doing so. We did not consider trying to use any of the time from Norwegian classes in relation to this. One of the main challenges within the school is time, and another is resources. It is not always easy to get things to succeed. I believe that we have been successful in optimizing the usage of time and lessons in two subjects in relation to this topic. I firmly believe that cooperation between subjects is a good thing, but I am unsure if it can be of any real use” (T4)

Another teacher points out that text books within the different subjects is a key obstacle in the relation to the possibility of creating a multidisciplinary project.

“We do not have a multidisciplinary project regarding sexual education. But, when I see that sexual education includes objectives within the subjects of natural science, Norwegian, social studies and RLE, it should be in existence. A major challenge with a project like this, are the textbooks. In natural science, it is planned that sexual education should begin at grade 9, whilst in other subjects it usually starts at grade 8 or 10. This makes it quite difficult to get a proper result or system, and I see this as a major challenge to get all the teachers to implement this” (T1)

A third teacher claims that it is the school administration’s responsibility to facilitate multidisciplinary cooperation

“Yes I do believe that a multidisciplinary project is something that should be discussed. I find it quite enjoyable to work with multidisciplinary projects, and the best thing about it is that the pupils see how things interact. I think that it is the responsibility of the school administration to implement a program where we are made to work in a multidisciplinary capacity with this project” (T2)

The fourth teacher describes how they have succeeded creating a multidisciplinary project:

“We have chosen to implement a multidisciplinary project that focuses among other things on sexuality, the project last a whole month. This will coincide with the lessons the pupils are already having within the different subjects. This is a project that we at this school have decided to concentrate on, and we hope that we can be a role model for other schools. We would like to think that this multidisciplinary project is a break from the normal school day. We rent another location, where the project takes place. We arrange different theme days and we bring in people who work within health services and voluntary organizations. We also arrange the showing of documentaries and films, lectures, debates, group based work and much much more” (T8)

In regards to the pupils, they all want to participate in a multidisciplinary project, but none of the pupils claim they have participated in one in relation to

the sexual education given. All the pupils highlight the benefits that come with multidisciplinary projects. Some pupils' claims that the topics become more interesting when it is presented as a multidisciplinary project, others claim that the learning outcome would be greater and that a multidisciplinary project opens up for alternative and creative learning methods. One pupil refers to a multidisciplinary project within another topic:

“ We have only done one multidisciplinary project on World War. It was a good project, and it was interesting to work with and learn about it”
(P5)

Another pupil describes the possibilities that come with a multidisciplinary project:

“I think that it is quite a shame that we do not have more multidisciplinary projects. This is because I feel that I learn a lot more from these projects, instead of just sitting and listening to my teachers. Unfortunately we do not have a lot of multidisciplinary projects, but I believe that these are the things that work the best. When we have had a project we usually make power point presentations and nothing else, I think that we need to do something more. We could make a short film, or interview people, or do something completely different. It could be a lot of fun” (P7)

A third pupil describes how a multidisciplinary project gives the opportunity to immerse into a topic for hours:

“I quite enjoy working with multidisciplinary projects, because we get to work in groups and create lectures and so. I learn a lot this way. During multidisciplinary projects we work in groups for quite a period of time, and we get the opportunity to immerse ourselves in the topic at hand in a variety of ways. This is great fun, but we have not done so much of this” (P8)

A fourth pupil explains why he thinks there are so few multidisciplinary projects:

We have had almost no experience with multidisciplinary projects here at our school, but I still find it quite interesting. It seems that the teachers don't like working with this kind of thing. It could be that organising multidisciplinary projects is quite time consuming for the teachers, but for us pupils multidisciplinary work is a great way of learning, and it is fun" (P4)

4.5 Teaching programs

Various teaching programs for sexual education have been developed, but there is little knowledge about the extent to which these teaching programs are used. Both teachers and pupils were asked if they had any experience with teaching programs in regard to sexual education, and if they had any experience with the national teaching program "Week sex". Only one of the teachers had experience with the program, four teachers had heard of it and three teachers did not know what it was. None of the pupils had heard about this program.

One teacher was familiar with the educational program "Week sex":

"We had the main part of sexual education during calendar week six, but we also did some work after this. I think that "Week sex" is a good program, but it is a big project and encompasses a lot. Some of the topics discuss use of language, harassment and more. Things like these are not necessarily relevant during natural science lessons. I therefore believe that if one is to have full usage of the "Week sex" program, the different teachers and subjects must work more closely together" (T1)

One teacher explains that she got an email with information about the program "Week sex", but she had not read it:

"I do believe that I have received an email about this program, but I cannot recall that I have read it. I think it has something to do with the fact that it comes as a mass sent email, and that is why I do not take it so

seriously. However if it had been only sent to me, I do believe that I would read it” (T7)

Another teacher says that he does not have any experience with the teaching program, but after learning about it, he decided not to try it:

“I have decided not to take part in the project that is known as “Week sex”, but I have been on a course there it was presented. At the end of the course I was left with quite a few thoughts and ideas. The project made me think more about the concept of sexual education. I found that I was motivated by participating in this project. But I do not believe that the project is not that revolutionary that I will use so much of my time trying to understand it. I do think that I will continue on as I have done before, because I think it works” (T5)

4.6 Cooperation with external partners

The findings show that the sexual education given differs from middle school to middle school, and even from teacher to teacher. Some schools and some teachers have chosen to cooperate with external partners in regards to the sexual education given, others not. The findings show that Red Cross, the school nurse, the health clinic for young people and the organization Queer Youth were among the external partners’ schools and teachers cooperated with. The teachers were asked what they think about cooperation with external partners. One teacher describes both challenges and benefits that arise when cooperating with external partners:

“I think that it is important that the youth are able to discuss sexuality with another person that is not their teacher. It is important that one can organize for others’ to handle this part of things. I think that the pupils’ would rather someone else that is not their teacher be responsible for this part of the lesson plan. It is also important that the school nurse is available in case the pupils’ have any questions, also the local health

clinic for youth. The disadvantage of working with outside partners' is that they do not know the pupils and it is therefore more difficult for them to plan the lessons'. We cooperated with the Red Cross who do not charge for their services', whereas MSO does charge for their services" (T1)

One teacher explains that it was just a coincidence that they had cooperated with the organization Queer Youth:

"We were visited by a representative from Queer Youth, but it was just a coincidence and was not related to any of the sexual education lessons. It was part of a research project" (T7)

Another teacher states that a cooperation with external partners could be useful, and that it is something they really do not do at this school, and that it is first and foremost because the lack of knowledge about different external partners, but secondly because of the costs:

"A cooperation with external partners could of course be useful, I believe the pupils would have a positive experience of this, which is something we do not do enough of at this school. First and foremost I believe it is due to the fact that we do not have any or enough knowledge of external partners that we could work with, because we do not communicate with them. At our school our budget is very strict, something that has a lot to say in this case. If it was up to me how the budget was to be used, I would prioritize funds to buy new equipment to be used during physical education, and for our natural science class rooms" (T5)

A third teacher describes her cooperation with the Red Cross:

"My experience of cooperating with the Red Cross has been a positive one, but it is still important that we do not leave all of the teaching in their hands, we must use them as an extra resource in addition to our normal lesson plan. I believe that it is important that we teachers who know the pupils are in charge of their education, so that we can make it safe and possible for them so that they can dare to ask questions" (T3)

A fourth teacher describes the cooperation with the school nurse:

“We cooperate closely with the school nurse during all three years of middle school. She comes and holds lectures for the class and she also separated the class into two groups, boys and girls” (T8)

Also the pupils were asked what they think of the cooperation with the external partners. Most of the pupils state that the school nurse has provided them with sexual education and that the main topic was sexually transmitted diseases and use of contraceptives. Some pupils explain that also the health clinic for youth or representatives from Red Cross or Queer Youth have been included in the sexual education given. The findings show that it varies a lot whether the pupils were satisfied with the education given by the external partners or not. One pupil explains that they received sexual education from the school nurse but, that one hour did not cover the need of the pupils:

“The school nurse visited our class for one period, where she first spoke with the boys and then with the girls. I personally think that the school nurse does not spend enough time at our school, it is not very easy to talk to her, even when we have something important to say” (P6)

Another pupil describes the sexual education given by the school nurse as very useful:

“We had one class period with the school nurse, where we divided into groups consisting of only boys, and only girls. We spoke about different sexually transmitted diseases and methods of prevention. This lesson period was great, I learnt a lot of new things that I did not know before” (P8)

A third pupil is very satisfied with the education given by the school nurse and Queer Youth:

“We received a visit with from the school nurse for one period, and a visit from Queer Youth, also for one period. I think this was a positive

experience, and believe that class benefitted greatly from the experience. They spoke about important subjects and used good teaching material ” (P7)

A fourth pupil describes the education given by the health clinic for youth:

“In conjunction with sexual education during natural science class the boys were able to visit the health clinic for youth. During the visit they were able to speak with a male nurse. This was good because we were actually able to communicate with a person that we did not know very well, everyone seemed more open and the discussions were easier. We also had a visit by a representative from the Red Cross. She demonstrated different types of contraceptives and also spoke about sexually transmitted diseases. I do however think that the time spent with her was not very good because she was not able to control the class. There was a fair amount of noise and the pupils were blowing up the condoms like balloons and running around in the classroom. It was a chaotic experience” (P3)

And a fifth pupil describes the education given by the Red Cross:

“We had a visit from a representative of the Red Cross that spoke to us about different types of contraceptives. It seemed that she was quite embarrassed to speak about sexuality. I mean, if a teacher is embarrassed to speak about this, how will it be for the pupils? It will be even more embarrassing. She had brought with her models of penises and condoms, and was going to show us how to use a condom correctly, but to this day I still do not know how to use a condom” (P2)

4.7 Planning, decision making and evaluation

Both teachers and pupils were asked if the pupils were a part of planning the sexual education, if they were allowed to make any decisions, or if the pupils were given the opportunity to evaluate the sexual education given. Both teachers and pupils confirmed that the pupils had little influence in the process of planning and conducting the education, and there were no schools that facilitated for an evaluation of the education given.

One teacher describes that the choice of movie is the only decision making the pupils take part in:

“The Pupils are not involved in the planning, but they may get the opportunity to choose between two different movies“ (T5)

Another teacher describe that it is the curriculum that sets the framework for the teaching:

“We teachers plan the lessons based on the curriculum, in addition we emphasise topics that have come up in conversations with pupils” (T6)

A third teacher says that the time is an important obstacle in order for the pupils to participate in planning and evaluation:

“The pupils could probably have been more involved in the planning and evaluation, absolutely, but again this is an ordinary middle school and it is a matter of time” (T4)

A pupil explains that even if they are not a part of the process of planning or evaluating the education, the school nurse encourage them to make anonymous questions:

“The pupils are not participating in the planning or evaluation of the sexual education given, but the school nurse encourages us to make anonymous questions that she answers“ (P8)

4.8 Teachers perspective on strengthening sexual education

Teachers were asked what thoughts they had in regards to strengthening the sexual education, they were also asked whether they think this was the teachers’ task or not. In relation to sexual education all the teachers agreed that it would be sensible to strengthen sexual education, but they had very different opinions

in order to who's responsible this was and how it should be done. One teacher stated that it was not the teacher's responsibility, other teachers stated that it was not the teacher's responsibility alone, and some teachers stated that both teachers, the school administration and the school nurse had a responsibility together. One teacher states that it should be specialists within the field of sexuality who were responsible for the education as the teachers lack competence within the field:

"I believe that it is absolutely necessary to strengthen the sexual education lessons. Up to a certain point it is the responsibility of the teachers to do this, but I also believe that people who are experts within the field should be made available to the pupils, because it is an important subject. We who are teachers only have a certain amount of knowledge to this topic, and this can be seen during the lessons. Quite a few teachers do not look forward to having to speak on the topic of sexuality. I think that they actually find this to be an uncomfortable situation. Sexuality is a complex subject and there is always room for improvement" (T4)

Another teacher thought it was not the social studies teachers' responsibility to strengthen the sexual education:

"I think that it might be a good idea to strengthen the sexual education, but we who are social studies teachers do not believe it to be our responsibility" (T2)

A third teacher thinks that it is important to strengthen the sexual education and it is important to start the sexual education earlier than the tenth grade, but it should not be the teachers responsibility alone, also the school nurse and the schools administration should be responsible:

"Strengthening sexual education is important, here at our school the pupils do not receive any before the tenth grade and I believe this to be too late. It is pretty silly to believe that pupils will not be sexually active until after they finish middle school. I believe that it should be a

combined effort between the teachers, together with the school nurse and maybe others. I also believe that the school administration should take some responsibility if there is to be any chance of the sexual education being strengthened, because it is a subject that is easily not prioritized. The school administration should make it possible for time and resources to be spent on this topic, in addition I think that the administration should have a certain amount of responsibility in relation to motivating teachers to collectively use educational programs such as "Week sex" (T7)

4.9 Pupils perspective on strengthening sexual education

Pupils were also asked whether there was a need to strengthen the sexual education or not, also, they were asked how they'd planned teaching if it was up to them to decide. All the pupils stated that there is a need for strengthening the sexual education and all the pupils would like a more active education with projects, group work, and discussions. Some pupils also mention that the sexual education should have a positive approach that promotes sexuality instead of solely focusing on the reproductive aspects and the pathogenic aspects of sexuality. Most of the pupils also requested a more detailed sexual education. All the pupils also state that they would benefit from a multidisciplinary collaboration with the local community.

One pupil thinks that there is a need to strengthen the sexual education and she suggest to extend the sexual education over three years, instead of one, further she suggest a positive approach towards the topic and she would like to include a multidisciplinary project and cooperation with external partners:

“I think that it is necessary to strengthen the sexual education because sexuality and sexual health is an important aspect of everyday life. If I were allowed to make the decisions, I would make it so that there was sexual education throughout all three years of middle school. I think that we learn a fair amount about sexually transmitted diseases and abortion, and this becomes an almost negative aspect. I feel that the lessons almost have a small amount of fear attached to them. Again, if I were allowed to make any decisions I would make it so that the lessons would teach that sex is something that is supposed to be good. Because it is not so that every time you have sex, you get infected with herpes or HIV. Furthermore I would establish multidisciplinary projects and group based work so that the lessons would be more interesting and creative. I also wish that the school nurse and organizations like Queer Youth would be able to come and visit the school, and it would be great to be able to visit the health clinic for youth” (P6)

Another pupil feels that the teachers show too little interest in sexuality as a topic, he suggests that there should be more focus on the topic by promoting group work and discussions:

“I firmly believe that there has not been enough focus put on sexual education here at our school, and I also believe that the teachers don’t seem to be very interested in this topic, so I think that it is a good thing if sexual education gets strengthened. I wish that there were more focus put on group work and debates. We have only worked and discussed this topic when we have been assembled in large groups and there seems to be no one who dares to ask questions, or say anything at all. If we who are pupils were given the chance to discuss the topic of sexuality, it might lead to some pupils being able to reflect on their own behaviour, and maybe they would be able to change it?” (P5)

A third pupil thinks that the sexual education should be strengthened by including all the subjects in on multidisciplinary projects, and by adapting a positive approach towards sexuality and a broader focus on sexuality versus the reproductive and pathogenic perspectives:

“I think that is important to strengthen sexual education. If I was allowed to make the decisions I would make it a project, which included group work and I would include all the subjects. I believe that this

would be the best and funniest way of doing things. Furthermore I think that we have learnt all too little about sexual intercourse and the details around this, we have learnt nothing about the erogenous zones, orgasms or things that are similar. I feel that the teachers focus more on the consequences of sex, like diseases and pregnancy, and not the actual sex. This is something that I would change” (P7)

A fourth pupil thinks that the education would be better if more interesting methods were used:

“I think that the pupils would learn a lot more and actually remember what they learn if there was a more creative approach applied to sexual education” (P8)

5. DISCUSSION

This chapter will seek to summarize the findings presented in the chapter above, furthermore the chapter will seek to critically discuss the findings and compare them to the theoretical perspectives outlined in the theoretical chapter. The chapter will focus on five out of the ten principles of a health promoting school. The chapter is divided into six different sections; first the summary of findings will be presented, and then the following principles will be discussed: the curriculum, the teachers training, empowerment and action competence, and collaboration and communities

5.1 Summary of findings

The aim of ENHPS is to make schools a better place to learn and work, and to encourage pupils and staff to take action to benefit their physical, mental and social health. A health promoting school strives to integrate health promotion into every aspect of the school setting, addressing all the people connected with it: pupils, teachers, all other school staff, parents and eventually the wider community (Burgher, Rasmussen & Rivett, 1999).

The findings show that it is the curriculum, which provides the guidelines and sets the framework for the teaching, but the findings also show that the sexual education given differs from middle school to middle school, and even from teacher to teacher. One of the participants explains that they have a four-week multidisciplinary project that includes the sexual education in addition to the

education given in the four different subjects. Other participants explain that they spend little or no time on topics related to sexual education. The findings also highlights that few of the teachers asked make use of resources like the compendium about sexual education, teaching programs like “Week sex”, or local recourses like Queer Youth, or other NGO’s.

It is clear that few teachers emphasise the sexual education, but the reason for this is less clear. Some teachers don’t find sexual education interesting, some teachers don’t see it as a part of their job, some teacher find it uncomfortable, and some teachers feel they lack the competence. The findings also show that teaching is rarely organized around a multidisciplinary project and that cooperation between teachers takes place to a limited extent. The teachers have very various backgrounds and education, but common to all the teachers is that they had little or no experience with sexual education when they graduated.

Despite the lack of focus on sexual education in the teachers own education, the findings show that all the teachers feel competent to teach within this field, and only a few would be willing to prioritize raising their level of competency.

Further the findings show that the school administration rarely facilitates for, or motivate the teachers to cooperate in relation to the sexual education given.

In regards to emphasised topics in relation to the sexual education given, the overall impression is that it is natural science teachers who emphasise the sexual education and that it is the biological and anatomical aspects that

dominate the teaching, in addition to topics like abortion, sexual transmitted diseases, sexual boundaries and homosexuality.

In order to strengthen the sexual education the teachers had different opinions, but most of the opinions revolved around on whose shoulder the responsibility should lie. The pupils on the other hand were less concerned about whose responsibility it was, and more concerned with how the teaching could be improved. They all suggested multidisciplinary projects, cooperation with external partners and more time spent on the topic. The findings also show that the pupils would like the sexual education to be viewed from a positive perspective and sexuality in itself should be emphasised to a greater extent and that reproduction and pathogenic aspects should not be the topics that dominate the education. When it comes to the process of planning, making decisions and evaluate the sexual education, the teachers rarely facilitates for the pupils to be active and included in this process.

As can be seen, many of the findings stand in contrast to the aims of a health promoting school, for example it is seldom that all members of the school community work together to provide pupils with integrated positive experience and structures, which promote and protect health. And it is not often that the members of the school and the local community work together to promote and protect health, but nevertheless in one school they have partly succeeded, so that is evidence that it is indeed possible. And the findings are also evidence that this is what the pupils themselves wish.

5.2 The teachers' training

The training of teachers is an investment in health, as well as an investment in education. Legislation, together with appropriate incentives, should guide the structures of the teachers training, both initial and in- service, by using the conceptual framework of the health promoting school (Burgher, Rasmussen & Rivett, 1999).

*“Health is created and lived by people within the **settings** of their everyday life; where they learn, work, play and love”* (WHO 1986, p. 2). As we see of the definition of health it is created where people learn, work, play and love. But the findings indicate that the teachers, the schools and the teachers' university college still have the perception that health primarily is created in the health sector and that it is not their responsibility to engage in matters that concerns health, especially not in a health promoting perspective.

As the findings show the teachers have different educational backgrounds, but common to them all is that they had little or none experience with sexual education when they graduated. One way of strengthening the sexual education could be to emphasis the sexual education in the teachers' own education, but when the teachers' educations' varies a lot this is nearly impossible. Some teachers have studied biology, others geography, some religious studies while others graduated from teachers' university college.

However, taking into account that none of the teachers' had any experience with sexual education when they graduated, there is no one saying that they

lack expertise in the area. But some teachers say they find it uncomfortable to teach topics related to sexuality and others do not find it interesting. Despite these facts only few teachers say that they are willing to prioritize raising their level of competency, if they were given the chance to do so.

The findings indicate that the sexual education is implemented in an unsystematic way and that the teaching methods are insufficient. It is up to each teacher to decide how much time and effort he or she would like to put into sexual education, and it is up to each teacher to decide which teaching methods that should be used. Most of the teachers in the study chose plain information based programs, instead of problem based learning, multidisciplinary projects or multi sectorial projects.

This stand in contrast to the principle of a health promoting school the principle of the teachers training, it also stands in contrast to what contemporary research says. Viig (2010) claims that years of research within health promotion in schools shows that programs and projects are more likely to be successful if they are implemented in a holistic and strategic way. The findings support Viigs' (2010) research, that if the sexual education is to be strengthening it needs to be implemented in a holistic and systematic way, which includes investments in the teachers training both initial and in- service.

5.3 The curriculum

A health promoting school's curriculum should provide opportunities for young people to gain knowledge and insight, and to acquire essential life skills. The

curriculum should be relevant to the needs of young people, both for the time being and in the future, as well as stimulating the young peoples' creativity and encouraging them to learn and providing them with necessary learning skills. The curriculum of a health promoting school should act as a stimulus for own personal and professional development for all the people in the school (Burgher, Rasmussen & Rivett, 1999).

According to ENHPS (Burgher, Rasmussen & Rivett, 1999) health education has a long tradition in schools, but it has usually been a relatively small part of the curriculum and focused on single causes of ill health in individuals, such as smoking, alcohol and drug abuse (Burgher, Rasmussen & Rivett, 1999).

In order to achieve a positive and respectful approach towards sexuality and sexual health the sexual education need to be based on positive aspects of sexuality. International research (WHO, 2006) shows that knowledge and a positive relationship with your own body and your own sexuality is essential for sexual pleasure and for developing a safe sexual identity (WHO, 2006).

If we summarize the emphasised topics found within sexual education it is not topics that promote positive relationships with your own body or topics that promote sexual pleasure. Emphasised topics are sexual transmitted diseases, pregnancy, fetal development, contraceptives, abortion, boundaries and homosexuality.

In addition to the emphasised topics within the curriculum, also the school health services and NGO's like MSO and Red Cross emphasis the same topics.

This indicates that the health education still focus on single courses for ill health instead of approaching sexuality and sexual health in a health promoting perspective. This stands in contrast to the principle of the curriculum of a health promoting school.

The findings show that the pupils would like to learn more about the positive aspects of sexuality, they would like to learn more about how they can develop a positive sexual identity and they want to learn what it takes to achieve a pleasurable sexuality. But this stands in contrast to what the teachers perceive as important topics within the sexual education.

Røthing and Bang Svendsen (2009) write that there is indication that the schools mandate still is related to reproduction instead of sexuality. For example most of the natural science textbooks are based on reproduction in relation to sexuality instead of being based on anatomy related to sexual pleasure. Røthing and Bang Svendsen (2009) also state that in order to strengthen the sexual education it is important that the education revolves around sexual relations and the pupils own questions, needs and dreams in relation to sexuality. The findings of this study support the indication in the study made by Røthing and Bang Svendsen (2009).

The findings show that not only the topics within the sexual education that stands in contrast with the principles of a health promoting school and the pupils' own wishes, the teaching methods can also be seen as insufficient. A health promoting school emphasise teaching methods where the pupils them

self are active and responsible, the findings show that the pupils prefer teaching methods that revolves around project work and methods that allows the pupils them self to be active and creative.

Brinchmann- Hansen (1999) writes that by using teaching methods where pupils them self are active and responsible for their own learning, one can achieve lifelong learning. According to Mæland (2010) it is also important that pupils are given the opportunity to present their point of view and argue for them. Role-play and discussion are important ways of achieving action skills.

Both teachers and pupils in this study have a positive attitude towards multidisciplinary projects and multi sectorial cooperation, they all agree that the pupils could benefit greatly from such projects, but the findings also show that the teachers face to many obstacles in order to facilitate for such projects. Some teachers' claim that multidisciplinary projects demands too much time and too many resources, something that is not available in the schools. Other teachers claim that if such projects were to be successful it has to be the school administration that facilitates for it. One pupil claims that multidisciplinary project requires a lot of extra work from the teachers, and that is probably why it is used in such a limited extent.

The national teaching program "Week sex" is a program that enables pupils to increase control over and to improve their sexual health. The teaching program encourages an active, varied and reflective participation during the lessons.

"Week sex" is free and is readily available for teachers, regardless of economic

and geographic relations and position. Also, “Week sex” has its own campaign week that is meant to establish a good foundation for multidisciplinary projects (Sex & politics, 2014). So why is it that none of the pupils asked had heard of this teaching program? And why is it that none of the schools choose to use this teaching program collectively? This teaching program represents many of the values within health promotion and many of the principles in a health promoting school, the program also represents many of the empowering factors that the pupils themselves think is necessary in order to strengthen the sexual education.

Despite all the advantages that come with this teaching program it was not adapted in any of the schools represented in this study. Why is it that this program is not popular among the represented schools? Is it due to poor marketing? Is due to the lack of interest among the teachers? Or is it due to lack of willingness to facilitate for such projects from the schools administration or the municipality point of view?

The findings show that even if the objectives of the sexual education are incorporated in the curriculum of four different subjects it is not recognized as an important topic among teachers, the school administration, nor the educational institutions for teachers. As long as sexual education is not recognized it will most probably be almost impossible to successfully strengthen the sexual education. So one might ask the question if the school are promoting or preventing sexual health?

5.4 Empowerment and action competence

A health promoting school should improve young people's abilities to take action and make change. This will provide a setting where pupils work together with their teachers and others to gain a sense of achievement. Young people's empowerment should be linked to their visions and ideas, in order to enable them to influence their lives and living conditions (Burgher, Rasmussen & Rivett, 1999).

The findings indicate the teachers rarely facilitates for the pupils to be active in the process of planning, making decisions or evaluating the sexual education given. Further the findings also show that the pupils' own wishes and ideas rarely are taken into consideration. What is preventing teachers and schools from empowering pupils in relation to sexuality and sexual health?

Today, we have knowledge of a number of factors that need to be present for health education to be successful in schools. It must be of a sufficient number of lessons for health education, the teachers should lead the education and the teachers need to be qualified for health education and problem-based learning. Pupils must be active participants and moreover, it is also important that pupils are given the opportunity to present their point of view and argue for them. Role-play and discussion are important ways of achieving action skills. (Mæland, 2010).

Despite the knowledge we have to day, the findings indicate that the health education does not work as intended. The sexual education is not provided with

a sufficient number of lessons, the teachers are not necessarily qualified, it is not always the teachers that are responsible for the education given, the education is rarely based on problem based learning or teaching methods that encourage the pupils them self to be active partners.

In order for the pupils to gain greater control over decisions and actions that affect their health, and in order for the pupils to see a closer correspondence between their goals in life and a sense of how to achieve them they need to be included in both planning, decision making and the evaluation of the sexual education given. This way the pupils will be empowered and enabled to increase control over, and to improve their own health.

5.5 Collaboration and communities

Collaboration: A health promoting school should be based on collaboration. A partnership demonstrated at a national level should be mirrored at regional and local level. Roles, responsibilities and lines of accountability must be established and clarified for all parties (Burgher, Rasmussen & Rivett, 1999).

Communities: At a health promoting school, parents and the school community should together play a vital role in leading, supporting and reinforcing the concept of health promotion. By working in partnership, schools, parents, NGOs and the local community, should represent a powerful force for positive change. This way, young people themselves, are more likely to become active citizens in their local communities. Together, the school and its local community should have a positive impact in creating a social and physical

environment conducive to better health (Burgher, Rasmussen & Rivett, 1999).

The findings show that most of the schools, the health services and the NGO's work separately within the same topic instead of working together to achieve one common goal. Furthermore none of the teachers claims that they are cooperating with parents.

Even if the national and the local action plan states that in order to strengthen the sexual education, one has to implement goal orientated and comprehensive programs, that requires a broad field of cooperation between the different sectors, NGO's, parents and the local community, none of the plans suggest how this should be done. How should roles and lines of accountability be established and clarified? And on whose shoulder the responsibility lie? The plans just state that: a good sexual education should be led by competent and confident teachers (Norwegian Directorate of Health, 2010).

The findings indicate that it is up to each teacher to decide how much time and effort they want to put into sexual education and who they would like to cooperate with. The findings also indicate that if cooperation with a NGO costs money it is less likely to take place. According to the findings the school administration seldom facilitates for, or promotes multidisciplinary or multi sectorial projects. In addition to this, most of the teachers do not choose to prioritize time and resources on the matter of sexual education. Some of the teachers claim that they cooperate with other teachers, the school nurse or

NGO's. But the finding indicates that there is no real form of collaboration, the different partners just conduct the teaching within the same period of time.

The findings also show that some of the teachers paint a pretty picture of multi sectorial projects in relation to sexual education, but the pupils on the other hand have no experience of having attended such projects. Most of the pupils also state that the cooperation between teachers and NGO's is not working out as planned, mostly due to the absence of their teachers. The NGO's on the other hand claim that the teaching is best conducted without the presence of the teachers.

Both literature and findings indicates that the sexual education in Norway today, is not a priority, not only from teachers, school nurses and the schools point of view, but also from the municipality and the counties point of view. In addition, there are no national guidelines on how to facilitate for sexual education or guidelines on how the collaboration should work and whose responsibility it should be. There is no sign of a national collaboration in relation to the sexual education, that can be mirrored at a regional and local level.

6. CONCLUSION

How do the teachers experience the facilitation of sexual education? How do the pupils experience the sexual education given? And how can we strengthen the sexual education in a health promoting perspective?

It is clear that few teachers emphasise the sexual education, but the reason for this is less clear. Some teachers do not find sexual education interesting, some teachers do not see it as a part of their job, some teacher finds it uncomfortable and some teachers feel they lack the competence. The findings also show that teaching is rarely organized around a multidisciplinary project and that cooperation between teachers themselves and the wider community take place to a limited extent. The findings indicates that the teaching is rarely taking the pupils wishes and ideas into consideration and that the pupils seldom is included in the process of planning, making the decision and evaluating the education given.

This study suggests that if we are to succeed in strengthening the sexual education, more research is required. Currently there is little research that discusses the sexual education and therefore we are unlikely to succeed unless there is more knowledge on how to implement successful initiatives. The findings show that the principles of health promotion schools is implemented to a limited extent in schools represented in this study, and that it is also an important obstacle in order to succeed.

Far from all the teachers in middle school have their education from the teachers' university college, Finland have chosen an alternative solution on how to strengthen the sexual education (Norwegian Directorate of Health, 2010). In Finland they have decided to make sexual education a compulsory part of the teachers own education, for those who are being educated to teach in primary school. Further they have chosen to make sexual education a compulsory part of primary school where the largest part of the sexual education is given in the seventh grade. A Finnish study shows that both pupils and teachers are satisfied with this educational program (Norwegian Directorate of Health, 2010).

Could the way Finland organise their sexual education be a solution for Norway and the municipality of Bergen? Both studies and findings indicate that the sexual education is given too late; in this way it would be given at an earlier stage. By making the sexual education a compulsory part of primary school, one could extend what Finland has already begun. One could include a multidisciplinary or a multi-sectorial project in relation to the sexual education.

If this were to be realistic, the multidisciplinary and multi sectorial projects should be part of the teachers' own education, so that already when they graduate they would have experience with multidisciplinary and multi-sectorial projects. For example could the teachers' academy engage in a partnership with the academy for school nurses, and the students could work multidisciplinary and multi-sectorial in relation to the sexual education already in their own education? Perhaps it would be easier to cooperate and engage in partnership at a later stage if they already had experience of it at an early stage?

According to ENHPS the success of the teachers training depends on investment in both the initial and in-service training of teachers (Burgher, Rasmussen, Rivett, 1999). So in addition to include sexual education in the teachers' education one should also focus on self-training among the teachers. Can it be seen as a realistic solution that the sexual education is included in the teachers' education in addition to self-service training while working as a teacher? Hauge and Mitlemark (2006) write that the school as an organization must have the ability to see the different elements in health as a whole, and they write that this is difficult to implement in practice because it requires courage, time and expertise.

So the question that remains is: will health and sexual health in particular be seen as an important topic, important enough to be provided with resources like courage, time and expertise? Will it be looked upon as important by the teachers and the school itself, but more importantly by the educational department and the educational institutions?

This study suggest that it is unlikely to succeed in strengthening the sexual education in a health promoting perspective unless it is done both at a national, regional and local level. In order for the sexual education to be successful, also the pupils need to be included in the process of planning, decision making and evaluation of the education given. The education should be based on the pupils' own wishes and ideas. Further more research within the field is required and general health promotion principles need to be implemented in the schools. Maybe some schools and some teachers will partly succeed, but unless the

sexual education is implemented in a holistic and strategic way, which includes the basic principles of health promotion, it is unlikely that we will succeed.

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Appendix I: Interview guide for teachers

1. Hvor lenge har du arbeidet som lærer?
2. Hvilke fag underviser du i?
3. Hvor har du tatt din utdanning?
4. Var det fokus på seksuell helse og seksualundervisning i din utdanning? Synes du det burde vært mer fokus på det?
5. I tiltaksplanen for seksuell helse både lokalt og nasjonalt vektlegges det at de ønsker å styrke seksualundervisningen, hva tenker du om dette?
6. Synes du det er lærerens oppgave å styrke seksualundervisningen? Eventuelt hvem?
7. Hvordan opplever du det å tilrettelegge for seksualundervisning her på skolen?
8. Hvilke faktorer er med å styre hvordan du tilrettelegger for seksualundervisning og hvilke faktorer er medvirkende til hvilke tema du tar opp?
9. I hvilke fag/ situasjoner legger du til rette for læring opp mot seksuell helse?
10. Hvilke tema blir tatt opp i de fag/ situasjoner du underviser i?
11. Er det et tverrfaglig samarbeid rundt seksualundervisningen?
12. Samarbeider du med skolehelsetjenesten om å gi seksualundervisning?
13. Samarbeider du med noen eksterne instanser om seksualundervisningen?
14. Hva synes du om lærebøkene og måten de dekker temaet seksuell helse?
15. Hva synes du om læreplanen i forhold til seksualundervisning og seksuell helse?
16. Hvilke arbeidsmetoder benytter du?

17. Hvordan opplever du det å legge til rette for at undervisningen skal være tilpasset elevens behov og forutsetninger?
18. Er eleven delaktig i planleggingen og evaluering av undervisningen?
19. Kjenner du til veilederen fra UDIR? Hva synes du om denne?
20. Kjenner du til Plan for bedre seksuell helse? Hva synes du?
21. Kjenner du til materialet fra “Uke sex”? Hva synes du?
22. Synes du at det er tilstrekkelig fokus på holdningsskapende arbeid i forhold til tema som omhandler seksuell helse i skolen?
23. Hender det at du er i dialog med elever om kjærlighet, seksualitet og lignende, selv om det ikke står på dagsorden? Opplever du at dette er et tema som elevene er opptatt av? Kan du komme med eksempler?
24. Føler du selv at du har tilstrekkelig kompetanse i forhold til å undervise om seksualitet og seksuell helse? Kunne du tenke deg kompetanseheving på dette området?
25. Tenker du at seksualundervisningen på ungdomsskolen tilsvarer ungdommenes behov for kunnskap og kompetanse på dette området?
26. Er det noe du ønsker å tilføye utover de spørsmålene vi har snakket om? Har du noen flere forslag til hvordan man kan styrke seksualundervisningen som et ledd i å fremme ungdommers seksuelle helse?
27. Hva er din opplevelse av dette intervjuet?

Appendix II: Interview guide for pupils

1. Hvilket klassetrinn går du på?
2. Trives du her på skolen?
3. Har du opplevd at noen på skolen blir seksuelt mobbet, for eksempel at noen blir kalt homo, hore eller lignende her på skolen?
4. I tiltaksplanen for seksuell helse både lokalt og nasjonalt vektlegges det at man ønsker å styrke seksualundervisningen, hva tenker du om dette?
5. Synes du det er satt av nok tid til å snakke om seksualitet og seksuell helse på ungdomsskolen?
6. I hvilke fag/ situasjoner har dere seksualundervisning eller tas det opp tema som omhandler seksualitet og seksuell helse? Hvem leder denne undervisningen?
7. Hvilke tema blir tatt opp i forhold til seksualitet og seksuell helse?
8. Hva synes du om lærebøkene? Synes du de tar opp relevante tema i forhold til seksualitet og seksuell helse?
9. Hvordan foregår seksualundervisningen? Gruppearbeid, rollespill, tavleundervisning? Tverrfaglig samarbeid?
10. Har du hørt om "Uke sex"?
11. Hva er din opplevelse av seksualundervisningen på ungdomsskolen?
12. Hva ville du gjort for at undervisningen skulle ha blitt mer interessant og lærerikt for deg? Er det noe du kunne ønske var annerledes?
13. Synes du at seksualundervisningen svarer til det behovet for seksualundervisning som dere som ungdommer har?
14. Får dere elever være med å planlegge eller komme med tilbakemelding på seksualundervisningen? På hvilken måte?
15. Får dere som elever være med å håndtere utfordringer knyttet til seksuell trakassering og mobbing? Blir dere inkludert i utformingen av aktuelle tiltak?
16. Hvor/ fra hvem synes du at du får best informasjon om seksualitet og seksuell helse?

17. Dersom du lurer på noe relatert til seksualitet og seksuell helse, hvem tar du kontakt med da?
18. Hvem synes du ideelt sett burde lede seksualundervisningen?
19. Har du noen flere forslag til hvordan vi kan styrke seksualundervisningen som et ledd i å fremme ungdommers seksuelle helse?
20. Er det noe du ønsker å tilføye utover de spørsmålene vi har snakket om?
21. Hva er din opplevelse av dette intervjuet?

Appendix III: Informed consent form

Informert samtykke

Hensikten med denne studien har blitt forklart til meg, og jeg forstår hva det innebærer. Deltagelsen innebærer et intervju på ca. 45 minutter. Det er også gjort klart at dersom jeg velger å delta vil mitt navn ikke bli benyttet og det skal på ingen måte være mulig å spore hvem som har deltatt i studien. Opptak gjort under studien vil bli slettet når informasjonen er nedskrevet.

Jeg kan på hvilket som helst tidspunkt trekke meg fra studien, og jeg står fritt til å velge hvilke spørsmål jeg ønsker å svare på.

Dato _____

Navn _____

Signatur _____

Appendix IV: Information letters for schools

Informasjon om forskningsstudiet til elever og lærere.

Mitt navn er Trine Nilsen, og jeg studerer helsefremmende arbeid på HEMIL-senteret ved Universitet i Bergen. I mitt studie skal jeg utføre forskning og skrive en masteroppgave på grunnlag av forskningen. Jeg er knyttet opp mot en prosjektgruppe i Bergen kommune som arbeider med å fremme ungdommers seksuelle helse. Som et ledd i deres arbeid er min oppgave å intervjuere elever og lærere om deres erfaringer med og perspektiver på seksualundervisningen ved ulike ungdomsskoler i Hordaland. Jeg skal intervjuere åtte elever og åtte lærere, fordelt på fire ulike ungdomsskoler.

Dersom du velger å delta vil intervjuet vare ca. 45 minutter og det vil bli benyttet en båndopptaker under intervjuet. Du kan når som helst trekke deg fra studien, og du velger selv hvilke spørsmål du vil svare på. Ditt navn vil ikke bli benyttet og det skal ikke være mulig å spore opp hvem som har deltatt i studien. Jeg som forsker er underlagt taushetsplikt og intervjuene vil bli behandlet konfidensielt. Planlagt dato for prosjektlutt er 1/5-2014, og senest denne datoen vil alle lydopptak og samtykkeerklæringer være slettet. Datamaterialet i sin helhet er anonymisert. Prosjektet er også meldt/ godkjent av Personvernombudet for forskning, Norsk samfunnsvitenskapelig datatjeneste AS.

Dersom du ønsker å delta, setter jeg pris på om du vil lese det informerte samtykket og signere dette.

På forhånd takk for samarbeidet.

Med vennlig hilsen

Trine Nilsen

Appendix V: Information letters for parents

Brev til foresatte

Mitt navn er Trine Nilsen, og jeg er student ved HEMIL-senteret ved Universitetet i Bergen. Jeg tar en mastergrad i helsefremmende arbeid, hvor jeg skal skrive en oppgave om hvordan man kan styrke seksualundervisningen i ungdomsskolen, som et ledd i hvordan man kan fremme ungdommers seksuelle helse. I den forbindelse ønsker jeg å gjennomføre intervju med elever og lærere om deres forhold til undervisningen.

Jeg som forsker er underlagt taushetsplikt og intervjuene vil bli behandlet konfidensielt. Planlagt dato for prosjektslutt er 1/5-2014. Senest denne datoen vil alle lydopptak og samtykkeerklæringer være slettet og datamaterialet i sin helhet anonymisert. Intervjuet er frivillig og informanten har full mulighet til å trekke seg før 1/5-2014 dersom hun eller han ønsker det, uten at det vil få konsekvenser. Ingen opplysninger som fremkommer i sluttrapporten vil kunne tilbakeføres til enkeltindivider. Prosjektet er meldt til Personvernombudet for forskning, Norsk samfunnsvitenskapelig datatjeneste AS.

Får å få lov til å intervju barn under 16 år, kreves det aktivt samtykke fra foreldre eller andre med omsorgsansvar. Jeg trenger derfor din/ deres underskrift på at din/deres datter eller sønn kan bli intervjuet, dersom hun eller han selv ønsker det. Dersom det skulle være ønskelig fra deres side å lese gjennom min intervjuguide, kan dere ta kontakt med meg på e-post: trine-n@hotmail.com. Mine veiledere på dette prosjektet er Elisabeth Fosse på HEMIL-senteret ved Universitetet i Bergen og Agnes Giertsen som er prosjektleder i prosjektgruppen som utarbeider en handlingsplan for å fremme ungdommers seksuelle helse i Bergen.

Dersom min datter eller sønn selv ønsker å bli intervjuet, gir jeg mitt samtykke til det.

Dato _____

Elevens navn _____

Foresattes navn _____

Foresattes underskrift _____