

The programme originated in the early 1990s and is now being implemented in schools across Scotland largely due to its positive reception by pupils and teachers and the rigorous evaluation of processes.

Daniel Wight and Hilary Dixon

SHARE - Sexual Health And Relationships: Safe, Happy And REsponsible

The rationale, principles and content of a research-based teacher-led sex education programme.

Dr Daniel Wight is a Senior Researcher at the MRC Social and Public Health Sciences Unit, Glasgow.

Hilary Dixon is a Training Consultant specialising in sexual health and sex education.

For correspondence:

Dr Daniel Wight
Senior Researcher
MRC Social and Public Health Sciences Unit
4 Lilybank Gardens
Glasgow G12 8RZ.
Tel:0141-357 3949

E mail:

Danny@msoc.mrc.gla.ac.uk

The SHARE programme, 'Sexual Health And Relationships: Safe, Happy And REsponsible', began as a research-based teacher-led sex education programme for 13 to 15 year olds.

It was developed and piloted by the Health Education Board for Scotland (HEBS), now NHS Health Scotland, and the Medical Research Council between 1993 and 1996 in Lothian and Tayside schools, and was then subjected to a randomised trial. The interim findings from the trial showed that, in comparison with conventional sex education, SHARE is evaluated more highly by both pupils and teachers, it increases practical sexual health knowledge and it slightly improves the quality of sexual relationships, primarily through reduced regret. However, by the average age of 16 years, 1 month, there was no impact on levels of sexual activity, condom or contraceptive use amongst the target group (Wight et al., 2002). They are currently being followed-up to the age of 20 when the vast majority will have experienced sexual intercourse.

Following the trial HEBS has been keen to make SHARE available throughout Scotland. Hilary Dixon, who had already played a major part in developing the programme, was commissioned to revise the teaching pack and develop a training pack in the light of findings from the process evaluation (e.g. Buston et al., 2002, Wight and Buston, 2003), and to prepare a team of national sexual health trainers to be able to deliver a modified training course to teachers.

Since 2001 Healthy Respect, the Scottish National Demonstration Project on sexual health, has been using SHARE as the basis for their multi-agency work in secondary schools

(Reid, 2003). In 2003 the consultative draft of the Scottish National Sexual Health and Relationships Strategy recommended that SHARE should constitute part of the sex education curriculum throughout Scottish secondary schools (Scottish Executive, 2003).

Rationale for SHARE

The SHARE programme originated in the early 1990s from concerns about four aspects of young people's sexual health: the increasing teenage abortion rate, the prevalence of HIV in the east of Scotland, increasing evidence of the high prevalence of Chlamydia and its links with subsequent infertility, and the reported high incidence of coercive sexual encounters. Several researchers, who had all been involved in primary studies of young people's sexual behaviour, formed a group to attempt to improve young people's sexual health (Wight, 1997). It was soon concluded that the most comprehensive way to reach young people with a behavioural intervention is through school. Community based activities have partial coverage and if explicitly about sex education, generally attract very few young men (Abraham and Wight, 1996). Meanwhile mass media approaches might convey information or modify attitudes but are unlikely to develop skills, yet all three are seen as necessary to influence behaviour.

Ten years ago (and still today) conflicting claims were being made about the role of school based sex education in influencing sexual behaviour. Many in the health promotion field argued that if it were sufficiently early, comprehensive and skills-enhancing, sex education could substantially reduce sexual risk taking. Others, with a more sociological perspective

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pointed to evidence that sex education cannot override the many other personal and social influences on sexual risk taking. A third view was that explicit discussion of sexual issues leads to greater sexual activity and risk taking. In the early 1990s there was little evidence, based on rigorous evaluation, to support any of these three positions, but increasing recognition of the need to rigorously evaluate sexual health interventions (Oakley et al., 1995). This was seen to be of global importance given the health and social burdens of unwanted sexual outcomes (particularly HIV/AIDS), and the resources currently being invested in sex education programmes of uncertain value.

At the same time the first wave of HIV-preventive interventions were found to have been largely ineffective in modifying behaviour (Sherr, 1987, Fisher and Fisher, 1992). Some reviewers argued that this was primarily because very few of these early interventions had any clear theoretical basis (Fisher and Fisher, 1992), that is the mechanism by which they were intended to work was extremely vague (Pawson and Tilley, 1997). The most promising programmes, however, did have some theoretical basis and provided not only information but also motivation and behavioural skills (Fisher and Fisher, 1992). Similarly, in an influential review of school-based sex education Kirby et al. (1994) identified the use of social cognitive theory as one of the factors which distinguished successful programmes.

It was therefore decided to develop a theoretically-based school sex education programme, drawing on the most recent research evidence, and then rigorously evaluate its impact on knowledge, attitudes and behaviour. The broad aims of the programme were to:

- ▷ improve the quality of young people's romantic and sexual relationships, particularly in terms of reducing anxiety and regretted sexual behaviours
- ▷ reduce the incidence of unsafe sex
- ▷ reduce the rate of unwanted pregnancies.

It was aimed at 13-15 year olds, to cover the last two years of compulsory schooling in the UK. This meant it could reach nearly all young people of

that age and, unlike most service provision or community education, enabled as many young men as young women to be reached (Abraham and Wight, 1996). Younger people were not targeted because it was thought that too few would consider the programme personally relevant in the immediate future, and it would have seriously limited the content deemed acceptable to education authorities and parents.

The rationale for a teacher-delivered programme was primarily based on resources. The main arguments for delivery by peripatetic specialists are that they can establish a non-hierarchical relationship with pupils, can have greater knowledge and methodological expertise than teachers and, if health professionals, are less constrained by 'Child Protection' regulations on notifying authorities about pupils' disclosure of sexual experience. Counter arguments stress the value of knowing the pupils well and of continuity between sex education lessons and the rest of the curriculum. However, the overriding reason why teacher delivery was chosen was because it was the only way to afford the comprehensive implementation of a substantial programme (in this case 20 sessions). A further factor was the established policy of Scottish education departments and the national health promotion agency (HEBS), who encourage primary reliance on teacher delivery.

The programme was designed according to four guidelines:

- ▷ to be theoretically based and apply research findings on young people's sexual behaviour and the most effective behavioural programmes
- ▷ to draw on the best existing materials and practice
- ▷ to be readily sustainable
- ▷ to be standardised for rigorous evaluation.

There was, however, some conflict between these different guidelines. While a research-based programme is more likely to be effective, research findings can conflict with current educational orthodoxy and a teacher-led programme which seriously challenges teachers' professional philosophy is unlikely to be replicated nationally. Furthermore, an ideal programme from a theoretical

perspective is likely to be impractical for schools and too expensive to be sustained, while the requirement for standardisation, in order to facilitate research, runs counter to the widely accepted principle that materials should be adapted to the specific needs of individual classes. Such conflicts meant prioritising some principles over others. The processes involved in trying to meet the different guidelines have been described elsewhere (Wight and Abraham, 2000).

Development and piloting

In 1993 HEBS funded preliminary research into the current provision of sex education in Scotland, young people's perceived sex education needs and the feasibility of a research-based intervention and its evaluation through a randomised trial. Senior teachers were interviewed in four schools in Edinburgh and four in Dundee, and group discussions held with Secondary 4 pupils (aged 15-16) in five schools.

The original research team¹ then developed learning objectives for a two year sex education course for 13-15 year olds. At this stage Hilary Dixon was commissioned to assemble materials to meet these objectives, through identifying existing exercises, modifying existing exercises or writing new ones. An Advisory Committee made up of specialists from HEBS, Health Education Advisors in the LEAs, health promotion specialists and the Guidance specialist for Her Majesty's Inspectorate of Schools met frequently to comment on various drafts. Leading sex education specialists in Britain, the Netherlands and the United States reviewed an early draft of the pack², and throughout the piloting phase teachers played an invaluable role in helping us transform theoretically based exercises into workable classroom lessons.

The teacher training course and resource pack were piloted from 1994 to 1995 in Lothian and Tayside. They were initially piloted in four schools with nine teachers and 17 classes. The training was evaluated through participant observation, participants' self-complete questionnaires and semi-structured interviews.

The SHARE teaching materials were evaluated through a brief teacher questionnaire for each lesson, semi-structured interviewing of teachers and pupils, single sex group discussions with pupils, and, most valuable, observation of lessons (for more details see Wight and Scott, 1996).

This research, plus the feedback from sex education specialists, resulted in substantial changes to the pilot materials. In particular, many of the role play exercises to develop negotiation skills were replaced with an interactive video, and exercises were developed which did not assume pupils to have had as much sexual experience. The revised SHARE programme and training were piloted in a further four schools. This second pilot involved 15 teachers and 23 classes and the same research methods as before, except that pupil group discussions were replaced by a self-completed questionnaire. This was comprised almost entirely of open-ended questions. Smaller changes were made as a result of the second pilot and in 1996 a randomised controlled trial of the programme began (Wight et al., 2002).

How SHARE is intended to work: the theoretical basis

The SHARE programme draws eclectically on both social psychological and sociological theory, as set out previously (Wight et al., 1998). Social-psychological theory focuses on the role of individual cognitions in shaping behaviour, cognitions being the components of one's thought processes. It is theorised that by modifying the relevant cognitions we can empower young people to manage sexual negotiation more competently. SHARE is based primarily on an extended Theory of Planned Behaviour (Ajzen, 1991, 2001) which emphasises personal susceptibility, perceived benefits of behaviour, social approval, perceived self-efficacy, intention formation and context-specific planning. These are discussed in turn.

People are only likely to respond to a threat if they think that they are personally at risk; the SHARE programme stresses the likelihood of pregnancy if having sex without contraception and the widespread prevalence of sexually transmitted infections (STIs) such as Chlamydia, rather than focussing primarily on HIV. People are more likely to do something if they think it is effective and has few costs, so SHARE presents condoms and contraceptive pill use in this light. Sexual interaction

is inherently social and is therefore especially likely to be affected by anticipated social approval. By targeting whole year groups SHARE aims for young people to anticipate their peers' and their boy/girlfriend's approval of safer sex or of delaying sex altogether.

Those who think themselves able to do something successfully are more likely to intend to take that action and more likely to actually succeed, because they set themselves higher standards and suffer less stress. Perceived self-efficacy can be enhanced by careful explanation, by encouragement, by copying others' actions and by rehearsal and practice. SHARE has several exercises to enhance self-efficacy, including practical condom handling, the analysis of best practice negotiation of sexual encounters and role play.

Translating intentions into action is helped by developing detailed and realistic plans which allow the individual to specify how, where and when an action is to be carried out. Consequently, an important way in which SHARE aims to enhance self-efficacy is by realistically appraising how sexual negotiation is likely to unfold and what opportunities exist for taking and losing control, insisting on what you want and listening to others. By rehearsing and planning, young people can be better prepared to deal with challenging social situations in which they are likely to have little time for contemplation. Sexual negotiation is partially determined by the context in which it takes place, for instance by constraints of time (e.g. the return of parents), place (e.g. someone else's car) or prior expectations (e.g. having been invited back 'for a coffee'). SHARE therefore contains exercises to predict risky situations and plan how to respond to them, or perhaps avoid such circumstances altogether.

The sociological approaches that SHARE draws on are interactionism and feminist perspectives (Wight et al., 1998). Young people's understanding of sexuality, and their sexual identities, are formed predominantly through interaction with members of their own sex (Gagnon and Simon, 1974). By getting young people to discuss sexual issues with the opposite sex, SHARE aims to develop their understanding of

gendered perspectives and, hopefully, develop respect for the views of the opposite sex. This should lead their perspectives on sexuality to be more influenced by the opposite sex, a development that, for most, would take place anyway at some point in the next five to ten years. The discussion of sexual topics between the sexes in the classroom is also intended to de-sensitise such discussion within relationships, and to help young people develop explicit verbal scripts to communicate about such practical issues as contraception and sexual pleasure.

Within sexual encounters power can operate in many ways: it is not simply about physical strength. One of the most important ways in which young men often have greater power in heterosexual relationships is through social expectations about appropriate gender roles. Men are supposed to be knowledgeable about sex and admitting ignorance can undermine their masculinity. Young women, on the other hand, are constrained by the risks to their reputation of being seen as too knowledgeable or experienced, i.e. as a 'slag'. SHARE aims to empower young women at both the individual level, by providing the planning and negotiation skills described above, and at the social level, by attempting to modify the norms of feminine and masculine behaviour. This is done by encouraging pupils to reflect on cultural and personal assumptions and to develop alternative understandings that move beyond gender stereotypes that disempower women.

The SHARE teaching materials: values and content

For the trial the SHARE teaching pack comprised 10 sessions for the 3rd year of secondary school (S3) (aged 13-14) and 10 sessions for the S4 (aged 14-15). The materials have since been made more flexible, allowing the option of teaching them over three years, starting in S2. Many schools were unable to deliver all 10 lessons of SHARE in each of two years, and some suggested that it was appropriate for younger pupils.

The programme takes a harm reduction approach to young people's sexual relationships, acknowledging that by the age of 16 about two thirds have had relationships involving caressing and about one third have had sexual intercourse. This should make it more relevant and effective, and makes it possible to try and modify the interaction already occurring in early relationships. However, it is also important to recognise that about a third of this age group have very little sexual experience, and that any one class is likely to

1 This original research team consisted of Charles Abraham, Sue Scott and Daniel Wight

2 Those who reviewed an early draft of the SHARE programme were: Julian Cohen (JDC Training and Consultancy, author Taking Sex Seriously), Joan Forrest (University of Strathclyde), Douglas Kirby (ETR Associates, California), Alex Mellanby (Dept. of Child Health, University of Exeter), Herman Schaalma (University of Maastricht), Rachel Thomson (Sex Education Forum), Dilys Went (Freelance trainer and consultant) and Ian Young (Health Education Board for Scotland).

encompass this diversity of experience. Whenever possible, therefore, the exercises are flexible enough to be appropriate to differing levels of maturity and experience.

The main emphasis of SHARE is to teach pupils social skills to establish and maintain satisfactory boundaries to their intimate relationships, and to take appropriate precautions if they have sexual intercourse. Given timetable constraints, prioritising skills development inevitably excludes other important elements of sex education. SHARE is therefore seen as only one part of what should, ideally, be a broader curriculum of sex education starting in primary school. However, it is the most important element for those leaving school at the age of 16, for whom this is likely to be their last formal sex education.

In line with recent findings on the most effective programmes (Kirby, 1999), SHARE not only clarifies issues involved in deciding for or against 'healthier choices', but also presents clear behavioural values. These are discussed in the first session (see below).

The Values of the Programme (Handout to pupils)

Our sexuality is a natural and healthy part of life.
Each of us feels differently about our sexuality, and we may express it in different ways.
We should treat each other as we would like to be treated.
We should never have to do anything sexual we don't want to do.
We should protect ourselves and sexual partners from unwanted pregnancy.
We should protect ourselves and sexual partners from sexually transmitted infections.

In personal terms SHARE develops self esteem and encourages a clearer understanding of what is sought in relationships: in inter-personal terms it advocates improved communication to reduce the emotional risks of sexual relationships and to negotiate taking precautions; in physical terms it teaches that the safest way to avoid the risks of sexual relationships is to abstain from sexual intercourse, but that if one does have sexual intercourse the safest approach is to use condoms effectively.

The programme does not presume pupils' heterosexuality and attempts to be inclusive of differing sexual orientations and identities. Sexual orientation is discussed and information leaflets for young lesbians and gays are

included with others in the class pack. However, a decision was taken in the research materials not to include a session devoted explicitly to lesbian, gay, bisexual and transgender issues, partly because of the political sensitivity of such material. It was also felt that in a tightly packed programme with very specific aims this was not highest priority, and that many of the teachers were ill-prepared to do it successfully. This is one of the issues which is now being considered for modification.

The main topics in SHARE, following a spiralling curriculum, are: relationships, physiology, typical experience of early sexual encounters, practical knowledge of contraception, parenthood, STIs, and skills for sexual negotiation, condom use and accessing local sexual health services (Table 1).

Table 1: Topics in SHARE pack

Topic	Type of sessions	Year S3	Year S4
Relationships	attitudes, information	2	
Talking about Sex	attitudes, information	3	
Bodies and Sex (physiology)	information	4	
Diversity of Sexuality	attitudes, information	5	
Contraception, Pregnancy and Parenthood	attitudes, information	6, 8	14
STIs	information, attitudes	7, 8	
Resistance Skills	skills	9,10	16
Sexual Activities and Safety	information		12
Experience of First Intercourse	attitudes, information		13
Sex from Viewpoint of Opposite Gender	attitudes, information		15
Planning and Negotiating Safer Sex	skills		17
Condom Use Skills	skills		18
Accessing Sexual Health Services	skills, information		19

Approximately one third of the curriculum was developed specifically for SHARE, one third comprises modifications of pre-existing exercises and one third was adopted from other packs³. SHARE has all ten characteristics Kirby identified as necessary for effective programmes (Kirby, 1999).

SHARE teaching materials: methods

All the SHARE lessons involve active learning, through small group work, discussions, quizzes, games or

role play. For the trial, in the first year (Session 8) all pupils were given a health promotion leaflet to take home summarising the most important practical information on contraception and STIs. This was so that they had access to the information at the time relevant to them, in case they were not paying attention during their lessons. A folder with leaflets on different sexual health issues, including ones on gay and lesbian identity, was provided to each teacher to be lent to pupils in turn.

The skills based sessions are at the heart of SHARE and are what distinguish it most clearly from conventional sex education. Initially we relied primarily on role play exercises to develop negotiation skills, but soon found that both pupils and teachers find them very challenging to organise and perform (Wight and Abraham, 2000). Consequently we introduced an 'interactive video', previously developed by Charles Abraham, to be used in four different sessions. In each a vignette of sexual negotiation is played out by actors, with several breaks in which pupils are asked to analyse the characters' behaviour and identify how best to handle the situation. These vignettes are designed to develop pupils' intentions, planning and self-efficacy in relation to specific aspects of sexual negotiation. They also provide scripts with which to deal with difficult sexual situations. Since the trial the video has been remade by HEBS.

SHARE teacher training

For the trial, all SHARE teachers underwent a five day teacher training course, split into three modules (see Table 2 overpage). This was developed from more generic sex education training courses that the trainer, Hilary Dixon, had previously delivered to secondary school teachers throughout England over many years. The course was piloted in Edinburgh with 10 teachers from four different schools in 1994, modified in the light of their comments and piloted with a further 15 teachers in 1995. Further minor changes were made in the light of this second pilot. A similar five day course, though split into only two modules, has been used by Healthy Respect, and a variety of other models have been developed since.

The teacher training aims to enable teachers to implement the SHARE curriculum faithfully. There are three objectives:

- ▷ to make teachers more comfortable and confident to deliver sex education in general
- ▷ to prepare them to deliver the teaching pack

▷ to improve their understanding of the theoretical rationale for the methods involved in this behavioural change programme

The three objectives are addressed throughout the training course. Teachers reflect on their own attitudes, values and beliefs about sex education by exploring influences on their own sexuality, generic issues around sex education and specific concerns about the SHARE programme. Discussing the sexual topics in the pack and exploring personal views is intended to desensitise the explicit discussion of sexuality and reduce embarrassment. Teachers' attitudes to homosexuality are also challenged, and how they may affect what goes on in the classroom. This includes consideration of inclusive language, for example not presuming heterosexuality.

In order to prepare teachers to deliver the SHARE pack they: participate in exercises from 15 of the 20 sessions; practise the delivery of challenging exercises; discuss and analyse these experiences in a supportive environment and read through and discuss the remaining exercises not directly experienced. Some factual information is also provided, primarily through teachers participating in the SHARE exercises at an adult level, but this is

Table 2: Structure of the SHARE teacher training course in the trial

Module One (just prior to delivery of SHARE in S3)
Day 1: Introductions and prior experience
Ground Rules (Session 1)
Relationships (Session 2)
* Theory: Experiential Learning, Task, Maintenance, Individual Needs Model
Language and Sex (Session 3)
Genitals (Session 4)
Day 2: * Theory: Stages of Group Life
Quiz on Sexuality (Session 5)
Our own sexuality (reflection on own values)
^ Responding to difficult situations in classroom
Module Two (after delivery of 2-3 SHARE lessons)
Day 1: Exercises based on Sessions 6,7 and 8
^ Presentations by teachers
Review of learning from presentations
Day 2: * Theory: targeting cognitions to develop skills
^ Assertiveness Skills
Video: resistance scenarios (Sessions 9, 16, 17)
Role play (Session 10)
Valuing Ourselves (Session 4)
Module Three: Follow-up Day (just prior to delivery of Sessions 11-20 in S4)
Summary of research findings
^ Experience of delivering S3 programme
Exercises based on Sessions 11 and 12
Condom demonstration (Session 18)
^ Use of the video

* theories of learning ^ generic methodological issues

not seen as a primary objective of the training.

Finally, the course aims to develop teachers' understanding of the theoretical rationale for the programme by explaining and discussing it, by getting them to experience the methods involved, such as small group work in mixed sexes, active learning and targeting cognitions, and by teaching them to apply these methods.

The training course is also meant to enhance teachers' motivation through establishing a good relationship with them, raising their awareness of young people's sexual health issues, demonstrating the qualities of the teaching pack, promoting collegiate support, respecting teachers' professional expertise and addressing the practical problems they raise. The trainer is particularly concerned to recognise teachers' existing skills and emphasise their abilities. This is done most explicitly at the start of the course, when teachers introduce themselves and the trainer highlights how much prior experience they already have, and during the course when trainees are asked to solve problems by sharing their expertise with their colleagues. The course is sufficiently flexible to address teachers' special concerns, with time allocated within each module for trainee-identified topics. Games are used to relax, integrate and energise the participants, and time is allowed to review learning. The extent to which the teacher training course achieved its objectives during the SHARE trial has been evaluated elsewhere (Wight and Buston, 2003).

Conclusion

Initially developed as part of a research project, SHARE is increasingly being implemented in schools across Scotland. This is largely due to its positive reception by pupils and teachers and the rigorous evaluation of processes and (to a lesser extent) outcomes. The principles underlying the original programme remain, including the importance of adequate teacher training, but it is being developed and adapted in a variety of ways to meet the needs of pupils, schools and funding bodies. Some teachers have now been using SHARE enthusiastically for eight years (Reid, 2003).

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