The difference between teenage pregnancy rates in the UK and The Netherlands is well-known. During the last quarter of the twentieth century, the birth rate per 1000 girls aged 15-19 in England and Wales remained remarkably stable at just above or below 40, while that for Dutch girls of the same age halved from an already low 8.4 to 4.1.

The fact that sex education is much less controversial in The Netherlands, particularly at the political level, and that Dutch society is more open when it comes to issues about sex is also well known (e.g. Jones et al., 1986; Ketting, 1994; Braeken, 1994), although English-speaking observers have tended to mistake openness for permissiveness (e.g. Hardy and Zabin, 1991; Dryfoos, 1990).

Formal sex education in schools has not, however, been strongly developed in The Netherlands until relatively recently (Jones et al., 1986; Scott et al., 1995). Furthermore, in terms of its structure, Dutch sex education is similar to its English counterpart, with a division between biology and personal and social education (PSE), which is called ‘care’ in The Netherlands. However, while only biology is compulsory in England and Wales, both subjects are compulsory with nationally set ‘attainment targets’ in The Netherlands. A leading Dutch sex educator from the Rutgers Stichting reported that materials developed by Rutgers’ British counterpart, the Family Planning Association (FPA) tended to be closer in terms of their approach than those of other Western European countries. However, the Rutgers materials are integrated into the Dutch curriculum in a way that the FPA materials are not.

Sex education in schools is only one of many factors influencing teenage pregnancy rates (SEU, 1999), but the fact that there are significant similarities as well as differences between two countries with very different teenage birth rates makes it an interesting point of comparison. Even if the structure and some of the content of Dutch sex education is similar to the English, the subject may still be approached very differently.

The Study

We undertook a small, exploratory study of practice in secondary schools in the two countries as part of a larger project on policymaking in respect of sex education and a content analysis of the printed resources used in science and PSE/care classes with 14 and 15 year olds. Our research on these topics revealed that while there is political opposition to sex education from the smaller Christian parties in The Netherlands, politicians have tended to pass the issue of sex education over to professional sex educators and to charge them with building consensus and developing programmes.
withdraw their children from sex education lessons in The Netherlands as in England and Wales, but this was done in the name of respect for pluralism rather than in response to those opposed to sex education.

In the UK, the politics of sex education have been adversarial, with major debates taking place over legislation passed in 1986, 1988, 1993 and 1999/2000. ‘Traditionalist’ politicians and lobby groups (e.g. Family and Youth Concern and the Conservative Family Campaign) charge that sex education in schools is too explicit, promotes homosexuality, does too little to promote marriage and, at the extreme, is a cause rather than a cure for teenage pregnancy. Our reading of the Parliamentary Debates and our analysis of the interviews that we undertook with politicians and leading campaigners led us to confirm the view of Thomson (1994) that the controversy has in large measure been about whether to accept (and how to manage) the dramatic and rapid changes in sexual behaviour that have taken place over the last twenty years.

Whereas Dutch policymakers have accepted that sex has become separated from marriage, that marriage has become increasingly separated from parenthood, and that teenagers are sexually active, traditionalists in the UK are reluctant to acknowledge these changes. This makes it difficult to address many central issues. For example, unlike the Dutch texts, we found that in our sample of nine English science texts published during the 1980s and 1990s only one (Rogers, 1981) addressed the issue of homosexuality and this text was criticised during the course of the 1986 Parliamentary Debate. Nor did the English texts systematically address STDs, removed from the national curriculum in 1993. Both the English science and PSE materials focus much more on the negative aspects of sex and on protection against the consequences of sex and from sex itself than do the Dutch. English PSE courses are likely to treat sex education alongside other ‘risk behaviours’, such as drug-taking and smoking, and to aim to develop self-esteem as a means of countering them. Dutch care courses aim to ‘normalise’ sex education and embed it in courses that focus on everyday living. Sex education is thus found alongside nutrition and bicycle repair.

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The Findings

Many of the topics covered in Dutch and English classes are the same. The interactive methods used are also often similar. However, in the English schools, it is not uncommon to find courses using a range of materials with rather different aims and objectives. As the Director of the Sex Education Forum commented, the aims of sex education in England are confused: to prevent teenage pregnancy, help teenagers understand their bodies, or contribute to personal and social development.
Teachers interviewed in all the English schools expressed concern about the possibility of adverse publicity in respect of sex education and also saw dissenting parents as a potential threat.

Science Classes

The Dutch biology texts were much more comprehensive in their treatment of issues to do with sex and sexual development and the classes observed were much more open. Some of the opening exercises, involving discussion of different names for genitalia, slang words for intercourse, and how men and women talk about sex differently would only happen in an English PSE course. The researcher observing a biology class at a school in a provincial town near Utrecht recorded the following:

"The teacher calls pupils forward to his desk in groups of four, two boys and two girls...The first group starts with the model of female sexual organs (the girls made this choice). One boy says that he does not know where the vagina is. The girls answer more of the teacher’s questions, about the male as well as the female model, than do the boys...The teacher asks what produces sperm. The reply is ‘don’t know’. In reply to a question about the prostate, a girl talks about an idea that she has got from a teenage magazine and the teacher tells her what is incorrect about it...Next he talks about the hymen and explains how it can break. The second group comes forward. This time the boys have to tell the girls what they know about the male model and vice versa...."

The rest of the class observed each group at work. Jokes were cracked by pupils and the teacher, but the lesson was accomplished without any of the crude comments that were the hallmark of the mixed English classes that were observed. The hymen was not mentioned in any of the English biology texts in our sample and would therefore be an unlikely subject for class discussion. The biology lessons in this Dutch school also covered sexual abuse, which would not be considered a topic for a biology class in England.

The Dutch biology teachers felt that the emotional side of sexual relationships was too divorced from biology teaching, but the split between biology and ‘care’ courses is far less rigid than in England, where science teaching has long been criticised for being too mechanistic (Thomson and Scott, 1991).

PSE/Care Classes

The main unifying concept in English sex education, in PSE classes at least, is the emphasis on developing self-esteem. In the English schools either the teachers or the school’s policy on sex education, which every school in England and Wales has been legally obliged to have since 1986, made explicit reference to the importance of encouraging self-esteem. As the East Midlands school’s policy put it: ‘Students with high self-esteem have the potential for making healthy, safe choice in their relationships. For this reason, self-esteem should be a main component of sex education’. A teacher in London school C linked valuing oneself to valuing sex more explicitly; self-esteem was again seen as a prerequisite for making wise decisions about sexual relationships. Her PSE course opened with a quiz to help pupils gauge their level of self-esteem. Pupils answered quick-fire questions such as: ‘Are you attractive?’, and the teacher stressed how peoples’ feelings about themselves are influenced by their situation and culture.

However, a Christian schools worker in the London borough expressed doubts about the concept in the context of his efforts to promote abstinence. ‘The buzz words are self-esteem and self-awareness, so it is difficult, against that self-focused background, to tell people to deny themselves pleasures’. His main point highlighted the way in which the concept of self-esteem focuses on the individual, rather than on the other and on relationship. In fact it was the conservative, abstinence-oriented PSE resources used by this teacher that put the greatest emphasis on asking questions such as ‘what is sex for?’, ‘what is love?’ and ‘what is intimacy?’.

The central aim of Dutch programmes is described as promoting ‘self-reliance’ and ‘mutual respect’ rather than self-esteem. When these ideas were written into the attainment targets for Dutch primary schools in 1991, they
were defined in the following way:

‘...pupils can stand up for themselves and take others into account. This means that they can apply their own thoughts, attitudes and feelings and make them clear to others, and that they can empathise with the feelings, attitudes and situations of others.’5

The 1998-2003 attainment targets for secondary education also stressed the idea that pupils should be able ‘to care for themselves and other people’ (Ministerie va Onderwijs, Cultuur en Wetenschappen, 1998). The scenarios dealt with in the care lessons observed in the Dutch schools covered a broader range of issues than those in England. One class discussed dating, coming home late, negotiating with parents, how parents treat boys and girls differently, and travelling safely at night. The approach was more holistic and the discussion of dating and what might happen occurred alongside more general family issues. One Dutch teacher emphasised the fact that sex education was considered ‘a very normal topic and is discussed in exactly the same way as other subjects’. Again, there was evidence of greater openness on what would be considered controversial issues in English classrooms. For example, another Dutch teacher openly discussed her own lesbian identity and her classroom had STD awareness posters on the wall. The English schools sometimes had a notice board listing local sexual health services, but the posters were very discreet and did not feature any sexual images.

The treatment of sex was far more negative in the English schools than in the Dutch schools. English PSE courses focused particularly on how to say ‘no’. Dutch care classes focused on getting the pupils to decide what they want before hand, on when to say yes as well as how to say no, and on how to behave responsibly. The negative focus of the English programmes was particularly evident in respect of the experimental PSE courses. The course observed at the Surrey school (which was also taken by London schools A and B) was described by teachers as a general parenting course, but by the course teacher, a local youth worker, as an anti-teens pregnancy initiative. The same fundamental tension lay at the heart of the East Midlands school’s use of the American import, ‘Baby Think It Over’, which relies on the use of infant simulators. The emphasis in both courses was on the realities of housing, financial difficulties and isolation experienced by teenage lone parents. Both classes were mixed and in both the boys made disparaging comments about babies throughout. When the class in the Surrey school was told that they had now reached the end of their imagined pregnancies and had given birth, the boys responded with: ‘I dropped it on its head and now it’s dead’, ‘I sold it for £20’, and ‘I had its toes pierced’. In previous sessions the boys had joked about aborting their imaginary babies. In the East Midlands school one girl reported that the boys had ripped the head off her infant simulator. Nevertheless, in both schools the courses were reported to be popular. Indeed, a teacher in the East Midlands school felt that because the project aroused a lot of interest in the school, not least because infant simulators had featured on television soap-operas, it served to raise the self-esteem of the participating students. To this extent the exercise showed that babies, even plastic ones, can bring status. However, in this instance it would seem that the acquisition of self-esteem ran counter to the programme’s goal of discouraging teenage parenthood.

The third experimental programme observed in the West Midlands school, which had by far the lowest record of achievement at GCSE level, consisted of an interactive theatre project. Evaluations of similar projects have been generally positive (e.g. Denman, 1995, 1996). All the teachers we interviewed were enthusiastic about using role play and engaging theatre companies, but said that teachers were not trained to do this work and the cost of hiring professionals was such as to make any routine use of this form impossible. The play observed was about teenage prostitution. The session opened with pupils being invited to put all the words they associated with prostitution onto a flip chart: ‘skett, slapper, pimp, whore, nasty, slut, forced, likes sex, rape’. Sketches were followed by discussion about why the character had dressed/behaved/talked as s/he had done and what the characters should/would do next. In the last scene, the original flip chart was revisited. The words ‘slut, skett and slapper’ were removed, although some boys insisted that ‘likes sex’ should remain. ‘Pressured, victim, distorted, confused, bullied, and low self-esteem’ were added. The boys in the class were rowdy throughout, shouting questions such as: ‘how much do you get paid?’, ‘do you do blow jobs?’ and ‘what do you do if a client doesn’t pay?’. Nevertheless, it was a group of boys who asked for the slang-words about prostitutes to be removed from the chart and one key member of the group came up to thank the actors for such a good lesson. Whatever their behaviour during the class, it did seem that the play had led them to think about the issues.

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Pupils’ Responses

The pupils interviewed in both countries had very different recollections of sex education, with some claiming that the coverage of the subject in their schools had been good and others saying that they had received hardly any. However, while English pupils said that the school had a duty to teach them about sex and contraception, Dutch students tended to say that it was not really something a school should do, which may reflect the much greater responsibility taken by Dutch parents in this regard. Certainly more Dutch pupils spoke positively about the possibilities of discussing sex with their parents. The vast majority of pupils at London school A and the East Midlands School said that they did not talk to their parents about sex. Some said additionally that their parents were unhelpful. One girl reported that her mother constantly embarrassed her by asking her in front of her friends whether she was on the pill.

Pupils from both countries also gave similar answers when asked whether it was easy to acquire contraception, typically saying that condoms were widely available but embarrassing to buy. However, there were some significant differences between Dutch and English children in their assumptions about teenage sex. The English pupils often exhibited a rather fatalistic approach to sex: you went to a party, got drunk and sex happened. Teenage sex was something unavoidable that happened on impulse. Boys in particular used comments like: ‘your hormones just take over’, while girls tended to be seen and to see themselves as relatively passive. Pupils interviewed in both the English schools put the pressure boys exert on girls to have sex at the top of their ‘very important’ causes of teenage pregnancy. Dutch children also tended to attribute teenage pregnancy mostly to drunkenness, but spoke of this as something that happened to other people, not themselves. Given the low rate of teenage pregnancy in that country this is not surprising. Several English pupils knew someone, in two cases a family member, who was an unmarried teenage parent.

The students from the two countries were quite different in the way in which they talked about relationships. The Dutch researcher asked pupils whether sex was the same as sexual intercourse, a question judged too sensitive to ask in English schools. A Dutch boy replied that it was not: ‘you can also kiss and pet, you don’t need to go all the way right away’. English students were asked when it would be right to have a sexual relationship. Overwhelmingly their preconditions were ‘when it feels right’, ‘love’, ‘trust’ and ‘commitment’. Dutch students gave a wider and more sophisticated range of answers, including ‘telling each other everything’, ‘liking the person for who they are’, ‘supporting each other’, and ‘being able to live your own life as well as being in the relationship’.

The behaviour of boys and girls in the classrooms in the English and Dutch schools was very different. In the East Midlands school, girls had asked to be separated from boys for sex education lessons because they ‘made rude comments’, ‘laughed’ and ‘talked about nothing but sex’. Nevertheless, the boys who behaved so disruptively in the classes that were observed responded in a thoughtful manner when they were interviewed, which may imply that there is strong public and/or peer group pressure on them to respond in a certain way about sex. Dutch boys did not behave in this way. The problem of boys’ behaviour during English sex education lessons is additionally problematic because it seems that school (rather than the parents as in the Dutch case) is the main source of information about sex education.

Conclusion

The reactions of pupils show the extent to which many English pupils, especially boys, have a cruder and a less sophisticated understanding of sex and, above all, intimacy and relationships. As a leading Dutch sex educator observed in interview, it is very difficult to find a safe and appropriate way of inviting openness, and yet openness is essential if information is to be given about sex and if the message is to be clearly understood. It is particularly difficult in the English situation, where there is so much political and public controversy about sex education and where messages about sex are so very mixed.

The materials used in the English classroom, especially in PSE courses, are far more diverse than in The Netherlands, where there is consistency in approach, content and style not just within PSE courses, but between PSE and science teaching. Putting together different types of courses as did some of the schools we visited, may serve to give pupils different perspectives on the issue, but it means that the programme lacks the kind of coherence found in The Netherlands. In addition, English teaching tends to treat sex as risk. It is interesting that the more experimental initiatives in English classrooms also carried the most negative messages about sex. The only courses in England to
put more emphasis on the positive side of sex and relationships were the Christian courses. It may well be that because sex education is so controversial in the UK, it is only considered ‘safe’ to be positive about sex in courses that promote abstinence. Yet the responses of many pupils indicate that they regard sex as something illicit and dirty and have little understanding or appreciation of healthy intimate relationships.

The behaviour of boys in the classes we observed is a source of concern. It is significant that boys became engaged in the theatre workshop as in no other lesson that was observed. Pupils can discuss their feelings openly in relation to a fictional situation that encompasses both emotional and biological issues. A teacher at the East Midlands school said that role play and drama challenge the passivity of pupils in respect of teenage sex and pregnancy. Nevertheless, the topics treated by theatre workshops tackles some of the most negative aspects of sex. The focus continues to be on prevention and ‘sex as danger’, whereas the Dutch manage to present sex in a much more normal and positive way. However, it is difficult for schools and sex education resources in the UK to give the issue of teenage intimacy and relationships greater place when there is such strong opposition to acknowledging their existence in the first place.

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References


