

# good lovers

**Erika Frans** 



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#### 1 What's the use of sex education?

Is sex education still necessary? 'Young people know everything there is to know about it', 'Aren't you encouraging them to try sex?', 'Is it any use?', or 'Leave it up to the parents': these are all reactions that you have to contend with on a regular basis. Even from the professional viewpoint, sex education regularly comes under fire. For this reason, it can certainly not be assumed that sex education is a certainty for all young people in Belgium, nor in many other countries. Furthermore, there is no consensus about the content of sex education.

# 1.1 As many messages as masters

The problem with sex education is that it has served many different masters. In the past, it had to teach self-control and avoid all kinds of risks and problems such as masturbation. The women's movement used the fervour for information to counter unwanted pregnancies. In the last ten years, sex education has been used almost exclusively to avoid HIV/AIDS. And recently, it has been used to combat sexual abuse. Old ideas parading as new ones?

One discourse has been replaced by another, and the message has been adapted to suit the speaker.

The result of the many masters, whether or not they are more professional than they used to be, is that the messages about sex are full of contradictions. Because loving does not prevent you contracting HIV/AIDS, it is still possible to become pregnant despite the use of condoms, and safe sex does not preclude abuse. However useful each separate approach may be, an umbrella concept is still lacking.

So last year in Belgium, there was a rise in the number of unwanted pregnancies among young girls. That was connected to an increase in the use of condoms and a reduction in the use of the pill. The question is whether this is an effect of HIV/AIDS-focused campaigns, where no attention is paid to the other risks. If, under the influence of HIV/AIDS prevention, sex education is reduced to promoting the use of condoms, involuntarily the message is being conveyed that this is the only norm.

Another example can be found in the discussion about assertiveness programmes. Out of concern to avoid sexual violence, the battle of the sexes and prudishness have been re-invented, and people forget to say that sex and love can also be wonderful.

# 1.2 Pandora's box

There is one striking common feature in the different approaches: sex is presented as a source of great suffering. Even now, talking about sex is only acceptable when there are good reasons for it. And there are good reasons in the case of HIV/AIDS, sexually transmitted diseases, unwanted pregnancies and sexual abuse. The content is therefore determined by what we need to know to spare us from that suffering. This is a noble aim in itself, but an unpleasant side effect is that sex is, and remains, a Pandora's box.

Sexual socialisation has been for many people a mainly negative socialisation, consisting of resisting of sexual and bodily impulses from social contact. Sex education mainly consists of 'be careful' and 'watch out'. Sexuality and physicality are given a different status. When two people start a relationship, the taboo about touching and physical contact gradually has to be broken down. A gradual removal of inhibitions, with a lot of stumbling and picking oneself up again'. (Wil Zeegers, De zonnige zijde van seks – The sunny side of sex)

A second element in the educational discourse in recent years is that in addition to the danger of sex, increasingly the pleasure of sex is being presented. 'Sexuality can be too pleasurable not to go further!'. The

risk of ignorance is that you could also miss out on something nice. Training is also going in the direction of greater responsibility: as a young person, you must realise that your sexual behaviour has consequences for yourself and for other people.

This means that sexuality is a 'fascinating' and important subject for young people.

In addition to the danger/pleasure dimension, sex education should also guide young people in their development, in the area and at the pace that they decide for themselves. This means that they should dwell on the values and norms that are seen as essential in order to function as a cultured person in our society. These aspects are only explained to a very limited extent in sex education.

The aim of the 'Good Lovers' concept is to integrate these various dimensions into a single approach, which is closer to the real world in which young people live than each approach individually, and where parents, peers, school, media and experts can play an important and mutually complementary role.

# 2 Supporting a development

A first aim of sex education is to do with upbringing: it is intended to guide children and young people in their development into adults who are capable of integrating sexuality and intimacy with others into their lives in a meaningful way.

Thinking about sexuality in a development perspective has a number of important advantages.

- + First and foremost, the focus shifts from the sexuality of young people to the varied significance that sex can have in the various stages of life. Therefore, there is more than just one sexuality. And yes, parents do it too.
- + Furthermore, there is a link between the messages and experience that you had as a child or young person about physicality and intimacy, and your sexual experience as an adult. Much of your sexual behaviour is attributable to 'antecedent factors', or experiences that you had during your development.
- + It is a development that everyone has to go through, and nobody can avoid it. This is a field in which we have a vast wealth of different experiences, of shared and common perceptions.
- + From studying development, it also emerges clearly how different individuals can be in their development. There are great differences in pace, of age and gender, of culture and orientation. So one must always be careful with general conclusions.

If you want to give support to the sexual development of young people within sex education, then you have to consider which elements can have a positive impact on that development. In practice, that concerns three tasks:

- + the development of gender: biological sex, a personal gender identity and sexual orientation;
- + the development of a personal physicality and sexual interaction with others;
- + the development of intimacy and relational skills.

#### 2.1 Gender

In the development of gender, the following items are important.

#### 2.1.1 Biological sex

Based on the external sexual organs, one can tell whether most babies are male or female. In exceptional cases, the sexual organs can be ambiguous, for example babies with androgenital syndrome.

#### 2.1.2 Gender identity

The extent to which one has the feeling of being a man and/or woman mostly matches the biological sex. However, this does not exclude being able to identify to a greater or lesser extent with the other gender. The gender identity can therefore be male, female, male and female, or even non-male or non-female. The latter is referred to as transgenderism. If a man has a female gender identity, and feels uncomfortable about his own body, he is a transsexual.

Recent research shows that there is no clearly defined dividing line between male and female. A number of people cannot be categorised as a 'man' or 'woman', and are somewhere in between.

The gender role is the personal form that a person gives to that gender identity. In doing this, people fill in the details of their role, based on stereotypical sexual roles. As a man with a male gender identity, it is possible to perform female gender roles through adopting behaviour, characteristics, role expectations and sexual stereotypes of the female sex.

Research into gender role behaviour during childhood shows that a number of differences between girls and boys always crop up: difference in temperament, in how they deal with frustration, and in the toys and games that they prefer. Probably, these are differences in predisposition. Other differences are probably culturally determined, and are the consequence of a difference in treatment by their educators. Boys and girls are rewarded for different behaviour. Furthermore, peers have an influence on the shaping of the gender role at particular times. It is striking that deviant gender role behaviour is often punished, and boys and girls fulfil the gender role in a different way.

Even in adult men and women, the way in which they fulfil their gender role in the field of sexuality and relationships is influenced by traditional sexual roles. So there are differences in what men and women demand from a relationship: in women, motherhood is top of the list, while fatherhood is less of a priority for men. The romantic ideal of love is still popular among girls, while boys cling to a more individualistic concept of love. In the sexual field, men score higher in sexual compulsiveness and the feeling of not being able to control sexual feelings, while women score higher on problematic sex or negative perceptions of sex.

In the development of gender identity and the gender role, the presence of relevant and close role models is of great importance. Children often see their own parents as a role model, but brothers and sisters or peers can also fulfil that function. In education or institutions, teachers or trainers can be important as a role model. It is not a good thing that children are only confronted with female role models in their upbringing. Therefore one should ensure – both for boys and girls – that in the staffing, there is an approximate balance between male and female role models.

One also has to realise that gender roles are evolving, and that they correspond less and less to the classic stereotypes. This implies that one has more individual freedom to shape that role, but also that there is a greater chance of confusion and complexity.

In practice, gender role differences are a good starting point for a discussion with young people and children about their own sexual and relational gender role. The intention is to pause for reflection about the way in which gender role has an influence on perception and behaviour, and how one can overcome the 'blindness' that often exists with regard to the gender role behaviour of the opposite sex. It is often difficult to imagine oneself as someone of the opposite sex, and the more separate the worlds of men and women become, the greater the chance that girls and boys will grow up in two separate worlds, with their own concepts and mindsets. On the other hand, it is obvious that the more the concepts converge, the easier communication between people of different sexes will become.

# 2.1.3 Sexual orientation

The development of sexual orientation starts in the womb. There is a link between the presence of certain gender hormones during pregnancy, the gender role in childhood years, and subsequent homosexual orientation. The place in the sequence of children being born in the family can also have an influence on the development of a homosexual orientation.

Even before they reach the age of fourteen, homosexual boys feel attracted to other boys. They are growing up in an environment where the heterosexual norm prevails, and they often only 'discover' during puberty or adolescence that they are homosexual. The same applies to lesbians or bisexuals. This development has a number of phases:

- + identity confusion: their own personality and their own feelings do not fit into the dominant pattern of expectations;
- + identity comparison: they consider what it might mean to be homosexual or lesbian;
- + identity tolerance: they start to accept this identity as a component of their self-image, and become aware of the needs and requirements as a homosexual or lesbian;
- + identity acceptance: they feel comfortable with being a homosexual, but consider it as a private matter;

- + identity pride: homosexuals are good and heterosexuals are bad;
- + identity synthesis: integration into the world around them.

There is an alarmingly high number of suicides among young people with a homosexual or lesbian orientation. Testimonials tell us that the feeling of 'not belonging' and 'being different' weighs heavily, and hampers the development of a positive identity.

For the development of that positive identity, sexism and homophobia or discrimination on grounds of gender or orientation are to be avoided. Not only is racism a problem in some schools, but children and young people are sometimes very harsh on homosexuals and lesbians. Sexual harassment against girls (and occasionally boys) occurs more frequently than is often thought. A school policy with a positive school culture, where mutual respect is a central feature, is an essential condition for stimulating the development of children and young people.

# 2.2 Physicality and sexuality

The development of physicality and sexuality already starts as a baby. Babies explore their own body and experience pleasurable feelings. The repetition of this behaviour has an autoerotic function, like thumb sucking or touching of genitals. In toddlers and pre-school children, this behaviour is more effective, and is also less hindered by shame.

Children masturbate from 3 years of age onwards. Their curiosity about others starts playing a role, and this is satisfied by children up to six years of age by playing games like 'doctors and nurses' and 'Daddy and Mummy'. Shame starts developing. From the age of six, children can cherish sexual and erotic fantasies, and start asking themselves questions about sex. The first sexual experiences with others range from kissing and looking, to touching or stroking of the genitals. Being in love also plays an important role.

Adolescents start to take more interest in sex. They start seeking sexual stimuli and experiment with various forms of autoerotic behaviour. Sexual fantasies play an important role. Most take their first steps down lover's lane with French-kissing, fondling outside clothes, touching under clothes, lying naked with each other, and making love.

In Belgium, on average, people have had a first experience of intercourse by the age of 17. This whole process takes an average of three to four years. From the age of sixteen, young people often have various short-term relationships. They continue to experiment with sex. They change partners frequently, but as they get older, the relationships last longer and break-ups are less frequent. At around 25 years of age, they 'choose' a permanent partner.

Satisfaction with sex rises the longer the relationships last: that indicates that the development of sexual intimacy between two partners takes time and familiarity.

Building up intimacy is not simple: one has to get to know one's own sexual desires, accept them, express them to a partner, and be able to accept that sexual desires can change under the influence of that partner. Intimacy cannot be forced, and the right to sex – as formulated by a dissatisfied partner – degrades the other person to an impersonal bearer of stimuli. In reality, men and boys complain more about a lack of sex, while women and girls complain of a lack of intimacy.

# 2.3 Intimacy and relational skills

The development of intimacy and relational skills with others is a final development task for children and young people. Babies are often caressed and cuddled, and this bodily contact is essential for their development. Through bodily contact, feelings of warmth, intimacy, security and familiarity are transmitted. This lays the foundation for a positive self-image. A lack of bodily warmth and social contact leads to various problems: children grow less well, they are more anxious and aggressive.

The quality of relationship between the child and the parents is of great importance. The emotional climate in which the child grows up has a great influence on the subsequent perception of intimacy. Children that grow up in a family with a warm, secure atmosphere in which they have sufficient autonomy to flourish will be better able to establish intimacy in adulthood than children who grow up in an emotionally cold climate where they receive little attention. The latter will later, as adults, be more inclined towards satisfying their lust and are also more likely to engage in high-risk behaviour (see p. 17 Prevention).

During childhood, being in love and friendship are important experiences. But children are also not immune to jealousy, teasing and exclusion, breaking their word, gossip and blackmail. Sometimes 'might is right' prevails. On their own, children have little influence on this. Because children are increasingly growing up in small families where they do not have to take account of other children, school is an important place for the development of a number of essential relational skills such as offering help, not excluding or teasing children, discussing, working according to agreements, allowing each child to have a say, etc.

# 2.4 Attention to sexual development

- + Guiding development is primarily a task for parents and educators. But peers also play an important role: they can share their experience, and these are much easier to recognise than their parents' experiences. Furthermore, children and young people spend a substantial proportion of their time at school, and the social and emotional processes have a great influence on them.
- + School can make an important contribution to the sexual development of children and young people.
- + School can provide various role models for gender identity and gender role development. Children and young people can be taught to examine the influence of stereotypical sexual roles critically, and work can start on a balanced positioning of boys and girls. School is also a place where youngsters 'are young together', and one can ensure that nobody suffers discrimination on grounds of sex, his or her orientation or gender role behaviour.
- + The school can create space for children's and young people's curiosity and urge to explore: therefore it is necessary to reflect and reach agreements about what positive experiences the school can offer in this field, and at what times and in what way a positive education can be organised in this field.
- + The school can also pay attention to the interactions in the class group: they can make time and space to talk to the children, not only when there are problems.
- + The school can provide a contact person to whom children and young people can turn with their questions.
- + The school can promote the expertise of the teaching staff, so that they can treat the sexual development of children and young people in the right way, and react appropriately to situations. Learning to look at the behaviour of children as functional for their development teaches us to be less anxious and punitive.

#### 3 Sexual culture or back to morals

A second major objective of sex education is 'education into a cultured being'. That means that young people need to be imbued with the values and norms of the culture, and abide by them.

'Sexual culture' is a dynamic and pluriform subject and the question is which sexual culture young people wish to adopt and who will decide this.

# 3.1 The sexual morality of the Belgians

It will not come as a surprise: research shows that the sexual morality of the Belgians differs from one generation to another. Young people have different views to those of their parents, and these in turn differ from those of the grandparents. Parents and educators would like young people to adopt their values, but young people prefer to align themselves with their peers. That leads to different reactions among parents: often that is a laissez-faire attitude. They have two arguments for this. On the one hand, there is the awkwardness about interfering in the intimate life of their children, and on the other hand there is a feeling of powerlessness or inability to exert any influence. Young people appreciate this attitude, provided that they have the feeling that they can talk to their parents. They share with their parents the view that sexual morality belongs in the private domain.

Another important research finding is that the sexual morality of individuals evolves over time in some respects. Ten years ago, for example, nearly everyone was less permissive than today, while in the field of 'mutual respect and trust', no time effect is detectable. Anyone who looks at the history of the last thirty years would have to admit that much has changed in terms of sexuality and relationships. That means that the sexual morality of the past is no longer valid today. Similarly, the highway code has to change when mobility changes.

Values differ not only between the generations, but there are also cultural, class, gender and philosophical/religious differences. So it is difficult to advocate a generally applicable values system in the messages that we convey to young people.

On the other hand, sexuality is not a value-free activity. From practice in sex education, we learn that often one-sided messages slip into the values discourse, or that value judgements creep in unintentionally.

Here are a few examples:

- + sex is still treated far too often as a 'problem area'. The importance and the content of a good sex life are rarely or never discussed, as if this is actually not important;
- + the zeal for sex education creates the impression that people go to bed together to indulge in HIV/AIDS prevention or practise being assertive;
- + HIV/AIDS prevention programmes make us believe that sex is only about intercourse;
- + paying more attention to sex as a problem is closer to the perspective of girls, and that creates the impression that boys are dealing with sex in the 'wrong' way;
- + by not dealing with the relational perspective in programmes about safe sex, the impression is given that love has no place in a sexual relationship.

# 3.2 Sexual and reproductive rights

The IPPF Charter on Sexual and Reproductive Rights – based on recognized international human rights law (UN charters, conventions, etc.) which refers to relations between the state and its population and to state obligations to the population – selects twelve rights. Five of them are particularly applicable for young people:

'All young people, regardless of gender, creed, colour, sexual orientation or mental and physical capacities have the following rights as sexual persons':

- + the right to be themselves, and take their own decisions, express themselves, enjoy sex, feel safe, to decide to marry or not to marry and to plan a family;
- + the right to information about sex, contraception, sexually transmitted diseases and the specific rights on those subjects;
- + the right to protect themselves and be protected against unplanned pregnancy, STDs, HIV/AIDS and sexual abuse;
- + the right to health care that is confidential, affordable, of good quality and that is provided with respect;
- + the right to be involved in the planning of youth programmes, to take part in seminars and meetings at all levels, and to exert influence on policy in this field.

Since these rights apply to all young people, they are also responsible for ensuring that they do not infringe the rights of other young people. In sex education, we pass on the following values:

- + Everyone has the right to pursue happiness in his or her own way, and what that happiness entails is to a large extent a matter for the individual. We do not allow young people to be judged, harassed or excluded because of the choices that they make.
- + This right applies to everyone, which means that the limitation of individual freedom lies where the happiness of others is put at risk. You can never force someone into sex and intimacy. Misuse of power is suppressed, and equality is monitored. Taking responsibility also means taking care of others and seeking compromise through dialogue.

# 3.3 Pitfalls of sexual morality

Statements and opinions in relation to sex are often peppered with prejudices, stereotypes and contradictions, and do not stand up to critical examination. For example, prostitution and prostitutes are condemned, but the client is not. Homosexuality is condemned, but heterosexuality is not.

Another point that frequently arises is a confusion between morals and caution, and between ideals and rules.

One of the key aspects that is important in the sexual field is that people should avoid risks. If people choose instead not to do this, it is difficult to judge this behaviour morally. One could describe it as an unwise or reckless decision. Although in other fields, there is a tendency to make individuals more responsible for their choices (e.g. health awareness), it is not really seen as a moral duty to make sensible and prudent choices.

Another area of confusion is that between ideals and rules. One of the ideals in relation to sex is the image of a lasting and fulfilling relationship, in which sexual desire, intimacy, love and commitment play a role. Even if we agree that this ideal has a moral value, we cannot judge people who do not strive for or attain this ideal.

Sex is morally neutral; there is no need for separate sexual morals. What applies to choices, behaviour and practices in the field of sex are the same moral rules and principles that are also applicable in non-sexual

situations. With the additional factor that one must take account of the high level of vulnerability that is connected with the intimacy of sex; in that sense, respect for the partner as a person is very important. This is because it is in intimate relationships that we are most able to treat each other as persons, but we can also fail to do so.

# 3.4 Sexual morality and education

This has a number of consequences for training children and young people about values.

- + A balance must always be sought between the individual requirements and desires and the (social) responsibility. Individual choices are best put in a social context;
- + In searching for a balance, dialogue with others is highly important;
- + Tolerance of the enormous variability of human sexuality is necessary: there is no standard formula for 'good sex and relationships';
- + Abuse of power cannot be tolerated, and one has to be aware of the social imbalance of power between men and women, adults and children, rich and poor, and higher and lower social classes;
- + One must be well aware that the quality of our intimate relationships is of great importance for the quality of life, and that it is necessary to care about those relationships.

Training in values is mainly a task for parents, but sometimes peers take over or complement them in this task. School as a community also has a role to play. It has the task of asking questions about the values and norms that they wish to convey and teach to young people. Concepts such as tolerance, dialogue, individual freedom, responsibility and care should be central features of school education.

When assisting young people, the following guidelines should be taken into account:

- + Take us into your confidence.
- + Give us the information and the help that we need.
- + Accept us as we are, do not moralise or discourage us.
- + Use language and the resources that we understand.
- + Ask and respect our opinion.
- + Allow us to decide for ourselves.
- + Welcome us and make us feel at ease.
- + Do not judge us.
- + Take account of how much time we have and when that time is available.

# 4 Risk prevention

A third important perspective for sex education is risk prevention.

Sex education at school finds its legitimacy mainly in attempting to avoid risks such as unwanted pregnancy, HIV/AIDS and sexually transmitted diseases, and more recently also in the prevention of sexual abuse and unwanted sex. Determinant research into safe sex has highlighted a number of key features.

# 4.1 Responsibility

Recent research shows that the highest risk for girls is becoming the victim of sexual abuse or having an unwanted pregnancy. Next comes the chance of becoming infected with a sexually transmitted disease or HIV/AIDS. With the exception of HIV/AIDS and STDs, boys have less probability of becoming a victim. They are more heavily represented on the 'perpetrator' side: as fathers, as perpetrators of sexual abuse, and carriers of STDs.

Risk prevention means that, on the one hand, young people have to learn to protect themselves, and on the other hand, learn to take responsibility for others. In recent years, one of the main issues in sex education has been to educate men and boys to take on more responsibility in this 'women's domain'.

If a young person feels responsible for the consequences of sexual contact, there is a greater chance that good intentions will be put into practice. Young people who assume that their partner will take care of everything are inclined to adopt a rather passive attitude. An important condition for responsible behaviour is that people should have the necessary information: safe sex requires basic knowledge about the means of protection, the risks and the social scale of the associated problems.

# 4.2 Gender as a line of approach

The difference between men and women in perception of sexuality is an important issue. Sex education was previously mainly a matter for women. From the emancipatory viewpoint, girls were encouraged to take the necessary precautions against unwanted pregnancy: a decision that women could take for themselves. With HIV/AIDS, things are different. Using a condom is hardly something that a woman can do for herself. Even so...

Girls feel extra pressure: they must negotiate in an area where 'he' has control, an action that he must take, at the time when he has an erection.

Boys only come into the picture later, and mainly in a negative way: as those who do not take responsibility, who put girls under pressure, who exhibit macho behaviour. That results in the sexuality of boys being in the dock.

Various studies have shown that the content of sex education passes by the boys' outlook: positive sexual desires on the one hand, but insecurity and pressure to perform on the other. Often the scripts available to boys for safe sex appear too general and do not provide for unforeseen circumstances and dilemmas, which means that good intentions are often not put into practice. Boys often lack self-confidence, experience and assertiveness. Furthermore, it appears that boys are less inclined to go to their parents for information about sexually charged subjects. They are more reliant on the media.

Gender differences do exist in the perception of sexuality and relationships: from all the sex studies available, one can deduce that the views, wishes and limitations are different for men and women in

important respects, and that the matches within each gender are striking. So men score higher in terms of sexual compulsiveness and not being able to control sexual feelings, while women score higher in terms of negative perceptions of sex: not wanting sex, pain during intercourse, engaging in sex against their will, orgasm problems and sexual guilt feelings. Other studies show that men score higher in a ludus lifestyle ('I enjoy playing the game of love with different partners'), and women score higher in an eros lifestyle ('the romantic vision').

These gender differences, if they are not recognised and acknowledged, can result in many misunderstandings and problems.

Researchers refer, for example, to the link between the style of loving that people adopt and the probability of using a condom: recently, it was observed that a relational norm is part of the sexual script of young women. The more they cling to the relational ideal, the less probable it is that a condom was used the last time they had intercourse, and the less positive their attitude is likely to be towards use of condoms. Use of condoms is associated with casual sex, and does not fit with the relational norm.

There are also differences in what women and men think about themselves, in what men think about women, and vice versa. This can lead to confusing situations, because not only can women be pursuing other goals than men with regard to safe sex, but they can also reach a different assessment of the expectations that men have of women than those that men actually have. An example: women find it more acceptable for men than for women to have a condom with them and to introduce it. Men do not make this gender difference. But women do not know that. So they don't buy condoms, because they think that men believe that this would be wrong. Men do not think that at all, and assume that if a woman wants to use a condom, she should say so.

Egalitarian gender role conceptions also appear to be connected with better use of contraception. Girls with a clear view of their future, a high level of aspirations and egalitarian gender role conceptions have a more systematic, rational and effective approach to use of contraceptives. Abortion clients, in comparison with another group of women, appear to take a less active role in the negotiations with their partner about sex and contraception. They leave the initiative and the responsibility to their partner, and have more traditional role attitudes.

There are also gender differences in sexual aggression. Men are significantly more sexually aggressive: during intercourse, they go further than somebody wanted, or ignore their partner's feelings. In sexual violence, the perpetrator is almost always a man.

The attribution of the causes of sexual violence is also gender-specific: men are more inclined to project the guilt onto the victim and they find it easier to minimise the consequences of sexual abuse.

In practice, gender differences are a very useful pretext to start an exchange of views between boys and girls about desires and expectations in sex and relationships. Communication and dialogue lead to a decline in belief in sexual and relational 'myths' and to the blind spots being filled in more effectively. A precondition is that the differences can be seen as alternatives of equal merit, and that people learn from those views.

The recognition of gender differences makes gender-specific education possible – education that is more suited to the questions and needs of both boys and girls. In doing this, it is mainly the boys' perspective that requires more attention.

# 4.3 The relational perspective

But there is more. (Safe) sex occurs within the context of a relationship, and this can be of many types and hues. A heterosexual, homosexual, lesbian or bisexual relationship, a stable or casual relationship, true love or friendship. Sex can have a place anywhere.

The nature of the relationship with the partner and the person's own role in this can have a substantial influence on safe sex. It appears that using a condom is more difficult to discuss between partners in a 'stable relationship' than between strangers. Connotations associated with a condom appear difficult to reconcile with the connotations of a stable relationship, such as fidelity and trust. Stable couples display evasive behaviour when the issue of 'safe sex' is brought up. This may mean that in a stable relationship, sex using a condom is not a realistic objective.

If the relationship is considered by one of the partners as not involving any commitment, it is unlikely that there will be any discussion of contraception. In comparison with women with a stable relationship, women in a casual or short-term relationship are more often the 'interrupted users' of effective contraception.

Age differences with the partner also play a role: teenagers with significantly older partners have a lower probability of using effective contraception, and they also show a lesser degree of 'artificiality' in sexual contact. If the partner is more than seven years older, the probability of involuntary sex doubles in young girls. Of women aged 13 or under, 24% reported that their first intercourse was involuntary.

Both of these are probably connected with the extent to which partners (can) consider the relationship as equal. Decisions that are taken within a relationship are the result of a complex process of influence and power(lessness), where elements such as social position, gender, the person's own values and norms, their repertoire of actions and skills, experience, self-confidence, etc. play an important role.

One can interpret much risk behaviour as a concern and intention by couples to maintain or continue a relationship (at whatever cost). If there is a discrepancy between what is good and healthy for the individual (for example the use of condoms) and what is good for the relationship (for example avoiding potential conflict due to a request to use a condom), couples usually opt to maintain the relationship. They are not motivated to put the relationship on the line. This 'evasion' can often be seen as 'motivated' evasion, a strategy to protect the relationship as such and not to jeopardise the stability. It is mostly men who are good at this evasion mode; women are more inclined to push for change during discussions, and express more negative emotions and accusations, while men avoid talking and retreat from discussion. This leads to the familiar pattern of the nagging wife and the silent husband. Two different strategies to achieve the same thing: to guard a relationship.

Sex education can pay attention to this interactive process between partners by not choosing the individual but the partnership as the unit for prevention. This means that we can focus more on social scenarios and sexual scripts that pre-structure the partnership relationship. The expectations that people have of a partner – in the field of sex but also in the relational field – must form part of sex education.

#### 4.4 Interaction skills

Interaction skills are defined as: the level of skills that an individual possesses to achieve the desired effect in a specific sexual interaction. This may range from pleasure, contraception, HIV/AIDS risks, use of condoms, the desired pattern of a sexual contact, emotional remoteness or closeness, the emotional aspects of interaction, or a series of other aspects or any combination of these. It is the capacity of an individual or a couple to achieve the desired result.

Interaction skills cover aspects like the planning of and discussion about contraception beforehand, the use of a condom, assertive behaviour and knowing where to draw the line, empathy for one's partner, being on the same wavelength, expressing wishes, being able to control oneself, using conflicts, being sensitive to the requirements of a specific situation, etc.

But the way in which people evaluate their experiences and their own or other people's behaviour forms part of their interaction skills. People with a low reflection level may 'freeze' in a particular sexual script, and always repeat the same behaviour, even if it is not successful or rewarding.

Interactive skills are learnt, like all behaviour, via modelling, experimentation and reflection about one's own and other people's experience. Sex education must therefore offer scope for reflection.

The complexity of the interactions in relation to sex and relationships also requires us to give thought to the communication processes. Communication in this context is often tacit. Being able to use and interpret body language is crucial. But verbal communication is often a stumbling block. Only when we have developed an acceptable language to describe, express and understand sexual sensations and feelings do we give them a rationale, and identify and exchange them with someone else.

# 4.5 Lust and control

Lust is one of the aspects that is almost always missing from sex education. 'Sex education takes away any lust', is the title of an article in which the problem was mapped out twenty years ago. Since then, little has changed. Nevertheless, the most important reason why people have sex is for their own gratification and the gratification of their partner. But we also know that sex is not always without its problems. Many women are not interested in sex, they engage in sex against their will, experience pain during sex, or find it difficult to achieve an orgasm. Men have more problems with their sexual compulsiveness and loss of control (premature ejaculation, loss of erection).

Young people themselves signal a need for information about the lust aspects of sex: how do you do it, how do you change it, what do the opposite sex enjoy about sex? 41% of the young people state that they need information about forming relationships and perceptions of sexuality. Boys in particular express that need.

There is support for lust aspects forming part of sex education from the finding that lust has an influence on safe sex. Research into key variables in high-risk sexual behaviour among young people points to a strong link between the feeling of self-effectiveness ('I feel able to use a condom if it is necessary') and the 'mental control' and 'spoiling the mood and sexual arousal' factors. People who think that they cannot control themselves sexually if they are aroused, in love or under the influence of alcohol, or think that the sexual arousal will be disrupted by using a condom, feel less able and less willing to use a condom in the future. And vice versa.

There is also a link between sexual abuse and sexual control and lust. Perpetrators of sexual abuse perceive sex as an 'irresistible urge'. When sexual arousal is combined with aggression, we talk about deviant sexual arousal. Feelings of hostility, the need for control and domination, feelings of social and sexual inadequacy can increase sexual aggression. Often, there are also cognitions that are supposed to justify sexual abuse. This mainly concerns an incorrect assessment of the sexual willingness of the (female) partner and the

excuses that the perpetrator uses to deny, minimise or justify behaviour that goes beyond acceptable norms.

#### Examples of this are:

- + A man has to come regularly otherwise he becomes tense and unruly: this attitude can lead to the man claim some right to sexual services from his partner;
- + Women who are raped deserve it;
- + Women in general want sex, no matter how they get it;
- + If a woman does not put up strong resistance to sexual advances, then she probably wants sex;
- + If a woman gets drunk at a party, it is her own fault if a man takes advantage of it;
- + If a man has already had sex once with a woman, then he should always be able to have sex with her, whenever he wants.

Two different types can be distinguished in the way people deal with the lust aspect of sex. On the one hand, there are the more contact-oriented types, who are mostly seeking an emotional exchange with their partner in sexual contact. They feel emotional contact is important, being able to stay in touch with their own emotions and limits; respect for the other person, a sex-equality attitude, a positive sexual experience. On the other hand, there are the more restless types: they are more focused on sex, and not on the other person as an individual, they objectivise their partner and themselves more, and have more difficulty with the emotional contact, and display evasive behaviour, and have a rather ambivalent perception of sex. In this type, an isolated type of sex, oriented towards individual gratification takes precedence. The feeling of lack of freedom and loss of control in particular are different from the 'contact-oriented' perception. The impression of an addictive or compulsive role for sex is striking.

In looking for explanations, it is striking when one finds links between the life-stories between an emotionally cold and insecure family climate, in which the individuality and integrity of the child were handled carelessly, and the development of 'restless' sexual perception. This makes it more difficult to establish stable and secure relationships. This baggage is not decisive, but does have a great influence on subsequent psychological development.

In sexual aggression, deficient bonding in the perpetrator's family of origin is the key element giving rise to the development of an evasive or anxious/ambivalent way of dealing with others.

The inability to achieve intimacy therefore leads to a rather inhibited, uncontrollable, compulsive and ambivalent lust and increased risk behaviour.

#### 4.6 The immediate context

The concrete context in which the sexual and relational behaviour occurs determines to a large extent whether people become involved in risks, or whether protective mechanisms are employed. There are decision processes involved before every type of behaviour: people decide at a particular time for partners and situations. The knowledge that people have about the risks that are connected with choices can have a powerful influence on safe sexual behaviour. Sex education can provide young people with such scenarios, by exchanges of experience and by allowing young people to anticipate problem situations in a creative way.

# 4.7 Sex as a source of happiness, or the question that people forget to ask

If sexologists stick their oar in, why shouldn't they? The main activity of sexologists is sexual (or relational) problems, but they have cherished the idea that sex can actually be something good for many years. Recently they have carried out research into what constitutes good sex for people, and whether there are any after-effects.

Among the respondents who regularly experienced after-effects (half of them), it is striking that on average, they have sex less often, but for twice as long. Furthermore, they talk about a lot of foreplay and after-enjoyment, no fixed pattern to sex, a large amount of variation, open communication and a lot of laughs. This intense enjoyment goes hand in hand with an intense feeling of intimacy with their partner. Sex can enhance the personality when the contact is a genuine dialogue between bodies and personalities.

# 5 Good lovers, an integrated concept

'Good lovers' as a theme is a provisional synthesis of the direction that we want to take in sex education.

The following horizontal working objectives are crucial, but cannot be viewed separately from each other. One can never look at one aspect of sex education in isolation. That is why schools, parents, experts, peers, youth workers and the media can all make a contribution.

Sexual and relational education must aim for young people and children to develop into adults who can integrate sexuality and relationships positively into their life. In striving for this aim, attention is paid to supporting the development of:

- + a gender identity and role;
- + a positive physicality and sexuality;
- + a sexual orientation tailored to the individual;
- + the ability to achieve intimacy with others.
- + Acquiring sexual and relational morality. In striving for this aim, attention is paid to:
- + the right to seek one's own sexual and relational happiness;
- + the acceptance and taking of personal responsibility for society and other people;
- + the development of tolerance with regard to individual differences;
- + handling dialogue with others.

  Being able to prevent risks such as unwanted pregnancy, HIV/AIDS and sexually transmitted diseases, unwanted sex and sexual abuse. In this case, the key points are:
- + taking responsibility for oneself and others;
- + understanding that gender differences do exist;
- + seeing a sexual relationship as an interactive relationship between partners, who may or may not be equal;
- + acquiring interactive skills;
- + discussing lust aspects;
- + having sexual and relational scripts available that can be used in risk situations.

# 6 Summary

# Sexual and relational education

| DEVELOPMENT   | VALUES AND NORMS   | Prevention   |
|---|--|--|
|   | FOR WHOM   |  |
| Children and young people during their development  | Child and young person as a cultured person in society   | Group with high-risk behaviour. Children and young people at risk.   |
|   | OBJECTIVE  |  |
| Sexual development. Integrating sex and relationships into life in a positive way.  | Development of a sexual and relational morality Achieving happiness ir harmony with others.        | Risk prevention. Being able to take one's responsibility for oneself and others  |
|   | ISSUES   |  |
| <ul><li>+ gender identity and gender role</li><li>+ sexual orientation</li><li>+ physicality and sexuality</li><li>+ intimacy</li></ul> | <ul><li>+ right to happiness</li><li>+ responsibility towards others</li><li>+ tolerance</li></ul> | <ul> <li>+ responsibility</li> <li>+ attention to gender differences</li> <li>+ couple as a unit</li> <li>+ dialogue for prevention</li> <li>+ interactive skills</li> <li>+ sexual and relational skills</li> </ul> |
|   | BY WHOM  |  |
| Parents Peer School Experts   | Parents Peer School Experts  | Parents Peer School Experts  |
| Media   | Media  | Media  |
|   | HOW  |  |

Guidance: supporting, respecting, giving space, informing, being available, referring, dialoguing, reflecting, asking critical questions, listening to others, practising tolerance, training, practising, exchanging, modelling.

Erika Frans for Sex Education Forum, 8/6/2000.

#### **Sources**

#### Sexual development

- + Brewaeys A. (1999), 'Seks en wetenschap, enkele recente ontwikkelingen', Jaarboek Seksualiteit Relaties Geboortenregeling 2000. Gent: CGSO Trefpunt.
- + Buysse A. (1998), 'Relatievormen en jongerencultuur', Kluwer leerlingenboek.
- + Cremer S. (1995), Aan de man brengen. Handboek seksuele voorlichting aan jongens. Utrecht: SWP.
- + De Wit J., Van der Veer G., Slot N.W. (1995), Psychologie van de adolescentie. Baarn: Intro.
- + Fonteijn W. (2000), 'Seksuele intimiteit', Tijdschrift voor Seksuologie. Vol. 14, p 3-9.
- + Geer J.H. (1996), 'Gender differences in the organisation of sexual information', Archives of sexual behavior. Vol. 25, N° 1.
- + Geeraert A. (1987), Veranderende seksuele norm- en gedragspatronen bij adolescenten. Een representatieve survey bij 15- tot 19-jarigen in Vlaanderen. Brussel: CBGS.
- + Ingham R & Van Zessen G. (1998), From cultural contexts to interactional competencies; a European comparative study. Southpamton/Utrecht: Centre for Sexual Health Research, University of Southampton UK, NISSO/Trimbos Institute.
- + Jacobs T. (1999), 'Bijdrage tot de discussie rond relatieculturen en de normalisering van de (ver)breekbaarheid', Verslagboek conferentie seksuele vorming. Gent: CGSO Trefpunt.
- + Klai T. (1999), 'Seks in ontwikkeling?', Verslagboek conferentie seksuele vorming. Gent: CGSO Trefpunt.
- + Klai T., Ponjaert-Kristoffersen I. (1999), 'Kinderen en seksualiteit', Jaarboek Seksualiteit Relaties Geboortenregeling 2000. Gent: CGSO Trefpunt.
- + Kohnstamm R. (1993), Kleine ontwikkelingspsychologie I. Het jonge kind. Bohn Stafleu Van Loghum.
- + Lesthaeghe R., Moors G. (1992), 'De gezinsrelaties: de ontwikkeling en stabilisatie van patronen'. Kerkhofs, Dobbelaere, Voyé, Bawin-Legros, De versnelde ommekeer. De waarden van Vlamingen, Walen en Brusselaars in de jaren negentig. Tielt: Lannoo.
- + Miller K.S., Kotchick A., Dorsey S., Forehand R. & Ham A.Y. (1998), 'Family Communication About Sex: What Are Parents Saying and Are Their Adolescents Listening?', Family Planning Perspectives. Vol. 30, N° 5
- + Rademaekers J. (1996), Seks in je leven, wisselende relaties, vaste partner, kinderen krijgen, tweede kans. Utrecht/Antwerpen: Kosmos-Z&K uitgevers.
- + Rademakers J. (2000), 'Het kind als subject; de seksuele ontwikkeling van kinderen (0-12 jaar)', Tijdschrift voor Seksuologie. Vol. 21, p 17-23.
- + Seksuele Vorming. Raamwerk voor opvoeders, leerkrachten en voorlichters (1994). Gent: CGSO Trefpunt.
- + Sprecher, Barbee & Schwartz (1995), "Was it good for you too?": Gender differences in first sexual intercourse experiences, The Journal of Sex Research. Vol. 32, N° 1
- + van der Doef S. (1994), Kleine mensen, grote gevoelens. Kinderen en hun seksualiteit. Amsterdam: De Brink.
- + Van Lunsen R. (1995), Seks moet je leren. Alles over lichamelijke en psychologische aspecten van seks, Amsterdam: Ooievaarpockethouse.
- + Van Zessen G. (1995), Wisselend contact. Seksuele levensverhalen van mensen met veel partners. Leiden: DSWO Press/ FSW RU Leiden.
- + Vandenbroeck M. (1991), 'En zal ik nog kunnen ademen? Vragen over seksualiteit en relaties bij de kinder- en jongerentelefoons', Jaarboek Seksualiteit Relaties Geboortenregeling 1992. Gent: CGSO Trefpunt.
- + Verhofstadt-Denève L. (1991), Adolescentiepsychologie. Leuven: Garant.

- + Verhofstadt-Denève L., & Schittekatte M. (1997), 'Adolescenten, 15 jaar later: Een onderzoek naar de relatie tussen seksuele normen en gedrag en de psycho-sociale ontwikkeling tijdens de volwassenheid', Tijdschrift voor Seksuologie. Vol. 21, N° 4.
- + Vennix P. (1999), 'Transgenderisme', Tijdschrift voor Seksuologie. Vol. 23, p 211-217.
- + Vincke J. (1999), 'Homo-jongeren: een cultuur apart?', Verslagboek conferentie seksuele vorming. Gent: CGSO Trefpunt.
- + Vinck J., Mak R., Bolton, R. (1991), Mannen met mannen. Welzijn, relaties en seksualiteit. Gent: CGSO.
- + Wijnen D. (1999), 'Tekorten in de seksuele vorming van kinderen', Verslagboek conferentie seksuele vorming. Gent: CGSO Trefpunt.
- + Willems S. (1999), Seksuele en relationele vorming voor jongeren. Een onderzoek naar de informatiebehoefte, de meest geprefereerde informatiebronnen- en kanalen en de aantrekkelijkheid van voorlichtingsbrochures. Gent: Universiteit Gent.

#### Values and norms

- + Carpentier N. (1999), 'De "Goed" in het goede minnaars discours', Verslagboek conferentie seksuele vorming. Gent: CGSO Trefpunt.
- + Dehaene T. (1999), 'Vanuit relatie gezien', Verslagboek conferentie seksuele vorming. Gent: CGSO Trefpunt.
- + Hooghe M. (1999), 'Seksualiteit als exacte wetenschap?', Verslagboek conferentie seksuele vorming. Gent: CGSO Trefpunt.
- + Melis B. (1999), 'Jongeren centraal', Verslagboek conferentie seksuele vorming. Gent: CGSO Trefpunt.
- + Primoratz I. (1999), Ethics and sex, London/ New York: Routledge.
- + Raes K. (1996), 'Seksuele bevrijding en ethiek. Over normvervaging, permissiviteit en engagement', Jaarboek Seksualiteit, Relaties Geboortenregeling 1997. Gent: CGSO Trefpunt.
- + Wolf N. (1997), Verwarrende tijden. De ontluikende seksualiteit van meisjes in het tijdperk van de pil. Amsterdam: Forum

# **Prevention AIDS and STDs**

- + Aggleton P., Sexual behavior and HIV/AIDS. A review of effectiveness of health education and health promotion.
- + Avonts D. (1999), 'Vragen van Jongeren', Verslagboek conferentie seksuele vorming. Gent: CGSO Trefpunt.
- + Baele, De Wit, Victoir & Van den Bergh O. (1994), Preventie van riskant sexueel gedrag bij jongeren van het secundair onderwijs: een analyse van enkele sleutelvariabelen. Verslag van een onderzoeksproject in opdracht van het FKFO. Leuven: KULeuven.
- + Bakker A.B., Buunk A.P., van den Eijnden R.J.J.M., Siero, F.W. (1994), Onveilige heteroseksuele contacten. Theorie, onderzoek en voorlichting. Delft: Eburon.
- + Brugman E., Goedhart H., Vogels T., van Zessen G.J. (1995), Jeugd en seks '95. Resultaten van het nationale scholierenonderzoek. Utrecht: SWP.
- + Buysse A. & Van Oost P. (1994), 'Effectevaluatie van het aidspreventieprogramma van de CGSO', Je zou er aids van krijgen. Gent: CGSO.
- + Buysse A. & Van Oost P. (1996), 'Mannen over vrouwen, vrouwen over mannen. Veilig vrijen in heteroseksuele relaties'. Jaarboek Seksualiteit Relaties Geboortenregeling 1997. Gent: CGSO Trefpunt.
- + Buysse A (1999), 'Over de plaats van aidspreventie binnen de seksuele gezondheidszorg: een pleidooi voor een relationele kijk', Jaarboek Seksualiteit, Relaties Geboortenregeling 2000. Gent: CGSO Trefpunt.

- + Buysse A (1999), 'Vrouwen/ mannen en veilig/vrijen', Verslagboek conferentie seksuele vorming. Gent: CGSO Trefpunt.
- + Deceulaer M. (1994), Aidspreventie bij lager opgeleide jongeren. Een onderzoek naar risicogedrag en determinanten in het deeltijds onderwijs. Gent: Universiteit Gent
- + Deliens L, Merckx H, Decock R. (1999), 'Condoomgebruik: onderzoek naar gedragsdeterminanten bij Brusselse hogeschoolstudenten', Huisarts en research.
- + 'Epidemiologie van soa in België' (1997), Soa & aids-info. Vol. 6, N° 7.
- + Fullerton D, Holland J, Oakley A. (1995), 'Towards Effective Intervention: Evaluating HIV Prevention and Sexual Health Education Interventions'. Aggleton P., Davies P., Hart G (eds.), Aids: safety, sexuality and risk, London.
- + Handboek Soa. Primaire en secundaire preventie van seksueel overdraagbare aandoendingen (1998). Utrecht: Stichting soa-bestrijding.
- + Hutchinson M.K., Cooney T.M. (1998), 'Patterns of Parent-Teen Sexual Risk Communication: Implications for Intervention', Family Relations. Vol. 47, N° 2.
- + Hynie M., Lydon J.E.., Côté S., Wiener S. (1998), 'Relational Sexual Scripts and Women's Condom Use: The importance of Internalised Norms', The Journal of Sex Research. Vol. 35, N° 4.
- + Integratie van HIV/AIDS en SOA-Preventie in Vlaanderen. Rapport van het Onderzoeksproject (1996). Antwerpen: Centrum voor Huisartsengeneeskunde UIA.
- + Knops N. (1996), Modellen van Aids-preventie op het micro-, meso- en macrovlak van de samenleving. Antwerpen: UIA.
- + Mentens L. (1995),Onderzoek naar de mogelijkheden tot gedragsbeïnvloeding via de school met het oog op het voorkomen van HIV-infectie bij jongeren. Antwerpen: UIA.
- + Peters L, Schaalma H, Kok G. (s.d.), Schoolgaande jongeren, aids en condoomgebruik. Resultaten van een onderzoek naar opvattingen en gedragingen van middelbare scholieren met betrekking tot aids en condoomgebruik. Maastricht: Vakgroep GVO.
- + Peters L. (1998), 'HIV/AIDS prevention for youth. The effectiveness of school based interventions for prevention of HIV/STD and unwanted pregnancy', Aids and Youth.
- + Ploem & Beyers (1997), 'The effects of two Aids Risk-reduction Interventions on Heterosexual College Women's Aids related knowledge, Attitudes and Condom Use', Journal of Psychology & Human Sexuality. Vol. 9, N° 1.
- + Rademakers J., Luyckx J.B., Van Zessen G., Zijlmans W., Straver C., Van der RIJT G. (1992), Aids preventie in heteroseksuele contacten. Amsterdam: Swets and Zeitlinger.
- + Taris & Semin (1995), 'Weten en doen is twee: aids en seksueel gedrag van adolescenten', Gedrag en Gezondheid. Vol. 23, N° 6.
- + The relevance of gender specific Aids-prevention for youth. Utrecht, October 10-14, 1995.
- + Van Bilsen P.M.A. & Visser A.P. (1993), Effecten van seksuele voorlichting aan jongeren. Een literatuurstudie. Brussel: IHF.
- + Van der Eijnden R.J.J.M. (1998), The impact of prevalence information regarding safe sex. Groningen: RU Groningen.
- + Van Hove E., Carpentier N., Knops N. (1995), Jongeren, seks en aids herbekeken. Leuven/Apeldoorn: Garant.
- + Van Zessen G.J. & Sandfort T.(red.) (1991), Seksualiteit in Nederland. Seksueel gedrag, risico en preventie van Aids. Amsterdam/Lisse: Swets & Zeitlinger.
- + Vennix P., Curfs P, Ketting E. (1993), Condoomschroom: Jongens over Seksualiteit, anticonceptie en SOA-preventie. Delft: Eburon.
- + Vogels T., Van der Vliet R. (1990), Jeugd en seks. Gedrag en gezondheidsrisico's bij scholieren. SDU.
- Witaker D.J., Miller K.S., May D.C., Levin M.L. (1999), 'Teenage Partners Communication About Sexual Risk and Condom Use: The Importance Of Parent Teenager Discussions', Family Planning Perspectives. Vol. 31, N° 3.

- + Wright T.M. (1998), 'Beyond Risk Factors: Trends in European Safer Sex Research', New International Directions in HIV Prevention for Gay and Bisexual Men. The Haworth Press.
- + Wulfert & Wan (1995), 'Safer Sex Intentions and Condom Use Viewed from a Health Belief, Reasoned Action, and Social Cognitive Perspective', The Journal of Sex Research. Vol. 32, N° 4.

#### Sexual abuse

- + Abma, Driscoll & Moore (1998), 'Young women's degree of control over first intercourse. An exploratory analysis'. Family Planning Perspectives. Vol. 30, N° 1.
- + Bruynooghe R., Noelanders S., Opdebeeck S. (1998), Geweld ondervonden, gebruiken en voorkomen. Diepenbeek: Limburgs Universitair Centrum.
- + Fax sheet: Abortus in België (1999). Gent: CGSO Trefpunt.
- + Cowan & Campbell (1995), 'Rape causal attitudes among adolescents', The Journal of Sex Research. Vol. 32, N° 2.
- + Danis, Aubut, Poirier, Robert; 'L'entraînement aux habités sociales'. Les Traitements behavioro-cognitifs.
- + Frenken J. (1995), 'De verkrachter bestaat niet. De stand van zaken in de literatuur', MGV.
- + Martein R. (1999), 'Preventie van seksueel misbruik: de dader.', Verslagboek conferentie seksuele vorming. Gent: CGSO Trefpunt.
- + Martein R. (1997), 'Vrouwen als dader, de ontkenning van seksueel misbruik door vrouwen', Jaarboek Seksualiteit, relaties geboortenregeling 1998. Gent: CGSO Trefpunt.
- + Mitchell K., Wellings K. (1998), 'First sexual intercourse: anticipation and communication. Interviews with young people in England', Journal of Adolescence. Vol. 21.
- + Rapport fysiek en seksueel geweld op vrouwen. Toestand in België 1991, Rapport in opdracht van Mevrouw M. Smet, Staatssecretaris voor maatschappelijke emancipatie en leefmilieu.

# **Unwanted pregnancy**

- + Forste R., Morgan J. (1998), 'How relationships of U.S. Men Affect Contraceptive Use and Efforts to prevent Sexually Transmitted Diseases', Family Planning Perspectives. Vol. 30, N° 2.
- + Glei D.A. (1999), 'Measuring Contraceptive use Patterns Among Teenage and Adult Women', Family Planning Perspectives. Vol. 31, N° 2.
- + Nationale commissie voor de evaluatie van de wet van 3 april 1990 betreffende de zwangerschapsafbreking (1998), Verslag ten behoeve van het parlement 1 januari 1996-31 december 1997. Brussel.
- + Rademakers J. (1995), 'Anticonceptie en interactie: over de preventie van ongewenste zwangerschap', Tijdschrift voor Seksuologie.
- + Rademakers J. (1992), 'Determinanten van anticonceptiegebruik door tieners', Tijdschrift voor Seksuologie.
- + Nationale Commissie voor de evaluatie van de wet van 3 april 1990 betreffende de zwangerschapsafbreking (1996), Tweede evaluatieverslag ten behoeve van het parlement: 1 januari 1994-31 december 1995. Brussel.
- + Van Luijn & Straver (1994), Psychosociale hulp bij ongewenste zwangerschap. Leiden: DSWP Press/ FSW RU Leiden.
- + Visser A.P., Geeraert A., Lehert P. (1991), Seksualiteit en relatievorming. Anticonceptie in België. Leuven, Acco.

#### Sexuality and relationships

- + Luyens M. & Smits P. (1996), Seksuele problemen bij het vrijen. Leuven/Apeldoorn: Garant.
- + Luyens M. (1997), Liever Vrijen. Gids voor een betere seksuele relatie. Tielt: Lannoo.
- + Zeegers W. (1994), De zonnige zijde van seks. De nawerking van positief beleefde seksualiteit. Leiden: DSWO Press.
- + Zeegers W. (1996), 'Waar seks goed voor is', Jaarboek Seksualiteit, Relaties Geboortenregeling 1997. Gent: CGSO Trefpunt.
- + Frans E. (1999), Het concept goede minnaars. Onderzoek naar de integratie van de preventieboodschappen in de seksuele vorming van jongeren. Gent: Universiteit Gent.
- + Purnine D.M., Carey M.P., Dyadic Co-orientation: Re-examination of a Method for studying Interpersonal Communication.
- + Straver C.J. (1997), 'Preventiewerk: de bijdrage van de wetenschap', De toekomst van de sekuologie. Maatschappelijke ontwikkeling, preventie, hulpverlening en multidisciplinair onderzoek. Utrecht: NISSO.
- + Van Parijs J. (1993), Blauwdruk voor een effectieve voorlichting. De resultaten van het bestaande effectenonderzoek geïnterpreteerd vanuit een gedragsveranderingsmodel. Mechelen: FCLG.
- + Vanwesenbeeck I;, Bekker M., van Lenning A. (1999), 'Vrouwen en mannen in heteroseksuele interactie; een onderzoek onder Nederlandse studenten', Tijdschrift voor Seksuologie.