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# What Works in Sexual Health Promotion?

## An Analysis of Sex Education in Germany and the United States

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### ABSTRACT

*Sexual health education and promotion require a holistic approach incorporating media, familial, and governmental efforts. Promotion has proven to be a conscious effort that aims to improve health behavior and educate the public to promote informed decision-making. The two countries that offer the best comparison are the United States and Germany. Germany's media mirror the liberal views of the population whereas the U.S. has a "cultivated effect," emphasizing an unrealistic view of sex. Print materials and television efforts both have been utilized in the two countries to supplement health education to the masses. Germany has designated \$5 million to sex education over the airways and has allocated a three-month timeframe to redistribute updated sexual health promotional material. The United States' media approach is less consistent with its educational resources, with a large percentage of Internet-based information, which is often inaccurate. Another differing aspect is the array of policies that provide the foundation for sexual health promotion. Whereas German national policy lends support to prevention and developmental phases, the United States divides its financial support among several programs. Their commonality lies in that both countries developing national standards for topics covered. In recognizing the limitations of time and money, we developed recommendations that enforce a highly regulated implementation system that increases the quality of health education promotion.*

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### Introduction

Sex education is a pivotal preventive measure in the aims of public health and has become a worldwide concern since the emergence of HIV/AIDS in the 1980s. Today over 100 countries have adopted some form of health promotion through sex education to maintain a healthy society (Rosen et al, 2004). Although the concern of sex education is consistent across borders, the specific approach is certainly not synonymous. Thus, this paper will compare and contrast the approach of sex education between Germany and the United States (U.S.) focusing on the educational indicators of mass media, school education, and policy, concluding that Germany's approach to health promotion is more comprehensive, consistent, and effective than that of the U.S.

Before an extensive evaluation can be made analyzing the sex education efforts and outcomes of Germany and the United States, necessary background

information defining the language used in this type of education must be established. Sex education efforts are based upon a country's success in teaching a holistic view of sex, such as the stages of sexual development, and forming positive, open beliefs and attitudes toward sexuality. The teaching of gender roles and healthy relationships are also areas critical to the aims of sex education (Rosen et al, 2004). The outcome of sex education is commonly measured on rates of age of first intercourse, condom and contraceptive use, teen pregnancy rate, and sexually transmitted infections (STIs) rate (Berne & Huberman, 1999).

In Germany, a holistic approach to sex education is adopted, reflecting the philosophy that sex education should focus on positive development of sexuality rather than solely on prevention of such things as unwanted pregnancies or STIs (BZgA, 2010). Germany's public health belief affirms that with a

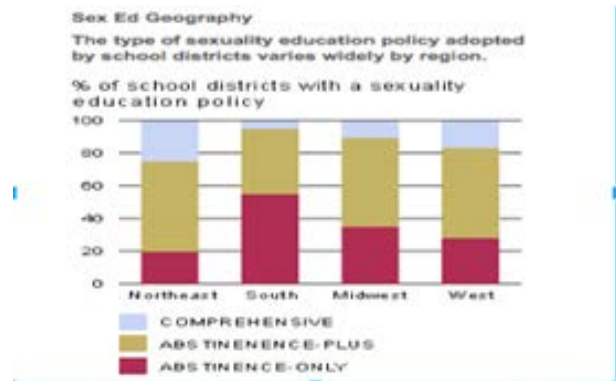
focus on sexual development, prevention will naturally follow. This philosophy seems to pay dividends as Germany has statistically better outcomes than the U.S. regarding sex education. Aside from media, school education, and policy, societal norms are also an important indicator of sex education aims. In terms of norms, the U.S. assigns a more reserved position to sex education. The "language" of sexuality in the U.S. is not used in a manner that would be considered open and comfortable for its audience. At least as practiced, the U.S. ideal of sex education is one that focuses primarily on teaching abstinence rather than that of a holistic approach to sex education, and consequently has had little positive impact on sex outcomes (Rosen et al, 2004). In contrast, Germany is a society which embraces the language of sexuality, remains open to sex education, and has seen more positive sex education outcomes (Berne & Huberman, 1999). In the remainder of this paper, we take a closer look at the differential aims of sex education through media, school, and policy in Germany and the U.S.

### Education and Policy

National health policy has provided the foundation for health education in both the U.S. and Germany. To understand the coverage and scope of present and future education efforts, it is important to comprehend the bearer of the responsibility. After recent reform, Germany has shifted in a direction of institutionalization of prevention and health promotion (Altenstetter, 2003). BZgA, the Federal Centre for Health Education, developed a standard to combat the ambiguities of the sex education policy change. The standards are used to develop curricula, identify "next steps" in the education approach, and give insight to health outcomes (BZgA, 2010). Sex education was first introduced in the public school system as a societal mandate to view the child as an independent being. This history contributed to the holistic approach regarding education where the idea of an age-appropriate focus developed.

The German sexual health matrix is structured according to different age groups with the idea that education should be lifelong (BZgA, 2010). This matrix contains eight areas adopted to meet the needs of individuals aged 0-15 years. These eight topic areas include: human body and development, fertility, sexuality, emotions, relationships, health and well-being, rights, and cultural determinants. As the individual matures, their skills and attitudes are re-assessed by the matrix, and their ability to comprehend sexual health education and promotion topics are then specifically addressed.

"Rights, Responsibility, and Respect" are the philosophical values that form the foundation of adolescent sexual health promotion (Berne & Huberman, 1999). With the idea that sex education is fundamental and necessary to make smart decisions, the national health insurance program covers oral contraception pills, all UID, barrier methods, and sterilization because the government sees it as its responsibility to provide citizens with their right to accurate information. Instead of focusing on preventing young people from having sex, the government has focused more resources on educating and empowering youth to be responsible (Berne & Huberman, 1999). In regards to health outcomes, Germany has a lower birth rate (eight-fold less), 25% lower gonorrhea rate, and delay in engaging in sex almost two years after the average American teenager (Berne & Huberman, 1999). The country has created a successful top-down national network - from the policy that supports a liberal agenda down to providing support for campaigns and local communities to influence behavior on an individual level. The U.S. and Germany are similar in that both include age-specific topics with an introductory developmental approach that slowly incorporates topics by age (Boonstra, 2012).



**Figure 1:** Source: Landy DJ, Kaeser L and Richards CL, Abstinence promotion and the provision of information about contraception in public school district sexuality education policies, *Family Planning Perspectives*, 1999, 31(6):280-286

Sexual education is much more liberal and accessible in Germany than in the United States. In the U.S., sex education is less federally regulated and a standard is not nationally set. The widely varied education (Figure 1) that starts around 7th grade, ranges from general mandates to specific guidelines in regards to topic areas to be taught (Kaiser Family Foundation, 2002). In contrast from the German focus,

the U.S. government's support of abstinence only education during the last decade has led to disparities in sexual health. Among developed western countries, the U.S. has the highest rates of teenage pregnancy, births, and abortions (Brugman & Caron, 2010).

In a University of Maine study about women's experience with sex education before and after college, it was *found* that the U.S. system lacked a sense of structure. This approach later led to decreased level of comfort in discussing the topic of sex. The decreased comfort was attributed to lack of parental involvement in sex education, "just say no" approaches in schools, and uninformed friends relaying information (Brugman & Caron, 2010). Instead of having continuous lifelong sex education, the U.S. framework is more short-term. Ninety-four percent of college women described their formal sex education as being biologically based, 35% received an abstinence only education, and only 46% reported having one to two classes devoted to sex (Brugman & Caron, 2010).

In a departure from abstinence only education, the U.S. government has issued a grant reform that offers \$375 million support to a more comprehensive sex education focused on delaying sexual activities. Yet, the policies denying preventive services undermine the efforts. The federal government allocates \$50 million a year towards abstinence-only education with only 14% of Americans following an abstinence lifestyle (Ciardullo & Dusenbery, 2008). With a society that has a long-standing view on conservative sex education, a comprehensive approach, although proven to have many benefits, meets opposition. With 28% of the general public believing that teens should not be able to access birth control without a parent's approval, 27% viewing oral sex as an inappropriate health topic, and 25% believing homosexuality is inappropriate in sex education, the U.S. has far to go in terms of a federally regulated sex education system (Sex Education in America, 2004).

## Media

The incorporation of mass media has become an important and expanding aspect of awareness where sex education is concerned. Both Germany and the U.S. use similar facets of media as part of sex education which include television, radio, and print materials; but, the question remains, why are media so important and whose are more effective? Media are an important aspect of sex education because they help viewers to form their perspectives and reality regarding

sexuality. In Germany, it is almost unnecessary for one to have to do extensive research to infer that Germany's approach to sex education is more liberal than that of the U.S. It only takes a quick walk down a German street to see, what Americans would consider controversial billboards and messages promoting safer sex practices. Although controversial in the U.S., this framework of media in Germany directly follows its cultural norm of openness. This appeal to openness is accomplished by integrating everyday life scenarios into both print and electronic media, portraying persons in the home, traveling, shopping, or as simple as taking leisurely walks through the park. Together these images help to affirm an interpersonal and more accepted approach to sex education and sexuality (Berne & Huberman, 1999).

Television, as a medium, is especially critical in the formation of a "sexual reality." Table 1 indicates the approximate amount of television that is viewed daily by Americans. Because so many persons watch television it has been incorporated as a medium for sex education (Berne & Huberman, 1999). That fact notwithstanding, the U.S. does *not* portray a realistic view of sexuality through television, and consequently, portrays false impressions for the viewer. Instead of broadcasting positive and healthy sexual relationships, American television tends to create a generalized view of sex and sexuality. This generalization suggests through imagery that sexual activity at any age is the norm, but that *only* heterosexual relationships are acceptable; moreover, sexual risks associated with sexual intercourse are largely unaddressed. Such an impact is referred to as the "cultivation effect" and is an ideal that differs greatly from Germany's "open" sex education policy, causing the U.S. to fall behind in efforts to teach viewers healthy sex practices (Strasburger, 2005). Germany also has instituted in its sex education curriculum a portion where children from the ages of 9 through 12 learn about sex in the media. These children are taught the importance of recognizing the differences that media present with respect to sexual activity and behavior. In this effort, the children are made aware that not all sex messages in the media are healthy for viewing; in addition, they are taught the distinction between positive and negative messages. This approach or portrayal on television and in other media facilitates sex education in a way that is important for a child to maintain a positive and healthy understanding of sex (BZgA, 2010).

**Table 1. Time Spent Watching Television in the U.S. by Age and Gender**

<b>Age and Gender Groups</b>	<b>Time spent Watching TV Hours &amp; minutes per week</b>
2-11 years	23.01
12-17 years	21.50
Men, 18 years & up	30.41
Women, 18 years & up	34.37

In the U.S., although television is used as an outlet for sex education, it is minimal. There are few commercials and advertising that focus on safer sex, with the occasional exception of national health initiatives such as World AIDS Day, but this advertising is inconsistent (Strasburger, 2005). In contrast to the U.S., Germany maintains a liberal concept of sex education through media; television is no different. Television stations in Germany have dedicated over \$5 million of free air time for sex education purposes whereas major television companies in the U.S. deny air time for comparable purposes (Berne & Huberman, 1999). Germany's sex-related advertising aims also have expanded in the form of previews for cinema films. One advertisement in particular portrays a male homosexual couple in what could be considered a "steamy" sexual encounter. Before this encounter takes place one partner grabs a condom reminding viewers that no matter the type of sexual encounter it is always important to use protection (Weber, 2013). This is a stark example of an open, non-stereotypical sex education advertisement, a kind that rarely is seen in the U.S. (if at all). Although the U.S. has made an effort to use television as a means of sex education the approach has not been consistent or as impactful and Germany's.

Not only is television an important aspect of sex education in media, but so are print materials. In Germany, print materials are specific to viewers, and updated and distributed at regular and frequent intervals throughout the country (Berne & Huberman, 1999). This routine update keeps viewers from creating a static perception of safer sex and sex education, which is integral to health promotion. In addition, German print materials are located in an abundance of

locations such as beaches, concerts, display boards, work establishments, leisure environments, including pubs and restaurants, and educational facilities together encompassing over 70,000 distribution sites (Berne & Huberman, 1999). This type of mass media initiative has no U.S. precedent. Most print materials in the U.S. are concentrated in certain venues, notably in healthcare establishments. Although these locations are indeed important outlets of sex education, they are limiting; thus, more diverse locations are required to reach more people and persons in more diverse walks of life.

In former times, television and print materials have been the heart of sex education; now, however, the Internet has become the driving force in sex education. Because of the Internet's ease of use, accessibility, and instantaneousness, today over 60 million persons have used it for health related purposes, and it has become a tool for sex education (Smith et al, 2000). Despite the growing use of the Internet as a health tool, its effectiveness differs in the U.S. and Germany.

*A Review of Sexual Health Web Sites for Adolescents* evaluates the effectiveness of the Internet for sex education purposes in the U.S. This review analyzed 20 health-related websites using major search engines for credibility, user-friendliness, and educational value. The authors found indications of educational deficiencies in all U.S. websites that they coded. Many of the websites received high scores in interactive measures, but did not receive substantial scores in educational content (Whiteley et al, 2003). In addition to this study, Internet searches and exposure to pornography are interrelated, and constitute a major U.S. issue. As curious children or adults search the Web for sex-related health information, they risk

obtaining an unintended result, and thus, may become confronted by a pornographic site. This type of occurrence is common in the U.S., with pornography painting a distorted and unrealistic picture of sex (Smith et al, 2000). In the U.S., the Internet is, at best, a mediocre source of sex education despite its alleged popularity.

Germany's Internet approach to sex education is more inclusive than that which characterizes that of the U.S. The Internet, as well as mobile devices, has been integrated strategically into Germany's sex education curriculum. Children 9 to 12 years are taught how to "acquire media competence" by understanding the risks and benefits of using the Internet appropriately, and also how to address the possible exposure of pornography (BZgA, 2010). This teaching pertinent to sex education is important for a child to develop a healthy perspective of sex; unfortunately, this type of education is not typical in the U.S. Internet users in the U.S. often are forced to self-educate themselves on how to "surf" the World Wide Web, which may or may not produce worthwhile results.

As a whole, the efforts of the mass media in the U.S. compared to Germany are educationally inferior. The inconsistency of safer sex advertisements and unrealistic portrayals of sex in the media have become a hindrance in the aims to lower the incidence of STIs and teen pregnancies. Germany's media approach to sex education, while not flawless, *is* effective. As a result of Germany's sex education efforts, condom use has risen dramatically over the years, teen pregnancy rates are lower than those in the U.S., and STI rates remain low whereas U.S. rates are up to five times higher in these categories (Berne & Huberman, 1999).

### **Limitations**

Mass media are great tools for sex education, but do present limitations in both countries. In Germany, the main concerns are with the continuation of low STI and HIV rates. Because these rates are low there is the possibility that Germany will begin to decrease the amount of money and effort they put into sex education, leading to possible counterproductive effects (Berne & Huberman, 1999). In the U.S., the main limitations are ones of time and location. Sex education, in Germany begins shortly after birth (BZgA, 2010) whereas the onset of sex education or "health" class does not generally begin in the U.S. until around the 7th grade, and is not substantially reinforced, providing a major limitation (Kaiser Family Foundation, 2002). U.S. sex education measures are also limited to select locations. As mentioned previously, safer sex advertisements are scarce in

locations outside of public health or healthcare settings. Lack of visibility limits their reach. Both countries share common limitations such as Internet access and non-targeted individuals. Access to the computer may limit the effectiveness of Internet-based education and online tools. As entities, most mass media, whether they are in the form of Internet, television, or print, are also not fashioned to target persons with disabilities. This is an aspect of sex education that both countries should address.

### **The Future: A Call to Action**

To strengthen the media-delivered sex education in the U.S., a new framework must be established. This framework should strive for a more open approach to sex education, resembling Germany's more, and including consistent and regularly updated sources. In addition, sex education should be offered in diverse venues and become a priority of healthcare providers. Although Germany has a solid foundation in sex education, in terms of media, both countries have not taken full advantage of available social media. In the future, Germany and the U.S. should improve their efforts of sex education by incorporating social networking. Currently, neither country has used the feature to its full potential, but if incorporated into the sex education framework, a broader demographic can be reached.

To make sure that future changes are sustainable, they must be supported financially and politically. Legislation needs to set direct mandates on the state and federal level to maintain consistency in regards to sex education and promotion. To pending bill HB 1081 in the U.S., which grants comprehensive human sexuality education to pending bill SB 451, which promotes "responsible family life and sexuality education," the wide range of legislature in the U.S. has failed to provide a comprehensive system that supports communal health. According to the National Association of County and City Health Officials (NACCHO), current policy supports the funding mechanisms that enable local health departments and school organizations in handling sexual health education programs. With current STI rates steadily increasing and a lack in accurate information dispersal, it is important to address these needs and the country's current failing framework.

One suggestion is to develop a Sex Education Guide, with up-to date policy changes that are enforced in current school curricula. The Department for Education and Science and the Department of Health in Liverpool, England already have started making efforts in this direction towards supporting sex



education with federal regulation on a national level. This could create a much more efficient sex education future if adopted by the U.S. A comprehensive curriculum along with family support would provide a solid framework in promoting sexual health (Ubido et al, 2009).

In regards to funding structure of health promotion in the U.S., a change that provides incentives is necessary. Currently in place, as part of Title V of the Social Security Act, states must match every \$4 of federal funds with \$3 of state funds. Matched with the Abstinence Education Grant Program, abstinence only education has received \$38.9 million in federal funds and 43% of state support towards the programs ("Title V Fact Sheet, 2012) The separate but equal funding mentality towards sexual health has continued to perpetuate methods demonstrated as ineffective. By implementing more federal funds with federal mandates, the health gap between states will decrease and health promotion will become more homogenous. This should be complemented with an incentive program that rewards states that have successfully followed through with The Sex Education Guide, as pre-determined by a set of criteria in federal promotion. This reward system could ensure that accurate information is available, funds are being properly allocated, and the national government is prioritizing health education at all levels.

The strength of Germany's sexual health initiative lies in its sustainability. Its sexual health education is a direct result of its public policies supporting the sexual expressions and health coverage. With governmental and federal support of advertising, it has been responsible in setting the standard on national education and promotion; but, its legislation does not extend to the actual implementation and presentations to the public. This has led to sex education differing in from state to state (Wellings & Parker, 2006). As a progressive nation with a freely expressive viewpoint, there should be greater implementation of national standards. Greater standardization will lead to increased quality of sexual education in schools, increased regulation, and will lead to promotion efforts that are more transparent.

## Conclusion

So what works in health promotion? Germany's sex education framework is much more comprehensive and effective than what is found in the U.S. in providing easily accessible and accurate information. Germany's framework includes an open, holistic, and consistent approach to sex education that is integral to its success. Also contributing to its success are

governmental efforts to match policy with a sex education curriculum and promotional efforts that reflect the popular view to explore human sexuality.

The U.S., although shifting to a more comprehensive approach, lags behind in positive outcomes with its current approach to sex education, and is leading statistically with higher rates of STIs, teen pregnancy, and earlier onset of sexual intercourse (Berne & Huberman, 1999). These outcomes may be due to the failure to provide accurate information, the lack of federal regulation, and the media propagating idealistic or distorted images of sex.

We have recommended a changed in the health promotion framework to increase the quality of sexual health education. Such a framework will provide better incentives to continue programs that have shown promise and will support them with federal funding, thereby lessening the burden of individual states. We also recommend both countries take efforts to move toward greater regulation that makes comprehensive health education less varied and more sustainable.

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