Evaluation of the use of drama in sex and relationship education

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A programme of sex and relationship education was delivered in a comprehensive school in North Yorkshire by a theatre company. The programme was supported by a series of preparatory and follow-up workshops and was evaluated by a questionnaire before and after the intervention to measure changes in pupils’ knowledge and attitudes. The evaluation found that the theatre production made a useful contribution to sex and relationship education. It also suggested improvements in the way the programme could be delivered.

The UK has the highest rate of teenage pregnancies in western Europe. Every area of the UK is affected, although rates are higher among the most vulnerable groups. Of those teenagers who do not use contraception, a 90 per cent chance of conceiving and those who do not use condoms are exposed to a range of sexually transmitted infections.

Of those teenagers who become pregnant, almost 50 per cent opt for a termination, which equates to just over 15,000 girls under the age of 18 each year. Teenage parents are more likely to live in poverty than their peers and are less likely to be in education or employment. According to The Teenage Pregnancy Report, babies born to teenage mothers are more likely to have a low birth weight, suffer childhood accidents and be admitted to hospital (Social Inclusion Unit, 1999).

**Teenage pregnancy campaign**

Based on this, the teenage pregnancy campaign aims to reduce the rate of teenage pregnancies and to increase the participation of teenage parents in education, training and employment.

Preventive work involves developing sex and relationship education in schools. It also includes improving access to advice and contraception for young people.

Sex and relationship education delivered throughout schooling as a long-term plan that provides clear, unambiguous information is effective in changing knowledge and attitudes (Swann et al, 2003). One approach to sex and relationship education is the use of drama to deliver messages and stimulate discussion. However, research into the use of theatre in education is limited. It was, therefore, decided to evaluate one such theatre programme in order to measure its effectiveness in changing knowledge and attitudes among young people.

**Method**

A three-part theatre programme was delivered to 280 Year Nine students (aged between 13 and 14) at Allertonshire School, Northallerton, North Yorkshire as part of their personal, social and health education.

**Three-part theatre programme**

- A series of workshops developed by the school’s personal social and health education coordinator were held in the weeks running up to the production. These workshops were delivered in tutor groups by form tutors or the school nurse.
- A 30-minute drama production was performed by the professional drama group, Loud Mouth Theatre Company. The production, entitled Trust Me, followed the changing relationship of two young people from first meeting through to developing a sexual relationship. The play used humour to take away much of the embarrassment and confronted the issues in an honest and accessible way. The themes were explored from both a male and female perspective and, during the production, the characters talked to the audience about how they felt. Ten sessions were held, one for each tutor group. This was followed by an hour-long group discussion led by the actors that focused on why the characters did not use contraception and how the subject could have been addressed. The workshop also allowed the students to question the characters on whether they were ready for a sexual relationship.
- A follow-up workshop for the students was held eight weeks later and was delivered by health professionals, including school nurses, and by the genitourinary medicine sexual health advisers, who are family-planning health visitors.

**Results**

All of the students were required to complete a questionnaire both before and after the theatre production. The questionnaires consisted of 25 statements that were designed to assess attitudes and 25 statements designed to assess knowledge. For each question the students were asked to tick whether they agreed or disagreed with a particular statement. The results were analysed statistically by York University’s department of health sciences.
Teenage responses

The questionnaires completed before the sex and relationship education showed that a high proportion of young people already discounted some of the popular myths about sex and pregnancy. Results revealed that 80 per cent of the students believed all the common myths to be false (Box 1).

Questions in relation to HIV infection also received a high proportion of correct responses. More than 80 per cent of students knew that if a pregnant woman had HIV she could pass it on to her baby and that if a best friend had HIV you could not catch it by hugging him or her.

However, in other areas, responses before the theatre programme showed a lack of knowledge (Box 2). In some cases evaluation found significant changes in both knowledge and attitudes after the programme.

There were five knowledge statements in which there was a significant difference (p=0.01) between the pre and post-programme questionnaires (Box 3), and there was a change in attitude in some areas following the programme (Box 4).

There were some interesting differences between the answers of boys and girls. For example, while 54 per cent of boys agreed that if young people have sex and relationship education it might encourage them to have sex, 80 per cent of girls disagreed with this statement. Similarly, 40 per cent of boys felt that young people should be told that homosexuality was wrong, while 81 per cent of girls disagreed with this. Although 36 per cent of boys thought that boyfriends or girlfriends were more important than friends, only eight per cent of girls believed this to be true.

Staff responses

All the teachers reported that they enjoyed the performance and the workshop and all felt that it was appropriate for the students’ age group and that they would use it again. Positive comments from the teachers included:

● ‘Relevant material appropriate to age group’;
● ‘Students were almost totally engrossed from the first minute’;
● ‘Students were very involved in discussions, very appropriate responses in groups’;
● ‘It was useful being able to sit back and listen to the students’ responses to identify areas that the students are clear about or may need further details about’;
● ‘Relevant information, right tone and style, super acting especially powerful in monologue’.

Discussion

The use of theatre in education was effective in increasing the students’ knowledge and in changing their attitudes to sex and relationships. This mode of education was acceptable to teachers.

The additional work in the lessons before and after the production is vitally important in ensuring students benefit from the programme. It was unfortunate that the teachers attending the drama session were not necessarily the form tutors who had been involved in the preparatory work. Staff agreed that, in future, it would be preferable for form tutors who had run the preparatory workshops to be present in the drama workshops to enhance appropriate follow-up work, identify areas the students were unclear about and to carry out further work if necessary.

It is important that the venue for the workshops is carefully chosen to help promote the optimum atmosphere. Initially the school hall was used, but a less formal drama studio would be more appropriate.

If sexually active young people are to avoid pregnancy they need to know what forms of contraception are available and effective. When sex and relationship education is not linked to the provision of contraception, it is important that young people are made aware that they can get contraception from a variety of places, including the local family planning clinics, young people’s drop-in centres, pharmacies providing emergency contraception and GP surgeries.

The theatre programme resulted in more young people knowing that doctors can provide contraception to young people and that this service is confidential.

Within the project pupils had the opportunity to talk to members of the drama group delivering the workshops and this resulted in a lively debate. Later the form tutors who ran workshops were able to follow up specific points of interest or concern. This confirms that it is valuable to have a range of professionals involved in delivering sex and relationship education so

FURTHER INFORMATION

Loud Mouth Theatre Company
www.loudmouth.co.uk

Guidance and lesson plans for teachers and school nurses, the personal, social and health education website www.teachernet.gov.uk/pshe/

RU thinking website www.ruthinking.co.uk

Sexwise helpline
Telephone: 0800 28 29 30
that students are offered a wide choice of people with whom they can discuss different issues of concern.

After the programme more boys said that it was embarrassing trying to buy condoms. Perhaps the drama had made them think more carefully about feelings. This area needs further exploration to avoid putting barriers in the way of young people trying to access contraception. The evaluation revealed that after the programme fewer students felt that a baby brought a couple closer together. This suggests the young people had been encouraged to think about the practical consequences of teenage pregnancy.

Although a high proportion of children felt that sex was not openly talked about between parents and their children, over 70 per cent would have liked to talk to their parents. School nurses and health visitors are planning to encourage parents to talk openly with their children from an early age. This need has also been highlighted in the latest report of the Advisory Group on Teenage Pregnancy (Teenage Pregnancy Unit, 2003).

While only nine per cent of boys and five per cent of girls felt that sex before marriage was wrong, 90 per cent of boys and 89 per cent of girls felt that you should always be faithful to your boyfriend or girlfriend. The issue of how long relationships last was not addressed.

Limitations
This study was an analysis of the use of theatre in sex and relationship education in one school. It did not attempt to identify which of the programme components led to specific changes. The study illustrated that the sex and relationship education programme improved students’ sexual knowledge and changed attitudes towards sex.

This is supported by a recent meta-analysis, which found that school sex education programmes improved sexual knowledge (Song et al, 2000). It does not demonstrate whether such a programme changes behaviour.

Conclusion
This evaluation is a small-scale project. Further work comparing these findings with changes in knowledge and attitudes after a classroom-based programme would be beneficial. It would be useful to repeat the evaluation after one year to see how far changes in attitude and knowledge have been retained.

Recommendations
When further programmes of sex and relationship education are planned it will be important to ensure that they are in line with the National Strategy for Sexual Health and HIV Implementation Action Plan (Department of Health, 2002) and the research findings recommended by the advisory group.

The national strategy highlights the need for effective teaching to enable young people to understand human sexuality, build self-esteem and gain an awareness of the reasons for delaying sexual activity. It also recognises that personal, social and health education needs to be supported at a national level. Further work recommended in the strategy includes:

- Practical guidance for teachers, including lesson plans and case studies through the new personal, social and health education website;
- Guidance on initial teacher training within the new Teacher Training Agency Handbook;
- A national roll-out of the pilot scheme to accredit teachers in sex and relationship education, and a new pilot training scheme for school nurses and others involved in delivering sex and relationship education in schools;
- Partnership work through the National Healthy School Standard to improve the quality of sex and relationship education in schools, and through Connexions to ensure young people are referred to appropriate services;
- Consideration of options for promoting better support on sex and relationship issues within further education;
- Better support for parents in talking to their children about sex and relationships. This could be provided through the Involving Parents in Prevention teenage pregnancy initiative.