As in many other countries, young people in Norway start their sexual life earlier than ever before. In the last 30 years, the age of the first intercourse has fallen by between two and three years. About half of the boys and one-third of the girls have had their first experience by the age of 16.

With this rising prevalence of sexual activity among youngsters, it is likely that its undesirable consequences are increasing too. A quarter of all legal abortions in Norway are performed on teenagers, and the frequency of sexually transmitted diseases (STD) is increasing - not the well-known infections like syphilis and gonorrhea but newcomers such as chlamydia, genital herpes and genital warts. Unlike gonorrhea, chlamydia is difficult to detect since there are often no acute symptoms to alert the girls. But it may result in pelvic inflammatory disease and cause reproductive problems later in life. Genital herpes and warts may also be of special significance because of their suspected role in the genesis of cervical cancer. Our health policy among the youngsters should be aimed at prevention rather than treatment.

In most countries of northern and western Europe, sexual education in the context of ethic and human values is well integrated in the school curriculum. Boys and girls are taught the facts about reproduction and are informed about the different family planning methods. Why then do we have so many unwanted pregnancies and cases of sexually transmitted diseases in these age groups?

Six years ago, after a long period of involvement in medical research, I returned to clinical work, and what did I see? Our hospital was visited daily by teenagers - not promiscuous girls, but "good" girls, the girls of my neighbours and my friends - suffering from vaginal discharge, irregular bleedings, salpingitis, unwanted pregnancies and pelvic pain, all consequences of too early sexual intercourse or STD. I had to do something, and so together with the Norwegian Family Planning Association we started the "Take care of yourself" programme in schools.

This is aimed at 14 to 15-year-old boys and girls, and tries to reach the youngsters before they start their sexual life. Usually at the end of their regular class of reproductive biology, parents and pupils are invited to a late afternoon meeting at school. The first lecture is given by a sexologist, or a psychologist, talking about how youngsters react to the sexual pressures in society, the influence of the mass media and the emotional conflict often related to having a too early sexual relationship. I myself or another gynaecologist may then talk about the medical implications of an early sexual debut and having many sexual partners. Two aspects are put in focus: how to avoid unwanted pregnancies, and how to prevent STD and their complications.

The questions which we try to answer are:
- What kinds of contraception are the best during the adolescent period?
- What happens when sexual partners are changed very frequently?
- What signs or symptoms should
lead sexually active youngsters to the physician or school nurse, and what happens there?

The lecture concludes that those youngsters who start a sexual life should be old enough and responsible enough to take care of their own body. "Nobody else does, and this body is going to be with you for ever." Both lectures are illustrated with overhead projections or slides. The language is simple and we avoid difficult medical terms. Thereafter the audience divides into small groups for discussion on various aspects, including the most important topic: What kind of emotional involvement should be the basis for a sexual relationship? No children are allowed to be in the same group as their parents and no personal confessions are allowed.

Finally, the different reflections of each group are collected and discussed in the auditorium. In the days to follow, the class again resumes discussing sex education, family life, human and ethical values and responsibilities.

The response to the programme has been very encouraging. Youngsters and their parents have commented that it is much easier to discuss these matters at home now. Parents in particular say they have gained knowledge about the teenage period, but also about themselves and their own bodies.

I myself have felt that it is a challenge to talk to young people. You have to make them listen, to get them to understand and to get them to care. Personally I think they do not listen if you point a moral finger. (And this may be why I have difficulties talking to my own children; they know my values and attitudes all too well!) So perhaps it is better for an unknown professional to talk to and educate young people about sexuality. In every aspect it is easier today - in this era of the AIDS epidemic - to discuss sexual behaviour; society has become more open-minded.

After our programme had been running for a time, we did a questionnaire study at four different schools in order to gain more information about our target group. Nearly 600 boys and girls aged between 14 and 16 years answered anonymously. Seven per cent of our 14-year-old girls, 20 per cent of our 15-year-olds and 30 per cent of our 16-year-olds had experienced sexual intercourse. Among the boys the figures were higher; 30 per cent of the 15-year-olds and 45 per cent of those at 16 had started. While 25 per cent of the sexually active teenagers answered that they had had three partners or more during the last year, only two-thirds of these had used contraception regularly. All the pupils were asked what they considered to be of most importance in their life. Remarkably enough, the answers were equally distributed among the boys and girls regardless of whether they were sexually active or not. Good friends were most important, followed by a happy family life, thereafter the status of having a steady girl or boyfriend, and last on the list was sexual experience. Indeed 96 per cent of those having had sexual intercourse stated that this experience was of no great significance for them.

The results of the study confirmed our belief that sexual activity in this age group is not of great importance to them and lends itself to being discouraged by imparting sound information. Earlier studies from different parts of the world have reported that sex education courses do not lead to sexual experimentation or promiscuity, but serve to increase young people's knowledge about human sexuality. Surveys in the United States found that students who received sex education were less likely to have sexual intercourse or, if they were sexually active, were more likely to use contraception than those who had not had such education.

My own efforts are now directed towards encouraging the medical profession to start similar programmes throughout the country as a supplement to the regular sex and family life education in schools. It is always better to prevent than to treat. Converting this from pious platitude into reality is the responsibility of the health care providers.