



Country Papers on Youth Sex Education in Europe



EUROPE

BZgA / WHO Conference

Youth Sex Education in a Multicultural Europe

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Bundeszentrale
für
gesundheitliche
Aufklärung

Country Papers

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Abbreviations



CDC	Centers for Disease Control and Prevention (USA)
EU	European Union
HBSC	Health Behaviour in School-aged Children (WHO survey)
HDI	Human Development Index
IE&C	Information, Education and Communication
n.a.	no answer
NGO	Non Governmental Organisation
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infections
UN	United Nations
YFS	Youth Friendly Services

Glossary

Abortions per 1,000 live births

Total number of induced abortions, regardless of the method. Abortion is the termination of a pregnancy before the foetus has attained viability. The legal requirements for abortion vary between countries.

Adolescent reproductive health

The goal of an overall improvement in adolescent reproductive health involves: more responsible and equitable relationships between young men and young women before and during marriage; decreased incidence of pregnancy before maturity; lower rates of exposure to, and contraction of, sexually transmitted infections; and improvement of the status of women.

Adults aged 15–49 years HIV prevalence rate

To calculate the adult HIV prevalence rate, the estimated number of adults aged 15–49 living with HIV in 2005 was divided by the 2005 adult population (aged 15–49), and similarly for 2003.

Central and Eastern Europe

Albania, Armenia, Azerbaijan, Bosnia and Herzegovina, Bulgaria, Croatia, Czech Republic, Estonia, Georgia, Hungary, Latvia, Lithuania, Poland, Romania, Slovakia, Slovenia, The Former Yugoslav Republic of Macedonia.

Children living in relative poverty

Children living in households with an income below 50 percent of the national median income.

EU-15

Austria, Belgium, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, Netherlands, Portugal, Spain, Sweden, United Kingdom.

EU-25

The former EU-15 plus the acceding 10: Estonia, Latvia, Lithuania, Czech Republic, Slovakia, Hungary, Poland, Slovenia, Cyprus, Malta.

Expected years of schooling

The total number of years of schooling that a child can expect to receive, assuming that the probability of his or her being enrolled in school at any particular future age is equal to the current enrolment ratio at that age.

Family planning

The ability of individuals and couples to anticipate and attain their desired number of children, and the spacing and timing of their births. Family planning is achieved through contraception - defined as any means capable of preventing pregnancy - and through the treatment of involuntary infertility. The contraceptive effect can be obtained by temporary or permanent means.

Gross domestic product (GDP)

The total value added by all resident producers in the economy plus any product taxes (less subsidies) not included in the valuation of output.

Human development index (HDI)

A composite index measuring average achievement in three basic dimensions of human development — a long and healthy life, knowledge and a decent standard of living.

Live births

The number of live births includes all live births during the given calendar year, regardless of registration of the date of birth. For most countries, the WHO receives the number of live births as part of the annual reporting of mortality and population data.

Life expectancy at birth

Average number of years that a newborn baby is expected to live if current mortality rates continue to apply.

Life skills

This term refers to a large group of psycho-social and interpersonal skills, which can help people make informed decisions, communicate effectively, and develop coping and self-management



skills that may help them lead a healthy and productive life. Life skills may be directed towards personal actions and actions towards others, as well as actions to change the surrounding environment to make it conducive to health.

Life skills-based health education

A combination of learning experiences that aims to develop not only knowledge and attitudes, but also skills which are needed to make decisions and take positive actions to change behaviours and environments in order to promote health and safety and to prevent disease.

Literacy rate

The percentage of people who can, with understanding, both read and write a short, simple statement related to their everyday life.

Maternal death

The death of a woman while pregnant or within 42 days of termination of pregnancy, regardless of the duration and site of the pregnancy, from any cause related to, or aggravated by, the pregnancy or its management, but not from accidental or incidental causes.

Maternal mortality rate

Number of maternal deaths per 100,000 live births during the same time period.

Reproductive health

Within the framework of the WHO definition of health as a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, reproductive health addresses the reproductive processes, functions and system at all stages of life.

Reproductive health implies that people are able to have a responsible, satisfying and safe sex life, and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this are the right of men and women to be informed of, and have access to, safe, effective, affordable and acceptable methods of fertility regulation of their choice, and the right of access to appropriate health care services that enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.

Safe motherhood

Safe motherhood aims at attaining optimum maternal and newborn health. It implies the reduction of maternal mortality and morbidity, and enhancement of the health of newborn infants through equitable access to primary health care, including family planning, prenatal, perinatal and postnatal care for the mother and infant, and access to essential obstetric and neonatal care.

Sexual health

A state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.

Total fertility rate

Number of children that would be born per woman, assuming no female mortality at child-bearing age and the age-specific fertility rates of a specified country and reference period.

Unsafe abortion

This is defined as a procedure for terminating an unwanted pregnancy, performed either by persons lacking the necessary skills or in an environment lacking the minimum medical standards, or both.

Use of contraception during last sexual intercourse (of 15 year-olds)

The proportions of sexually active young people reporting the use of at least one method of contraception (including, but not limited to, condoms and birth control pills) during their most recent intercourse.

WHO European Region

Albania, Andorra, Armenia, Austria, Azerbaijan, Belarus, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Georgia, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Kazakhstan, Kyrgyz Republic, Latvia, Lithuania, Luxemburg, Malta, Monaco, Montenegro, Netherlands, Norway, Poland, Portugal, Republic of Moldova, Romania, Russian Federation, San Marino, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Tajikistan, The Former Yugoslav Republic of Macedonia, Turkey, Turkmenistan, Ukraine, United Kingdom of Great Britain and Northern Ireland.







Introduction

These Country Papers on Youth Sex Education have been compiled to assess the national strategies and approaches to youth sex education of 16 countries participating in the international conference of the Federal Centre for Health Education (BZgA) / Regional Office for Europe of the World Health Organization (WHO) on "Youth sex education in a multicultural Europe", to be held in Cologne, Germany, from 14th to 16th November 2006.

The international conference is being organised in the framework of cooperation between the WHO Regional Office for Europe and the BZgA, a WHO Collaborating Centre for Reproductive and Sexual Health.

Sexual and Reproductive Health and Rights: International definitions

At the International Conference on Population and Development, held in Cairo in 1994, sexual and reproductive health was identified as an area of special concern for all national health services. This includes both prevention and care, and covers a range of issues, such as safe motherhood, reproductive choices and STI/HIV/AIDS control.

Following the recommendations of the WHO, sexual health is defined as "a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence." (WHO 2004a)

Reproductive health, referring to the WHO's definition of health as a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, implies that people are able to have a responsible, satisfying and safe sex life and that they have the capability and the freedom of choice to reproduce. The areas of sexual health (responsible, satisfying and safe sex life), reproductive freedom (access to informa-

tion, methods and services) and safe motherhood (safe pregnancy, childbirth and healthy children) are included in the internationally accepted definition of the declaration of the International Conference on Population and Development (ICPD), Cairo 1994. (WHO 2001)

The 1995 International Planned Parenthood Federation (IPPF) Charter on sexual and reproductive rights declares the "right to equality and to be free from all forms of discrimination (...) to protect the right of all people, regardless of race, colour, sex, sexual orientation, marital status, family position, age, language, religion, political or other opinion, national or social origin, property, birth or other status, to equal access to information, education and services related to development, and to sexual and reproductive health". Sexual and reproductive rights as defined in the IPPF Charter comprise the right of reproductive choice on the basis of full, free and informed consent. In this context, the right of access to full information and the widest possible range of safe, effective and acceptable contraceptive methods, the right of choice regarding marriage, to found and plan a family, the right of access to the highest possible quality of health care, the women's right of safe motherhood and of protection from genital mutilation, as well as protection from forced pregnancy, forced sterilisation or abortion, and the right of women, men and children to be protected from all forms of sexual violence and exploitation, the right of privacy in services relating to sexual and reproductive health and the right of political participation in order to advocate sexual and reproductive health and rights are addressed.

www.unfpa.org/swp/1997/box8.htm



Sexual and reproductive health in Europe

In the WHO European Region, the contrast in health and health care status between the market economies of the West and the Eastern countries in transition is a major area of concern. Thus, international programmes focus on reducing regional gaps in health status and services. Inequalities are most significant in the area of reproductive health, and adolescents constitute one of the specific target groups of global, regional and national reproductive health strategies. Regarding adolescents in the Eastern and Central European Region, the high number of induced abortions, the increase in sexually transmitted infections and HIV/AIDS, and the growing number of sex workers indicate the need to develop and implement programmes addressing the specific needs of young people. Inequalities in access to information, knowledge and services addressing the sexual and reproductive health of adolescents are also to be tackled in the Western Region, where young people with a migrant background, socially disadvantaged and poorly educated adolescents, and young girls are identified as special vulnerable groups at high risk of reproductive morbidity. Indicators for lacking knowledge and options enabling people to lead a healthy sexual and reproductive life are, for example, the rates of unwanted and teenage pregnancy, and growing evidence of increasing sexual violence and sexual exploitation. (WHO 2001; CDC 2003)

Growing implementation of programmes in the area of sexual and reproductive health in the framework of national health strategies can be noted in the Central and Eastern countries of the WHO European Region. Most programmes consider young peoples' special needs in reproductive and sexual health. In some countries, programmes addressed to young people are implemented in the framework of strategies to prevent and combat HIV/AIDS and STIs.

In Ukraine, which adopted a national reproductive health strategy in 2006, the main objectives within the programme are to implement services addressed to young people, to promote safe behaviour and to develop curricula for youth sex education on a national level. Latvia implemented sex education as a statutory part of school health

education in 2005. The Kyrgyz Republic only recently introduced a national strategy for protecting the reproductive health of mothers and children on a legal basis, one chapter referring to the promotion of adolescents' reproductive health. A meeting of parliamentarians of the Commonwealth of Independent States (CIS), held in the Kyrgyz Republic in August 2006 to exchange issues of reproductive and sexual health of young people in the region, also indicates growing awareness of the need to focus on adolescents in the framework of reproductive health policy and programmes.

The WHO European Regional Strategy on Sexual and Reproductive Health (WHO 2001) underlines the need for a comprehensive framework and solidarity among member states to reduce regional inequalities. Internationally funded programmes have played a vital part in initiating the development and implementation of programmes on a national level. Sexual and reproductive health issues have been set out as priorities in the collaborative agreements between the WHO Regional Office for Europe and the member states. Programmes and projects have also received international funds, e.g. from UNDP, UNICEF, UNAIDS, the EU and USAID.

In Uzbekistan, the action plan to introduce Youth-Friendly Services throughout the country and to implement school sex and reproductive health education was funded by the UNESCO in its initial phase. Currently, it is solely financed by government funds. Turkey's reproductive health programme is financially assisted in the framework of a bilateral agreement between Turkey and the European Commission. Vital challenges are to meet the needs of special vulnerable groups, such as women, and to reduce the enormous regional gaps within the country as regards health and education status, as well as in access to services.



As for the Western European Region, there is growing awareness of the need to develop approaches that address the diverse needs, attitudes, cultural and social backgrounds of young people, in order to gather experience regarding how to promote the inclusion of diverse groups, particularly young migrants, in sexual and reproductive health programmes and services.

WHO Regional Strategy on Sexual and Reproductive Health: Strategies to meet the needs of adolescents

The WHO Regional Office for Europe released its Regional Strategy in 2001 to provide strategic guidance for member states in the development of policies and the implementation of programmes for improving sexual and reproductive health. The overall goal of the Strategy “is to support member states in their efforts to ensure sexual and reproductive rights, to improve the SRH status of the people and to generate solidarity in Europe”, in order to reduce the wide regional gap in SRH status in Europe, as well as inequalities within European countries. (WHO 2001)

Guiding principles based on international documents (World Health Declaration 1998; Health21 - Copenhagen 1999, Cairo Conference 1994, UN Conference on Population and Development 1999) that are particularly relevant in the area of sexual and reproductive health are:

To ensure, on the basis of gender equality, universal access to, and availability of, reproductive health care services, including family planning and sexual health,

Implementation under the responsibility and sovereignty of each country, respecting religious, ethical and cultural values of its people, and in conformity with international human rights,

The commitment to equity, solidarity and social justice, and gender equality, which includes solidarity between countries, between groups in countries and between the sexes,

To ensure services of good quality, based on scientific evidence, within affordable limits and sustainable for the future,

To facilitate the participation and accountability of individuals, groups and communities, and of institutions, organisations and sectors in health development.

The Strategy has set objectives and targets for the period 2000 to 2010 for the areas of reproductive choice, safe motherhood, STI/HIV/AIDS control, sexual abuse and violence, trafficking of women, and breast cancer, and for the special groups adolescents, refugees and displaced persons, migrant population, and ageing people.

Regarding adolescents’ sexual and reproductive health, the three objectives are:

1. To inform and educate adolescents on all aspects of sexuality and reproduction, and to assist them in developing the life skills necessary to deal with these issues in a satisfying and responsible manner,
2. To ensure easy access to youth-friendly SRH services,
3. To reduce the levels of unwanted pregnancies, induced abortions and STIs among young people.

In connection with these objectives, the proposed targets and outcomes are:

To include education on sexuality and reproduction in all secondary school curricula,

To implement educational programmes aiming at young people out of school,

To provide confidential, affordable Youth-Friendly Services, accessible without parental consent (one service for every 100,000 young people),

To actively involve young people in all educational and service activities,

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To increase the proportion of young people protecting themselves against unwanted pregnancy and STI transmission to at least 90%,

To reduce teenage pregnancy by between 20% (countries with a fairly low rate) and 50% (countries with a high rate).

Within the Strategy's implementation framework, strategies and activities proposed to advance the sexual and reproductive health of young people are:

To use interactive methods in sex education and to start it before young people become sexually active,

To integrate SRH activities in comprehensive health and social programmes for young people,

To focus sex education on knowledge, values and building behavioural skills,

To include gender issues in IE&C activities, e.g. to focus programmes with girls on strengthening self-confidence and negotiation skills, and programmes with boys on their SRH needs and responsibilities,

To develop materials for different age groups,

To provide services where large groups of young people meet,

To train and sensitise health, education and other professionals for adolescents' SRH needs,

To initiate education of parents on guiding young people's sexual development.

Youth sex education and the SRH of young people are also addressed in other programme areas, such as in the field of reproductive choice, where proposed activities are, for example, to introduce or to extend reproductive rights and family planning education in schools, universities, military services, and to remove legal obstacles to access to family planning services for minors.

In the field of STI/HIV/AIDS control, the Strategy suggests raising awareness of risky sexual behaviour through IE&C activities, adapting young

people's safer sex education to the needs of boys and girls, and implementing peer education in STI/HIV prevention.

Strategies are specified in relation to the Strategy's objective to decrease inequalities in SRH status between migrants and the resident population, such as involving migrants in the planning of programmes, respecting different values, paying special attention to the IE&C needs of adolescent migrants, addressing all types of gender discrimination among migrant populations, and training sex education teachers in dealing with diversities in sexual values.

Within the implementation framework, special attention is paid to the monitoring and evaluation of activities and programmes. Referring to adolescents' sexual and reproductive health, there are recommendations to initiate or improve national monitoring of adolescent pregnancy, abortion and STI incidence, and to implement qualitative research on sexual behaviour and perceptions of young people, in order to use the results for programme development.

The Strategy defines national and international responsibilities for its implementation. While national governments and other organisations or institutions, including NGOs, are identified on the country level, "technical and financial collaboration with a wide range of international governmental and non-governmental agencies and institutions" is seen as being essential on the international level, referring to collaborative programmes of the European Union, bilateral East-West collaborative programmes, internationally operating NGOs, networks of professional organisations, youth and women's organisations.

WHO Collaborating Centres

WHO Collaborating Centres are part of an inter-institutional collaborative network, set up by the WHO in support of its programmes on a national, regional and global level. In support of national health development, WHO Collaborating Centres participate in the strengthening of country resources in terms of information, services, research and training.

At present, there are 19 WHO Collaborating Centres in the European Region assigned in the field of sexual and reproductive health

<http://whocc.who.int/>

While some of the centres focus on medical research, such as perinatal medicine, the following centres are involved in sex education:

WHO Collaborating Centre for	Address
Sexual and Reproductive Health	Dr. Elisabeth Pott Federal Centre for Health Education (BZgA) Ostmerheimer Str. 220 D-51109 Cologne Germany http://www.bzga.de
Research on Sexual and Reproductive Health	Professor Marleen TEMMERMAN International Centre for Reproductive Health Faculty of Medicine Ghent University De Pintelaan 185, 3P3, B-9000 Ghent Belgium http:// www.icrh.org
Training and Projects in Reproductive Health	Dr Evert KETTING Sexual and Reproductive Health Centre (SRH) Netherlands School of Public and Occupational Health Tafelbergweg 51, NL-1105 BD Amsterdam Netherlands http://www.nspoh.nl
Reproductive Health	Prof Ayse Akin Dptm. of Public Health Hacettepe University. Medical School TR – 06100 Ankara Turkey ayseakin@gmail.com



International reports regarding reproductive and young people's health in the region

The European Health Report, published by the WHO Regional Office for Europe, summarises the major public health issues and effective policy responses in the region. It provides a picture of the health status and health determinants, and identifies areas for public health action for the member states and the European public health community. The 2005 report focuses on the health of children and adolescents, and reflects the widening gaps according to gender, geographical location and socio-economic status, both within and between the 52 countries in the WHO European Region. (WHO 2005)

The WHO Regional Office for Europe report on Family Planning and Reproductive Health in Central and Eastern Europe and the Newly Independent States compiles data and basic background information for the sub-region. Country reports focus on policy development and recent trends regarding reproductive health and family planning, and compile information on contraception, abortion, antenatal care, breast and cervical cancer, child health and adolescent reproductive health. They furthermore identify areas for action and policy changes. The development and implementation of reproductive health services is viewed as a chance to improve women's health in the region. The report is the third update edition for the region since 1995. Country information and data were assessed through answering a questionnaire in 1998. (WHO 2000)

Two US agencies, the Centers for Disease Control and Prevention (CDC) and ORC Marco, conducted surveys to assess reproductive health trends in Eastern Europe and Eurasia from 1993 to 2001. The surveys are based on interviews with women from a representative sample of households in each country to gather information on fertility, family planning, maternal and infant health and other reproductive health topics. They provide an insight into women's reproductive health knowledge, attitudes and behaviours for the sub-region. (CDC 2003)

The Health Behaviour in School-aged Children (HBSC) study is a cross-national research project, conducted by an international network of research teams in collaboration with the WHO Regional Office for Europe. Its aim is to gain an insight into young people's health, well-being and health behaviour. The study considers young people's health as physical, social and emotional well-being. In a wider context of health, it investigates family, school and peer settings, and the socio-economic environment in which young people grow up. HBSC surveys are carried out at four-year intervals. The data are collected in all participating countries through school-based surveys, using a standard questionnaire developed by the international research network. The target population is young people attending school, aged 11, 13 and 15 years. One focus of the study is on sexual health, in the context of young people's health-related behaviour. (WHO 2004b)

BZgA / WHO Conference "Youth Sex Education in a Multicultural Europe": Scope and Purpose

Sex education programmes, addressing the specific needs of young people, play a key role in the promotion of reproductive and sexual health. However, "the youth" do not constitute a homogenous group and reproductive health is closely associated with socio-cultural factors, such as gender roles and religious beliefs. Therefore, countries need to develop their own designs and strategies.

The conference will create a forum for technical experts from both governmental and non-governmental organisations to assess different country level strategies and their implementation within the WHO European Region. The aim is to share experiences and best practices, learn from each other and create networks and partnerships



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where it seems to be fruitful. In addition, three aspects should be highlighted and results produced during the conference: one is the multicultural dimension, the other one the quality of sex education.

The aims of the conference are as follows:

Assessing the present state of the art of sex education for youth in Europe. The efforts of both, the governmental and the non-governmental sector will be considered.

Identifying the different approaches and communication strategies, including aims, messages and target groups of each of the participating countries.

Analysing the issues and dimensions of a multicultural approach to sex education for youth in the European region.

Sharing existing approaches and instruments of quality management in use and identifying challenges and needs for further developing and ensuring good quality in youth sex education.

Exploring how far sex education programmes contribute to the development of integrated life skills. According to the WHO, such skills are needed to deal with all aspects of sexuality and reproduction in a satisfactory and responsible manner.

Promoting future collaboration between technical experts in the field of sex education in the region.

Expected outcomes are as follows:

Production of a set of country papers on national sex education strategies, frameworks and activities.

Recommendations on how to deal with multicultural dimensions in the field of youth sex education.

Identification of further research and capacity building needs for each of the main topics, namely 'multicultural dimensions', 'quality management' and 'life skills approach'.

Initiation and strengthening of partnerships and collaboration at the regional level; identification of strategies on how to further promote these relationships.

Assessment and editing of the Country Papers

With regard to these aspects, the Country Papers have been compiled to gather background information on how youth sex education is implemented in 16 countries participating in the conference, representing the regional, cultural and methodological diversity of sex education in the European Region: Austria, Belgium, France, Germany, Hungary, Kyrgyz Republic, Latvia, Netherlands, Portugal, Russian Federation, Sweden, Switzerland, Turkey, United Kingdom, Ukraine and Uzbekistan.

The Country Papers aim to give an insight into different conditions and circumstances, the diversity of approaches and innovative projects, as well as into strategies of how to ensure the quality and sustainability of programmes and how to meet current challenges youth sex education has to face.

The Country Papers give details regarding the national framework, on governmental and non-governmental key actors in youth sex education, on how sex education is implemented in school, and on the role of the family as a setting of sex education. Furthermore, they summarise strategies of access to sex education, with a special focus on the life skills-based approach, of special approaches to address parents, and of programmes aiming to meet the needs of diverse groups. Special regard is also given to challenges of youth sex education and to activities and strategies of quality management.

The information presented in the Country Reports was collected by means of a questionnaire sent out to cooperative partners in governmental and non-governmental organisations and institutions (see Annex 1). The questionnaire was also an important reference for the preparation of the conference. Furthermore, some additional information was researched while editing the Coun-



try Reports. However, the Country Reports do not aim to give a comprehensive and reviewed overview, as they basically rely on the information kindly provided by the partner organisations of the respective country. All resources are listed, so as to provide a reference guide for further materials and publications, in particular for information that is available online.

We would like to sincerely thank all partners for their kind cooperation, and for their support, patience and expertise in responding.

References:

Centers for Disease Control and Prevention; ORC MARCO DHS (2003). Reproductive, Maternal and Child Health in Eastern Europe and Eurasia: a Comparative Report.

Published online:

www.measuredhs.com/pubs/pub_detailscfm?ID=410

Summary:

www.prb.org/pdf/ReproductiveHealthTrendsEE.pdf

WHO Regional Office for Europe (2000). Family Planning and Reproductive Health in Central and Eastern Europe and the Newly Independent States.

Published online:

www.euro.who.int/document/e711193.pdf

WHO Regional Office for Europe (2001). WHO Regional Strategy on Sexual and Reproductive Health.

Published online:

www.euro.who.int/document/e74558.pdf

WHO (2004a). Progress in Reproductive Health Research, No. 67. Sexual Health - a New Focus for WHO.

Published online:

www.who.int/reproductive-health/hrp/progress/67.pdf

WHO (2004b). Young people's health in context. Health Behaviour in School-aged Children (HBSC) study: international report from the 2001/2002 survey.

Published online:

www.euro.who.int/Document/e82923.pdf

WHO Regional Office for Europe (2005). The European Health Report 2005. Public health action for healthier children and populations.

Published online:

www.euro.who.int/document/e87325.pdf

Summary:

www.euro.who.int/document/ehr05/e87325_execsum.pdf





1 Country Profile: Selected Data

Total population ¹ (million)	8,1	2003
GDP per capita ² (US \$)	31.289	2003
Human Development Index ² (HDI)	0,936	2003
Adult literacy rate ² (% ages 15 and above)	n. a.	2003
Youth literacy rate ² (% ages 15 to 24)	n. a.	2003
Female literacy rate ² (% ages 15 and above)	n. a.	2003
Life expectancy at birth ¹	78,9	2003
Adults aged 15 to 49 HIV prevalence rate ³	0,3/0,3	2005/2003
Total fertility rate ¹	1,3	2000-2005
Maternal mortality rate ¹ (per 100.000 live births) (WHO estimate)	5	2000
Abortions per 1000 live births ⁴	n. a.	
Population under age 15 ¹ (% of total)	16,2	2003
Children living in relative poverty ⁵ (in %)	10,2	2005
Expected years of schooling ¹	14,8	2005
% of all live births to mothers age under 20 years ⁴	4,12	2004
Use of contraception during last sexual intercourse (% of 15 year-old) ⁶	93,0 girls	2001
	92,2 boys	2001

1: WHO European Health Report 2005; 2: UNDP Human Development Report 2005; 3: UNAIDS 2006 Report on the Global AIDS Epidemic; 4: WHO European Health for All Da-

tabase; 5: UNICEF Innocenti Research Centre: Child Poverty in Rich Countries 2005; 6: WHO HBSC Study 2001/2002



2 National Framework and Key Actors of Youth Sex Education

Legal Basis

Youth sex education is statutory in Austrian school legislation.

To impart values and knowledge, to strengthen self-competence and to support communication and interdisciplinary cooperation are specified objectives on the basis of this legislation, and school-teachers are assigned for their implementation.

Governmental Institutions and Agencies

Important governmental institutions in the field of youth sex education are:

Bundesministerium für Bildung, Wissenschaft und Kultur (Federal Ministry of Education, Science and Culture)

www.bmbwk.gv.at

English/French version of the website

www.bmbwk.gv.at/fremdsprachig/index.xml

Bundesministerium für Soziale Sicherheit, Generationen und Konsumentenschutz (Federal Ministry of Social Security, Generations and Consumer Protection)

www.bmsg.gv.at

English version of the website (referring to youth): <http://www.bmsg.gv.at/cms/siteEN/liste.html?channel=CH0073>

Bundesministerium für Gesundheit und Frauen (Federal Ministry of Health and Women)

www.bmgf.gv.at

Selected Non Governmental Organisations and other Actors

Die AIDS-Hilfen Österreichs (Association of AIDS Counselling Centres in Austria)

www.aidshilfen.at

(basic information in English and French)

Österreichische Gesellschaft für Familienplanung (ÖGF) (Austrian Society for Family Planning)

www.oegf.at

(Basic information in English)

The AIDS Counselling Centres and ÖGF are active in sex education and health prevention in schools, expert trainings and other settings. They provide material for both adolescents and professionals in the field.

Österreichisches Institut für Familienforschung (ÖIF) (Austrian Institute for Family Studies)

www.oif.ac.at

(Information and publications available in English and French)

ÖIF engages in basic and application-oriented research to study the wide variety of, and changes in, family relationships and structures from the perspective of children, women and men.

Detailed information about the mission and areas of work is available on the organisations' websites.

Funding

The main financial source of the NGOs involved in youth sex education is government funds.

3 Statistical Data on Young People

According to data of 2004

481.293 adolescents from 15 to 19 years,
385.701 from 10 to 14 years and
364.999 children from 6 to 10 years lived in Austria.
9,6 % of the youth come from migrant families,
9 % from EU-15,
44,7 % from former Yugoslavia,
23,2 % from Turkey.

www.statistik.at

4 Settings of Youth Sex Education

Youth sex education is provided in schools, by health services, general counselling services and HIV/AIDS counselling services. School teachers and health professionals are involved in the field.

Table: Subjects of sex education addressed by setting

Subject	Setting			
	School	Health services	General Counselling	HIV/AIDS Counselling
Biological knowledge and body awareness	■	■	■	■
Sex	■	■	■	■
Pregnancy and birth	■	■	■	■
Contraception	■	■	■	■
HIV/AIDS	■	■	■	■
STIs	■	■	■	■
Love, marriage, partnership	■	■	■	■
Sexual orientation	■	■	■	■
Abortion	■	■	■	■
Sexual violence/abuse	■	■	■	■
Domestic violence	■	■	■	■



Special Focus: School

Sex education is an integral part of primary, secondary and higher education, from the age of 6 years up to 19 years. Guidelines for basic standards of school sex education, decreed by the *Federal Ministry of Education, Science and Culture*, outline the holistic, life skills-based, interdisciplinary approach, which has to be coordinated by each school in teachers' conferences, class work plans, etc. Parents are explicitly included in this process. Schools are advised to involve school health and psychological services, as well as external experts from counselling centres and other organisations. (Bundesministerium für Unterricht und kulturelle Angelegenheiten 1994)

Family as Setting of Youth Sex Education

Parents and families are regarded as important mediators for imparting knowledge to their children. Parents are therefore integrated in the implementation of sex education programmes in schools. Schools are advised to cooperate with parents and to support sex education within the family, e.g. by discussions in parents' conferences and by providing information materials for parents.

Findings from a survey on sexuality and contraceptive behaviour of adolescents in Austria show that 75% of adolescents name peers as the most important persons they refer to on issues of sexuality, followed by their mothers (38%). Girls name both peers and mothers more often than boys, while boys name their fathers twice as often compared to girls. Teachers are important to refer to for 25% of both girls and boys. Boys state twice as often as girls that they have no one to talk to about questions of sexuality. (Weidinger et al. 2001)

5 Approaches, Strategies and Challenges of Youth Sex Education

Strategies of Access to Sex Education

Important communication strategies frequently used are:

- personal communication
- print media
- internet information/ online counselling
- helplines
- peer education
- school sex education
- community action
- training programmes for experts

National campaigns are occasionally implemented. School sex education is the most important strategy of access to information in Austria.

Programmes to Approach Parents

Throughout Austria, there are basic programmes to assist parents in their educational tasks, e.g. training courses, seminars, parents' groups. Sexuality and sex education are addressed in these programmes, which are applied to different age groups of children. A website provided by the *Federal Ministry of Social Security, Generations and Consumer Protection* gives an overview of regional activities and provides online information and material for parents.

www.eltern-bildung.at

6 Quality management

An important means for evaluating the impact of sex education is follow-up studies on sexual behaviour and contraception, such as the European survey *Health Behaviour in School-aged Children*. (Currie et al. 2004)

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www.euro.who.int/Document/e82923.pdf

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Das erste Mal. Sexualität und Kontrazeption aus der Sicht der Jugendlichen. (The first time. Sexuality and contraception from the perspective of adolescents.) Study on behalf of the Austrian Society for Family Planning. Vienna



1 Country Profile: Selected Data

Total population ¹ (million)	10,4	2003
GDP per capita ² (US \$)	29.096	2003
Human Development Index ² (HDI)	0,945	2003
Adult literacy rate ² (% ages 15 and above)	n. a.	2003
Youth literacy rate ² (% ages 15 to 24)	n. a.	2003
Female literacy rate ² (% ages 15 and above)	n. a.	2003
Life expectancy at birth ¹	77,6	2003
Adults aged 15 to 49 HIV prevalence rate ³	0,3/0,2	2005/2003
Total fertility rate ¹	1,7	2000-2005
Maternal mortality rate ¹ (per 100.000 live births) (WHO estimate)	10	2000
Abortions per 1000 live births ⁴	139,2	2003
Population under age 15 ¹ (% of total)	17,0	2003
Children living in relative poverty ⁵ (in %)	7,7	2005
Expected years of schooling ¹	16,0	2005
% of all live births to mothers age under 20 years ⁴	n. a.	
Use of contraception during last sexual intercourse (% of 15 year-old) ⁶	85,6 girls	2001
	86,4 boys	2001

1: WHO European Health Report 2005; 2: UNDP Human Development Report 2005; 3: UNAIDS 2006 Report on the Global AIDS Epidemic; 4: WHO European Health for All Da-

tabase; 5: UNICEF Innocenti Research Centre: Child Poverty in Rich Countries 2005; 6: WHO HBSC Study 2001/2002

*The information in this Country Paper focuses on Flanders, the Flemish-speaking part of Belgium.



2 National Framework and Key Actors of Youth Sex Education

Health Policy and Strategies

Youth sex education is by decree, compulsory in the curricula of primary and secondary schools in Belgium and based on the rights of sexual health as defined in the 1996 IPPF charter for sexual and reproductive rights and the decisions of the UN conferences of Cairo and Beijing:

www.countdown2015.org and www.ippf.org

Thus, the right to have access to education on sexuality and relationships has to be guaranteed for every pupil and student.

The main objectives of sex education refer to young people's rights to have access to information, advice and aid. Education on sexuality and relationships focuses on three main objectives:

To support individual sexual development,

To clarify values,

To prevent risks (e.g. STIs and HIV/AIDS, unwanted pregnancy, sexual abuse).

Governmental Institutions and Agencies

Different ministries are involved in the implementation of youth sex education in the welfare and health sector, the youth sector and the education sector, namely:

Departement Welzijn, Volksgezondheid en Gezin (Department of Welfare and Health)

www.wvc.vlaanderen.be/welzjnengezondheid

Departement Jeugdbeleid (Department of Youth)

www.wvc.vlaanderen.be/jeugdbeleid/

Departement Onderwijs en Vorming (Department of Education)

www.ond.vlaanderen.be

Selected Non Governmental Organisations and other Actors

The ministries fund several organisations, which take on specific tasks in youth sex education, based on an agreement with each organisation in which the areas of work and objectives are defined. The programmes and projects are regularly evaluated.

Furthermore, activities and projects of NGOs can apply for additional funding (federal government, sponsors, international foundations).

Sensoa - Vlaams Service- en Expertisecentrum voor Seksuele Gezondheid en HIV (Flemish Expert Organisation on Sexual Health and HIV)

www.sensoa.be

English version of the website:

www.sensoa.be/en/index.php

In the welfare and health sector, Sensoa is an important partner organisation of governmental institutions for implementing programmes in the field. Sensoa develops concepts, interventions and campaigns for young people and other target groups, such as migrants, (young) adults, gay, lesbian and bisexual people, disabled people and people living with HIV/AIDS. It provides the respective services, acts as a mediator for the various groups, and has its own training and documentation centre. An interactive website addressed to young people provides basic and specific information on various issues, e.g. safe sex behaviour or sexual violence.

www.sensoa.be/jong/site/explorerer.htm

Jongeren Advies Centrum (JAC) (Youth Advice Centres)

www.jac.be/

Youth sex education is incorporated in the services of the health and welfare institutions in Flanders, e.g. the *General Welfare Centres* (CAW) and the *Youth Advice Centres* (JAC). These centres are en



gaged in prevention, guidance and counselling for various target groups, including adolescents. In Flanders, *Family Planning Centres* have been integrated in the *General Welfare Centres*. Not-for-profit *Abortion Centres* and the *Centre for Relationship Building and Pregnancy-related Problems* provide counselling on unplanned and/or unwanted pregnancy and teenage pregnancy.

Organisations funded by the *Department of Youth* to implement sex education in youth organisations are active in information and prevention, e.g. through information materials and websites, campaigning, trainings for young people and intermediaries, distributing condoms to young people.

Jeugd en Seksualiteit (Youth and Sexuality)

www.jeugdensexualiteit.be

In Petto – Jeugddienst Informatie en Preventie (Youth Service for Information and Prevention)

www.inpetto-jeugddienst.be

English version of the website:

www.inpetto-jeugddienst.be/Engels/default.htm

Maatschappelijke Jongeren Actie (MJA) (Social Youth Action)

www.mja.be

English version of the website:

www.mja-english.be/index2.html

Zinding (Information Service of the Christian Youth Movement Chiro)

www.zinding.be

Steunpunt Allochtone Meisjes en Vrouwen (SAMV) (Centre for Migrant Girls and Women)

www.samv.be

Holebifederatie (Federation of GayLesbianBisexual Groups)

www.holebifederatie.be

Wel Jong Niet Hetero (WJNH) (GayLesbianBisexual Youth Organisation)

www.weljongniethetero.be/

In the *education sector*, schools and *Centrum voor Leerlingenbegeleiding (CLB)* (Student Guidance Centres) are the most important actors providing education in the field of sexuality and relationships. They are engaged in prevention, counselling and guidance.

Centrum voor Leerlingenbegeleiding (CLB)

www.ond.vlaanderen.be/gidsvoorleerlingen/wegwijs/clb.htm

3 Statistical Data on Young People

5.9% of the Belgian population is between 15 and 19 years old. 3% of the population lives in rural areas. The majority is Roman Catholic. (The World Bank 2004)

Eurostat: <http://epp.eurostat.cec.eu.int>



4 Settings of Youth Sex Education

Youth sex education is provided in school, by health services, general counselling services, counselling services on HIV/AIDS, social services, youth advice and family planning centres. Social workers, schoolteachers and health professionals are involved as professional groups.

Family as Setting of Youth Sex Education

Findings from several studies show that parents are very important, if not the most important link in the guidance of their children. Parents consider themselves responsible in this field of education. In Flanders, there is no legislation concerning the role of parents in sex education. Sensoa research points out that parents have specific needs for support with this task. (Klai 2005; Vermeire 2005).

Subjects of sex education addressed by setting

Subject	Setting				
	School	Health services	General Counselling Services	HIV/AIDS Counselling	Youth Advice and Family Planning Centres
Biological knowledge and body awareness	■	■	■	■	■
Sex	■	■	■	■	■
Pregnancy and birth	■	■	■	■	■
Contraception	■	■	■	■	■
HIV/AIDS	■	■	■	■	■
STIs	■	■	■	■	■
Love, marriage, partnership	■	■	■	■	■
Sexual orientation	■	■	■	■	■
Abortion	■	■	■	■	■
Sexual violence/abuse	■	■	■	■	■
Domestic violence	■	■	■	■	■



5 Approaches, Strategies and Challenges of Youth Sex Education

Strategies of Access to Sex Education

A wide variety of communication strategies is frequently implemented:

- personal communication
- print media
- radio/TV
- internet information/ online counselling
- campaigns
- helplines
- peer education
- school sex education
- community action
- training programmes for experts

The most important strategies of access to information and education on sexuality and relationships are school sex education and print media.

Implementation of the “Life Skills” Approach in Youth Sex Education

In 1999, a concept called *Goede Minnaars* (Good Lovers) was developed by the *Forum Youth, Relationships and Sexuality*, a cooperative group of important agents in the field of sex education. This concept outlines general values and objectives of sex education, how it should be provided, and who should contribute and cooperate (e.g. young people, parents, prevention workers, teachers). *Good Lovers* promotes an approach that enables children and young people to develop into adults who can integrate sexuality positively into their life. Among other things, attention is paid to gender identity and role, the ability to achieve intimacy with others, the development of toler-

ance with regard to sexual differences, being able to prevent risks, such as unwanted pregnancy, HIV/AIDS, STIs, unwanted sex and sexual abuse. (Frans)

Programmes to Approach Parents

Sensoa started a project for parents in 2004. Parent trainings are provided in this framework. In an interactive approach, parents are trained in communication skills, how to tackle issues of sexuality with children and young people, and information on sexual development. An interactive exhibition was opened in 2005 that gives parents the opportunity of visiting with their children. It provides information for different age groups, from children of 2.5 years up to teenagers of 18 years. A website and brochure on sexual development and communication, specifically aimed at parents, will be launched in 2006. The decision to develop such materials was guided by findings of a qualitative study. (Vermeire 2005).

Programmes to Address Diversity

Within the framework of *Good Lovers*, different aspects of diversity are taken into account, such as sexual orientation, culture or gender. Interventions, projects and products based on the *Good Lovers* concept should be sensitive for diversity.

Materials targeting cultural diversity have been developed, e.g. *Shalimar*, an educational game designed to stimulate multicultural communication on relationships and sexuality in the classroom, or *Idriss*, a training package for newly arrived migrants.



Project of Best Practice

The interactive exhibitions *Ik Zag 2 beren* (for children from 2.5 to 12 years, their parents and educators) and *Carrousel Goede Minnaars* (for young people from 12 to 18 years) can be named as innovative projects based on the concept of *Good Lovers*. The exhibitions have a permanent place in the Wereld van Kina in the educational museum of Flanders.

Specific Challenges

Regarding the implementation of sex education, there are certain limits in terms of quantity and quality, particularly in schools. Although school sex education is defined by decree, specific actors responsible for its realisation are not described. Since education on sexuality and relationships does not always have high priority, its implementation is often postponed. Also, the quality of sex education programmes depends on the policy of each school, as well as on the competencies and efforts of the teachers involved.

6 Quality management

All products and services provided by Sensoa are designed in the framework of the *Intervention Mapping Model*, a health intervention model developed by the University of Maastricht, Netherlands

www.interventionmapping.unimaas.nl/

In line with this concept, all resources are pre-tested and evaluated during their development. Since Intervention Mapping incorporates research on good practices, development based on this model is an important step towards quality in resources and services.

At the same time, some criteria developed by Kirby, who evaluated 250 sex education pro-

grammes in 2001, are also taken into consideration (Kirby 2001).

Criteria that lead to a successful programme include the following:

The intervention is based on a theoretical framework,

Clear messages are to be repeated,

Interventions focus on the achievement of basic knowledge,

Interventions focus on training of skills and communication,

Interventions must give the opportunity to personalise the given information,

Interventions must be adapted to age, ethnic background and sexual experience,

Interventions need long-term planning,

Trainees are to be motivated.

In general, all projects and services funded by governmental agencies are required to have high standards of quality and cost-effectiveness.

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The World Bank (2004). World Development Indicators



1 Country Profile: Selected Data

Total population ¹ (million)	59,8	2003
GDP per capita ² (US \$)	29.410	2003
Human Development Index ² (HDI)	0,938	2003
Adult literacy rate ² (% ages 15 and above)	n. a.	2003
Youth literacy rate ² (% ages 15 to 24)	n. a.	2003
Female literacy rate ² (% ages 15 and above)	n. a.	2003
Life expectancy at birth ¹	79,4	2000
Adults aged 15 to 49 HIV prevalence rate ³	0,4/0,4	2005/2003
Total fertility rate ¹	1,9	2000-2005
Maternal mortality rate ¹ (per 100.000 live births) (WHO estimate)	17	2000
Abortions per 1000 live births ⁴	274,15	2003
Population under age 15 ¹ (% of total)	18,6	2003
Children living in relative poverty ⁵ (in %)	7,5	2005
Expected years of schooling ¹	15,4	2005
% of all live births to mothers age under 20 years ⁴	1,96	2003
Use of contraception during last sexual intercourse (% of 15 year-old) ⁶	92,5 girls	2001
	92,1 boys	2001

1: WHO European Health Report 2005; 2: UNDP Human Development Report 2005; 3: UNAIDS 2006 Report on the Global AIDS Epidemic; 4: WHO European Health for All Da-

tabase; 5: UNICEF Innocenti Research Centre: Child Poverty in Rich Countries 2005; 6: WHO HBSC Study 2001/2002



2 National Framework and Key Actors of Youth Sex Education

Legal Basis

Youth sex education is codified by law and further defined by government decrees and guidelines. School sex education is compulsory in school.

Health Policy and Strategies

According to the government decree of 2003, youth sex education beyond biological knowledge has to comprise psychological, emotional, social, cultural and ethical dimensions of sexuality and relationships. The main objectives of education are:

Prevention and reduction of risks,

To fight violence and sexual exploitation of young people, and

To fight sexism and homophobia.

The *Ministry of Education* and its regional authorities and the *Ministry of Youth and Sports* are the responsible institutions for policy in the field. A diverse range of agencies and professionals are assigned for the implementation of youth sex education, such as schoolteachers and other education staff, school nurses and doctors, and non-governmental organisations engaged in sexual health and sex education.

National Budget for Sex Education

There is a national budget for health education and prevention, which is managed by the regional administrations. A specific national budget is provided for NGOs accredited by the *Ministry of Health* as establishments that carry out sex education in the framework of information, consultation and counselling for families. On a local level, certain areas with a high proportion of people with social and economic disadvantages can receive special national and regional funds for health education and prevention. However, sex educa-

tion is not sufficiently taken into account in these budgets.

Governmental Institutions and Agencies

Important governmental institutions in the field are:

Conseil supérieur de l'information sexuelle, de la régulation des naissances et de l'éducation familiale (CSIS), in the Ministère de la cohésion sociale et de la parité (Council of Sexual Information, Family Planning and Family Education, in the Ministry of Social Cohesion and Parity)

www.femmes-egalite.gouv.fr/grands_dossiers/dossiers/contraception/csis.htm

CSIS is an expert and information centre that aims to link governmental and non-governmental agents to enhance exchange and cooperation regarding policy, strategies and implementation of good practice in the field of reproductive health and sex education. It is the reference centre for studies and research in the field and promotes trainings for experts in the medical, social and education sectors.

Ministère de l'Éducation nationale, enseignement supérieur, recherche – Direction Générale de l'enseignement scolaire (DGESCO) (Ministry of Education and Research, Directorate-General of School Education)

www.education.gouv.fr/

Special link referring to school sex education:

www.education.gouv.fr/syst/educsex.htm



Selected Non Governmental Organisations and other Actors

Mouvement Français pour le Planning Familial (MFPF - French Movement for Family Planning)

www.planning-familial.org

Information in English:

www.planning-familial.org/english/indexEnglish.html

As a national federation of associations, MFPF has local branches and *Family Planning and Education Centres* (Youth-Friendly Services) throughout France. The centres' activities focus on young people and women and provide information and counselling in the field of sexuality, contraception, fertility, prevention of STIs and of violence. They offer medical and contraceptive consultation for young people free of charge.

In the framework of public education, MFPF is engaged in information campaigns and interventions in matters of sexuality and the prevention of sexist behaviour. It cooperates with schools and other educational and social settings, and also provides training courses for professionals in the field. At the same time, MFPF acts as a lobby organisation for reproductive rights and exerts an influence on policy, the development of strategies and the public.

Fédération nationale de l'école des parents et des éducateurs (FNEPE) (National School Federation of Parents and Educators)

www.ecoledesparents.org

As a national association, FNEPE aims to support parents and professionals in their educational tasks and skills. It provides information materials and training courses for parents and professionals. A network of local centres offers support for parents and young people, e.g. Les Espaces Ecoute Jeunes, a counselling service and telephone helpline for young people, also addressing concerns of sex and relationships, among other things.

Fédération nationale couples et familles (National Federation Couples and Families)

www.couples-et-familles.com/

The *National Federation Couples and Families specialises* in expert trainings in the field of mediation and counselling for families and couples. Issues of sexual health, personal sexual development and the prevention of sexual violence are addressed in this framework.

Funding

Accredited NGOs are financed by government funds on a national, regional and local level. Another resource is funds of La Mutualité Française, the largest organisation for voluntary health and social security in France.

3 Statistical Data on Young People

According to data from 2004

3% of the population are aged between 15 and 19 years

(Institut National de la Statistique et des Études Économiques 2004)

The median age at the time of first sexual intercourse is 17.6 years for girls and 17.4 years for boys

20% of girls aged 15 claim to have sexual intercourse

38% of girls and 29% of boys between 14 and 17 years are sexually active

(Institut national d'études démographiques 2002)

A census regarding religious affiliation is against the law in France. Referring to some studies:

62% of the population are Catholic

27% Atheist

6% Muslim

2% Protestant

1% Orthodox

1% Jewish



According to data from 1999 regarding ethnic and migrant groups

- 45% come from EU countries mainly from Spain, Italy and Portugal
- 30% from North African countries
- 9% from other African countries
- 12.7% from Asia
- 3.7% from Turkey, 3.7% from Cambodia, Vietnam and Laos

One million children under 17 years old with French nationality have at least one parent who is considered as a migrant (9% of all children under 17), of whom 46% have parents of North African origin, 16% parents from other parts of Africa, 12% from Portugal and 8% from Turkey. (Institut National de la Statistique et des Études Économiques 1999)

Around 14,3% of the total population live in rural areas.

4 Settings of Youth Sex Education

Youth sex education is provided in schools, by health services, general counselling services, counselling services on HIV/AIDS, social services and by services addressed to women and youth, in particular Youth-Friendly Services and services aiming to support young people in their access to the labour market. Social workers, schoolteachers, health professionals and NGO staff are involved as professional groups.

Subjects of sex education addressed by setting

Subject	Setting				
	School	Health Services	HIV/AIDS Counselling	Social Services	Youth and Family Planning Services
Biological knowledge and body awareness	■	■	■	■	■
Sex	■	■	■	■	■
Pregnancy and birth	■	■	■	■	■
Contraception	■	■	■	■	■
HIV/AIDS	■	■	■	■	■
STIs	■	■	■	■	■
Love, marriage, partnership	■	■	■	■	■
Sexual orientation	■	■	■	■	■
Abortion	■	■	■	■	■
Sexual violence/abuse	■	■	■	■	■
Domestic violence	■	■	■	■	■
Sexism	■	■	■	■	■



Schools and NGOs engaged in sexual health and prevention address the widest range of issues. Health and social services provide some basic information, e.g. on contraception and prevention, rather than truly realising sex education. Some institutions addressing a specific target group (e.g. services for young people with disabilities) occasionally also provide sex education.

Special Focus: School

Sex education is a compulsory subject in primary and secondary school, as well as in higher and vocational education. At each type of school, at least three sessions per year must be provided with regard to specific interests and needs of the respective age group.

As an interdisciplinary subject, school sex education is not integrated in one particular curriculum, except the sciences curricula, which comprise information on the biological and physiological aspects of sex education. The overall objective of school sex education is to support young people in their personal development, enabling them to bear responsibility for their personal, family and social life.

Guidelines and materials for teachers and education staff are provided by the *Directorate-General of School Education* (DGESCO). They outline the holistic approach of school sex education and highlight certain issues, e.g. gender equality, prevention of sexual violence, emergency contraception and prevention of HIV/AIDS. Universities provide interdisciplinary training to acquire a diploma in medical sexology.

<http://eduscol.education.fr/D0060/resnat01.htm>

5 Approaches, Strategies and Challenges of Youth Sex Education

Strategies of Access to Sex Education

Important communication strategies frequently used are:

- personal communication
- school sex education

Occasionally used strategies are:

- radio/TV
- internet information/ online counselling
- helplines
- community action
- training programmes for experts

Print media and campaigning are rarely implemented, particularly in the prevention of HIV/AIDS, where radio and TV are frequently used media, too.

Implementation of the “Life Skills” Approach in Youth Sex Education

The French Movement for Family Planning – MFPP’s activities in the field are based on an approach that takes into account young people’s personal experience, as well as their emotional and social circumstances. The objective is to provide room for collective exchange and reflection among young people regarding social representations, stereotyping, self-respect and respect of others. In this transversal approach, young people are encouraged to reflect their behaviour and relationships as well as gender and gender relations in society. Interventions aim to give young people an opportunity to talk about themselves, their concerns and difficulties, in order to initiate discussions on sexual orientation or diversity, for example.



Programmes to Address Diversity

Regarding national strategies of public education, a specific focus has been put on gender aspects in the last few years. Recently, the regional administrations have set up directives in order to promote programmes on gender equality in schools. Still, there is a need for appropriate training programmes for teachers in this area.

Sexual orientation is so far not implemented in the DGESCO guidelines for school sex education, which just refer to the prevention of homophobia. Some NGOs, mostly gay and lesbian organisations, are engaged in providing information and counselling for young people on issues of homosexuality. NGOs visit schools and have developed tools for teachers to address sexual orientation in the classroom.

Due to the republican concept, which is based on the mission to integrate the migrant population into French society, cultural diversity is generally not taken into account in national policies and in the framework of public education. Thus, there is a high demand for NGOs, in particular, to provide programmes and interventions on behalf of people with a migrant background.

MFPF has developed interventions addressed to specific target groups, such as Roma women, young migrants, young people with disabilities, and adolescents showing sexual aggressions. Beyond specific features for each group, these interventions are dedicated to promoting a transversal approach to sexuality and relationships, which not least considers gender equality. Taking cultural diversity into account should not open the door for young people to justify disrespect towards human rights, and particularly women's rights.

MFPF provides tools and trainings on intercultural aspects of sex education for professionals in the field.

Project of Best Practice

An innovative MFPF project under development is to set up a touring bus in order to reach young people living in rural and suburban areas, who have little access to information and counselling services regarding sexuality.

The idea of the project is a touring exhibition that will stop at isolated schools. The exhibition and materials have been designed in cooperation with important agents in the field of youth sex education, DGESCO, FNEPE and the *French Committee for Health and Education* (CFES). The work of the teams on location is based on the general approach of MFPF and aims to initiate exchanges and debates among young people and with adults. The project wants to support local resources by raising awareness among different professionals in the health, education and social sectors in order to encourage further activities.

Specific Challenges

Sex education sessions in primary school for children between 6 and 10 years of age are sometimes treated with reserve on the part of teachers and certain families, who tend to think it should be solely the parents' responsibility to deal with these issues. This attitude has a moral dimension that considers talking about sexuality as inappropriate for young children.

Not all approaches and applications of school sex education proposed by DGESCO or MFPF are well accepted by the education staff. Teachers often tend to reduce sex education to its biological and medical aspects and focus on the prevention of AIDS/STIs and unwanted pregnancies. To meet these restraints, it is vital to develop strategies of communication and exchange between experts and education staff in order to sensitise teachers and actively involve them in the implementation of innovative approaches. Generally speaking, there is a lack of training courses for teachers to develop skills in the field of sex education.

6 Quality management

Up to now, there is a lack of surveys evaluating the quality and impact of youth sex education in schools and other settings. There are some surveys regarding very specific issues, such as on the impact of campaigns in the area of HIV/AIDS prevention or the accessibility of emergency contraception for adolescents.

On the other hand, a wide range of publications on sex education have a focus on quality management and how to establish quality standards in the field.

<http://eduscol.education.fr/D0060/accueil.htm>;

http://eduscol.education.fr/D0060/education_sexualite.pdf;

http://eduscol.education.fr/D0060/education_sexualite_intervention.pdf

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Internet: www.planning-familial.org

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<http://eduscol.education.fr/D0060/resnat01.htm>

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Published online (French):

http://eduscol.education.fr/D0060/education_sexualite_intervention.pdf

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<http://eduscol.education.fr/D0060/accueil.htm>



1 Country Profile: Selected Data

Total population ¹ (million)	82,5	2003
GDP per capita ² (US \$)	29.115	2003
Human Development Index ² (HDI)	0,930	2003
Adult literacy rate ² (% ages 15 and above)	n. a.	2003
Youth literacy rate ² (% ages 15 to 24)	n. a.	2003
Female literacy rate ² (% ages 15 and above)	n. a.	2003
Life expectancy at birth ¹	78,8	2001
Adults aged 15 to 49 HIV prevalence rate ³	0,1/0,1	2005/2003
Total fertility rate ¹	1,4	2000-2005
Maternal mortality rate ¹ (per 100.000 live births) (WHO estimate)	9	2000
Abortions per 1000 live births ⁴	183.74	2004
Population under age 15 ¹ (% of total)	14,9	2003
Children living in relative poverty ⁵ (in %)	10,2	2005
Expected years of schooling ¹	15,3	2005
% of all live births to mothers age under 20 years ⁴	2,88	1999
Use of contraception during last sexual intercourse (% of 15 year-old) ⁶	94,9 girls	2001
	87,8 boys	2001

1: WHO European Health Report 2005; 2: UNDP Human Development Report 2005; 3: UNAIDS 2006 Report on the Global AIDS Epidemic; 4: WHO European Health for All Da-

tabase; 5: UNICEF Innocenti Research Centre: Child Poverty in Rich Countries 2005; 6: WHO HBSC Study 2001/2002



2 National Framework and Key Actors of Youth Sex Education

Legal Basis

Sex education was codified as public task by the *Act on Assistance for Pregnant Women and Families* in 1992 and is also confirmed by the *Act on Conflicts during Pregnancy*. It ensures everyone the right of full access to information and counselling in all concerns regarding sexuality, reproductive health and relationships. Sex education must provide information based on a comprehensive approach, addressing all age groups and a wide range of target groups, and taking into account the diversity of relationships, lifestyles, life situations and values.

The implementation of school sex education comes under the authority of each federal state in Germany and is defined by the respective state school laws and decrees.

Health Policy and Strategies

In reference to preventive health care, sexuality is comprised as an integral part of physical and psychological health. Sex education is thus implemented in the context of health education and is intended to enable young people to deal with all aspects of sexuality with a self-responsible, healthy attitude. It aims to support young people in developing their personality and sexuality, taking into account emotions and needs, difficulties and conflicts, attitudes, values and behaviour, social and cultural influences, gender roles and gender relationships.

Particular objectives are:

Prevention and reduction of unwanted pregnancies and conflicts during pregnancy,

Prevention of STIs and HIV/AIDS¹,

Prevention of sexual violence and sexual exploitation,

A life skills approach that supports the development of personal skills in the areas of relationships, sexuality and family planning, and enables people to deal with conflicts, as well as to interact with institutions and the social environment.

(BZgA 1996; BZgA 1999)

National Budget for Sex Education

The government provides a specific budget for public sex education, averaging € 5,000,000 annually. There are additional resources on a regional level, provided by the governments of the German federal states.

Governmental Institutions and Agencies

The *Federal Centre for Health Education* (BZgA) is a government organisation working in the portfolio of the *Federal Ministry of Health*. Additionally, the Department for Sex Education and Family Planning of the BZgA is technically supervised by the *Federal Ministry for Family Affairs, Senior Citizens, Women and Youth*. BZgA and the authorities of the 16 German federal states are by law assigned to implement sex education, in close cooperation with all family counselling institutions and other organisations in the field. This assignment was defined in a framework concept agreed upon between BZgA and the federal states. (BZgA 1996; BZgA 1999)

¹The German national AIDS prevention campaign, which is under the responsibility of the Ministry of Health, is designed and implemented by the Federal Centre for Health Education. With regard to concepts, strategies and the content of messages and other IE&C materials, there is a close cooperation between the AIDS/STD Prevention Division and the Department of Sex Education, Contraception and Family Planning within the BZgA.



Regarding school sex education, the federal states' ministries of education and schools are the most important governmental agencies.

Bundeszentrale für gesundheitliche Aufklärung (Federal Centre for Health Education) (BZgA)

www.bzga.de

English version of the website:

www.bzga.de?uid=d3725cf6510646b3a8c8724afc8ea1f6&id=home

BZgA develops national concepts in the field of sex education and family planning, launches national campaigns and publishes information materials matching the interests and needs of different age and target groups. Materials are supplied free of charge to individuals, as well as to educational institutions and organisations providing services in the field of health and reproductive health, youth, family and family planning. Sex education is based on the statutory specifications as described above. BZgA also provides trainings and conferences for professionals, and coordinates research and surveys in the field of sexuality, reproductive health and family planning. BZgA has been designated as a *WHO Collaborating Centre for Reproductive and Sexual Health*.

Another area of work referring to youth sex education is HIV/AIDS prevention.

(www.bzga.de?uid=d3725cf6510646b3a8c8724afc8ea1f6&id=Seite1649

information in English)

Bundesministerium für Gesundheit (BMG) (Federal Ministry of Health)

www.bmg.bund.de

English version of the website:

www.bmg.bund.de/cIn_040/nn_600110/EN/Home/homepage__node,param=.html__nnn=true

Bundesministerium für Familie, Senioren, Frauen und Jugend (BMFSFJ) (Federal Ministry for Family Affairs, Senior Citizens, Women and Youth)

www.bmfsfj.de

Selected Non Governmental Organisations and other Actors

Bundesverband Pro Familia (Federal Association of Family Planning and Counselling)

www.profamilia.de

Information in English:

www.profamilia.de/article/show/10282.html?PHPSESSID=6884c612f3e00b8a0a4ee7e2170bdee7

Pro Familia is the leading non-governmental organisation for sexual and reproductive health and rights in Germany. It provides 170 counselling clinics throughout Germany that focus on contraception, pregnancy, infertility, sexuality and relationships, abortion, sexual violence and women's and men's health issues. *Pro Familia* also provides free contraception, as well as services for specific target groups, such as adolescents, migrants, older people and people with handicaps. The central branch develops concepts and strategies, initiates campaigns and projects, and carries out research, conferences and trainings for experts in the field. It publishes information and education materials, as well as guidelines, statements and newsletters for professionals. *Pro Familia's* website offers basic information, online materials and online counselling. The organisation is engaged in advocacy on behalf of reproductive health and rights on a national and international level.

Deutsche AIDS-Hilfe (DAH) (German AIDS Association)

www.aidshilfe.de

Basic information on HIV/AIDS in English:

www.aidshilfe.de/index.php?id=2498&sessionLanguage=de&sessionCountry=DE

DAH unites 120 regional and local information and counselling centres for HIV/AIDS. In the framework of prevention, it provides print and online information materials for different target groups. The website also offers online counselling.



Arbeiterwohlfahrt (AWO) (Workers' welfare organisation)

www.awo.org

Bundesverband für Körper- und Mehrfachbehinderte (Federal association for handicapped people)

www.bvkm.de

Deutscher Caritasverband (DCV) (Association of Catholic welfare organisations)

www.caritas.de

Deutsches Rotes Kreuz (DRK) (German Red Cross)

www.drk.de

Diakonisches Werk (Association of Protestant welfare organisations)

www.diakonie.de

donum vitae (Catholic counselling services addressing pregnancy)

www.donumvitae.org

Evangelische Konferenz für Familien- und Lebensberatung (EKFuL) (Conference of Protestant Family Counselling Services)

www.ekful.de

Paritätischer Wohlfahrtsverband (Association of independent welfare organisations)

www.paritaet.org

Sozialdienst katholischer Frauen (SKF) (Association of Catholic women's welfare organisations)

www.skf-zentrale.de

Information in English:

www.skf-zentrale.de/html/skf_englisch.html

AWO, Bundesverband für Körper- und Mehrfachbehinderte, DCV, DRK, Diakonisches Werk, donum vitae, EKFuL, Paritätischer Wohlfahrtsverband and SKF are assigned partner organisations for the public task of prevention and counselling regarding pregnancy and conflicts during pregnancy. In the area of counselling and education of families, parents and young people, most organisations are also engaged in sex education.

Bundesarbeitsgemeinschaft Kinder- und Jugendschutz (BAJ) (Consortium of federal associations for the protection of children and young people)

www.bag-jugendschutz.de

Information in English:

www.bag-jugendschutz.de/index-baj-engl.html

BAJ provides information and guidelines regarding the prevention of sexual violence and sexual abuse of children and adolescents.

Gesellschaft für Sexualpädagogik (GSP) (Association of sex education)

www.gsp-ev.de

Institut für Sexualpädagogik (ISP) (Institute of sex education)

www.isp-dortmund.de

GSP and ISP are expert organisations that network professionals in sex education research and practice. They provide training programmes and are engaged in research and the development of standards and guidelines.

Funding

The NGO activities are financed by government funds. Additional sources are national donations and sponsorship, as well as international funds.

3 Statistical Data on Young People

According to data of 2004

1,600,000 adolescents of 12 to 13 years

3,900,000 between 14 and 17 years

lived in Germany.

Regarding religious groups, the data for children born in 2004 showed that

18% had two Catholic parents

14% two Protestant parents

12% Protestant and Catholic parents

9% Islamic parents

16% parents with no affiliation to a religious group

(Federal Statistical Office Germany 2005)

About 25% of adolescents between 12 and 17 years have a migrant background, of whom more than half are German citizens. (Federal Statistical Office Germany 2006)

Regarding the level of education, the 2003/2004 data for adolescents finishing school showed that

about 23% attained a university entrance qualification

42% a certificate from a higher secondary school

25% a certificate from a secondary school

8% no qualification

(Federal Statistical Office Germany 2005)



4 Settings of Youth Sex Education

Youth sex education is provided in schools, by health services, counselling services in the area of pregnancy and family, counselling services on HIV/AIDS and social services. Social workers, schoolteachers and health professionals are involved as professional groups.

Subjects of sex education addressed (by setting)

Subject	Setting		
	School	Pregnancy and Family Counselling	HIV/AIDS Counselling
Biological knowledge and body awareness	■	■	■
Sex	■	■	■
Pregnancy and birth	■	■	■
Contraception	■	■	■
HIV/AIDS	■	■	■
STIs	■	■	■
Love, marriage, partnership	■	■	■
Sexual orientation	■	■	■
Abortion	■	■	■
Sexual violence/abuse	■	■	■
Domestic violence	■	■	■



Special Focus: School

School sex education is provided for children and young people aged between 8 and 20 years. On a national level, it is statutory that school sex education should convey knowledge about sexuality in an interdisciplinary, comprehensive approach that comprises biological, medical, social, emotional and ethical aspects. School sex education has to take into consideration parents' educational rights and values related to sexuality. As it is in the authority of the 16 German federal states to decree concepts, curricula and guidelines for school sex education, there are regional differences regarding its implementation. A recent survey showed that, despite the differences - particularly regarding the ethical principles of school sex education - common standards are meanwhile implemented throughout Germany. School sex education should, for example, address such issues as gender equality, diversity of relationships and family settings, HIV/AIDS, sexual violence against children and young people, contraception, and sexual orientation. (BZgA 2004)

Family as a Setting of Youth Sex Education

Follow-up surveys show the important part parents play in sex education. 74% of girls' parents and 65% of boys' parents stated that they were responsible for their child's sex education. Another result showed that 72% of girls and 57% of boys have received detailed advice from their parents on contraceptive options. (BZgA 2003)

5 Approaches, Strategies and Challenges of Youth Sex Education

Strategies of Access to Sex Education

Communication strategies frequently used are:

- personal communication
- print media
- internet information/ online counselling
- helplines
- school sex education
- community action
- training programmes for experts

Radio/TV and campaigns are occasionally used strategies, whereas peer education is rarely implemented.

School sex education is the most important strategy for guaranteeing access to information and services.

Programmes to Approach Parents

BZgA offers brochures addressed to parents, aiming to support communication within families on matters of relationships, sexuality and contraception. The publications are matched to different age groups of children. (BZgA online publications in German:

www.sexualaufklaerung.de/cgi-sub/fetch.php?id=437

www.sexualaufklaerung.de/cgi-sub/fetch.php?id=438)



In the framework of a national campaign to promote sex education and body experience for pre-school children in kindergarten - *The Tale of Nose, Tummy and Bottom* - BZgA cooperates with NGOs to provide materials and workshops for pre-school staff that focus on how to involve parents in pre-school sex education.

www.kinderliedertour.de/nasebauchpo/index.php

Arbeitskreis Neue Erziehung, an NGO engaged in the area of innovative approaches to education of children from early childhood until 8 years of age, provides *letters to parents*, leaflets that address typical issues of education. Some *letters* focus on the psycho-sexual development of children.

www.ane.de/elternbriefe.html

Deutscher Kinderschutzbund, the German Child Protection League, offers not only free telephone counselling for children and young people, but also a helpline for parents.

www.dksb.de

Programmes to Address Diversity

BZgA's general concept for developing programmes takes into account the provision of specific information and media for professionals that address different target groups, e.g. boys and girls and migrant groups. Media are designed on scientific grounds and explore diverse approaches. Homosexuality is regarded as an integral part of sex education.

Programmes particularly addressing diversity are an NGO's area of work. Pro Familia runs pilots in the field of sex education for groups with special needs, e.g. migrant women or people with disabilities. The organisation provides a range of materials in Turkish and other migrants' languages, regarding such issues as contraception and abortion, and a directory of counselling services.

www.profamilia.de/shop/index.php?cmd=artist&q=21

Programmes relating to sexual orientation are implemented by gay and lesbian organisations, who visit schools and youth centres to run workshops. Lambda, a network of lesbian and gay youth organisations, provides training courses for volunteers engaged in sex education.

www.lambda-online.de

In the area of gender and gender mainstreaming, a coordinating office for educational programmes directed at boys, installed by the councils of the two federal states of *Saarland* and *Rhineland-Palatinate*, provides training materials and training courses for professionals.

www.jungenarbeit-online.de

Project of Best Practice

BZgA's *loveline* CD-ROM and website provide information and interactive tools geared to the lifestyles and circumstances of young people aged from 14 to 18, particularly to their interests and concerns regarding sexuality and relationships. *Loveline* is designed as a high-quality alternative to the untransparent and complex online information available. It provides basic information and FAQs, e.g. on contraception, prevention and sexuality, a chat and a monthly special issue on certain topics.

www.loveline.de

In the field of HIV/AIDS prevention, BZgA has developed media and tools for arranging local youth film festivals in the topical areas of sexuality, love, relationships and HIV/AIDS. Festivals are implemented in cooperation with schools, counselling centres and cinemas, and offer not only a film programme, but also media competitions for young people and workshops for teachers.

www.gibaidскеinechance.de/aktionen/jugendfilmstage/index.php



6 Quality management

The general concept for sex education defines the framework, objectives, target groups, strategies and approaches applied, issues and quality standards for BZgA and cooperating partner organisations. (BZgA 1996; BZgA 1999)

Vital elements of quality management within BZgA are:

Follow-up surveys on youth sexuality (young people aged 14 to 17 years and their parents),

Evaluation of media and measures,

Development of quality standards for media and measures,

Joint development of guidelines, materials and training courses for experts regarding the application of standards of good practice in the field,

Compilation of overviews of available media, services and projects on a national level.

Furthermore, publications such as the *Forum Sex Education and Family Planning* journal or the *Research and Practice of Sex Education and Family Planning* series support exchange and networking between research and application.

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www.sexualaufklaerung.de/cgi-sub/fetch.php?id=344

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www.sexualaufklaerung.de/cgi-sub/fetch.php?id=281

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1 Country Profile: Selected Data

Total population ¹ (million)	10,1	2003
GDP per capita ² (US \$)	8.169	2003
Human Development Index ² (HDI)	0,862	2003
Adult literacy rate ² (% ages 15 and above)	99,3	2003
Youth literacy rate ² (% ages 15 to 24)	99,5	2003
Female literacy rate ² (% ages 15 and above)	99,3	2003
Life expectancy at birth ¹	72,6	2003
Adults aged 15 to 49 HIV prevalence rate ³	0,1/0,1	2005/2003
Total fertility rate ¹	1,2	2000-2005
Maternal mortality rate ¹ (per 100.000 live births) (WHO estimate)	11	2000
Abortions per 1000 live births ⁴	552.25	2004
Population under age 15 ¹ (% of total)	16,3	2003
Children living in relative poverty ⁵ (in %)	8,8	2005
Expected years of schooling ¹	13,6	2005
% of all live births to mothers age under 20 years ⁴	6,9	2004
Use of contraception during last sexual intercourse (% of 15 year-old) ⁶	72,5 girls	2001
	84,5 boys	2001

1: WHO European Health Report 2005; 2: UNDP Human Development Report 2005; 3: UNAIDS 2006 Report on the Global AIDS Epidemic; 4: WHO European Health for All Da-

tabase; 5: UNICEF Innocenti Research Centre: Child Poverty in Rich Countries 2005; 6: WHO HBSC Study 2001/2002



2 National Framework and Key Actors of Youth Sex Education

Health Policy and Strategies

Youth sex education is a public task in the framework of AIDS prevention in Hungary, within the *National Public Health Programme 2004-2010*. HIV/AIDS prevention is one of 19 priority areas in the general *National Public Health Programme*, adopted by decree of the Hungarian Parliament.

The National Strategy on HIV/AIDS sets priorities in the areas of:

Screening and testing,

Primary prevention,

Treatment and access to social care and health care for people living with HIV/AIDS.

The Hungarian *Ministry of Health* established a *National AIDS Committee* that works as an advisory body with limited power. The *National AIDS Committee* was dissolved in 2000 and re-established in 2002.

Specified target groups for activities in the area of primary prevention are schoolchildren and young people, disadvantaged groups, drug users, homosexual men, commercial sex workers and migrants. The major objectives of HIV/AIDS prevention are to raise awareness and communication, to increase safe sexual culture and behaviour, and to reduce social exclusion.

National Budget for Sex Education

An accounted item for expenses on youth sex education can only be stated for funds in the framework of the *National Public Health Programme*. It is important to note that the National AIDS Committee does not have its own budget. The budget is allocated from the main budget of the *National Public Health Programme* and the amount changes from year to year.

Based on information from the *National AIDS Committee*, about € 350,000 were spent on HIV/AIDS prevention in 2005. 6% of this amount was used for youth sex education (about € 25,000).

Governmental Institutions and Agencies

The *National AIDS Committee* is assigned to coordinate implementation of the *National Strategy on HIV/AIDS*. It gives advice on the allocation of the government budget for HIV/AIDS. Furthermore, it is in charge of contracting NGOs to implement activities in the framework of the national strategy. The *Ministry of Education* is intended to support sex education in schools, but its role is irrelevant due to lack of financial resources and legal frameworks.

Selected Non Governmental Organisations and other Actors

Iránytű (Compass)

www.iranytu.net

Iránytű is an information and youth counselling centre. It works with a low-threshold approach. Services are supposed to be easily accessible in order to serve as a starting point for contact, prevention, education and advice, as well as signposting to treatment. The main focus of the counselling work is on mental health, and key activity areas are drug prevention and HIV/AIDS prevention. As for HIV, the centre offers free access to HIV screening twice a week and provides sex education for young people in local schools. Its activities are financed by the municipality.



Magyar Vöröskereszt (Hungarian Red Cross)

www.voroskereszt.hu

The 'Youth' Department of the Hungarian Red Cross is involved in peer counselling and sex education in schools. Every year, around 20-40 peer educators are trained to convey information and knowledge on safer sex.

Budapesti Orvostanhallgatók Kortársoktató Alapítványa (BOKA) (Foundation of Medical Students Engaged in Peer Education in Budapest)

www.boka.hu

BOKA was founded in 1988 with a clear focus on education and peer counselling. It covers a broad range of health promotion issues among young people: safer sex, alcohol abuse, smoking, drug use, mental health, etc. One important task of the foundation is to provide education in schools by medical students, who have both the knowledge and the credibility to communicate knowledge and serve as models. Another key activity is to organise peer education in order to improve the health-related behaviour of young people.

A-HA

www.a-ha.hu

A-HA is a prevention programme on mental health and sex education of the *Scientific Committee on Gynaecological and Obstetric Prevention*. A-HA aims at improving the psychosexual development of young people, lowering the abortion rate and reducing the morbidity of urogenital infectious diseases. The programme of A-HA is intended to include elements of education, pleasure, recreation and science-based information.

Egészségesebb Iskolákért Hálózat Magyarországi Egyesülete (Network of Healthy Schools)

www.suliegylet.hu

Szex Edukáció Alapítvány (Sex Education Foundation)

NGOs play an important part in school sex education as external experts. BOKA and the *Hungarian Red Cross* focus on peer education, while A-HA deploys gynaecologists who visit schools.

Funding

Besides funds from the budget of the *National Health Programme*, some NGO projects are financed by governmental agencies and local administrations, as well as municipalities. Furthermore, sponsorship by multinational companies and the European project *AIDS and Mobility* are important funding resources.

3 Statistical Data on Young People

According to data for 2005

599,000 adolescents from 10 to 14 years,

634,000 from 15 to 19 years

688,000 young adults from 20 to 24 lived in Hungary

Hungarian Central Statistics Office 2005

Regarding diversity, only limited data are available for adolescents. In 2001, 72.5% in the age group from 10 to 24 years claimed to be religious, of whom 74% were Catholic and 20% Protestant. Referring to ethnic and migrant groups, there are no specific data for young people. 200,000 Hungarian people considered themselves to be of Roma origin, and 62,000 claimed to belong to the German ethnic group. 93,000 migrants without Hungarian citizenship lived in Hungary, of whom the majority were in the age group from 15 to 39 years. One-fifth of the Hungarian population lived in the Budapest area (Hungarian Central Statistics Office 2001).



4 Settings of Youth Sex Education

Youth sex education is provided in schools, by health services, general counselling services, social services and specific counselling services on HIV/AIDS. Social workers, schoolteachers, health professionals and medical students are involved in the field.

Subjects of sex education addressed by setting

Subject	Setting				
	School	Health services	General Counselling	HIV/AIDS Counselling	Social Services
Biological knowledge and body awareness	■	■	■	■	■
Sex	■	■	■	■	■
Pregnancy and birth	■	■	■	■	■
Contraception	■	■	■	■	■
HIV/AIDS	■	■	■	■	■
STIs	■	■	■	■	■
Love, marriage, partnership	■	■	■	■	■
Sexual orientation	■	■	■	■	■
Abortion	■	■	■	■	■
Sexual violence/abuse	■	■	■	■	■
Domestic violence	■	■	■	■	■

The issue of sexual orientation is almost exclusively addressed by human rights and gay organisations.



Special Focus: School

Sex education is integrated in the school curriculum for secondary and higher education, for students from 10 to 18 years of age, but it is not systematically implemented. It is usually provided by the biology teacher or the class teacher. Other school staff are only rarely involved. Because teachers are usually not trained in issues of sex education during their studies, many do not feel competent enough to take on this task. At the same time, NGOs contribute significantly to school sex education. Some schools associate with NGOs and invite their staff to carry out sex education

Family as a Setting of Youth Sex Education

Family and parents are considered to have an important role in conveying information on sexuality to children and young people. However, family structures and traditional patterns are changing, a fact that is underlined by a high rate of divorces and the decline in marriages in Hungary. In this transformation process, the family cannot be regarded as the standard and most important setting, and has to be supported by public programmes.

5 Approaches, Strategies and Challenges of Youth Sex Education

Strategies of Access to Sex Education

Communication strategies occasionally used are:

- personal communication
- internet information/ online counselling
- peer education
- school sex education

Rarely used communication strategies are:

- Print media
- Radio/TV
- Campaigns
- Helplines
- Community action
- Training programmes for experts

The most important strategy is to implement sex education in schools.

Implementation of the “Life Skills” approach in Youth Sex Education

The *Healthy Life* project aims to improve healthy behaviour of schoolchildren and is based on the life skills approach. The project was implemented in the late 1990s and was geared to primary and secondary education, for children and young people from 7 to 14 years. Topical areas addressed were: *protect your safety, nutrition, physical activities and hygiene, dangerous materials, sexuality, family life and relations, environment*. Diverse aspects of these topics were discussed with regard for the specific needs and knowledge of the particular age group. The project has been implemented in 100 schools.



Programmes to Address Diversity

Especially disadvantaged youth groups are Roma, unemployed adolescents, street kids, delinquent youths, and adolescents living in small settlements in rural areas. Social workers and health professionals are dedicated to reaching deprived groups with special needs. Sex education is theoretically part of their work, but not systematically implemented. However, due to a lack of resources, the realisation of programmes for disadvantaged adolescents faces great barriers.

Programmes for young homosexuals are carried out almost exclusively by gay organisations, e.g. *Hatter*, founded in the mid-1990s to provide social and legal support for gays. *Hatter* established a counselling helpline for psychological and social concerns and is also engaged in the field of HIV/AIDS counselling and prevention.

Project of Best Practice

The Sex Education Foundation has published a CD-ROM and a handbook for teachers, designed to provide material and assistance for teachers involved in school sex education. The multimedia CD-ROM focuses on interactive learning. However, the materials provided feature a bio-medical approach to sex education. At the same time, the project relies on the active involvement of teachers who feel competent both in handling the medium and in tackling sexuality issues in the classroom. The dissemination of the CD-ROM is limited as schools have to pay for.

Specific Challenges

The major obstacles that youth sex education has to face in Hungary are:

Conservative values and traditions in society that hinder an open discussion of sexuality issues,

General uncertainty and changing patterns in family and society,

Lacking competencies of teachers to implement sex education in schools; up to now, no training programmes to develop teachers' skills in this area are provided,

Limited financial and human resources due to economic difficulties and budget restrictions.

6 Quality management

Monitoring and evaluation activities are an integral part of the *National Strategy on Public Health*. The *National Institute for Health Development* is assigned to monitor the programmes implemented in this framework)

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Website: www.oeffi.hu

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Hungarian Central Statistics Office, Comprehensive Census 2001

1 Country Profile: Selected Data

Total population ¹ (million)	5,1	2003
GDP per capita ² (US \$)	378	2003
Human Development Index ² (HDI)	0,702	2003
Adult literacy rate ² (% ages 15 and above)	98,7	2003
Youth literacy rate ² (% ages 15 to 24)	99,7	2003
Female literacy rate ² (% ages 15 and above)	98,1	2003
Life expectancy at birth ¹	67,9	2003
Adults aged 15 to 49 HIV prevalence rate ³	0,1/0,1	2005/2003
Total fertility rate ¹	2,6	2000-2005
Maternal mortality rate ¹ (per 100.000 live births) (WHO estimate)	110	2000
Abortions per 1000 live births ⁴	129,18	2004
Population under age 15 ¹ (% of total)	31,7	2003
Children living in relative poverty ⁵ (in %)	n. a.	
Expected years of schooling ¹	n. a.	
% of all live births to mothers age under 20 years ⁴	11,13	2004
Use of contraception during last sexual intercourse (% of 15 year-old) ⁶	n. a. girls	
	n. a. boys	

1: WHO European Health Report 2005; 2: UNDP Human Development Report 2005; 3: UNAIDS 2006 Report on the Global AIDS Epidemic; 4: WHO European Health for All Da-

tabase; 5: UNICEF Innocenti Research Centre: Child Poverty in Rich Countries 2005; 6: WHO HBSC Study 2001/2002



2 National Framework and Key Actors of Youth Sex Education

Legal Basis

The legal basis for youth sex education is the Law of Reproductive Health. The objective of the law is to assess rights in the area of reproductive health and guarantee their implementation. Chapter 3 of the law names bodies that have been installed on behalf of the government in order to ensure these rights. This law is currently being adopted.

Health Policy and Strategies

A vital challenge for policy in the field of reproductive health and sex education is to implement education programmes and reforms, while taking into account national and cultural traditions. The main focal point of strategies is to enhance the involvement of non-governmental organisations and confirm innovative approaches and programmes on a legal basis. A *national strategy to protect the reproductive health of mother and child* has only recently been adopted by the government. This strategy also refers to the reproductive health of adolescents.

The *Manas Talemi Programme* is part of the *National Strategy on Reproductive Health*, which is an integral part of the programme to reform the public health system in the Kyrgyz Republic. The main objectives of this programme are:

To develop information material and methodological guidelines on health and sex education. The major target groups are teachers, health professionals and psychologists working in government institutions and non-governmental organisations.

To introduce education programmes on reproductive health and sex education into the curricula of all educational institutions - through training courses for teachers at primary, secondary and vocational schools. The training considers aspects of healthy lifestyles and interactive approaches.

To provide trainings for peers in the settings of school and youth organisations in order to implement peer sex education in the framework of national campaigns, festivals and other activities. The topics of these trainings are healthy lifestyles, sex education, prevention of STIs and HIV/AIDS, prevention of alcohol and drug abuse.

To organise parents' courses in schools, clinics and other settings that address parents' difficulties with talking to their children about sexuality and give information on teenagers' development and needs. In this context, materials for parents regarding sex education and healthy lifestyles will be provided.

To improve quality in health prevention and health education.

Milestones of the programmes are, for example, to inform at least 90% of all adolescents on effective prevention of STIs (including HIV/AIDS) and contraception, and to reduce abortion and pregnancy among teenagers by up to 20% by 2015.

National Budget for Youth Sex Education

The government provides a national budget for the implementation of these programmes in the framework of the *National Strategy on Reproductive Health*. A specific amount for youth sex education is not disclosed.

Governmental Institutions and Agencies

The *Ministerstvo Zdravoohrahenija (Ministry of Health)* and the *Ministerstvo Obrazovaniya Truda i sotsialnoi zachity (Ministry of Education, Labour and Social Support)* are assigned to implement the programmes on behalf of the government.



Selected Non Governmental Organisations and other Actors

Alijans po reproductivnomy zdorovju. Obchestvennoe Objedinenie (Public Association Alliance on Reproductive Health)

Molodezhnaja pravozachitnaja gruppa (MPG) (Organisation to protect youth rights)

Molodezhnyi Korpus Razvitija

Youth Corps of Development, engaged to implement democratic principles by comprehensive programmes of development, integration, protection and empowerment of children and young people.

Nash vek. Molodezhnoe Dvizhenie. Obchestvennoe Objedinenie (Youth Movement/NGO "Our century")

Nur Kulturnyi Molodezhnii Tcentr ("Nur" Youth Movement/Cultural Youth Centre)

Peremena Tcentr Innovatcionnogo Obrazovanija ("The Change" Centre for Innovative Education)

Pokolenie - Tcentr Podderzhki ("Generation" supporting centre)

Generation specialises in assisting children and adolescents who are involved in a criminal lawsuit or other confrontations with public authorities.

Sojuz Molodezhnyh i detskih organizatcii (Association of youth and child organisations)

Tcentr detsko - molodezhnyh iniciativ za schastlivoe detstvo. Obchestvennyi fond (Centre – Child and Youth Initiatives for a Happy Childhood. Public foundation.)

ALUA. Obchestvennoje objedinenije podderzhki iniciativnoi molodezhi I molodyh semei) (Public association of support centres for youth and young families)

ALUA has the mission to tackle socio-economic problems. One important area of work is to promote healthy families. ALUA is active in international networking and cooperation.

For most NGOs in the Kyrgyz Republic, a major area of work is to establish and develop democracy. They are committed to protect and advance human rights and participate in the current proceedings for democratic reforms. Youth and children's organisations are especially involved in children's and adolescents' rights. They are active in networking and supporting youth initiatives and projects. The task of providing information and services in the area of sexual and reproductive rights is appreciated, but this broader context is currently of more importance for most NGOs.

NGOs are active in establishing peer education and providing training programmes for adolescent trainers in the field of sex education. Aspects of sexual orientation are exclusively addressed by NGOs. Certain organisations also provide sex education from a religious perspective.

Funding

The NGO work is financed by government funds and other national funds, such as donations and sponsorship. Important international funds in the framework of reconstruction and development come from the World Bank, the Asian Development Bank and the German KfW Bank.



3 Statistical Data on Young People

In 2004, about 7% of the population were adolescents from 15 to 19 years, 175,300 male and 178,200 female.

Findings from a survey - conducted on behalf of the Ministry of Health in the framework of the *National Strategy on Reproductive Health* - on knowledge, attitudes and behaviour of teenagers regarding contraception and safe behaviour show steady progress, while also pointing out challenges in the area of young people's reproductive health. The percentage of young women who use contraceptives increased from 1.5% in 1999 to 2.6% in 2004 in the age group of 15 to 19, and from 0.09% to 0.3% among girls from 12 to 14 years. The most prevalent contraceptive method is the use of condoms – by 90% of those female teenagers who use contraception. At the same time, the use of IUDs and oral contraceptives has decreased significantly – from 15% in 1999 to 0 in 2004 (IUDs), and from 26.6% in 1999 to 7.8% in 2004 (oral contraceptives).

There is some improvement in the prevalence of teenage pregnancies and abortions – the latter have decreased by about 50% in the last 5 years. The prevalence of STIs and of diseases caused by narcotic addiction among adolescents shows a similar picture. In the age group of 15 to 19, syphilis, for example, decreased from 32.1 per 1,000 teenagers in 1999 to 12.7 in 2004.

With regard to the general situation in the Kyrgyz Republic, it has to be taken into account that a high proportion of teenagers has no access to medical institutions and counselling services. They often have no knowledge of where, how and in what context they could turn to these services. Beyond that, many teenagers are ashamed to consult a doctor. They are afraid of lacking confidentiality and gossip. Mostly, they do not ask their parents or families for support, since traditional attitudes within the families are authoritarian and determined by prohibition.

Interviews with female adolescents show that many girls do not even have knowledge about body functions, such as menstruation. Condoms were the only contraceptive method they could name, and many perceive abortion as an integral part of a woman's life. The majority consider it shameful to visit a gynaecologist, because young women fear this might indicate their physical inability to bear children.

4 Settings of Youth Sex Education

Youth sex education is also provided by health services, social services, counselling services on HIV/AIDS and by religious organisations. Thus, schoolteachers, health professionals, social workers and representatives of religious organisations are involved.

Subjects of sex education addressed by setting

Subject	Setting				
	School	Health services	HIV/AIDS Counselling	Social Services	Religious Organisations
Biological knowledge and body awareness	■	■	■	■	■
Sex	■	■	■	■	■
Pregnancy and birth	■	■	■	■	■
Contraception	■	■	■	■	■
HIV/AIDS	■	■	■	■	■
STIs	■	■	■	■	■
Love, marriage, partnership	■	■	■	■	■
Sexual orientation	■	■	■	■	■
Abortion	■	■	■	■	■
Sexual violence/abuse	■	■	■	■	■
Domestic violence	■	■	■	■	■



Special Focus: School

Youth sex education is integrated in the school curriculum. It is implemented in secondary school, for the age group of 15 to 16 year-olds.

5 Approaches, Strategies and Challenges of Youth Sex Education

Strategies of Access to Sex Education

Important communication strategies frequently used are:

- Radio/TV

Occasionally used communication strategies are:

- Internet information/online counselling

- Campaigns

- Helplines

- School sex education

- Community action

- Training programmes for experts

Print media, personal communication and peer education are only rarely implemented.

Programmes to Address Diversity

Youth sex education is based on the principle of gender equality. Issues of sexual orientation are addressed by some NGOs, but they face difficulties because homosexuality is not widely accepted considering national and cultural traditions in the Kyrgyz Republic. There is a great need to develop public programmes in this area.

Project of Best Practice

A “Safe behaviour” pilot project has been started with the support of international funds of the *Kyrgyz German House*. It provides an innovative, interactive approach in the area of HIV/AIDS and STI prevention in schools. This programme is being introduced on a national level.

Specific Challenges

Generally speaking, the major difficulties and obstacles to adolescents’ reproductive health that youth sex education has to face can be outlined as follows:

- Shortage and lacking attendance of medical professionals qualified to address adolescents’ reproductive health,

- Shortage of Youth-Friendly Services for both male and female adolescents,

- Unaffordable cost of medical services for adolescents,

- Absence of a legal basis regarding the aspect of confidentiality in health services addressed to adolescents,

- Absence of a teaching programme for youth health and sex education in school,

- Insufficient material and guidelines on sexual and reproductive health for both adolescents and professionals,

- Prevalence of stereotypes and traditional patterns.

One instance of the delicate position of youth sex education in public is a recent incident when a new book on youth sex education was introduced into the schools’ education programme. Some mistakes in this publication, brought about by the translation into Kyrgyz, provoked outraged protest against its implementation on the part of parents and the general public.



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1 Country Profile: Selected Data

Total population ¹ (million)	2,3	2003
GDP per capita ² (US \$)	4.771	2003
Human Development Index ² (HDI)*	0,836	2003
Adult literacy rate ² (% ages 15 and above)	99,7	2003
Youth literacy rate ² (% ages 15 to 24)	99,7	2003
Female literacy rate ² (% ages 15 and above)	99,7	2003
Life expectancy at birth ¹	71,0	2003
Adults aged 15 to 49 HIV prevalence rate ³	0,8/0,6	2005/2003
Total fertility rate ¹	1,1	2000-2005
Maternal mortality rate ¹ (per 100.000 live births) (WHO estimate)	61	2000
Abortions per 1000 live births ⁴	674.18	2004
Population under age 15 ¹ (% of total)	15,1	2003
Children living in relative poverty ⁵ (in %)	n. a.	
Expected years of schooling ¹	13,3	2005
% of all live births to mothers age under 20 years ⁴	9,31	2004
Use of contraception during last sexual intercourse (% of 15 year-old) ⁶	84,0 girls	2001
	86,9 boys	2001

1: WHO European Health Report 2005; 2: UNDP Human Development Report 2005; 3: UNAIDS 2006 Report on the Global AIDS Epidemic; 4: WHO European Health for All Da-

tabase; 5: UNICEF Innocenti Research Centre: Child Poverty in Rich Countries 2005; 6: WHO HBSC Study 2001/2002



2 National Framework and Key Actors of Youth Sex Education

Legal Basis

The legal basis for youth sex education in Latvia is the *Law of Sexual and Reproductive Health*. The objective of the law is to decree legal relations in order to protect the sexual and reproductive health of the population. Section 6 of the law states the reproductive and sexual rights and responsibilities of everyone, e.g. the right to receive suitable information about sexual and reproductive health.

Health Policy and Strategies

In its target No. 4, Latvia's *Strategy of Public Health* aims at the *Health of Schoolchildren and Teenagers*: by 2010, all schoolchildren and teenagers should be significantly healthier and better able to fulfil personal and social responsibilities for their health and well-being. In particular, this objective comprises:

The development of schoolchildren's and teenagers' life skills, and improvement of their ability to make healthy choices,

A major reduction in young people's use of illicit drugs, tobacco or alcohol,

A reduction of child and teenage pregnancies by at least 20%.

At the same time, Chapter 3 of Latvia's *Mother and Child Health Care Strategy* refers to *Health Care Provided for Infants, Children and Teenagers*, particularly to:

The development of education programmes for teenagers that address the physical, mental and psycho-emotional development of a person, sexual and reproductive health, the role of the family, abortion and its impact on women's health, the importance of contraception, etc.,

The active involvement of professionals in health care, social care and social rehabilitation in tackling the sexual abuse of children, children addicted to alcohol, drugs or toxic substances, and children living in deprived families.

National Budget for Youth Sex Education

Expenses for the promotion of sexual and reproductive health are covered by the national health care budget. However, there is no accounted item for sex education, as the respective budget is independently planned by every institution involved. In 2006, for example, the budget of the *Health Promotion State Agency* amounts to € 854,086, of which expenses for the *Reproductive Health Programme* account for about € 21,500. The HIV/AIDS prevention centres' budget for campaigns, booklets and posters in 2005 amounted to € 32,077.

Governmental Institutions and Agencies

Different ministries and government bodies are assigned in the field of youth sex education:

Ministry of Health
and its bodies:

Health Promotion Agency
AIDS Prevention Centre

Ministry of Education and Science

Ministry of Children and Family Affairs

Ministry of Welfare

The most important government institutions for the implementation of youth sex education in Latvia's public health strategy are:

Republikas Izglītības un zinātnes ministrija (Ministry of Education and Science)

www.izm.gov.lv

AIDS Profilakses centrs (AIDS Prevention Centres)

www.aids.gov.lv

Veselības Veicināšanas Valsts Aģentūra (Health Promotion State Agency)

www.vvva.gov.lv

Narkoloģijas valsts aģentūra (Narcology State Agency)

www.narco.gov.lv

Selected Non-Governmental Organisations and Other Actors

A wide range of NGOs and non-governmental services in the area of family planning, health and health promotion, as well as youth organisations and Youth-Friendly Services, take an active part in youth sex education. Their work is funded by local public budgets, international programmes of UNDP and the WHO's regular budget.

Important NGOs in the field are:

Papardes zieds. Association for Family Planning and Sexual Health

www.papardeszieds.lv

Jauniešiem draudzīgie ārsti. Youth-Friendly Doctors (part of Papardes zieds)

www.jaunc.lv

Jaunatne pret AIDS. Youth Against AIDS

www.jpa-aids.lv

Latvijas Sarkanais Krusts. Latvian Red Cross

www.redcross.lv

Pasparne, Counselling Centre for Children and Youth

Baka Youth Centre

Sava kabata (Own pocket) Youth Initiative Centre

Kaktuss Youth Centre

Dobeļe Youth Health Centre

Zemgale Regional Health Promotion School Centre

Krimulda Health Promotion Centre

Nac lidzi! Ventspils, Support Centre for children and teenagers

Daugavpils University Health Promotion Centre

Valka's District Youth Health Centre

Lietussargs Youth Organisation

In Latvia, peer education is exclusively carried out by NGOs. Peer education as an approach to youth sex education was started in 1996 by *Papardes zieds* and *Youth Against AIDS*. Currently, 18 NGOs are involved in peer education.



4 Settings of Youth Sex Education

Youth sex education is provided in schools, by health services, social services and specific counselling services on HIV/AIDS. Thus, schoolteachers, health professionals and social workers are involved. Sex education is also implemented at universities and vocational training institutions, where it is part of the studies of future teachers, social workers, community workers, school psychologists and physicians.

Schools, universities and vocational training institutions address the widest range of issues, while health services focus on biological and medical aspects. Providing knowledge on domestic violence is a special field of social services. Vocational training institutions and universities also examine the issue of trafficking in human beings.

Subjects of sex education addressed by setting

Subject	Setting				
	School	Health services	HIV/AIDS Counselling	Social Services	Universities/ Vocational Training Institutions
Biological knowledge and body awareness	■	■	■	■	■
Sex	■	■	■	■	■
Pregnancy and birth	■	■	■	■	■
Contraception	■	■	■	■	■
HIV/AIDS	■	■	■	■	■
STIs	■	■	■	■	■
Love, marriage, partnership	■	■	■	■	■
Sexual orientation	■	■	■	■	■
Abortion	■	■	■	■	■
Sexual violence/abuse	■	■	■	■	■
Domestic violence	■	■	■	■	■
Trafficking in human beings	■	■	■	■	■

Special Focus: School

Youth sex education is part of the school curriculum. It is provided in primary education for the age group of 7-10 and in secondary education for the age group of 11-18. Since 2005, sex education has been a compulsory part of school health education in the context of social education for grades 5 and 8 (Health Education Curriculum for elementary school, decreed by the *Ministry of Education and Science in 2001*). In secondary education (grades 9 to 12), health and sex education is a voluntary subject.

5 Approaches, Strategies and Challenges of Youth Sex Education

Strategies of Access to Sex Education

Important communication strategies frequently used are:

- Radio and TV
- Print media (booklets and outdoor posters)
- School sex education
- Vocational and in-service training
- Conferences and meetings

Occasionally used communication strategies are:

- Face-to-face communication
- Campaigns
- Peer education

Only rarely used communication strategies are:

- Internet information and online counselling
- Helplines
- Community action

Implementation of the “Life Skills” Approach in Youth Sex Education

In Latvia, health education in general and sex education are based on a life skills approach. The life skills approach was introduced to sex education in several steps.

In 2001, teaching material addressed to persons involved in school sex education was developed in order to mediate the approach. In 2003, a set of methodological material was developed – a Latvian adaptation of the UNDP handbook for teachers *About Intimacy for Adolescents and Manual on class activities*. Handbook and manual were then tested among teachers of the WHO/HPS network in Latvia. In 2003 and 2004, further education courses for teachers of health, sports, social education and biology were organised.

The results of the project are presented in the publication: “Life Skills-Based Sexual and Reproductive Education, HIV/AIDS Prevention - Survey and Analysis of the Evaluation. 2005”.

Programmes to Approach Parents

The *National Health Promotion State Agency* provides training programmes for professionals working with parents in outpatient clinics, health centres, parent clubs, etc. These “parents’ classes” focus on new and expectant parents. They deal with the interests and needs of parents themselves, as well as with sex education in the family. Topics are the development of sexuality, partnership and family life, intimacy, role and behaviour models of boys and girls, how to deal with tricky questions, etc. Different interactive methods, such as group discussions, role-playing and situation-based tasks, are used in these programmes.



Project of Best Practice

An innovative approach is the project *HIV/AIDS Prevention at Orphanages, Boarding and Vocational Schools*. This UNDP-funded project was carried out in 2005 in the framework of the project HIV/AIDS prevention for young women. One outcome of this project was the development of methodological material for teachers. The material aims to assist teachers in

Providing students with simple but scientific information about STIs and HIV/AIDS,

Developing students' life skills in order to enable healthy decisions,

Strengthening students' awareness of themselves and their own health.

The material is suitable for working with teenagers in the age group 13-18.

3-day seminars with school team-teachers, school psychologists, social workers and students' representatives provided important input during the development of these materials. Especially the participation of students turned out to be very productive, because both sides had the opportunity to become acquainted with controversial points of view and to discuss different problems concerning sexuality.

Specific Challenges

In general, society has an open attitude towards sex education. However, religious representatives, in Latvia particularly of the Catholic Church, demonstrate a negative attitude towards sexuality issues in the context of health education.

Prejudice against sex education still exists among teachers and parents in the middle-age generation. As middle-age teachers did not receive adequate sex education themselves, they encounter some difficulties in putting sex education at school into good practice. To meet this situation, sex education is part of further training programmes for teachers of health, sports, social education and biology.

6 Quality management

The *Life Skills-Based Sexual and Reproductive Education, HIV/AIDS Prevention* project was evaluated in 2005. One part of the research focused on teachers who participated in the project. Questionnaires were distributed to 328 teachers from 140 schools representing all regions of Latvia. The aim of the survey was to evaluate the materials developed in the project – a handbook for teachers and a manual for class activities. The second approach of the research covered 1,083 young people from grade 9; about half of them (557 pupils) were from schools that participated in the project, the others (526 pupils) were from non-project schools. The aim of the student survey was to assess and compare knowledge and satisfaction with the life skills-based health education on HIV/AIDS between schools involved and not involved in the project. The material was reported as being understandable and useful for health education classes.

It is state of the art to discuss all methodological and teaching materials for health and sex education with teachers in the field, partly in methodological seminars or in focus group interviews.

To ensure the quality standards of school health and sex education, all teachers involved have to improve their knowledge and professional skills at in-service training every three years.

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References / Further Reading

For handbooks and manuals in Latvian and Russian, see:

http://www.undp.lv/?object_id=364§ion=1

Jece, Inese, Health Promotion State Agency (2005). Life Skills-Based Sexual and Reproductive Education, HIV/AIDS Prevention. Summary and Analysis of the Evaluation Survey Results. Riga

Published online:

www.undp.lv/uploaded_files/publikacijas/LSBE_ENG_Final_21%20July%202005.pdf



1 Country Profile: Selected Data

Total population ¹ (million)	16,2	2003
GDP per capita ² (US \$)	31.532	2003
Human Development Index ² (HDI)	0,943	2003
Adult literacy rate ² (% ages 15 and above)	n. a.	
Youth literacy rate ² (% ages 15 to 24)	n. a.	
Female literacy rate ² (% ages 15 and above)	n. a.	
Life expectancy at birth ¹	78,8	2003
Adults aged 15 to 49 HIV prevalence rate ³	0,2/0,2	2005/2003
Total fertility rate ¹	1,7	2000-2005
Maternal mortality rate ¹ (per 100.000 live births) (WHO estimate)	16	2000
Abortions per 1000 live births ⁴	143,85	2003
Population under age 15 ¹ (% of total)	18,3	2003
Children living in relative poverty ⁵ (in %)	9,8	2005
Expected years of schooling ¹	16,0	2005
% of all live births to mothers age under 20 years ⁴	1,67	2003
Use of contraception during last sexual intercourse (% of 15 year-old) ⁶	97,0 girls	2001
	92,4 boys	2001

1: WHO European Health Report 2005; 2: UNDP Human Development Report 2005; 3: UNAIDS 2006 Report on the Global AIDS Epidemic; 4: WHO European Health for All Da-

tabase; 5: UNICEF Innocenti Research Centre: Child Poverty in Rich Countries 2005; 6: WHO HBSC Study 2001/2002



2 National Framework and Key Actors of Youth Sex Education

Health Policy and Strategies

In the Netherlands, ministries do not directly exert influence on the implementation of sex education and services in the area of sexual health care. The government establishes basic conditions and supports organisations that provide information and services in the field.

At present, the main objectives of youth sex education are:

Prevention of abortion and teenage pregnancy,
Prevention of HIV/AIDS and STIs,
Prevention of sexual abuse and violence, especially regarding certain groups, such as poorly educated and immigrant youths.

The latter objective is based on the results of a recent study on sexual health among youths and young adults between 12 and 25 years of age. (Ruttgers Nisso Groep et al. 2005)

Governmental Institutions and Agencies

Ministerie van Volksgezondheid, Welzijn en Sport (Ministry of Health, Welfare and Sports)

www.minvws.nl

Website in English:

www.minvws.nl/en/

The *Ministry of Health* is assigned in the planning of programmes addressing the sexual health of young people and coordinates the funding of national organisations engaged in sexual health care.

Ministerie van Justitie (Ministry of Justice)

www.justitie.nl

Website in English (information on behavioural programmes for offenders):

[//english.justitie.nl/themes/accreditation-panel/index.aspx](http://english.justitie.nl/themes/accreditation-panel/index.aspx)

The *Ministry of Justice* finances therapeutic sanctions regarding young sexual offenders. The *Ministry of Social Affairs and Employment* finances educational projects that focus on gender equality and women's emancipation.

Directie Coördinatie Emancipatiebeleid van het Ministerie van Sociale Zaken en Werkgelegenheid (Ministry of Social Affairs and Employment, Directorate Gender Equality)

www.emancipatieweb.nl

Website in English, special information in the area of (gender) equality:

http://internationalezaken.szw.nl/index.cfm?fuseaction=dsp_rubriek&rubriek_id=13021&lijstm=0,310_6060

ZonMw (Netherlands Organisation for Health Research and Development)

www.zonmw.nl

Website in English:

www.zonmw.nl/en/home.html

ZonMw, the Netherlands Organisation for Health Research and Development, is appointed by the *Ministry of Health* and the *Netherlands Organisation for Scientific Research* to promote quality and innovation in the field of health research and care. The institute funds projects for developing and implementing effective interventions in health care. It has set up a specific long-term programme aimed at prevention in the area of youth sexuality and the reproductive health of young people that will start in 2007, with an annual budget of € 1,000,000.

Selected Non Governmental Organisations and other Actors

Rutgers Nisso Groep (RNG), Dutch expert centre on sexuality.

Website in English:

www.rutgersnissogroep.nl/English

RNG is engaged in promoting sexual and reproductive health on a national and international level, and contributes to the improvement of education, prevention, counselling and policy by gathering and disseminating knowledge. RNG focuses mainly on policy-makers and professionals who deal with sexual issues in their work. It conducts research and develops applicable services and products for various target groups, such as teaching packages, websites and print materials. RNG organises trainings for professionals in the field and furthermore provides disciplinary education courses for first-time youth sex offenders. The *International Programme Youth Incentives* offers support to organisations in improving the sexual and reproductive health of young people, mainly in countries in transition.

In the area of youth sex and relationships education, the focus of work lies on the transfer of knowledge and on influencing notions, emotions and social and communication skills, in order to promote healthy sexuality and prevent HIV/STIs, unwanted pregnancy and abortion. Within the group of young people, specific attention is paid to young migrants and people with disabilities.

SOA AIDS Nederland, Expertise Centre for HIV/AIDS and other STIs.

Website in English:

www.soaids.nl/english

SOA AIDS Nederland develops health education and prevention projects for specific target groups, among others for young people. It produces basic educational materials on STIs and safer sex, such as teaching packages for schools. *SOA AIDS Nederland* offers practical support to professionals in the field, through individual advice, publications and expert training. The organisation's website provides basic information for the general public, as well as information for professionals.

NIGZ (Netherlands Institute for Health Promotion and Disease Prevention).

Website in English:

www.nigz.nl/index_en.cfm?act=esite.tonen&a=6&b=51

NIGZ develops programmes in support of healthy behaviour and healthy environments, and particularly assists local authorities and institutions in implementing health policies. It cooperates with other organisations at a local, regional, national and international level. NIGZ supports health professionals through information, educational materials and training. Among other areas of work, it runs pilot projects, operates a review and implementation centre, and develops instruments for quality management in the field.

A specified area of work is to support health promotion among young people, in close cooperation with schools and district health authorities. In this framework, relationships and sexuality, sexual health and the prevention of AIDS/STIs are addressed, including a special programme to coordinate services for young migrants.

Schorer Foundation

www.schorer.nl/.

Information in English:

www.hivos.nl/layout/set/popup/pop_ups_eng/schorer_foundation

Schorer Foundation is an expertise centre for lesbian and gay-specific health care and aims to provide health care information to GLTB and advocate their rights. It actively seeks to campaign in favour of sexual diversity by initiating research, producing educational materials, using the media and lobbying the political arena. Among other target groups, the activities focus on young people and ethnic minorities. *Schorer Foundation* is also engaged in advocacy on an international level.



Funding

RNG, SOA AIDS Nederland and NIGZ are partly funded by governmental institutions. They also receive funds from other contractors, such as local and regional authorities, research institutions, and from European and international programmes. Schorer Foundation is financed by private donations and sponsorship, and is also funded by Amsterdam City Council.

3 Statistical Data on Young People

About one million young people between 12 and 20 years of age live in the Netherlands, of whom 30% are migrants. According to the definition, they themselves, or at least one of their parents, were born in a non-Western country.

Adolescents of Moroccan, Turkish, Surinam and Antillean origin are the main migrant groups. The *Sex under the age of 25* survey shows that poorly educated groups, young adolescents and migrant groups are less well educated in sexuality than others and that they more often have problems regarding their sexual health.

4 Settings of Youth Sex Education

Youth sex education is provided in schools, by health services, general counselling services, services addressing HIV/AIDS, social services, youth health and youth welfare services, and community websites provided by youth groups. Social workers, schoolteachers, health professionals and professionals in youth welfare and health care are involved as professional groups.

Subjects of sex education addressed by setting

Subject	Setting					
	School	Health Services	General Counselling	HIV/AIDS Counselling	Social Services	Youth Health and Welfare Services
Biological knowledge and body awareness	■	■	■	■	■	■
Sex	■	■	■	■	■	■
Pregnancy and birth	■	■	■	■	■	■
Contraception	■	■	■	■	■	■
HIV/AIDS	■	■	■	■	■	■
STIs	■	■	■	■	■	■
Love, marriage, partnership	■	■	■	■	■	■
Sexual orientation	■	■	■	■	■	■
Abortion	■	■	■	■	■	■
Sexual violence/abuse	■	■	■	■	■	■
Domestic violence	■	■	■	■	■	■

This overview can only give an impression of the topical areas, as there are transitions in every setting.



Special Focus: School

There is no national curriculum for school sex education and it is not implemented as a specific discipline or confined to certain subjects. The *Ministry of Education* allows great freedom, and thus every school can set up curricula for itself and decide how sex education is to be implemented. A wide range of school sex education programmes is provided for various groups in primary and secondary school education. While assessments show that almost all children and young people have received sex education at school, there is only little knowledge as to how it is realised. Approaches, topics addressed and materials applied vary enormously and basically depend on each school and teacher. As numerous subjects compete for attention, sex education is often limited to just a few lessons focusing on biological aspects and safer sex. Regarding the impact of school education, only one programme used in schools has so far been evaluated. (Fulpen et al. 2002; Poelman et al. 2002) According to the results of the *Sex under the age of 25* study, 90% of all young people experience school as the most important source of information and education on sexuality issues.

In primary school, 35% of children receive sex education. The most implemented approach for this age group is to combine sex and relationships education.

Family as a Setting of Youth Sex Education

Parents play an important role in sex education. The *Sex under the age of 25* study shows that most young people who talk to their parents about sex speak about such topics as relationships, pregnancy, contraceptive methods and condom use. Issues like boundaries and needs, desire and pleasure, oral and anal sex are addressed less. On the other hand, a lot of parents experience difficulties when talking to their children about sex. (Lee et al. 2005)

5 Approaches, Strategies and Challenges of Youth Sex Education

Strategies of Access to Sex Education

Communication strategies frequently used are:

- Personal communication
- Internet information and online counselling
- Helplines
- School sex education
- Community action

Occasionally used strategies are:

- Print media
- Radio/TV
- Campaigns
- Peer education
- Training programmes for experts

A challenge in the development of strategies is to devise effective school sex education programmes, such as the *Long live love* school package, a government-funded education package that was first developed in the 80s in the area of HIV/AIDS prevention by *SOA AIDS Nederland*, in cooperation with other organisations. To spread the implementation of programmes, schools should be supported by the local public health centres, which can encourage schools to use effective and evaluated programmes.

RNG and *SOA AIDS Nederland* currently focus on an integrated strategy promoting the healthy schools approach in order to stimulate the implementation of effective programmes in schools. In the context of health prevention, these programmes address such issues as sexual health, alcohol and drugs, obesity, sports.



Implementation of the “Life Skills” Approach in Youth Sex Education

Sex education in the Netherlands focuses on a comprehensive approach based on three key elements:

Equal rights for everyone, regardless of gender, sexual orientation, ethnicity and age,

Acceptance of sexuality and sexual diversity,

Active participation of the target groups addressed.

Sex education in this comprehensive approach not only refers to biological or preventive aspects, but also to sexual rights and positive aspects of sex, such as intimacy, pleasure, desire, masturbation, sexual relationships and needs. Dutch sex education aims to encourage young people in developing personal skills to uphold and communicate their desires and needs, whether they decide to become sexually active or remain abstinent. Attention is placed on discussing values and norms, establishing personal boundaries, developing assertiveness and encouraging people to make decisions. Life skills development also focuses on knowledge of safe and unsafe sex, different forms of contraceptives, how to use them and where to obtain them, negotiating contraceptive use with your partner and taking sexual responsibility. Thus, life skills-based sex education comprises skills on the level of knowledge, attitudes, intentions, interactive competencies, communication and responsibility.

Programmes to Approach Parents

The *Omgaan met pubers* (Dealing with teenagers) programme, provided by NIZW, *The Netherlands Institute for Care and Welfare*, addresses educational and communication concerns of parents and integrates issues of sexuality and relationships.

The *Long live love* school education programme also offers interactive sessions for parents on sex education.

In 2006, RNG developed a programme on sex education for Turkish and Moroccan mothers.

Programmes to Address Diversity

Attention to diversity in sex education is still under development. A lot of research is ongoing to gain knowledge about how to address certain topics relevant for specific target groups, looking at similarities, differences and changes in sexual behaviour. Special attention is paid to norms and values of sex and relationships. Other issues in the context of cultural diversity are virginity, double standards and sexual honour in migrant groups, as well as sexual harassment and sexual abuse of women and girls. Topics such as negative attitudes to homosexuality, poor communication interaction competencies and low-level assertiveness are relevant in poorly educated and migrant groups. There is also attention to specific needs and concerns of young people with disabilities.

Projects and programmes addressing specific groups:

www.youXme.nl is a community website for young people with a Moroccan, Turkish or Hindustani background. Adolescents can find answers on several issues regarding sexuality, intimacy, relationships and partner choice. In an online forum, users can discuss with each other and ask for help. Adolescents from the target group participated in the project's design. (RNG)

Girls' Talk, a gender-specific counselling programme in sexual empowerment aimed at vulnerable young girls. The programme consists of eight sessions addressing such topics as: being in love, sexuality norms and values, risky situations, partner choice, talking about sex with a boy and friend, negotiating about safe and pleasant sex, boundaries and needs, pleasure and empowerment. (RNG)

www.onderzoekjegrens.nl

is an interactive website inviting young people to discover their own boundaries in different situations. (RNG)



www.zoenenenzo.nl

www.weetalwereld.nl

are two examples of websites on issues of sexuality and relationships addressed to young people having a disability, provided by RNG in cooperation with other organisations.

Girls' Choice is an educational game for girls between 10 and 14 years of age, to be used in schools in order to prevent teenage pregnancy and build up assertiveness. (RNG)

A FAQ booklet compiling facts and myths regarding the hymen. (RNG)

A peer education project addressing Antillean and Surinam groups at party time to give information on sexuality (www.kitatin.com). There are also community websites for Moroccan and Turkish young people that include information regarding sexuality (www.maroc.nl and www.lokum.nl).

Schorer Foundation and other organisations provide school sessions and peer education addressing homosexuality issues. (van Dam)

There also are several migrant communities who develop sex education programmes for their own groups.

Project of Best Practice

www.seksuelevorming.nl is a database provided by RNG and CPS *onderwijsontwikkeling en advise* (School support and consultancy). The database is a knowledge pool addressed to teachers and other professionals, compiling methods and materials to be used in school. It also provides a guideline suggesting how to set up lessons on sex education in school.

Specific Challenges

It is difficult to reach vulnerable groups like young migrants and to influence their more traditional norms and values regarding sexuality. Especially when programmes are set up by a "mainstream middle class" organisation or community, they do not consider themselves part of it. RNG dealt with this by inviting and involving some adolescents from the target group in a project. But reaching them is still difficult, especially young men and boys. It is also difficult to deal with sex education in multicultural groups in schools, where talking about sexuality and positive aspects of sexuality is confronted with cultural taboos and prohibition.

6 Quality management

One example of the evaluation of a programme's impact is the *Long live love* school package. (Fulpen et al. 2002)

Another example is the effect study of *Girls' Talk*, an evaluation of the effects of a gender-specific, culturally sensitive, group counselling programme for adolescent girls. Effects were evaluated in a quasi-experimental design with an experimental group (n=56) and a control group (n=38).

The *healthy school* approach provides a helpful method for setting up priorities and planning health education in school.

NIGZ has developed the *Health Promotion Effect Management Instrument* (PREFFI), a diagnostic quality tool that offers starting points for increasing the effectiveness of health promotion pro



jects. It can be useful for the launch, implementation and evaluation of a project. Details and materials online, in English:

www.nigz.nl/index_en.cfm?act=esite.tonen&a=6&b=54

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1 Country Profile: Selected Data

Total population ¹ (million)	10,4	2003
GDP per capita ² (US \$)	14.161	2003
Human Development Index ² (HDI)	0,904	2003
Adult literacy rate ² (% ages 15 and above)	n. a.	
Youth literacy rate ² (% ages 15 to 24)	n. a.	
Female literacy rate ² (% ages 15 and above)	n. a.	
Life expectancy at birth ¹	77,3	2002
Adults aged 15 to 49 HIV prevalence rate ³	0,4/0,4	2005/2003
Total fertility rate ¹	1,5	2000-2005
Maternal mortality rate ¹ (per 100.000 live births) (WHO estimate)	8	2000
Abortions per 1000 live births ⁴	n. a.	
Population under age 15 ¹ (% of total)	17,3	2003
Children living in relative poverty ⁵ (in %)	15,6	2005
Expected years of schooling ¹	n. a.	
% of all live births to mothers age under 20 years ⁴	5,32	2004
Use of contraception during last sexual intercourse (% of 15 year-old) ⁶	82,7 girls	2001
	74,8 boys	2001

1: WHO European Health Report 2005; 2: UNDP Human Development Report 2005; 3: UNAIDS 2006 Report on the Global AIDS Epidemic; 4: WHO European Health for All Da-

tabase; 5: UNICEF Innocenti Research Centre: Child Poverty in Rich Countries 2005; 6: WHO HBSC Study 2001/2002



2 National Framework and Key Actors of Youth Sex Education

Legal Basis

Youth sex education has been defined by law since 1984. It was first addressed in law 3/84 – *Direito à Educação Sexual e ao Planeamento Familiar* (Right to Sex Education and Family Planning), in 1986 in *Lei de Bases do Sistema Educativo* (Bill of Education) and again in 1999 in law 120/99 – *Reforço das garantias do acesso à saúde reprodutiva* (Strengthen the Guarantee of Access to Reproductive Health), which was regulated through decree DL 259/2000. In November 2005, the Minister of Education issued a dispatch in which sex education is defined as a compulsory part of health promotion.

These documents decree youth sex education as a compulsory component of public education policies in the context of health promotion and personal and social education. Each school is obliged to integrate sex education into its class work plan and has to define sex education in the framework of its educational programme.

Health Policy and Strategies

Although laws referring to youth sex education had been in effect since 1984, it took until 2000 for the first steps towards their implementation. The first official guidelines on school sex education were published in October 2000. They were based on a pilot project carried out by *Associação para o Planeamento da Família* (APF) (Portugal's Family Planning Organisation), the *Ministry of Education and the Ministry of Health*. In the same year, the *Ministry of Education* initiated the implementation of sex education in the school curriculum. However, these proceedings were suspended in 2002/2003 when a conservative government came to power. Only in 2005 did the present socialist government restart the programme and install a commission in order to develop innovative strategies and guidelines for health promotion that will also address sex education. The com-

mission's outcome will be released in November 2006.

Governmental Institutions and Agencies

The *Ministry of Education* and the *Ministry of Health* are assigned to implement youth sex education in the school curriculum. In a broader context, the *Portuguese Youth Institute* plays an important part in coordinating projects in the field of youth sex education. Projects are implemented in cooperation with non-governmental organisations.

Government institutions in the field are:

Ministério da Educação (DGIDC)

www.dgicd.min-edu.pt

Ministério da Saúde/Direcção-Geral da Saúde (DGS)

www.dgs.pt

Instituto Português da Juventude (IPJ)

<http://juventude.gov.pt/Portal/IPJ>

Selected Non-Governmental Organisations and Other Actors

Associação para o Planeamento da Família (APF) (Family Planning Association)

www.apf.pt/



APF was the first organisation in Portugal to address the question of school sex education. It has an important part in the development of programmes and projects for youth sex education and provides technical support for schools, as well as guidelines, material and trainings for teachers and other professionals involved. APF is also engaged in the advocacy of sex education.

Abraço (HIV/AIDS Prevention)

www.abraco.org.pt

Fundação Comunidade Contra a SIDA (HIV/AIDS Prevention)

Abraço and *Fundação Comunidade Contra a SIDA* both focus on HIV/AIDS prevention. School visits are an essential part of their work. *Fundação* has introduced a peer education approach into youth sex education and HIV prevention.

Movimento de Defesa da Vida (MDV) (Pro Life Movement)

www.mdvida.pt/

MDV's approach to youth sexuality, contraception and other issues is very close to positions of the Catholic Church.

Up to now, aspects of diversity, such as sexual orientation, cultural backgrounds and special needs, are exclusively addressed by NGOs.

Funding

The NGOs' engagement in youth sex education is basically financed by government funds.

3 Statistical Data on Young People

The majority of Portugal's young people live in urban areas. The largest ethnic group has its origin in African Lusophone countries. In spite of a general Catholic background, surveys reveal that only around 15% of adolescents regularly attend religious ceremonies



4 Settings of Youth Sex Education

Youth sex education is provided in schools, by health services and general counselling services. Thus, schoolteachers, health professionals and psychologists are involved in the field.

In these settings, the focus is on biological and preventive aspects of sex education. A broader approach to sex education, dealing with topics such as partnership, sexual orientation, violence and abortion, is mainly provided by settings that allow anonymous access to information and counselling.

Special Focus: School

Youth sex education is integrated in the school curriculum. Only biological aspects, such as reproduction, prevention of STIs or contraception, are mandatory topics for natural sciences, however. Demography and family planning are also addressed in geography. Other aspects are just implicit and depend on the teachers' disposition and preparedness.

Reproduction is addressed at the age of 8, 11, 14 - 15 and 17. Contraception, STIs and demographic aspects are addressed at 14 years. Contraception and STIs also are part of some curricula for secondary schools, for the age group of 15 - 17.

Guidelines for the different education levels, from pre-school to secondary school, point out the importance of sexuality and define some rather vague objectives of how to address the issue.

Subjects of sex education addressed by setting

Subject	Setting			
	School	Health Services	General Counselling	Websites and Helpline
Biological knowledge and body awareness	■	■	■	■
Sex	■	■	■	■
Pregnancy and birth	■	■	■	■
Contraception	■	■	■	■
HIV/AIDS	■	■	■	■
STIs	■	■	■	■
Love, marriage, partnership	■	■	■	■
Sexual orientation	■	■	■	■
Abortion	■	■	■	■
Sexual violence/abuse	■	■	■	■
Domestic violence	■	■	■	■
Trafficking in human beings	■	■	■	■



5 Approaches, Strategies and Challenges of Youth Sex Education

Strategies of Access to Sex Education

Important communication strategies frequently used are:

- Internet information/online
- Counselling
- Helplines
- Training programmes for teachers and other professionals
- School sex education

Occasionally used communication strategies are:

- Personal communication
- Print media
- Radio/TV
- Campaigns
- Peer education

Implementation of the “Life Skills” Approach in Youth Sex Education

A life skills approach was introduced into health promotion activities and sex education as an integral part in the 1990s. A network of school health promoters was established. These activities were also interrupted in 2002/2003 and restarted in 2005/2006. Schools have been challenged by the Ministry of Education to implement health education projects that include sex education. The response up to now is not very good.

Programmes to Approach Parents

NGOs like AFP promote activities addressed to parents, e.g. counselling and talks to parents and – more rarely – parents’ trainings. Findings from surveys show that, in spite of a generally permissive ambience within the families, parents often cannot cope with the task. Specific barriers still exist, e.g. to accepting girls’ sexuality. (Durex 2005; Vilar et al. 2003; Portuguese Society of Gynaecology 2005, Villaverde 1997)

Project of Best Practice

In 2006, APF developed the Bem Me Quer project, which is addressed to teachers and other professionals involved in school sex education. It will be implemented in cooperation with 10 school teams that cover all regions of Portugal. AFP will provide training and supervision, while the participating schools have agreed to establish a steering group for sex education (which may be integrated into the broader context of health education).

Objectives of the project are:

To develop the capacity and skills of school professionals for implementing sex education in the schools’ work plan,

To support sustainable programmes and activities for school sex education,

To sensitise agents in the field of education to the importance of sex and health education and to actively involve them,

To test an interdisciplinary approach in the framework of school curricula that brings together sex education, health education and the development of social and personal skills.



The training programme will involve:

Basic training on sex education (e.g. concepts, approaches and review of values),

Project design (e.g. implementation in a specific curriculum, school projects),

Supervision and follow-up of the projects to be set up,

Exchange of information and experience, training on specific issues.

Specific Challenges

In Portugal, religious and political groups have opposed youth sex education since it was introduced by public policy and law in the 1980s. This led to vital delays in the implementation of youth sex education. Lately, in 2005, a campaign was launched to decree school sex education as optional only. However, this position was counteracted by the government, with the support of organisations such as *Confederação das associações de pais* (Confederation of parents' associations) and AFP.

At the same time, organisations such as MDV are active in the field of youth sex education. They promote information on sexuality and family planning from a Catholic perspective.

6 Quality management

Specific activities in this area are not yet implemented in Portugal. Still, the impact of sex education programmes has been researched in several academic surveys. (Lemos 2002; Sousa 2003; Reis et al. 2006)

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1 Country Profile: Selected Data

Total population ¹ (million)	143,4	2003
GDP per capita ² (US \$)	3.018	2003
Human Development Index ² (HDI)	0,795	2003
Adult literacy rate ² (% ages 15 and above)	99,4	2003
Youth literacy rate ² (% ages 15 to 24)	99,7	2003
Female literacy rate ² (% ages 15 and above)	99,2	2003
Life expectancy at birth ¹	64,9	2003
Adults aged 15 to 49 HIV prevalence rate ³	1,1/0,9	2005/2003
Total fertility rate ¹	1,1	2000-2005
Maternal mortality rate ¹ (per 100.000 live births) (WHO estimate)	65	2000
Abortions per 1000 live births ⁴	1.067,90	2004
Population under age 15 ¹ (% of total)	16,3	2003
Children living in relative poverty ⁵ (in %)	n. a.	
Expected years of schooling ¹	n. a.	
% of all live births to mothers age under 20 years ⁴	13,81	1999
Use of contraception during last sexual intercourse (% of 15 year-old) ⁶	n. a. girls	
	n. a. boys	

1: WHO European Health Report 2005; 2: UNDP Human Development Report 2005; 3: UNAIDS 2006 Report on the Global AIDS Epidemic; 4: WHO European Health for All Da-

tabase; 5: UNICEF Innocenti Research Centre: Child Poverty in Rich Countries 2005; 6: WHO HBSC Study 2001/2002



2 National Framework and Key Actors of Youth Sex Education

Youth sex education and reproductive health services for adolescents in the Russian Federation are mainly provided by public Youth-Friendly Services (YFS).

The pilot region for the establishment of YFS is St. Petersburg, where the *Juventa* youth counselling and health centre functions as a referral centre for a network of local services that have been developed in cooperation with local health authorities

www.juventa-spb.ru

In 2001, an assessment of the *Ministry of Health* concluded that 15 regions of the Russian Federation provide Youth-Friendly Clinics (Kozhukhovskaya et al. 2004a), e.g. Barnaul (Altay), Kalach-na-Donu (Central Russia), Tomsk (Siberia), Chelyabinsk (Ural region). At the same time, youth sex education is also implemented by HIV/AIDS counselling centres, e.g. in Tomsk and Volgograd (Central Russia).

Youth sex education is not systematically integrated in the school curricula.

Selected Non Governmental Organisations and other Actors

A focus of internationally funded programmes is on promoting the involvement of NGOs on a local, regional and national level. NGOs active in the field of youth sex education and HIV/AIDS prevention include:

View of the Future, St. Petersburg

www.teeninfo.ru

View of the Future started the Echo youth volunteer movement to initiate peer education, which proved to be a very effective approach to prevention of HIV/AIDS and STIs in the St. Petersburg region. The model has been taken up by other regions of the Russian Federation. Furthermore, the organisation provides the *teeninfo* website,

which offers basic information and online expert counselling for questions on sexuality, love and relationships, as well as medical concerns. The website also runs a forum for discussing various issues.

Humanitarian Action, Novosibirsk

Humanitarian Action is engaged in HIV/AIDS prevention, with a focus on raising awareness and promoting safe behaviour. The organisation is, for example, involved in an EU-funded project focused on education and campaigning in two pilot regions. (van Dam 2004)

Российская ассоциация «Планирование семьи» (РАПС) (Institute for Reproductive Health and Family Planning) (RAPS)

www.family-planning.ru

RAPS cooperates with governmental institutions and has an impact on the development of public programmes, policy and legislation in the area of reproductive health and family planning. Furthermore, the institute is engaged in providing information materials, trainings and conferences for experts in the field. For adolescents, the website offers basic information and expert online counselling.

NOP (Family planning and youth sex education), Moscow

SANAM (STI and HIV/AIDS prevention), Moscow

NGOs are especially engaged in peer education, sex education in schools and in community work focused on prevention and health education.

Funding

The NGO activities are financed by international funds, such as UNFPA, UNICEF, UNDP and EU programmes.

3 Settings of Youth Sex Education

Youth sex education is sporadically provided in schools, mostly in cooperation with NGOs, and furthermore by health services, youth clinics in particular, by counselling services on HIV/AIDS and by social counselling centres with psychological, medical and educational services. Social workers, school teachers, health professionals and NGO staff are involved as professional groups.

Subjects of sex education addressed by setting

Subject	Setting	
	Health services	Social Counselling Centres
Biological knowledge and body awareness	■	■
Sex	■	■
Pregnancy and birth	■	■
Contraception	■	■
HIV/AIDS	■	■
STIs	■	■
Love, marriage, partnership	■	■
Sexual orientation	■	■
Abortion	■	■
Sexual violence/abuse	■	■
Domestic violence	■	■



4 Approaches, Strategies and Challenges of Youth Sex Education

Strategies of Access to Sex Education

Important communication strategies frequently used are:

- Internet information/online counselling

- Helplines

- Peer education

Personal communication is occasionally used, while print media, radio/TV, school sex education, community action and training programmes for experts are only rarely implemented.

A life skills approach is occasionally implemented in school sex education.

The most important strategies of access to youth sex education are YFS and the establishment of helpline conversation and online internet counselling.

www.teeninfo.ru

www.family-planning.ru

The activities of YFS, which are based on the principle of being open to every concern of adolescents, can be identified as Best Practice in the field of youth sex education in the Russian Federation.

Programmes to Approach Parents

There are no special programmes to approach parents in the Russian Federation, except pilot projects implemented in the regions of Khabarovsk and Ekaterin in the late 1990s. The outcome of these projects did not show positive feedback or good results.

Specific Challenges

Youth sex education and programmes to promote adolescents' reproductive health have to deal with limited financial resources. Particularly in rural areas, access to youth clinics and other services is rather difficult.

Youth sex education is confronted with opposition from certain parts of society – especially from the religious organisation *Pro Life*. So far, no strategies have been developed to deal with this opposition. (Kozhukhovskaya 2004a; Ministry of Health Portugal et al. 2002)

6 Quality management

Activities of Youth-Friendly Clinics have been evaluated - for the St. Petersburg region from 2003 to 2005 and for the West Siberian region in 2003. The results of these evaluations have been published. In the late 1990s, assessments were carried out regarding the reproductive health of boys and girls in the regions of St. Petersburg and Khabarovsk. (Kozhukhovskaya et al 2004b, Kozhukhovskaya et al 2005)

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<http://www.euro.who.int/document/ENS/en58.pdf>



1 Country Profile: Selected Data

Total population ¹ (million)	9,0	2003
GDP per capita ² (US \$)	33.676	2003
Human Development Index ² (HDI)	0,949	2003
Adult literacy rate ² (% ages 15 and above)	n. a.	
Youth literacy rate ² (% ages 15 to 24)	n. a.	
Female literacy rate ² (% ages 15 and above)	n. a.	
Life expectancy at birth ¹	80,0	2001
Adults aged 15 to 49 HIV prevalence rate ³	0,2/0,2	2005/2003
Total fertility rate ¹	1,6	2000-2005
Maternal mortality rate ¹ (per 100.000 live births) (WHO estimate)	8	2000
Abortions per 1000 live births ⁴	341,37	2004
Population under age 15 ¹ (% of total)	17,5	2003
Children living in relative poverty ⁵ (in %)	4,2	2005
Expected years of schooling ¹	15,9	2005
% of all live births to mothers age under 20 years ⁴	1,59	2004
Use of contraception during last sexual intercourse (% of 15 year-old) ⁶	90,5 girls	2001
	92,2 boys	2001

1: WHO European Health Report 2005; 2: UNDP Human Development Report 2005; 3: UNAIDS 2006 Report on the Global AIDS Epidemic; 4: WHO European Health for All Da-

tabase; 5: UNICEF Innocenti Research Centre: Child Poverty in Rich Countries 2005; 6: WHO HBSC Study 2001/2002



2 National Framework and Key Actors of Youth Sex Education

Health Policy and Strategies

Sex education is an integral part of public health policy in Sweden. It is defined by governmental decrees and mission statements for several areas and institutions, such as:

School: sexuality education is a compulsory part of the curriculum.

Statens folkhälsoinstitut (FHI) - Swedish National Institute of Public Health: two of the eleven domains in public health policy - "safe sexuality and good reproductive health" and "effective protection against communicable diseases" - address sexuality and sex education.

Socialstyrelsen - The National Board of Health and Welfare - is in charge of mapping out the national policy for prevention of STIs and HIV/AIDS.

The main objectives of youth sex education can be exemplified for the area of school education. With regard to mediation of knowledge and values, it aims to:

Prevent STIs (including HIV/AIDS) and unwanted pregnancies,

Convey knowledge of functions and of contraceptives,

Prevent gender stereotypes and discrimination of lesbian/gay/bisexual/transgender (LGBT) people,

Provide discussion of, reflection on and respect for different views on sexuality with regard to culture, religion, sexual identity, etc.

National Budget for Sex Education

The national budget for HIV/AIDS and STI prevention amounts about € 17 million per year. Parts of this amount are allocated to county councils and non-governmental organisations. In addition, there are public expenditures on a regional and local level, e.g. funds for Youth-Friendly Services, which may partly be covered by national funds.

Governmental Institutions and Agencies

On behalf of the state, *The National Board of Health and Welfare* and the *Swedish National Institute of Public Health (RFI)* are assigned to promote sexual health and implement STI and HIV/AIDS prevention. On a regional level, the county councils are the authority for health care, STI and HIV/AIDS prevention, tracing, etc. Sex education in schools comes under the responsibility of the municipalities. Youth clinics that provide Youth-Friendly Services in Sweden are usually run under the joint responsibility of county councils and municipalities.

Governmental institutions and bodies assigned to youth sex education are:

Statens folkhälsoinstitut (FHI) (Swedish National Institute of Public Health)

www.fhi.se

English version of the website:

www.fhi.se/default_1417.aspx

Myndigheten för skolutveckling (Swedish National Agency for School Improvement)

www.skolutveckling.se

Ombudsmannen mot diskriminering på grund av sexuell läggning (HomO) (Ombudsman against Discrimination on Grounds of Sexual Orientation)

www.homo.se

English version of the website:

www.homo.se/o.o.i.s?id=1210

Skolverket (Swedish National Agency for Education)

www.skolverket.se

(Curricular publications in English)

Selected Non Governmental Organisations and other Actors

Riksförbundet för sexuell upplysning (RFSU)
(Swedish Association of Sexuality Education)

www.rfsu.se

(English version of the website)

Riksförbundet för sexuellt likaberättigande (RFSL)
(Swedish Association for Lesbian, Gay, Bisexual
and Transgender Rights)

www.rfsl.se

English version of the website:

www.rfsl.se/?p=3298

Föreningen för Sveriges Ungdomsmottagningar
(FSUM) (Forum for Swedish Youth Centres/Youth
Clinics)

www.fsum.org

English version of the website:

www.fsum.org/eng/index.htm

About 40% of adolescents live in large city regions. In certain suburban areas, 80% or more of the citizens have a migrant background. In some of these areas, unemployment is comparatively higher and people's health status poorer.

In 2002, about 40% of adolescents aged 16 were members of a sports club, about 8% of a music club, about 8% had joined a religious club or association and about 5% were members of a political organisation. (The Swedish National Board of Youth Affairs 2006; 2001; Swedish National Institute of Public Health 2000)

Funding

Their work is financed by government funds. RFSU furthermore owns two companies whose profit goes into sex education.

3 Statistical Data on Young People

At present, about 800,000 teenagers aged 13 to 19 live in Sweden. About 10% have one or two parents with a migrant background, and another 10% were born abroad themselves, of whom 5% have kept their original citizenship. The largest non-Swedish nationalities are Finnish, Iraqi, Turkish, former Yugoslavian and Somali.

While about 95% of young people continue to study at upper secondary school, the proportion of those who do not finish school is higher among pupils with a migrant background.



4 Settings of Youth Sex Education

Youth sex education is provided in schools, by health services and counselling services on HIV/AIDS, and by local branches of NGOs, such as RFSU and RFSL. Schoolteachers, social workers and health professionals are involved in the field.

School and Youth-Friendly Services (youth clinics) are the most important settings with a broad reach throughout Sweden.

Subjects of sex education addressed by setting

Subject	Setting				
	School	Health services	HIV/AIDS Counselling	RFSU Local Branches	RFSL Local Branches
Biological knowledge and body awareness	■	■	■	■	■
Sex	■	■	■	■	■
Pregnancy and birth	■	■	■	■	■
Contraception	■	■	■	■	■
HIV/AIDS	■	■	■	■	■
STIs	■	■	■	■	■
Love, marriage, partnership	■	■	■	■	■
Sexual orientation	■	■	■	■	■
Abortion	■	■	■	■	■
Sexual violence/abuse	■	■	■	■	■
Gender	■	■	■	■	■
Sexual harassment, homophobia	■	■	■	■	■

Special Focus: School

Sex education is an integral part of the school curricula. It is compulsory throughout school education, from the first class (age 6 to 7) to the last year in secondary school (age 16 to 19). Most schools have an emphasis on sex education in class 3, classes 5 and 6, and classes 8 and 9. The 50th anniversary of compulsory sex education in Sweden was marked in 2005 and 2006 by conferences and a publication on school sex education.

Family as a Setting of Youth Sex Education

Due to its long tradition in Sweden, most parents and even grandparents have experienced public sex education themselves. It can therefore be assumed that sex education is appreciated by the majority. In fact, the family is seen as important for providing support and conveying information to children, and parents are generally encouraged to be open towards answering children's questions. But there are limits for parents and families when it comes to talking about sexuality, especially with teenagers who are not very keen on turning to their parents.

Studies show the indispensable role of public sex education. According to a poll, nearly 25% of 5,000 youths aged 16 considered school as the most reliable source of information on sexuality, contraceptives and STIs. (Ungdomsbarometern 1999) Findings from different studies show that young people rather talk to their mothers than their fathers about sexuality issues. (Häggström-Nordin 2005)

5 Approaches, Strategies and Challenges of Youth Sex Education

Strategies of Access to Sex Education

Important communication strategies frequently used are:

- Personal communication
- Print media (magazines like Kamratposten - The Friend - age group 10 to 13, and Glöd - Glow - age group 13 to 19)
- Internet information/online counselling
- School sex education
- Training programmes for experts

Occasionally used communication strategies are:

- Radio/TV (programmes of the Swedish Educational Broadcasting company)
- Campaigns
- Helplines
- Community action

Peer education is rarely used in Sweden. A "life skills" approach is implemented in school sex education, where group discussions and other participatory methods are used to address topics like peer pressure or negotiation skills in the context of safer sex.

Programmes to Address Diversity

As sex education in Sweden is usually an integral part of public education, there are not many specific programmes regarding certain needs. Approaches to address diversity, such as gender, culture, sexual orientation, handicaps, are more or less integrated into school sex education and other settings.



How capable institutions are of adapting to special needs varies a lot. Schools, for example, at best adapt their approach to the target group, this being especially important in areas with a large proportion of migrants. Awareness of the necessity of adapting to special needs is less good at some schools.

So far, there are some suggestions for a curriculum regarding how to address young people with mental disabilities at school.

As gender and LGBT issues have been discussed a lot in recent years, this has had some impact on school sex education. A lot of educational and methodological material for teachers regarding sexual orientation has been published. (RFSU et al. materials) Schools often invite skilled trainers from RFSU to talk about LGBT issues. RFSU also has resources for special programmes, e.g. to initiate and support groups of young LGBTs.

Some youth clinics have developed approaches for dealing with certain aspects of cultural diversity – e.g. how to address the concept of virginity. Some youth clinics have specialised in needs regarding young people with disabilities. Programme of Skärholmen youth clinic outside Stockholm to meet disabled youth

www.fsum.org/mums/Kopenhamn.htm

A series of books – e.g. on love, contraceptives, homosexuality – has been published in easy Swedish for people with disabilities and dyslexia. They provide easy language and many pictures. Facts and information are presented in a story, usually following a person or a couple.

Projects of Best Practice

RFSU, *The Stockholm County AIDS Prevention Programme* (LAFA) and other governmental organisations and NGOs provide a wide range of educational material that is addressed to school and other settings of youth sex education. The methodology combines the transfer of knowledge with

a participatory approach. An innovative approach in this framework is to challenge norms of the heterosexual majority. In this context, projects and educational materials have been conveyed in recent years. One project is focused on raising awareness among teaching staff. Materials published partly address teachers themselves - e.g. how to be openly LGBT at school. Six municipalities participate in this project.

6 Quality management

There is a lack of evaluation and quality management in youth sex education in Sweden. There are some resources, however. Skolverket evaluated school sex education in 1999.

A summary is available in English. Contact:

www.skolverket.se.

RFSU and the *Swedish National Agency for School Improvement* hold conferences and publish manuals in order to support quality in school sex education. A quality management manual has been published for Youth-Friendly Services.

There are also follow-up surveys on campaigns to prevent STIs and HIV/AIDS, which focus more on how people assess a campaign than on its effect.

Contact

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The Swedish Association for Sexuality Education

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Internet: www.rfsu.se
www.rfsu.org

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Bremberg, Sven (2006). New tools for parents. Proposals for new forms of parent support. Swedish National Institute of Public Health

www.fhi.se/upload/ar2006/Rapporter/r200615_toolsParents0604.pdf

Danielsson, Maria; Rogala, Christina; Sundström, Kajsa (2001). Country report for Sweden. "Teenage sexual and reproductive behaviour in developed countries", Alan Guttmacher Institute, Occasional Report No. 7, Nov. 2001

www.fhi.se/shop/material_pdf/newpublic0401.pdf

Häggström-Nordin, Elisabeth (2005). What's up? Department of Public Health and Caring Sciences, Uppsala University

Swedish National Institute of Public Health (2000). Ungdomar och sexualitet (Young people and sexuality)

The Swedish National Board of Youth Affairs (2006). Ung idag 2006

The Swedish National Board of Youth Affairs (2001). Young Sweden (in English)

Ungdomsbarometern 1999. Stockholm

Materials addressing gender and LGBT issues:

Någonstans går gränsen (Here is the limit!). Material on gender, sexuality and norms in young people's lives, published by the Stockholm Branch of RFSL

Bryt! Ett metodmaterial om normer i allmänhet och heteronormen i synnerhet (Cut! Methodological material on norms and heteronormativity). Published by Forum för levande historia (Living History Forum and RFSL Ungdom)

www.levandehistoria.se

Liv i lärarrummet - om sexuell läggning och arbetsmiljö i skolan (Sexual orientation and working environment in school, a manual directed to teachers and school staff)

Tyst i klassen? Book and DVD. (Silence in the classroom? A manual how to work on sexual orientation)

Best Practice materials:

LAFAs, Stockholm County AIDS Prevention Programme (2004) The Main Thread - a handbook to promote sex education among young people and adolescents. Stockholm

Materials for schools (in Swedish):

www.rfsu.se

See: "Material".

Available online in English:

RFSU (2004). A sex atlas for schools. Sexuality and personal relationships: a guide for the planning and implementation of teaching programmes in this area for primary, junior secondary and senior secondary schools.

www.rfsu.se/upload/PDF-Material/sexatlas%20engelska.pdf

Skolverket (Swedish National Agency for Education) (1996). Love! You can really feel it, you know! – Talking about sexuality and personal relationships in school.



1 Country Profile: Selected Data

Total population ¹ (million)	7,4	2003
GDP per capita ² (US \$)	43.553	2003
Human Development Index ² (HDI)	0,947	2003
Adult literacy rate ² (% ages 15 and above)	n. a.	
Youth literacy rate ² (% ages 15 to 24)	n. a.	
Female literacy rate ² (% ages 15 and above)	n. a.	
Life expectancy at birth ¹	80,5	2001
Adults aged 15 to 49 HIV prevalence rate ³	0,4/0,4	2005/2003
Total fertility rate ¹	1,4	2000-2005
Maternal mortality rate ¹ (per 100.000 live births) (WHO estimate)	7	2000
Abortions per 1000 live births ⁴	149,28	2004
Population under age 15 ¹ (% of total)	16,6	2003
Children living in relative poverty ⁵ (in %)	6,8	2005
Expected years of schooling ¹	15,1	2005
% of all live births to mothers age under 20 years ⁴	1,07	2004
Use of contraception during last sexual intercourse (% of 15 year-old) ⁶	95,2 girls	2001
	87,3 boys	2001

1: WHO European Health Report 2005; 2: UNDP Human Development Report 2005; 3: UNAIDS 2006 Report on the Global AIDS Epidemic; 4: WHO European Health for All Da-

tabase; 5: UNICEF Innocenti Research Centre: Child Poverty in Rich Countries 2005; 6: WHO HBSC Study 2001/2002



2 National Framework and Key Actors of Youth Sex Education

Health Policy and Strategies

In Switzerland, youth sex education is comprehended as a government task, and the public education system is assigned for its implementation. However, there is no authority on a national level, as public education is the federal responsibility of the Swiss Cantons and their administrations, according to the principle of subsidiarity. On this regional level, the picture is very diverse. Sex education is compulsory in the French and Italian-speaking Cantons, and it can be stated for the national situation that HIV/AIDS prevention is a compulsory part of school education in almost every Canton.

Legal Basis

The *National Law to Prevent Epidemic Diseases* is the only legal foundation for youth sex education on a national level. It is limited to the objective of HIV/AIDS prevention. While this legal framework points out the importance of prevention and sex education, it cannot guarantee methodical implementation.

With regard to public sex education beyond this context, parents could in principle invoke their power of veto concerning sex education at school (Spencer et al. 2001). In practice, however, they hardly make use of this right, as they are thoroughly informed about the objectives of sex education, e.g. at parents' conferences.

National Budget for Sex Education

There is a national budget for HIV/AIDS prevention, of which a small amount is used to support Cantonal school sex education.

Governmental Institutions and Agencies

The 26 Cantonal departments for education and/or health are assigned to implement youth sex education on a regional level. In the framework of the *National Programme to Prevent HIV/AIDS*, the *Bundesamt für Gesundheit - Swiss Federal Office of Public Health* - plays a coordinating part to guide and assist all regional bodies involved.

Bundesamt für Gesundheit (BAG) – HIV/AIDS

www.bag.admin.ch/hiv_aids/index.html?lang=de

English version:

www.bag.admin.ch/hiv_aids/index.html?lang=en

Selected Non Governmental Organisations and other Actors

Schweizerische Stiftung für die sexuelle und reproduktive Gesundheit (PLANeS) (Swiss foundation for sexual and reproductive health)

www.plan-s.ch

(Website in French and German)

PLANeS is engaged in advocating sexual and reproductive rights on a national and international level and is the organisation of Swiss family planning, counselling centres and sex education services. PLANeS networks experts, coordinates expert trainings and runs campaigns and projects in the field of sexual and reproductive health.

AIDS-Hilfe Schweiz (Swiss AIDS Federation)

www.aids.ch

Website in German, French, Italian and English. English version:

<http://www.aids.ch/e/index.php>



The *Swiss AIDS Federation* is engaged in HIV/AIDS prevention through its local offices and implements pilot projects. In many Swiss German Cantons, the local offices are engaged in sex education in schools and offer specific projects. (Websites of Cantonal offices, see references)

Amorix – Bildung und sexuelle Gesundheit (Education and sexual health)

www.amorix.ch

(Website in French, German and Italian)

Amorix, a cooperative project of PLANeS and the *Swiss AIDS Federation*, is a national information centre for promoting and networking good practice in the field of school sex education. One focus is on materials and training for teachers and trainers in sexual and reproductive health.

However, the project is currently being transferred to a Swiss German Teacher Training University in order to enhance the anchorage of youth sex education in the Swiss German education system.

Schweizerisches Rotes Kreuz (Swiss Red Cross) – Programme of youth sex education

www.pipepa.ch/frame.html

The *Swiss Red Cross* provides online information and gender-specific training courses for adolescents aged 12 to 13 and 14 to 15.

In Switzerland, individual counselling of adolescents is carried out by NGOs (e.g. *PLANeS*, *Swiss AIDS Federation*, *Pro Juventute*). They provide public health and education services, and offer online information and counselling on websites addressed to young people. (Websites and Cantonal centres providing information and counselling, see references.) They are involved in school sex education through external experts, who arrange school projects and special days.

Certified vocational trainings for experts in the field of sexual and reproductive health have been established by PLANeS in recent years. A two-year master's course is provided to train special teachers for sex education in French and German.

www.plan-s.ch/rubrique.php3?id_rubrique=66

Funding

Basically, the NGO activities are financed by government funds. In addition, there are resources from sponsorship, donations and membership fees.

3 Statistical Data on Young People

In general, Switzerland has good standards of education, and the educational level of adolescents is high. About 25% migrants live in the country. The religious background of the Swiss, and of the migrant population, is diverse.



4 Settings of Youth Sex Education

Youth sex education is provided by sex education services, family planning centres and counselling services on HIV/AIDS. Trainers in sex education, schoolteachers, and - more seldom - social and health workers are involved.

Generally speaking, school, health services, family planning centres and sex education services address the widest range of topics in sex education. However, the conditions are too diverse to make a clear statement about implementation on site.

Subjects of sex education addressed by setting

Subject	Setting			
	School	Health Services/ Family Planning Centres	HIV/AIDS Counselling	Sex Education Services
Biological knowledge and body awareness	■	■	■	■
Sex	▨	■	■	■
Pregnancy and birth	▨	■	■	■
Contraception	▨	■	■	■
HIV/AIDS	▨	■	■	■
STIs	▨	■	■	■
Love, marriage, partnership	▨	■	■	■
Sexual orientation	▨	■	■	■
Abortion	▨	■	■	■
Sexual violence/abuse	▨	▨	■	■
Domestic violence	▨	▨	■	■

▨ Large differences in rate of implementation



Special Focus: School

Disregarding all the regional differences existing in Switzerland, it can be assumed that sex education is implemented in the curricula of compulsory schools in almost every Canton and usually provided for the age group between 7 and 16, with a focus between 13 and 16. As at the national level, there are no curricula for either HIV/AIDS prevention or sex education. The real picture in the individual Canton, commune and even school thus varies greatly. It must be assumed that there are major gaps in almost every Canton.

In the French and Italian parts of Switzerland, a general standard and full-area coverage of sex education are a reality. School sex education there is provided by certified external trainers. This cannot be said of the largest, German-speaking part of Switzerland, where the teachers themselves are responsible for implementing sex education and are mostly free to decide whether and how they do, or if they wish to engage external trainers.

5 Approaches, Strategies and Challenges of Youth Sex Education

Important communication strategies frequently used are:

- School-based projects
- Personal communication/individual counselling
- Information leaflets
- Internet information/online counselling
- Campaigns
- Helplines
- Training programmes for experts

Occasionally used communication strategies are:

- Print media
- Radio/TV
- Prevention streetwork

Peer education and community action are rarely implemented in Switzerland. Campaigns like LOVE LIFE, STOP AIDS, a cooperative project of NGOs and government bodies (website in German, French, Italian and English: www.lovelife.ch/stopaids.php), sex education programmes in the Cantons and school projects implemented by skilled trainers of NGOs play a vital part in youth sex education. The integrated life skills approach is implemented in these school projects.

Programmes to Address Diversity

There is growing awareness of the relevance of sexual orientation and ethnicity in Switzerland. These issues are addressed in training courses for professionals in the field. Gender-specific approaches are becoming state of the art, especially in programmes performed by certified trainers for sex education.

Some NGOs provide school and youth projects to address sexual orientation. School project on living homosexual love:

www.gll.ch

Projects of Best Practice

Sex education services and some NGOs in the field of sexual and reproductive health develop school projects of Best Practice.

For example:

Interactive websites for teenagers, with an answering service provided by trainers in sex education,

Workshops with teenagers to develop didactic material, such as leaflets, posters, videos,



Sex education approaches for disabled young people,

Conferences for parents to empower their role in the field of sex education.

In the framework of the national programme of HIV/AIDS prevention, regional branches of the *Swiss AIDS Federation* have implemented school projects to test innovative approaches and methods in the field of health education and HIV/AIDS prevention.

Love, Sex and AIDS is a project for implementing peer-group education in the Canton of Graubünden. It has been implemented for 6 years. The project is life skills-based and aims to support adolescents in making healthy decisions and taking the initiative for their protection.

During one week, 30 adolescents from 15 classes in the age group 17 to 19 are trained as peer educators. They deal with their own concerns regarding issues of sexuality and HIV/AIDS, and have the opportunity to broaden their knowledge and gain skills in techniques of moderation. The focus of the project is to work on a guideline for workshops. The participants decide themselves which issues and questions are of interest for their age group. The peer trainers then hold a workshop in their own classes that is evaluated by their peers, as well as teachers and staff of the *Swiss AIDS Federation*. Experience from the project shows the good impact and scope of peer education in the field. Most peer trainers are asked to hold workshops in other settings, e.g. youth groups.

Fairbag is a project implemented by the *Swiss AIDS Federation* in the Canton of Thurgau. The approach of the project is to visit schools in a team of 2 persons, one of whom is HIV-positive and one a volunteer. Role-playing and theatre are used to convey issues of prevention and safe behaviour, as well as an experience of pupils' attitudes towards minorities.

At the beginning of the project, the class does not know who is affected by the infection. While this is revealed throughout the day, the adolescents experience interaction and cooperation with the moderating team. They are confronted with their own precariousness and preconceptions.

Specific Challenges

Opposition to public sex education from parents with a fundamentalist Christian or Muslim background is exceptional. The major obstacle to implementing youth sex education is a lack of financial resources due to the fact that sex education is merely a voluntary issue in many settings, and also due to the absence of a binding legal basis for youth sex education.

6 Quality management

PLANeS and other organisations for professionals in the field have defined competencies required for trainers in youth sex education. Quality criteria also are defined to obtain the certified qualification *Trainer in sexual and reproductive health*.

The *Swiss AIDS Federation* evaluates the outcome of its projects, and quality standards are being developed. In addition, most activities are evaluated by the students and/or teachers after completion of the project.

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References / Further Reading

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Websites of Cantonal offices in the field of HIV/AIDS prevention and sex education:

www.hivnet.ch/ahsga/

www.safersex.ch/index.php?id=1&nav=prae

www.aidshilfe-gr.ch/

www.aidsinfo.ch/

www.ahbb.ch/praevention2.htm#Schulangebot

Websites providing information and counselling:

www.tschau.ch

(Website in German, provided by the Swiss Youth Foundation Pro Juventute and the Swiss Foundation for Health Promotion, Gesundheitsförderung Schweiz)

www.ciao.ch

(Website in French, list of providers and sponsors, see:

www.ciao.ch/f/ocia/?url=%2F&flashversion=9.0%20%20r16&flash7=true)

www.feelok.ch

(Website in German, provided by the University of Zurich, Institute of Social and Preventive Medicine)

Websites of Cantonal counselling and education centres in the field of prevention, sexuality, family planning:

www.beges.ch/dt/suchtmittel/sexualitaet.shtml

www.faplasg.ch/home.htm

www.adebar-gr.ch/

www.sipe-vs.ch/index.php?pageid=89

www.lustundfrust.ch/



1 Country Profile: Selected Data

Total population ¹ (million)	70,7	2003
GDP per capita ² (US \$)	3,399	2003
Human Development Index ² (HDI)	0,750	2003
Adult literacy rate ² (% ages 15 and above)	88,3	2003
Youth literacy rate ² (% ages 15 to 24)	96,6	2003
Female literacy rate ² (% ages 15 and above)	81,1	2003
Life expectancy at birth ¹	70,0	2003
Adults aged 15 to 49 HIV prevalence rate ³	n. a.	
Total fertility rate ¹	2,4	2000-2005
Maternal mortality rate ¹ (per 100.000 live births) (WHO estimate)	70	2000
Abortions per 1000 live births ⁴	181,00	1998
Population under age 15 ¹ (% of total)	28,3	2003
Children living in relative poverty ⁵ (in %)	n. a.	
Expected years of schooling ¹	9,5	2005
% of all live births to mothers age under 20 years ⁴	n. a.	
Use of contraception during last sexual intercourse (% of 15 year-old) ⁶	n. a. girls	
	n. a. boys	

1: WHO European Health Report 2005; 2: UNDP Human Development Report 2005; 3: UNAIDS 2006 Report on the Global AIDS Epidemic; 4: WHO European Health for All Da-

tabase; 5: UNICEF Innocenti Research Centre: Child Poverty in Rich Countries 2005; 6: WHO HBSC Study 2001/2002



2 National Framework and Key Actors of Youth Sex Education

Legal Basis

The *Law on Population Planning* concerns certain issues of reproductive health, e.g. maternal and child health and the provision of contraceptives and family planning services. Sex education is not specifically addressed in this legal framework.

Health Policy and Strategies

Youth sex education is integrated in the national *Reproductive Health Programme*, where “sexual and reproductive health education of adolescents and young people” is defined as a support area within the action plan. The general mission of the programme is to advance the status of sexual and reproductive health in Turkey in terms of physical, social and mental well-being for the individual and society. Among other things, the programme pays special attention to:

- Giving priority to the needs of vulnerable groups,
- Encouraging behavioural changes through communication at all levels, addressing policy-makers, managers, health service providers and society,
- Institutionalising trainings for professionals in the field,
- Increasing the diversity of services in order to meet needs,
- Reducing gender inequality and raising women’s status.

In the area of sex education, the main objective is to improve public knowledge on reproductive and sexual health, with specific emphasis on young people.

Projects and activities in the programme’s framework are implemented in cooperation with non-governmental organisations.

For further information on the programme in English, see:

www.deltur.cec.eu.int/english/e-mali-sheets3.html

www.tusp.saglik.gov.tr/eng_index.asp

National Budget for Sex Education

The *Reproductive Health Programme* is part of the national health budget and also receives financial assistance of the *European Commission*, in the framework of a bilateral, cooperative project that started in 2002. Additional funds are provided by international organisations, such as WHO, UNFPA and UNDP.

Governmental Institutions and Agencies

Governmental institutions assigned to implement sex education are the *Ministry of Health* and its health care institutions and the *Ministry of National Education* that accounts for sex education in schools.

Sağlık Bakanlığı (Ministry of Health – Directorate-General Mother and Child Health) www.saglik.gov.tr

Website in English:

www.saglik.gov.tr/eng/

Milli Eğitim Bakanlığı (Ministry of National Education)

www.meb.gov.tr

Website in English:

www.meb.gov.tr/english/indexeng.htm

Selected Non Governmental Organisations and other Actors

Important non-governmental organisations in the field of sex education are:

Türkiye Aile Sağlığı ve Planlaması Vakfı (TAP VAKFI) (Turkish Family Health and Planning Foundation)
www.tapv.org.tr

Website in English:

www.tapv.org.tr/background.htm

TAP VAKFI is dedicated to increasing family planning information and improving the quality and efficiency of family planning services in Turkey. Since the Cairo Conference in 1994, the Foundation has widened its scope to include reproductive health, which covers family planning, sexually transmitted diseases and safe motherhood.

Besides activities in the area of information, education and communication, TAP VAKFI runs family planning clinics, also in low-income city areas, in cooperation with the *Ministry of Health* and municipalities. The organisation provides mobile services and counselling at the workplace, as well as in rural and disadvantaged communities.

İnsan Kaynağını Geliştirme Vakfı (Human Resources Development Foundation) (HRDF)

www.ikgv.org

Website in English:

www.ikgv.org/ing_index.html

HRDF is engaged in promoting reproductive health and family planning education, information, training and services. It develops and implements projects and campaigns at a national and international level on a wide range of issues, e.g. STI and HIV/AIDS prevention, community-based reproductive health services, training programmes for specified groups, e.g. illiterate women, sex workers, refugee and migrant wom-

en. HRDF also provides training materials and training programmes for professionals in the field and conducts field research on sexual behaviour, use of contraceptives and reproductive health knowledge of the population, as well as of health service providers. A special focus of activities is adolescents and women. A particular project of HRDF provides accurate information and responsible behaviour training in sexual and reproductive health for adolescents. In cooperation with universities in the three major cities of Istanbul, Izmir and Bursa, a training programme and related materials are developed for teachers who serve as trainers. The programme is aiming to expand to all educational schools nationwide.

Türkiye Aile Planlaması Derneği (TAPD) (Turkish Family Planning Association)

www.tapd.org.tr

Website in English:

www.tapd.org.tr/eng/index.htm

FPAT started in the early 60s as an NGO for supporting mother-and-child health and family planning, and has widened its field of activities to advocate sexual and reproductive health and rights, as well as the human rights of women. FPAT runs women's and child health services throughout the country and is engaged in research, development and implementation of education and information programmes, with a special focus on the needs of young people. FPAT activities at a political level aim to lobby the implementation of, and to assist, youth sex education in schools, e.g. by providing training courses for school teachers. Besides the publication of information and education materials regarding sexual and reproductive health and rights, STI and HIV/AIDS prevention, the organisation has implemented youth sex education projects, addressing university students as well as young people in disadvantaged regions. The most important strategy of access to information and services regarding young people is to establish peer education.



International Children Center (ICC)

www.icc.org.tr

(website in English)

ICC is located at *Bilkent University* in Ankara, as an affiliate of the *Institute of Child Health Foundation*. As a multidisciplinary NGO, ICC aims to promote the physical, mental and social well-being of children of all ages in the context of the family and the community. It advocates human rights, the rights of women and children, and reproductive rights on a global level. ICC cooperates with concerned governments and UN agencies, particularly WHO, UNICEF, UNFPA and ILO. International training courses for experts are provided in the framework of the ICC *Adolescent and Reproductive Health Programme*. ICC also conducts and coordinates studies and research on adolescence and youth health and reproductive health issues.

Hacettepe University HIV/AIDS Treatment and Research Centre (HATAM)

www.hatam.hacettepe.edu.tr

HATAM, as a university centre, provides reproductive health and sex education programmes for young people and for various groups.

Several HIV/AIDS associations are also engaged in youth sex education in the framework of HIV/AIDS prevention.

Generally speaking, NGOs play an important part in youth sex education, especially in certain settings, e.g. the workplace, urban and rural communities, and universities. Sex education for people who have no access to formal school education is entirely provided by NGOs.

Funding

The NGO activities are financed by donations and private funding, and by international funds, e.g. from UNFPA, EU, USAID.

3 Statistical Data on Young People

According to the census data of 2000, 14,088,131 young people aged between 10 and 19 live in Turkey, this being almost 20% of the total population.

Major religion: 98% of the population are Muslim.

At present, 65% of the total population live in urban areas. However, urban regions have large squatter areas, where the circumstances of the people are characterised by rather rural traditions.

The largest ethnic group is Turkish, followed by Kurdish people. Regarding migration, emigration - in particular to Western European countries - has been ongoing for the last 30 years. At the same time, migration from rural to urban regions in the country has been a reality for a long time.

The literacy rate in Turkey shows continuous progress for both sexes. While 29.4% of the male and 9.8% of the female population were literate in 1935, the rate has now increased to 93.9% of men and 80.6% of women. Even though the literacy rate of women has increased more compared to men, the gender gap still exists.

In the period between 1975 and 2000, there was great progress in the duration of schooling. While just 12.8% of men and 5.3% of women reached a level higher than primary school in 1975, the proportion has now risen to 37.4% for the male and 19.8% for the female population. Progress can also be observed for high-school and higher-education degrees. While 16% of men and 9.1% of women graduate from higher education at present, the proportion in 2000 was 10.2% of the male and 5.4% of the female population. However, gender differences are very obvious at all levels of education.

4 Settings of Youth Sex Education

Youth sex education is provided in school, by health services, general counselling services and counselling services on HIV/AIDS. It is also provided in literacy programmes for non-schooled people. Some university health centres provide sex education for their students, and there are also some primary health care units where basic counselling and treatment services are implemented.

Social workers, schoolteachers, health professionals, psychologists and health educators are involved as professional groups.

Subjects of sex education addressed by setting

Subject	Setting						
	School	Health Services	Counselling services	HIV/AIDS Counselling	Social Services	Universities	Community and Informal Services
Biological knowledge and body awareness	■	■	■	■	■	■	■
Sex	■	■	■	■	■	■	■
Pregnancy and birth	■	■	■	■	■	■	■
Contraception	■	■	■	■	■	■	■
HIV/AIDS	■	■	■	■	■	■	■
STIs	■	■	■	■	■	■	■
Love, marriage, partnership	■	■	■	■	■	■	■
Sexual orientation	■	■	■	■	■	■	■
Abortion	■	■	■	■	■	■	■
Sexual violence/abuse	■	■	■	■	■	■	■
Domestic violence	■	■	■	■	■	■	■



Special Focus: School

Youth sex education is provided in secondary and high school, usually for young people of 10 to 18 years of age. In general, only limited teaching is implemented, mainly on biological aspects of reproductive health. A 1998 study of how sex education is implemented in Ankara's secondary schools, under the scope of "biology and health information", showed that teachers lacked training concerning this issue. Sex education was given as homework instead of being taught in the classroom, and young people named pornographic magazines as the main source of information on sexuality issues. Since 2000, the NGOs FPAT and KASAKOM, the national women's health commission of 19 voluntary organisations, have started to advocate the implementation of sex education in primary schools, for children in the age group from 7 to 12.

www.tapd.org.tr/eng/ssp.htm

Family as a Setting of Youth Sex Education

Generally speaking, families cannot cope with the task of talking to their children about sexuality and relationships. Parents themselves are not well-informed and educated in this area, and traditional family settings hinder both parents and children in talking about these sensitive issues.

A large study carried out in 2000/2001 by Hacettepe University, the WHO Collaborating Centre on Reproductive Health, regarding first-year students of Hacettepe University and Dicle University, showed that 44% of Hacettepe students and only 19.5% of Dicle students talk to their mothers on issues relating to sexual/reproductive health. More rarely, 18.5% of Hacettepe students and 7.3% of Dicle students refer to their fathers. As the region of Dicle University is more traditional, the results show significantly less communication with parents.

Issues students addressed when talking to parents were:

	Hacettepe	Dicle
Health of reproductive organs	10.9%	2.2%
Problems in the adolescent period/menstruation	21.9%	7.7%
Virginity and first night of marriage	5.2%	1.3%
STIs and HIV/AIDS	13.5%	4.3%

(Hacettepe University 2001)

5 Approaches, Strategies and Challenges of Youth Sex Education

Strategies of Access to Sex Education

Communication strategies frequently used are:

- personal communication
- print media and radio/TV

Communication strategies occasionally implemented are:

- Internet information/online counselling
- peer education
- school sex education
- training programmes for experts

Helplines and community action are only rarely used.

Personal communication, group education and the distribution of information and education materials are the most important strategies for giving access to information and services in Turkey.



Programmes to Approach Parents

Some pilot projects have established counselling services for parents on sexual and reproductive health issues that provide informative materials and individual counselling, as well as group discussions among parents. A project of the NGO *Sokak Çocukları Rehabilitasyon Derneği* (Street Children Rehabilitation Association) aims to raise awareness of sexual abuse. The activities address children, as well as parents.

Programmes to Address Diversity

Communication strategies have to take into account regional differences and differences between rural and urban areas regarding traditions and socio-cultural values. As gender discrimination is also a fact in Turkey, all education programmes consider these differences in order to implement tailored programmes. In the framework of the national *Reproductive Health Programme*, there is a focus on projects that relate to the empowerment of women and information on sexual and reproductive health. For example, projects combine literacy courses for young women with issues of family planning and safe motherhood. Another focus is on communities in disadvantaged areas, in rural parts and squatter parts of the cities.

Services and projects for specific groups are particularly provided by NGOs in the area of HIV/AIDS prevention, e.g. for drug users, sex workers and homosexual people.

The *Türkiye Özürlüler Eğitim ve Dayanışma Vakfı* (Turkish Training and Solidarity Foundation for the Disabled) aims to improve access to, and the quality of, services regarding sexual and reproductive health and rights for people with disabilities.

Project of Best Practice

At present, Youth-Friendly Services are being established at 13 of the roughly 80 universities. They are integrated into the primary health services provided by universities in Turkey. This model of *youth-friendly sexual and reproductive health services* has been developed and implemented just recently, and there are plans to broaden the health service of other universities as well.

The services provide not only individual counselling, but also information and education materials, information via websites and local radio programmes, and group education. They collaborate with local youth clubs and promote peer education in the field of sexual and reproductive health.

The *Ministry of Health* has established 16 youth clinics for sexual and reproductive health throughout the country. These model units will be monitored and evaluated in order to be expanded to other health institutions and services.

Specific Challenges

A low socio-economic status of the population - in particular women - in the east and southeast regions and rural areas of Turkey, and difficult accessibility due to harsh geographical conditions, are considered to be major reasons for limited access to education and services.

A prevalent obstacle is due to attitudes and values, particularly of older people, who consider youth sex education as a way of encouraging promiscuity. In general, girls are more under pressure of restrictive norms and traditions, and discriminatory practices are very common here.

Strategies to cope are to inform and educate people to counter those preconditions, and to advocate youth sex education among the public, using facts and arguments based on scientific research in the field.



6 Quality management

Monitoring and evaluation visits are carried out by regional and national health managers to ensure the quality of sexual and reproductive health services for young people.

Scientific follow-up studies are the most important approach for assessing the impact and quality of services and programmes. They are usually undertaken in pilot phases of projects, but recording and reporting are also implemented in permanent programmes.

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References / Further Reading

Hacettepe University (2001). Study on the influential factors of sexual and reproductive health of adolescents/young people in Turkey. Follow-up studies carried out in 2002/2004 and 2005 will be published soon. These surveys served to assess students' needs in the process of developing a sexual and reproductive health service at Hacettepe University.

1 Country Profile: Selected Data

The report relates to the situation in the UK countries and refers to the policies of the *Welsh Assembly Government*, the *Scottish Executive*, the *Department for Education and Skills* and the *Department of Health* in England and the *Northern Ireland Office*. (The Northern Ireland Executive is currently suspended.)

Total population ¹ (million)	59,3	2003
GDP per capita ² (US \$)	30.253	2003
Human Development Index ² (HDI)	0,939	2003
Adult literacy rate ² (% ages 15 and above)	n. a.	
Youth literacy rate ² (% ages 15 to 24)	n. a.	
Female literacy rate ² (% ages 15 and above)	n. a.	
Life expectancy at birth ¹	78,5	2002
Adults aged 15 to 49 HIV prevalence rate ³	0,2/0,2	2005/2003
Total fertility rate ¹	1,6	2000-2005
Maternal mortality rate ¹ (per 100.000 live births) (WHO estimate)	11	2000
Abortions per 1000 live births ⁴	281,05	2003
Population under age 15 ¹ (% of total)	18,2	2003
Children living in relative poverty ⁵ (in %)	15,4	2005
Expected years of schooling ¹	16,3	2005
% of all live births to mothers age under 20 years ⁴	7,17	2003
Use of contraception during last sexual intercourse (% of 15 year-old) ⁶	82,0 girls	2001
	81,3 boys	2001

1: WHO European Health Report 2005; 2: UNDP Human Development Report 2005; 3: UNAIDS 2006 Report on the Global AIDS Epidemic; 4: WHO European Health for All Da-

tabase; 5: UNICEF Innocenti Research Centre: Child Poverty in Rich Countries 2005; 6: WHO HBSC Study 2001/2002



2 National Framework and Key Actors of Youth Sex Education

Legal Basis

In Wales, Northern Ireland and England, the biological element of sex education must be taught as part of the statutory curriculum, and all schools should have a policy in place for sex and relationships education. In Scotland, the curriculum is not prescribed by statute, and responsibility for its delivery and management rests with education authorities and school managers.

In each of the countries, parents have the right to withdraw their children from sex and relationships education, apart from the statutory biological elements taught as part of the science curricula.

Health Policy and Strategies

The Health Departments of the UK governments are responsible for developing policies relating to health, whilst the Education Departments are responsible for education policies. The legislative framework around these policies is determined by the respective parliaments/assemblies.

The major objectives of policy and legislation referring to youth sex and relationships education are:

To help and support young people through their physical, emotional and moral development,

To help them develop the skills and understanding they need to live confident, healthy and independent lives.

A range of agencies are involved in sex education for young people in the UK countries. Schools undertake public sex and relationships education. Some sexual health promotion is carried out in *National Health Service* sexual health and contraceptive provision and by NGOs, e.g. Brook. It also features as part of youth work and community development projects. The governments of the UK countries and some local and voluntary sector organisations run health promotion campaigns. A

range of websites provided by various institutions and organisations offers sexual health information for young people.

Governmental Institutions and Agencies

Department for Education and Skills, England

www.dfes.gov.uk

Qualifications and Curriculum Authority, England

www.qca.org.uk

Teenage Pregnancy Unit, England

www.dfes.gov.uk/teenagepregnancy/

Welsh Assembly Government, Department for Education, Life-Long Learning and Skills:

[//new.wales.gov.uk/topics/educationandskills/?lang=en](http://new.wales.gov.uk/topics/educationandskills/?lang=en)

Welsh Assembly Government, Department for Health and Social Services:

[//new.wales.gov.uk/topics/health/;jsessionid=DE5637F69CA83ACC8E8FA156BBD47C95.www1?lang=en](http://new.wales.gov.uk/topics/health/;jsessionid=DE5637F69CA83ACC8E8FA156BBD47C95.www1?lang=en)

Scottish Executive, Education and Training:

www.scotland.gov.uk/Topics/Education

Scottish Executive, Health and Community Care:

www.scotland.gov.uk/Topics/Health

Northern Ireland Office: Department of Education:

www.deni.gov.uk/index.htm

Northern Ireland Office, Department of Health, Social Services and Public Safety:

www.dhsspsni.gov.uk/



National Budget for Sex Education

Resources for sexual health education in schools are drawn from the overall school budget. Health services are funded by the UK governments via local primary care commissioning organisations. The government also provides funding to voluntary sector organisations to undertake work in the field.

Selected Non Governmental Organisations and Other Actors

Sex Education Forum (SEF)

www.ncb.org.uk/sef/

SEF is a collaboration of around 50 organisations engaged in sex and relationships education. The focus has expanded from educational settings to include other important environments, i.e. home, care, health, community, youth and secure settings. The Forum aims to ensure the entitlement of all children and young people to information and support. It holds regular meetings to explore and discuss emerging research, policy and practice, provides advice and support to government, articulates a common voice on sex and relationships education to the media, and prepares briefings and publications to promote Best Practice.

Brook

www.brook.org.uk

Brook, a national voluntary sector provider of free and confidential sexual health advice and services specifically for young people, runs a network of centres across the UK. These provide contraception, some testing and treatment for STIs, advice and counselling about sexual health, as well as outreach, education and satellite services in response to local need. *Brook* also runs a national *Young People's Information Service "Ask Brook"* offering support on sexual health issues and signposting to local provision. The confidential service comprises a freephone helpline, online enquiry and texting services. *Brook* produces a range of publications for use by teachers, parents, youth workers and young people.

www.brook.org.uk/content/M1_askbrook.asp

Family Planning Association (FPA)

www.fpa.org.uk/

As an expert organisation, FPA is engaged in influencing policy at a national and local level, and in developing good practice models for professionals. FPA's website provides basic information for young people on contraception and sexual health and signposting to local services, and runs a national helpline as a confidential advice service. FPA offers training and consultancy for professionals and community workers on sexuality, sexual and reproductive health, sex and relationships education, sexuality and disability, and runs cooperative projects with local groups and communities in the field.

NGOs lobby government regarding the right of all young people to receive high-quality sex and relationships education, and for teaching of personal social and health education (the programme within which sex and relationships education is normally delivered) to be made statutory in schools.

Funding

The services and activities of NGOs in each country are funded by the departments of the education and health sector. Additional resources are raised by charitable funding, e.g. lottery and the BBC's *Children in Need* funds.



3 Statistical Data on Young People

According to 2001 census data, approximately 7.5 million - 12.8% of the UK population - were aged 10-19 years. There is huge ethnic and religious diversity among the younger population of large urban centres, though in rural areas the population is less diverse. For example, 2/5 of London's younger population are from Black, Asian or minority ethnic communities, compared to 13.2% of 13-19 year olds nationwide.

4 Settings of Youth Sex Education

Sex and relationships education is provided in schools, by health services and youth services. Schoolteachers, health professionals and youth workers are engaged in the field.

Subjects of sex education addressed by setting

Subject	Setting				
	School	Health services	Youth Services (incl. websites, helplines and online services for youth)	HIV/AIDS Counselling	Social Services and Community
Biological knowledge and body awareness	■	■	■	■	■
Sex	■	■	■	■	■
Pregnancy and birth	■	■	■	■	■
Contraception	■	■	■	■	■
HIV/AIDS	■	■	■	■	■
STIs	■	■	■	■	■
Love, marriage, partnership	▨	■	■	■	■
Sexual orientation	■	■	■	■	■
Abortion	■	■	■	■	■
Domestic violence	■	■	■	■	■

▨ Partly implemented



Special Focus: School

The statutory biological elements are integrated in the school curricula in England, Wales and Northern Ireland. Each of the countries provides guidance about the teaching of sex and relationships education, setting the biological elements in the context of emotional and social development.

Content and implementation in the curricula of primary and secondary schools vary across the UK countries. The *Welsh Assembly*, the *Northern Ireland Council for the Curriculum, Examinations and Assessment*, and the *Department of Education and Skills* (England) recommend sex and relationships education for primary and secondary schools. (For detailed information on curricula and guidelines, see references.)

Family as a Setting of Youth Sex Education

In surveys, parents consistently show support for school-based sex and relationships education, as many feel they lack the confidence to talk to their children about these issues. Surveys of young people show that schools and friends are seen as more important sources of information about sex and relationships than families. (BBC et al. 2006; The Centre for Sexual Health Research et al.)

5 Approaches, Strategies and Challenges of Youth Sex Education

Strategies of Access to Sex Education

Important communication strategies frequently used are:

- Print media, particularly articles in the (NGO and commercial) teen press and newspapers, addressing such issues as sex, contraception, love and partnership,

- Internet information and online counselling, provided by governmental and non-governmental organisations,

- School sex education (with limitations as noted above).

Occasionally implemented strategies are:

- Personal communication, in the context of health consultations, e.g. by school health drop-in clinics, young people's clinics,

- Radio/TV, e.g. as storylines in soap operas and some materials available for use in schools,

- Campaigns focusing on a certain topic, e.g. STIs or domestic violence,

- Helplines, provided by governmental and non-governmental telephone information services,

- Peer education,

- Community action, e.g. projects with young parents or raising self-esteem in high-risk groups,

- Training and certification programmes in personal health and social education, for teachers and community nurses in England.



School-based education should be the most important strategy, as it has the potential for the greatest reach among the younger population. However, young people frequently complain that the education they receive in schools is too little, too late and too biological.

Implementation of the “Life Skills” Approach in Youth Sex Education

Good practice guidance encourages sex and relationships education to be planned and delivered as part of personal social health and citizenship education, thus bringing a life skills approach.

Programmes to Approach Parents

Parentline plus offers a telephone helpline and on-line question-and-answer service for parents. Its website includes frequently asked questions about dealing with issues relating to sex and relationships with their children. A sex and relationships project called Time to Talk aims to help parents talk about sex and relationships.

www.parentlineplus.org.uk/index.php?id=182

FPA offers *Speakeasy* courses for parents to help them talk to their children about sex. Courses aim to be fun and relaxed, enabling parents to learn together from their own experiences in a supportive environment. Evaluation shows that parents taking part in *Speakeasy* increase their confidence to talk to their children about sex and relationships. Many felt more open, less embarrassed, and over 80% increased their knowledge of puberty, sexually transmitted infections and contraception.

www.fpa.org.uk/about/projects/index.htm#4

Programmes to Address Diversity

Sex and relationships education in schools has been criticised for not being sufficiently sensitive to the needs of different groups, including boys and young men. It has also been criticised for not paying sufficient attention to issues around sexual orientation and addressing the problem of homophobic bullying in schools. Schools are responsible for developing their own policy on sex and relationships education, which should take account of the cultural diversity of their pupils.

There are many resources available for working with young people with learning difficulties and for working with boys and young men, such as books without words and in easy language, videos, games and teaching materials and programmes. (For details, see:

www.respond.org.uk/business/Sexed.pdf

- people with learning difficulties - and

www.workingwithmen.org/resources/

- boys and men. Some resources listed are available online.)

The *Brook* centre in the town of Milton Keynes works extensively with the local college, providing staff training, as well as tutorials for young people. These tutorials are tailored to the needs of specific groups, e.g. young people with learning difficulties and young asylum seekers. They also provide drop-by services at each campus, where students can get condoms, contraception, pregnancy and chlamydia testing. They recently finished training a team of peer tutors, including teenage mothers, who will work alongside the outreach team. The course was accredited by the *Open College Network*.

In addition to the usual school sex and relationships education, *Brook* in Milton Keynes runs 6-week sex courses in several schools for pupils who have been identified as vulnerable, so that issues can be explored in depth in a safe, closed group. In another school, they run linked tutorials with two other local organisations working in the field of drugs and alcohol, and gay and lesbian youth. The tutorials address issues such as risky sex, alcohol and prejudice.



Project of Best Practice

An innovative approach is *Da Playa's Klub drama group*, a programme that aims to improve sexual health awareness among 16 to 21 year-old men living in south London, which has some of the highest levels of STIs in the UK and the highest rate of teenage pregnancies in England and Wales. Drama is used to challenge attitudes and behaviour, and gives the chance to explore health in a fun and creative way. Participants also explore issues around personal development, their own role in society, and social interaction. The young men are encouraged to express their views and to use a range of creative methods to formalise what they have learned. *Da Playa's Klub* is funded by the local council's teenage pregnancy unit and based on a pilot project that brought out a play, an educational video, a website and a CD-ROM, available for use by health professionals, youth workers and primary care trusts.

Specific Challenges

Certain sections of the media propagate the idea that provision of sex and relationships education encourages young people to have sex from an early age and promotes promiscuity. There are also movements for abstinence-based education, particularly associated with some Christian and other religious groups. Evidence demonstrating that young people who receive holistic sex and relationships education from an early age are more likely to delay their first sex, and to protect themselves when they do have sex for the first time, is consistently presented to counter such arguments.

6 Quality management

The *National Healthy School Standard* provides a model of partnership working between the health service and schools, with the aim of promoting a coherent and holistic message about the importance of a healthy lifestyle. The Standard is part of the *Healthy Schools Programme*, led by the *Department of Education and Skills* and the *Department of Health* (England). It offers support for local programme coordinators and provides an accreditation process for education and health partnerships. Standards of good practice in the area of personal, social and health education include sex and relationships education.

www.standards.dfes.gov.uk/sie/si/SfCC/good-practice/nhss/

Ofsted, the *Office for Standards in Education* (England) is required under the *Schools Inspections Act 1996* to evaluate and report on the spiritual, moral, social and cultural development of any school it inspects. This includes the school's sex and relationships education policy. In 2002, *Ofsted* carried out a survey of sex and relationships education and produced good practice guidance. (*Ofsted* 2002)

The *Qualifications and Curriculum Authority* (England) runs a personal, social and health education monitoring programme and has developed a package of guidance on standards and assessment in this area. (*Qualifications and Curriculum Authority* 2005)



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Sex Education Forum (2005). Fact Sheet 30: Sex and Relationships Education Framework. (England). Published online:

www.ncb.org.uk/sef/Upload/19154056_ff30_sef_2004.pdf

1 Country Profile: Selected Data

Total population ¹ (million)	48,4	2003
GDP per capita ² (US \$)	1.024	2003
Human Development Index ² (HDI)	0,766	2003
Adult literacy rate ² (% ages 15 and above)	99,4	2003
Youth literacy rate ² (% ages 15 to 24)	99,8	2003
Female literacy rate ² (% ages 15 and above)	99,2	2003
Life expectancy at birth ¹	67,8	2003
Adults aged 15 to 49 HIV prevalence rate ³	1,4/1,3	2005/2003
Total fertility rate ¹	1,2	2000-2005
Maternal mortality rate ¹ (per 100.000 live births) (WHO estimate)	38	2000
Abortions per 1000 live births ⁴	618,07	2004
Population under age 15 ¹ (% of total)	16,0	2003
Children living in relative poverty ⁵ (in %)	n. a.	
Expected years of schooling ¹	11,4	2005
% of all live births to mothers age under 20 years ⁴	12,64	2004
Use of contraception during last sexual intercourse (% of 15 year-old) ⁶	62,5 girls	2001
	85,0 boys	2001

1: WHO European Health Report 2005; 2: UNDP Human Development Report 2005; 3: UNAIDS 2006 Report on the Global AIDS Epidemic; 4: WHO European Health for All Da-

tabase; 5: UNICEF Innocenti Research Centre: Child Poverty in Rich Countries 2005; 6: WHO HBSC Study 2001/2002



2 National Framework and Key Actors of Youth Sex Education

Health Policy and Strategies

Youth sex education is implemented in the national strategy *Reproductive Health of the Nation 2006-2015*, adopted by the government in 2006. The main objectives referring to youth sex education within this programme are:

To improve and enhance services addressed to young people in the regional *Family Planning Centres* in Ukraine, with a special focus on the promotion of safe behaviour,

To develop curricula for youth sex education on a national level.

Sex education is integrated in the school curriculum.

Institutions and services implementing youth sex education and health prevention on behalf of the government are:

Family Planning Centres, present in the central cities of each district in Ukraine.

Youth-Friendly Services (Youth Clinics), present in 6 districts, the largest centre being located in Kiev.

HIV/AIDS centres, providing treatment and primary prevention of HIV/AIDS and STIs. The national information centre for HIV/AIDS is located in Kiev.

National Budget for Sex Education

Activities in the framework of the national strategy on reproductive health are wholly or partly funded by the government.

International programmes, e.g. of the WHO Regional Office for Europe, UNDP and UNICEF, fund the development of strategies and activities, particularly in the priority area of HIV/AIDS prevention.

Governmental Institutions and Agencies

Міністерство освіти України (The Ministry of Education), Міністерство охорони здоров'я України (The Ministry of Health) and their bodies are the most important governmental institutions in the area of youth sex education.

Selected Non Governmental Organisations and other Actors

NGOs engaged in youth sex education, adolescents' reproductive health and HIV/AIDS/STI prevention are:

Жінка, Здоров'я, Долголетие / Жінка, Здоров'я, Довголіття. (Woman. Health. Longevity). The mission of the organisation is to improve women's health and quality of life. The target groups are women and young people, health and education professionals, and district government organs.

Українська асоціація планування сім'ї / Українська асоціація планування сім'ї. (Ukraine Family Planning Association) (UFPA). UFPA, an association of several NGOs, is engaged in the field of family planning and improvement of a healthy way of life.



Шаг к будущему / Крок до майбутнього (Step to the Future). The organisation advocates the protection of human rights and is engaged in reproductive health education for young people and in promoting a healthy way of life.

NGOs play an important part in promoting the establishment of Youth-Friendly Services throughout Ukraine in order to guarantee access to information, consultation and counselling for adolescents in all regions of the country.

Funding

Activities of the NGOs are partly financed by government funds, provided within the budget of the national strategy on reproductive health and the national programme *Children of Ukraine*. Another national resource is sponsorship and funds from regional, local and community bodies. NGOs are also funded by international programmes, e.g. of WHO, UNDP, UNICEF

3 Statistical Data on Young People

In 2005, 34,050 children and young people from 0 to 14 years and 104,421 adolescents from 15 to 17 years lived in Ukraine.

4 Settings of Youth Sex Education

Youth sex education is provided in school, by health services, general counselling services, counselling services on HIV/AIDS and social services. Social workers, schoolteachers and health professionals are involved as professional groups.

Subjects of sex education addressed by setting

Subject	Setting				
	School	Health Services	General Counselling	HIV/AIDS Counselling	Social Services
Biological knowledge and body awareness	■	■	■	■	■
Sex	■	■	■	■	■
Pregnancy and birth	■	■	■	■	■
Contraception	■	■	■	■	■
HIV/AIDS	■	■	■	■	■
STIs	■	■	■	■	■
Love, marriage, partnership	■	■	■	■	■
Sexual orientation	■	■	■	■	■
Abortion	■	■	■	■	■
Sexual violence/abuse	■	■	■	■	■
Domestic violence	■	■	■	■	■



Special Focus: School

School sex education is implemented for young people from 14 years on. Guidelines and curricula to guarantee standards and issues addressed in school are being designed, with a focus in the area of HIV/AIDS prevention.

5 Approaches, Strategies and Challenges of Youth Sex Education

Strategies of Access to Sex Education

Communication strategies frequently used are:

- Personal communication
- Print media
- Internet information and online counselling
- Campaigns
- Helplines
- Peer education
- Community action

Occasionally used communication strategies are:

- radio/TV
- training programmes for experts

Youth-Friendly Services and school sex education are the most important strategies for giving young people access to information and services. Enlarging the network of YFS and the further development of school sex education are major challenges in the field.

Implementation of the “Life Skills” Approach in Youth Sex Education

A life skills approach is integrated in UNICEF programmes providing information and education for young people concerning HIV/AIDS and safe behaviour. The programmes aim to ensure that, by 2010, at least 95% of young people aged 10 to 18 have access to information and services addressing HIV/AIDS. (UNICEF)

Specific Challenges

For specific groups of young people, there is only limited access to information and services, particularly for young people in the country and parentless children living in children's homes.

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www.unicef.org/publications/files/UNICEF_CEE-CIS.pdf



1 Country Profile: Selected Data

Total population ¹ (million)	25,6	2003
GDP per capita ² (US \$)	389	2003
Human Development Index ² (HDI)	0,694	2003
Adult literacy rate ² (% ages 15 and above)	99,3	2003
Youth literacy rate ² (% ages 15 to 24)	99,7	2003
Female literacy rate ² (% ages 15 and above)	98,9	2003
Life expectancy at birth ¹	70,0	2002
Adults aged 15 to 49 HIV prevalence rate ³	0,2/0,1	2005/2003
Total fertility rate ¹	2,4	2000-2005
Maternal mortality rate ¹ (per 100.000 live births) (WHO estimate)	24	2000
Abortions per 1000 live births ⁴	84,23	2003
Population under age 15 ¹ (% of total)	33,3	2003
Children living in relative poverty ⁵ (in %)	n. a.	
Expected years of schooling ¹	n. a.	
% of all live births to mothers age under 20 years ⁴	3,98	2004
Use of contraception during last sexual intercourse (% of 15 year-old) ⁶	n. a. girls	
	n. a. boys	

1: WHO European Health Report 2005; 2: UNDP Human Development Report 2005; 3: UNAIDS 2006 Report on the Global AIDS Epidemic; 4: WHO European Health for All Da-

tabase; 5: UNICEF Innocenti Research Centre: Child Poverty in Rich Countries 2005; 6: WHO HBSC Study 2001/2002



2 National Framework and Key Actors of Youth Sex Education

Health Policy and Strategies

Youth sex education in Uzbekistan is embedded in a government programme which comprises the implementation of sex and reproductive health education in the school curricula. At the same time, a plan of action to introduce *Youth-Friendly Services* (YFS) throughout Uzbekistan has been established.

The main objective of this programme is to improve young people's knowledge and skills regarding reproductive health, and to raise awareness in the area of HIV/AIDS and STI prevention.

National Budget for Youth Sex Education

The programme's start-up and its implementation were financed by international funds, e.g. from UNESCO. Currently, it is exclusively covered by government funds.

Governmental Institutions and Agencies

The *Cabinet of Ministries*, the *Ministry of Health* and the *Ministry of Public Education* are assigned to implement the task on behalf of the government. The action plan to introduce YFS is implemented under the auspices of the *Women's Committee of Uzbekistan*. The *Ministry of Health*, the *National AIDS Centre*, the national centre for reproductive health of adolescents, *Tarikat* and the social youth organisation *Kamolot* play an active part in its implementation. Youth sex education also is a task of local social services provided by city or district administrations, such as the *Makhalla* centre in the city of Tashkent.

The most important government institution in the field of youth sex education is *Tarikat*, the national centre for reproductive health of adolescents.

There are no non-governmental organisations active in the field.

3 Settings of Youth Sex Education

Youth sex education is also provided by health services, general counselling services, social services and specific counselling services on HIV/AIDS. Thus schoolteachers, health professionals and social workers are involved.

Special Focus: School

Youth sex education is part of the school curriculum. It is provided at secondary schools, on an average of two school hours per week, for adolescents aged from 10 to 16. This programme is based on a life skills approach and aims to implement sex education as an integral part of school education.

Subjects of sex education addressed by setting

Subject	Setting					
	School	Health Services	General Counseling	HIV/AIDS Counseling	Social Services	Local Centres
Biological knowledge and body awareness	■	■	□	□	□	□
Sex	■	□	□	□	□	■
Pregnancy and birth	■	■	□	■	■	■
Contraception	■	■	□	■	■	■
HIV/AIDS	■	■	■	■	■	■
STIs	■	■	■	■	■	■
Love, marriage, partnership	■	■	□	□	■	□
Sexual orientation	■	■	□	□	■	□
Abortion	■	■	■	■	■	□
Sexual violence/abuse	■	□	■	■	■	□
Domestic violence	■	■	□	□	■	■



4 Approaches, Strategies and Challenges of Youth Sex Education

Strategies of Access to Sex Education

Communication strategies frequently used are:

- Print media
- Radio/TV
- Peer education
- School sex education
- Community action
- Training programmes for experts

Helplines are occasionally used, while such communication strategies as personal counselling, Internet information/online counselling and campaigns are rarely implemented.

The most important communication strategy is sex education at school.

Implementation of the “Life Skills” Approach in Youth Sex Education

School sex education was developed on a life skills approach. A life skills-based pilot project is being implemented in one region of Uzbekistan. It is funded by a USAID programme.

Project of Best Practice

Youth sex education is at an initial stage and still a field of development in Uzbekistan. Up to now, the school programme for reproductive health is the most innovative approach to youth sex edu-

cation. However, it is a task to increase teachers' knowledge and skills. As the aim is to introduce health professionals into school sex education, a guideline for teacher training is being designed. It takes into account such aspects as adolescents' reproductive rights, psychological issues, problems and needs of young people.

Specific Challenges

The school programme for sex education faced difficulties in the initial stage, as teachers were neither informed nor prepared for this new task.

The major religion in Uzbekistan is Islam. There is no outright opposition of religious organisations against public youth sex education, although it is not welcomed and regarded critically.

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SYNOPSIS

The Country Papers provide a pool of common developments and differences in youth sex education in Europe. At international conferences, countries with their own history and different traditions come together. It is important to realise and respect these differences, as they provide background information for exploring certain aspects and developments of sex education in the individual countries. To be aware of these differences might also support carefulness when discussing the transfer of concepts and strategies from one national context to another.

At the same time, common developments and convergence across the countries can be seen, not only in the field of sex education for young people, but also in relation to alcohol consumption, fertility rates or the organisational structure of social services, for example.

The state of the art in sex education in the 16 countries analysed in this synopsis primarily refers to the information provided by the Country Papers, and to some additional information concerning the national backgrounds. It is far from being systematic and can only highlight a few aspects, as a first step and a modest contribution to the major task of exploring European developments in the field of sex education, bringing together the unique history of each country and common tendencies towards the implementation of sex education of good quality throughout Europe.

Common aspects and convergence across countries

The common foundation of youth sex education in Europe is, first and foremost, international declarations and goals in the field of sexual and reproductive health, as defined at the Cairo Conference on Population and Development 1994 and in the IPPF Charter on sexual and reproductive rights.

In all countries, the state is considered to be responsible for the implementation of sex education, and there are legal foundations and/or guidelines and strategic frameworks on a national level. School sex education is an important setting for public youth sex education in all countries, and mostly defined as statutory. Furthermore, multiple actors are engaged in the field, such as health and welfare services, and NGOs.

Also a convergent development is the professionalisation of services, e.g. concerning standards for the qualification of professions involved in sex education, in relation to the development of guidelines and concepts of good quality, or regarding the implementation of training programmes for experts.

Regarding strategies for sex education, all countries share an awareness of the special needs of vulnerable groups, in order to tackle social and gender inequalities and to open services and programmes for the diverse migrant populations.

Differences between countries: traditions, welfare systems and general frameworks of political strategies

Comparative analyses concerning the organisation of social services in European countries mostly refer to the welfare classification system by Esping-Andersen¹ (1990), which distinguishes between the corporatist or conservative model (e.g. France, Germany, Italy), the neo-liberal model (e.g. UK) and the social-democratic model (e.g. the Scandinavian countries). This welfare classification system sensitises people to view the differences between countries in a more systematic way and to recognise their historical roots and their relations to the economic development of a country. However, neither does this classification apply to the specific situation of most Eastern

¹ Esping-Andersen, Gøsta (1990): *The Three Worlds of Welfare Capitalism*, Princeton, N.J.



European countries, nor is it helpful for a comparative analysis of youth sex education in different European countries. Most Eastern European countries share a common history as having been part of the former Soviet Union. Their health and social care systems were characterised by centralised, government-managed services providing universal health care to all citizens. Their systems have undergone rapid and radical changes.

As there are no similar classifications regarding the organisation of sex education up to now, it might be helpful to pick out those characteristics which are relevant for the profiles of sex education, adding further criteria that are influential as well. In this respect, the Country Papers will be summarised, taking a closer look at:

- The configuration of actors: government policies and the role of NGOs,
- Processes of transformation,
- The state – family relationship,
- Traditions of family values, gender relations and sexuality,
- Profiles and policies of migration.

Configuration of actors: government policies and the role of NGOs

In all countries, the state is considered to be responsible for education, and thus for the sex education of young people, but due to specific historical developments in the area of public education, health and welfare systems, there are differences with regard to the degree of national or federal authority, and differences in how NGOs are assigned to take on public tasks in the field.

Regarding Western Europe, youth sex education is implemented in the framework of a national strategy in some countries, such as France or Portugal, whereas sex education programmes differ regionally in federal countries like Switzerland or Germany, and countries with regional self-government, such as the United Kingdom and Belgium.

Furthermore, as each country has its own traditions in the development of NGOs and welfare organisations, NGOs are involved in sex education in different ways and contexts. In most Western countries, NGOs are accounted partners of public sex education and act on behalf of the government, partly in a long tradition of cooperation, e.g. as in Germany, the Netherlands, France and Belgium. The specific role of NGOs, which is to meet needs of minority and vulnerable groups, to address currently emerging needs and to introduce innovative approaches, can be observed in all Country Papers.

In the Netherlands, a country where NGOs traditionally play an important role, and also in Germany, the tasks of NGOs are defined very broadly, whereas the NGOs' emphasis is more on advocacy in the Nordic countries, such as Sweden, which are characterised by a highly developed public sector. In most Eastern countries, where NGOs have been newly established in the process of transition, they play the most important part in the implementation of national strategies of sex education. In some Eastern countries, such as Uzbekistan, providing sex education is exclusively a government responsibility, whereas only NGOs are active in the field in other countries, such as the Russian Federation.

Despite similar roles and tasks, NGOs vary in their political, religious or ideological background, according to the importance and history of political and religious groups as actors in the field of social services for families and reproductive and sexual health. In countries like Germany and the Netherlands, a specific background of non-government actors can be observed, e.g. influenced by the Churches, the workers' movement or the movement for the right of choice.

If NGOs are important actors, they also shape the profile of sex education on grounds of their specific mission and through the establishment of cooperative partnerships with other organisations. This applies to Kyrgyzstan, where the NGOs address sex education and sexual health in the broader context of advocating human rights and democracy. In France, for example, organisations engaged in sex education for persons with disabilities cooperate with social services and organisations addressing disability.



Transition and transformation

Regardless of regional differences, all countries report changes and new challenges, mostly referring to new and aggravated social inequalities and the emergence of new vulnerable groups, e.g. young migrant women or delinquent youth. Changing patterns in young people's information strategies require responding services, e.g. online counselling or interactive websites.

However, Eastern European countries are undergoing far more radical and rapid changes that affect all sectors of society in a process of economic, political and social transformation. These fundamental transitions require the development of frameworks and actors in the field of sex education.

Youth sex education has to deal with the consequences of these rapid changes. Most of the Eastern European Country Papers report a shortage of resources for activities in the field. Lack of resources seems to have an impact on the strategies chosen to implement sex education. Countries with limited resources tend to rely on peer education and internet information and counselling, whereas individual face-to-face counselling is a common strategy in Western Europe. Many countries in transition, e.g. Ukraine, aim to spread the implementation of Youth-Friendly Services in order to guarantee sustainable access to information and services for young people. For providing Youth-Friendly Services, cooperation on both an international and national level plays an important part, e.g. as in Turkey, where universities run reproductive health services for young people.

In times of rapid change, the gap between generations is more pronounced, as parents – or teachers as well – may lack knowledge and familiarity with changing patterns of life and relationships. Thus, addressing and supporting parents in their educational tasks is a vital challenge – keeping up with the sexual development and growing-up of children can be seen as a task for both children and their parents. In contrast, it can be supposed in countries with a long tradition of sex education that parents are “sex-educated” themselves.

Last, but not least: rapid changes create new vulnerable groups among those who find themselves left on the losing side of current developments.

Public sex education versus responsibilities and rights of families?

Besides the involvement of NGOs, the participation of families has an important impact, as does how their educational rights are defined in relation to responsibilities of the state, and whether youth sex education is regarded as a public or private matter.

Countries like Sweden or Belgium, belonging to the “social-democratic” type of welfare system with highly developed public services, regard sex education as a public task, in order to ensure well-being and equal access to services for all citizens. Sex education is understood as access to sexual and reproductive rights and choice, and the state is considered to be responsible for ensuring these individual rights on the basis of social and human rights. The Country Paper from Sweden also mentions the limits for parents when talking about sexuality, especially with their teenage children.

On the other hand, the liberal concept defines limits of public influence and points out privacy as a sphere of individual freedom, to be protected from public educational intervention. Sex education is regarded more as a task of the family. While, for example, Switzerland and the countries of the UK have defined a parents' right to intervene against public sex education, these countries report a generally open and supportive attitude of parents towards school sex education. The Country Paper from France mentions as a specific challenge that certain families and some teachers think it should be the parents' responsibility to handle sex education for young children. Austria has a cooperative model of public and parental sex education, and Germany a concept based on the principle of subsidiarity.



Traditional values, gender relations and sexuality

Some countries, such as Kyrgyzstan and Turkey, point out predominantly traditional attitudes and values regarding family structures, gender roles, and sexuality in general. Hungary describes conservative values and traditions as still being prevalent. At the same time, the family is confronted with fundamental changes in family structures and patterns of relationships, this being why it is necessary to implement public programmes supporting families in their educational task.

Countries like the Russian Federation, Portugal, Switzerland and Latvia also report opposition to youth sex education, raised by religious organisations. Strategies for responding to both traditional and religious positions are to advocate youth sex education on the basis of scientific evidence and to seek cooperation in the public debate, e.g. with parents' organisations, as reported from Portugal.

Addressing gender equality, gender roles and relationships is an integral part of sex education in all European countries. However, women's empowerment and promotion of women's sexual and reproductive rights remain a vital challenge, regarding not only traditional concepts of gender and family in some Eastern European countries, but also special vulnerable groups, such as migrant women or young, poorly educated girls in Western Europe.

Sexual orientation is implemented in the framework of youth sex education in some countries, such as Sweden. However, many countries in the East and the West point out that advocacy for homosexual rights and addressing the needs of young homosexual people is a specific task of NGOs.

Profiles and policies of migration

The populations of all European countries are heterogeneous and encompass different social groups – sometimes minorities – in respect of religion, ethnic background or language, such as the Flemish-speaking and French-speaking parts of Belgium, the Kurds in Turkey or the Roma in Hungary. In most Western European countries, migrants in particular constitute religious and ethnic minorities, but minorities may also have been living in the country for a long time.

Besides legal regulations on a Western European level, national policies towards migration show different concepts and strategies of integration or exclusion.¹ These political strategies are reflected in the concepts of sex education for migrant groups, as the following examples indicate. In France, and similarly in Sweden, integration strategies are based on a concept of inclusion by citizenship. Approaches to cultural diversity in sex education confront, in a conflict-oriented way, the traditional patterns of migrant communities on grounds of basic principles, such as gender equality, which are supposed to be adopted by all citizens, including migrants. In the Netherlands, ethnic minorities and migrant groups are respected in their collective rights, and self-organisation within migrant communities is promoted. Accordingly, young migrants and migrant women are involved in the development of programmes and the provision of services. The special needs in sex education for young migrants are seen as resulting from a double burden – exclusion due to mainstream conceptions of the majority population, and restrictions due to conceptions regarding sexuality and gender relationships within the migrant communities. In the UK, the focus is more on integrating special needs of migrants in programmes of sex education addressing social inequalities. One approach to meet these needs is community-based projects on a local level. In

¹ There is no consistent definition of "migrant" in the Country Papers. Sometimes, the definition refers to the citizenship held, sometimes a broader definition is used, defining migrants as persons who, or whose parents, are born abroad with a foreign nationality.



general, the awareness of the need to provide special programmes of sex education for migrant groups depends, in most countries, on their identification as an immigration country.

Taking action to improve sex education

The Country Papers are impressive documentation of innovative approaches and efforts to improve sex education for young people. Since one of the intentions of the conference is the exchange of ideas, networking and mutual support, the synopsis also covers concrete strategies of sex education: sex education in school, strengthening the competencies of parents, locating sex education in the context of health behaviour or personal development, addressing specific needs, ensuring quality and sharing knowledge.

Sex education in school

School is seen as an important setting in all countries. However, there is a wide variety of ways to implement youth sex education in school curricula. Sex education – at least the biological aspects – is compulsory in secondary schools in most countries. Leaving the implementation of sex education at least partly to the decision of teachers and the individual school, as is the case in the Netherlands, Portugal and Switzerland, has to be seen in the context of the specific national situation, as mentioned above.

The issues addressed in school sex education vary: sometimes biological aspects are predominant, sometimes sex education is embedded in health education, sometimes the focus is on HIV/AIDS prevention, or sex education is part of an integral life skills approach.

All countries report certain limits to school sex education, in particular lacking skills of the teaching staff and the difficulty of establishing standards

and introducing innovative approaches into the school setting.

One strategy for providing sex education at school is to cooperate with NGOs or health services, as in the Russian Federation and Hungary, or to provide sex education in schools by certified external trainers, as reported for Switzerland. Another access is to train and support teachers themselves, in training programmes, by the provision of teaching guidelines and information materials, as mentioned in many Country Papers. Informing and supporting teachers seems to be even more important if teachers have not received adequate sex education themselves, e.g. as in Latvia and Turkey. Portugal describes a project of Best Practice addressed to teachers and other professionals involved in school education: training and supervision are provided to develop the capacities and skills of school professionals and to promote an interdisciplinary approach. In the Netherlands, a database has been established as a knowledge pool for teachers, providing guidelines and materials on how to set up sex education lessons.

Strengthening the competencies of parents

Supporting parents in conveying knowledge on sexuality and sexual health to their children is a common task of sex education in Europe. Many countries have developed educational materials to guide parents in this educational task. In Austria, parents are addressed in the context of school sex education in order to establish close cooperation between parents and schools, which is seen as a chance for conveying knowledge on youth sexuality and sex education to parents. An integrative approach in Germany in the area of pre-school sex education involves teaching staff as well as parents in the implementation of projects. Beyond educational support, parents' programmes in Latvia also address the needs of parents themselves, and are open to discuss issues of sexuality and relationships. In the UK, speakeasy courses are provided, inviting parents to develop mediation skills in an entertaining atmosphere.



Promoting healthy choices and developing the life skills of young people

In many countries, a comprehensive approach is a basic principle in the concepts of youth sex education, addressing personal development, healthy lifestyles, emotional, social and behavioural skills. To enhance life skills-based sex education, some countries have designed overall concepts, such as good lovers in Belgium or long live love in the Netherlands. Hungary has introduced an integrative approach in the framework of promoting healthy behaviour in school education that, among other things, addresses such issues as safety, nutrition, environment, sexuality, family life and relationships. Latvia has developed a set of teaching materials to introduce life skills-based sex education in schools. In Switzerland and Hungary, peer education has proved to be an effective strategy for mediating life skills in the context of sex education and HIV/AIDS prevention.

Addressing specific needs

The Country Papers give a picture of how all European countries experience addressing diverse needs of certain groups and integrating aspects of diversity into programmes of youth sex education. In some countries, issues of diversity are implemented in school sex education, as in Belgium, where materials to stimulate multicultural communication in the classroom have been introduced, or Sweden, where sexual diversity and sexual orientation are an integral part of school sex education.

In most countries, NGOs in particular are engaged to develop programmes and interventions, e.g. for different groups of young migrants, young people with disabilities and socially disadvantaged young people. In the Netherlands, a broad range of approaches, such as community websites, peer education and community-based education programmes, is being implemented to assess strategies addressing young migrants. In

Sweden, some Youth-Friendly Services specialise in meeting the needs of young migrant women and young people with disabilities, for example. In Switzerland, raising awareness of vulnerable groups and cultural diversity is implemented in training programmes for experts. Some countries have developed special programmes for boys and young men, such as Germany, or the UK, where a drama group is an innovative approach for addressing responsibility and safe behaviour among young men. In France, special education programmes for adolescents showing sexual aggressions have been implemented. Turkey, Hungary and the UK have developed programmes addressing needs of diverse vulnerable groups in the context of social or gender equality. Training courses for young women in Turkey combine empowerment, sexual health education and literacy. In community projects in the UK, NGOs are engaged, in cooperation with schools and universities, in addressing vulnerable groups, such as young asylum seekers, young people with learning disabilities, and drug users. In Hungary, sex education is partly integrated in programmes aiming to support disadvantaged groups, such as Roma, unemployed young people or street kids.

Ensuring quality

All countries underline the necessity of ensuring quality in sex education, but almost no country is satisfied with the state of the art in quality management. There is a specific interest in exchanging information concerning evaluation, standards and concepts of quality management. To summarise the picture, the most elaborate concepts of quality management are found in those countries that have the financial resources to fund the necessary expenses for developing standards and evaluation tools and have a longer tradition of sex education. The more important it thus is to share knowledge, transferring experience in the field.

The quality of sex education is related to different aspects, such as evaluation, definition of standards and criteria for quality, development of guidelines and materials, provision of training for professionals.



Evaluation by follow-up studies on sexual behaviour, HIV prevention and contraception, as carried out in Austria, Germany, the Kyrgyz Republic or England, for example, can show the impact of sex education on a very general level and can identify trends. Evaluation in order to test or measure the effects of particular programmes, projects, media and tools is mentioned in most countries, e.g. the Russian Federation, Switzerland, Turkey and Portugal. In Latvia, a sex education project was evaluated by comparing the knowledge of those participating and not participating in the project. Other methods for developing and evaluating programmes are diagnostic tools, such as in the Netherlands, where the Health Promotion Effect Management Instrument can be applied to increase the effectiveness of sex education programmes.

Another contribution to ensuring quality is providing quality-tested teaching materials, as in Sweden, where manuals for quality management have been published, or the Netherlands, which has established a database to serve as a knowledge pool for teachers. Germany publishes an overview of available media, services and projects. Latvia points out the importance of obligatory in-service training for teachers, to improve their knowledge and professional skills and thereby ensure quality. In Switzerland, a certified qualification for sex education trainers has been established.

A few Country Papers refer to the explicit definition of criteria and standards, mostly developed in a coherent concept of quality management, bringing together different aspects and levels of ensuring quality in sex education. Belgium has developed a framework, involving pre-testing and evaluation of all products and services for sex education, and also integrating research on good practices. In some countries, such as France, the Netherlands and England, special organisations or institutions, e.g. expert centres, are assigned to develop instruments for evaluation and quality management and to support local programme coordinators.

Conclusion

Based on a common foundation and assigned to common, international goals, different organisational structures and profiles of sex education for young people, but also convergence, can be observed in Europe. The history of government policies, the role of NGOs and the family, and the way they are related to government policies, traditions, the economic situation and processes of transformation, contribute to the differences.

The Country Papers reflect knowledge and a wealth of experience in sex education. Sharing this knowledge and building networks will not only help every country attain the goal of high-quality sex education for young people, but also advance the process of convergence, while respecting differences due to the specific situation and history of each country.





Annex

Questionnaire on Youth Sex Education (including HIV/AIDS-Prevention for youth)

The Institute for Social Research on Women (Germany) has been assigned by the Federal Centre for Health Education (BZgA) to assess the national strategies and approaches to youth sex education of all countries participating in the WHO/BZgA conference "Youth sex education in a multicultural Europe". This questionnaire is designed to gather general information on youth sex education in your country including best practices and innovative tools and approaches.

The outcome of the research will be published as "Country Papers on Youth Sex Education" and will be presented at the conference. The country papers are intended to enhance discussion and exchange during the conference. At the same time your information is an important input to gather ideas and suggestions for the preparation of the conference. We therefore are especially interested in examples of good practice and projects in the field of youth sex education in your country and we would like to invite you to attach further material on such activities to the questionnaire.

The questionnaire is divided into the following parts:

- I National Framework for youth sex education**
- II Main features and state of youth sex education**
- III The target group: multicultural approaches to youth sex education**
- IV Approaches and Communication Strategies**
- V Quality management**
- VI Specific Interests**

You are kindly asked to fill the questionnaire and send it back per e-mail (details and address see last page). Please use as much space as you need.

I National Framework for youth sex education

1a) Is sex education a public task of your government?

Yes No

If yes, please give the following details:

1b) Which format does the task have? (e.g. law, decree):

.....
.....

1c) What are the main objectives?

.....
.....

1d) Who is assigned to implement the task on behalf of the government?

.....
.....

1e) Does your government provide a national budget for the implementation?
(Please indicate an annual amount if available)

.....
.....

If no please give details:

1f) about other legal or political grounds on which youth sex education is based on in your country:

.....
.....

2a) Is sex education integrated into the school curriculum?

Yes No

2b) If Yes: For which age groups is school sex education provided?

.....
.....

3) Please name the most important governmental agencies in the field of youth sex education in your country. Please indicate the institution's homepage/URL. (If no homepage is available, please give their e-mail address or any other contact information.)

Institution	Homepage/URL (or: e-mail address)
1.	
2.	
3.	

4a) Please name the most important Non-Governmental Organisations in the field of youth sex education. Please indicate the organisation's homepage/URL. (If no homepage is available, please give their e-mail address or any other contact information.)

Non-Governmental Organisation	Homepage/URL (or: e-mail address)
1.	
2.	
3.	

4b) Please tick the main sources of funding for the Non-governmental Organisations in the field of youth sex education.

Government funds	Other national funds (such as donations, sponsorship)	International funds	others (please specify)

5a) Are there specific activities in the field of youth sex education in your country that are exclusively carried out by non-governmental organisations?

Yes No

5b) **If Yes:** please give details

.....

.....

II Main features of youth sex education

6) Please tick the main settings (main areas, services and institutions) where youth sex education in your country takes place (multiple ticks are possible).

School	
Health services	
General counselling services	
Specific counselling services on HIV/AIDS	
Social services (as youth clubs, community activities, leisure/sports and other)	
others (please specify)	
others	

7) Please tick the all professional groups involved (multiple ticks are possible).

Social workers	
School teachers	
Health professionals	
others: (please specify)	
others:	

8) a) Does the family constitute an important setting for youth sex education in your country? Please describe.

.....

.....

8) b) Do you have any data / surveys on this aspect? Please add references, if available.

.....

.....

9) Please tick the major topics of youth sex education/family planning for each of the respective settings (multiple ticks are possible).

	School	Health services	General counsel.	Counsel. AIDS/HIV	Social services	others	others
Biological knowledge and body awareness							
Sex							
Pregnancy and birth							
Contraception							
HIV/AIDS							
STDs							
Love, marriage, partnership							
Sexual orientation							
Abortion							
Sexual violence/ abuse							
Domestic violence							
others							
others							

III The target group: multicultural approaches to youth sex education

10) Please give a short description of the target group in your country:

a) the number of adolescents in your country

.....
.....

b) data on the diversity of the group, with regard to religion, ethnic and migrant groups, rural/urban population, level of education, youth cultures, etc.

.....
.....

11) How is diversity such as gender, culture, sexual orientation, special needs taken into account in youth sex education in your country?

.....
.....

12) Are there any specific sex education programmes for particular groups, with regard to gender, sexual orientation or adolescents with special needs?

Please give details of one or two examples in your country.

.....
.....

IV Approaches and Communication Strategies

13a) Please tick how common the following communication strategies are used in your country:

	Frequently	occasionally	rarely	not used
Personal communication (e.g. face-to-face communication, advisory activities)				
Print media				
Radio/ TV				
Internet information/ online counselling				
(National) campaigns				
Hot-lines				
Peer education				
School sex education				
Community action				
Training programs for experts (teachers, social workers, health professionals etc.)				
others:				
others:				

13b) Please indicate the most important communication strategy in your country:

.....

.....

14) Since the 1990s, the WHO promotes an integrated “life skills” approach to sex education. Has this approach been used in your country? Please describe:

.....

.....

15) Do you have special programmes to approach parents? If yes, can you give an example and a short description of “good practice” for this target group?

.....

.....

16) Have you had to face specific barriers and/or opposition against youth sex education or against certain elements of youth sex education? If yes, what are they? Have you developed strategies to deal with these difficulties and if so, what are they?

.....

.....

17) "Best practice": please name one innovative project/an innovative approach in the field of youth sex education in your country. In your description please focus on the innovative character of this approach/project.

.....
.....

V Quality management

18) At the conference we would also like to address the question of quality management in youth sex education. Please list activities and approaches from your country (e.g. evaluations, development of quality standards, concepts for quality management

.....
.....

VI Specific Interests

19) With regard to the conference "Youth Sex Education in a Multicultural Europe", do you have any specific issues that you would like to be addressed at the conference? Please explain.

.....
.....

Thank you very much for your support. We will do our best to consider your suggestions and include possible contributions into the conference programme.

Please return the questionnaire until May 29th per e-mail to:

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Prof. Dr. Cornelia Helfferich / Birgit Heidtke
Freiburg, Germany

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