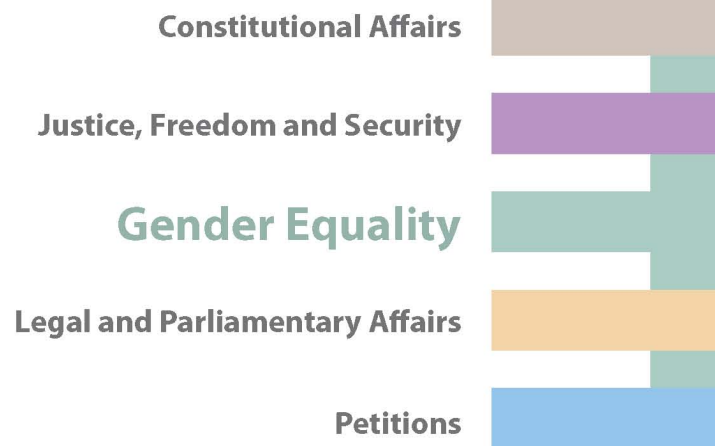


DIRECTORATE-GENERAL FOR INTERNAL POLICIES

POLICY DEPARTMENT **C**  
CITIZENS' RIGHTS AND CONSTITUTIONAL AFFAIRS



# Policies for Sexuality Education in the European Union

NOTE





DIRECTORATE GENERAL FOR INTERNAL POLICIES

**POLICY DEPARTMENT C: CITIZENS' RIGHTS AND  
CONSTITUTIONAL AFFAIRS**

GENDER EQUALITY

# **Policies for Sexuality Education in the European Union**

**NOTE**

## **Abstract**

The note evaluates the state of play of the provision of sexuality education in the context of schooling and in the context of family planning facilities in 24 European Union Member States. The note compares the situation in the Member States and gives an overview of the points of reflexion in relation to sexual and reproductive health and rights.

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## LIST OF ABBREVIATIONS

<b>APF</b>	Portuguese Family Planning Association
<b>BFPA</b>	Bulgarian Family Planning Association
<b>CEDAW</b>	Committee on Elimination of Discrimination against Women
<b>CFPA</b>	Cyprus Family Planning Association
<b>CSIS</b>	Conseil Supérieur de l'Information Sexuelle
<b>DG</b>	Directorate General
<b>EAHC</b>	Executive Agency for Health and Consumers
<b>EC</b>	European Commission
<b>EP</b>	European Parliament
<b>EU</b>	European Union
<b>EVRAS</b>	Education to social, Emotional and Sexual Life
<b>FLCPF</b>	Fédération Laique pour le Planning Familial et l'Education Sexuelle
<b>GDP</b>	Gross Domestic Product
<b>HIV/AIDS</b>	Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome
<b>IPPF</b>	International Planned Parenthood Association
<b>LLL</b>	Long Live Love
<b>NGO</b>	Non-Governmental Organization
<b>R&amp;S</b>	Relationship and sexuality
<b>STI</b>	Sexually Transmitted Infection
<b>STD</b>	Sexually Transmitted Disease
<b>UN</b>	United Nations

**UNAIDS** Joint United Nations Programme on HIV/AIDS

**UNESCO** United Nations Educational, Scientific and Cultural Organization

**UNFPA** United Nations Population Fund

**UNICEF** United Nations Children's Fund (formerly United Nations International Children's Emergency Fund)

**USSR** Union of Soviet Socialist Republics

**WHO** World Health Organization



## EXECUTIVE SUMMARY

### BACKGROUND

Sexuality education is a critical area of education and social policy. According to the definition issued by the Safe Project (IPPF European Network) in 2007, sexuality education aims at "disseminating general and technical information, facts and issues which create awareness and provide young people with the essential knowledge and training in communication and decision making skills they need to determine and enjoy sexuality both physically and emotionally, individually as well as in relationships"<sup>1</sup>. It provides information to children, teenagers and young adults about sexuality and its possible negative consequences.

Best practices in sexuality education include the intervention of trained and open-minded professionals on a holistic approach. That means that sexuality education should teach comprehensive, honest and varied information mixing physiological and relational aspects of sexuality.

A higher quality of a school-based sexuality education is linked to the mandatory dimension of lessons and an official programme included in the framework of the school curriculum. The important actors are Ministries of Health and Education, family planning associations, NGOs, teachers, parents and professionals (in health care, social workers, etc.), as they deliver information to young people.

The legal, financial and practical aspects of sexuality education are shaped by the social and political views existing in each country which leads to a wide range of approaches in the Member States. These approaches evolve and change over time depending on the influence of key social and political actors. The methods used to transmit information about sexuality will vary as they can consist in traditional teaching by a professional, but also group discussions, quizzes, games, peer-to-peer teaching, but also in the use of multimedia and social media platforms.

As far as the legal framework for sexuality education is concerned, it is necessary to notice that the EU doesn't have policy-making competencies in this, as it is the responsibility of the Member States. However, the subject can be extended to the topic of public health as mentioned in article 168 of the Treaty on the Functioning of the EU. Moreover, concrete recommendations have been made by the Committee on the Elimination of Discrimination against Women of the UNO as well as by the Council of Europe in relation to the European Social Charter.

By the means of the EU Health Programme, the EU has the opportunity to contribute in the creation of programmes and projects regarding sexual and reproductive health and more precisely in the fields of HIV/AIDS/STIs prevention and sexuality education and information.

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<sup>1</sup> "Sexuality Information, Education and Communication - Good practise in sexual and reproductive health and rights for young people", The Safe Project, IPPF European Network, WHO Regional Office for Europe and Lund University, funded by the EC, DG Health and Consumer Protection, 2007: <http://www.ysafe.net/safe/page14/assets/SAFEsexualityinformationeducationcommunication.pdf>

## **AIM**

The aim of this briefing note is to evaluate the state of play of sexuality education in 24 EU member states. Therefore, the note focuses on:

- examining what are the contents, the frequency and the quality of school-based and non school-based sexuality education programmes in 24 EU member states;
- examining the strengths and weaknesses of these programmes;
- indicating what are the competencies of the European Union in the field of sexuality education and what programmes are implemented by means of the EU Health Programme;
- mentioning the demonstrated causal link between a deficient sexuality education and a prevalence of teenage pregnancy and HIV/AIDS/STIs infections;
- analyzing two negative consequences of inefficient sexuality education, namely teenage pregnancy and STIs/ HIV/AIDS, and putting them in relation to the existing sexuality education programmes in the Member States.

## **KEY FINDINGS**

While sexuality education is mandatory by law in nearly all the countries of the European Union, the content and quality will vary. Nordic and Benelux countries are known for having the highest quality of sexuality education, while Eastern and Southern European States have deficient or inexistent sexuality education programmes.

For illustration, in Austria, parents are included in the sexuality education lessons. In Denmark, external experts such as prostitutes, homosexuals or HIV-positive persons are invited to speak in schools about their experience. In the Netherlands, sexuality education begins at the age of four. However, in Poland sexuality is taboo at school as well as at home. In Spain, the subject is hardly ever taught in schools in rural areas. Overall, the best practises are observed in Benelux, Nordic countries, France and Germany.

Experts have argued in numerous studies and reports that a flawed or insufficient sexuality education leads to an increase of teenage pregnancy rate and a higher amount of people suffering from AIDS and STIs. Sexuality education of young people must therefore be regarded as an appropriate means to prevent these negative effects.

Even if the causes of involuntary teenage pregnancy can be various (misinformation about contraception, limited or lack of access to contraception or sexual abuse) they are mainly due to a deficient sexuality education. The teenage pregnancy rate stands between 2 and 5% in the United Kingdom, Bulgaria, Romania, Hungary, Slovakia, Lithuania and Estonia in Europe, but it is under 2% in most of the EU member states.

As far as HIV/AIDS is concerned, the number of HIV-positive people in Europe is around 1 million. New cases of HIV are increasing three times faster in Eastern Europe than in Western Europe. It appears that the countries which have the

highest HIV/AIDS infection rate are Portugal, Spain and France. In the UK, the number of new HIV-diagnoses was the highest in 2010 and this can be caused by inefficient sexuality education.

In the case of STI infection, the UK, Slovakia, and Spain are the most concerned. In these countries, it has been observed that sexuality education and prevention campaigns are insufficient or deficient.

The disparities between quality and frequency of delivery of sexuality education in the 24 observed EU Member States can be explained by cultural and religious traditions (incidence and influence of the Catholic and Protestant Churches, traditions, etc.) and financial issues (budget cuts in the public sector, incidence of the financial crisis). The overall tendency is however, that sexuality education programmes are improving in all the EU countries.

## 1 INTRODUCTION

According to the definition issued by the Safe Project (IPPF European Network) in 2007, sexuality education aims at "disseminating general and technical information, facts and issues which create awareness and provide young people with the essential knowledge and training in communication and decision making skills they need to determine and enjoy sexuality both physically and emotionally, individually as well as in relationships"<sup>2</sup>.

Sexuality education provides children, teenagers and young adults information about sexuality also with the aim to be protected from a risky behaviour and bad consequences. School-based sexuality education involves the action and support of teachers and family planning exists to welcome and help young people who have questions about sexuality and help them find information and solution to possible problems.

The topics used in sexuality education lessons should be holistic; this means that they should not only treat the physical, physiological and biological aspects of reproduction, but also ethic, moral and emotional aspects. These topics should deal with contraception possibilities, which prevent teenage pregnancy, and protection against HIV/AIDS and STIs. Furthermore, general topics linked with emotions, such as relationships and respect of the other, and physiological aspects of sexuality should be treated.

Some experts argue that the lack of sexuality could lead to irresponsible and unconscious behaviours that can have dramatic impact on teenagers' lives. These are the reasons put forward by the proponents of sexuality education to enhance its delivery taking place at school and being included in a curriculum which should be prepared within the framework of guidelines issued by the Ministries of Education and Health of each member state. Sexuality education lessons should be comprehensive whilst dealing with various subjects. It should be adapted to young people and provided by specially trained adults who are prepared to answer all the audience's questions without giving their personal views.

Sexuality education is mandatory in most Member States of the European Union, except in Bulgaria, Cyprus, Italy, Lithuania, Poland, Romania and the United Kingdom<sup>3</sup>. However, even if sexuality education lessons are mandatory or included in the school curriculum, their actual teaching and assimilation by the pupils is sometimes limited. A lot of young European people seem not aware of the fundamental issues of sexuality education, notably regarding sexual and reproductive health and rights.

Since 1968, sexuality education was made mandatory in schools in Germany, 1970 in Denmark, Finland and Austria, and in 1998 in France<sup>4</sup>.

Furthermore, research shows that more girls use contraception than boys in Austria, France, the Netherlands, Portugal, Spain, in the UK, and in Germany, while boys use contraception more often than girls in Belgium, Estonia, Finland, Hungary, Latvia, Lithuania, Poland and Sweden. This disparity shows that there is

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<sup>2</sup> "Sexuality Information, Education and Communication - Good practise in sexual and reproductive health and rights for young people", The Safe Project, IPPF European Network, WHO Regional Office for Europe and Lund University, funded by the EC, DG Health and Consumer Protection, 2007: <http://www.ysafe.net/safe/page14/assets/SAFEsexualityinformationeducationcommunication.pdf>

<sup>3</sup> STULL, Graham, *Sexuality Education in the EU- "Sex education" in a broader social context*, Library briefing from the Library of the European Parliament, 03/02/2012.

<sup>4</sup> "Education sexuelle: un tour d'Europe en 2006", <http://lesvendredisintellos.com/2012/03/24/education-sexuelle-un-tour-deurope-en-2006/>

a geographic difference between Eastern Europe and Scandinavia on one side and Western Europe on the other side<sup>5</sup>.

The objective of this note is to provide an overview of the situation of sexuality education and especially at school-based level in the European Union Member States in order to evaluate the needs and deficiencies of the national legislation in this matter.

This research is mainly based on a report published in 2006 by the IPPF European Network and the WHO Regional Office in Europe, and funded by the European Commission, DG Health and Consumer Protection and called "Sexuality Education in Europe - A reference Guide to Policies and Practices"<sup>6</sup>. Other reports and documents, notified in the footnotes of the present note, complete the information with the recent changes in the field of sexuality education in the respective member states.

For some countries, information couldn't be provided because of a lack of current information available in French, English, German or Polish (Malta, Slovenia and Romania).

The contents and quality of sexuality education in the European Union vary from one country to another. They also vary within the country itself, in rural or urban areas, for example. Furthermore, the results of an efficient sexuality education cannot always be distinctly seen. However, experts say that where sexuality education is of a higher quality and with efficient content, the level of HIV infection is lower, teenage pregnancy is rarer and gender equality is more respected.

It has been concretely observed, that Nordic and Benelux countries are known for having the highest quality of sexuality education, while Eastern and Southern European States have deficient or inexistent sexuality education programmes, with exceptions being, for example, for Portugal and Spain. Moreover, the Czech Republic and Estonia have repeatedly implemented high- quality programmes.<sup>7</sup>.

The first part of this briefing is dedicated to the state of play of the provision of sexuality education in the European Union. Croatia, which entered the process of integration to the European Union, will also be treated.

The second part of the note will address legislative aspects at an EU level as well as the role of the EU programmes in this matter. Finally, the third part will make a comparison between two elements causally linked: the figures of teenage pregnancy and STIs, which could be considered as consequences of a deficient sexuality education, and the standard of the sexuality education programmes in the Member States.

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<sup>5</sup> "Teens from Germany, Iceland ditch virginity early", Der Spiegel, 2006 (based on the WHO report on sexuality education): <http://www.spiegel.de/international/european-sex-survey-teens-from-germany-iceland-ditch-virginity-early-a-454492.html>

<sup>6</sup> "Sexuality Education In Europe - A reference Guide to Policies and Practices", European Commission, DG Health and Consumer Protection, IPPF European Network, WHO Office for Europe, 2006. <http://www.ippfen.org/NR/rdonlyres/7DDD1FA1-6BE4-415D-B3C2-87694F37CD50/0/sexed.pdf>

<sup>7</sup> KEATING Dave, "No sex, please, we're Italian", European Voice, 2011, <http://www.europeanvoice.com/article/imported/no-sex-education-please-we-re-italian/72811.aspx>

## 2 FACTS ON SEXUALITY EDUCATION IN 24 EUROPEAN UNION MEMBER STATES

### Austria

In Austria, sexuality education has been mandatory in schools since 1970. Guidelines have been introduced by the teachers themselves and are regulated by the Ministry of Education.

Sexuality education in Austrian schools begins at elementary school and is integrated into the lessons of Biology, German and Religious Education lessons.

The primary objectives of school-based sexuality education are to build knowledge of values based on mutual respect; to cooperate with parents; and to establish interdisciplinary structures in which sexuality education is taught and which are interconnected. Moreover, communication partnership and involvement of experts are included in these objectives.

The Fundamental Decree on sexuality education of 1990 – available on the website of the Ministry of Education, Art and Culture<sup>8</sup> – specifies that even if sexuality education conveyed on a Biology lesson, schools should provide not only pure scientific information, but also have to offer a meaningful help in life, by providing information also on emotions and relationships.

In Austria, according to the report 'Sexuality Education in Europe' published by the European Commission and the WHO, interdisciplinary projects are organized at school and involve parents. They are not able to withdraw their children from sexuality education lessons, but are involved in conferences and are given information about material used during the lessons.

There are two points worth noticing. Firstly, even though sexuality education at school is mandatory, only half of the pupils are thought to actually receive a school-based sexuality education. The second is that sexuality education taught in Austrian schools is based on biological issues and discussions linked with ethics, psychology and society are limited<sup>9</sup>.

Sexuality education in Austria is also developed through the programme GIVE, implemented by the Ministry of Education, Science and Culture, and the project 'Love Talks', which had been developed by the Austrian Institute of Research on Family<sup>10</sup>.

### Belgium

As indicated in the report 'Sexuality Education in Europe', in Belgium, sexuality education is called 'relational and sexual education': (*Relationele en Seksuele Vorming*) in the Flemish Community and 'education to affective and sexual life' (*Education à la Vie Affective et Sexuelle*) in the Francophone Community.

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<sup>8</sup> Austrian Ministry of Education, Art and Culture website: [http://www.bmukk.gv.at/schulen/unterricht/prinz/Unterrichtsprinzipien\\_Se1597.xml](http://www.bmukk.gv.at/schulen/unterricht/prinz/Unterrichtsprinzipien_Se1597.xml)

<sup>9</sup> "Sexuality Education In Europe - A reference Guide to Policies and Practices", European Commission, DG Health and Consumer Protection, IPPF European Network, WHO Office for Europe, 2006. <http://www.ippfen.org/NR/rdonlyres/7DDD1FA1-6BE4-415D-B3C2-87694F37CD50/0/sexed.pdf>

<sup>10</sup> Austrian Ministry of Education, Art and Culture website, op. cit.

The teaching of sexuality education in Belgium was established in a decree published in 1984. In the 1970's rose the question of abortion and in the 1980's the issue of HIV/AIDS. With these two elements of sexual and reproductive health and rights, sexuality education began to be taught in a less medical or scientific manner and with a more holistic approach, integrating emotional aspects of relationships.

By the year 2000, sexuality education was included in the school curricula and became part of school evaluations. The objectives of school-based sexuality education in Belgium are: "the development of gender identity and roles, positive physicality and sexuality, sexual orientation tailored to the individual, ability to achieve intimacy with others, acquiring sexual and relational morality, and risk prevention (STIs, HIV/AIDS, pregnancy, sexual abuse)<sup>11</sup>".

There is a noticeable difference in dealing with sexuality education between Flanders and Wallonia. In Flanders, sexuality education is incorporated into two different subjects: Biology, and Religion and Philosophy, covering both the biological aspects and moral aspects. Sexuality education can also be included in lessons of Social Skills, Education for Citizenship and Health Education. The technical aspects of the organization of sexuality education are arranged by school managers.

The Briefing 'Sexuality Information, Education and Communication' by The Safe Project mentions a non school-based sexuality education called the 'Laura campaign'. This was developed by the Flemish family planning association SENSOA and launched in 2004, and is based on a comic book story of a 16-year-old girl who becomes pregnant. Its aim is to sensitize young people to this matter.

The campaign produced a book targeting the 13 year-olds and their parents, and broadcast television and cinema commercials. Lastly, an online quiz about sexuality education has been put in place: teenagers can add the character "Mr Love" to their list of MSN contacts. This character sends the user questions about sexuality education to test his/her knowledge. SENSOA also organized an awareness campaign in Flanders called 'Talk about Sex'<sup>12</sup>.

In Wallonia, sexuality education is implemented by family planning centres, which are administered by the FLCPF (*Fédération Laïque pour le Planning Familial et l'Education Sexuelle*). The FLCPF is in charge of the training of the staff of the family planning centres so they can provide professional sexuality education to young people.

In Wallonia, 90% of sexuality education, school-based or not, is provided by family planning centre professionals and 10% is provided by school-related support centres<sup>13</sup>.

In June 2012, a decree project has been adopted by the Education Commission of the Parliament of the Wallonia-Brussels Federation, making EVRAS (education to social, emotional and sexual life) a part of the mission of every school in Wallonia, hence a mandatory teaching.

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<sup>11</sup> Ibid

<sup>12</sup> "Sexuality Information, Education and Communication - Good practise in sexual and reproductive health and rights for young people", op. cit.

<sup>13</sup> "Sexuality Education In Europe - A reference Guide to Policies and Practices", op. cit.

EVRAS would be taught with a holistic approach and adapted to rural and urban areas, and individuals (children/teenagers) with problems. This decree project would enable the equality of information and access to it for all young people<sup>14</sup>.

## Bulgaria

In the light of the report 'Sexuality Education in Europe', we can see that since 1996, the method used to teach sexual education, in and out of schools, was peer education. Under the responsibility of the BFPA (Bulgarian Family Planning and Sexual Health Association) and the Ministry of Education, young people who already have knowledge about sexuality, of about the same age and same background, taught the pupils the basis of sexuality education.

In 2001, a 'Sexuality and Life-Skills Educational Set' funded by the UNFPA, was created. However, this material consisted of a manual for teachers, a notebook for students and a manual for parents, and was published in 2005. From that year on, efforts and negotiations between associations and the government have been made to introduce the material into school curricula for pupils from the age of 11 and this material still appears to be on effect now.

In Bulgaria, NGOs (particularly BFPA and the Bulgarian Youth Red Cross) are very active and involved in the development of sexuality education provision, but they act upon individual request from schools. Moreover, the BFPA provides information and education activities on the subject to young people aged from 14 to 19 years old<sup>15</sup>.

A conclusion of the Commission of Health of the 40th National Assembly of Bulgaria from 04.04.2008 recommends the inclusion of a compulsory discipline 'Sexuality and Health Education' was included in Bulgarian schools by the Ministry of Education<sup>16</sup>.

## Cyprus

According to the report 'Sexuality Education in Europe', published by the European Commission, sexuality education was introduced in Cypriot schools in 1972 by the Cyprus Family Planning Association (CFPA).

In 1992, after a decision from the Ministry of Education, sexuality education was incorporated into the Health Education curriculum and became mandatory in all schools. This decision was followed by the training of teachers, health visitors and CFPA staff for the provision of sexuality education (called Health Education). One year later, the creation of Health Education committees was instigated in all Cypriot schools<sup>17</sup>.

In Cyprus, the Ministry of Education and Culture has authority over primary and secondary education. But school officials, as well as the Education Committee of the Cyprus Parliament and the Multi-Disciplinary Advisory Committee are also involved<sup>18</sup>.

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<sup>14</sup> "Education sexuelle obligatoire à l'école", La Libre Belgique, 28/06/2012, <http://www.lalibre.be/actu/belgique/article/746631/education-sexuelle-obligatoire-a-l-ecole.html>

<sup>15</sup> "Sexuality Education In Europe - A reference Guide to Policies and Practices", op. cit.

<sup>16</sup> Y-Peer (group of young people involved in peer education programmes) website: [http://www.ypeerinaction.org/index.php?option=com\\_content&view=article&id=35:youth-statement-concerning-the-need-for-sexuality-education-in-the-school-curricula](http://www.ypeerinaction.org/index.php?option=com_content&view=article&id=35:youth-statement-concerning-the-need-for-sexuality-education-in-the-school-curricula)

<sup>17</sup> "Sexuality Education In Europe - A reference Guide to Policies and Practices", op. cit.

<sup>18</sup> ibid



The pilot sexuality education programme in Cyprus is known as 'Sexuality Education and Interpersonal Relationship Education'. From 2002, it has been implemented in six middle schools of the country, but the expansion of the programme stopped in 2006. It was made for pupils aged 14-15 years old and is provided by Biology teachers.

According to the Cypriot family planning association, even if recently the attitudes and reactions regarding sexuality and sexuality education are more and more liberal, and this is more noticeable with the government initiatives in this matter, the larger society mainly remains reluctant in accepting modern views of sexuality education.

Furthermore, studies about sex, AIDS and STIs show that more awareness and information campaigns still need to be put in place<sup>19</sup>.

## Czech Republic

The report 'Sexuality Education in Europe' indicates that in Czech Republic, sexuality education began in 1972, when the Ministry of Education issued 'Guidelines for Parenthood Education at Elementary Nine-year Schools'. Sexuality education was then called 'Education for Marital Life and Parenthood'. The guidelines issued by the government aimed at establishing the contents of the teaching in school curricula.

However, since the 1990s, and the end of communism in Czech Republic, the Catholic Church has often showed its disapproval to sexuality education and opposition to its textbooks and teacher training<sup>20</sup>.

In 2007, an article published in the newspaper *Respekt* showed that the majority of young Czech receives information about sexuality from their friends and that schools and families play a minor role in their learning. So, the Ministry of Education decided to implement a new education programme, in which the topics of sexual anatomy, sexually transmitted diseases, premature sex experience, and fight against sex crimes will be taught.

A manual called 'Sex Education - Selected Issues' was published as a pedagogic material, and led to a heated debate in 2010. This debate divided politicians and parents with traditional views, and led to divisions inside the government. However, a compromise was reached and the manual is now used in schools throughout the country<sup>21</sup>.

Sexuality education thus became mandatory. It begins in the second year of primary school and is taught by school teachers as part of disciplines such as Biology, Citizenship, and Family Education.

The Czech school-based sexuality education programme aims to teach a responsible sexuality, to prepare for the use of contraceptives and to prevent STIs. It also provides information about partnership relations, sex crimes and promotes tolerance towards homosexuals.

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<sup>19</sup> CHRISTOFOROU Elena, "The Assessment of the Pilot Programme *Sexuality Education and Interpersonal Relationship Education* in Cypriot schools, based on perceived believes of involved and related people", Cyprus Family Planning Association.

<sup>20</sup> "Sexuality Education In Europe - A reference Guide to Policies and Practices", op. cit.

<sup>21</sup> "Rozruch na hodine sexu", *Respekt*, 29/08/2010, translated into "Battle over Sex Education", Prague.tv: <http://prague.tv/articles/art-and-culture/battle-over-sex-education-in-the-czech-republic-respekt>

Moreover, the Czech family planning association organises peer education sessions for teenagers. In 2006, 2.948 people attended the sessions and various topics have been treated.

Lastly, as far as non school-based sexuality education is concerned, the website [www.planovanirodiny.cz](http://www.planovanirodiny.cz) gives information about sexual and reproductive health and rights to young people<sup>22</sup>.

## Denmark

Sexuality education became mandatory in 1970 with the adoption by the Curriculum Committee of guidelines for school-based sexuality education.

A new curriculum, in which sexuality education has been included in lessons of Human Health, was published in 1991 by the Ministry of Education. This new curriculum was made mandatory for primary schools and the first year of high school.

It can be noticed on the Danish family planning website, that this curriculum is a pioneer for three main reasons: firstly, it imposed sexuality education to be integrated in all school subjects; secondly, pupils can ask a question about this subject anytime, and the teacher can introduce a topic of discussion linked with sexuality at anytime. Lastly, the school can invite guest speakers such as prostitutes, homosexuals and AID's related persons to share their experience<sup>23</sup>.

The report 'Sexuality Education in Europe' adds that from January 2007, all colleges of education have the obligation to provide sexuality education, but the participation of the students to the courses is not mandatory. Moreover, parents are not allowed to withdraw their children from sexuality education classes. Schools and teachers are free to decide the schedule and the organization of the lessons as well as the amount of time devoted to the activity<sup>24</sup>.

The briefing 'Sexuality Information, Education and Communication' issued in 2007 by the Safe Project indicates that the Youth Sex Helpline set up by a sexuality education association offers free and anonymous telephone service as well as a website to answer to questions about STIs, abortion, HIV, etc. On the same year, the online helpline ([www.sexlinien.dk](http://www.sexlinien.dk)) received around 940 visits per day and answered to a total of 7720 questions. The telephone counselling service received more than 2200 calls<sup>25</sup>.

## Estonia

A report published by the UNESCO in 2001 informs that school-based sexuality education in Estonia began in 1963 with lessons called "personal hygiene". These lessons included sexuality related topics such as pubertal changes. Then, in 1980, lessons called "family studies" were given to pupils aged 15-16 years old. In the framework of these lessons, the methods used by the teachers were focused on convincing young people to avoid sexual intercourse and on discouraging premarital sexual relations.

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<sup>22</sup> "Sexuality Information, Education and Communication - Good practise in sexual and reproductive health and rights for young people", op. cit.

<sup>23</sup> "Sex education in schools in Denmark. Does Foreningen for Familieplanlaegning (the Danish PPA) have a role to play?", Plan Parent Eur., 1991: <http://www.ncbi.nlm.nih.gov/pubmed/12343172>

<sup>24</sup> "Sexuality Education In Europe - A reference Guide to Policies and Practices", op.cit.

<sup>25</sup> "Sexuality Information, Education and Communication - Good practise in sexual and reproductive health and rights for young people", op. cit.

Other topics, such as STDs and unintended pregnancies were also discussed. However, the majority of pupils attending these lessons found them useless<sup>26</sup>.

The first sexual and reproductive health centre adapted to young people opened in 1991, and from that year on and until 2006, 17 similar centres were built in Estonia.

In 1996, the national curriculum for basic and secondary education introduced a new mandatory subject: "human studies". Sexuality education issues were included in the teaching of this subject. In 2002 a new curriculum was approved, and in 2010, after nearly a decade of preparation, the updated version of the 2002 curriculum was introduced, and implemented in 2011.

The updated version of the curriculum focuses on prevention and defines more clearly the topics on health and sexuality education. Moreover, sexuality education remains integrated in the curriculum and the number of lessons on the subject has been increased (35 lessons over a period of three years)<sup>27</sup>.

According to UNAIDS, in 2009, the sexuality education programme covered 382 basic schools and concerned 28 000 pupils aged 11 to 14 years old<sup>28</sup>.

The Ministry of Education and Science and the Development Centre of the National Curriculum are jointly responsible for education policy in Estonia, but at local level, schools and local governments are also involved.

Moreover, NGOS are also involved in sexuality education, as they provide sexual health seminars, organize education campaigns, coordinate peer-education networks, and provide counselling services<sup>29</sup>.

Lastly, as far as non school-based sexuality education is concerned, the website [www.amor.ee](http://www.amor.ee) gives general information about sexual and reproductive health and rights to young people<sup>30</sup>.

## Finland

As we can see in the report 'Sexuality Education in Europe', in Finland sexuality education was first included in the school curriculum in 1970 and until 1980, the teaching of this subject constantly improved, leading to a better knowledge of sexual and reproductive health and rights. Consequently, there was a drop of the number of teenage pregnancies. At that time, sexuality education was a mandatory curriculum subject but the situation changed in the mid 1990s, when schools were given the choice in that matter.

In 2000, new improved sexuality education programmes were implemented and expanded. One year later, sexuality education (or 'Health Education') became mandatory again for pupils aged from 13 to 15 years old. When it is taught, from 1st to 6th grade, the topic approaches basic biological and emotional issues.

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<sup>26</sup> "Cost and Cost-effectiveness Analysis of School-Based Sexuality Education Programmes in Six Countries - Full Report, UNESCO, 2011.

<sup>27</sup> "School-based sexuality education programmes- a cost and cost-effectiveness analysis in six countries", UNESCO 2011, <http://unesdoc.unesco.org/images/0020/002070/207055e.pdf> and "Cost and Cost-effectiveness Analysis of School-Based Sexuality Education Programmes in Six Countries - op. cit.

<sup>28</sup> "Symposium Report- Implementing sexuality education" UNAIDS Inter-Agency Team on Education, 27/04/2011.

<sup>29</sup> "Sexuality Education In Europe - A reference Guide to Policies and Practices", op. cit.

<sup>30</sup> "Sexuality Information, Education and Communication - Good practise in sexual and reproductive health and rights for young people", op. cit.

Then, in 7th and 8th grade, the lessons deal more deeply with both biological and emotional issues (menstruation, pregnancy, intercourse, contraception, first sexual experience, dating and STIs). In 9th grade, the subjects taught are more developed but are still dealing with biological and emotional aspects (masturbation, ejaculation, abortion, sexual ethics, emotions and sexual minorities).

In Finland, sexuality education is provided by teachers of Biology and Health Education, and about 10% of the schools rely on external experts. Each school has its own method of approach, which can be based on the use of videos, group discussions, or games and quizzes.

Sexuality education is regulated by the National Board of Education and the Ministry of Social Affairs. However, at national level, campaigns and policies have also been implemented by the Ministry of Social Affairs and Health and the National Research and Development Centre for Welfare and Health (STAKES)<sup>31</sup>.

As far as non school-based sexuality education is concerned, the website [www.seksuaaliterveys.org](http://www.seksuaaliterveys.org) gives information about sexual and reproductive health and rights to young people<sup>32</sup>.

## France

In France, sexuality education, and all information about sexuality in schools was forbidden by law from 1920 until 1967, the year in which contraception was authorized and sexuality education was put in place.

In 1973 the CSIS (*Conseil Supérieur de l'Information Sexuelle*) was created. UN Women Watch informs us that the CSIS is formed by associations, government departments and qualified individuals. Its goal is to propose measures to provide quality information about sexuality education to young people and promote training for teachers in this matter<sup>33</sup>. The creation of the CSIS enabled the introduction of the first regulations concerning sexuality education, starting with biological aspects. Let us note that the CSIS has been replaced in January 2013 by the *Haut Conseil à l'Égalité* by the new government. This new body deals with numerous subjects concerning women's rights and among other things with sexual and reproductive health and rights.

The report 'Sexuality Education in Europe' shows that in 1996, HIV/AIDS prevention was introduced by regulation of the Ministry of Education in school lessons of sexuality education.

It is in 2001 that sexuality education became mandatory by law in schools at all levels with at least three sessions of teaching per year, even if a minority of parents forbid their children from attending the lessons.

In France, sexuality education covers biological, social and ethical aspects. Topics such as self-esteem and respect for others are approached and various pedagogic and interactive methods are used, including debates, videos or illustrations. We can notice though, that peer-education is quasi non-existent in France.

The regional authorities of the Ministry of Education and the educational team of each school are responsible for policies in the field of school-based sexuality

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<sup>31</sup> Ibid

<sup>32</sup> Ibid

<sup>33</sup> Information sheet about gender equality in France, UN Women Watch: <http://www.un.org/womenwatch/daw/Review/responses/France-English.pdf>

education. Since 1995, teachers are to attend a training course of two hours per year in order to keep up with the new policies concerning the subject of sexual and reproductive health and rights<sup>34</sup>.

Recently, a debate concerning school-based sexuality education in France has been ever present in the media, focusing on the question of sexual identity as defined by biology or by social and environmental factors (sex and gender).

Biology schoolbooks published in 2011 according to the new Biology curriculum for pupils of second year of high school (16-17 years old) differentiate sexual identity and sexual roles (sex and gender) on the one hand and sexual orientation (sexuality) on the other hand. The arguments in opposition to this subject are that the theory of gender is not considered as a scientific theory but a sociological one, and for this reason it has no place in a biology schoolbook.

Some people called for boycott, others denied the existence of the gender theory itself, and this difference in views intensified the divisions between political groups<sup>35</sup>.

## Germany

According to the report "Sexuality Education in Europe", in Germany, sexuality education was legally put in place by the *Bundesländer* in 1968. In 1977, the Constitutional Court issued principal guidelines for school-based sexuality education in West Germany. In East Germany, sexuality education was not legally implemented, but was integrated into Family Life Education provided in schools, youth organizations, through counselling and educational campaigns.

After the reunification, the new 'Pregnancy and Family Aid Act' (SFHÄndG), published in the mid-1990s and still applicable today, introduced national mandatory sexuality education programmes, even if the *Bundesländer* remained responsible for its actual provision in schools.

The 'Pregnancy and Family Aid Act' stipulates that sexuality education would be taught in a holistic way. Therefore, the contents of the programme dealt not only with biological and medical views, but also with emotions, relationships and ethics. The Act also specifies that government institutions will collaborate with NGOs, such as PROFAMILIA, which offer a range of activities and information about sexuality education for young people.

In Germany, sexuality education begins at school from the age of 9 and is integrated into subjects such as Citizenship, Religion, Ethics and Biology.

The BZgA (Federal Centre for Health Education), the Federal Ministry for Family, Elderly, Women and Youth (BMFSFJ) and the Federal Ministry for Health (BMG) are the main institutions in charge of policies in the field of sexuality education in general and at a federal level. However, they cannot implement sexuality education directly in schools<sup>36</sup>. The actual implementation of this subject in schools is the responsibility of regional governments<sup>37</sup>.

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<sup>34</sup> "Sexuality Education In Europe - A reference Guide to Policies and Practices", op.it.

<sup>35</sup> "Défendons les études de genre à l'école", le Monde 16/09/2011: [http://www.lemonde.fr/idees/article/2011/09/16/defendons-les-etudes-de-genre-a-l-ecole\\_1573255\\_3232.html](http://www.lemonde.fr/idees/article/2011/09/16/defendons-les-etudes-de-genre-a-l-ecole_1573255_3232.html)

<sup>36</sup> "Sexuality Education In Europe - A reference Guide to Policies and Practices", op. cit.

<sup>37</sup> KEATING Dave, "No sex, please, we're Italian", op. cit.

An article published in *Der Spiegel* indicates that in Germany, 16.2 years old is the average age of the first sexual relation. The article quoted surveys which showed that "94.9 percent of 15-year-old German girls used contraception the last time they had sex, compared to 87.7 percent of boys"<sup>38</sup>.

An EP library Briefing published on the 3rd of March 2012 emphasized the recent legal debate in the German Constitutional Court concerning "fines imposed on parents who refused to allow their children to participate in sexuality education, on religious grounds". The Court stated that exemption is not justified because sexuality education programmes are guaranteeing young people's sexual and reproductive health. Religious activists joined the parents to bring the matter before the European Court of Human Rights (Dojan case, 2011)<sup>39</sup>.

Interestingly, the website of PROFAMILIA, informs that the University of Merseburg offers part-time sexuality education training for Bachelor students of Human Sciences since 2009<sup>40</sup>.

As far as non school-based sexuality education is concerned, the website [www.sexundso.de](http://www.sexundso.de), held by PROFAMILIA, addressed to young people, gives information about sexual and reproductive health and rights<sup>41</sup>.

## Greece

According to the report 'Sexuality Education in Europe', we observe that in Greece, school-based sexuality education began in 1980 with a pilot programme. In 1995, sexuality education, or 'relations among members of different sexes' (*Diafilikes Sheseis*) became mandatory and begins at the age of six.

Lessons are provided by the FPAG (Family Planning Association of Greece) and the IPPF Member Association in Greece, as well as school teachers and school nurses. Sexuality education can also be provided by the Church, even if the lessons provided are not considered as official or structured.

The subject covers biological aspects and relational aspects. Teaching methods vary: peer education, visual arts, mass media, etc.

The Ministry of Education and the Ministry of Health are responsible for the policies in this field<sup>42</sup>.

## Hungary

It is found in the report 'Sexuality Education in Europe', that in Hungary, sexuality education began in 1978 with the classes of 'Sexual and Family Life', addressed to pupils aged from 14 to 18. The classes were divided in 20 hours of lectures conducted over four years and focuses on topics such as the moral basis for sexual relationships, sexual characteristics, the place of the family in society, the place of the child in the family.

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<sup>38</sup> "Teens from Germany, Iceland ditch virginity early", *Der Spiegel*, 2006 (based on the WHO report on sexuality education)

<sup>39</sup> STULL, Graham, op. cit.

<sup>40</sup> PROFAMILIA: <http://www.profamilia.de/jugendliche.html>

<sup>41</sup> "Sexuality Information, Education and Communication - Good practise in sexual and reproductive health and rights for young people", op. cit.

<sup>42</sup> "Sexuality Education In Europe - A reference Guide to Policies and Practices", op. cit.

In 1996, the UN Committee on the Elimination of Discrimination against Women required from Hungary in its concluding remarks, that sexuality education and free access to contraceptives would be offered to all young people.

The current national curriculum requires teaching of 'hygiene' in all schools, which includes education for family life and covers sexuality education. School doctors and nurses are empowered to teach these subjects as well as topics such as smoking, consumption of alcohol, drugs, sexual abuse and AIDS.

However, according to the Centre for Reproductive Law and Policy, it appears that "there is neither a general overall policy, nor a unified practice regarding sex education for adolescents in Hungary<sup>43</sup>".

The Ministry of Education and the National Institute for Public Education are responsible for legislation and decision-making on school-based sexuality education. Moreover, education campaigns supported by the National AIDS Committee and the Ministry of Health are regularly rolled-out in the country.

## Ireland

According to the report 'Sexuality Education in Europe', sexuality education is a developed and open-minded topic in Ireland. Already in 1990, a survey showed that more than 90% of the population is in favour of school-based sexuality education. However, pro-life organisations and the Roman Catholic Church remain active in their opposition. In the 1980s, sexuality education was optional and in some instances uncoordinated and weak.

The reason of early awareness to the importance of school-based sexuality education is linked to an incident which happened in 1984 when a 15 year-old girl and her baby died during childbirth. The young girl didn't tell her parents she was pregnant and from this moment on, sexuality education became a social matter. The Ministry of Education planned to include sexuality education in school curricula and the government established specific training for teachers. However, these initiatives have never seen the day because of political and religious opposition.

In 1987, The Department of Education published guidelines to post-primary schools requiring the integration of sex and relationship education in the school curricula. These guidelines were open to suggestions from religious authorities and to the opinion of parents.

In 1997, sexuality education (Relationship and Sexuality Education) became as part of the Social Personal and Health Education curriculum. Yet, the process of implementing school-based sexuality education evolved in 1998, when the Education Act demanded from schools the promotion of social and personal development of pupils as well as the access to information about health education. The Act enabled individual schools to choose not to provide information about some topics which could not fit with their ethos. This is the reason why not all the schools delivered the same programmes.

Sexuality education became mandatory at primary and post-primary junior cycle in 2003. However, it is not mandatory at senior school level.

In Ireland, sexuality education is taught in combination with Biology and Religious Education. Even though the vast majority supports the sexuality education

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<sup>43</sup> Ibid

programmes in the country, parents are allowed by the Irish Constitution to withdraw their child from sexuality education classes<sup>44</sup>.

## Italy

The report 'Sexual Education in Europe' shows that in Italy, sexuality education has always had to face opposition from the Catholic Church and some political groups. In 1991, a bill which aimed at making sexuality education a non-mandatory school subject was incorporated into Biology lessons but failed at passing in the law.

Now, there are no laws regarding this subject in the country, even if many proposals and compromises have been made during the last 30 years. In fact, the 1984 Concordat stipulates that the Ministry of Education had to consider the views of the Church.

However, a few schools are actually providing sexuality education to their pupils aged 14 to 19. Some of them propose a "minimum programme", which consists of only one lesson during the pupils' school year and is the same lesson for all age groups. Some of the schools propose larger programmes.

The headmaster of each school is in charge of the school policy about sexuality education. The contents of teaching are based only on biology and are taught by Biology teachers in a formal way.

Private family planning centres and association are, however, involved in proposing and providing sexual education with activities and information centres, but this not in a formal approach<sup>45</sup>.

## Latvia

Based on the report 'Sexuality Education in Europe', it can be observed that sexuality education has been included in the school curriculum within Health Education since 1998. Before that date, the subject was considered as private and was taught within families.

From 1998 to 2005, sexuality education was mandatory for pupils aged 11 and 14 and optional for high school students. However, sexuality education was only a little part of the teaching of Health Education, and only three lessons about the subject were provided for 5th grade pupils and five lessons for 8th grade students. The subject Health Education was not provided in the 85 vocational schools of Latvia (compared with 385 classic schools in which it was provided).

Since the school year of 2006/2007, Health Education is incorporated into Social Sciences and is taught by Social Sciences teachers for pupils aged 9, 12 and 15. Parents are not able to withdraw their children from sexuality education lessons. At secondary school, the subject becomes optional and, there is no longer a separate Health class, so no more specific official sexuality education lessons. The Social Sciences classes approach social, ethical and other issues which are incomplete for a proper sexuality education.

It has to be noticed that the quality of sexuality education is different in each school in Latvia and highly dependent on financial and human resources.

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<sup>44</sup> Ibid

<sup>45</sup> Ibid



However, NGOs are also involved in providing sexuality education in Latvia. For example, the Latvian IPPF Member Association and the Association for Family Planning and Sexual Health '*Papardes Zieds*' propose peer to peer education programmes since 1996. There are 65 classes and 1 350 children benefit from this programme every year.

In response to the increase in HIV infections in Latvia, the government alongside UN agencies and NGOs implemented programmes and campaigns.

The Policy Coordination Department of the Ministry of Education and Sciences is in charge of general education policies. Primary education standards for Health Education are set by the Centre for Curriculum Development and Examinations of the Ministry of Education and Science<sup>46</sup>.

Moreover, as the briefing 'Sexuality Information, Education and Communication' indicates, the Latvian family planning association organises peer education sessions to teenagers aged 14 to 19 with the help of 20 young volunteers. The latter intervene in schools and youth centres, mostly in Riga. In 2006, 3439 people attended sessions about topics such as psychology, sexuality, relationships, safe sex and STIs, contraception and abortion.

Lastly, as far as non school-based sexuality education is concerned, the website [www.jaunc.lv](http://www.jaunc.lv) gives information about sexual and reproductive health and rights to young people<sup>47</sup>.

## Lithuania

In the report 'Sexuality Education in Europe', it is seen that sexuality education was established with the Family Policy Proposal and Action Plan, adopted in 1996 in Lithuania. One of the Plan's propositions consists in preparing a draft law on family healthcare that focuses on topics such as family planning, contraception, abortion, sexuality education, artificial insemination and sterilization.

The adoption of this legislation failed in 2002 because of oppositions within political groups within the Lithuanian Parliament.

In 2003 and 2004, a programme of HIV/AIDS prevention aiming at improving sexuality education among young people in Lithuania and other Baltic countries, has been funded by the Development Cooperation Agency.

In May 2005, the Board of General Education established the "guidelines on training for family and sexuality education". These guidelines aim at providing holistic information about sexuality, sensitizing young people to the respect of human life and to mature interpersonal relationships. Moreover, it encourages young people to be responsible for their sexual health and to resist negative social influences.

However, the development and the introduction of these guidelines were led by a majority of pro-life Catholic organizations, and the critical views regarding sexuality education seem to be reflected in the guidelines.

Sexuality education introduced in these guidelines is incorporated into the curricula of Biology, Ethics and Physical Culture. The teaching methods used are

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<sup>46</sup> Ibid

<sup>47</sup> "Sexuality Information, Education and Communication - Good practise in sexual and reproductive health and rights for young people", op. cit.

mostly formal. The subject can be taught by teachers of all subjects, because they are all encouraged to promote a healthy lifestyle to their pupils.

It has to be observed that in January 2006, the United Nations Committee on the Rights of the Child highlighted young Lithuanians' lack of information about sexuality education and limited access to reproductive health services<sup>48</sup>.

Nonetheless, an initiative made by the FPSHA (the family planning association in Lithuania), implemented a website in 2007 providing information targeted at young people about sexuality and sexual health<sup>49</sup>.

## Luxembourg

According to the report 'Sexuality Education in Europe', sexuality education has been mandatory in Luxembourg since the 1970s for pupils from 13 to 19 years old. All social groups are open-minded as far as sexuality of young people is concerned.

The official document considered as the basis of sexuality education in secondary schools in Luxembourg was the 'Study Plan' of 1973. It was republished in 1989 for primary schools as an extension of the programme to younger classes.

The Ministry of Education defined the minimum standards but in 2006, the project 'SASEX', implemented by the Ministry of Health, covered sexuality education. Its aim was "to produce an inventory of services in the field of sexuality education, leading to more consistent and accurate sexuality education; develop a public health policy that promotes sexual and relationship health; give a wider response to the needs of teenagers by providing sexuality education in different sectors; and cover the needs of more socially excluded or marginalized groups"<sup>50</sup>.

Nowadays, sexuality education begins in primary school at the age of six and is taught in Citizenship classes. The classes from primary school focus on themes such as friendship, sexuality, family, responsibility, conception, pregnancy, birth, conflicts, the human body and puberty. For the following classes, it is taught in Biology and Religion and for secondary school, it covers love, sex, partnerships and family; and for the first year of high school sex, STIs and drugs.

The methods used are various, mixing formal teaching, students' presentations and reports, role games and workshops. The approach of teaching is multidimensional<sup>51</sup>.

## The Netherlands

In the light of the report "Sexuality Education in Europe", sexuality education in the Netherlands began to be developed in the 1960s as a part of a pragmatic approach to sexual health with contraception and abortion.

In the 1970s and 1980s, the population was supportive of measures introducing sexuality education and the country succeeded in having the lowest teenage pregnancy rate in Europe. As a matter of fact, measures have been taken to fight against HIV/AIDS and to promote good sexuality education by including it in the

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<sup>48</sup> "Sexuality Education In Europe - A reference Guide to Policies and Practices", op. cit.

<sup>49</sup> "Sexuality Information, Education and Communication - Good practise in sexual and reproductive health and rights for young people", op. cit.

<sup>50</sup> Ibid

<sup>51</sup> Ibid

school curricula. At the end of 1980s, HIV/AIDS prevention was taught in 85% of the Dutch secondary schools.

Nevertheless, it seems that the acceptance of sexuality education is mixed across the country. Measures concerning sexuality education face local opposition in the centre of the country and in rural areas<sup>52</sup>.

Yet, the Netherlands still seem to be a good example in Europe concerning sexuality education. A recent study showed that 97.0 percent of 15-year-old Dutch girls and 92.4 percent of 15-year-old boys declared using contraception<sup>53</sup>.

The report 'Cost and Cost-effectiveness Analysis of School-Based Sexuality Education Programmes in Six Countries' issued by the UNESCO, informs that in the Netherlands, the current sexuality education curricula began in 1990 with two programmes: R&S (Relationships and Sexuality) for primary schools and LLL (Long Live Love) for secondary schools, still in force today<sup>54</sup>.

According to this report, the R&S curriculum was created in 1990 and targets pupils aged from 4 to 12. This programme includes 49 lessons which can be chosen by the teacher. The contents of R&S are: knowing the human body, the image of yourself and others, nudity, differences between boys and girls and friendship. For pupils aged from 10 to 12, the contents are: changes during puberty, friendships and love, contraception and resisting unwanted peer pressure.

For each grade, 6 to 7 lessons of sexuality education are taught and when they enter secondary school, pupils are supposed to have followed 50 hours of sexuality education during their previous schooling. A study from 2010 states that almost 10% of primary schools (about 350 schools and 70 000 pupils) are benefitting from this programme and more and more schools are adopting it.

As far as the LLL is concerned, the report 'Implementing Sexuality Education', published by UNAIDS in 2001, indicates that it has been updated three times since 1990. In 2009, the programme covered 174 vocational schools and 19 800 pupils. The LLL programme is made of six lessons per school year and targets pupils aged from 13 to 15 years old. It is incorporated in the school curriculum in addition to Biology classes in which Human Reproduction is taught<sup>55</sup>.

The UNESCO report previously mentioned adds that more funds are available for the R&S programme, allowing for completeness. The contents outline self-perception, how boys and girls think about the other sex, how to make and maintain friendship, being in love, what sex means and sexual abuse. The Dutch sexuality education curriculum has a holistic approach because it considers "all stages of sexual, social, emotional and physical development of children"<sup>56</sup>.

The report 'Sexuality Education in Europe' specifies that Biology teachers are in charge of teaching sexuality education. School doctors can also sometimes be involved. In primary school, it is the general class teacher who is in charge of the teaching.

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<sup>52</sup> KEATING Dave, "No sex, please, we're Italian", op. cit.

<sup>53</sup> "Teens from Germany, Iceland ditch virginity early", Der Spiegel, 2006 (based on the WHO report on sexuality education)

<sup>54</sup> "Cost and cost-effectiveness Analysis of school-based Sexuality Education Programmes in Six Countries - full report", UNESCO 2011, op. cit.

<sup>55</sup> "Implementing Sexuality Education - Symposium Report", UNAIDS Inter-Agency Team on Education, 27/04/2011

<sup>56</sup> "Cost and cost-effectiveness Analysis of school-based Sexuality Education Programmes in Six Countries - full report", UNESCO 2011, op. cit.

The Ministry of Public Health, Welfare and Sports is in charge of developing sexuality education policies, but the Ministries of Education, Justice, and Social and Foreign Affairs can also be involved. All these ministries cooperate with NGOs. Moreover, local governors work with local public health services and are free to implement specific programmes in their jurisdiction<sup>57</sup>.

In 2011, 500 Dutch schools were under the threat of losing control over sexuality education teaching because of budget cuts in the healthcare sector as a consequence of the economic crisis<sup>58</sup>.

## Poland

As it is shown in the report 'Sexuality Education in Europe', sexuality education in Poland began to be included in school curricula from 1966, starting with some provinces of the country. As Poland experienced major social and political changes in the 1970s, attitudes towards the education of young people changed drastically.

In 1973, the government in power created a subject called 'Preparation for the Life in the Socialist Family' (which later became 'Education for Family Life'). About 1500 secondary schools introduced this subject into their curriculum from 1974 to 1980. However, because of the economic and social crisis of the late 1970s and under the strong influence of Catholic organizations favouring a "natural" family planning, the provision of sexuality education saw a setback in Poland.

In 1956, Poland was one of the first countries to legalize abortion, but it was forbidden in 1993 after the collapse of the Eastern block and with the signature of a concordat between the government and the Church, making State and Church inseparable<sup>59</sup>.

Consequently, the Catholic Church has had a growing influence on school-based sexuality education. Traditional groups are against methods using a scientific language as they focus on family roles and traditional values. As a result, sexuality education was taken out of the curriculum, to be taught outside of the school programme by voluntary teachers. In the same period, the few accessible schoolbooks teaching the subject conveyed false and stereotyped information about contraception and rejected homosexuality. The Catholic Church also had a strong influence on family planning services, which underwent pressures leading to difficult access and uneven distribution of the facilities in the country.

The curriculum of 2006 described in the report 'Sexuality Education in Europe' consisted of 14 hours of lessons using many teaching methods such as peer education, lectures and workshops, with no examination or grades. The provision of the lessons was under the responsibility of school directors and the teaching was provided in primary and secondary schools by Citizenship teachers who have attended a specific training and in high schools by sex educators who have completed a post-graduate course on the subject. Nevertheless, it seems that in practise teachers are underqualified to provide sexuality education, as they have to pay for the trainings. The results are that sexuality education is not properly provided.

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<sup>57</sup> "Sexuality Education In Europe - A reference Guide to Policies and Practices", op. cit.

<sup>58</sup> "Sex education under threat from community health budget cuts", Amsterdam Herald, 2/12/2011: <http://www.amsterdamherald.com/index.php/allnews-list/52-20111202-sexeducation>

<sup>59</sup> "Stratégie européenne pour la promotion de la santé et des droits sexuels et reproductifs", doc 10266, 26/08/2004, rapport, Conseil de l'Europe: <http://assembly.coe.int/mainf.asp?Link=/documents/workingdocs/doc04/fdoc10266.htm>

Therefore, in Poland, sexuality education is considered to be ineffective. Adults usually consider young people as asexual and parents avoid talking about this subject with their children. In rural regions, NGOs have limited actions in the field of sexuality education because the topic is still taboo and the financing is poor. Seen the limited information provided officially, young Polish people rely on magazines, Internet and their peers to have information about reproductive health, sexuality and risk behaviours. Teenagers themselves started complaining and denouncing the lack of concrete and precise information about sexuality, the lack of tolerance towards homosexuality, false information about STIs and contraceptives, and strong gender stereotypes.

Already in 2005, a Polish gay and lesbian organization called 'Lambda' denounced the misleading information about sexual orientation which is given to children by education authorities. Moreover, in 2007, the Human Rights committee of the UN encouraged the Polish Ministry of Education to provide proper and impartial school-based sexuality education<sup>60</sup>.

In June 2009, a group of sex educators called '*Ponton*' decided to publish a study about sexuality education based on 637 testimonies coming from teenagers and gathered between February and May 2009<sup>61</sup>. Among the 637 people who participated to the survey, 252 said they have never had any sexuality education at school and 376 people said they had such lessons. Among the 637 people, only 14 declared that they have had sexuality education during all their schooling. As a majority of schools organize sexuality education lessons early in the morning (even on Saturday morning) or late after school, pupils were discouraged to attend and the lessons are often cancelled due to low turn-out.

The findings are overall quite alarming: among the 376 testimonies of people who have received sexuality education, a majority complained about the poor quality of the teaching. Teachers (priests or Religion instructors mostly, but also Polish, Biology, Sports and Music teachers and even the school librarian) are often seen as incompetent, untrained and often give their personal opinion, linked with religion or tradition, instead of giving objective information.

As far as the contents are concerned, sexuality education conveys, in a lot of testimonies, intolerance towards homosexuality and single parenthood, strong gender stereotypes, false information about contraception, and religion-related beliefs about physiological and concrete scientific subjects. We can add that the lessons are often separated between girls and boys, and each group is taught about its own gender, leading to a lack of information about the opposite sex.

In 2009, the provision of a school-based sexuality education was made mandatory from the age of 12 by the Ministry of Education, in charge of the matter as a response to the complaints. However, in spite of the mandatory character of the teaching, it appears that attendance of pupils is optional and that parents have the option of withdrawing their children from sexuality education lessons<sup>62</sup>.

According to the Library briefing of the European Parliament from February 2012, the problem seems to persist since the 2009 reform, as "Poland has had the

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<sup>60</sup> ZAMPAS Christina, KEBRIAEI Pardiss, "Promoting accurate and objective Sexuality Education" in Interights Bulletin, A Review of the International Centre for the Legal Protection of Human Rights, vol. 15 n. 4, 2007.

<sup>61</sup> "Jak naprawdę wygląda edukacja seksualna w Polsce", Raport Grupy Edukatorów Seksualnych "Ponton", czerwiec 2009.

<sup>62</sup> O seksie obowiązkowo w szkole", Dziennik, 13/02/2009, <http://www.tvn24.pl/wiadomosci-z-kraju,3/o-seksie-obowiazkowo-w-szkole,85699.html>

greatest difficulty in implementing sexuality education policy among the larger member states [...]”<sup>63</sup>.

Nonetheless, some initiatives have been taken in the context of non school-based sexuality education, as the report "Sexuality Information, Education and Communication" shows. As a matter of fact, among other initiatives, the TRR (the Polish family planning association) organizes awareness campaigns during the music festival *Przystanek Woodstock*, which attracts about 200 000 people every year. The TRR uses the festival as an information platform promoting sexual health and rights and distributed about 70 000 materials and leaflets, 25 000 condoms and provided 516 consultation on HIV and family planning during the event in 2006.<sup>64</sup>

## Portugal

According to the report 'Sexuality Education in Europe' the first legislation on school-based sexuality education in Portugal was issued in 1984, in the context of a national debate about legal abortion.

In 1986, sexuality education was integrated in the subject 'Personal and Social Education' and in 1991 the new discipline 'Personal and Social Development' was introduced in the school curriculum for pupils of primary and secondary schools.

The topics approached were mixing traditional values (preparation for marriage) with more "modern" subjects (masturbation, contraception and prostitution). However, this discipline didn't become generalised in the country.

Between 1995 and 1998, the Portuguese Ministry of Education led an experimental sexuality education programme in five schools, of which were published guidelines ('Technical Guidelines on Sexuality Education'). These guidelines were the basis for the 1999 law about school-based sexuality education.

The law of 1999 has been regulated in 2000 when the final version of the guidelines was published. The government revised rules and principles linked to the subject of sexuality education in 2003.

The Portuguese APF (family planning association) website<sup>65</sup>, suggested that the changes which occurred in 2003, coupled with an economic crisis in the country, dismantled the main instruments of health promotion in schools without proposing an alternative. From that year on, there was a decrease of both school-based sexuality education programmes and teachers' involvement.

In 2004, despite of the adoption by the Parliament of a resolution to improve the situation, policies in the field of sexuality education were paralyzed. One year after, an anti-sexuality education campaign was held against the APF by political and religious groups supported by the media.

To restrict the movement, a work group was appointed to put in place new policies about school-based sexuality education as a compromise and measures were taken to promote health and sexuality education for young people.

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<sup>63</sup> STULL, Graham, op. cit.

<sup>64</sup> "Sexuality Information, Education and Communication - Good practise in sexual and reproductive health and rights for young people", op. cit.

<sup>65</sup> "Historia da APF", Family Planning Association in Portugal website: [http://www.apf.pt/cms/files/conteudos/Historia\\_APF\(1\).pdf](http://www.apf.pt/cms/files/conteudos/Historia_APF(1).pdf)

The report 'Sexuality Education in Europe' indicates that the Technical Guidelines on Sexuality Education is the only official document setting the rules of sexuality education in Portugal and it appears that this subject is not imposed as mandatory in the school curriculum.

At a national level, the Ministry of Education and the Ministry of Health are responsible for the policies in this matter. At the regional level, it is the regional education boards and at local level, it is the school assembly and the board of each school.

School-based sexuality education in Portugal can be taught by any teacher, but this task is usually in the hands of Biology, Religious Education, Geography and Philosophy teachers. Moreover, schools invite external experts to discuss topics such as STIs, pregnancy and prevention. Schools also develop health promotion projects which include themes linked with sexuality education<sup>66</sup>.

## Slovakia

According to the referenced report, a separate agency working with the Ministry of Education, the CFSR (Czechoslovak Family Planning Association) is in charge of establishing the guidelines in the field of school-based sexuality education. It was created in 1979 and is still operating today. In 1987, sexuality education became a separate subject taught in secondary school and integrated in other subjects.

The official and current sexuality education curriculum is called 'Education for Marriage and Parenthood'. It is mandatory since 1996 and is included in subjects such as Ethics, Religion (for the relationship and emotion issues) and Biology (for the biological and physiological aspects). It has been established in 1996 and is mandatory. It starts from age 13-14 and is given by Biology, Ethics or Religion teachers (nuns or priests). Sometimes, external experts such as nurses or gynaecologists intervene.

Concretely, from grade 1 to grade 4, sexuality education covers topics concerning family life, healthy lifestyle and puberty. From grade 5 to grade 9, the topics covered are puberty and growing up, the body, sexuality, relationships, love, drug and alcohol use, STIs prevention and family planning. In middle schools are covered family, parenthood and intimate relationships.

It is to observe that themes such as homosexuality or sexual abuse are almost never discussed. Parents and pupils have the right to choose between two subjects of topics for sexuality education: Religion and Ethics. However, it seems that Religion is chosen most of the time because the Ethics subject, which is more secular, is not always provided because of a lack of financial and human resources<sup>67</sup>.

## Spain

Based on the report 'Sexuality Education in Europe', it is to be noticed that sexuality education entered Spanish schools in the 1970s, but not as a mandatory subject. The teaching focused first on anatomy and then on biological, psychological and social aspects.

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<sup>66</sup> "Sexuality Education In Europe - A reference Guide to Policies and Practices", op. cit.

<sup>67</sup> Ibid

In 1981, the government proposed a holistic sexuality education programme from pre-school through secondary school.

In 2005, a new education law was approved and which is still applicable today. It included a new subject gradually covering sexuality education and called 'Citizenship Education'. The attendance of the subject is not mandatory and even if the law indicates which topics have to be covered, it seems that sometimes they are not taught in practice. The national government, as well as regional governments, are charged to implement the policies in the field of sexuality education.

School-based sexuality education begins at the age of 14 or 15. Within the framework of the school curriculum, teacher is responsible of providing the lessons. Other associations and private institutions are also in charge of intervening in schools to provide sexuality education, usually through workshops.

These agencies and associations vary greatly in their approaches as far as sexuality education is concerned. Some only consider the biological approach, some also consider emotional aspects, and some promote abstinence as the only prevention means against STIs and pregnancy. This means that in the country, the quality of school-based sexuality education only depends of the person who is providing it and not on legal or legislative bases. It also means that the quality of the provision is not always efficient.

This is the reason why a majority of young Spanish people learn about sexuality and sexual health from the family, their peers and the media. This is also the reason why sexuality education in Spain is said to be inadequate and almost inexistent in rural areas. Even if there is an official commitment to increase the quality of sexuality education, young people show by their attitudes that they are "conditioned by stereotypes, myths and erroneous beliefs"<sup>68</sup>.

## Sweden

According to the report 'Sexuality Education in Europe' Sweden is a pioneer as far as sexuality education is concerned. As a matter of fact, voluntary sexuality education was introduced in 1942 and the first sexuality education lesson was broadcast on the radio in 1954. Consequently, Sweden was the first country to establish school-based sexuality education lessons.

In this country, sexuality education is considered as a means to guarantee a healthy population and this is the reason why a lot of investment has been made to develop school-based sexuality education. It is not seen as a taboo and is taught based on honesty, openness and tolerance. This state of mind seems to have satisfying consequences, as the figures listed in the report 'Sexuality Education in Sweden' issued in 2008 by the Goteborg's University, show that the prevalence of HIV in the country is very low<sup>69</sup>.

The report specifies that in 1970, youth centres were created in complement to school-based sexuality education and their aim was the prevention of undesired pregnancies, and in general to guarantee sexual and reproductive health and rights. Today, we count 240 youth centres in the country.

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<sup>68</sup> "Sexuality Education In Europe - A reference Guide to Policies and Practices", op. cit.

<sup>69</sup> "Sexuality Education in Sweden", A Study based on Research and young people's service providers in Gothenburg", Göteborgs Universitet, 2008.



The aim of sexuality education in Sweden is to promote awareness and openness and avoid ignorance and risky behaviours among young people. The school's provision and the pupils' attendance were mandatory. As far as the teaching methods are concerned, group education, individual counselling as well as awareness campaigns about condoms and other activities are used.

The report 'Sexuality Education in Sweden' indicates that the teaching of sexuality education considers gender equality aspects and gender roles in the method used by the person in charge of the teaching and in the contents.

A national curriculum covers minimum standards concerning sexuality education in schools and the guidelines and policies in this matter are issued by the Swedish National Agency for Education.

Sexuality education in Sweden is seen as a general issue in which everybody has to be involved. School headmasters are in charge of an adequate implementation of the subject and all the school teachers provide sexuality lessons to their pupils, regardless of the subject they teach or their speciality. Sexuality education is also provided by NGOs, the main NGO involved are the RFSU (*Riksförbundet för Sexuell Upplysning*), The Swedish Association for Sexuality Education and the Swedish Federation for Lesbian, Gay, Bisexual and Transgender Rights<sup>70</sup>.

In the country, the teaching of sexuality education at school has a holistic approach, as the topics treated focus on anatomy and relationship aspects and take into account needs and concerns of young people. The teaching of sexuality education begins very early. In pre-school, teachers answer to any question the children can ask about sexuality in an open way and the actual lessons begin before puberty. The methods vary between the teachers, however.

In 2011, an article published by Europe Upstairs wrote about a heated debate provoked by an animated film produced by the Swedish Association for Sexuality Education and which aimed at illustrating sexuality education lessons. Some associations denounced the shocking characteristics of the film, called *Sex på kartan*, and which was planned to be broadcast on television.

The film was the object of a complaint to the police for morality reasons because it showed scenes of sexual intercourse. However, even the film is certainly explicit, it doesn't show immoral or shocking scenes and has been well-received by the 300 teenagers who watched it. Moreover, experts testified about the good educational quality of the film and reminded that in 1969, a film which also was a support for sexuality education lessons was even more explicit<sup>71</sup>.

## United Kingdom

Based on the report 'Sexuality Education in Europe', it is to be noted that sexuality education in England and Wales was first mentioned in the Education Act of 1944 but the mandatory provision of sexuality education in all state schools has been required by the 1986 Education Act. The governors were in charge of implementing sexuality education policies.

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<sup>70</sup> "Sexuality Education In Europe - A reference Guide to Policies and Practices", op.cit.

<sup>71</sup> "Suède, un nouveau film d'éducation sexuelle", Europe Upstairs <http://europeupstairs.com/2011/01/15/suede-un-nouveau-film-deducation-sexuelle/> and "Suède: plainte contre le nouveau film d'éducation sexuelle *Sex på kartan*", Europe Upstairs, <http://europeupstairs.com/2011/01/26/suede-plainte-contre-le-nouveau-film-deducation-sexuelle-sex-pa-kartan/>

Today, figures show that the United Kingdom has the highest teenage pregnancy rate in Western Europe and the quality, the methods and the frequency of the provision of school-based sexuality education varies a lot between England, Scotland, Wales and Northern Ireland.

The biological aspects of sexuality education were included in the Science curriculum in the 1993 Education Act, which was consolidated by the 1996 Education Act. The latter was amended by the 2000 Learning and Skills act, which transferred responsibility for sexuality education from Local Education Authorities to the schools' headmaster and governing bodies.

This means that school policies are individual. First, they are drafted by the school staff assisted with pastoral care advisors, and then they are ratified by school governors.

Furthermore, the 2000 Act also insisted on the importance of teaching the values of marriage and family life and on the fact that the teaching materials have to be adapted to the pupils' age, religion and culture.

In Scotland, there is no official requirement to provide school-based sexuality education, but a "Summary on National Advice" was produced in 2001 encourages schools to teach the subject<sup>72</sup>.

An article from *the Independent* issued in 2009 indicated that a government review imposing sexuality education as compulsory in primary and secondary schools was published, paving the way to the new curriculum of 2010, which is the one on effect today.

The contents of this curriculum have a holistic approach and are organized according to this schema: for pupils aged five, lessons are about body parts and animal reproduction; from the age of seven, lessons are about puberty and intercourse; and from the age of eleven, they are about contraception and safer sex.

However, this plan provoked controversy among faith-based groups and the solution was to create an opt-out clause for parents who don't want their children to attend the lessons<sup>73</sup>.

One example of non school-based sexuality education in the UK, is the Speakeasy programme, implemented by the UK family planning association and quoted in the briefing 'Sexuality Information, Education and Communication' issued by The Safe Project<sup>74</sup>. Speakeasy is training for parents and carers offering age-appropriate information on various topics (puberty, contraception, STIs and social pressure) by the means of various methods, such as artwork, role play or games to help them provide sexuality education to young people.

The UK family project association also created the "Aw'right project", also quoted in the above mentioned briefing, targets boys and young men from deprived regions of Scotland. This project aims at improving boys' self awareness and self-esteem and provides information about sexuality education.

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<sup>72</sup> "Sexuality Education In Europe - A reference Guide to Policies and Practices", op. cit.

<sup>73</sup> GARNER, Richard, "The big question: why are teenage pregnancy rates so high and what can be done about it?", *The Independent*, 02/2009 <http://www.independent.co.uk/extras/big-question/the-big-question-why-are-teenage-pregnancy-rates-so-high-and-what-can-be-done-about-it-1623828.html>

<sup>74</sup> "Sexuality Information, Education and Communication - Good practise in sexual and reproductive health and rights for young people", op. cit.

The EP Library briefing of February 2012 stated that a new controversial bill, proposed in January 2012, required schools to provide extra classes on the benefits of abstinence for girls aged from 13 to 16. This proposal was withdrawn after the fierce opposition of feminist and pro-abortion groups<sup>75</sup>.

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<sup>75</sup> STULL, Graham, *op.cit*

## 3 COMPETENCE AND ACTION OF THE EUROPEAN UNION IN THE FIELD OF SEXUALITY EDUCATION

### 3.1 Legal framework

At an international level, the CEDAW (Committee on the Elimination of Discrimination against Women) reminded the need to guarantee a sexuality education free from discrimination and stereotypes and conveying gender equality values<sup>76</sup>.

At the level of the **Council of Europe**, it has to be noted that article 11 of the **European Social Charter** obliges contracting parties to provide counselling and education infrastructures for the promotion of health. Information and communication about sexuality education is considered as a way to promote health among young people, and thus, not dealing with this question by the Member States can be considered as a violation of the European Social Charter.

The **European Committee of Social Rights**, which enables the implementation of the European Social Charter, contributes to the improvement of school-based sexuality education from primary to secondary school. On the basis of the Charter, it is not entirely clear whether sexuality education should be included in the school curriculum and this leaves a lot of freedom to the Member States as far as teaching of this subject is concerned.<sup>77</sup>

The European Union has no competences to propose policies for sexuality education and this is the reason why it falls under the **national competence of member states**.

With the implementation of the **Lisbon Treaty** in 2009, the principles of the **Charter of Fundamental Rights** obtained the same binding force as the principles of the European Treaties. The **European Court of Justice** can be addressed in case of conflict of rights.

Within the framework of **EU law**, even if the **Charter of Fundamental Rights** doesn't explicitly mention sexuality education, it guarantees the right to education (article 14- 1) and gives parents the right to ensure the education and teaching of their children in conformity with "religious, philosophical and pedagogical convictions" (article 14- 3). Sexuality education can be assimilated to these principles.

Moreover, sexuality education enters within the competence of the EU in the framework of public health as it is defined in article 168 of the Treaty on the functioning of the EU: "Union action, which shall complement national policies, shall be directed towards improving public health [and] preventing [...] diseases [...]. Such action shall cover the fight against the major health scourges, [...] their transmission and their prevention, as well as health information and education [...]"<sup>78</sup>.

Nevertheless, even if the Member States are responsible for sexuality education policies, the EU can have indirect influence on how sexuality education

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<sup>76</sup> ZAMPAS Christina, KEBRIAIEI Pardiss, op. cit.

<sup>77</sup> STULL, Graham, op. cit.

<sup>78</sup> 'Consolidated version of the Treaty on the Functioning of the European Union', title XIV 'public health', article 168: <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:C:2010:083:0047:0200:en:PDF>

programmes are established at Member State level, notably with policies against HIV/AIDS transmission and via **European projects**.

### 3.2 EU policy regarding HIV/AIDS prevention

The European Union has no competence to impose a school-based sexuality education. However, it has power to act against HIV/AIDS transmission by promoting sexual and reproductive health and rights. In the EU and neighboring countries, we count over 50 000 people diagnosed with HIV.

The **European Commission** established policies to support the prevention of STDs by raising awareness of its risks. Moreover, the EC gives guidance on the control of STIs, especially Chlamydia.

The policies regarding this issue are discussed on the occasion of meetings between the EC, the representatives of EU countries, youth representatives and researchers held at the **Sexual Health Forum**. The aim of these policies is to improve data collection on STDs, as well as to share examples of good practice concerning the monitoring and the prevention of STIs and STDs<sup>79</sup>.

Concretely, the Commission published a communication in 2009 about the need to implement policies in order to struggle against the transmission of HIV/AIDS in the European Union. The communication identifies policies helping to reduce the number of new infection by preventive actions and improving the life of people diagnosed with HIV/AIDS. The EU policies in this matter aim at improving "the access to prevention, treatment, care and support, to reach migrants from countries with a high prevalence of HIV, and to improve policies targeting the population most at risk"<sup>80</sup>.

Furthermore, the concrete implementation of these policies is funded through the **EU Health Programme**, currently for 2008-2013, and responding to the Europe 2020 strategy concerning investment in health. It is regulated by the EAHC (Executive Agency for Health and Consumers).

It has to be added that **the European Commission** has created two bodies in charge of helping the implementation of policies on HIV/AIDS, which meet twice a year: The **HIV/AIDS Think Tank**, a forum allowing EU member states representatives and neighboring countries to exchange information and strengthen cooperation, and the **HIV/AIDS Civil Society Forum**, a group of major EU networks and NGOs aiming at "advising the HIV/AIDS Think Tank on policy formulation and implementation"<sup>81</sup>.

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<sup>79</sup> "Sexually Transmitted Diseases - Policy at EU level", EC Public Health website: [http://ec.europa.eu/health/sti\\_prevention/policy/index\\_en.htm](http://ec.europa.eu/health/sti_prevention/policy/index_en.htm)

<sup>80</sup> "Sexually Transmitted Diseases", op. cit.

<sup>81</sup> ibid

### 3.3 European projects

#### 3.3.1 The Safe Project

The EU co-funds projects linked to sexuality education under the management of the EU's Health Programme 2008-2013 (total budget: 321 500 000 EUR<sup>82</sup>). The most significant is the Safe II project (or The Safe Project), an initiative from the IPPF European Network and which aims at enhancing "the sexual and reproductive health and rights of all youth across Europe through better co-operation among EU countries, co-ordination between agencies and harmonization of public health policies, health promotion strategies and programmes"<sup>83</sup>.

This project also funds research and works for "the development and dissemination of good practises regarding young people's Sexual Reproductive Health and Rights".

#### 3.3.2 "Boys and Girls"

The EU is involved in the project "Boys and Girls", which develops information resources targeting teenagers and young adults, especially the 15-25 year-olds who are neither at school nor at work. This programme deals with sexuality education, nutrition and substance abuse. The communication method chosen to spread the information is the web series, as the internet is now the best means to reach young people<sup>84</sup>.

#### 3.3.3 "SafeSex"

The project "SafeSex", full name being "Mobile Sexuality: towards a new European strategy in sex education and prevention of STDs" is a cooperation between seven European health and education organizations from six European countries (Denmark, Italy, Greece, Austria, Czech Republic and Lithuania). It is part of the 2008-2013 Health Programme and has been granted a sum of 700000 Euros by the EAHC which correspond to 60% of the total project budget. The rest of the funding is financed by partner organizations.

The objective of this project is to improve knowledge about sexuality among young people aged from 13 to 18 years old by means of modern tutorial techniques and mobile technology. The methods and tools used are: peer to peer teaching; new media platforms such as a 'mobile sex-guide' - guidance about sexual and reproductive health and rights available through smartphones - and interactive workshops with questionnaires based on examples of good practice<sup>85</sup>.

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<sup>82</sup> Europa website about the health programme : [http://ec.europa.eu/health/programme/policy/2008-2013/index\\_en.htm](http://ec.europa.eu/health/programme/policy/2008-2013/index_en.htm)

<sup>83</sup> Safe II website: <http://www.ysafe.net/SAFE/>

<sup>84</sup> "Boys and Girls" website: [http://www.boysandgirlslabs.eu/?page\\_id=70](http://www.boysandgirlslabs.eu/?page_id=70) the web series can be watched here: <http://www.youtube.com/boysandgirlswbserie>

<sup>85</sup> "SafeSex", Empowering Youth, Safesex project website: <http://www.safesexedu.com/> and "Mobile Sexuality, towards a new European strategy in sex education and prevention of STDs", EAHC, EC website: <http://ec.europa.eu/eahc/projects/database.html?prjno=20091217>

### 3.3.4 "The Sunflower Project"

The Sunflower Project, also known as "Young and HIV: European Network to arrange an innovative prevention campaign and to exchange good practices - Experience in Europe" aims at collecting and spreading good practices, data and information about HIV/AIDS prevention methods for young people. These methods can be used by national administrators and professionals from the field of HIV prevention.

Also as part of the EU Health Programme 2008-2013, the aim of this project is to exchange and disseminate experiences and information and raise awareness on HIV/AIDS and sexual health. The method to carry-out the project is to analyse local contexts and scientific aspects of HIV spreading in Europe, study the literature, exchange good practices and then organize a European prevention campaign. This campaign will be organized by young people with three intervention modalities: advocacy, behaviour change and education<sup>86</sup>.

## 3.4 Sexuality education and the role of the media

As in some countries and because of various reasons, parents and school professionals are reluctant to speak with children and teenagers, so they look for information elsewhere: firstly among their peers, then on the media which they have access to. Studies have shown that more and more young people in Europe have their own access to a computer and internet, some even have their own laptop, touchpad, or smartphone with access to the internet. A lot of children and teenagers have a television in their own room. Teenage girls often consume women's magazines, in which there is always an article or a section dealing with sexuality.

The report "EU kids online", published in September 2011 indicates that European children aged from 9 to 16 years old spend in average 88 minutes online per day. Moreover, teenagers aged 15-16 years old spend 118 minutes online per day in average, which is twice as long as children aged 9-10 years old (58 minutes). It is also to be observed that 49% of the teenagers in Europe have access to the internet in their bedroom and that 33% have access to the internet via their mobile phone. The study shows that 14% of the 9-16 years old have seen sexual images online and one quarter of these young people have been upset by them<sup>87</sup>.

While the mass media such as television, internet, magazines, movies, music and social media have great importance for young people because they allow them to stay connected, they also generate information about sexuality. Therefore, mass media increasingly provide for sexuality education, in addition to school curricula, parents, European programmes and peers. The question is whether the information gained by mass media is in line with standards described above and if sexuality education at school is needed to counterbalance false, discriminating or gender stereotyping information supplied by the mass media. Nevertheless, mass media and its content have to be considered as contributing to sexuality education of young people and have to be recognised as an actor in this field on its own right.

<sup>86</sup> "Young and HIV: European Network to arrange an innovative prevention campaign and to exchange good practises- experience in Europe (Sunflower), EAHC, EC website: <http://ec.europa.eu/eahc/projects/database.html?prjno=2007305>

<sup>87</sup> "EU kids online", report, Sept 2011: [http://www2.lse.ac.uk/media@lse/research/EUKidsOnline/EU%20Kids%20I%20\(2009-11\)/EUKidsOnlineIReports/Final%20report.pdf](http://www2.lse.ac.uk/media@lse/research/EUKidsOnline/EU%20Kids%20I%20(2009-11)/EUKidsOnlineIReports/Final%20report.pdf)

## 4 SEXUALITY EDUCATION, TEENAGE PREGNANCY AND STIS

One of the objectives of sexuality education is teaching young people how to have a healthy approach towards sexuality. It also aims at teaching good reflexes such as using contraceptives, especially the condom, which not only prevents unwanted pregnancies but also prevents STIs or AIDS. However, sexuality education can sometimes be perceived by parents and teachers as inefficient or as a means to encourage young people to have sexual relations earlier and more frequently. Indeed, studies<sup>88</sup> have shown that this is not the case and refuted the existence of such consequences. On the contrary, they have shown that an efficient sexuality education postpones the first sexual intercourse and leads to more responsible behaviour.

In this sense, experts have shown that a flawed or insufficient sexuality education leads to a higher pregnancy rate of young women and an increased amount of people suffering from STIs. Sexuality education of young people is therefore regarded as an appropriate means to prevent serious diseases and to enhance a positive development of the individual.

More precisely, the link between a deficient sexuality education and a higher rate of teenage pregnancy and sexually transmitted diseases has been demonstrated in scientific articles by numerous experts, namely Douglas Kirby (2007) and Laina Y. Bay-Cheng (2003). More recently the Planned Parenthood Association of America (Oct 2012) published notes on this question<sup>89</sup>. In America, the teenage pregnancy rate is one of the highest in the most developed countries of the world. Experts and researches have proven that this situation could be avoided if the school-based sexuality education were of a better quality. Such studies can be of interest for the development of measures against teenage pregnancies and STDs in European Union Member States.

### 4.1 Teenage pregnancy

According to data of WHO collected between 2000 and 2010, so far the most reliable data available in this context, the teenage pregnancy rate stands between 2 and 5% in the United Kingdom, Bulgaria, Romania, Hungary, Slovakia, Lithuania and Estonia. All other EU Member States have a teenage pregnancy rate of less than 2%<sup>90</sup>.

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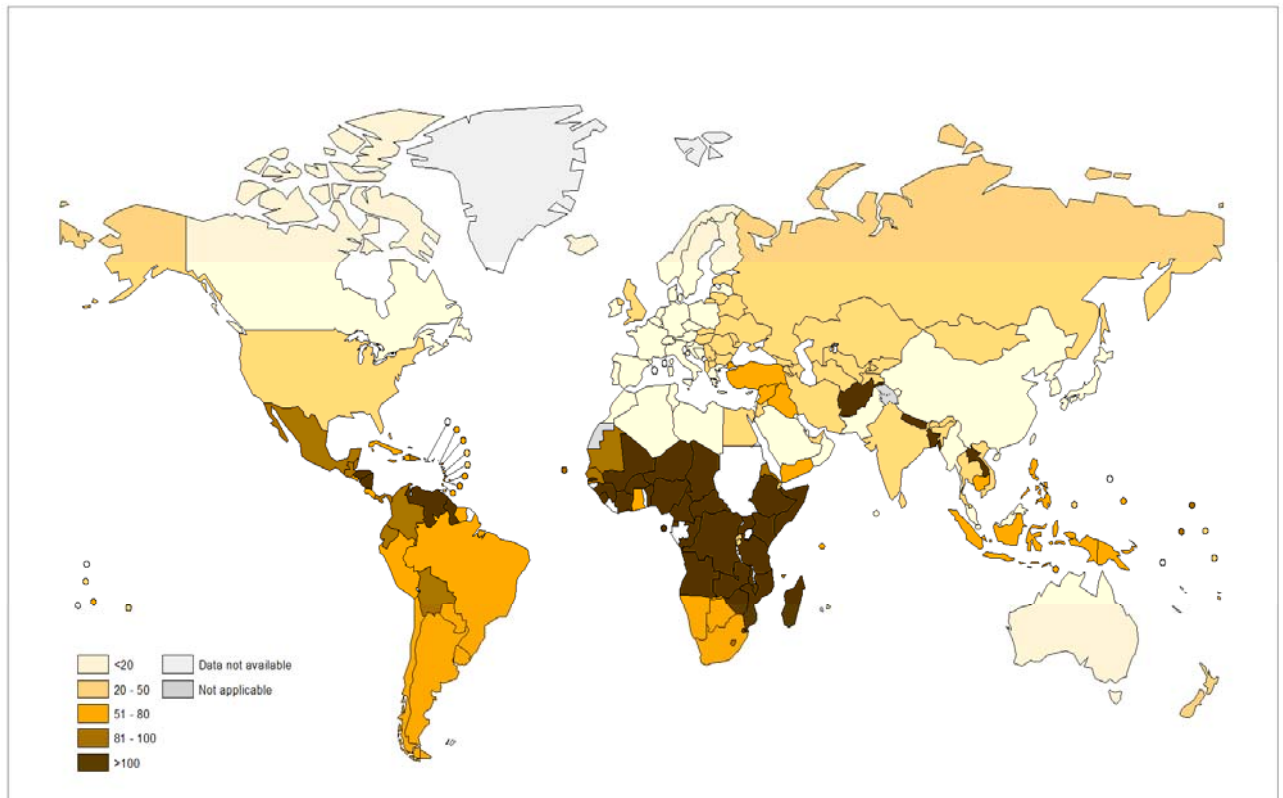
<sup>88</sup> M Baldo, P Aggleton, G Slutkin, 'Does Sex Education Lead to Earlier or Increased Sexual Activity in Youth?', Ninth International Conference on AIDS, Berlin, 1993, in 'Impact of HIV and Sexual Health Education on the Sexual Behaviour of Young People: a review update', UNAIDS, 1997: [http://data.unaids.org/publications/IRC-pub01/jc010-impactyoungpeople\\_en.pdf](http://data.unaids.org/publications/IRC-pub01/jc010-impactyoungpeople_en.pdf)

<sup>89</sup> Bay-Cheng L, 'The Trouble of Teen Sex: the construction of adolescent sexuality through school-based sexuality education', Sex Education, Vol.3, No.1, 2003, Carfax Publishing: [http://www.hawaii.edu/hivandaids/The\\_Trouble\\_of\\_Teen\\_Sex\\_the\\_Construction\\_of\\_Adolescent\\_Sexuality\\_Through\\_School-Based\\_Sexuality\\_Education.pdf](http://www.hawaii.edu/hivandaids/The_Trouble_of_Teen_Sex_the_Construction_of_Adolescent_Sexuality_Through_School-Based_Sexuality_Education.pdf); Kirby D, 'Emerging Answers 2007, Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases': [http://www.thenationalcampaign.org/EA2007/EA2007\\_full.pdf](http://www.thenationalcampaign.org/EA2007/EA2007_full.pdf); and see also 'reducing Teenage Pregnancy', 2012: [http://www.plannedparenthood.org/files/PPFA/reducing\\_teenage\\_pregnancy.pdf](http://www.plannedparenthood.org/files/PPFA/reducing_teenage_pregnancy.pdf) and 'Resources Evaluating Sexuality Education Programs', 2000: <http://www.hawaii.edu/hivandaids/Resources%20Evaluating%20Sexuality%20Programs.pdf> from the Planning Parenthood Federation of America.

<sup>90</sup> "Adolescent Fertility Rate (per 1000 women aged 15-19 years), 2000- 2010", World Health Organization, 2012:



### Adolescent fertility rate (per 1000 women aged 15–19 years), 2000–2010



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: World Health Organization  
Map Production: Public Health Information and Geographic Information Systems (GIS)  
World Health Organization

 World Health Organization  
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It is necessary to mention that the consequences of teenage pregnancy can be very negative. Pregnant teenagers are more likely to experience health issues linked to pregnancy than an adult such as miscarriage or neonatal death. They are less likely to graduate from high school and more likely to live in poverty. Moreover, the children of teenage mothers are often born underweight and experience health and developmental problems, let alone the fact that these girls are often immature to raise a child<sup>91</sup>.

Different factors can cause teenage pregnancy and a distinction has to be made between voluntary and involuntary teenage pregnancy. In involuntary cases, pregnancy has its roots on misinformation about contraception due to an insufficient sexuality education; none or limited access to contraception or to family planning associations, in rural areas for example. In addition, teenage pregnancy can be the result of violence against girls (sexual abuse or violence, paedophilia or incest).

In the case of voluntary teenage pregnancy, girls want either be pregnant or have a child. In France, one out of five young sexually active girls doesn't use any

[http://gamapserver.who.int/mapLibrary/Files/Maps/Global\\_maternal\\_health\\_adolescent\\_fertility\\_2000\\_2010.png](http://gamapserver.who.int/mapLibrary/Files/Maps/Global_maternal_health_adolescent_fertility_2000_2010.png)

<sup>91</sup> 'Reducing Teenage Pregnancy', Planned Parenthood Federation of America: [http://www.plannedparenthood.org/files/PPFA/reducing\\_teenage\\_pregnancy.pdf](http://www.plannedparenthood.org/files/PPFA/reducing_teenage_pregnancy.pdf)

contraception, consciously knowing what would be the effects of such negligence. There are various reasons for this behaviour, for example these girls want to be reassured about their fertility, some others want to feel adult and feminine, and some want to overcome a trauma which may have happened in their childhood (physical or sexual abuse) or have other psychological problems.

In more extreme cases, girls provoke the pregnancy to inflict pain to their bodies, as they often suffer from drug addiction or eating disorders such as bulimia or anorexia entailing additional risks during pregnancy<sup>92</sup>.

In accordance with the findings of the above mentioned studies, a comparative analysis has been carried out in the framework of this note regarding the member states with highest teenage pregnancy rates and their state of play in relation to sexuality education as described in chapter two. As mentioned above, the following countries are concerned: Hungary, Slovakia, Lithuania, Estonia, Bulgaria and the United Kingdom<sup>93</sup>.

Before entering the analysis, it has to be noted that most of these countries entered the EU less than 10 years ago. These countries suffer from an economical growth delay which can be a reason to a lower quality in the school-based sexuality education as budget cuts firstly affect public services.

In **Hungary**, as described in the previous chapter, in spite of the teaching of the subject called 'Hygiene' at school, there are no overall policies for sexuality education. This subject covers topics such as sexual abuse, AIDS and active prevention campaigns against AIDS. However, it seems that the school-based sexuality education system suffers from flaws which could contribute to the high teenage pregnancy rate in the country.

In **Bulgaria**, sexuality education is taught via peer-to-peer systems. In 2005, sexuality education has been improved with the publication of a notebook, but in 2008, the question of the mandatory aspect of sexuality education at school was raised. Thus, it has to be concluded that the school-based sexuality education system was deficient for many years and that recent measures were not yet able to improve the situation<sup>94</sup>.

In **Lithuania**, the official approach to sexuality education in schools is comprehensive. The guidelines implementing a school-based sexuality education cover a large range of topics, notably biological and emotional aspects. However, it is to be reminded that the UN Committee on the Rights of the Child denounced in 2006 the lack of information of young Lithuanians about sexual and reproductive health. Therefore, there could be a link between high teenage pregnancy rates in Lithuania and an inefficient and deficient sexuality education system.

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<sup>92</sup> "La Grosseesse des Adolescentes: un phénomène intemporel aux causes multiples", l'Euromag, February 2010: [http://www.leuromag.com/La-grosseesse-des-adolescentes-un-phenomene-intemporel-aux-causes-multiples\\_a1585.html](http://www.leuromag.com/La-grosseesse-des-adolescentes-un-phenomene-intemporel-aux-causes-multiples_a1585.html)

<sup>93</sup> no data is available for Romania

<sup>94</sup> The analysis covers the period between 2000 and 2010, and the improvements in sexuality education began in Bulgaria in 2005-2008. It seems therefore justified to assume that the sexuality education system which was limited for a long time still leads to a high teenage pregnancy rate.

In **Estonia**, school-based sexuality education is not mandatory and the curricula suffer from various limitations. Therefore, a new sexuality education curriculum published in 2009 was implemented in 2011, but the impact of this curriculum on social changes cannot yet be known. Consequently, the high rate of teenage pregnancy between 2000 and 2010 may be linked with an inefficient sexuality education programme.

In **Slovakia**, sexuality education has been integrated into the school curriculum since 1987. Attendance to lessons is mandatory and the approach is comprehensive. School-based sexuality education in Slovakia covers a lot of topics and seems to be of a good quality. Moreover, it can be noted that the country has invested a lot in healthcare facilities, including health promotion and prevention, infrastructures, education of healthcare professionals, as well as general access to healthcare and emergency care<sup>95</sup>. Therefore, reasons for one of the highest teenage pregnancy rates may not be linked to a deficient sexuality education. Among the complex situations leading to this, two appear to be more relevant: Firstly, girls attend school on average until they are 16 years old meaning that a lot of them quit school very young, with a low education level and without having access to information about sexual and reproductive health. Secondly, there is a strong evidence to suggest that sexual violence is very present in the country.

The only country from the EU-15 which has a high teenage pregnancy rate is the **United Kingdom**. In this country, biological aspects of sexuality education were integrated in the curriculum of 1993 which was consolidated in 1996 and amended in 2000. It is the latter version which is still in force in the country today. In that year, the competence in the matter of sexuality education passed from local authorities to the school head teachers and bodies. This means that each school has its own programme and organization.

Moreover, great regional disparities between Northern Ireland, Wales, England and Scotland can be observed as far as the quality and the frequency of sexuality education lessons are concerned. Besides, there is no official requirement to provide sexuality education in Scotland. Additionally, the new curriculum of 2010 established an opt-out clause for parents who don't want their child to attend sexuality education lessons. Sexuality education in the United Kingdom is said to be delivered too late, when the pupils often already had sexual relations. The subject appears to be more efficient when it is provided at an early age<sup>96</sup>.

In 2007, in the United Kingdom 4.19% of pregnant women were teenage girls under 18 years old, more precisely, 0.8% of pregnant women were teenagers under 16. Moreover, despite the fact that young people represent only 12% of the population of the United Kingdom, teenagers account for almost half of STIs diagnoses in 2007.

The UK government has established a link between the insufficient sexuality education provided in schools and the high teenage pregnancy rate in a report<sup>97</sup>.

<sup>95</sup> URMOS, A. "Health Investments, Health Inequalities", European Commission, DG Regional Policy, 2008: [http://ec.europa.eu/health/health\\_structural\\_funds/docs/ev\\_20100611\\_co04\\_en.pdf](http://ec.europa.eu/health/health_structural_funds/docs/ev_20100611_co04_en.pdf)

<sup>96</sup> 'Reducing Teenage Pregnancy':, Planned Parenthood Federation of America: [http://www.plannedparenthood.org/files/PPFA/reducing\\_teenage\\_pregnancy.pdf](http://www.plannedparenthood.org/files/PPFA/reducing_teenage_pregnancy.pdf)

<sup>97</sup> "Sexual Health and Young people in England", Department of Health, European Commission DG Health and Consumer Protection:

Consequently, the government committed to improving prevention facilities to lower the teenager pregnancy rate in the country.

## **4.2 HIV/AIDS and sexually transmitted infections (STIs)**

### **4.2.1 STIs**

The surveillance report 'Sexually transmitted infections in Europe', gathering data from 1990 and 2009 and published in 2011 by the European Centre for Disease Prevention and Control gives an overview of the situation of STIs in Europe.

#### *Chlamydia*

Notably, it appears that the number of people affected by Chlamydia, which is the most frequent STI in Europe, was almost 344 000 in 23 European countries. Women are almost two times more affected than men, and 75% of the women suffering from Chlamydia are teenagers and young women aged 15 to 24 years old.

The overall tendency shows an increase in the number of reports of new Chlamydia cases (more than the double between 2000 and 2009). This increase can be linked with the fact that STIs detection and surveillance systems are more and more efficient and earlier to detect.

Even if we don't have data for the EU-6 (France, Germany, Benelux, Italy and Austria and Hungary), we can observe that the countries the most concerned by this STI are countries from the North of Europe: the UK, Ireland, Denmark, Norway, Sweden and the Baltic States, even if in these states, sexuality education seems to be of good quality.

#### *Gonorrhoea*

As far as Gonorrhoea is concerned, almost 30 000 cases were reported in 28 European countries in 2009. It appears that men are three times more affected by this STI than the women and 40% of the cases reported concerned young people aged from 15 to 24 years old.

It appears that Western countries are more concerned by this STI than Eastern countries as we can observe an increase in the figures in countries such as Portugal, Spain, France, Belgium, the Netherlands, Denmark, Norway, Slovakia and Bulgaria and a decrease in the figures in countries such as Italy, Greece, Romania, Czech Republic, Baltic States, Hungary and Slovenia, even if in these countries, sexuality education appears to be insufficient.

#### *Syphilis*

Syphilis was supposed to be eradicated but still persists in Europe with almost 20 000 cases reported in 2009 within 28 European countries. Here as well, it appears that men are three times more affected by Syphilis than women. However, the

figures are less alarming among young people. Among the population infected with syphilis, there are 17% of young people (aged from 15 to 24 years old).

It is impossible to measure the geographic trends of syphilis in Europe, as the increase in the number of cases concerns both Eastern and Western Europe, and the situation is the same as far as the decrease in the number of cases is concerned. As a matter of fact, we see an increase in the number of cases in countries such as Greece, Austria, Slovakia, Slovenia, Czech Republic, Belgium, Poland, Italy, Spain, Denmark and Finland<sup>98</sup>; and a decrease in the number of cases in Estonia, Latvia, Hungary, Romania, Bulgaria, Germany, Ireland and the Netherlands.

Overall, concerning STIs, it has to be underlined that there is insufficient information from some countries and that it is not possible to give an informed idea about the situation. Moreover, figures don't show the geographic division of young people aged 13-18 who are affected by STIs. The information above is only to illustrate the situation<sup>99</sup>.

#### 4.2.2 HIV/AIDS

Figures given by the report 'Global HIV/AIDS response - Epidemic Update and Health Sector Progress towards Universal Access', published in 2011 by the WHO UNAIDS and UNICEF show that the number of people living with HIV in Western Europe is around 1 million.<sup>100</sup>

According to the report, new cases of HIV are increasing three times faster in Eastern Europe than in Western Europe. However, no figures are available for teenagers between 13-18 years old who have contracted HIV by unprotected intercourse due to lack of information and flaws in sexuality education. The following data can only give us an idea of the situation in EU member states.

It appears that the countries which have the highest HIV/AIDS infection rate are Portugal, Spain and France. The UK is the country in which the number of new HIV-diagnoses was the highest in 2010, with an increase of more than 50% between 2000 and 2009. France is the second country with the highest number of new diagnoses, followed by Germany.

On the other hand, the HIV/AIDS figures are lower in Eastern countries, especially countries such as Croatia, Slovakia and Slovenia in which the HIV prevalence figures are under 0.1%<sup>101</sup>.

<sup>98</sup> Despite the increase in figures related to STIs for Finland and Denmark, the overall figures are still low compared to other Member States.

<sup>99</sup> BAJOS, N. GUILLAUME, A. KONTULA, O. "Le Comportement des Jeunes face a la Santé Génésique", Conseil de l'Europe, Etudes Démographiques n.42, vol. 1, DG III, Cohésion Sociale, 2004: [http://www.coe.int/t/f/coh%E9sion\\_sociale/population/5471-6\\_Demog.%20no42%20Fr.pdf](http://www.coe.int/t/f/coh%E9sion_sociale/population/5471-6_Demog.%20no42%20Fr.pdf) and "STD Statistics Worldwide", May 2011: <http://stdtesting.com/std-infographic-statistics-worldwide>

<sup>100</sup> "Global HIV/AIDS response - Epidemic Update and Health Sector Progress towards Universal Access", Progress Report 2011, World Health Organization, UNAIDS, UNICEF: [http://whqlibdoc.who.int/publications/2011/9789241502986\\_eng.pdf](http://whqlibdoc.who.int/publications/2011/9789241502986_eng.pdf)

<sup>101</sup> "Global Report", UNAIDS report on the global AIDS epidemic 2010: [http://www.unaids.org/globalreport/documents/20101123\\_GlobalReport\\_full\\_en.pdf](http://www.unaids.org/globalreport/documents/20101123_GlobalReport_full_en.pdf); "Global HIV/AIDS response - Epidemic Update and Health Sector Progress towards Universal Access", Progress Report 2011, World Health Organization, UNAIDS, UNICEF: [http://whqlibdoc.who.int/publications/2011/9789241502986\\_eng.pdf](http://whqlibdoc.who.int/publications/2011/9789241502986_eng.pdf) ; "European Action Plan for

It seems, however, that the rates of new diagnoses doubled between 2000 and 2009 in Bulgaria, Czech Republic, Hungary, Lithuania, Slovakia and Slovenia and in the UK. The figures show also that the rates of new diagnoses have decreased by 20% and more in Latvia, Portugal and Romania.

For the purpose of this note, the figures are difficult to interpret. As a matter of fact, no report or official figures show the exact combination of parameters needed to make a causal link between the HIV/AIDS figures and the quality of sexuality education in the country. The parameters needed are: 1°) teenagers, i.e. young people aged 13-18 years old, 2°) who have contracted HIV by the means of sexual relations without the use of protection, and 3) the non use of protection has to be due to lack of information as consequence of insufficient sexuality education.

The figures given by the NGOs and International Organizations present the rate of diagnoses of HIV often without any disaggregation of data regarding age, gender or the means of infection by the disease (drug use, heterosexual or homosexual sexual relations, mother-to-child transmission, sex workers, etc).

## 5 CONCLUSION

Sexuality education falls under the competence of the European Union in relation to the protection of public health. In this framework, the EU can have also indirect influence on how sexuality education programmes are established at member state level, notably with policies against HIV/AIDS transmission and via **European projects**.

Creation, implementation and management of the sexuality education school curricula fall fully under the responsibility of the Member States. As school-based sexuality education is managed by the national Ministries of Education and of Health and the contents of the teaching are mostly decided by the school itself, differences in the quality and quantity of lessons between Member States can be observed.

Furthermore, differing social and political views on this issue, in particular those expressed by the Catholic Church which has a rather strong influence on sexuality education in some member states, contribute to the large range of different approaches to sexuality education within the member states.

Additionally, the disparities can also be explained by levels of funding. The biggest disparities are noticed between the former EU-15 and the 12 countries which have entered the EU in the last 10 years, these are still economically disadvantaged. In some of them, the GDP can be two times lower than in the EU-15 and funds given to the educational sector are not sufficient to implement a proper sexuality education. Besides that, the financial crisis and the related economic downturn led to budget cuts in all EU-12 Member States. The crisis affected adversely the educational sector and thus quality of the sexuality education programmes degraded.

However, it has to be noted that in some of the EU-12 countries, school-based sexuality education is of better quality than in some countries of the former EU-15. Indeed, the sexuality education systems in **Latvia, Cyprus, Estonia** and **Slovakia** are continuously improving and are of a better quality than those we can observe in **Ireland, Spain** or in **the United Kingdom**.

Overall, effective sexuality education can be identified by five indicators:

- The **comprehensive approach**. Sexuality education is taught with a biological and an emotional view;
- The **involvement of the parents**. They have the right to contribute to their children's knowledge in this matter;
- Teaching of **the subject in schools** by specifically-trained teachers;
- **Mandatory attendance of pupils** to the sexuality education lessons; and
- Programmes which talk about a **wide range of subjects** without taboo.

Of the 24 Member States, the countries reviewed by this study, 8 countries meet the cumulative criteria, or at least three out of five: **Belgium, Finland, Sweden, Denmark, France, Luxembourg, the Netherlands** and **Germany**.

The analysis of the existing data and policies regarding sexuality education in 24 Member States suggests links between the flaws and limitations of the systems of sexuality education and high levels of teenage pregnancy and of STIs/HIV, in accordance with what has been shown by previous studies. Data availability should be improved to allow for better assessment of the situation in the member states to provide evidence based policy making and to enhance the identification of best practices, mainly in relation to HIV/AIDS infections.

There is ample evidence to suggest that young people consume more and more information about sex from other sources than sexuality education at school and from family planning associations. Several American studies have shown that young people get more and more information from the mass media but this issue is still under-researched in Europe.



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- Europa website about the health programme: [http://ec.europa.eu/health/programme/policy/2008-2013/index\\_en.htm](http://ec.europa.eu/health/programme/policy/2008-2013/index_en.htm)

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- PROFAMILIA website: <http://www.profamilia.de/jugendliche.html>

- Safe II project website: <http://www.ysafe.net/SAFE/>

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the webseries can be watched here: <http://www.youtube.com/boysandgirlswebserie>

- "*SafeSex*", Empowering Youth, Safesex project website: <http://www.safesexedu.com/>

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DIRECTORATE-GENERAL FOR INTERNAL POLICIES

## POLICY DEPARTMENT CITIZENS' RIGHTS AND CONSTITUTIONAL AFFAIRS **C**

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