

SEXUALITY EDUCATION

Policy Brief Number 3

INTRODUCING SEXUALITY EDUCATION: KEY STEPS FOR ADVOCATES IN EUROPE AND CENTRAL ASIA



Photo: UNFPA/Y-PEER Kyrgyzstan

Many countries in Europe and Central Asia have national policies that protect the rights of children and young people to access information related to their health and well-being. In addition, some have specific policies that outline the provision of child- and youth-friendly services as well as the provision of evidence-informed, age- and developmentally appropriate sexuality education in formal schooling. Sexuality education, delivered within a safe learning environment and alongside access to youth-friendly health services, has a positive and lifelong effect on the health and well-being of young people.¹

This policy brief provides an overview of the key steps in advocating for the introduction of a new national in-school sexuality-education programme or the review of an existing one. Though it focuses on the implementation of such programmes at a national level in Europe and Central Asia, it is also relevant for countries outside this region.

ENGAGE SOCIETY THROUGH ONGOING CONSULTATIONS WITH STAKEHOLDERS

In countries with centralized government structures, advocates should focus on national-level processes, as national governments are responsible

for earmarking funds for the implementation of sexuality education and ensuring the programme's quality and effectiveness. In countries with decentralized government structures, building local commitment should be the main goal. In the absence of national curriculum frameworks and oversight, advocacy at the regional and local levels is critical and programmes need to be anchored in local structures such as sub-national education departments.²





Regardless of the scenario, building support for sexuality education by developing alliances with and involving key stakeholders, including young people, is a crucial element of introducing a new programme or revising an existing one. Support the process of implementation by engaging natural allies such as HIV prevention organisations, the national family-planning association, non-governmental organizations involved in sexual and reproductive health and rights, community-based organizations, faith communities, teacher associations, parent groups, academics, medical professionals, youth organizations

and others. This should include creating a national steering committee supported by national and international organizations, such as family-planning associations and UNFPA.

Mainstream and social media can be utilized to educate the public about the benefits of sexuality education for individuals and society as a whole.⁹⁻¹¹ The most effective messages include information backed up by scientific data and real-life experiences from countries that have already implemented sexuality-education programmes. When opposition to sexuality education is linked to political ideologies,

religious beliefs, or traditional value systems it is particularly crucial that proponents work closely with government to address potential resistance and concerns. Prominent local leaders, and progressive parents can be effective advocates if given the tools and information to counter potential opposition to sexuality education programmes and reluctance to implement them.

KEEP CHILDREN'S AND YOUNG PEOPLE'S NEEDS AT THE FOREFRONT

Conducting or updating a national assessment of children's and young people's needs can help place sexuality education as a top priority in the national curriculum by showing how teaching health-promoting behaviours from an early age benefits society. Most countries in the region, for example, are facing high burdens of non-communicable diseases; while the onset of these diseases generally appears later in life, the behaviours leading to them are formed during childhood and adolescence. Sexuality education is an investment in the younger generation for which a pay-off can be expected at a later stage in the form of reduced health-care and social-support costs.



Photo: UNFPA Ukraine

CASE STUDY: *Costs of Implementing Sexuality-Education Programmes*

Both Estonia and the Netherlands have implemented large-scale intra-curricular sexuality-education programmes at a total cost of US\$ 33 per learner. When regular expenses on

teacher salaries are taken out of the equation, the additional per-student costs of the sexuality-education programmes is seen to be US\$ 8 in Estonia and US\$ 10 in the Netherlands

- much less than 1% (0.1-0.2%) of all expenses per student. Implementation costs account for the largest part of a sexuality education programme.^{13, 14}

	Estonia <i>Human Studies</i>	Netherlands <i>Long Live Love</i>
Target group	7 - 14 years	13 - 15 years
Programme duration	3 years	0.3 years
Total hours	24	11
Coverage	National	50% of target schools
Cost per student reached	US\$ 33	US\$ 33
Cost in addition to regular expenses on teacher salaries	US\$ 8 0.2% of expenses/student	US\$ 10 0.1% of expenses/student

Table 1. Characteristics and Costing of Sexuality Education Programmes in Estonia and the Netherlands^{13, 14}



Photo: UNFPA / Besfort Kryeziu

UTILIZE EXISTING EDUCATIONAL RESOURCES

In almost every country, some elements of sexuality education are already included in school subjects like health education. Identify gaps in the curriculum by conducting a national inventory of pre-existing educational activities and comparing the content with the recommendations in the Standards for Sexuality Education in Europe and the UNESCO Technical Guidance on Sexuality Education. For this purpose, UNESCO has developed the Sexuality Education Review & Assessment Tool (SERAT). Soliciting feedback from learners themselves about the type of information they need most is also crucial for creating an effective programme.^{9, 10}

In addition, advocates should survey existing materials (e.g. children's books, games, films, etc.) that can be used as a starting point for sexuality education programmes – their editors/producers may also prove to be valuable partners.⁹⁻¹¹

HAVE CLEAR PROGRAMME GOALS TO GUIDE YOUR ADVOCACY

Formulating clear programme goals, e.g. reducing the number of pregnancies among teenagers or reducing sexual violence and abuse, can be a convincing rationale for scaling up or updating a national sexuality-education programme.⁹⁻¹¹ Research conducted in several European countries indicates that long-term sexuality education programmes can contribute significantly to a reduction in teenage pregnancy⁸ and abortion⁵, sexually transmitted infections^{5, 6} and HIV infections among young people⁷. Sexuality education supports the formation of healthy habits that have a long-term impact on behaviour.⁴

REFERENCE KEY VALUES AND NORMS

The health-promoting aspect of sexuality education as part of the life-course approach can be combined with the goals of 'promoting responsible citizenship' and 'increasing students' self-efficacy,' therefore offering a strong legitimate basis for a sexuality-education programme. Such programmes can lead to stronger and more mean-

ingful relationships by increasing confidence and strengthening skills (e.g. mutual respect and responsible behaviour, or "soft" outcomes), thereby empowering young people to deal with challenges in relationships.ⁱ Good-quality sexuality education influences attitudes⁶ and values and evens out the power dynamics in intimate relationships, thus contributing to the prevention of abuse and fostering mutually respectful and consensual partnerships. Good-quality sexuality education forms a constituent part of the human right to health, in particular the right to access appropriate health-related information. Reminding governments of their commitments under relevant international frameworks – including the Convention on the Rights of the Child, the United Nations Convention on the Rights of Persons with Disabilities, the International Covenant on Economic, Social and Cultural Rights, and the Programme of Action of the International Conference on Population and Developmentⁱⁱ – can be an effective way to lobby for the introduction of sexuality education.

ⁱFor more details about hard and soft outcomes of sexuality education, see Policy Brief No. 1. Sexuality Education: What Is it? Cologne, BZgA 2015.

ⁱⁱReference is made to Policy Brief No. 1. Sexuality Education: What Is it? Cologne, BZgA 2015, which provides a more detailed overview of the most important international human rights instruments

CASE STUDY: *Introducing sexuality education in Albania³*

Mandatory 'sexuality and life skills' education for students aged 10–18 was introduced in 2015 in Albania despite strong opposition from certain segments of the majority Muslim population of this south-eastern European country. A key position paper adopted by the Ministry of Health in 2012 called for sexuality education to

be comprehensive, human rights-based and multi-sectoral. The process was led by the Institute of Educational Development of the Ministry of Education and supported by UNFPA. Extensive efforts were invested in teacher training (including participatory teaching methods) across the country and teachers reported high

levels of satisfaction with the training. Piloting of the new module in four schools showed encouraging results among students and teachers. Students felt they understood the concept of comprehensive sexuality education, and trained teachers felt prepared to teach the sexuality-education modules in line with standards.

COOPERATE CLOSELY WITH SCHOOL OFFICIALS AND TEACHERS IN DEVELOPING CURRICULA

At the individual school level, it is important to engage in close co-operation with other local actors, e.g. youth-friendly services, secure the clear support of the head teacher and the school board, and advocate for the inclusion of sexuality education in the school policy.¹⁰

Technical support and materials for those who plan to implement or revise

national sexuality-education programmes can be obtained from WHO, UNESCO, UNFPA and IPPF which all strongly support school-based sexuality education.⁹⁻¹²

One specific opportunity for schools is including health promotion in the mission statement of the school as a way to provide a comprehensive basis for sexuality education. The Schools for Health in Europe Networkⁱⁱⁱ, in co-operation with the WHO Regional Office for Europe, the Council of Europe and the European Commission,

provides a framework for this process. Countries that join the initiative commit themselves to strengthening their capacity as a healthy setting for living, learning, and working.

When introducing school-based sexuality education, utilize existing resources such as training structures for teachers and any available school health services as a way to minimize the initial investment.



Photo: Panos Pictures / Felix Features

ⁱⁱⁱ<http://www.schoolsforhealth.eu>, see also: World Health Organization. What is a health promoting school? (http://www.who.int/school_youth_health/gshi/hps/en/index.html).

USE THE LOGICAL FRAMEWORK APPROACH TO PLAN YOUR NEXT STEPS ⁹⁻¹¹

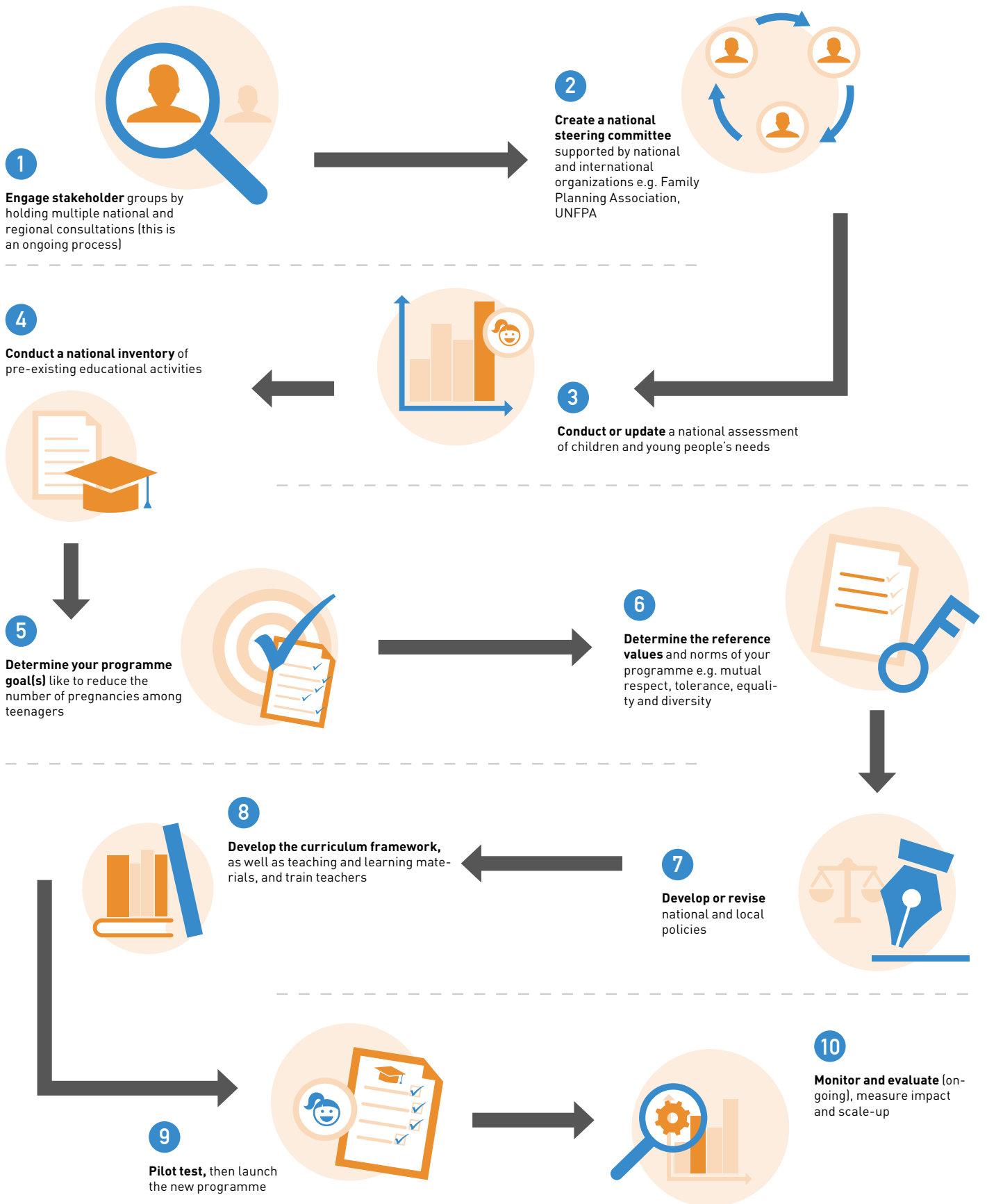


Figure 1 Steps needed for introducing a new or reviewing an existing sexuality-education programme

REFERENCES

1. BZgA, UNFPA, WHO Regional Office for Europe. 2015. Policy Brief No. 1. Sexuality Education: What Is It? Cologne, BZgA.
2. Rocha, A. C. and Duarte, C. 2015. Factors facilitating implementation of school-based sexuality education in Portugal. *European Journal on Contraception and Reproductive Health Care*. June 24: 1-9.
3. BZgA, IPPF EN. Sexuality Education in Europe and Central Asia: state of the art and recent developments. An overview of 25 countries (2017, in press).
4. BZgA, UNFPA, WHO Regional Office for Europe. 2015. Policy Brief No. 2. Sexuality Education: What Is Its Impact? Cologne, BZgA.
5. Apter, D. 2011. Recent developments and consequences of sexuality education in Finland. BZgA Sexuality Education Forum. *Sexuality Education and Family Planning*, 2: 3-8. Cologne, BZgA.
6. Haldre, K., Part, K. and Ketting, E. 2012. Youth sexual health improvement in Estonia, 1990-2009: the role of sexuality education and youth-friendly services. *European Journal on Contraception and Reproductive Health Care*, 17 (5): 351-62.
7. Bagchus, L., Martens, M. and van der Sluis, M. 2010. An impact and process evaluation of two Dutch sexuality education programmes for 10-12 year olds in primary school. "Relationships and Sexuality" and "Comfortable in your skin". Amsterdam, Rescon.
8. Heßling, A., Bode, H. 2015. Youth Sexuality 2015. The outlook of 14-25 yearolds. A report of the findings. Results of the current representative survey. Cologne, BZgA.
9. WHO Regional Office for Europe and BZgA. 2013. Standards for Sexuality Education in Europe: Guidance for Implementation. Cologne, BZgA.
10. UNESCO. 2009. International Technical Guidance on Sexuality Education - an evidence-informed approach for schools, teachers and health educators. Paris, UNESCO. Note: This reference contains the most recent update of Doug Kirby's systematic review of sex and HIV education programmes in developed and developing countries.
11. International Planned Parenthood Federation. 2006. IPPF Framework For Comprehensive Sexuality Education. Updated 2010. London, IPPF.
12. WHO Regional Office for Europe. 2016. Action Plan for Sexual and Reproductive Health: towards achieving the 2030 Agenda for Sustainable Development in Europe - leaving no one behind. Copenhagen, Denmark.
13. UNESCO. 2011. School-based sexuality education programmes: A cost- and cost-effectiveness analysis in six countries. Paris, UNESCO.
14. Kempers-Kivela, J., Ketting, E. and Baltussen, R. 2013. Cost analysis of school-based sexuality education programs in six countries. *Cost effectiveness and resource allocation*, 11 (1): 17.

SUGGESTED READING

- International Sexuality and HIV Curriculum Working Group. 2009. It's All One Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education. New York, Population Council.
- UNFPA. 2014. Operational Guidance for Comprehensive Sexuality Education: A Focus on Human Rights and Gender. New York, UNFPA.
- Ketting, E., Friele, M., Michielsen, K. 2015. Evaluation of holistic sexuality education: a European Expert Group consensus agreement. *European Journal on Contraception and Reproductive Health Care*, 2016; 21: 68-80.
- http://icrhh.org/sites/default/files/Ketting_Evaluation%20HSE_2015.pdf

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This policy brief is provided free of charge. It is available in English and Russian.

Policy brief no. 3 is complemented by policy brief no. 4 "Why should sexuality education be delivered in school-based settings?".

The content of this brief was reviewed by the European Expert Group on Sexuality Education. The members of the Expert Group are representatives of the following organizations: **Austrian Institute for Family Studies – University of Vienna; European Society for Contraception; International Centre for Reproductive Health – University of Ghent, Belgium; International Planned Parenthood Federation European Network (IPPF EN); Lucerne University of Applied Sciences and Arts, Switzerland; Lust und Frust – Fachstelle für Sexualpädagogik und Beratung, Switzerland; Väestöliitto, Finland; Russian Association for Population and Development; Rutgers, Netherlands; SENSOA, Belgium; United Nations Educational, Scientific and Cultural Organization (UNESCO); United Nations Population Fund, Regional Office for Eastern Europe and Central Asia – UNFPA/EECARO; University of Tartu, Estonia; University of Uppsala, Sweden; VL-Medi Oy Research and Sexual Health Centre, Finland; Integrated Sexual Health Service, Sherwood Forest Hospitals, NHS Foundation Trust and WHO Regional Office for Europe.**

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