

SEXUALITY EDUCATION IN EUROPE SEXUALITY EDUCATION IN EUROPE SEXUALITY EDUCATION IN EUROPE

A REFERENCE GUIDE TO POLICIES AND PRACTICES

SEXUALITY EDUCATION IN EUROPE

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The SAFE Project

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This publication was researched and written by Kay Wellings and Rachel Parker of the London School of Hygiene and Tropical Medicine, UK.

Annette Britton from IPPF European Network was responsible for the overall coordination of the publication.

IPPF European Network

IPPF is the strongest global voice safeguarding sexual and reproductive health and rights for people everywhere. The IPPF European Network is one of IPPF's six regions. IPPF European Network increases support for and access to sexual and reproductive health services and rights in 41 member associations throughout Europe and Central Asia.

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Foreword

This guide was created to assist policymakers and governments to develop better policies and practices related to sexuality education. Additionally, it is intended to help EU Member States to improve the exchange of information and best practices on adolescent sexual and reproductive health and rights and sexuality education.

The guide provides information about sexuality education in 26 European countries, and reflects the reality that policies and practices related to young people's sexual and reproductive health and rights – including sexuality education – vary from country to country. There are, however, similarities in the way many governments approach sexuality education, and in the challenges they face in implementing policies related to this topic. By providing information about the policies for, and challenges to, providing comprehensive sexuality education in diverse cultural, social and political settings, this guide can be a helpful resource for policymakers.

The guide is a component of the 'SAFE Project: A European partnership to promote the sexual and reproductive health and rights of youth', which involves IPPF European Network Regional Office and 26 Member Associations, along with Lund University and the World Health Organization Regional Office for Europe. IPPF European Network is the lead implementing organization for this three-year project, which started in 2005 and aims to develop new and innovative ways to reach young people with sexual and reproductive health and rights information and services, and to inform, support and advance policy development.

Young people need accurate information, skills and access to youth-friendly sexual and reproductive health services if they are to make healthy, informed choices. Comprehensive sexuality education is one of the most important tools we have to ensure that young people have the information they need. This guide is a tool for those working to ensure that policies in Europe support the sexual and reproductive health and rights of young people.

Vicky Claeys

IPPF European Network Regional Director

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Much of the document is based on the information provided by IPPF European Network Member Associations in the 26 countries covered by the guide. These are non profit organizations working at the national level to ensure the sexual and reproductive health and rights of women, men and young people are met with adequate programmes, policies and resources. In particular, we would like to thank the following:

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Acronyms and Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
CSE	Comprehensive Sexuality Education
EEA	European Economic Area
EU	European Union
HIV	Human Immunodeficiency Virus
IPPF EN	International Planned Parenthood Federation European Network
MA	Member Association
NGO	Non-governmental organizations
PHARE	Programme of Community aid to the countries of Central and Eastern Europe
RSE	Relationship and Sexuality Education
SAFE	Sexual Awareness For Europe
SHRE	Sexual Health and Relationships Education
SIECUS	Sexuality Information and Education Council of the United States
SPHE	Social Personal and Health Education
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infections
UNFPA	United Nations Population Fund
WHO	World Health Organization

1.0

Introduction

All young people have the right to comprehensive sexual and reproductive health information, education and services, to be active citizens, to have pleasure and confidence in their sexuality, and to be able to make their own informed choices. IPPF EN and WHO regional guidelines both promote this belief.

In order to meet these rights, we seek to promote a model of sexuality education that considers the various inter-related dynamics that influence sexual choices and the resulting emotional, mental, physical and social impacts on each person's development. This positive approach to sexuality education includes an emphasis on sexual expression and sexual fulfilment, representing a shift away from methodologies that focus exclusively on the reproductive aspects of adolescent sexuality. In addition, this approach recognises that both sexually active and sexually abstinent youth need information to be able to make informed decisions about their sexual and reproductive lives. Through encompassing these issues, a comprehensive approach to sexuality education therefore contributes to addressing not only the health and wellbeing of young people, but also their sexual and reproductive rights.

The purpose of this guide

This sexuality education reference guide aims to systematically and coherently bring together information on sexuality education policies and programmes across Europe. As such, it is hoped that it will be a useful tool for both professionals and policy makers working in the field of young people's sexual and reproductive health and rights, and that it will enable them to make well founded arguments for

comprehensive sexuality education in schools, and to refer quickly to what's happening and what's working in other European countries.

How the guide is organised

The guide is divided into three broad sections. The first section gives an overview of the situation in Europe, and analyses the similarities and differences that various countries have experienced in delivering sexuality education, the factors hindering and enhancing provision, and evidence for the effectiveness of comprehensive sexuality education. This section is followed by three tables which describe the situation in Europe in more quantitative terms, and that can be used to give at a glance data and comparisons between countries. The final section contains individual country reports that describe in more detail the situation with regards to sexuality education in each of the 26 countries covered.

Design and method

To prepare this guide, a common template was prepared (see appendix) which aimed to seek, wherever possible, comparable information for each country, and to present information under standard headings. This was then sent to the IPPF European Network (IPPF EN) Member Association (MA)¹ contact in each of the 26 countries covered by the project. The MAs were asked to complete the template and also to provide contact details of other people within their country whom they thought would be able to provide additional information. These additional contacts were then sent the template and were asked, where appropriate, for specific

¹ Member Associations (MAs) are IPPF European Network members. They are non-profit organizations providing information, training, education and health services in the areas of sexual and reproductive health and rights in their own countries.

information dependent on their area of expertise. In some cases the MA consulted their contacts prior to returning the template and so the initial response was comprehensive.

The information collected from the templates was then presented in tabular form (Tables 1 and 2), and was also used as the basis for the individual country reports. Any gaps in the information provided were filled, where possible, using published literature, policy documents and international comparisons, of the kind produced by UNICEF, the Alan Guttmacher Institute, SIECUS and IPPF. Routine data was also collected from sources such as Eurostat, WHO, World Bank and EuroHIV and was used to complete tables 1 and 3. All draft tables and reports were sent to the MAs for verification, and any necessary amendments made.

What is the scope of the guide?

In terms of the subject area, it should be noted that this guide is by no means comprehensive and that it does not cover out of school sexuality education in any detail. There are certain limitations with the methodology employed to compile the guide, and users should exercise caution in comparing data from individual countries.

Definition of sexuality education

Across Europe different terms are used to refer to sexuality education, varying from 'family life education' through to 'life skills education' and 'sex and relationships education'. A detailed analysis of the different terminology used, and the various perspectives that are reflected by these terms, is included in Section 2 of this guide, under 'Curriculum Content'.

However, for consistency the term 'sexuality education' has been used throughout this guide. This term is used to refer to a comprehensive, rights based approach to sexuality education, which seeks to equip young people with not only the essential knowledge, but also the skills, attitudes and values they need in order to determine and enjoy their sexuality, both physically and emotionally, and individually as well as in relationships. This approach is summarised in the following table:

Sexuality Education must help young people to:

- **Acquire accurate information**
On sexual and reproductive rights; information to dispel myths; references to resources and services
- **Develop life skills**
Such as critical thinking, communication and negotiation skills, self-development skills, decision making skills; sense of self; confidence; assertiveness; ability to take responsibility; ability to ask questions and seek help; empathy
- **Nurture positive attitudes and values**
Open-mindedness; respect for self and others; positive self-worth/esteem; comfort; non-judgmental attitude; sense of responsibility; positive attitude toward their sexual and reproductive health

Sexuality education covers a broad range of issues relating to both the physical and biological aspects of sexuality, and the emotional and social aspects. It recognizes and accepts all people as sexual beings and is concerned with more than just the prevention of disease or pregnancy. CSE programmes should be adapted to the age and stage of development of the target group.

Links to other IPPF resources

This guide is aimed to complement the policy framework and guidelines on young people's sexual and reproductive health and rights, which contains specific recommendations for policy and decision makers at the national level on sexuality education, as well as on other sexual and reproductive health issues.

At the international level, IPPF has developed a Framework for Comprehensive Sexuality Education, which is based on extensive consultations. This document lays out IPPF's current thinking on what constitutes the important elements of sexuality education, which include: gender; sexual and reproductive health; sexual citizenship; pleasure; violence; diversity; and relationships².

In addition, IPPF is currently working to develop guidelines and standards on comprehensive sexuality education, in partnership with young people, the Population Council, and other expert organisations. The primary aim is to set minimum standards for sexuality education, which are based on a positive approach that links safer sex with positive development, empowerment and choice, rather than the traditional approach that links sex with risk taking and the prevention of pregnancy and infections.

² For a copy of the IPPF Framework of Comprehensive Sexuality Education see: <http://content.ippf.org/output/ORG/files/13582.pdf>

2.0

Overview

A broad, historical overview of sexuality education in European countries reveals a wide variety of methods and policies that have shaped provision.

Yet despite the social, cultural, political, and economic differences among countries, there are similarities, both in provision and in how different countries have addressed obstacles and opposition to sexuality education. Each country's unique experience adds something to the debate about how best to provide sexuality education, and how advocates can ensure that young people are able to exercise their right to sexuality education. By comparing country and cultural characteristics, the ease with which sexuality education can be implemented, and at what age and in what form it is available, advocates can learn valuable lessons for campaigning for or strengthening sexuality education.

This section summarizes the findings related to delivering sexuality education in Europe, the factors hindering and enhancing provision, and evidence for the effectiveness of comprehensive sexuality education.

How is sexuality education delivered?

Curriculum content

The content of sexuality education varies greatly within, as well as between, countries. In many cases, it is difficult to get a clear picture of what is included in each country. To shed light on this, it is helpful to look at the area of the curriculum in which sexuality

education is taught, how it is labelled, and the agencies responsible for its provision.

- **Cross-curricular teaching**

Sexuality education should, many believe, be integrated across all school subjects and at all grades. Yet it is still rare for sexuality education in Europe to be covered across the curriculum (except in Primary School). However, there are exceptions. For example, in Portugal sexuality education is taught by teachers of Biology, Religious Education, Geography and Philosophy.

- **Focus on biology**

Typically, sexuality education is taught in Biology lessons, and in perhaps one other area of curriculum. In Belgium, biological aspects are covered in Biology lessons, and moral and ethical aspects in Religious and moral philosophy lessons. In the Netherlands, the additional curriculum subject is Society; in Denmark, Danish lessons, and in Estonia, Human Studies. In France, sexuality education is mainly incorporated within Health Education but occasionally in Citizenship, reflecting a broader vision of sexuality education. The widespread pattern of timetabling sexuality education in Biology lessons reflects a fairly pervasive emphasis on health-related aspects of the subject, and a weaker focus on personal relationships.

- **Rarer focus on relationships**

The inclusion of the term 'relationship' in the names of sexuality education curricula in many countries (e.g. in Belgium sexuality education is called 'Relationship and Sexuality Education', and in Cyprus 'Relational and Sexual Education') signals that the content goes beyond a simple mechanistic coverage of biological facts, and includes an emphasis on psychosocial aspects of the subject. Research has shown that pupils welcome this and are critical of curricula in which

too much emphasis is placed on the biological aspects of sex and reproduction. What is needed is more guidance on the emotional and social aspects of sexual relationships.

- **Ideological perspectives**

Terms used for sexuality education may reflect national ideologies. In some countries of Eastern Europe (Slovakia, Poland and Hungary, for example), adoption of the term 'Family Life Education' reflects an emphasis on social structure. In other former Eastern bloc countries, and in Belgium, 'gender' enters the description.

- **Trends in thinking**

Changes in the labelling of sexuality education also reveal shifts in thinking over time. In Portugal, for example, concern about HIV and AIDS coincided with the renaming of the 'Programme for Personal Development' in the 1990s to become 'Programme for Health Education'.

Methods used

A wide variety of teaching methods is in evidence throughout Europe, from traditional formal classroom teaching to peer education, and from conventional visual and mass media, to games, videos, CD-ROMS and theatre. Increasingly, the Internet is being used for educational purposes in some countries. Nevertheless, a didactic approach to sexuality education remains common, despite pupils' preference for interactive methods (Ogden and Harden, 1999) (Milburn, 1995) (Macdowall et al, 2006).

Agencies responsible for provision

The most common pattern across European countries is for school teachers themselves to

provide sexuality education. The evidence is that the recruitment of carefully selected and trained implementers is essential to the success of sexuality education programmes and this is by no means universal across the European countries.

- **Involvement of health professionals**

Doctors, school nurses and other health professionals are rarely involved in providing sexuality education. This may be a good thing in that it helps to avoid over-medicalization of the topic. But a case can be made for a wider role for health professionals in terms of recognizing problems among young people, such as indications of physical or sexual abuse, pregnancy or STIs.

- **Pupil visits to health settings**

Visits to health settings outside of schools is not common, despite evidence that sexuality education is more effective when it involves links with local sexual health services (Health Development Agency, 2001).

- **Peer-led sexuality education**

These techniques are not greatly in evidence and do not appear to be used at all in some countries (e.g., France).

- **Involvement of NGOs**

Voluntary and non-governmental organizations feature prominently among agencies that are brought into schools to teach sexuality education. They provide sexual health seminars, coordinate peer-education networks, organize public education campaigns and provide counselling services. NGO involvement in providing sexuality education has advantages in that it allows statutory agencies to distance themselves from the subject. Even in Central and Eastern European countries, where civil society has emerged and been able to work openly only recently, NGOs contribute – if not by teaching, then by providing

sexuality education resources to educators and the general public. Central and Eastern European countries are gaining ground fast and there is good evidence of training for relevant staff.

- **Choice of national agency**

The government ministry or department that a country chooses to address sexuality education is a reflection of its approach to the topic. In France, the Ministries for Public Health and for Public Education are involved. In Greece, policy is determined by the Ministries of both Education and Health Education. On the whole, the Ministry of Education is the government department most commonly involved (e.g., in the Czech Republic, Estonia, Iceland, Finland, Latvia, and Ireland), generally with involvement from another department (e.g., Youth and Sports in the Czech Republic, Social Affairs and Health in Finland). Where sexuality education is more broadly conceived, several ministries are involved. In Belgium, these include the Ministries of Welfare, Education and Youth. In the Netherlands, policy development is carried out in the Ministry of Public Health, Welfare and Sports, together with involvement from the Ministry of Education, the Ministry of Justice and the Ministry of Social and Foreign Affairs.

How adequate is provision?

The quality and frequency of provision of sexuality education varies not only between countries, but also within them and from school to school, and it is difficult to assess overall adequacy. Very few countries have formal evaluation processes, and the assessment of the effectiveness of sexuality education is largely drawn from academic studies of specific projects. The following factors influence the adequacy of provision.

- **Area of the country**

Urban/rural differences appear to have a substantial impact on the provision of sexuality education. In more sparsely populated countries (such as Greece) there are signs that facilities are concentrated in large urban areas. More commonly, though, differences seem instead to focus on religious variation. In what was reported as the 'bible belt' of the Netherlands, for example, there are strong religious convictions among the public and policy makers, and sexuality education in schools encounters local opposition. Moreover, in Poland religious and cultural pressures are causing an uneven distribution of sexuality education.

- **Needs relating to diversity**

The growth of immigrant populations, for example in France, Germany and the Netherlands, provided the impetus for increased efforts to address issues around cultural diversity in sexuality education.

Which factors hinder and enhance provision and how can they be addressed?

Cross-national comparisons reveal common factors influencing the relative ease of implementation of sexuality education. To varying degrees, the subject is controversial virtually everywhere. Thus, there is considerable scope for sharing lessons learned from one European country with another, particularly with regard to the following factors.

- **Reconciling political and religious views**

Very few countries exhibit complete acceptance of sexuality education across all groups, and political context exerts a strong influence on implementation. In countries such as the Netherlands and Denmark, sexuality education is widely accepted and supported, while in other countries there is still strong opposition and a

lack of support. Even in the Netherlands, anti-choice groups and individuals are vocal in their opposition. In predominantly Catholic countries such as Ireland, objections are forcefully made and extend to the provision of sexual health services as well as education. The collapse of communism in some Central and Eastern European countries, such as Poland, the Czech Republic and Slovakia, created conditions for the revival of Catholic interest. While in Germany, persistent Roman Catholic-inspired anti-choice opposition creates a difficult climate in which to implement sexuality education curricula. And in several countries, there is evidence that Muslim faith groups oppose sexuality education as it is currently provided. Much has been achieved in actively involving religious organizations in sexuality education in partnership. In Portugal, for example, NGOs involved include the Pro-Life Movement; in Ireland, a Catholic marriage support agency is used to deliver aspects of the Relationship and Sexuality Education (RSE)/ Social Personal and Health Education (SPHE) programme; in Greece, the church is involved in implementing sexuality education, as well as curriculum implementation (including enlisting support from appropriate authorities).

- **The need for media advocacy**

The stance taken by the media varies greatly across countries. In some (mainly Scandinavian) countries, the media are largely supportive and informative on sexual matters, and treat sexuality positively. In Denmark, national broadcasting companies have freely donated air time to sexuality education. In other countries, such as the UK, sexual issues (particularly those related to young people), are treated more sensationally (particularly by the print media) with adverse effects on sexuality education. A more pro-active stance is needed by those involved in policy and provision of sexuality education to engage with the

media in conveying the need for, and the positive impact of, sexuality education on the well-being and health of young people.

- **Need for greater synergy and 'joint action'**

Throughout Europe, there have been many sexual health campaigns using the mass media, including unprecedented efforts in HIV and AIDS public education since the mid-1980s. Yet there are few instances of synergy between public education campaigns and school sexuality education. This may be because the campaigns are generally carried out at national level, by advertising agencies in collaboration with health educational agencies and Ministries of Health. There are advantages for sexuality education in terms of increased collaboration across these agencies. Drawing on the messages of media campaigns (both those that use donated media time or space, and those that are paid for) for use in classroom-based sexuality education lessons would be an effective way of disseminating a common message that can be reinforced in various settings.

- **Positive effects of negative publicity**

Some government agencies have shown apprehension and in some cases outright anxiety about information provided in sexuality education materials, which has often resulted in censorship and subsequent media attention. For example, in England in the late 1980s, a sexuality education manual was partially shredded because of disagreement between the Departments of Health and Education over explicit references to condom use among young people under the age of sexual consent. Similar examples were documented in Italy in the 1990s, and in Denmark, in 2004. Evidence shows, however, that where there is a robust defence of sexuality education interventions or materials, there can be positive outcomes. For example in Spain, the 'Pontelo, Ponseló' campaign and its associated sexuality education programme,

led to a national furore when church leaders and others openly criticized the programmes focus on condom use. This led to greater public awareness and more open discussion about sexuality education than might otherwise have been possible without the publicity.

- **Crisis intervention**

Media attention on adverse sexual health issues and trends has sometimes helped to prioritize sexual health on the public agenda. The most striking example of this was the HIV/AIDS pandemic, the recognition of which led to changes and advancements in sexuality education in many countries. In Ireland and in France, for example, fear of the epidemic raised awareness of the need for sexuality education and prompted considerable discussion and activity around sexuality education. Agencies that deal with sexual health and education were set up or strengthened, and there was increased development of expertise in the area. This is good news, but now the challenge is to maintain this impetus and continue the advancement of sexuality education.

- **Sharing expertise**

IPPF European Network Member Associations – many of which are the primary actors in the field of sexuality education in their respective countries – successfully share their expertise with each other. There has been collaboration between Central and Eastern European Member Associations and those from other European countries that have particular experience in implementing and advocating for comprehensive sexuality education. For example, the Member Associations in the Netherlands and Denmark have helped other Member Associations to develop comprehensive sexuality education programmes or policies. And the Estonian Member Association has cooperated closely with Denmark's Foreningen Sex & Samfund, and the Member Associations in Finland, Norway and Sweden.

These are just two examples of successful sharing of expertise across the European Network.

- **Using and influencing national regulations and guidelines**

Sexuality education is not yet mandatory in every European country, and this is problematic for both policy and practice. In countries in which it is mandatory (e.g., the Netherlands, Norway, Estonia, Finland and Hungary) implementation is supported because these efforts are sanctioned at national level. Where this is not the case, national regulations governing sexuality education – evidence-based and drawing on best practice – can clearly help providers in making the case for sexuality education.

- **Sustaining sexuality education programmes**

There is evidence of a reduction in national commitments to providing comprehensive sexuality education, particularly in countries where there is clear evidence that sexuality education has been effective in lowering rates of teenage pregnancy and STIs. In the Netherlands, for example, the success of its comprehensive sexuality education curricula may now be threatening its existence: awareness that teenage conception rates are lower than in other countries has contributed to the partial withdrawal of funding and dismantling of agencies that provide sexuality education, and recent signs are that teenage pregnancy rates are increasing. In Denmark, by contrast, where efforts to improve services and education for young people have been sustained, rates of teenage pregnancy have not increased. A favourable climate is necessary, but not sufficient, for sexuality education programmes to be effective. As these examples indicate, past success will not guarantee continued progress.

What evidence is there that school sexuality education is effective?

There has been a good deal of debate about the benefits of sexuality education. Some people claim that sexuality education enables young people to make informed choices about sexual relationships and to protect their sexual health. Others disagree, claiming that sexuality education may have harmful effects by, for example, hastening the onset of sexual activity. Until recently this debate took place in the absence of reliable evidence to support either view. This review of sexuality education in European countries has shown that systematic evaluation of programmes is all too rare. However, there is now strong international evidence that school-based sexuality education can be effective in reducing sexual risk behaviour and is not associated with increased sexual activity or increase sexual risk taking, as some have feared (Kirby, Laris and Rolleri, 2005). On the contrary, the majority of sexuality programmes reviewed either delayed sex or reduced the numbers of sexual partners among young people. This same review found that sexuality education has a positive effect on knowledge and awareness of risk, values and attitudes, efficacy to negotiate sex and to use condoms, and communication with partners and parents – all of which have been shown to lead to healthy behaviour.

In analyzing data on behaviour and provision of sexuality education across different European countries, this research project has found no evidence of a link between provision of sexuality education and premature sexual behaviour. Sexuality education programmes should not be seen in isolation, but as important components in broader initiatives to improve the health and well-being of young people.

Table 1 – Contextual indicators

	Austria	Belgium	Bulgaria	Cyprus	Czech Republic	Denmark	Estonia	Finland	France	Germany	Greece	Hungary	Iceland	Ireland	Italy	Latvia	Lithuania	Luxembourg	Netherlands	Norway	Poland	Portugal	Slovakia	Spain	Sweden	United Kingdom	
Demographic data																											
% population aged 15-19	5.9(p)	5.9	6.7	7.7	6.5	5.5	7.9	6.1	6.5(e)	5.6	6.0	6.3	7.2	7.5(e)	5.0(e)	8.0	8.0	5.7	6.0	6.1	8.1	5.9	8.0	5.6(p)	6.2	6.5	
% population aged 20-24	6.3(p)	6.2	7.1	8.0	7.3	5.5	7.2	6.3	6.5(e)	5.9	7.3	7.1	7.6	8.4(e)	5.6(e)	7.4	7.2	5.7	6.0	6.0	8.6	7.1	8.5	7.2(p)	5.8	6.3	
% population living in rural areas	32	3	32	N/A	25	15	31	41	24	12	39	35	N/A	40	33	40	31	N/A	10	25	37	33	42	22	17	10	
Absolute measure of poverty (most wealthy)	H	H	LM	H	UM	H	UM	H	H	H	H	UM	H	H	H	UM	UM	H	H	H	UM	H	UM	H	H	H	
Relative measure of poverty	30(e)	25(d)	32(i)	N/A	25(d)	25(e)	37(h)	27(h)	33(c)	28(h)	35(f)	24(g)	N/A	36(d)	36(h)	32(f)	32(h)	31(h)	33(b)	26(h)	32(g)	39(e)	26(d)	33(a)	25(h)	36(g)	
Legislative aspects																											
Age of consent (heterosexual sex)	14	16	14	17	15	15	14	16	15	14	15	14	14	15/17*	14	18	**	16	12	16	15	14	15	13	15	16	
Age of consent (homosexual sex)	14	16	14	17	15	15	14	16	15	14	17	14	14	17	14	18	18	16	12	16	15	16	15	13	15	16	
Contraceptive provision for < 16s mandatory	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗ [†]	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Abortion legal on request	✓	✓	✓	✗	✓	✓	✓	✗	✓	✓	✓	✓	✓	✗	✓	✓	✓	✗	✓	✓	✗	✗	✓	✗	✓	✗	
Abortion legal on social/ economic grounds	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓	✗	✓	✓	✗	✗	✓	✗	✓	✓ ^{††}	
Political system																											
Ministry for Youth/ Families and Children	✓	✓ _{sub}	✓	✓ _{sub}	✓	✗	✓ _{sub}	✓ _{sub}	✓	✓	✓ _{sub}	✓	✗	✓ _{sub}	✓ _{sub}	✓	✓ _{sub}	✓ _{sub}	✗	✓	✓	✓ _{sub}	✗	✓ _{sub}	✓ _{sub}	✓ _{sub}	
Religious indicators																											
Majority religious affiliation	RC	RC	C	C	RC	C	C	C	RC	RC/C	C	RC	C	RC	RC	C	RC	RC	RC	C	RC	RC	RC	RC	C	C	C

* Age of consent in Ireland 15 (male) 17 (female)

** Lithuania has no legal age of consent

[†] providers can prescribe contraceptives but are not obliged to
^{††} not Northern Ireland

Explanatory notes

% population aged 15-19; % population aged 20-24

2004 figures for all countries except Greece and Estonia which are for 2003; (e) – estimated value, (p) – provisional value

% population living in rural areas

Rural population calculated as total minus urban population – figures are for 2002

Absolute measure of poverty

Economies are divided among income groups according to 2001 Gross National Income (GNI) per capita;

H – High, UM – Upper middle, LM – Lower middle, L – Lower

Relative measure of poverty

Figures represent the Gini index score which measures the extent to which distribution of income (or consumption expenditure) among individuals or households within an economy deviates from a perfectly equal distribution. Gini index of 0 represents complete equality; index of 100 implies complete inequality. Survey year: A – 1990, B – 1994, C – 1995, D – 1996, E – 1997, F – 1998, G – 1999, H – 2000, I – 2001

Age of Consent

Where age range varied with region within a country, the lowest age has been used

Ministry for Youth/Families and Children

- ✓ – Ministry specifically designated to include interest of youth/children
- ✓_{sub} – Ministry with sub-division or unit specifically designated to include interest of youth/children
- x – No Ministry, or sub-division thereof, specifically designated to include interest of youth/children

Majority religious affiliation

RC – Roman Catholic

C – Other Christian

Sources

% population aged 15-19, % population aged 20-24 – Eurostat <http://epp.eurostat.ec.eu.int>; **% population living in rural areas** – World Development Indicators 2004, The World Bank; **Absolute measure of poverty** – World Bank Income Categories 2001; **Relative measure of poverty** – World Development Indicators 2004, The World Bank; **Abortion** – The World's Abortion Laws, 2004, Centre for Reproductive Rights www.crip.org/pub_fac_abortion_laws.html; **Religion** – Foreign and Commonwealth Office 2005 country profiles www.fco.gov.uk

Comparisons between countries may not be reliable, since the source of information provided may be different for each.

Explanatory notes

Term used for sexuality education

- SE – Sex/Sexual/Sexuality Education
- SRE – Sex/Sexual/Sexuality Education plus reference to 'relationships'
- EFL – Education for family life
- OTH – Other (includes Health Education and Sexual Forming)

Sexuality education mandatory

- ✓ – Yes
- ✗ – No

Minimum school leaving age

Data from www.right-to-education.org

Age when first received sexuality education

Durex 2004 Global Sex Survey www.durex.com

Minimum standards set for sexuality education

- ✓ – Yes
- ✗ – No

Professionals responsible for teaching sexuality education

- AT – Any teacher
- DT – Dedicated teacher only (usually Biology teachers but also includes Religious Education, Moral Philosophy, Home Economics, Citizenship, Human Study, Sport and Personal Social and Health Education teachers)
- AT/HP – Any teacher + health professional (usually school nurse but also includes school psychologists and school doctors)
- DT/HP – Dedicated teacher + health professional
- AT/DT/HP – Any teacher + dedicated teacher + health professional

Voluntary organizations (NGOs) involved

- ✓ – Yes
- ✗ – No

Comparisons between countries may not be reliable, since the source of information provided may be different for each.

Table 3 – Indicators of outcome

Average age at first sexual intercourse (girls and boys)	Austria	16.3	17.2	17.1	N/A	17.5	16.5	17.1	16.2	17.8	17.3	15.7	17.5	17.6	N/A	N/A	16.4	16.5	17.9	N/A	18.0	17.7	16.4	16.7
% 15 year old girls who have had sexual intercourse	Belgium	19.1	23.7	N/A	(2.5)	17.2	33.1	18.3	33.5	9.6	16.4	(28.2)	N/A	N/A	20.5	14.1	10.8	21.6	(13.0)	9.2	20.3	14.8	30.9	40.4
% 15 year old boys who have had sexual intercourse	Bulgaria	22.1	26.3	N/A	(13.0)	19.4	20.1	26.1	22.5	33.6	25.5	(22.3)	N/A	27.2	21.8	26.4	(50.0)	24.2	(11.0)	30.2	N/A	18.0	25.3	35.7
Birth rate among 15-19 year olds (per 1,000 population)	Cyprus	13.2	(10)	39.0	5.7	11.4	6.1	11.0	11.7	10.9	20.5	16.2	19.3	7.1	22.1	20.4	11.2	7.1	9.2	14.2	19.5	20.3	6.1	27.8
Rate of legal abortion among 15-19 year olds (per 1,000 population)	Denmark	N/A	7.1	18.2	N/A	8.1	13.8	14.2	7.0	N/A	19.4	24.2	(6.5)	7.2	16.6	6.4	N/A	(8.8)	16.3	N/A	(2.1)	7.4	24.4	22.5
HIV incidence rate (per million population)	Czech Republic	52.1	100	8.0	N/A	6.0	44.9	25.7	N/A	39.3	6.4	34.5	100.9	73.5*	174.7	31.9	103.7	207.6**	49.6	15.8	228.4	2.4	43.0	117.3
% 15 year old girls using contraception at last sexual intercourse	Estonia	93.0	89.6	N/A	N/A	N/A	(79.0)	77.3	94.9	82.5	72.5	N/A	N/A	N/A	84.0	81.6	N/A	97.0	N/A	72.5	82.7	N/A	90.5	87.5
% 15 year old boys using contraception at last sexual intercourse	France	90.2	90.5	N/A	N/A	N/A	(84.0)	79.3	87.7	91.2	84.5	N/A	N/A	N/A	86.9	88.1	N/A	92.4	N/A	73.4	74.8	N/A	89.8	80.4

Explanatory notes

Average age at first sexual intercourse

Data for Cyprus, Estonia, Latvia, Lithuania, Luxembourg and Portugal was not available from this source and alternative data produced independently by each country was not included in its place as it was not thought to be comparable.

% 15 year old girls and boys who have had sexual intercourse

Figures for UK are England figures (Northern Ireland – data not available, Scotland – 34.6 (girls), 32.9 (boys), Wales – 40.1 (girls), 28.7 (boys)).

Figures for Belgium are for Flemish region (Belgium (French) – 23.2 (girls), 34.4 (boys)).

Figures for Cyprus, Denmark, Iceland, Luxembourg and Norway appear in brackets because the data was independently produced by each country and is therefore not necessarily comparable: Cyprus is % sexually active before the age of 15; Luxembourg and Norway are % sexually active before the age of 16.

Birth rate among 15-19 year olds

Live births rate to 15-19 year olds per 1,000 female population. UK figure is based on an estimated population figure. Austrian figure is based on a provisional population figure. Rates based on 2003 data apart from: Estonia, Spain, France, Ireland – 2002; Italy – 2000; UK – 2001. Figure for Belgium appears in brackets because the data was independently produced by the country and is therefore not necessarily comparable.

Legal abortion rate among 15-19 year olds

Declared legal abortion rate to 15-19 year olds per 1,000 female population. UK figure is based on an estimated population figure. Denmark, France and Italy figures are based on provisional abortion figures. Ireland figure is an estimate. Rates based on 2003 data apart from: Denmark, Italy, Slovakia – 2002; Iceland – 2000; Spain, France, UK – 2001. Figures for Netherlands and Portugal are in brackets because the data was independently produced by the country and is therefore not necessarily comparable. Figure for Ireland is in brackets because the data is reliant on figures from the UK and does not include data for women who travel elsewhere for abortions.

HIV incidence rate

Rates are for all age groups. 2003 data for all countries except Estonia, Italy and the Netherlands, which are 2002 figures.

* – HIV reporting in Italy exists only in six of 20 regions. Rates are therefore based on the population of these six regions.

** – New HIV reporting system started in the Netherlands in 2002 and cases were reported among adults and adolescents only.

% 15 year old girls and boys using contraception at last sexual intercourse

Figures for UK are England figures (Northern Ireland – data not available, Scotland – 73.8 (girls), 81.2 (boys), Wales – 84.8 (girls), 82.4 (boys)). Figures for Belgium are for Flemish region. Belgium (French) – 81.5 (girls), 82.2 (boys). Figures for Denmark are in brackets because the data was independently produced by the country and is therefore not necessarily comparable.

Sources

Average age at first sexual intercourse – Durex 2004 Global sex survey – www.durex.com; **% 15 year old girls and boys who have had sexual intercourse** – Young People's Health in Context; Health Behaviour in School-Aged Children (HBSC) Study: International report from the 2001/02 survey. Copenhagen, WHO Regional Office for Europe, 2004 (Health Policy for Children and Adolescents, No 4). Edited by C. Currie, C. Roberts, A. Morgan, R. Smith, W. Settertobulte, O. Samdal, and R. Barnekow; **Birth rate among 15-19 year olds** – www.eurostat.cec.eu.int; **Legal abortion rate among 15-19 year olds** – www.eurostat.cec.eu.int; **HIV incidence rate** – EuroHIV HIV/AIDS Surveillance in Europe, End Year Report 2003, No.70 – www.eurohiv.org; **% 15 year old girls and boys using contraception at last sexual intercourse** – Young People's Health in Context. Health Behaviour in School-Aged Children (HBSC) Study: International report from the 2001/02 survey. Copenhagen, WHO Regional Office for Europe, 2004 (Health Policy for Children and Adolescents, No 4).

Comparisons between countries may not be reliable, since the source of information provided may be different for each.

3.0

Country Reports

3.1 Austria

Overall, religious influence in schools in Austria is strong, and sexuality education has been and remains a controversial subject. There is a common belief that young people become sexually active too early, and that as knowledge about contraception becomes more widespread, sexuality education is less important and unnecessary.

There is also a perception that sexuality education is not keeping pace with the current personal experiences of today's young people.

History of sexuality education

Prior to and during the nineteenth century, sexuality education was part of Catholic educational instruction. It focused on acts and behaviours that were forbidden, and the importance of remaining faithful before and within marriage. After the establishment of the Republic in 1918 and the election of the country's first female representatives, the female pioneers of the Social Democratic Party demanded organizations for sexuality education, with the primary aim of providing information about contraception. It was not until the end of the 1960s that the women's movement was able to exert pressure on lawmakers to address sexuality education. Around the same time, a meeting of experts was held that provided an extra 'push'

for efforts to enact a decree related to sexuality education. The result was 'Sexuality Education in the Schools' (24 Nov 1970), in which sexuality education was introduced as an interdisciplinary principle of education.

Sexuality education has been mandatory in Austria since 1970, when guidelines were introduced for teachers. These guidelines – which are still in place today – state that the whole school should take part in sexuality education, that sexuality education should be integrated into Biology, German and Religious Education lessons, that interdisciplinary projects should be organized, and parents should be included. Parents are not able to withdraw their children from sexuality education lessons, but they are involved in conferences and are given information about material used in lessons.

Statutory regulation of sexuality education

Sexuality education is regulated by the Ministry of Education, which set out guidelines for provision in 1970.

Provision of sexuality education

Sexuality education, 'Sexualerziehung', starts in elementary school and is covered in four subjects – Biology, German, Religious Education and 'Sachunterricht' (Social Studies/Factual Education). Biological facts tend to be taught in Biology lessons, whereas topics dealing with moral views and values within the field of sexuality are covered in Religious Education.

Young people in Austria may stay in school until the age of 18. However, some leave school at age 15, and others at age 14 if they go into a profession. All Austrians receive sexuality education lessons at

least three times during their school years – once in primary school (ages 6-10), twice in middle school (once at the beginning and once at the end) and a possible fourth session for those who continue in education from ages 14-18.

In elementary school, the topics covered in sexuality education include physiological differences between the sexes, procreation, pregnancy, development of the fetus, and menstruation. From the fifth to eighth grades the function of genitals is discussed, with a focus on procreation, menstruation and masturbation. Additionally, in the eighth grade conception, contraception, family planning, pregnancy, abortion, sexually transmitted infections and care of a newborn baby are covered.

The main teaching method is formal classroom instruction, with occasional demonstrations. For example, methods of contraception are shown and can be handled by pupils.

Quality and availability of sexuality education

Although sexuality education in Austrian schools is mandatory and has been established for two generations, only half of young people are thought to actually receive any school-based sexuality education. Generally, sexuality education in schools focuses on biological issues, with limited

discussion of ethical, psychological and social views. All teachers are responsible for provision, but in reality only those who are confronted with sexual topics in the curriculum of their own subject provide information. Some observers believe that sexuality education is often neglected and provision is dependent upon individual teachers and schools, with many teachers lacking adequate training.

Regionally, sexuality education provision varies among the country's nine Länder, or provinces. For example, in Vienna it is publicly funded, but this is not the case in more rural areas. And large cities offer more opportunities for cooperation with NGOs and other institutions that offer sexuality education projects that cover topics of particular interest to young people. For example, the IPPF Member Association in Austria, Österreichische Gesellschaft für Familienplanung (ÖGF), assists schools in providing sexuality education and is partly funded by the Government and the Women's Department of the City of Vienna. Unfortunately, because most NGOs and institutions are only partly funded by the State, many schools cannot afford these externally-run projects. In some cases, schools do not even know that external assistance is available.

Moreover, it has been noted that when additional sexuality education projects run by NGOs are offered, pupils from Muslim households often do not attend.

3.2 Belgium

Public attitudes towards sex and sexuality education have become more liberal in recent years. However, a high-profile case of child abduction and murder in 1996 shocked the nation and may have contributed to the adoption of more cautious attitudes towards the sexuality of young people generally.

At the same time, this event underlined the need for the prevention of child abuse and the involvement of more social actors in sexuality education.

History of sexuality education

Belgium has three linguistic Communities (Flemish, Francophone and Germanophone). In the 1970s, a process of decentralization of political powers to the Communities began with regard to “matters related to the person”. This included health promotion, and it gave the Communities full and autonomous political decision making over education. Since the beginning of the 20th century, there has also been a system of ‘subsidiarity’, which means that some governmental responsibilities have been subcontracted to civil society for its implementation. This has been the case, for example, for family planning services, sexuality education and the promotion of sexual health. Both the decentralization of powers to the Communities and the way the Communities have organized the practical implementation through civil society have led to

totally different approaches to and regulations for sexuality education in the different communities of Belgium.

In Belgium, sexuality education is called ‘relational and sexual education’: ‘Relationele en Seksuele Vorming (RSV)’ in the Flemish Community and ‘Education à la Vie Affective et Sexuelle’ in the Francophone Community. Its teaching was authorized by a decree passed in 1984. With the emergence of HIV and the controversy over the liberalization of the abortion law in the 1980s, the focus of sexuality education shifted from medical information to a more holistic approach, integrating relational and emotional aspects and skills.

In Flanders in the early 1990s, the Minister of Welfare appointed dedicated sexuality education workers within family planning centres. However, this was followed in the mid-1990s by a major reorganization of the social sector. Family planning centres were absorbed into larger entities or social centres, which resulted in the redirection of prevention activities towards other issues, and severe cut-backs or elimination of sexuality education activities.

In the late 1990s, Sensoa, the Flemish IPPF Member Association, and the Forum Youth and Sexuality (composed of different NGOs and representatives of universities and various educational networks, including Catholic schools), developed a guide called ‘Good Lovers’ (Goede Minnaars), which outlined a single approach to sexuality education. By 2000, sexuality education was included as part of school objectives or end terms, which were introduced into schools and assessed as part of school evaluations. The objectives included support for the development of:

- gender identity and roles
- positive physicality and sexuality
- sexual orientation tailored to the individual

- the ability to achieve intimacy with others
- acquiring sexual and relational morality
- risk prevention (STIs, HIV/AIDS, pregnancy, sexual abuse)

The establishment of these objectives gave every pupil the right to sexuality education classes, and meant that schools could be held accountable for ensuring that every pupil received sexuality education. These standards are still in place today in Flanders.

In 1995 and 1997, respectively, the Brussels and Wallonia regional governments passed decrees authorizing family planning agencies to be paid and trained to offer sexuality education. Since 2000, various evaluations of the provision of sexuality education have influenced the Communities' policies. For example, the need to provide sexuality education in out-of-school settings was identified, and so this was introduced in some regions.

Provision of sexuality education


In Flanders, schools have considerable autonomy and can be set up independently of public authorities, providing they comply with legal and statutory requirements. Sexuality education can be taught from the age of six or even in kindergarten classes, and all topics are covered, but are tailored according to pupils' age groups.

The sexuality education curriculum is incorporated into other curriculum subjects. For example, biological aspects are covered in Biology lessons, and moral and ethical aspects are covered in Religion and Philosophy lessons. Sexuality education is also included in the teaching of Social Skills, Education for Citizenship and Health Education. School managers are responsible for deciding how sexuality education is organized in each school.

Managers can assign sexuality education to specific teachers (e.g. Biology teachers) or to a group of teachers, or they can call upon external experts. Experts from Centres for General Welfare (Centra voor Algemeen Welzijnswerk or CAW) or Youth Action Centres (Jeugd Actie Centra or JAC) commonly use more interactive teaching methods and work with smaller groups.

The Flemish government considers Sensoa (the Flemish IPPF Member Association) its partner organization – the agency that implements the Flemish sexual health promotion concept. Sensoa has developed and implemented a new concept of sexuality education ('Good Lovers') and conducted regular public awareness campaigns, such as the 'Talk About Sex' ('Praat over seks') campaign in 2005. Sensoa produces education materials (manuals for teachers and brochures for pupils and parents), has a permanent exhibition on sexuality education at the School Museum in Ghent, conducts mass media campaigns related to sexuality education, and provides sexuality education training. Some youth organizations, subsidized by the Ministry of Youth, and some health and welfare organizations, subsidized by the Ministry of Welfare and Health, provide materials and training for young people in out-of-school settings.

The Belgian Francophone IPPF Member Association (Fédération Laïque pour le Planning Familial et l'Éducation Sexuelle or FLCPF) is recognized as an entity of 'permanent education' (organisme d'Éducation permanente) by the Francophone Community. In the Francophone and Germanophone communities of Belgium, sexuality education is implemented by family planning centres, which are administered by FLCPF. Staff of the family planning centres are trained by FLCPF to provide sexuality education, particularly group sessions of sexuality education.



In the Francophone and Germanophone Communities, 90 per cent of sexuality education – both in and out of schools – is provided by trained family planning centre professionals. The other ten per cent is the responsibility of school-related support centres. Unlike in the Flemish Community, there are no specific objectives set for sexuality education in Francophone and Germanophone Communities. The quality of sexuality education depends on the efforts of each individual provider and their competence. Each school determines the level of priority of sexuality education in its own curriculum.

Statutory regulation of sexuality education

Policies relating to sexuality education are the responsibility of different ministries, primarily the Ministry of Education, but also the Ministry of Welfare and Health and the Ministry of Youth, other principals and managers of schools, health and youth centres, and (in Flanders) the management of Sensoa.

In Flanders, minimum standards for sexuality education have been formulated and integrated as cross-curricular goals, and schools must demonstrate their efforts to achieve these goals. In the Francophone and Germanophone parts of the country, no such standards exist.

Quality and availability of sexuality education

The quality of sexuality education is still dependent upon the efforts and competence of individual providers, and in Francophone and Germanophone Communities, individual school policy determines prioritization of the subject.

Efforts to evaluate the provision of sexuality education have been made by the National Inter-Ministerial Commission Report of young people's sexuality (2001), which recommended improving sexuality education in and out of school; the inventory of sexuality education provision (2003); and the Maréchal Report (2004), which recommended promoting sexuality education.

3.3 Bulgaria

Attitudes towards sexuality, homosexuality and pre-marital sex, particularly with regard to young people in Bulgaria, vary according to individual cities and among different age groups. For example, well-educated young people and young people from large cities are more comfortable and liberal when it comes to discussing sexuality issues than are students from rural areas.

History of sexuality education

The first efforts to introduce sexuality education in schools took place in the 1970s, when schools invited lecturers to make presentations on the topic. And in the 1980s, a discipline called 'In the World of Intimacy' was approved and used optionally in high schools. Yet a 1997 study found that, up to then, there was a general absence of sexuality education in Bulgarian schools: "... students are taught a total of only two hours on the biological differences between the sexes ... [t]here is a total lack of formal education with regard to the psychological and social aspects of sex." Moreover, the study stated that adolescents' "sexual knowledge is still obtained 'in the streets'" (Okoliyski, 1997).


Starting in the 1990s, newly established NGOs began to provide sexuality education using an

interactive approach to teaching. Since 1996, the Bulgarian Family Planning and Sexual Health Association (BFPA) – the IPPF Member Association in Bulgaria – and the Ministry of Education have used peer education methods to teach sexuality education in and out of schools. Special educational materials and a manual have been produced on sexual health and life skills in an effort to prevent teenage pregnancies and STIs. There have also been informational campaigns and programmes funded by IPPF, UNFPA, the World Health Organization (WHO), the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), Population Services International (PSI) and PHARE (an instrument financed by the European Union to assist accession countries in their preparation to join the European Union).

In 2001, UNFPA funded the creation of a 'Sexuality and Life-Skills Educational Set', which consisted of a manual for teachers, a notebook for students and a manual for parents, which were printed in 2005. Negotiations with the Ministry of Health to introduce the material into schools for students from the age of 11 (fifth grade) were unsuccessful. However, with a new government in place, negotiations continue, and there are efforts to introduce obligatory sexuality education in schools.

Provision of sexuality education

Sexuality education is not mandatory in Bulgaria, and there are no minimum standards for provision. In many schools, parents and students can choose sexuality education as an optional discipline. Where it is included in school curricula, it is as a topic in the form-tutor's lesson (special hours focused mainly on administrative issues) and is usually taught using a holistic approach and interactive techniques. However, more formal lessons are favoured in State schools.



Topics strictly follow the age characteristics of the pupils, starting with general information on the male and female reproductive systems in the fifth grade (ages 11 to 12) and continuing with topics such as HIV and AIDS, STIs, contraception and violence in eighth through twelfth grades (ages 14 to 19).

In 2004, as part of a GFATM programme, a national initiative was launched in 13 cities to train school psychologists, medical specialists and, in some cases, Biology teachers, to lead sexuality education lessons and provide counselling within schools.

NGOs – particularly BFPA and the Bulgarian Youth Red Cross – are involved with sexuality education provision at the request of individual schools. BFPA provides information and education activities to the general public, with particular emphasis on young people, and offers sexuality education sessions for 14 to 19-year-olds (IPPF, 2005). There are also NGOs working on sexual health education in Bulgaria for specific marginalized groups. In general, where funding is available, the NGO sector supports sexuality education and uses interactive peer education methods.

Statutory regulation of sexuality education

While sexuality education is not currently mandatory in Bulgaria, new policies governing sexuality education are the responsibility of the Ministry of Health, the Ministry of Education and the Ministry of Youth and Sport.

Quality and availability of sexuality education

Some observers believe that, where sexuality education does exist in Bulgaria, it is adequate and modern. But there is thought to be insufficient coverage of sexuality education throughout the country. Classes are not held regularly, and teachers are not adequately trained to deliver sexuality education. Virtually no sexuality education takes place in rural areas, while in urban areas provision depends upon the motivation of school authorities and local communities. Peer education as a method of sexuality education is believed by some observers to be effective in Bulgaria as long as it is specific and tailored to different educational levels.

Bulgaria is scheduled to join the European Union in 2007 and it is believed that accession might bring about changes in sexuality education policies and provision.

3.4 Cyprus

Although in recent years attitudes related to young people's sexuality appear to have become more liberal than in the past, conservatism is still the norm. It appears that gender inequity and cultural conservatism are common, the church has a strong influence, and sexual and reproductive health and sexuality education sources and services for young people are limited.

Research carried out among young people indicated that young people in Cyprus have limited knowledge of sexuality and sexual and reproductive health (Kouta-Nicolaou, 2003). Both quantitative research (ASTRA, 2006) and qualitative research among young people in Cyprus confirm these findings, and also suggest that confusion is prevalent among young people when it comes to attitudes on controversial issues such as homosexuality and abortion.

However, in a study conducted on behalf of the Youth Board of Cyprus in 2002, 95.3 per cent of respondents agreed that sexuality education should be offered, and 69.3 per cent said that it should be offered in schools (Gregoriou et al, 2005).

History of sexuality education

Sexuality education was introduced in Cyprus by the Cyprus Family Planning Association (CFPA) in 1972. In 1979, the CFPA conducted a national survey on the need for sexuality education, which led to the formation of a multi-disciplinary committee on the topic. In 1992, the Ministry of Education decided that Health Education should become mandatory in school curricula, and family and sexuality education was incorporated into the Health Education curriculum. In the same year, many school teachers, health visitors and CFPA staff were trained to teach Health Education. In 1993, Health Education committees were formed in all schools, although for the most part these committees remain inactive.

Since 2002, pilot sexuality education programmes have been implemented in six high schools, with the aim of establishing more widespread and comprehensive sexuality education. However, no minimum standards for provision of sexuality education have been set and, as of 2006, no expansion of the pilot project is envisaged.

Statutory regulation of sexuality education

The Ministry of Education and Culture has authority over primary and secondary education in Cyprus. School officials are also involved, as are the Education Committee of the Cyprus Parliament and the Multi-Disciplinary Advisory Committee. To date, there is no statutory provision on sexuality education.

Provision of sexuality education

School attendance in Cyprus is mandatory for nine years (usually up to the age of 15), although most young people stay at school for 12 years (usually until age 18). The pilot sexuality education

programme is known as 'Sexuality Education and Interpersonal Relationship Education'. Where it is taught, it is introduced in high school to pupils aged 14-15) and is provided by school teachers, mainly biologists. Apart from this pilot sexuality education programme, references to related topics are made during other classes throughout the education system, such as Biology, Home Economics and Religion. The subject of "Family Education" was recently introduced as an optional class in senior high schools (lyceums). In addition, health visitors, the CFPA and other expert visitors occasionally serve as guest lecturers or educators. The most common form of instruction is formal classroom teaching, but interactive workshops, peer education and multi-media methods are also used.

The CFPA advocates for the implementation of Sexuality Education in schools, and is involved in the promotion, design and implementation of the sexuality education curriculum and the training of teachers. The Association produces and disseminates educational material, runs workshops on sexuality education and sexuality awareness for young people, and addresses the general public through information campaigns.

Quality and availability of sexuality education

Observers say that no progress has been made since the implementation of the pilot sexuality education programme in 2002. Moreover, it has not been evaluated by the students participating in the programme, and the programme has not been extended or formalized. A major obstacle to the efficient implementation of such programmes is the lack of training for teachers and the necessary funding. Since the Ministry of Education has no set strategy or position regarding sexuality education, teachers often feel hesitant to present specific positions or opinions, and do not want to undertake such responsibility. The CFPA is usually welcomed and often invited as a guest lecturer, but the association does not have the funds or resources to cover the needs of the entire island. Furthermore, there is a notable discrepancy regarding access to information between urban and rural areas, since youth information centres that can provide informative material and referrals to young people are either completely absent or scarce in rural areas.

Currently the CFPA is working towards the production of a manual on sexuality education for elementary school teachers, to be followed by the production of exercise books for pupils and a workshop for teachers on the use of the manual.

3.5 Czech Republic

Attitudes towards the sexuality of young people in the Czech Republic can be described as generally tolerant, but they vary depending upon people's religious beliefs. Some opponents of sexuality education maintain that the family should be the institution providing young people with this information.

History of sexuality education

Under Communist rule in the former Czechoslovakia, sexuality education was virtually non-existent due to the prevalence of puritanical thinking (Friedman, 1992). From the mid-1940s, the inclusion of family life/sexuality education in the curriculum depended on the head of the school, who had the option of inviting a guest lecturer to give presentations to students. This type of education differed widely and was not very effective (Burešová, 1991). In 1956, the Ministry of Education ruled that one sexuality education lecture was required for 14 year olds. Responsibility for sexuality education was coordinated in 1971, by Government Resolution No. 137, which specified family life education at all school levels in preparation for harmonious, stable family life and parenthood. In 1972 The Ministry of Education issued "Guidelines for Parenthood Education at Elementary Nine-year Schools", which determined the contents of education for marital life and parenthood in curricula. The former Czechoslovak Family Planning Association (SPRVR),

established in 1979 as a section of the Czechoslovak Medical Society, had been at that time cooperating with the Ministry of Education to strengthen the position of parenthood education and influence the preparation of guidelines. "One objective was to provide knowledge on sensitive topics to Elementary School children before they encountered misinformation elsewhere." (David, 1999)

Since the end of Communist rule, the Catholic Church has opposed sexuality education and, efforts to improve teacher training in the area of sexuality education and to publish sexuality education textbooks have been greatly hampered by the Catholic Church (David, 1999). According to The International Encyclopedia of Sexuality, Volume I - IV 1997-2001, "basic knowledge about sexual anatomy and physiology" was part of the school curriculum, but information about contraception, sexual hygiene, and safer sex practices were rarely and inconsistently addressed (Zverina, 1997).

Until 1989, sexuality education was mainly included in Biology lessons. It was later included in 'Care of Child', 'Specific Education for Girls', 'Education for Responsible Marriage and Parenthood' and 'Family Education'. In 1994/95, there was much debate about whether to make sexuality education an obligatory part of the curriculum. A modified programme, which the Ministry of Education supported, was developed by various academics, sexologists and teachers. However, a total reorganization of the educational system is currently underway, and this may lead to greater decision-making power for individual schools and therefore changes in curricula.

Statutory regulation of sexuality education

Sexuality education is mandatory in The Czech Republic, with no opt-out clauses. It is taught by

teachers within the framework of other subjects (Biology, Citizenship, and Family Education) although not as a standalone subject.

Standards of sexuality education have been set by the Ministry of Education, Youth and Sports and are currently under revision. An extensive document, 'Framing Educational Programme', has been produced by the Ministry of Education, Youth and Sports and defines the minimum standards for sexuality education.

Provision of sexuality education

Sexuality education begins in the second year of primary school, when pupils are seven years old and school directors and teachers are responsible for provision. School teachers are the most common providers of sexuality education to young people, and formal classroom teaching is the most frequently used method. The sexuality education curriculum is said to be comprehensive, with all topics covered. The various topics are included in different school years according to the age range of the class. Sexuality education is designed to prepare students for responsible sexual activity and stresses using contraceptives, partnership relations and preventing sexually transmitted infections. It also warns students about the sexual abuse of children and sex crimes, and promotes tolerance towards homosexuals.

Many NGOs are also involved in providing sexuality education, primarily the IPPF Member Association in the Czech Republic, Společnost pro plánování rodiny a sexuální výchovu or Czech Family Planning

Association (formerly Czechoslovak Family Planning Association). It provides information and education for the general public and organizes seminars, conferences and lectures on sexuality education aimed at all age groups.

Moreover, hospitals, health centres and NGOs in the Czech Republic provide counselling, educational and information services, and lectures and conferences related to sexual and reproductive health. There have been regular public health and prevention campaigns and various educational and information programmes, organized mostly by NGOs, which have focused particularly on preventing teenage pregnancies and STIs.

Quality and availability of sexuality education

In general, the provision of sexuality education is thought to be consistent and adequate. According to the Czech News Agency in November 2003, sexuality education is improving every year. Provision is generally better and more comprehensive in larger towns, although some problems exist in religious regions, such as Moravia.

The evidence on adequacy is, however, somewhat equivocal. Some observers (Grassel and Bach 1979, Zverina, 1997) have noted that provision of sexuality education through formal education is inadequate, so that as a result, children and young people get the greater part of their information about sex from peer groups. The most important sources of sex information for the young are parents, books, television, and other mass media sources.

3.6 Denmark

Attitudes towards the sexuality of young people are relaxed, and sexuality is not a taboo subject. Young people gain much of their knowledge from television, magazines and the internet. As a fairly liberal country, Denmark works on the basis of individual choice for both men and women regarding sexuality and sexual health.

Denmark was the first country to legalise contraception for those under the age of sexual consent and to guarantee confidentiality.

History of sexuality education

Denmark has a highly developed decentralized political structure in which all decision making is handed down to the level of the commune (this is in direct contrast to, for example, the centralized Swedish social welfare administration). As a result, the Danish school system is completely decentralized so that each local authority is responsible for the 'Folkeskole' or public school.

Sexuality education has been part of the Danish school system since the early 1900s, when it was introduced under the topic of Hygiene. In the 1930s, Denmark boasted such pioneers in sexuality education as Dr J. Leunbach, who worked closely with Sweden's Elise Ottensen-Jensen in the sex reform movement.

Sexuality education was made compulsory in 1970, when the Curriculum Committee provided guidelines for sexuality education in schools. These guidelines stated the following limitations: no vulgar terminology, no pupil counselling, no information on sexual intercourse techniques and no erotic photographic material. Nevertheless, the introduction of compulsory status still met with some opposition. In 1976, the Danish Government was taken to the European Court of Human Rights by a group of parents who were protesting against the compulsory nature of sexuality education. Judgement was made in favour of the Government (Wellings, 1991). In 1991, the Ministry of Education published a new curriculum for 'Health and Sexuality Education' in which sexuality education was integrated as part of Human Health, and was made mandatory in the school curriculum for primary schools and for the first year in high schools.

In 2004, the Danish Government halted the distribution of 60,000 CD-ROMs that were designed for sexuality education classes for ninth grade students (aged 14 to 15), because some of the content was deemed unacceptable. The CD-ROM, made by Foreningen Sex og Samfund (the Danish IPPF Member Association), was banned two days prior to publication because it contained references to sodomy and toilet sex. The destruction of the discs turned into a major media event, which sparked a reaction from young people, who subsequently made the CD available on the Internet. The disc ended up reaching a larger number of people than originally planned, with an estimated 400,000 copies downloaded to date (Sex og Samfund Annual Report, 2004).

Statutory regulation of sexuality education

Minimum standards for sexuality education are defined in a regulation called 'Fælles mål' and are

set by the Danish Ministry of Education. Although the ministry is responsible for policy, the fact that the subject is not 'timetabled' means that responsibility falls to teachers to decide on content, timing and purpose.

From January 2007 it will be mandatory for all colleges of education to offer courses in sexuality education; however it will not be mandatory for the students to participate in the courses.

In the last two years, the Danish Board of Health has strengthened qualitative development concerning sexuality education in Denmark. Among other things, it is now providing funding for the Danish Family Planning Association to create and maintain a website (bedresexualundervisning.dk – in English bettersexeducation.dk) that designed to support sexuality education in Denmark. The website aims to be the primary forum for sexuality educators to find the newest professional and didactic knowledge within the field, to inspire both new and experienced teachers, and to focus on educational as well as organizational considerations concerning sexuality education. The website also aims to have a nationwide overview of supplementary sexuality education offerings.

Provision of sexuality education

Sexuality education generally begins in the seventh grade (ages 12 to 13), but can begin earlier or later. Although sexuality education has been mandatory since 1970, it is not 'timetabled', in other words, it is up to schools and individual teachers to schedule the subject and to decide how much time to devote to it. It is often combined with Biology and Danish lessons, and there are no clauses or conditions to allow parents to withdraw their children from lessons.

Teaching methods vary but include formal classroom teaching, peer education and use of mass media. These methods are often used in combination. Both 'hard facts' and 'soft facts' are covered. 'Hard facts' include information about STIs, contraception and physiological and biological formation. 'Soft facts' include information about feelings, engagement, shyness and puberty.

The main responsibility for provision lies with school teachers, but school nurses are also involved. Denmark also has a good network of supplementary sexuality education provided by external visitors to schools, including NGOs, whose services are rarely free of charge. Foreningen Sex og Samfund monitors sexuality education in schools, provides teacher training and develops and produces educational material (Risør, 1991). It is recognized by the Danish Government as a partner in sexuality education (IPPF, 2005).

There have been several HIV/AIDS public education campaigns in Denmark, as well as public education campaigns to reduce the number of unwanted pregnancies, abortions and Chlamydia.

Quality and availability of sexuality education

There are thought to be few differences between rural and urban areas in sexuality education provision in Denmark. However, teachers in urban areas, where there is greater diversity, have to give greater consideration to ethnic minority cultures. Problems in provision are also thought to arise because teachers are obliged to teach sexuality education but may not have been trained to do so.

3.7 Estonia

Attitudes towards the sexuality of young people in Estonia have become more open-minded in recent years. For example, the majority of people appear to support reproductive choices, such as the rights of women and couples to decide if, when and how many children to have.

History of sexuality education

In 1963, personal hygiene lessons were integrated into the national curriculum, which gave teachers who were willing the possibility to include sexual health in lessons (although this wasn't widely practised). In 1980, a lesson called 'Family Studies' was integrated into the secondary education national curriculum, which provided further opportunities for discussion of sexual health issues. In 1996, a national curriculum for basic and secondary education was approved, which introduced a new mandatory subject – 'Human Studies'. Human Studies included sexuality education themes and both the information and social skills related to sexual health were then required to be offered at school. The latest national curriculum in Estonia was approved in 2002.

The first youth-friendly sexual and reproductive health counselling centre was opened in 1991, and at the start of 2006, 17 such centres existed across the country. All services in these centres are free of charge to young people up to the age of 25. At least one HIV/AIDS prevention campaign aimed at

young people is run each year in Estonia, and from 1997 to 1999, three HIV/AIDS prevention projects were carried out with young people by the Estonian Association Anti-AIDS. The aim of these strategies was to promote young people's decision making about risk behaviour. Teachers and peer educators were provided with training and a methodological manual in an effort to increase prevention (Kaldmae et al, 2000). Other NGOs, such as the Estonian Sexual Health Association (Eesti Seksuaaltervise Liit or ESTL) – the IPPF Member Association in Estonia – youth-friendly sexual and reproductive health centres and the AIDS Prevention Centre also organized similar projects, which included interactive seminars for young people.

Statutory regulation of sexuality education

Minimum standards for sexuality education are set out in the national curriculum. Different objectives are set for each of the three levels of basic education (first through third grades, fourth through sixth grades, and seventh through ninth grades). The Ministry of Education and Science and the Development Centre of the National Curriculum are jointly responsible for education policy in Estonia. At local level, local government and schools are also involved.

Provision of sexuality education

Young people in Estonia are required to attend school until they acquire basic education, which is usually at the age of 16 or 17. Sexuality education begins when pupils are at the second level of basic education (fourth to sixth grade) at around the age of ten. Schools are responsible for providing sexuality education, which is usually taught by Human Studies teachers. The main focus is on psycho-social and personal relationships, and the most widely used form of teaching is formal classroom instruction.

In the fourth to sixth grades, mandatory topics in Human Studies include puberty, relationships, sexual identity, fertility, pregnancy, safe sex and STIs. In the seventh to ninth grades, they include relationships, love, sexual intercourse, contraception and sexual violence.

The latest national curriculum in Estonia, which was approved in 2002, reduced the number of compulsory Human Studies lessons in the eighth and ninth grades (for 14 to 16-year-old pupils). The Estonian Ministry of Education and Science is now preparing a new national curriculum which may eliminate Human Studies from the national curriculum. Sexuality education would then be included in health education, which would be integrated with subjects such as Biology and Physical Education. This plan is opposed by many health specialists and teachers, and the outcome is so far unknown.

NGOs also play an important role in providing sexuality education in Estonia. They provide sexual health seminars, coordinate peer-education networks, organize public education campaigns and provide internet and telephone counselling services. ESTL runs 'Youth Friendly Health Services' (YFHS), which aims to prevent teenage pregnancies and STIs. It has run an Internet counselling project since 1998, where young Estonians can get information about sexual and reproductive health and ask anonymous questions of different health specialists. And ESTL organizes health education seminars for young people, run by specialists and peer educators.

The organization has been involved in designing the school health education curriculum, and has collaborated with the IPPF Member Associations in Denmark (Foreningen Sex og Samfund), Finland (Väestöliitto), Norway (Norsk forening for seksualitet, samliv og reproduktiv helse) and Sweden (Riksförbundet för Sexuell Upplysning) in developing sexuality education activities, and translating and dubbing sexuality education materials for use in Estonia (IPPF, 2005).

Quality and availability of sexuality education

The quality of sexuality education in schools varies greatly and depends on the skills and attitudes of the individual teachers responsible for teaching the lessons, as well as the attitude of the school administration. Provision of sexuality education is thought to be deficient in some schools due to teachers not receiving appropriate training, not enough teachers being trained, a lack of comprehensive teaching and study materials, and not enough time being allocated to sexuality education in the curriculum. Moreover, different sexuality education topics are not thought to be covered thoroughly enough among each of the age groups, and tailoring of sexuality education to the needs of specific age groups is considered inadequate.

A systematic process for quality development in health education is currently underway, and it is hoped that this will set national standards for health education in Estonia.

3.8 Finland

Attitudes towards sexuality education are liberal in Finland. Schools and local health personnel, as well as authorities on a ministerial level, cooperate in providing sexuality education and information about sexual health issues. Religion does not have a strong influence in Finland.

More than 80 per cent of Finns belong to the Evangelical Lutheran Church, which adopts a neutral stance on most sexuality issues and contributes to sexuality education in connection with confirmation classes at the age of 15.

History of sexuality education

Education on human relationships and sex was first officially included in the Finnish school curriculum in 1970, regulated by the National Board of Education and the Ministry of Social Affairs. During the 1970s and 1980s coverage of sexuality education increased, leading to improved knowledge of sexual health among adolescents and a decrease in the number of teenage pregnancies. During the 1990s, the amount of sexuality education given to young people decreased due to reduced enforcement of national regulations. At the start of 2000, the number of sexuality education lessons increased again, following a greater emphasis on health education within schools and the introduction of specific sexuality education programmes.

The Ministry of Social Affairs and Health began publishing an annual sexuality education magazine in 1987, which was sent to all 16-year-olds. Since 2000, it has been sent to 15-year-olds. It focuses on adolescent sexuality, particularly sexually transmitted infections, and includes articles about dating, first sexual intercourse, prevention of pregnancy (including clear instructions on how to use a condom), sexual orientations, and commercial sex. The magazine contains a sample condom and a separate letter to parents dealing with adolescent sexuality. Attitudes of parents and young people towards this magazine have been investigated twice, and feedback has been positive (Lottes and Kontula, 2000).

Provision of sexuality education

Sexuality education had been a mandatory curriculum subject, but in the mid-1990s the situation changed, and it was left to individual schools to determine. In 2001, it again became mandatory for grades seven through nine (ages 13 to 15), as part of Health Education. It is now introduced at earlier grades, but again, how it is taught is a decision for individual schools.

Until ten years ago, sexuality education in Finland was referred to as 'Sex (gender) Education'. Now it is known as 'Sex (sexual) Education' (Seksuaalikasvatus). Sexuality education is taught within Biology, Health Education and Family Education lessons.

Sexuality education begins early in Finland, with some elements being provided in kindergartens and at grades one through six (ages seven to 12). In comprehensive schools, teachers are responsible for providing sexuality education in grades one through six. In grades seven to nine (ages 13 to 15) teachers and school health nurses share the responsibility.

The teachers most involved in providing sexuality education are Biology and Health Education teachers. In approximately ten per cent of schools, external experts also help to provide sexuality education.

In the first through sixth grades, the sexuality education curriculum focuses on basic biological and emotional issues. In grades seven and eight, lessons emphasize biological issues, such as sexual maturation, along with issues such as pregnancy, intercourse, first sexual experience, contraception, STIs and dating, ensuring a balance between the biological and emotional aspects. In the ninth grade the subjects that are emphasised are sexual organs, ejaculation, masturbation, abortion, emotions, sexual ethics, and sexual minorities.

In the future, teachers qualified to teach health education will need to have a special university-authorized education, which involves 60 'ECTS credits'.

Each individual school has its own educational programme, and so approaches to sexuality education vary. Formal classroom teaching, involving the use of videos and group discussion, is the most commonly used method; games and quizzes are also used.

At a national level, the Ministry of Social Affairs and Health and the National Research and Development Centre for Welfare and Health (STAKES) have initiated policies and campaigns. Additionally there have been several regional sexual health campaigns, known as 'Fertility Festivals', aimed at improving sexual health knowledge among young people and motivating educators and providing them with useful tools. In 2000, the Family Federation of Finland administered a sexual health quiz among 400 schools, including 30,000 eighth grade pupils, which aimed to measure sexual health knowledge

among adolescents. The campaign itself improved sexual knowledge and has since been repeated.


The Finnish IPPF Member Association, Väestöliitto, has been active in promoting sexuality education. Although it provides sexuality education in schools upon request, its main function is to organize campaigns. It sends materials such as booklets, games, CDs and condoms to schools to help schools provide sexuality education. Väestöliitto also provide a free open-house youth counselling service, offering telephone counselling on topics such as sexuality, contraception and dating (IPPF, 2005).

Statutory regulation of sexuality education

Sexuality education in Finland falls within Health Education, which is mandatory under the Basic Education Act. The Finnish National Board of Education has defined the minimum standards required, and these are included within the curriculum for Health Education. Sexuality education is also integrated into some other curricula.

Quality and availability of sexuality education

Within Finland, many observers believe that provision of sexuality education is consistent from region to region and with regard to population density. However, approximately ten to 20 per cent of schools provided no sexuality education before the obligatory Health Education policy was renewed in 2004. One of the strengths in Finland has been the cooperation between the teaching and health authorities in sexuality education for the young, and from a sexual rights perspective, policy makers have made considerable progress in guaranteeing young people their right to sexual knowledge and information (Lottes and Kontula, 2000).



Adolescents' sexual knowledge and behaviour is monitored every two years through a national School Health Promotion Study. This data has been used since 1995 to evaluate the provision and effect of sexuality education at the national level, and has helped to demonstrate that school sexuality education programmes play a significant role in promoting the sexual health knowledge of adolescents in Finland (Liinamo, 2005)

3.9 France

For the most part, the general public in France accepts sexuality education and the sexuality of young people. However, conservative and religious groups, particularly Catholic groups, regularly protest against sexuality education in schools.

And despite the subject being mandatory, a small minority of parents with traditional religious views have forbidden their children from attending Biology lessons that deal with sex and reproduction (Bajos and Durand, 2001)

History of sexuality education

Information about sexuality was forbidden by a law that was passed in 1920 and remained in place until the late 1960s. In 1967, a new law authorized contraception and the provision of general information about sexuality. In 1973, a 'Higher Council on Sexual Information, Birth Control and Family Education' (CSIS) was created. And in 1973, the first regulations concerning sexual information were introduced, stating that anatomy and physiology of human reproduction should be taught in secondary schools within Biology lessons.

In 1985, sexuality education was included in the primary school syllabus under the title 'Life Education'. Unfortunately, there was no provision for teacher training, and so standards varied greatly. At this stage sexuality education focused on good physical and moral health, and information about child sexual abuse. In 1990, a new regulation

allowed for outside agencies to enter schools, under certain conditions, to provide additional sexuality education.

In 1996, a regulation of the Ministry of Public Education introduced HIV/AIDS prevention in sexuality education. Then in 2001, sexuality education was made mandatory in schools at all levels, requiring at least three sessions per year. In 2003 a memorandum was issued that specified how the 2001 law should be applied.

Today, schools are seen to play an important role in the sexual and emotional development of young people and in helping them to understand and interpret the media and social messages that confront them daily (Santé Scolaire, 2003).

Provision of sexuality education

Sexuality education is nationally mandated, and parents cannot withdraw their children from lessons. Lessons are provided in both primary and secondary schools, beginning at around the age of six, and parents are sometimes involved. The 2003 regulation stated that sexuality education must integrate biological knowledge and psychological, emotional, social, cultural and ethical dimensions of sexuality. The prevention and reduction of sexual risks, the fight against violence and sexual exploitation of young people, and the fight against racism and homophobia are topics which are also discussed. Sexuality education is provided by teachers, other educational staff, school doctors, nurses and other health staff, social workers and external consultants. It is mainly incorporated within Health Education, but occasionally in Citizenship. Many NGOs are involved in provision – mainly religious organizations, HIV/AIDS agencies and the French IPPF Member Association, Mouvement Français pour le Planning Familial (MFPF).

Sexuality education in France takes a holistic approach, covering biological, social, cultural and ethical aspects. Themes such as self-esteem, respect for others, and the development of critical thinking towards the media are covered. A variety of teaching methods are used, including formal classroom teaching, videos and medical illustrations. Peer education is almost non-existent in France, while interactive methods and debates are most widely used.

Statutory regulation of sexuality education

Policies regarding sexuality education are the responsibility of the regional authorities of the Ministry for Public Education and also the educational team of each individual school. Since 1995, the Ministry of Education has run a training course for teachers to enable them to keep up with new policies that require them to have two hours of sexuality education training. In 1998, a memorandum made it obligatory to provide third and fourth year students (13-16 year olds) with sexuality education and information about the prevention of HIV.

The 2001 law, which made sexuality education obligatory in schools, did not set minimum standards for provision, but these were defined in 2003 and

issued by the Ministry for Public Education. By regulation, each school must establish a sexuality education programme. Since July 2001, legal efforts have been made to improve coverage of sexuality education throughout France. Schools are encouraged to form networks with regional health bureaux, parents and health care providers to help develop sexuality education programmes (Santé Scolaire, 2003).

Quality and availability of sexuality education

Many observers believe that guidelines for sexuality education in France are good, but public financing for provision, teaching materials and professional training are thought to be inadequate. Provision of sexuality education is also believed to vary between urban and rural areas, and depending upon the political will and priorities of school directors and regional authorities. While a minimum of three sessions of sexuality education per year must be available to pupils, there is a belief by experts that this is not sufficiently adhered to throughout the country.

Today it is widely recognized that sexuality education should be more comprehensive, with a focus on preventing high-risk health behaviour and broader citizenship education.

3.10 Germany

Attitudes towards sexuality education in Germany, on the whole, are liberal, and the subject is generally accepted and acknowledged by federal law.

According to the 'Pregnancy and Family Aid Act' (SFHÄndG), sexuality education is not seen as a human right, but as an effective instrument to avoid unintended pregnancies.

However, declining birth rates are currently causing a turnaround in public debates. The federal government is increasingly committed to support childbearing, while continuing to acknowledge the right to family planning. Anti-choice groups are said to be using the changing political environment to intensify their activities, and the Catholic and Protestant Churches have strong influence on public debates and political parties.

History of sexuality education

At the beginning of the 20th century, there was an active Sexual Reform movement in Germany, but this was quashed in the 1930s and 1940s and its proponents were persecuted. In 1968, the first legal regulations governing sexuality education were put in place by the German Bundesländer (federal states), and in 1977, the Constitutional Court (BVG) provided principal guidelines for West Germany and widened and extended the importance and influence of schools. In the 1970s, PRO FAMILIA Bundesverband (PROFAMILIA), the IPPF Member Association in

Germany, helped to revive the subject of sexuality education, developing a new concept of sexuality education, implementing it nationwide, building up out-of-school sexuality education and providing training for school teachers and pupils.

In the former East Germany, there were no directives specifically for sexuality education, though the subject was integrated into family life education, which was provided by schools, youth organizations, governmental counsellors and public education campaigns (BZgA, 2004).

After the reunification of the German Democratic Republic (East Germany) and the Federal Republic of Germany (West Germany) in 1990, the new 'Pregnancy and Family Aid Act' (SFHÄndG) was enacted in the mid-1990s, which establishes large national programmes for sexuality education, contraception and abortion counselling. This act made sexuality education mandatory in all of Germany, but responsibility for provision in schools remains with the Bundesländer, some being more supportive than others. Due to the federal 'Pregnancy and Family Aid Act', sexuality education is required to be taught in a holistic way: in addition to teaching knowledge about contraceptives and biological procedures, it must also address emotions and consider aspects of relationship and gender, different life values, ethics and communication. It further requires government institutions to collaborate with NGOs.

Provision of sexuality education

Sexuality education in schools is mandatory in Germany, and there are no opt-out clauses to allow parents to withdraw their children from lessons. However, in a few cases, fundamentalist Christian and Muslim parents try to keep their children from attending. Schools are required to inform parents

of the content and method of sexuality education in schools.

Sexuality education is offered in all schools, but with different quality and intensity. It is integrated into the curriculum alongside subjects such as Citizenship, Religion, Ethics and Biology. Pupils receive sexuality education from around the age of nine. Some schools offer special programmes for pupils led by health professionals and other specialists. Sexuality education is also provided in youth centres, child day-care centres and other non-school institutions. And, while a variety of teaching methods are used, group work is the most common.

Several NGOs are involved in providing sexuality education, the largest of which is PROFAMILIA. It provides sexuality education in and out of schools, as well as training for teachers and information for parents. Whereas sexuality education in schools tends to have a biological focus, PROFAMILIA focuses on psycho-social aspects, personal and gender relationships and human rights. It also cooperates with the Federal Centre of Health Education (Bundeszentrale für gesundheitliche Aufklärung, or BZgA) in developing brochures and training related to sexuality education.

Statutory regulation of sexuality education

BZgA, the Federal Ministry for Family, Elderly, Women and Youth (BMFSFJ) and the Federal Ministry for Health (BMG) are the main governmental and federal institutions responsible for sexuality education policy in general and at the federal level, but they cannot directly exert influence on the implementation and presentation of sexuality education in schools. The Bundesländer themselves set minimum standards for the provision of sexuality

education in schools. Therefore, sexuality education curricula vary from state to state. The federal institutions BZgA and BMFSFJ are obliged to collaborate with NGOs and to support and fund their professional work.

Quality and availability of sexuality education

The quality of sexuality education in schools varies according to the different minimum standards of each Bundesländer and the curricula, but in many cases it is considered inadequate. Regulations and teachers often think of sexuality education exclusively as knowledge of biology and the human body. As a result, emotional demands, discussions with pupils, gender aspects, and gender-segregated trainings are often neglected (BZgA, 2004). The concept of sexual and reproductive health and rights is not yet integrated into sexuality education in schools.

Use of the Internet, telephone information and counselling has widened access to sexuality education outside of schools, which is especially important for young people in rural areas. In recent years, financial cuts for NGOs have restricted their work, which has had an impact on the provision of sexuality education.

Sexuality education in Germany needs to be imbedded into the concept of comprehensive sexual and reproductive health and rights. It further needs to take into account the diversity of the population: 19 per cent of the population are citizens with migrant backgrounds, and four per cent of the population, for example, are Muslim. Special services to enhance access are also required for vulnerable groups, including people with limited access to education, people who are marginalized, disabled adolescents and those without right of residence.

3.11 Greece

Historically, there has been controversy surrounding sexuality education in Greece and the subject is politically contentious. Religious influence is strong in Greece: 98 per cent of Greeks describe themselves as of Orthodox affiliation (www.fco.gov.uk). In general, the Orthodox Church is more liberal than the Roman Catholic Church in its attitudes towards practices such as contraception and abortion (Agrafiotis and Mandi, 1997).

In 2001, a survey of the attitudes and views of Greek parents on the role of the family in children's sexual development and education found that parents' attitudes about the long-term aims of sexuality education varied. However, parents underlined the need for sexual morality. Parents who were surveyed indicated a belief that children's sexual development should start from pre-school, and that "immodest scenes may have a negative influence upon children's sexual behaviour." (Kakavoulis, 2001)

History of sexuality education

According to the International Encyclopedia of Sexuality Volume I - IV 1997-2001, starting in the early 1980s, the Greek government began recognizing the need for sexuality education by bringing family planning under the auspices of the Ministry of Health and Social Welfare. Before this change was made, contraceptive education was mainly handled by NGOs (Agrafiotis and Mandi, 1997).

Sexuality education in schools began in Greece in 1980 with a pilot programme.

Provision of sexuality education

Sexuality education, which is called "Diafilikes Sheseis" or 'relations among members of different sexes', has been mandatory in Greece since 1995. In schools the subject is taught from the age of six and school teachers, school nurses and the Family Planning Association of Greece (FPAG), the IPPF Member Association in Greece, are responsible for provision. The focus is on biological aspects, anatomy and relationships. Various teaching methods are used including peer education, and the use of visual and mass media. Sexuality education is also offered by the media and magazines, and by the Church, although it does not provide official, structured sexuality education of any kind.

FPAG encourages parents to become informed about sexuality education and behaviour in relation to their children, and to be aware of the information provided by teachers. FPAG provides information and education, and helps to shape public opinion about sexuality education through campaigns, lectures, conferences and informational materials. The Association has established a youth group aimed at

increasing the accessibility of information to young people (IPPF, 2005).

Recent sexual health interventions in Greece have been aimed at informing young people about contraception and protection against STIs.

Statutory regulation of sexuality education

Sexuality education policy is the responsibility of the Ministry of Education and Ministry of Health.

Quality and availability of sexuality education

An evaluation of Sexuality Education in the school curriculum was completed in 1990 (Frisiras et al 1991). Primary school books were found to have references to human reproduction and health messages, and good hygiene was also covered,

but there were no references to human sexuality and no descriptions of the human body or sex organs. Secondary school books were found to have clear but limited messages. Parenthood was only presented in the context of traditional marriage with no reference to contraception. Recommendations were subsequently made to promote the need for Sexuality Education programmes that are systematic, age-specific and continuous from primary school onwards.

The International Encyclopedia of Sexuality Volume I - IV 1997-2001 reports that four different research projects have indicated that “high school pupils receive no kind of information on sexuality and AIDS at school and ... there is a need both for intensification of information on sexual contraception, sexually transmitted diseases and AIDS, and improvement of the quality and specialization of this information.” (Agrafiotis and Mandi, 1997)

3.12 Hungary

Official views in Hungary are said to be pro-natalist, and the perception that sexuality education teaches “indecent” lifestyles or ideas still exists among some groups.

History of sexuality education

Before 1975, some schools in Hungary voluntarily agreed to have obstetricians/gynaecologists provide lectures about sexuality education during a weekly assembly called “class matters”. Many parents and teachers resisted this, believing that it was tantamount to educating youth about “indecent” lifestyles (Batár, 2002).

In 1973, partly in response to demographic trends in Hungary, such as a low birth rate and high rates of abortion, the Hungarian government introduced a new “population policy”. This set forth several decrees related to sexual and reproductive health services, including the launch of “education for family life” in schools, which was made mandatory in 1975. However, implementation of the programme in schools was problematic because there was a lack of properly trained staff. As a result, sexuality education was occasionally and arbitrarily provided by volunteer “outsiders” – primarily physicians who were the parents of children attending the school. Most of these doctors were not gynaecologists, and while they were more familiar with the topic than most teachers, their lack of experience with teaching in schools meant they were often ineffective in imparting the necessary information to schoolchildren (Batár, 2002).

In 1978, there was a programme of education for young people between the ages of 14 and 18. This involved 20 hour-long lectures on ‘Sexual and Family Life’, which were conducted over four years. The major themes of the programme were the place of the family in society, the place of the child in the family, the moral basis for sexual relationships, and sexual characteristics (Sas, 1978). Other than this programme, sexuality education in schools has been inconsistent or inadequate due to a lack of trained staff.

In 1996, in its concluding observations related to Hungary, the Committee on the Elimination of Discrimination Against Women requested that the Government offer sexuality education programmes to all young people and subsidize contraceptives in order to promote family planning and reduce the number of abortions (United Nations Committee on the Elimination of Discrimination Against Women, 1996).

Today, Hungary’s National Basic Educational Program (NBEP) mandates the teaching of “hygiene” in all schools. This includes education for family life, which should also cover sexuality education. According to a ministerial decree, school doctors and nurses are to teach any subjects that include information about family factors of risk, such as smoking, drinking alcohol, AIDS, sexual abuse and drugs.

In 1997, the National Institute for Health Promotion proposed the introduction of an independent school subject called “Preparation for family life”. The Ministry of Education, based on the ‘expert’ opinion of the National Institute for Public Education, refused the proposal and approved only its “facultative trial” in the framework of a project.

Statutory regulation of sexuality education

The Ministry of Education and the National Institute for Public Education are involved with legislating, making decisions about or giving opinions on sexuality education. The Hungarian National Curriculum mandates the teaching of “hygiene” in schools, which includes education for family life and sexuality education. The National Basic Educational Program (NBEP) contains a Sexuality Education and Family Planning curriculum, which students should complete in the tenth grade (at age 16). According to a ministerial decree, school doctors and nurses are to teach this curriculum (Batár, 2002).

Provision of sexuality education

Sexuality education in Hungary is known as ‘Education for Family Life’. Although it has been compulsory since 1975, many institutions are still not thought to be adequately prepared to teach it. It begins in the first year of primary school, according to the regulations of the Ministry of Education’s so called “skeleton curriculum”. The National Basic Educational Program (NBEP) states that the programme in ‘education for family life’ ends in the tenth form, or when pupils are 16 years old. This topic includes many issues such as personal hygiene, learning about the human body and risk factors such as smoking, drinking alcohol, AIDS, sexual abuse and drugs (Batár, 2002). Also, the physiological aspects of sexual intercourse are covered in Biology lessons, but this is not considered sexuality education.

School teachers, school nurses and school doctors are responsible for the provision of sexuality education. Volunteers, who are primarily medical students or young doctors trained by reproductive health experts, also provide sexuality education.


Pro Familia Hungaria Scientific Society (HSS), the Hungarian IPPF Member Association, provides information on sexuality and sexuality education, counselling for young people and training for health and education professionals. It also distributes information and education materials on sexual and reproductive health and contraception. These include printed and electronic versions of materials provided through the Association’s website, www.sexinfo.hu, where people can also get online answers to sexual and reproductive health questions. HSS recently established a “Youth Section” of its organization, which conducts peer education programmes in schools.

There are continuous public education campaigns in Hungary supported by the National AIDS Committee and the Ministry of Health.

Quality and availability of sexuality education

According to a report from The Center for Reproductive Law and Policy: “There is neither a general overall policy, nor a unified practice, regarding sex education for adolescents in Hungary”. (The Center for Reproductive Law and Policy, 2000) Provision of sexuality education is considered inadequate by most observers: “It is fair to say that the teaching of Sexuality Education is somewhat sporadic and much depends on the conscientiousness and openness of the teachers. A more organised framework would be indispensable in this area” (IHF-HR, 2003).

There has also been poor implementation of government policy on the nationwide sexuality education curriculum (IPPF, 2005). According to István Batár, head of the Family Planning Centre at the Department of Obstetrics and Gynaecology, University of Debrecen, Medical and Health Science Centre, and representative of HSS, “ ...



nearly 30 years after “education for family life” was made compulsory in schools the conditions are still absent [to make this possible]. Would-be teachers are not given proper instruction by training institutions and the government’s educational policies still neglect the conditions for introducing a unified and individual subject into the curriculum.” There are individual personal initiatives to provide sexuality education, and various NGOs are working to improve the situation. But sexuality education provision is lacking necessary leadership in Hungary (Batár, 2002).

Moreover, Batár recommends special training for teachers to conduct sexuality education: “Teacher training institutions (colleges, universities) have

failed to launch the training of these specialists. Over the past 30 years all of the governments (before and after the political changes in 1989) kept promising to solve the problem, but no successful attempts have been made as yet.” (Batár, 2002)

While there are a variety of sexuality education textbooks available in Hungary today, there is no national curriculum that lays out the principles of training for children of different age groups. A few of these books were considered pioneering by some observers in the way that they attempted to break down sexual taboos. However, most books were considered “conservative” in the way they dealt with contraceptives.

3.13 Iceland

The majority of people in Iceland have liberal attitudes towards the sexuality of young people, and there is generally a positive attitude towards sexuality education.

However, Iceland has the lowest average age at first intercourse in Europe (Table 3), which has been attributed, among other things, to cultural norms in Iceland's society regarding childbearing, and limited Sexuality Education (Bender, 2003).

History of sexuality education

Historically, sexuality education was a controversial subject, especially as it relates to topics such as homosexuality and abortion (Field & Wellings, 1993). In 1934 a report written by a school teacher described his condemnation by the community for having provided sexuality education to teenagers. In 1935, a new law concerning abortion stated that only physicians could provide information about contraception. According to The International Encyclopedia of Sexuality: "In the 1950s, sex education in Iceland's schools was limited. For the most part, it consisted of two pages in the human health book. In many schools, the teachers skipped these two pages." (Bender, Juliusdottir, Kristinsson and Jonsdottir, 1997)

In 1975, a law was passed making sexuality education mandatory and stating that educational authorities should provide Sexuality Education at all educational levels in cooperation with the chief school health medical doctor.

In 1985 the first person in Iceland was diagnosed with AIDS. This prompted increased emphasis within schools on prevention of sexually transmitted infections and on condom use. The Ministries of Education and Health published new educational materials for teachers, and the Ministry of Education introduced a new curriculum plan for the first through ninth grades (Bender, Juliusdottir, Kristinsson and Jonsdottir, 1997).

Statutory regulation of sexuality education

Sexuality education policy is the responsibility of the Ministry of Education and also local schools. The Ministry of Education provides a framework for schools, which sets out the goals regarding sexuality education. Legally this framework is equivalent to a regulation.

Provision of sexuality education

Sexuality education in Iceland (known as 'Kynfræðsla') has been mandatory since 1975. There are no opt-out clauses allowing parents to withdraw their children from lessons. Sexuality education generally starts at the age of 11 or 12, although some issues are introduced earlier.

Provision of sexuality education in Iceland is the responsibility of school teachers and school nurses. The framework devised by the Ministry of Education states that sexuality education should be taught mainly in Biology and Life-Skills lessons, but topics are also covered in Christianity and Community Issues lessons. Teaching methods vary greatly. The most common method is formal classroom teaching – providing factual data through the use of leaflets, transparencies and videos. Peer education has not been developed for sexuality education in Iceland. Health care professionals at primary health care

centres are also responsible for providing sexuality education through counselling and prevention efforts.

According to the framework of the Ministry of Education, the focus of sexuality education should be on both biological and psycho-social aspects. Biological aspects are covered in Biology lessons and psychosocial issues within Life Skills lessons. In the seventh grade (ages 12-13), biological aspects include puberty, while in the tenth grade (ages 15-16) biological aspects include sexual organs, contraception and STIs. In the fourth, seventh and tenth grades, topics covered within Life Skills include self respect, emotions, human relations, communications, equality, and the family. In the fourth grade, other topics that are expected to be addressed include individual differences and power imbalance. In the seventh grade issues such as the transition from childhood to teenage years, problem solving and withstanding negative peer pressure are expected to be covered. In the tenth grade, sexuality, gender identity, gender roles, and decision making are covered. After the tenth grade, human relations, communication and responsibility should be addressed.

In 1991, the Ministries of Health and Education introduced into secondary schools (age 13-16) a comprehensive Sexuality Education curriculum called Human Sexuality Values and Choices, which was created by the Search Institute in Minnesota, USA. This programme was translated and adapted to the Icelandic culture and pilot tested in seven schools. The programme is based on 15 lessons, including both biological and psychosocial aspects, and includes diverse teaching methods. In 1993 the

programme was used in about 64 per cent of the 60 schools tested. In recent years, the local school authorities have become more responsible for the provision of sexuality education.

Over the years the Icelandic Association for Sexual and Reproductive Health (IcASRH), the Icelandic IPPF Member Association, has provided sexuality education lessons when requested by schools and youth centres. IcASRH has also been providing information and counselling to young people in 'The Other House', which is a centre that provides contraception information to young people.

For several years, second year medical students have worked in schools (on request) to provide two lessons of Sexuality Education on STIs and contraception to 16-year-old students.

Quality and availability of sexuality education

Provision of sexuality education in Iceland varies considerably between schools, and often seems to depend on individual teachers. It is difficult to predict how provision varies between rural and urban areas as this has never been studied. There are teachers in rural areas, as well as in the Greater Reykjavik area, who are willing and enthusiastic in teaching sexuality education. The early age of sexual debut in Iceland and higher teenage pregnancy rates compared to other Nordic countries leads some observers to suggest that there is a need for improved efforts regarding the provision of sexuality education and high quality sexual and reproductive health services for young people.

3.14 Ireland

Until the second part of this century, the Roman Catholic Church controlled discourse in the arena of morality in Ireland, and sex was largely a taboo subject. From the mid-1960s, however, the subject of sexuality slowly began to open up in public discourse.

While several societal changes facilitated this gradual openness about sex, a number of critical developments in the 1980s and 1990s clearly drove the issues forward.

These included the advent and spread of HIV/AIDS, and the revelation of child sexual abuse by members of the Church, which led to a questioning of the Church's authority in matters of sexuality. Finally, the tragic discovery of four dead newborn babies at outdoor locations, where they had clearly been abandoned by their young mothers, provided the long-awaited impetus for the proposed introduction of a school-based sexuality and relationship programme.

Today, there is a general acceptance of the need for comprehensive sexuality and relationships education within Irish Schools. A national survey carried out in 1990 by The Irish Times found that more than 90 per cent of people in both urban and rural areas of Ireland favoured sex education in schools (Kelly, 1997), though more current data is not available. However anti-choice organizations and the Roman Catholic Church remain active and vocal in their opposition to more controversial issues being addressed, such as masturbation and homosexuality.

History of sexuality education

Information on contraception was available in Ireland until 1929, when all publications relating to contraception were banned. Historically, the Irish government had no formal policies regarding Sexuality Education.

In 1984, after a 15-year-old girl and her baby died during childbirth – having not told anyone that she was pregnant – sexuality education became a matter of political debate and prompted increased efforts to ensure its provision. The Minister for Education planned to reform secondary education to include sexuality education, and the government began training teachers to teach personal and social skills, including sexuality education. But the reforms were not implemented because of political and religious opposition.

In the 1980s, sexuality education was offered as an optional stand-alone subject in the education system and was delivered in a patchy, uncoordinated way, if at all. The Department of Education issued guidelines to post-primary schools in 1987, recommending that sex and relationship education be part of all subjects. These guidelines also recommended that such education would require religious input, and that parents should be involved in the process (Kelly, 1997).

Relationship and Sexuality Education (RSE) was introduced by the Department of Education and Science in 1995 (but not commenced until 1997). In 1997, following publication of a government white paper on education, the National Council for Curriculum and Assessment (NCCA) of the Department of Education and Science (DoES) introduced a separate curriculum called Social Personal and Health Education (SPHE), which included RSE.

Statutory regulation of sexuality education

The 1998 Education Act obligates schools to promote the social and personal development of students and to provide health education for them. The Act provides 'opt out' options for programmes that do not fit with the ethos of individual schools. So although this is a national policy, there is wide variation between content of programmes between schools.

The National Council for Curriculum and Assessment (NCCA) of the Department of Education and Science (DoES) devised the RSE and SPHE programmes. The implementation of both programmes has been monitored by the DoES since its inception, but despite gradual improvements, implementation across all schools and classes has not been achieved.

Minimum standards are set for sexuality education, which are outlined in the curriculum guidelines at both primary and post-primary level. It is important to note that the curricular guidelines and resource materials issued by the NCCA allow for optional inclusions and exclusions of certain lessons, which can greatly affect whether or not comprehensive sexuality education is delivered. Neither SPHE nor RSE are exam subjects and there is no objective evaluation process. A new curriculum for SPHE at senior cycle, post-primary level, is being developed by the NCCA.

Provision of sexuality education

Sexuality education in Ireland is known as Relationship and Sexuality Education (RSE), and it is part of the Social Personal and Health Education (SPHE) curriculum. It was introduced in 1997 and has been mandatory at primary and post-primary junior-cycle since Autumn 2003. It is not yet

mandatory at senior-school level, but is 'required' as a subject. It is sometimes taught as a stand-alone subject or in conjunction with other subjects, such as Biology and Religious Education. Schools have responsibility to deliver RSE and SPHE, but the Irish Constitution states that parents have prime responsibility for their children's education. Parents are able to withdraw their child from RSE/SPHE, though the vast majority support the programme. RSE is delivered within the 'whole school' environment, that is integrated on a cross curricular basis. Policy suggests that the RSE programme is implemented through SPHE, but in some schools RSE is delivered separately or slotted into other classes. An SPHE coordinator is supported by teams operating in partnership with the department of Education and Science (DoES) and the Health Promotion Unit of the Department of Health and Children (DoHC).

Agencies outside the school also deliver RSE/SPHE, though teachers have ultimate responsibility for provision. Teaching methods vary from school to school, from visual aids and guides to more formal lessons. RSE begins when children are four or five years old, when the focus is on self-respect and social interaction, and later shifts to safety and self-awareness. At post-primary level, the recommended content of RSE is described under three overlapping themes: Human Growth and Development, Human Sexuality and Human Relationships. One period of RSE per week is recommended. The NCCA encourages group work and experiential learning.

The most recent training initiative, for educators, is the "Sense and Sensibility" project which addresses relationships, sexuality and sexual health with young people. This is led by a National Youth Health programme that provides health promotion and education support and training services to youth organizations and others working in the non-formal education sector.

Quality and availability of sexuality education

There is no overall monitoring of what is and is not included in the delivery of RSE, but ad hoc research evidence indicates that teaching of the subject is perceived as inadequate or absent. Implementation is patchy and the programme content allows for discretion regarding what lessons are included. This discretionary aspect, particularly at post-primary level, may mean comprehensive sexuality education is not available to all pupils.

In 2005, the Crisis Pregnancy Agency (CPA), which is funded by the Department of Health and Children in Ireland, published a summary of research results related to adolescent sexuality. They reported that: “Many teenagers felt that school and teachers didn’t tell them what they needed to know about being involved in relationships or practising safer sex.”

They also reported that many adolescents viewed “school sex education as being too biological, and they seemed angry that they were denied the chance to learn what they needed to know.” They felt that other issues, including moral, social and emotional issues, and gaining practical knowledge about contraception, STIs and the sexual health services, were more relevant to their lives. The report also stated that some young people had become sexually active before the legal age of consent, so the sex education they received was not effective and/or was delivered too late.” (Crisis Pregnancy Agency, 2005)

A comprehensive study to be published shortly will provide a greater insight into the structures, process and outcomes related to RSE implementation and delivery and will be accessible from at www.crisispregnancy.ie.

3.15 Italy

The Catholic Church has a strong influence in Italy, and the Vatican influences political decisions and social policy via the Christian Democrat Party. Both public opinion and official attitudes in Italy tend to be traditional and 'moralistic'.

History of sexuality education

Sexuality education has been a highly controversial subject in schools and has been strongly influenced by the Catholic Church. In 1991, a bill on sexuality education was repeatedly weakened as a compromise to the Christian Democrat Party, and then further weakened to pass through the legislature (Field and Wellings, 1993). This bill was designed to ensure that sexuality education would be incorporated into Biology lessons, although it is still not a mandatory subject.

Statutory regulation of sexuality education

There are no official laws regarding sexuality education in Italy. Many proposals have been presented during the last 30 years but with no success. It is expected that a parliamentary bill will be presented in the next legislature to introduce a national law concerning sexuality education in high schools. This bill, 'Sex Information and Education in School', states that it is necessary to give good information about sex and to educate young people for a good sexual life, giving them the opportunity to learn how to respect their own and others' sexuality.

The bill decrees that sexuality education must be introduced in every school and taught by teachers who are specially trained in the subject, to create an interdisciplinary view.

Provision of sexuality education

Sexuality education in Italy is called 'educazione sessuale'. In general, the provision of any sexuality education can be difficult, as the Ministry of Education has to consider the views of the Catholic Church in its decision making.

Few schools appear to be interested in providing a sexuality education programme. The high schools which do provide some sexuality education do so from ages 14 to 19. This is usually just one lesson during a pupil's school years, and the lessons are the same for all students, with no differences among age groups. Head teachers are responsible for the policy of individual schools. Any sexuality education that is provided has a biological focus and is taught by Biology teachers in a formal classroom setting. Private family planning associations are also involved in provision, though not in an official capacity.

Unione Italiana Centri Educazione Matrimoniale e Prematrimoniale (UICEMP), the Italian IPPF Member Association, has seven branches in Italy that offer psychosexual counselling services. Most clients are aged 18 to 34. UICEMP focuses mainly on information, education and training courses for health service personnel and social workers, teachers and others working with young people (IPPF, 2005).

There have been interventions aimed at preventing teenage pregnancy and STIs in Greece. For example, the Ministry of Education promoted a campaign called 'Emotions', which was designed to educate young people in schools and which promoted sexual activity only after marriage.



Quality and availability of sexuality education

Provision of sexuality education in Italy is reportedly inadequate. As there are no official laws, there is no official data about the provision of sexuality education in different areas of the country. The situation appears to vary greatly between Northern and Southern Italy, and very little official data is available regarding the South. A study conducted in 2000 concluded that there is a need for collaboration between schools and local health services to promote knowledge and prevention in reproductive health among teenagers (Donati et al 2000).

3.16 Latvia

There is a long history of sexuality issues being highly taboo in Latvia, and it is sometimes said that “there was no sex in Soviet times” (SIECUS, 2005).

Attitudes towards the sexuality of young people in Latvia are generally negative and unsupportive.

History of sexuality education

Sexuality education has been included in the school curriculum within Health Education since 1998. Before that time, sexuality education was considered something to be dealt with within families.

Until 2005, Health Education was a compulsory subject in the fifth grade (age 11) and eighth grade (age 14) and an optional subject in high school (ages 16 to 18). Sexuality education was only a small part of the Health Education curriculum, and only three lessons focusing on sexuality education were provided in the fifth grade and five lessons in the eighth grade. Health education was not taught at all in vocational schools, of which there are 85 in Latvia, compared with 385 mainstream schools. No provision has been made to enable parents to withdraw their child from sexuality education lessons.

According to primary education standards, general understanding of gender and child development is provided in the first three grades (ages seven to nine). Specific Health Education was then meant to begin as a subject from grade five (age 11). Head teachers had overall responsibility for Health Education within high schools and could decide whether or not to

include it as a subject in the curriculum of the school. Health Education teachers, who were mainly teachers of Biology and Sport, were the main providers of sexuality education lessons, and were most likely to favour formal classroom teaching.

Until 2005, the focus of sexuality education in Latvia was psycho-social. In the fifth grade (age 11) the following topics were covered:

- Diverse roles in the family
- Different structures/models of contemporary families
- Age development and psycho-social changes of growing
- Gender and respect to the opposite sex
- Pregnancy and knowledge of child development.

In the eighth grade (age 14) the following topics were covered:

- Responsibility of creating a family
- Psycho-social changes of growing and ageing
- Relationship and responsibility
- Pregnancy and family planning

Statutory regulation of sexuality education

Education policy in general is the responsibility of the Policy Coordination Department of the Ministry of Education and Sciences. Primary education standards for Health Education are set by the Centre for Curriculum Development and Examinations of the Ministry of Education and Science.

Provision of sexuality education

In the 2006/07 school year, Health Education was integrated into Social Sciences, and as such is to be taught by Social Sciences teachers. This will

mean that there is no longer a separate Health class (which includes sexuality education). Social Sciences will be taught in the third (age nine), sixth (age 12) and ninth (age 15) grades by any teacher who has undergone training in Social Sciences. The Social Science classes will include a very broad spectrum of social, ethical, politico-economic and other issues with only a very small element of health education, and at secondary schools this subject will be optional.

NGOs are also involved in the provision of sexuality education in Latvia. Since 1996, the Latvian IPPF Member Association, the Association for Family Planning and Sexual Health 'Papardes Zieds' (LAFPSH), has provided a 'Peer to Peer' education programme which has trained young people to be able to provide classes for their peers on reproductive health matters. Around 65 classes have been carried out by LAFPSH peer educators, and about 1,350 school children are reached through schools every year.

Other organizations exist throughout Latvia that provide peer education. This approach is in high demand from both schools and school children, but not all can implement it because of insufficient financial and human resources and the limited capacity of the organizations. LAFPSH has worked with Riksförbundet för Sexuell Upplysning (RFSU), the Swedish IPPF Member Association, and the European Commission to provide information on STIs, condoms and Sexuality Education. UNDP has also provided funding and support to strengthen the network of peer NGOs. The LAFPSH youth group runs a safer sex campaign in cooperation with the media, an advice section in a magazine and an email counselling service run by young people for young people, with support from psychologists and medical professionals. Since 1998, LAFPSH has also produced brochures on contraception, STIs, relationships, sexuality and abortion (IPPF, 2005).

Quality and availability of sexuality education

Many observers believe that the provision of sexuality education in Latvia is inadequate and is highly dependent on the financial and human resources of each school. No data exists on variations in provision by region and population density.

However, in response to increasing HIV infections in Latvia, the Ministry of Education and Science of Latvia, along with several UN agencies and WHO, implemented a project called "Coordinated Support to Young People's Health and Development 2002-2004". The final assessment report of this project stated that "...the learning of life-skills has already been integrated into the Cabinet of Ministers Regulations on the National Standards of Comprehensive Education and National Secondary Education and National Standards of Primary Education. However, based on a growing body of information that shows insufficient knowledge and skills among young people, the need to review and strengthen the curricula appears to require further attention." The report also states that integrating health education issues into the social science curricula for primary schools will enable pupils, by the age of 16, to "... know the importance of and choices about family planning, understand the prevention of sexually transmitted infections and HIV/AIDS, as well as the physiological changes related to puberty, the real meaning of sexuality and the value of gender equality." (Jece 2005)

The report made extensive recommendations to the Ministry of Education and Science for a variety of changes, including a more clearly defined curriculum related to life skills education, a clearly defined pedagogical framework for learning and teaching sexual and reproductive health, widespread availability of sexuality education materials, and political support and monitoring of life skills education (Jece 2005).

3.17 Lithuania

Sexuality education is currently a controversial topic in Lithuania. The Roman Catholic Church has a strong influence, which makes providing family planning and sexuality education difficult (IPPF, 2005). A small but vocal group of conservative organizations, who are influential in the government, oppose the promotion of sexuality education in schools.

They argue that by providing sexuality education in schools, the institution of the family is being eroded (FPSHA, 2005). In some public schools, conservative groups insist on the promotion of abstinence-only programmes. According to the Family Planning and Sexual Health Association of Lithuania (FPSHA), the IPPF Member Association, conservative groups have spread misinformation about sexuality education programmes, suggesting that they lead to risk-taking behaviour.

History of sexuality education

In 1996, the Lithuanian government adopted the Family Policy Proposal and Action Plan. In accordance with one of the plan's provisions, FPSHA helped to prepare a Draft Law on Family Health Care that outlined a broad definition of family planning and contraception, abortion regulations,

sexuality education for youth, artificial insemination, and sterilization. However, the draft law was never passed because of conservative opposition in the Parliament at the time (SIECUS, 2002). In 2002, the Lithuanian parliament delayed their support of sexuality education proposals, partly because of the activities of some conservative groups.

In 2003 and 2004, the Swedish International Development Cooperation Agency (SIDA) funded a programme of HIV/AIDS prevention that aimed to improve sexuality education and sexual health services for adolescents in Lithuania and other Baltic countries. The overall goal of the project was to improve sexual health among young people (by reducing the number of cases of HIV/AIDS and other STIs and unwanted pregnancies) through improving sexual health education in the school system and creating grounds for sustainable supporting activities for sexual health education.

Statutory regulation of sexuality education

In May 2005 the Board of General Education passed the Guidelines on Training for Family and Sexuality Education. These guidelines have the following aims:

- To ensure that young people are trained for life and marriage
- To provide knowledge about and promote a holistic understanding of sexuality
- To nurture mature and moral people who respect human life from the moment of conception
- To nurture people who are able to establish mature interpersonal relationships
- To encourage young people to take care of their sexual health and to resist negative social influences.

According to FPSHA, the development and introduction of these guidelines was somewhat

controversial and they were not invited to join the working group that developed them. The group was mainly made up of anti-choice Catholic organizations, which resulted in guidelines that some observers characterize as overly conservative.

Provision of sexuality education

In a broad sense, the provision of sexuality education is said to begin in primary education and finish at the end of general secondary school education. The programme is adapted so that relevant topics are tailored to the age of the pupils. The main focus is on biological aspects, particularly human anatomy, although ethical aspects of relationships are also covered.

Sexuality education is incorporated into the curricula of Biology, Ethics and Physical Culture. Teachers of all subjects are also encouraged to promote healthy lifestyles in their lessons, and this can include aspects of sexuality education. Formal teaching methods are most widely used.

FPSHA focuses on educational campaigns and organizes training courses for teachers, and advocates for the introduction of mandatory sexuality education into the school curriculum. FPSHA has collaborated with Towarzystwo Rozwoju Rodziny (TRR), the IPPF Member Association in Poland, in designing a 'Preparation for Family Life' programme for schools, and with Foreningen Sex og Samfund, the Danish IPPF Member Association, in organizing sexuality education seminars for teachers. FPSHA also publishes a newsletter and has produced a video on contraception for young people.

Quality and availability of sexuality education

Provision of sexuality education can be described as uneven and is very dependent on the attitude and planning of individual teachers. Many teachers are thought not to be sufficiently trained to enable them to teach sexuality education. It is also generally thought that if young people are to get sufficient sexuality education, parents and other sources should be the providers, and not schools (FPSHA, 2005). The overall aims and traditions of each school also have an effect on how teachers participate in sexuality education projects.

In January 2006, the United Nations Committee on the Rights of the Child, in its review of Lithuania's compliance with the Convention on the Rights of the Child, highlighted adolescents' lack of access to reproductive health services and information in Lithuania (UN Committee on the Rights of the Child, 2006).

3.18 Luxembourg

Luxembourg is a predominantly Catholic country, and people are not thought to be very open-minded concerning the sexuality of young people.

History of sexuality education

Sexuality education began in Luxembourg in 1967, when 'la Famille Heureuse: Mouvement Luxembourgeois pour le planning familial' – as the IPPF Member Association in Luxembourg was then called – set up the first centre for family planning and invited high school students, and took part in a weekly radio show that addressed sexual issues. There was, however, no official recognition of sexuality education until the law on 'Sexual information, abortion prevention and voluntary termination of pregnancy' was approved in 1978. The law stated that "the State must set up or support the implementation of centres for family planning and information in the whole country".

Sexual and relationship education has been mandatory for 13 to 19 year olds in Luxembourg since the early 1970s. In 1973, the 'study plan', the most official document concerning the secondary school programme, included sexuality education. The primary school 'study plan' included sexuality education in 1989, but it was not possible to find out whether it was mandatory before this year.

Statutory regulation of sexuality education

Minimum standards for sexuality education are defined by the Ministry of Education. A project run


by the Ministry of Health called 'SASEX' has just begun, covering sexual and relationship education. It aims 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.

Provision of sexuality education

Sexuality education begins in primary school at the age of six, during Citizenship classes. Throughout the rest of primary school it is dealt with in most years in Biology classes but also in Religion classes. In secondary schools, sexuality education is taught in the first and seventh years in Citizenship and Biology classes. Teaching methods include formal classroom teaching, 'exposé-reports' (students' presentations or reports), role-plays and workshops. The choice of method depends on the age of the pupils and the level of interest of both pupils and teacher.

School teachers are responsible for providing sexuality education, and they tend to be Biology, Citizenship and Religion teachers. The focus of sexuality education is multi-dimensional. In primary school, topics such as friendship, sexuality, family, responsibility, conception, pregnancy, birth, conflicts, the human body and puberty are covered. In the first year of secondary school, love, sex, partnerships, and the family are covered, and in the final year of secondary school the focus is on the concerns of young adults such as sex, STIs, and drugs.

Individual teachers or whole schools are able to ask NGOs to provide sexuality education. The main NGO involved in provision is Mouvement Luxembourgeois



pour le planning familial et l'éducation sexuelle (MLPFES), the IPPF Member Association, which works closely with schools and has centres that are well equipped for sexuality education courses (IPPF, 2005). When sexuality education is taught by MLPFES it is as an extra session to the regular programme, and parents can withdraw their child from these courses. When sexuality education is part of the official school programme it is compulsory. MLPFES tends to be involved with pupils mainly aged 14 to 15 and covers the same topics as in the school programme, as well as human rights, discrimination and contraception.

Quality and availability of sexuality education

Provision of sexuality education in Luxembourg is thought to be patchy and inadequate. In reality, nobody checks whether, how, and to what extent the sexuality education programme is covered. Provision is not thought to vary between rural and urban areas. Any variation is probably most greatly influenced by those responsible for provision – teaching is dependent on the goodwill of individual teachers and their feelings about the topics.

3.19 The Netherlands

Human rights and liberties play a dominant part in Dutch society. The principles of non-discrimination, the right to bodily integrity and the right to privacy are enshrined in the Dutch constitution. Dutch society is relatively harmonious, with a long tradition of tolerance of different political, ideological and religious positions.

Since the late 1960s, the Netherlands has had a pragmatic approach to sexual health, including accessible contraception, sexuality education and abortion. The combination of this, the Calvinist tradition and liberal attitudes towards sexuality, has resulted in the lowest teenage pregnancy rates in Europe. In the 1970s and 1980s, Dutch society was supportive of measures introduced to reduce teenage pregnancy, and representatives from other countries came to the Netherlands to learn from their progress.

Attitudes towards young people's sexuality are held to be largely permissive in the Netherlands. A rule of thumb is said to operate, known as RAP – young people are seen as having the Right to have sex; people have to Accept that young people have sex, and allow them to Participate and have a voice (though there is no consensus on this). The media are largely supportive and informative with regard to sexual matters.

History of sexuality education

Education on human relationships and sex was first included in the Dutch school curriculum over 30 years ago. The fight for good sexuality education was heightened in the 1970s, and by the 1980s most schools were providing sexual health and HIV/AIDS education. A late 1980s survey suggests that some sex and AIDS education was provided by about 85 per cent of the Dutch secondary schools, generally by hygiene or biology teachers. The major topics covered were biological/physiological aspects of puberty and unwanted pregnancy. Topics such as intercourse and sexual desire received the least attention. Sexuality education was provided by teachers and by external trainers from the Rutgers NISSO Group (RNG). The Rutgers Foundation, the IPPF Member Association in the Netherlands, manages seven regional centres, providing a range of sexual and reproductive health care services and campaigns for young people's rights to high-quality health care (IPPF, 2005).

From 1993, health education became a legislated part of the curriculum for the first three years of secondary school. By putting sex on the public agenda, the advent of the HIV/AIDS epidemic may have contributed to the advancement of sexuality education.

As an informal source of sexuality information, Veronica, a Dutch broadcasting company, has had a Sunday-afternoon, three-hour phone-in radio programme on sex and related subjects since 1985. Themes discussed on the 'Radio Romantica' programme range from light-hearted to serious, including sexual fantasies, falling in love, rape, incest, sexual abuse, safe-sex techniques, coping with AIDS, unwanted pregnancies, homosexuality, bisexuality and paedophilia. A professional sexologist hosts the programme with a liaison officer and a team of students and graduates trained in

psychology and social work. The programme attracts about 250,000 listeners.

Statutory regulation of sexuality education

It is mandatory for Dutch schools to cover biological aspects of sexuality education, but there is no legislation relating to wider aspects. The key ministry involved in developing sexuality education policy is the Ministry of Public Health, Welfare and Sports. The Ministries of Education, Justice, and Social and Foreign Affairs are also involved. All cooperate with NGOs, such as RNG, Soa-Aids Nederland, NIGZ and GGD-Nederland, to make policy. Local governors are free to implement specific programmes and work together with local public health services.

Provision of sexuality education

The term used for sexuality education, 'seksuele vorming' or 'sexual forming', indicates not only transmission of knowledge but also of communication skills and attitudes. It is acknowledged that sexuality education should cover physical and emotional development, reproduction, relationships, sexual behaviour, psycho-sexual issues – such as masturbation and sexual problems – safer sex and sex, culture and religion, though in practice not all of these topics are discussed.

Biology teachers, and those concerned with pastoral care, are generally responsible for sexuality education. Sexuality education is thus covered in Biology, but also in the subject known as 'Society'. School doctors play a less significant role but help to recognize sexual problems. In primary school the general class teacher is responsible. All Dutch schools have a mentor system where certain teachers are trained to help students with academic or personal issues. Some schools have specific


youth programmes, combining support from local health professionals, teachers, police and youth help services. Teachers are expected to have the contact details of local services, help-lines and sexual health services in case of student need. Methods used include formal classroom teaching, games, videos, CD-ROMs, mass media, theatre and campaign materials. Requests by parents for their children to opt out of classes are honoured.

Education about sexuality starts in some cases in the primary or elementary school and, by the age 11 or 12, most children have been introduced to the subject. Schools are obliged to ensure that sexuality education is provided for young people aged 13 to 14 years. There is a movement in the Netherlands to begin sexuality education in primary schools. In March 2004, the Health Promotion Institute published a book for primary school teachers that will be implemented on a trial basis in five pilot regions. If successful, it may become a compulsory programme in primary schools.

Quality and availability of sexuality education

Although most schools have some ongoing sexuality education activities, the quality and frequency varies among different teachers and schools. No formal mechanisms for monitoring the standard of provision exist, though RNG recently reviewed materials and listed the best on a website.

There are no marked differences between rural and urban areas, though population density is fairly universally high. However, where the Protestant north of the country meets the Catholic south is sometimes referred to as the 'religion belt' in which people have stronger religious convictions, and in which sexuality education in schools may be more problematic.



Over the last decade, programmatic and policy changes in the Netherlands have had an impact on the provision of sexuality education in schools. There has also been a rise in immigrant populations. A perceived increase in overall risk-taking behaviour among young people is perceived as being responsible for the increase in teenage pregnancy rates over the last decade.

3.20 Norway

Norway has a liberal social and moral climate and was one of the first countries to pass a law criminalizing discrimination on sexual grounds.

The government fully supports family planning. General public attitudes towards the sexuality of young people are positive, but people are often worried by the enormous pressure from the media and the internet.

History of sexuality education

Some topics within sexuality education have been covered in schools in Norway since the 1950s, and since the end of the 1980s almost all topics have been covered, although provision has been somewhat dependent on teachers. It is hard to establish the exact date when sexuality education was made mandatory, but a pre-plan in 1971 raised the topic, and in 1974 sexuality education was specified in the plans for teaching for the first time.

Statutory regulation of sexuality education


Minimum standards for the provision of sexuality education are set by government authorities, but are considered vague. The government also produces educational programmes that are intended to guide teachers when planning their lessons.

Provision of sexuality education

Sexuality education in Norway is called 'Seksualundervisning' and is integrated into the curriculum, mainly through Biology lessons. Parents cannot withdraw their child from mandatory school programmes, although a tiny minority do very rarely and usually for religious reasons. Teachers (mainly Biology teachers) are responsible for provision, but often the topics deemed more 'difficult' are dealt with by school nurses.

All main biological, biomedical, psycho-social, ethical and personal relationship topics are covered. HIV/AIDS is included as a topic in all sexuality education programmes in schools. The first topics raised are usually society, relationships, living in different kinds of families, puberty, friendships and falling in love. In the tenth grade, at around the age of 15, the so-called 'hard facts' are covered, such as sexual intercourse, STIs, contraception and avoiding unwanted pregnancies. Teaching methods vary enormously and some teachers split classes into gender-segregated groups.

Several NGOs are involved in the provision of sexuality education. Klinnik for Seksuell Opplysning (KSO) teaches 160 classes per year in Oslo. The classes are held at the clinic, not in schools. KSO has produced an instruction manual for public health nurses, which is used for classroom teaching. Medisinernes Seksualopplysning (MSO) is an organization of medical students that teaches classes in the four biggest cities in Norway. The main approach adopted by NGOs is to invite an enthusiastic and positive adult to talk to, and have discussions with, groups of young people. Amatea, a Christian organization, also teaches in a few places and has been trying, without success, to teach within schools. Some youth clubs also have sexuality education topics on their agenda and often invite public health nurses or MSO to give talks.



Norsk forening for seksuell og reproduktiv helse og rettigheter (NSRR), the Norwegian IPPF Member Association, acts as an umbrella for different NGOs and also as a link between providers of sexuality education and policymakers. Some NSRR board members have participated in sexual and reproductive health advisory missions to the governments and member associations of other countries, including Russia, the Baltic States and some African countries.

Sexuality education varies between schools, mainly because policy is vague, and teachers, therefore, make decisions on what is taught and what is not. Provision can also depend on the maturity of pupils and how willing they are to receive the messages. Sexuality education given to 15 year olds is said to be challenging for teachers, as some pupils are ready for it, some are more experienced than others and some are not ready at all. This can lead to provision being inadequate.

Quality and availability of sexuality education

Geography seems to have little influence on the provision of sexuality education in Norway. It is, however, easier to be anonymous in urban areas and can, therefore, be easier for young people to access answers to difficult or personal questions.

3.21 Poland

Changes brought about after the collapse of Communism in Poland in 1989 affected women's reproductive health and rights, and the post-Communists elected to parliament in 1992 are said to have been reluctant to challenge right-wing groups (Nowicka, 1995).

The influence of the Roman Catholic Church also makes sexual and reproductive health promotion difficult. Family planning services are available, but religious and cultural pressures result in uneven distribution.

Adults in Poland do not have issues or concerns about the sexuality of young people because they tend to assume that young people are asexual. Generally, young people do not have sufficient knowledge about risk behaviour but are disinclined to talk to adults about these subjects, relying instead on magazines and their peers for information. There have been few interventions in Poland aiming to prevent teenage pregnancies and STIs.

History of sexuality education

The early mix of Catholicism and Marxism had an unfavourable impact on Poland's ability to deal with sexuality education. In the early 1960s, however, the media supported Towarzystwo Rozwoju Rodziny (TRR), the IPPF Member Association in Poland, in

its sexuality education activities, and the government did not demur, preferring to have an NGO deal with the subject. One by one, from 1966, provinces in the country set up their own sexuality education curricula. Sexuality education was linked with political transformation, and the period of dramatic political change in the 1970s was accompanied by a radical shift in attitudes towards the education of young people.

In 1973, the Communist Party adopted a special resolution to create a separate subject, 'Preparation for the Life in the Socialist Family' (later to become 'Family Life Education'). From 1974 to 1980, some 1,500 secondary schools introduced the subject based on a curriculum prepared by the Ministry of Education in close co-operation with TRR's Sexuality Education Committee. With the growing crisis in the economy in the late 1970s, and the subsequent work of militant Catholic organizations, such as 'Guardium Vitae' (Care for Life), to favour only 'natural' family planning and to revoke the laws on abortion and sexuality education, the provision of sexuality education suffered a setback.

Since 1990, the Catholic Church has had a strong influence in schools: sexuality education textbooks use non-scientific language and reflect a philosophical rather than a biological notion of sexuality. Sexuality education tends to focus on traditional values and family roles.

Statutory regulation of sexuality education

The Ministry of Education and the Department of Education are responsible for sexuality education policy in Poland. In 2001, the Ministry of Education produced policies concerning the planning of Education for Family Life classes.

Provision of sexuality education

Sexuality education in Poland is known as 'Education for Family Life'. It is now obligatory for schools to provide it, but not for students to attend the classes. Parents must sign an agreement before their child attends a sexuality education lesson and can change their mind at any point and choose to withdraw their child from lessons.

Sexuality education is an independent subject in the curriculum and starts in elementary school from the age of 12. School directors have responsibility for provision, but it is taught by school nurses and teachers as well as specifically trained sex educators. In primary and secondary schools sexuality education is taught by Citizenship teachers who have attended a special training course, and in high schools it is taught by sex educators who have completed a post-graduate course in Education for Family Life.

Many teaching methods are used, such as peer education, lectures and workshops. The choice of method depends on the style of individual teachers and the profile of the school. Primary, secondary and high schools tend to favour workshop-style lessons, whereas profile schools, which are mainly for boys, use lectures and visual and mass media.

All sexuality education manuals present the Catholic Church's view of human sexuality, and the government has made no attempt to provide more neutral information. In some schools sexuality education is the responsibility of priests and nuns, or civil teachers who hold religious classes (IHF-HR, 2000).

NGOs are also involved in sexuality education in Poland, primarily in teacher training and student

workshops. TRR organizes counselling and provides information and education courses for young people, teachers, parents and health professionals on many aspects of sexual and reproductive health.

The University of Zielona Góra established The Youth Counselling and Sexuality Education Unit in 1974 and began to focus on sexuality education issues in 1985, the only university unit in Poland dealing with these topics.

Quality and availability of sexuality education

Sexuality education is generally a politically sensitive and contentious subject in Poland. Although it is included in the school curriculum set by the Government, in practice it is thought to often be left out or implemented selectively ("In Poland, no sexuality education whatsoever exists." (Van Lancker, 2002)). Some teachers are unhappy that sexuality education is in the curriculum, but where it exists, provision is said to be consistent. In rural regions sexuality education tends to still be a taboo topic and financing is poor.

TRR is campaigning for changes in the sexuality education curriculum and monitoring its implementation in schools (IPPF, 2005).

In 2005, Lambda, a Polish gay and lesbian organization, accused Polish education authorities of misleading children about sexual orientation. Lambda argued that: "Some of the texts convey material that is largely "false" and "leading to the acceptance of discrimination against sexual minorities." It said some texts described homosexuality as deviant, and one text listed homosexuality alongside pedophilia and incest. (Platform of European Social NGOs, 2005)

3.22 Portugal

Between 1926 and 1974, Portugal was ruled by a dictatorship allied with the Catholic Church through a Concordata agreement. In 1974 a progressive revolution ended this regime and installed democracy in Portugal.

The modernization of Portugal in recent decades brought new values, and as a result Portuguese society is now an open society where the Catholic Church is more a symbolic and cultural reference for the majority of the population, rather than an effective influence on sexual attitudes and behaviours. Acceptance of sexuality education is increasing among parents, young people, teachers and health professionals. Official policies, however, do not totally correspond to this increased acceptance.

History of sexuality education

The first legislation on sexuality education was approved by the Portuguese parliament in 1984, in the context of a debate on legal abortion and family planning. This law stated that sexuality education should be introduced into schools. At this time Associação Para o Planeamento da Família (APF), the Portuguese IPPF Member Association, organized its first seminar, produced its first proposal on the content and strategy of sexuality education and organized its first training course for teachers and other professionals. However, due to pressure from conservative groups, including the Catholic Church and the Parents Confederation, the 1984 law was never put into practice.

In 1986, an Education Bill was passed, stating that sexuality education should be part of a more general educational subject called 'Personal and Social Education'. In 1991, a new discipline, 'Personal and Social Development', was introduced for the first nine years of schooling (Field and Wellings, 1993). This included sexuality education, which was considered as preparation for marriage, although masturbation, contraception and prostitution were also discussed (Frade and Vilar, 1991). But again, this new discipline never became generalised as it was planned.

In the early 1990s, new health education programmes were organized, such as PPES (Programme for Health Education and Promotion) and PEPTI (Education Programmes for All), which promoted sexuality education projects across the country and raised opportunities for teacher training in the area. Between 1995 and 1998, APF, the Ministry of Education and the Ministry of Health carried out a three-year experimental sexuality education project in five schools. This resulted in the production of a document entitled 'Technical Guidelines on Sexuality Education'. In 1999, a new law was passed that made sexuality education obligatory in schools. The guidelines were amended after input from several sectors. In 2000, a further law was passed that regulated the 1999 law, the final version of the guidelines was published, and an agreement was signed between APF and the Ministry of Education. In 2003, the new Conservative government ended PPES, and in 2005 the Ministry of Education revised its policies on school-based sexuality education to include it in the broader context of health education. Sexuality education is also addressed in other areas of the curriculum such as Citizenship Education, obligatory until the ninth grade.

Statutory regulation of sexuality education

Sexuality education is mandatory in Portugal but in very vague terms. The school curriculum does not contain an obligatory sexuality education component. The new guidelines written and agreed by AFP, the Ministry of Education and the Ministry of Health are the only official document setting standards for sexuality education. At national level, policy is the responsibility of the Ministry of Education and the Ministry of Health. At regional level, the regional education boards are responsible, and at local level, the school assembly and the board of each school are responsible.

Provision of sexuality education

Sexuality education in Portugal is called 'Educação Sexual' and is implemented across the whole school curriculum. There is no official sexuality education curriculum, but there are guidelines that propose a holistic approach towards sexuality education and sexual and reproductive health. Parents are not allowed to withdraw their child from lessons. Sexuality education can be implemented at any time in the school system, and there is no standard age at which it begins. School teachers, health professionals and some NGOs are responsible for provision. The leading NGO operating in school-based sexuality education is APF. Since 1985, a number of youth services have been developed, involving APF, health services and the Portuguese Youth Institute (IPJ). Several campaigns and

materials have been produced on HIV/AIDS for young people. Since 1998, IPJ – together with APF – has run a help-line called 'Sexualidade em Linha', which has helped to educate young people about the prevention of STIs and teenage pregnancy.

Components are adapted to the target age group. A variety of teaching methods are used in the provision of sexuality education, but the main methods are experimental learning and discussion. The cross-curriculum nature of sexuality education means that it can be taught by any teacher, but it is usually taught by Biology, Religious Education, Geography and Philosophy teachers. Many schools also invite health professionals to give talks about prevention of sexually transmitted infections and pregnancy. In the past few years, many schools have developed health promotion projects and activities in which sexuality education was often included.

Quality and availability of sexuality education

Provision of sexuality education in Portugal is said to be irregular, partly due to the lack of an official programme. Since educational reforms began in the 1990s, sexuality education has theoretically been introduced into the curriculum, but in practice provision has remained limited and often poor, and not all young people have access. There is no clear data on how provision varies by area, although sexuality education projects exist throughout the country.

3.23 Slovakia

Slovaks are generally traditionalists, but attitudes vary by region and religion. In cities, young people behave more like their peers in Western European countries and have more open attitudes.

People with strong religious beliefs, however, prefer to advocate abstinence before marriage, and efforts to improve teacher training in the area of sexuality education and to publish sexuality education textbooks have been greatly hampered by the Catholic Church, which would prefer to abolish sexuality education in schools (David, ed., 1999).

In addition, reproductive rights face formidable challenges with a pending treaty between the Holy See and Slovakia on conscientious objection and a case pending before the Constitutional Court related to fetal rights.

History of sexuality education

From 1948, the head of the school determined the role of sexuality education and had the option of inviting a guest lecturer (Buresova, 1991). In 1956, the Ministry of Education ruled that one sexuality education lecture was required for 14 year olds. In 1972, Government decision N137 required family life education at all school levels in preparation for harmonious, stable family life and parenthood. The Czechoslovak Family Planning Association (CSPRVR) was established in 1979 as a separate agency to work with the Ministry of Education to strengthen the position of parenthood education and influence the preparation of guidelines. In 1987, the new Minister

of Education changed the previous policy of teaching sexuality education as a separate secondary school subject to integration in other subjects. Sexuality education is now included under subjects such as Ethics, Religion and Biology, and there have been official guidelines since 1996, although there are no minimum set standards.

Statutory regulation of sexuality education

The State is responsible for the content and implementation of sexuality education as part of preparing young people for marriage and parenthood. The official guidelines for sexuality education are developed by the 'Methodical Centre', which is the agency responsible within the Ministry of Education.

Provision of sexuality education

Sexuality education in Slovakia is known as 'Education for Marriage and Parenthood' and has been mandatory since 1996. It is not taught as a stand-alone subject but as part of either the Religion or Ethics curriculum.

Sexuality education generally begins at around the age of 13 or 14. School teachers (usually teachers of Biology, Ethics or Religion) are responsible for it, and sometimes external educators such as nurses and gynaecologists are involved. Where sexuality education is covered within Religion lessons, nuns and priests are also involved. The Slovak Family Planning Association (SPR), the Slovak IPPF Member Association, is involved in the provision of sexuality education, as are some church-related NGOs that provide lectures at schools, but this provision is said to be patchy and random. SPR trains teachers in sexuality education and preparing materials, in cooperation with the Ministry of Education, writes advice columns in magazines

aimed at young people, and takes part in radio and television programmes.

The focus of sexuality education depends very much on the subject in which it is taught: biological aspects are the focus within Biology lessons, and relationship issues within Religion or Ethics lessons. In the first to fourth grades pupils cover topics of family life that include healthy lifestyle and puberty. In the fifth to ninth grades, puberty and growing up, the body and sexuality, relationships and love, drug and alcohol use, STI prevention and family planning are among topics covered. In middle schools, family and parenthood and intimate relationships are the topics covered.

Formal classroom teaching is the most commonly used teaching method. Visual materials are sometimes used, but mostly in a controversial way (such as the 'Silent Scream' movie, which is an anti-choice film about abortion).

Quality and availability of sexuality education

Provision of sexuality education in Slovakia is thought to be inconsistent and inadequate. In

rural areas sexuality education is very conservative, although in larger cities it is more progressive but still dependent on individual teachers. Topics such as homosexuality and sexual assault are almost universally ignored. Although pupils and parents are supposed to have the right to select between Religion or Ethics lessons, sometimes no Ethics option is provided at all because a school lacks the human or financial resources. Where there is a choice, pupils receive very different information. The sexuality education incorporated into Religion is reportedly very conservative and subjective: pupils are not given an objective view on subjects such as family planning, and abstinence before marriage and natural family planning within marriage are the only options discussed. Sexuality education within Ethics varies greatly depending on the teacher's approach and there are no modern sexuality education materials provided by schools in Slovakia. Moreover, when visual materials are used in sexuality education lessons, they tend to be produced by anti-choice groups.

There have been recent initiatives and campaigns in Slovakia aimed at preventing teenage pregnancy and STIs, such as the 2004 campaign run by SPR that focused on contraceptive use.

3.24 Spain

Spain is a country of strong regional differences in culture. The country is divided into 17 Autonomous Communities and two Autonomous Cities. The Spanish Government has no explicit sexual and reproductive health policy.

Spain is a Catholic country, and statements from the Roman Catholic Church have an effect on issues such as families, pregnancy, contraception, abortion and sexuality education. Nevertheless, in general, there is some degree of public acceptance of sexuality education in Spain.

History of sexuality education

Sexuality education has been taking place in schools since the 1970s, although not as a compulsory subject. It has developed from focusing on anatomy to focusing on biological, psychological and social aspects. In the 1981 'Official Bulletin of the State', the Government proposed addressing some sexual issues in school, from pre-school through secondary school, within the areas of "affectionate and social behaviour" and/or the natural sciences.

'The Organic Law of the Right to Education' (1985) insisted on the freedom of teachers and the autonomy of schools, which gives them the option to introduce sexuality education. The most ambitious educational proposal was created by the Minister of Education in 'The General Organic Law of the Educational System' (LOGSE), approved in 1991. This law explicitly defends and reiterates

the necessity of sexual education within school at different grade levels. Sexuality education can either be taught across the entire curriculum or as a stand-alone subject, with the decision made at local level. In December 2005, a new education law was approved that includes Citizenship Education as a new subject, and sexuality education could be covered under this new subject. The inclusion of sexuality education into the curriculum of schools has been gradual.


Statutory regulation of sexuality education

There are no set minimum standards for the provision of sexuality education in Spain. Policy is the responsibility of the national government, as well as regional governments.

Provision of sexuality education

Sexuality education in Spain is not mandatory. The law allows and favours some topics to be covered, but it does not ensure that they are. Although the statutory education law views sexuality education as a universal subject, its teaching depends almost exclusively on the different educational establishments that teach it.

Provision of sexuality education begins at around the age of 14 or 15. Several associations and private institutions are responsible for provision and normally use workshops in schools or in youth associations to educate young people. Where the subject is taught across the curriculum, each individual teacher is responsible for covering aspects of sexuality education, depending on the subject. Where it is provided as a standalone subject, provision is by outside agencies. A wide range of agencies are involved, and their perspectives range from a biological and physiological approach, to



those who promote abstinence as the only way to prevent sexually transmitted infections and pregnancy, to those working on a wider emotional-sexual approach.

The focus of sexuality education depends almost entirely on who is imparting the knowledge, as nothing is set by law. The majority of young Spanish people initially learn about sexual matters from the family, the media and their peers.

There have been recent interventions to prevent teenage pregnancy and sexually transmitted infections in Spain, including the ‘Talk to your Partner’ campaign carried out by the Spanish Youth Council, and large-scale communications campaigns carried out by the Health and Consumers Minister.

Some NGOs and professional associations working in the field of sexual and reproductive health are active in sensitizing the public to the need for adequate and high-quality sexuality education.

Quality and availability of sexuality education

Sexuality education in Spain is said to be inadequate and almost non-existent, particularly in rural areas, and its provision needs to be better evaluated. Attitudes of young people are conditioned by stereotypes, myths and erroneous beliefs about sexuality, although recently some observers have noted an increase in the official commitment to sexuality education.

3.25 Sweden

Sweden has a reputation for being free from sexual repression. The state assumes a major responsibility for social issues, and there is no great religious influence in schools. The government supports family planning and sexuality education.

A broad consensus exists on young people's rights to adequate and honest information and services regarding sexuality and reproduction. The last ten years have also shown a great increase in positive attitudes towards people, including young people, who identify as lesbian, gay, bisexual or transgender.

History of sexuality education

Sweden has a long history of sexuality education. In the late 1800s and early 1900s radical doctors, together with trade unionists and other working-class activists, formed an agenda around sexuality, raising demands for legislation of contraceptives, homosexuality and abortion. They also demanded compulsory sexuality education.

In 1942, voluntary sexuality education was introduced, and in 1954 a sexuality education lesson was aired on the radio for the first time. In 1955, Sweden became the first European country to establish compulsory sexuality education in all schools. There are no opt-out clauses to allow parents to withdraw their child from lessons.

Statutory regulation of sexuality education

Minimum standards are set for sexuality education in the national curriculum and highlight the areas that should be covered. Policies and guidelines are issued by the Swedish National Agency for Education.


Provision of sexuality education

Sexuality education is known as 'sex och samlevnadsundervisning' (sex and relationship education). The age at which provision begins varies, but it is generally no later than 12 or 13. Sexuality education is incorporated into the curriculum alongside issues such as racism, alcohol, tobacco and gender equality.

School headmasters have overall responsibility for making sure sexuality education is implemented adequately, and school teachers are the main providers. All teachers, regardless of their specialist subject, have a responsibility to incorporate sexuality education into their lessons. The teaching methods adopted depend on the teacher concerned and their chosen teaching style.

Sexuality education focuses on anatomy, gender and relationship management. In pre-school the aim is to answer any questions that children have about sexuality in an open and honest way, and sexuality education is provided before puberty and, generally, before first intercourse.

NGOs also provide sexuality education. The main NGOs involved are the Swedish IPPF Member Association, Riksförbundet för Sexuell Upplysning (RFSU), the Swedish Association for Sexuality Education and the Swedish Federation for Lesbian, Gay, Bisexual and Transgender Rights. When RFSU provides sexuality education to young people, it always works in single-sex groups, and it has



produced a film called 'Sexuality Across Cultural Borders', which aims to inform young people about different views on sexuality. It has also conducted projects with UNFPA and the Rockefeller Foundation on the Swedish experience of sexuality education (IPPF, 2005).

Annual summer campaigns are organized by the Swedish National Institute of Public Health in collaboration with NGOs, such as the Swedish Association for Sexuality Education and the Swedish Federation for Lesbian, Gay, Bisexual and Transgender Rights, aimed at raising awareness of pregnancy and STIs among young people.

Quality and availability of sexuality education

Provision of sexuality education in Sweden is said to be patchy but, generally, where it does exist, it is of a fairly high standard. No information exists regarding the variation of provision between rural and urban areas.

In late 1999 the National Agency for Education commissioned a review of the sexuality education in 80 schools. The most notable finding from the review was the variation in terms of goals, organization and content of the education between and within schools. Few schools were found to have written plans and guidelines covering sexuality education, and fewer than ten per cent of the schools had a varied programme for all pupils with well-defined goals (Danielsson et al, 2001).

3.26 United Kingdom

After a period of liberalizing legislative reform in the 1960s and a subsequent increase in sexual freedom in the 1970s, the 1980s saw a reversal of these trends. Unsuccessful attempts were made to restrict access to contraception, to tighten abortion laws and to limit acceptance of homosexuality.

A vocal minority who oppose sexuality education do so on the grounds that it encourages sexual experimentation, despite evidence to the contrary (Wellings, 2001). Public opinion surveys, however, suggest that the majority of the population supports sexuality education.

Note: The general situation in the United Kingdom (UK) is described here, followed by country-specific information for England, Northern Ireland, Scotland and Wales. Each country has its own legal system and bodies which create policies and procedures. While sexuality education may not differ greatly across the UK, some specific aspects vary between the countries.

History of sexuality education

The 1944 Education Act in England and Wales implicitly supported sexuality education by requiring Local Education Authorities to contribute towards the spiritual, moral, mental and physical development of pupils. In England and Wales, the 1986 Education Act gave school governors the responsibility for sexuality education policy and required all state

schools to have a sexuality education policy. The 1993 Education Act required biological aspects of the subject to be taught within the Science curriculum. Primary school governors were given the freedom to decide whether to include sexuality education in the curriculum, but were obliged to have a policy. The 1996 Education Act consolidated all previous legislation. The Learning and Skills Act of 2000 amended the 1996 Education Act, transferring responsibility for sexuality education from Local Education Authorities to the school's governing body and head teacher. It also required the Secretary of State for Education to issue guidance emphasizing that pupils should learn about the importance of marriage for family life and the raising of children, and that teaching materials must be appropriate to pupils' age, religion and culture. Government guidance was issued in England in 2000 and in Wales in 2002 that encouraged the teaching of sexuality education within the context of Personal, Social and Health Education.

Statutory regulation of sexuality education

In England, sexuality education policy is the responsibility of school governors. The Office for Standards in Education (OFSTED) assesses the effectiveness of school policy statements and programmes, and recommends Sex and Relationships Education (SRE) outcomes for all key stages. In 2002, OFSTED produced a report entitled 'Sex and Relationships' in response to a recommendation in the Social Exclusion Unit's 1999 'Teenage Pregnancy' report, which reviewed and evaluated current SRE provision and made recommendations for good practice. A written SRE policy, open to OFSTED inspection, must be in place for each school.

The Welsh equivalent of OFSTED is Estyn. The legal framework and key elements of government

guidance for Wales are similar to those in England. Sexuality education in England and Wales is supported by the National Healthy School Standard (NHSS), jointly funded by the Department of Health and The Department for Education and Skills. The NHSS sets the minimum criteria for a whole-school approach that will help maintain and develop the healthy school activities. All participating schools work towards meeting these criteria and their legal requirements, which include sexuality education.

In Northern Ireland, regional policies are driven by the Department of Education and the Department of Health, Social Services and Public Safety (DHSSPS). Individual school policies are drafted by school staff with assistance from regional pastoral care advisors and are then ratified by school governors. In 1987, the Department of Education required schools to have a written policy on Sexuality Education. The 1989 Education Reform Order forms the legislative base for education, and in 1989 Health Education (virtually synonymous with sexuality education) was established as one of six cross-curricular themes. In 2001, guidance on sexuality education was provided by the Council for Curriculum, Examinations and Assessment.

In Scotland, there is no statutory requirement to teach sexuality education. However, the Scottish Executive produced a 'Summary of National Advice' on sexuality education in 2001, summarising all relevant national advice and guidelines throughout all stages of schooling. Together with Learning and Teaching Scotland, it encourages teaching of the subject within a comprehensive programme of Personal, Social and Health Education (PSHE) and Religious and Moral Education. The education department in each council has overall curriculum responsibility, but senior management teams in schools are required to ensure that Sexual Health and Relationships Education (SHRE) is reflected in school policies and handbooks.

Provision of sexuality education

In England and Wales, school teachers are mainly responsible for provision. Some local areas also have PSHE coordinators, and there is some input from school nurses and outside visitors. A variety of NGOs, such as the youth service, are invited to contribute to school-based SRE. A variety of teaching methods are used, depending on the school ethos and the skills of individual teachers. Some work outside schools is also done throughout the UK by national organizations such as Girlguiding UK and other smaller community-based projects.

In England, the government launched the Teenage Pregnancy Strategy in 1999 with the aim of halving under-18 conception rates by 2010 and reducing social exclusion among teenage parents. Other national campaigns aim to prevent STIs and provide information on sex, drugs and relationships to teenagers. In 2001, the National Strategy for Sexual Health and HIV set out an implementation plan for improving sexual health, and the 2004 white paper 'Choosing Health' also included plans furthering this aim.

In Wales, a strategic framework for promoting sexual health established in 2000 included objectives to reduce teenage pregnancies and the incidence and prevalence of STIs, and to ensure that all young people receive effective sexuality education.

In England and Wales, parents have the right to withdraw their child from any part of SRE that is provided outside the national curriculum for Science. Biological aspects are covered within the mandatory Science curriculum and are, therefore, more likely to be the main focus. Other aspects, such as knowledge, attitudes and skills, are covered in a variety of classes across the curriculum, but mainly within the PSHE and Citizenship frameworks. PSHE is not mandatory, so coverage is dependent on the policy and ethos of each school.

In Northern Ireland, RSE is not mandatory, and no minimum standards are set. In theory, provision begins in primary school (at five years of age), but there is no evidence that this is the case. Some schools bring in outside agencies including the Family Planning Association (FPA). RSE is mainly incorporated into Science and PSHE. Some schools include RSE as a one-off topic, but others provide no formal sexuality education at all. Provision differs between Catholic and Protestant schools. Many teaching methods are used, including group work and videos. The 'Teenage Pregnancy and Parenthood Strategy and Action Plan, 2002 to 2007' aims to reduce teenage birth rates by 20 per cent and births to people under 17 by 40 per cent by 2007.

Scotland has a separate education system to England. Schools in Scotland are encouraged to provide sexuality education within a comprehensive programme of PSHE and religious and moral education. In primary schools, Sexual Health and Relationships Education (SHRE) comes under health education guidelines, and in secondary schools it is included in Science and PSHE classes. There was no formal SHRE guidance until the repeal of Section 28 in June 2000 and the implementation of guidelines in 2001.

There is a balance between biological and social aspects and a strong emphasis on skills development, especially communication skills, values, respect and responsibility. Most primary schools cover puberty and menstruation by the end of sixth or seventh grade (ages nine to 11). In secondary schools it is mainly taught through PSHE, using active learning methods, moving away from more didactic methods.

SHRE is not mandatory, and parents can withdraw a child from any SHRE lesson, but not from the curriculum. However, they are required to discuss with the head teacher how they intend to provide this education themselves. School nurses are also involved in teaching, as are health development and community youth workers. Faith groups (mostly Catholic) are involved, though decreasingly. Teaching programmes and materials used vary from area to area and from school to school. A target has been set to reduce under-16 pregnancy rates by 2010, and a strategy and action plan for improving sexual health was published in January 2005.

Quality and availability of sexuality education provision

Sexuality education in the UK has weaknesses, possibly caused by the absence of specialist teacher training and the existence of large mixed-gender groups (Kontula, 2004). However, in England there is a government-funded teachers' certificate in PSHE, which demonstrates an increased commitment to sexuality education.

There is wide variation in provision in England, Wales, Scotland and Northern Ireland, which is unlikely to be due to differences between urban and rural areas. In England, more resources are invested in areas with higher teenage pregnancy rates, but the government is committed to equalizing provision. In Scotland, difference in provision may be the result of variation in local support. For example, SHRE provision should, in principle, take place from the first year of primary education to the fifth or sixth year of secondary education but – in practice – remains patchy.

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Annex: Questionnaire

Sex education in Europe: Summary table for country contributors – contextual factors

Demographic data for your country	% of population aged 15-19	If the % not available for this age group, please provide the estimate based on the nearest age group for which figures are available in your country	% of population aged 20-24	If the % not available for this age group, please provide the estimate based on the nearest age group for which figures are available in your country	% of population living in rural areas	Please provide the source
Legal data	Law on age of heterosexual consent	Please give the legal age, and the terms of the law. Please mention too, any recent changes to the law, or attempted changes	Law on age of homosexual consent	As for 'heterosexual' sex	Law on contraceptive provision to YP*	Please describe the law as it relates to those over and under the age of sexual consent
Political and religious data	Government office for youth	Please describe any special office in the government for Youth/ Families and Children, and describe which Ministry it is in, and the date it was set up.	Proportion of population belonging to different religious affiliations	Please list the main religious affiliations in your country, and the proportion of people belonging to each, if known	Law on abortion provision to YP*	Please describe the law as it relates to those over and under the age of sexual consent
Sexual health-related data	Median age at 1st sexual intercourse	Please provide the source, that is, the name or authors of the study the data come from, and the date of the study	% young people sexually active before age 16	Please provide the source, that is, the name or authors of the study the data come from, and the date of the study	Teenage pregnancy rate	Please provide the source, and date for the figures. Also, say what the denominator is, for example, 'per 1,000 15-19 year old women'.
	Teenage birth rate	Please provide the source, and date for the figures. Also, say what the denominator is, for example, 'per 1,000 15-19 year old women'.	STI prevalence rates 15-19	Please provide the source, and date for the figures. Also, say what the denominator is, for example, 'per 1,000 15-19 year old women'.	Teenage abortion rate	Please provide the source, and date for the figures. Also, say what the denominator is, for example, 'per 1,000 15-19 year old women'.
	HIV prevalence rate 15-19	Please provide the source, the age group, (if different from 15-19) and the year for which the data are provided	% using NO contraception at 1st sexual intercourse	Please provide the source, that is, the name or authors of the study the data come from, and the date of the study	Contraceptive prevalence of youth, 15-19	Please provide the source, the age group, (if different from 15-19) and the year for which the data are provided

NB In each box, please EITHER delete the text providing guidance on how to fill in, and replace with your response, OR, add your response at the end of the guidance – please use the same font size.

Table b: Sexual and health education

<p>Health education provision School leaving age</p>	<ul style="list-style-type: none"> • Give date of the first HIV/AIDS public education campaign. • Give date of the last HIV/AIDS public education campaign. • Describe any recent (last 10 years) interventions to prevent teenage pregnancy or STIs.
<p>Attitudes towards sexuality and sexual health</p>	<ul style="list-style-type: none"> • Are official views in your country pro- or anti-natalist would you say? • How would you describe attitudes towards the sexuality of young people in your country?
<p>Sex education</p>	<ul style="list-style-type: none"> • By what name is sex education most commonly known in your country?
<p>History of sex education</p>	<ul style="list-style-type: none"> • Please describe briefly how sex education evolved in your country, giving key dates and statutes.
<p>Statutory regulation of sex education</p>	<ul style="list-style-type: none"> • Is sex education mandatory in schools in your country? If yes, in which year did it become so? • Describe any conditions or opt-out clauses (for example, whereby parents are able to withdraw their child). • Are there any minimum standards set for sex education? If so, please describe where and how they are defined; and the agencies who issue them.
<p>Provision of sex education</p>	<ul style="list-style-type: none"> • In general, at what age does sex education begin? • What agencies are responsible for provision? (eg. schoolteachers; school nurses, etc.) • What agencies are responsible for policy? (eg. local governors. education officers, head teachers) • What is the focus of sex education? (ie. biological; biomedical; psycho-social; personal relationships) • How are different sex education topics covered through the age groups in school? • How would you describe provision of sex education in your country? (eg. patchy/ consistent, adequate/ inadequate) • Who teaches sex education? (for example, if teachers in school, say which subject, eg. biology, citizenship; if not teachers, say which other professionals) • Are any voluntary (NGO) organisations involved in sex education? if so, in what ways? • What methods are used in sex education? (for example, peer education; use of visual and mass media; formal classroom teaching; etc.) • Which is the main method used? • How is sex education incorporated into the curriculum? (eg. in citizenship; education for personal relationships; health education; biology; or is it integrated generally in the curriculum) • How would you say provision of sex education varies by region and density? (ie. rural/urban)



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