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Sexuality education international

This edition of FORUM deals with concepts of sexuality education and their implementation in European countries: authors from Finland, Estonia, the Netherlands, the United Kingdom, Spain and Germany tell us who is developing sexuality concepts relevant to the entire country, which institutions are responsible for their implementation and how sexuality education is conducted in schools.

Some of the articles express the great satisfaction felt by the authors about the successes achieved, demonstrated by improvements in the statistics related to contraceptive behaviour and teenage pregnancy, while others highlight the social resistance to holistic sexuality education, citing misunderstandings, fears of "sexualization" of children and lack of knowledge about the clear and scientifically proven body of data in favour of early, comprehensive sexuality education.

These accounts include approaches and planned measures to overcome this still unsatisfactory situation, with interesting ideas for other countries suffering similar problems.

Only a few countries are described here: Finland by Dan Apter, Estonia by Kai Part, the Netherlands by Sanderijn van der Doef, England by Lucy Emmerson, Spain by Felipe Hurtado Murillo and María Pérez Conchillo and Germany by Uwe Sielert. But it is precisely the considerable differences evident even in this small selection which show how heterogeneous the European Region seems to be in respect of sexuality education and the further great efforts which will be required if we are to guarantee the sexual rights and health of all young people in Europe.

In her article, Doortje Braeken of the International Planned Parenthood Federation (IPPF) describes "It's All One Curriculum", which places gender issues and human rights at the centre of sexuality and HIV education and is relevant to the entire world.

Finally, Christine Winkelmann describes how and why the Federal Centre for Health Education (BZgA) and the WHO Regional Office for Europe, working with many European experts, developed the Standards for Sexuality Education in Europe, what is in the Standards and how you can work with them.

The significance and degree of acceptance of the Standards, which were published in 2010, is shown by the fact that all the authors featured here speak positively about them in their articles.

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Recent development and consequences of sexuality education in Finland

Dan Apter

Because of a national curriculum introduced in 2003 as well as the implementation of specially trained teachers, the quality of sex education in schools in Finland has been drastically improved. Studies demonstrate that prevention behaviour has generally improved, and that there has been a decline in the overall number of abortions.

Introduction

Sexual development brings along dreams and wishes of a new kind of relationship. A maturing young person is in many aspects lonely and uncertain, and thus sensitive and vulnerable. Supporting the self esteem of the young person together with adequate and sufficient sexuality education helps her to make choices to maintain and protect her sexual health. Sexual health for adolescents is based on three fundamental components:

1. Recognizing sexual rights
2. Sexuality education and counselling
3. Confidential high quality services.

These components all need to be considered together. The closer sexuality education programs and sexual health services work together, the better are the results.

All young people have the right to comprehensive sexuality 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. A comprehensive positive approach to sexuality education contributes to addressing not only the health and wellbeing of young people, but also their sexual and reproductive rights.

The sexuality education provided should be well planned, continuous, and adapted to the developmental stage. Three kinds of guidance are needed:

1. Counselling, which occurs in direct interpersonal relationship and is based on recognizing individual needs;
2. Sexuality education is typically given in schools or other social situations, where a group of young persons of similar age listen to lectures, see educational material and can discuss. (Individual needs are not possible to consider);
3. A third approach is information campaigns about sexual health through e.g. mass media.

Sexuality education has been introduced at very different times in various European countries.

It still remains very diverse in Europe. In some countries, it is said to begin from 5–6 years of age, in others from 14–18 years, as summarized by IPPF EN 2006. Every third country does not have specific standards available. The aims and contents have been highly variable. Based on this background, under the initiative and support of WHO European region, BZgA and an expert group developed the European Standards for Sexuality Education (WHO Europe/BZgA 2010), as described from Christine Winkelmann in this publication.

Professionals responsible for teaching might be specific teachers only; any teacher + health professional; or specific teacher + health professional. Across Europe different definitions and terminology are used to refer to sexuality education, varying from "family life education" through to "life skills education" and "sex and relationships education". The term "sexuality education" 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 European Standards for Sexuality Education, together with the "what" and "when" in sexuality education from age 0 years onwards.

Is sexuality education working?

Is sexuality education in school working and cost-effective is a frequently asked question. The same is seldom asked for e.g. history or geography? The expectations for sexuality education are different, although possible indicators are often not well defined and data available very limited (Tab. 1). In addition to increasing knowledge, sexuality education is seen as way of changing behavior and health outcome. Indeed sexuality education can have an important impact on sexual

Tab. 1

Limitations of some indicators of sexuality education and adolescent sexual health

Indicator	*Data available and reliability*
teenage delivery rates	known in most countries
abortions per 1000 15-19 year old	data unreliable in many countries
STI incidence, e.g. Chlamydia	depends on extent of testing and reporting, limited
sexual behavior	limited information from surveys
contraceptive use	limited information from surveys
sexual abuse	very limited information from surveys
gender equality	some information from various sources
self esteem	usually no information
satisfaction with sexual life	limited information from surveys
happiness and quality of life	usually no information
Present ways sexual health services of adolescents are provided	survey of service characteristics, usually not available in meaningful details
Education of professionals (education, health) in relation to sexual health of adolescents	survey of providers' education.

health, and the case of Finland will be used as an example. However, the primary focus is on sexuality as a positive human potential. The expert group developing the European Standards noted some regional differences. In Europe, sexuality education focuses primarily on personal growth, while in the US sex education is more seen as solving problems or preventing them. This fundamental difference is due to the many historical, social and cultural reasons. In Western Europe, sexuality, as it arises and develops in adolescence, is not seen as primarily a problem and a threat, but as an important part of life.

According to WHO (2002), countries providing extensive sexuality education have better succeeded in limiting unintended adolescent pregnancies as well as sexually transmitted infections. In some studies, it has been difficult to demonstrate an effect of individual sexuality education programs. Kirby et al (2007) reviewed 83 studies that measure the impact of curriculum-based sexuality education programs on sexual behavior and mediating factors <25 years anywhere in the world. The program had to be a curriculum- and group-based sex or HIV education program. The research methods had to include a reasonably strong experimental or quasi-experimental design with both intervention and comparison groups and both pretest and posttest data collection, and measure program impact upon one or more of the following sexual behaviors: initiation of sex, frequency of sex, or number of sexual partners; use of condoms or contraception more generally; composite measures of sexual risk. The authors were able to show that sexuality education can have an effect. Two thirds of the programs significantly improved one or more sexual behaviours. The evidence is strong that programs do not hasten or increase sexual behaviour but, instead, some programs delay or decrease sexual behaviours or increase condom or contraceptive use. Of the 54 studies measuring program impact on condom use, almost half (48%) showed increased condom use; none found decreased condom use.[1]

On the other hand, Underhill et al (2007) reviewed sexual abstinence only programmes to prevent HIV infection in high income countries. 13 trials enrolling 16,000 US youths were identified, all outcomes were self reported. No program affected incidence of unprotected sex, number of partners, condom use, or sexual initiation. Thus, the programs need to be comprehensive in order to work.

Many studies have been too small or limited to show a measurable effect. Judith Stephenson, "Margaret Pyke Professor of Sexual & Reproductive Health", UK, summarized our knowledge of the impact of sexuality education:

Case Finland

Early development

The experience from Finland reflects the impact of sexuality education and sexual health services, and particularly the importance of good connection between these. Sexuality education became obligatory in schools in 1970. In 1972, according to the Public Health Law it became the duty of local municipalities to provide counselling in contraception free of charge for the whole population. School health services improved, school health nurses participated in sexuality education. Both education and health services developed slowly, but in good cooperation. As an indicator of improving sexual health, adolescent abortion and delivery rates (Fig. 1) declined continuously to low levels in mid 90th.

Changes in education and health care during previous depression

In mid 1990's, due to economical recession, resources for health and social services were cut in Finland, and many municipalities "saved" by reducing the number of people employed in health care. Cuttings were made in particular in preventive health care such as school health. Also education changed to a more decentralized system, in addition to the

1 see also the comments by D. Braeken on Kirby et al. in this issue.

Tab. 2

How good is the evidence for effect of sex education on different outcomes?

Improved knowledge	Strong
Improved skills	Good
Less risk behaviour	Good
Contraceptive use	Mixed
Pregnancy reduction	Weak
STI prevention	Weak

economical savings that were made. From 1994, sexuality education became an optional subject, with each school deciding by itself if and how to teach it. This led to a marked deterioration in both the quality and quantity of sexuality education provided in schools (Kontula/Meriläinen 2007). The simultaneous reductions in health and education were associated with a 50% increase in adolescent abortions in the latter part of 1990's (Fig. 1). At the same time, up to 2002, the number of detected Chlamydia infections increased markedly. Annual school health surveys by STAKES (National Institute for Health and Welfare) started in the late 1990's, every even year in the eastern part of Finland, and every odd year in the western part of Finland, thus covering the whole country. The large questionnaire included questions about sexual behaviour and contraceptive use. As seen in Fig 2, in the late 1990's the percentage of girls starting to have intercourse at an early age, during grade 8 or 9 (age 14 and 15), increased, and at the same time up to year 2002, the % who used no contraception, increased as well (Fig. 3).

Recent development of sexuality education

Slowly conclusions were made and education changed. Based on the Education Act (2001), the Government Degree on the distribution of lessons hours (2002) and the National Core Curriculum (2003) approved by the National Board of Education a new subject, health education, was introduced in 2004 in most schools, and is obligatory since 2006. Teachers were trained, and one teacher per school is responsible for coordination of the topic.

Health education in Finland aims to promote competence in support of health, safety and well-being. This competence includes theoretical, social, emotional, functional and ethical skills along with information acquisition skills. Health competence involves the ability to assume responsibility for promotion of one's own health and that of other people.

Within the National Core Curriculum for Basic Education, the objectives and core contents of health education are issued in accordance with lesson allocation as follows:

- Grades 1–6: health education integrated into environmental and natural studies
- Grades 7–9: a total of three units (= 114 lessons over 3 years) as an independent health education subject.

Sexuality education is a part of health teaching. Sexual health core contents consist of: human relations, sexuality, behaviour, values and norms.

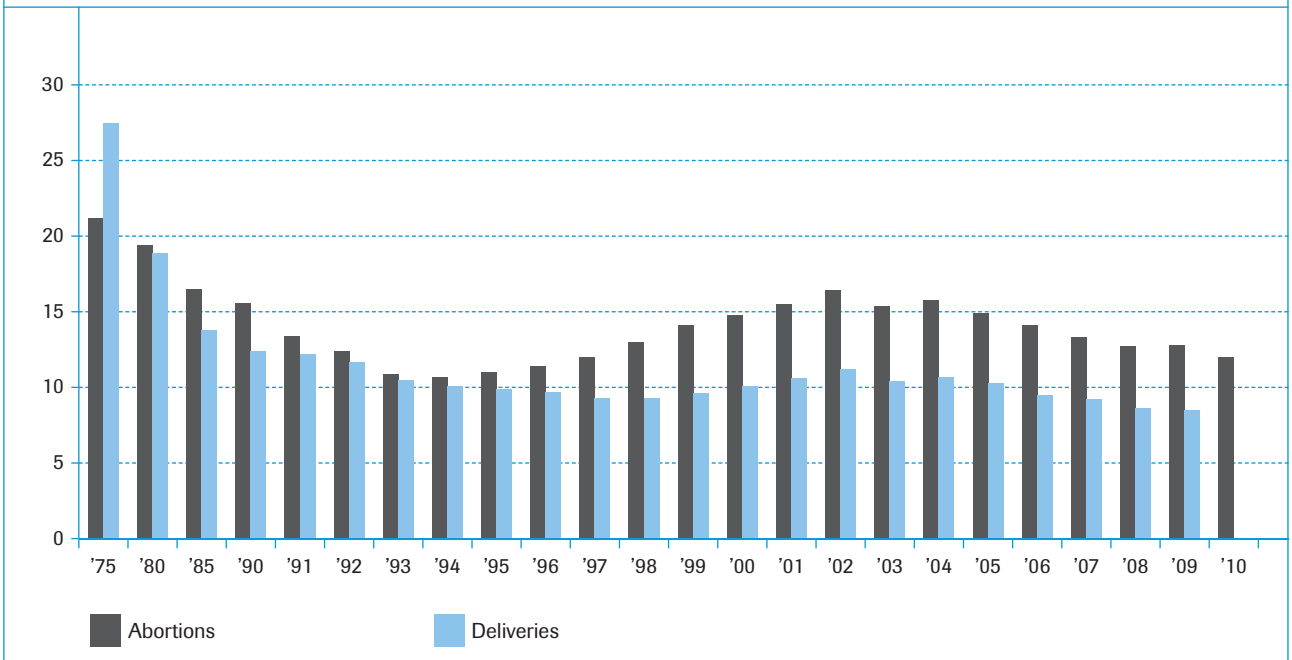
Assessment criteria for grade 8 students are among others:

Pupils will

- know the basics of sexual health, be aware of the significance of contraception and methods of contraception and be able to reflect on and justify responsible sexual behaviour;

Fig. 1

Abortions and deliveries (per 1000) in 15–19 year old girls in Finland 1975–2010



Source: http://www.stakes.fi/FI/Tilastot/Aiheittain/Lisaantyminen/raskaudenkeskeytykset/index.htm

- identify the characteristics of bullying and other forms of violence and be able to provide practical examples of preventing violence and of constructive communication;
- be able to name the most common communicable and non-communicable diseases and describe their prevention in general terms, using examples;
- be aware of essential health and welfare services available at their own school and in their municipality, be able to turn to these and use examples to describe how to act appropriately when using these services;
- be able to describe key legislation governing children's and young people's rights and the restrictions on and consequences of their actions.
- be able to name, recognise and express various emotions and describe reasons for these, providing examples of how to regulate behaviour and interaction based on these as appropriate in each specific situation;
- be able to reflect on the significance of lifestyle choices to health and justify or use examples to demonstrate everyday choices that promote health;
- know how to use key concepts relating to health and illness and use and critically assess various sources of health information.

The national core curriculum is the national framework on the basis of which the local curriculum is formulated. The education provider takes responsibility for the preparation and development of the local curriculum. The coherence of the curriculum for basic education requires cooperation among different teacher groups in drafting the curriculum. The pupils' parents are able to influence the definition of the curriculum's educational objectives. The pupils are also involved in the curriculum work.

Väestöliitto (The Family Federation of Finland) has performed extensive studies of sexuality education in schools in Finland. In 1996 and 2006, teachers answered a questionnaire about sexuality education provided. In 2000 and 2006, grade 8 students (mean age 14.8) filled in a questionnaire testing their knowledge about sexual health. In 2006 teachers from more than 500 schools answered questions, and 33,819 students, representing more than half of the schools and students in Finland. There were 75 questions in common in 2000 and 2006. In 2000, mean number of correct answers was 49.6 and 51.5 in 2006. The number of correct answers increased for girls from 53.9 to 55.1, and for boys from 45.4 to 48.3 (out of 75 questions). The extent of sexuality education provided in school correlated highly with the level of knowledge of the students, particularly for boys (summarized by Kontula/Meriläinen 2007).

As can be seen in Table 3, the total number of hours of sexuality education provided increased markedly from the year 1996 to 2006 to about 20 hours altogether in grades 7–9. Further, it shifted to an earlier age. Both changes were important. After 2002, and the gradual introduction of the new curriculum of health education, the percentage who had started to have intercourse at the age 14 and 15 decreased (Fig. 2), the percentage not having used contraception decreased (Fig. 3), and the rate of abortions among 15–19 year olds again gradually decreased, from 16.3 in 2002 to 12.0 in 2010 (Fig. 1).

We have had extensive discussions with our Nordic neighbours about having sexuality education integrated into several other topics, or as a separate subject. Integration might mean included by all teachers in all subjects; all teachers trained for this. But integration might also mean included by no teachers in no subjects, and nobody is trained for sexuality education! And no planning. Health knowledge can be a reasonable compromise. It is large enough to have teachers of its own, who are trained, able to do planning and development; and take responsibility.

Tab. 3

Mean hours of sexuality education in grades 7–9 in Finland, as reported by teachers

	1996	*2006*
Grade 7	2,5	5,9
Grade 8	4,3	8,7
Grade 9	7,9	6,2

Based on the Finnish experience, it was essential to have a clearly stated national curriculum. During the years 1994–2002 without it, sexuality education was poorly provided. It was also essential within the schools to have a specific teacher responsible for coordinating health education, interested of it, and specially trained for it. According to the study 2006, a greater variety of methods had been used. Only 4% of teachers thought it was difficult to talk about sexual matters, 80% considered it easy (Kontula/Meriläinen 2007). Teachers were given a list of 14 items regarding aims of sexuality education to rank in importance. As most important was seen the item "educate to take responsibility", and as least important "teach abstinence".

Conclusions

In conclusion, when adolescent sexuality is not condemned but sexuality education and sexual health services instead are provided, it is possible to profoundly improve adolescent sexual health with comparatively small costs. But each year new groups of young people mature, requiring new efforts. Education, counselling and services are all needed.

Fig. 2

Percentage of girls who have had intercourse, grade 8 and 9, 1998–2010

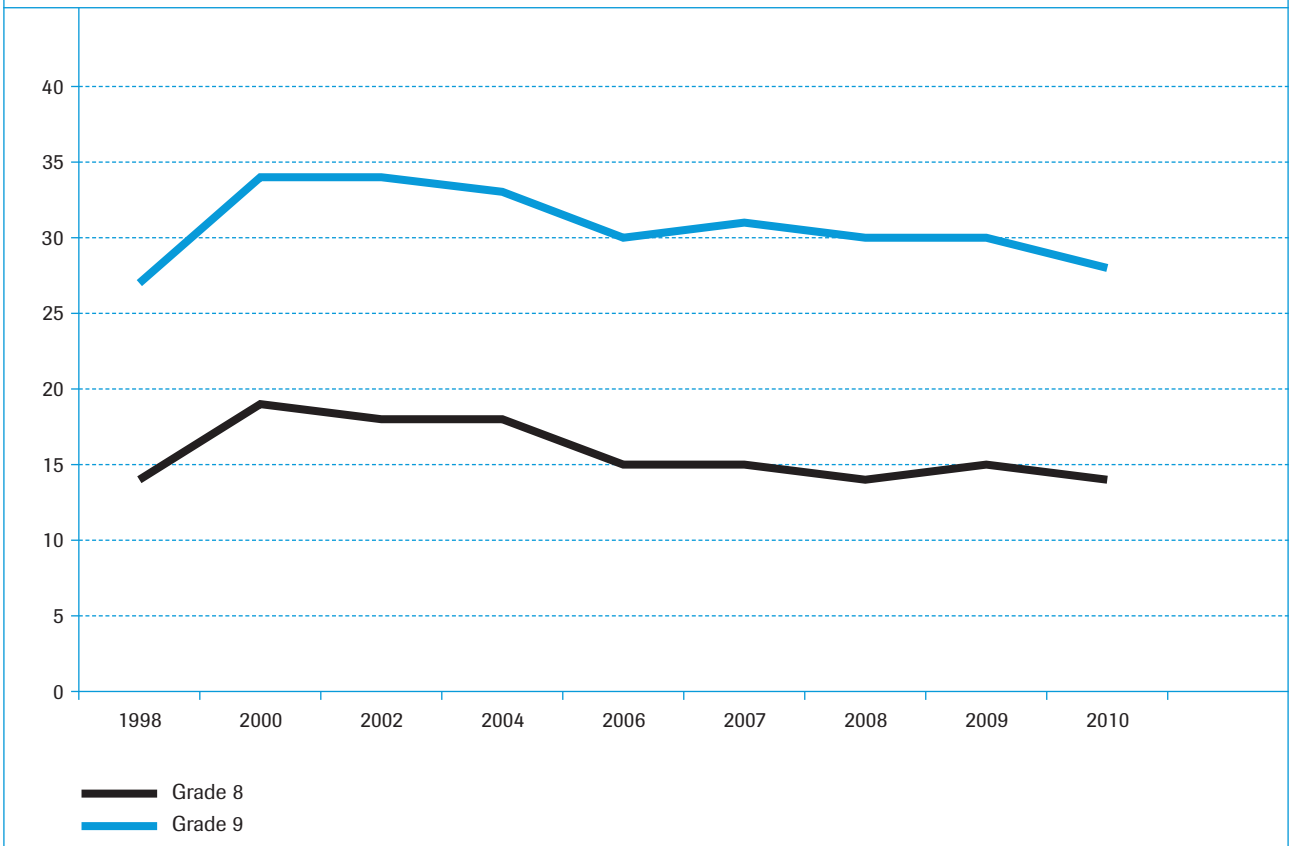
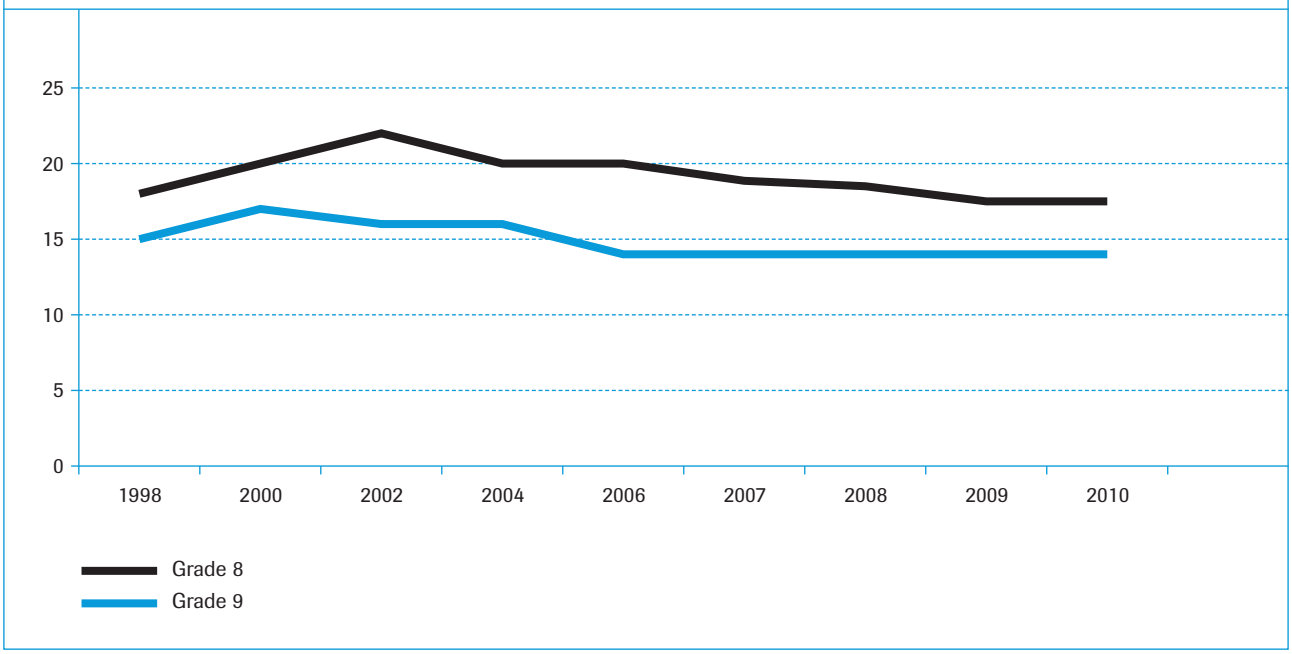


Fig. 3

Percentage of girls who did not use contraception at last intercourse



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The development and content of the school-based sexuality education curriculum in Estonia since 1990s

Kai Part

Since the mid-1990s Estonia has had an extensive program of school-based sex education, also offering parallel age-appropriate counselling for adolescents. Together, these strategies have demonstrably improved the knowledge of Estonian children and adolescents about sexual matters.

Estonia has a population of 1.34 million inhabitants (2010). There is approximately 142,000 pupils engaged in 554 general education schools. Ministry of Education is responsible for the provision of school-based sexuality education (SE). Ministry of Social Affairs has developed public health programmes.

Sexuality education before 1991

During the Soviet period there was no SE in school programs. Some enthusiastic teachers, however, talked about family planning, personal hygiene and puberty, and giving birth related topics in "Personal Hygiene" lessons. Since 1989, a lesson called "Family Studies" was introduced at the gymnasium level, where pupils were mostly recommended to avoid sexual intercourse, premarital sexual relationships were negatively looked upon and STDs and unwanted pregnancies were warningly discussed. Briefly, rare enthusiastic initiatives in the area of sexuality education were insufficient and inefficient (Kärner 1999).

Pre-curriculum activities

After regaining independence, mainly medical personnel from NGOs took the initiative to start promoting school-based SE. Although project-based and not sustainably funded, and without systematic planning and co-operation, these activities started to change attitudes and convinced target groups that school-based SE is important. Teaching materials and teacher training organised by NGOs remained for years the only source of SE knowledge for the teachers. Leading NGOs were the Estonian Sexual Health Association, (ESHA, member of IPPF; until 2005 Estonian Family Planning Association), the Estonian Association Anti-AIDS, AIDS Prevention Centre, and „Living for Tomorrow".[1] ESHA established a network of youth-friendly sexual health services which have played an important role in supporting school-based SE (see below).

Development of the national curricula

The development of school-based SE has been a part of the general education development.

The first national general education curriculum[2] for basic and secondary school was introduced by Ministry of Education (MoE) in 1996 and contained elements of SE in the new subject Human Studies, which became mandatory for all basic schools and a voluntary subject for secondary schools (and accordingly, in vocational schools which had to follow the general curriculum). The aim of the subject was to develop pupils' communication and decision-making skills, promote humanistic values, appreciate one's family and health, and promote motivation to achieve a healthy lifestyle. The development of an SE curriculum began in the early 1990s at the grass-roots level, by some enthusiastic educational scientists and medical specialists in the universities, who were worried about family life problems in Estonia.

During 2000–2002, an updated general education curriculum was developed. The reasons for updating the curriculum were:

- serious changes in society (e.g. HIV epidemic starting from year 2000),
- academic education specialists expressed the need for more integrated curriculum,
- there was an opinion that the burden of pupils' work hours should be reduced.

The Human Studies subject remained mandatory, but the number of lessons was reduced by half and no more lessons remained in grade 8. The aim was to develop holistic per-

1 An organization working in Estonia for the fight against human trafficking

2 *http://www.riigiteataja.ee/ert/act.jsp?id=174787* (Accessed in June 2011)

sonality, general humanistic values and social competence. The goal was to achieve the integration of knowledge, skills and values moving through educational levels.

By 2010, a new national curriculum has been developed after a long preparation period, which will be implemented starting in 2011.[3] Reasons for updating the Human Studies programme have been the need to increase the school's input in prevention of risk behavior, which is stressed in several political documents, like the HIV/AIDS preventive strategy, and the need to define the topics of health and SE more clearly. Human Studies will remain mandatory in the curriculum, the number of lessons will increase and the topics will be more precisely defined. The aim is to develop holistic personality and social competence in the areas of personal and social skills; physical, mental, emotional and social development; health and healthy lifestyle; prevention of risk behaviour and general humanistic values such as honesty, caring, responsibility and justice. The development of knowledge, skills and shaping attitudes at the same time is considered important.

Sexuality education – position in the Human Studies subject

SE is integrated in the mandatory subject Human Studies. Sexuality related topics are additionally addressed in Biology (human reproductive organs and reproduction). Examination on the subject is not required.

In the first two curricula it was not possible to define exactly how extensive was the proportion of SE in the Human Studies programme, because neither the 1996 nor the 2002 curriculum defined the amount of lessons dedicated to SE. Inger Kraav, the leader of the first Human Studies programme, recalled that the exact amount of SE was purposely not defined, because the authors of the curriculum wanted to avoid putting pressure on teachers, who were not used to discuss sexuality with pupils, nor had educational materials and systematic training in 1996.[4] In retrospect, it may indeed have been a good idea not to put pressure on teachers, but on the other hand this makes evaluation of SE more complicated. In addition, the 1996 and 2002 curricula gave the teachers an opportunity to freely decide how many lessons they dedicate to SE. Although the list of SE topics was listed in the curriculum and this ensured that they had to be discussed in school, but in reality there was a possibility to avoid discussing SE topics. It has been estimated that the approximate proportion of SE related topics in the Human Studies programme in 2002 basic school curriculum was 5% of the topics at grades 1–3, 20% at grades 4–6 and 30% at grades 7–9. Altogether, approximately 18% of the topics in Human Studies programme were dedicated to SE in the 2002 curriculum (Kivelä et al. 2011). As the curriculum did not specify the amount of SE, teacher training courses and availability of educational materials played an even bigger role in implementing SE than the curriculum itself.

In the new, 2010 curriculum, the horizontal integration priniciple has been maintained, but in addition the planned amount of lessons which have to be dedicated to certain topics, is added. This certainly helps to clarify the proportion of SE in the Human Studies subject and enables to evaluate to coverage of SE topics more precisely in the future.

Out of all topics in the Human Studies program four main content areas have evolved. Personal and social education stands as basis for all other three content areas (health education, sexuality education and drug education), because it enables pupils to develop social skills necessary to avoid risk taking and in that sense „serves" all three areas.

Overview of SE topics and approach

In this section, approach to SE in the basic school level is described. In the secondary school level, the curriculum contains courses of psychology and and family education, both containing elements of SE, but these are not discussed here.

In 1996, SE related topics in the basic school level could be identified in various parts of the Human Studies programme and can be summarized as follows: self-esteem and self-efficacy, communication in different types of relationships (family, friends, romantic), decision making, negotiation and conflict solving, aggression, accepting and tolerating sexual diversities, sexuality and sexual behaviour, puberty and adolescence, body image, masturbation, sexual desire, early sexual initiation and associated risks, human reproduction, gender roles and stereotypes, starting and ending relationships, STIs and HIV/AIDS, contraception, finding advice and help. Thus, it may be concluded, that the approach to SE was comprehensive according to the definition by IPPF (Braeken et al. 2010) from the very beginning and the selection of topics was wide.

In 2002, after the number of courses was reduced, the list of SE related topics was shortened (e.g. masturbation and homosexuality were left out), but the general content remained the same.

In the new 2010 general education curriculum, Human Studies starts in grade 2 and lasts up to grade 8. In every grade there is a course consisting of 35 lessons during one school-year (one lesson per week). The content of the Human Studies programme is described by mandatory and additional topics. The recommended number of lessons to be dedicated to each topic is added. The subject has a comprehensive character (knowlege, skills and attitudes) and concentric approach: the same topics are handled repeatedly throughout school levels with widening scope and complexity, taking into consideration age-appopriatedness. The main target is integration of topics in order to prevent risky behaviour in complex ways. The Human Studies program is based on the principle of life-skills/social skills education. Part of the lessons are dealing with building general attitudes and skills, and part of the curriculum is explicitly sexuality related. However, the basic attitudes and skills education is needed as a basis for the specific sexuality education.

In table 1, an overview of topics that can be defined as SE (both in the personal and social education content area and explicitly sexuality education area) are listed. Planned amount of lessons is added only to the topics that are related to sexuality education content area in the table. Planned amount of lessons attributable to SE topics related to personal and social education content area is not shown,

3 *https://www.riigiteataja.ee/aktilisa/1140/1201/1001/VV1_lisa5.pdf* (Accessed in June 2011)

4 Personal communication with Inger Kraav

Tab. 1

Selected SE realted topics in Human Studies and Biology programmes in Estonian general education curriculum (2010)

Human Studies	*Lessons per school-year**
Grade 2 (age 8): course "Human"	
WHO AM I? My personality. The differences and similarities between oneself and others. The value of every person.	
MY FAMILY. Different family types. Sharing roles and activities between family members. *A new family member (basics of reproduction).*	
Grade 3 (age 9): course 'We "	
I AND WE. My needs and others' needs. Friendship. Tolerance. Taking care of each other.	
Grade 5 (age 11): course "Health"	
PUBERTY. Physical and emotional changes during puberty. Individual variation in development over time. A positive attitude towards one's body and body hygiene. Human reproduction.	*6*
DISEASES ABD FIRST AID. Most prevalent diseases and their prevention. Infectious and non-infectious diseases. Avoiding diseases. HIV, transmission routes and prevention.	*3*
Grade 6 (age 12): course „Communication"	
COMMUNICATION WITH ONESELF. Believing in oneself. Self-esteem. Analysing one's self. Self control. Personal values.	
COMMUNICATION WITH OTHER PEOPLE. My and other people's needs. Hierarchy of human needs. Verbal and non-verbal communication. Active listening. Expressing one's emotions. Opening up in personal relationships. Aggressive, assertive and submissive behaviour.	
HUMAN RELATIONSHIPS. Effective social skills: helping each other, sharing, co-operation and caring. Tolerance towards oneself and others. Friendship. Trust in a relationship. Empathy. Responsibility in a relationship. Peer pressure. Appreciating diversities. Individual diversity. Gender diversity. People with disabilities.	
CONFLICTS. The concept and reasons for conflicts. Effective and non-effective ways of conflict solving. Coping with criticism. Negotiation skills.	
DECISION MAKING AND PROBLEM SOLVING. Different ways of problem solving. Thinking ahead of the results of one's behaviour. Decision-making.	
Grade 7 (age 13): course "Human"	
HUMAL LIFE CYCLE AND PUBERTY. Growth and development. Factors related to growth and development. Puberty and adolescence. Possibilities to influence one's life. Self-development skills and problems related. Responsible decision making.	*6*
HUMAN BEING IN SOCIAL RELATIONSHIPS. Groups and individuals, roles in a group. Rules and norms in a group. Belonging in a group – it's positive and negative sides. Caring in a group. Peer pressure and how to cope with it. Independence. Leadership and power dynamics in a group.	
SAFETY AND RISK BEHAVIOUR. Effective personal and social skills: controlling emotions, critical thinking, communication skills.	
PUBERTAL DEVELOPMENT. Early and late pubertal maturation – everybody is unique. Changing outlook. Main problems and questions during puberty. Masculinity and femininity. Gender roles and gender stereotypes. Intimace in relationships. Different relationships in relation to friendship, falling in love, dating, sexual intimace. Responsibility in relationships. Family planning and safe sex.	*8*
Grade 8 (age 14): course „Health"	
SEXUALITY AND RELATIONSHIPS. Responsibility for one's own health and wellbeing. Starting, maintaining and ending relationships. All aspects of sexuality: sexual identity, sexual development, intimate relationships, reproduction, pleasure etc. Sexual orientation. Influence of gender roles and sterotypes on behaviour and health. Sexual intercourse. Safe sexual behaviour. Contraceptive methods. Sexual rights and responsibilities of children. Avoiding sexually transmitted infections, HIV and AIDS. Where to find help. *Sexuality and law. Prostitution. Society and sexuality, moral and cultural aspects of sexuality. Safe Internet use.*	*11*
BIOLOGY Grade 8	
REPRODUCTION. Male and female reproductive organs and functioning. Maturation of ova and spermatozoa. Maintaining reproduction – sexually transmitted infections. Fertilisation, pregnancy and birth.	

* The amount of lessons dedicated to personal and social education has not been shown. Mandatory topics, additional topics.

because they are handled together with other Human Studies topics in the curriculum and the proportion of these lessons is not defined. Hence the number of lessons visible in table 1, is minimal amount lessons planned to be dedicated to SE in the new curriculum: 9 lessons in grade 5; 14 lessons in grade 7 and 11 lessons in grade 8 will be dedicated to SE per school-year. In practice, more lessons will be dedicated to SE, especially in the personal and social education content area.

In addition to the topics, the curriculum contains concrete learning outcomes (what students know, can and attitudes) – not discussed in this article.

Implementation of the curriculum

Implementation of the curriculum is the responsibility of the MoE, local governments and schools. MoE is in charge of implementing the national education and language policy in the field of basic and secondary education as well as in vocational and adult education. MoE has called experts in the field into "subject councils" (e.g. Human Studies council engages 13 experts) to advise NEQC (Estonian National Examinations and Qualifications Centre) on specific subject-related questions. Up to year 2009 subject councils had to accept all new textbooks and excercise-books, but since then this is not mandatory anymore and it is considered problematic – a publisher can publish a textbook without subject council's acceptance.[5]

Linkages with youth-friendly sexual health services (YSHS)

A comprehensive overview of the development and work of YSHS in Estonia was published by the World Health Organisation in 2009 in a series of documentation of three outstanding initiatives to provide health services to adolescents (Pertel et al. 2009).

The first YSHSs were established in the beginning of the 1990s immediately after regaining independence and the model was inspired by the experience of Sweden. The YSHSs were started in response to the high rate of teenage pregnancies and STIs and in recognition of the patronising style of traditional women's out-patient clinics that did not meet the needs of youths. Several YSHS staff members were also members of Estonian Sexual Health Association (ESHA), which organized sexual health training sessions and created SE teaching materials. The YSHS were established with local enthusiasm and different donor organisations, but continuous efforts to influence key decision-makers resulted in 2002 in approval for a five-year funding from Estonian Health Insurance Fund, which provided funding for medical services (free HIV/STI screening and treatment, contraceptive counselling and follow-up, pre- and post abortion counselling, psychological and psychosexual counselling, including counselling in cases of sexual violence for young people up to 24 years of age) and network management by the ESHA. The YSHS are now part of the "Estonian National HIV and AIDS Strategy, 2006–2015".

From the very beginning the YSHS aimed to provide both sexuality education for groups of young people and individual counselling. Thus, close contacts with local schools were created. At first, it was thought that YSHS could temporarily fill the gap in school-based SE until the latter would be fully established. Now, in 2010, as SE takes place in most of the schools, surprisingly the demand for YSHS lectures is still there. YSHS acknowledge the school's primary role in delivering SE, but they want to offer the teachers help in handling "difficult" or "medical" topics (such as sexual orientation or contraceptive methods) and in using interactive methods. Another aim is that pupils get acquainted with the place where they could come back later for individual counselling. It has been estimated that approximately 40% of 10–19-year-olds visit YSHS in order to participate in SE lectures (Kivelä et al.). The lectures are mostly free for the schools and are financed from different sources (ESHA projects, local governments, funds).

Linkages with school health service

Although mostly teachers deliver SE at schools there are some school nurses and doctors who are active in the field. In some schools, a school doctor talks about contraception and STDs to pupils in the lessons. ESHA has developed a guide for school medics (Haldre et al. 2007), which gives an overview of sexual and pubertal development, contraception, STDs and HIV/AIDS and counselling techniques.

Coverage of school-based sexuality education

There are some studies that allow to evaluate the proportion of pupils reached with the school-based SE. The proportion of ninth-grade students in 1994 and 1999 (15–16-year-olds) who responded that SE topics had been discussed at school was 53% in 1994 and 75% in 1999. More frequently and thoroughly handled topics in the respective study years were: pubertal changes (24% and 62%); family planning (19% and 55%); STIs (23% and 62%) and pregnancy (25% and 66%). Less frequently and thoroughly handled topics were: intimate relationships (6% and 14%); masturbation (1% and 6%); and homosexuality (3% and 5%) (Papp et al. 2001). According to the study in 2004–2005 SE is nearly universally implemented in basic schools in Estonia – 94% of the 16–17-year-olds and only 56% of the 35–44-year-olds admitted having had discussions on sexuality related topics at school. However, among non-Estonian respondents there were two times more 16–44 year-old women who said they had not received SE than among Estonian same aged respondents (Part et al. 2007).

In conclusion, already in 1994, i.e. two years before SE became mandatory in schools, about a quarter of students had lessons in which the most important topics of SE were thoroughly and repeatedly discussed. In the five years following, there had been a marked increase in topics discussed and lessons delivered, but some topics like masturbation and homosexuality were still taboo in 1999 (Haldre et al., fothcoming). Available data show that by the middle of the past decade the overall coverage of school SE increased among younger generations compared with older generations.

5 Personal communication with Merike Kull (head of Human Studies study council)

Summary

School-based sexuality education (SE) in Estonia was initiated by non-governmental organisations. After regaining the independence, the general innovative spirit and the concerns about rapidly rising STI rates and already existing high abortion rates provided a unique historical opportunity for the introduction of school-based SE in the new national school curriculum in 1996. The development of school-based SE and the creation of YCCs have been gradual processes, and both have been closely interlinked. The impact of both SE and YSHS is largely conditional on the availability of the other (Haldre et al., fothcoming). SE has year by year reached more pupils. SE is likely to be less established in schools with Russian as the language of instruction.

At present, sexulity education curriculum meets the criteria for comprehensive sexuality education, and has the advantages being incorporated in the mandatory Human Studies subject in an integrated curriculum.

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The Dutch Approach: starting as young as possible

Sanderijn van der Doef

In the Netherlands sexuality education in schools has some specific characteristics which contribute to a low percentage of young people with sexual problems. In this article some of these characteristics will be discussed.

The Netherlands does not have a long history in sexuality education. It may seem the Dutch schools are used to give sexuality education for a long time, this is not the fact at all. Nor was sexuality education compulsory in Dutch schools. Before the nighties of the past century, sexuality education was given in secondary schools mostly by special sex educators from Rutgers Foundation [Rutgers Stichting], the Dutch Family Planning Centre. The Rutgers Foundation (in 2010 merged with the World Population Foundation to become the Dutch international working expertise centre for sexuality and now called Rutgers WPF) started with promoting sexuality education in schools since the seventies in the past century. There were not many schools at that time where the teachers themselves were willing or able to give lessons about sexuality. But this changed since 1996. The Ministry of Education developed a list of key competences (for all subjects) students must reach at the end of their school carrier. Some of these key competences could be related to the topics of sexuality, prevention of sexual problems (unplanned pregnancies, STI's, HIV/AIDS) and relational topics, especially the competences that belong to the subject of biology and social sciences. Examples of a key competence is: nr 34: The student learns to understand the essentials of structure and function of the human body, to establish links with the promotion of physical and mental health, and learns to take responsibility.

Sexuality education in secondary schools

Secondary schools can choose their own ways of reaching these competences by choosing the books and methods that fit the pedagogic (and religious) culture of their schools the best. Because of these competences all biology books contain several chapters covering topics of sexuality, growing up and the prevention of unplanned pregnancies, STI's and HIV/AIDS. Some books discuss also emotional changes. Every school can decide if they need extra materials to cover the topics of sexuality and relationships. Some schools do (the broader method) and others keep strict to the content of biology school books (the minimum method). Because the Ministry of Education does not prescribe in a clear and structured way which topics on what age concerning sexuality must be educated to secondary school children, sexuality education is not given in a structured way (like is done for example in Finland). Therefore we cannot say sexuality education is compulsory, although the topic is discussed (in various ways, in different extent, sometimes minimal, sometimes very extensive) in all secondary schools between the ages of 12–16 years old. For this reason it is also difficult to give percentages, figures or other data about the exact extent of sexuality education in secondary schools in the Netherlands.

Sexuality education in primary schools

Concerning primary schools, the situation is even more complicated. The key competences, developed by the Ministry of Education show even less relation to subjects like sexuality and relationships then the ones in secondary schools (although recently last year the Ministry gave the assignment to adapt these key competences more focussing to sexuality issues. This will be a process of several years) . Primary schools can decide for themselves (with or without the involvement of parents) to organise some extracurricular lessons about sexuality and relationships. To support these lessons there is until now only one comprehensive curriculum available for all grades in primary schools (ranging from 4–12 years old). This comprehensive sexuality education curriculum is called Relationships and Sexuality ["Relaties en Seksualiteit"] and exists since 1996. In 2004 it was adapted after a pilot in several primary schools. At the launch in 2004 the Ministry of Health offered financial support to implement this unique curriculum in all primary schools in the Netherlands. This implementation is done by a yearly national campaign called "Week of Spring Fever" at the start of the spring season. Until now more than 700

primary schools are joining every year this campaign week in which they spend the whole week to lessons and school activities (with theatre, parents-meetings, exhibitions, etc) about sexuality and relationships from grade 1 (4 years old) to grade 8 (12 years old). Parents (mothers as well as fathers) are involved as much as possible during that week and all participating schools are offered materials and workshops how to teach lessons from the curriculum Relationships and Sexuality.

The curriculum was evaluated last year in the upper primary grades (10–12 years old) and several important outcomes are useful to mention here (Bagchus e. a. 2010).

First of all knowledge about sexuality topics was increased. Not only about topics relating sexuality and relationships but also about sexual harassment and sexual abuse. The attitude towards homosexuality increased in a positive direction. And an increase was seen in communication skills and assertiveness among the children. Students, teachers and parents are very satisfied about the curriculum.

Why should we start as young as possible with sexuality education?

Several reasons can be mentioned why sexuality education can and must start as young as possible (at school preferably from 4 years old). According to the WHO standards for sexuality education, this can be started even from 0 on by parents (WHO/BZgA 2010). Most children enter primary school at 4 years old, therefore in-school sexuality education can start as soon as children become 4 years old.

From several studies (de Graaf 2010; Cense e. a. 2010; Vanwesenbeeck 1999) we know that some important key aspects can be analysed as important for a healthy sexual development:

- ability to develop relationships based on equality, respect and empathy
- ability to communicate boundaries and wishes (how to say No and Yes)
- ability to deal with own and others emotions and needs.

These skills are especially important to prevent problems like sexual harassment, sexual abuse and to develop pleasurable relationships. Remember that a sexual relationship is in fact a specific type of a social relationship. And developing relationships (and learning how to do that) is something that occurs already at a young age.

Key attitudes in developing a healthy sexuality are:

- self-esteem and positive body awareness
- accept and respect diversity in needs, boundaries, relationships
- view sexuality as a positive, normal aspect of all human life
- view sexuality as a human right.

These attitudes are important to prevent negative attitudes towards sexuality, like fear, shame and guilt which lead to negative experiences with sexuality. The important attitude of accepting and respecting diversity includes sexual orientation and gender differences (and equalities).

Key aspects regarding knowledge are:

- basic knowledge of body, body changes and body differences
- basic knowledge of reproduction (and prevention of reproduction)
- basic knowledge of possible problems and how to prevent them.

These knowledge aspects are important to know in order to prevent myths about reproduction and sexuality, misconceptions and to prevent sexual problems, like unwanted pregnancies, sexual abuse and STI's and HIV/AIDS.

Looking at these key skills, attitudes and knowledge aspects we have to realise that all of them can be taught and discussed already at a very young age. As long as it will be done in an age and developmental appropriate way. Why should we wait until children reach (or are just below) the age of becoming sexual active? A crucial condition to remember is that all the information you give to young children should be understandable (meaning as simple as possible) and offered in a way that is in accordance with the development and experiences of the child's age. An example could be that you are not educating about the different types of condoms with 4 years old-ones, which can be part of the education program for 14 years old students. It also means that your sexuality education program should be adjusted to the questions children of that age ask. Because if they ask a question, it means children are interested to know an answer. Is it right to ignore their questions?

There are many more reasons why we should start earlier with sexuality education:

Sexual development starts at birth

We know from research that the sexual development starts from the day the child is born (de Graaf 2009/Rademakers 2000). As all other functions, skills, emotions and physical and non-physical aspects of life are starting to develop from birth, this is also the case with sexual feelings. Already in the first year of their life children start to touch their genitals and experience a specific feeling which we can call the base of sexual feelings (van der Doef 2009). Like all other feelings and emotions, the sexual feeling has to develop (by experiences and interactions with the environment) in the following years towards an adult sexual feeling in adolescence and adulthood.

Sexuality means more than reproduction (gender, feelings, etc)

Sexuality as a concept is not limited to reproduction and physiological aspects (orgasm, lust). It is a much broader concept, it relates also to gender aspects and identity, relational aspects, feelings and emotions. All of these aspects can be discussed in a simple and age appropriate way with very young children. Moreover sexuality education at a young age can promote the development of relational skills, which children are about to develop from 4–12 years old.

To respect the rights of young children

One of the important human rights claim the right of children to get information (right to get education that fits their age level; International Convention of the Rights of the Child, 1994). Children as young as 4 years old can have questions about sexuality issues. Children have the right to get proper information that is understandable and appropriate for their age.

Young children show sexual behaviour and have sexual feelings (at child level)

Several studies (Friedrich 1997, 2000; Cohen 2000; Bancroft 2003) show that children as young as 2 years old show behaviours that can be called sexual or evoke sexual feelings (touching genitals, kissing, rubbing genitals against others, watching others undressing, looking at nude pictures, etc). These behaviours cannot be ignored. On the other hand we know that negative reactions of adults can lead to feelings of shame and guilt in the child. Sexuality education at a young age should cover explanations about the normality of sexual feelings, promoting a positive attitude towards sexuality and preventing the development of taboos. At the same time sexuality education at a young age should promote the development of social values by telling the child what in his society is appropriate behaviour (in relation to touching the genitals and other childish sexual behaviour), but without condemning the (normal) feelings of the child. We also know that teaching sexuality issues (at a developmental appropriate level) is not stimulating early sexual behaviour (Mueller e. a. 2008).

Sexuality education at a young age should promote the development of certain key personal and life skills

Those life skills are assertiveness, self-esteem, positive body awareness, communication skills, relational skills, respect towards diversity in gender and sexual orientation etc., that are the foundation of healthy sexual relationships later in life.

To give alternative and correct information as replacement of media information

The media (TV, internet, magazines) send a huge bulk of images, messages and information about all kind of sexuality issues. Media are an uncensored source of information for children. They make their own interpretations of what they see and until the age of 7 years old children tend to consider what they see in the media as real, not being able yet to differentiate between fantasy and reality. Sexuality education at a young age should discuss with young children the unreality of media messages and give alternative information to the sexual messages from the media.

Sexual behaviour in upper Primary Schools

And finally, sexuality education should start earlier than secondary schools because of the fact that in some cultures we see already in upper primary some (forced or under peer pressure) sexual behaviour (Van der Doef/Bunoti 2011). Proper sexuality education before the age of first sexual activities can prevent children to experience sexual problems from engaging in sexual activities before they feel ready for it.

What subjects can be discussed in Primary Schools?

Based on our knowledge of key skills, attitudes and knowledge aspects and based on our assumptions why sexuality education should start as young as possible and finally based on what the WHO writes in their standards for sexuality education, the following theme's and subjects can be taught to children between the age of 4–12 years old:

- *Body awareness and self esteem*
  Body knowledge, body differences, body changes, puberty, masturbation, positive self, uniqueness, gender (roles), gender equality and equity
- *Relationships*
  Building and maintain relationships, aspects of healthy relationships, feelings of love and friendship, diversity in relationships and family structures, sexual orientation
- *Reproduction*
  How a baby is made and born, pregnancy, couples with(out) children, prevention of unwanted pregnancies, STI, HIV
- *Prevention sexual abuse*
  How to say no, looking for help, good and bad secrets

Some examples of sexuality education programs for young children

Rutgers WPF works both as a national and international expert centre on sexuality. This means that experts work and develop programs on sexuality education both for target groups in the Netherlands as in Asian and African countries. Rutgers WPF has 3 field offices (Indonesia, Pakistan and Vietnam) and in other countries there is collaboration with local organisations. In the Netherlands the program for primary schools is called "Relaties en Seksualiteit" [Relationships and Sexuality] and contains a great number of lessons for children between 4–12 years old. Recently the part of the program meant for the upper grades (grade 7 and 8, 10–12 years old children) was evaluated and several positive outcomes were revealed (Bagchus 2010).

From the evaluation outcomes we understand that it is possible talking with very young children of 4 years old about sensitive issues as masturbation (touching the genitals), homosexuality (people can love each other. Some men love men and some men love women. And this can be the case with women also) and reproduction (a woman has an egg in her belly and a man has sperm in his penis. When a man and a woman love each other the sperm can meet the egg and melt together to become a baby). The program is promoted during the yearly national campaign "Week of the Spring Fever".

Based on this program for primary schools in the Netherlands, a separate program for kindergarten children (4–6 years old) was developed in Indonesia together with staff members of the field office in Jakarta. The program was developed based on the outcomes of a needs assessment with teachers and parents who had many questions about how to deal with the sexual behaviours and questions of their children. Also cases of sexual abuse were reported by the teachers. The program covers many of the above mentioned theme's and subjects. Four booklets for children were developed (about gender and gender roles, about body differences, about reproduction and about prevention of sexual abuse). To explain body differences and the changes in body parts and genitals between boys and girls, men and women, and to explain the process of delivering a baby, 4 dolls were produced which can be shown and undressed by the teacher in the classroom.

The program, called You & Me, is just recently adopted by the China Family Planning Association to be implemented in China. In Indonesia, the development, piloting and implementation in 3 regions proceeded for 3 years in which a group of 20 kindergarten teachers were trained 4 times to become Master Trainers who are now able to train other

teachers. The program was evaluated positively and can be considered a success.

To talk and discuss all aspects of sexuality with children from 4 up to 12 years old in a respectful, simple but understanding way seems now a joy for all teachers, parents and children. Further longitudinal studies has to show what the effect can be on later sexual behaviour in adolescence and adulthood.

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The state of sex and relationships education in England

Lucy Emmerson

In England[1], if you ask two people "Is sex education compulsory in schools?" you may get two opposite answers. There is a lot of confusion about what is and is not compulsory in schools, and a lot of variation in the quality of what schools are currently providing. There is considerable uncertainty about what is legally required, and the quality of the various offers differs greatly. The author analyses the barriers that prevent establishment of holistic, compulsory sex education and discusses strategies to overcome them.

For a start the terminology is confusing. The term "sex education" is used in legislation and is defined as including education about HIV and AIDS and other "sexually transmitted diseases". Schools also have to teach the aspects of "sex education" contained in the National Curriculum for Science. This includes the biological aspects of puberty and reproduction.

Advocates for a broader, more comprehensive education that goes beyond the biological basics tend to differentiate between the more minimal "sex education" and the broader concept of "sex and relationships education (SRE)". The Sex Education Forum[2] defines SRE as "learning about the emotional, social and physical aspects of growing up, relationships, human sexuality, sex and sexual health". In some areas of England the term "relationships and sex education (RSE) has been adopted to show that the emphasis in on relationships first and sex second. A further layer of complication is that SRE is often taught as part of another optional subject known as personal, social, health and economic (PSHE) education.

Schools do not have any legal obligation to teach the broader subject of SRE – but every school must have a policy for sex education explaining what they have decided to teach or not to teach. The government has also produced "sex and relationship education" guidance, which encourages schools to teach about relationships, advises on teaching methods and how to deal with specific issues such as puberty, contraception and sexual orientation.

Legislation also instructs that sex education is taught in a such a manner that pupils "learn the nature of marriage and its importance for family life and the bringing up of children, and are protected from teaching and materials which are inappropriate" (Great Britain. Learning and Skills Act 2000). It is perhaps not surprising that schools remain confused, and often nervous, about what they should teach.

Unlike some other countries England has not adopted the term "sexuality education". This is partly because in usage the word "sexuality" is often narrowly equated with sexual orientation. Terminology for sex, relationships and sexuality seems to be important in England – a nation that is often uncomfortable talking about sex and yet increasingly assured of the need to provide SRE for the next generation.

What is really happening in schools?

There is huge inconsistency in the quality of SRE in English schools. In some schools SRE is completely absent or limited to a one-off lesson, in other schools there is a planned programme of SRE that is built on year by year and has weekly lessons in the timetable.

In general, schools are much more likely to teach about the biological aspects of sex than about relationships. A survey of over 1700 young people found that 92% had learnt about "the biology of sex and reproduction" but only 21% had learnt "skills for coping with relationships" (Sex Education Forum 2008a).

Some schools are failing to teach the few aspects of the curriculum that are compulsory. A recent survey found that one in four young people had not learnt about HIV and AIDS in school (Sex Education Forum 2011). This is despite the fact that all secondary schools[3] have a legal duty to teach about HIV and AIDS.

When asked to give a rating for the quality of SRE at school, just under one in three young people (28%) described their SRE as bad or very bad (Sex Education Forum 2011).

Ofsted (the Office for Standards in Education, Children's Services and Skills) which inspects schools in England has repeatedly commented on the patchiness of SRE provision.

1 This article focuses largely on England, references to the UK appear in relation to certain reports and institutions that have a UK-wide remit.

2 The Sex Education Forum is a collaborative membership body hosted by the charity NCB.

3 Secondary schools provide for pupils aged 11–16

Tab. 1

Think about the sex and relationships education (SRE) you have had at school. Was it ...

Answer Options	*Response Percent*	*Response Count*
very good	11.6%	92
good	21.3%	169
OK	39.0%	310
bad	15.2%	121
very bad	12.8%	102
	answered question	*794*
	skipped question	*27*

Most recently Ofsted visited 92 primary schools[4] and found that in many cases the topic of growing up was not properly discussed or taught until late in the final year of primary school when pupils are 10 or 11 years old (Ofsted 2010). Ofsted also visited 73 secondary schools and described SRE as "good or outstanding" in 48 schools, as "satisfactory" in 22 schools and "inadequate" in 3 schools.

The sentiment shared by young people and Ofsted is that SRE is often too little, too late and too biological. The inequity of this situation is summed up by one young person: "It is not fair that different schools tell people different things or nothing at all!". External opinion from the UN Committee on the Rights of the Child's concluding observations on implementation of the UNCRC in the UK (2008) noted the inadequacy of SRE and recommended that "the State party intensify its efforts in order to provide adolescents with appropriate reproductive health services, including reproductive health education, in school" (UNCRC 2008 p. 14).

Is there support for SRE in schools?

There is a strong foundation of support amongst parents, school leaders and teachers in favour of the provision of SRE at school. Most parents (84%) believe that school AND home should be involved. A small percentage of parents (6%) believe that SRE should be taught only at school and 7% believe it should only be taught at home (Durex and others 2010). Although parents have the right to withdraw their children from SRE taught outside National Curriculum Science, data from Ofsted (2002) suggests that less than 1% of parents actually withdraw their children from SRE. There is also evidence that many parents are failing to fulfil the role as sex and relationships educators that they aspire to at home, as this comment illustrates:

"Most parents give the 'birds and bees' talk when they feel ready not when the child is ready which seems really weird and parents get embarrassed and tend to give up!" (Young person responding to Sex Education Forum survey 2008)

In recent years the voices of children and young people have come to the fore in demanding better SRE. Young people had a major influence in 2007, when the UK Youth Parliament surveyed over 20,000 young people about their experience of SRE (UKYP 2007). Their report "SRE: Are you getting it?" led to the government undertaking a review of SRE, which the then Minister for Schools described as "a direct response to concerns raised by young people" (DCSF 2008a).

As a result of the government review, legislation was tabled to make PSHE (including SRE) compulsory in schools. But the Bill fell through in the weeks leading up to the UK general election in 2010. The new coalition government have stated their support for the concept of SRE stating that "children need high-quality sex and relationships education so they can make wise and informed choices" (Department for Education 2010). The new government now plan another review of PSHE (including SRE) but have not indicated any commitment to changing legislation.

What are the barriers to good quality SRE?

Given the high level of support for good quality SRE in schools and at home it is perhaps surprising that provision remains so variable. Three barriers are examined below. These are based on the experience of the Sex Education Forum informed by dialogue with a range of stakeholders including the media, politicians, school staff, parents and young people.

1. Misunderstanding what SRE involves

There is considerable misunderstanding about what exactly SRE in schools involves. Because the word "sex" is often taken in a narrow sense to mean "sexual intercourse" concern has frequently been voiced that SRE in primary school literally means "teaching five year olds how to have sex". A recent report from the Christian Institute entitled "Too much too young" (2011) criticizes local councils and the Sex Education Forum for promoting the use of teaching resources described as "explicit". These resources include children's books with cartoon drawings of naked men and women.

2. Fear that SRE will sexualize children

Some people are fearful that SRE will spoil children's innocence and encourage sexual activity at a young age. Concern that children are becoming increasingly sexualized at a young age is reflected in the commissioning independent reviews of sexualisation – one in 2010 and another in 2011. The Christian Institute report "Too much too young" expresses a concern that explicit resources will sexualize children. And a recent "10 minute rule Bill" on Sex Education presented by MP Nadine Dorries (May 2011) proposed introducing additional "Required Content" about the benefits of abstinence from sexual activity to be taught to girls aged 13–16. The sexualisation of children, and in particular of girls, was a key theme in the debate that followed in the House of Commons.[5]

4 Primary schools provide for pupils aged 4–11

5 How difficult it is to implement in Great Britain a holistic form of sex education oriented not solely toward risk aversion may be seen in a contribution by Roger Ingham "Putting pleasure into policy" published in BZgA (Ed.): Forum Sexuality Education and Family Planning 2/2010, pp. 42–45. – Ed.

3. Lack of teacher competence

The quality of SRE in schools is seriously limited by teacher competence and confidence. Young people have repeatedly highlighted the problem of teacher embarrassment and lack of knowledge (for example Sex Education Forum 2008a and 2011). Research with teachers in England has found knowledge levels wanting; in one study many teachers were confused about the difference between HIV and AIDS with six % failing to identify HIV as a sexually transmitted infection (Westwood and Mullan 2007). Teacher training does not necessarily include any content on SRE and only very few teachers (3%) reported that SRE was covered adequately in their "Initial Teacher Training" (Sex Education Forum 2008b).

Institutions that support good quality SRE

The voluntary sector and the Sex Education Forum

An active voluntary sector[6] has lobbied for improvements to SRE in England for decades. The Sex Education Forum is a collaborative membership body hosted by the charity NCB. The Forum was established in 1987 in an era of great negativity towards sex education and has grown and developed through a time of cultural shifts and policy changes.

The Sex Education Forum represents diverse organisations that share a belief that all children and young people are entitled to good quality SRE. There are currently 55 core members of the Forum – all are national voluntary sector organisations. These organisations have a range of interests including children, parents and family, disability, education, health, faith and values. The Forum speaks on behalf of members in policy and the media, providing a neutral and balanced voice. Members must be in agreement with a set of values and principles for SRE. These include that SRE should:

- Be accurate and factual, covering a comprehensive range of information about sex, relationships, the law and sexual health, in order to make informed choices. In schools this should be part of compulsory curriculum provision;
- Be positively inclusive in terms of gender, sexual orientation, disability, ethnicity, culture, age, religion or belief or other life-experience particularly HIV status and pregnancy;
- Be relevant and meet the needs of children and young people, and actively involve them as participants, advocates and evaluators in developing good quality.[7]

The Sex Education Forum supports member organisations by providing up-to-date information about SRE practice, policy and evidence. Face to face meetings create an opportunity for networking across the sector and regular e-mail communications serve as a reliable source of information on news stories, new research, policy developments and practice sharing. For small organisations and those with only a peripheral interest in SRE the Forum is a vital means of participating in policy. For example, Sex Education Forum responses to government policy consultations carry the names of the 55 member organisations, thus amplifying the consensus in support of SRE from across the voluntary sector.

Some voluntary sector organisations have a direct role in supporting schools, for example through direct classroom teaching input, which may be offered free or for a charge. Further information about voluntary, statutory and private sector organisations taking a role as "external visitors" supporting schools with SRE can be found in the Sex Education Forum guide "External visitors and sex and relationships education" (2010).

Statutory organisations

Nationally, the Department for Education is the key driver for allocating resources and shaping policy relating to SRE. The 10 year "Teenage pregnancy strategy" (2000–2010) provided an important context for assessing the needs of children and young people and evaluating and extending the evidence base for SRE. The strategy was prompted by the high rates of teenage conception in England and the UK; the UK had the highest rate of teenage conceptions in Western Europe according to a 2007 report (UNICEF 2007).

Ofsted are charged by the government with regulating and inspecting schools. SRE forms a very small part of school inspection. Periodically Ofsted produce subject reports on SRE and PSHE, which provide a snapshot of provision in a number of schools and give recommendations for all schools. The Qualifications and Curriculum Development Agency (QCDA) produced a non-statutory programme of study for PSHE education including SRE. This sets out content and concepts for SRE at each educational stage in primary and secondary school. However, this government agency is due to close as part of government education reforms.

England is divided into approximately 150 local authority areas. Each local authority can determine a level of resource to support schools in the area with specific school improvement issues such as SRE provision. Support takes a variety of forms including teacher training, school governor training, and development of SRE teaching resources. Specialist SRE advisors in a number of local authority areas have reported recent job losses and resource cuts especially since April 2011.

How can SRE in England improve?

Responding to the three barriers discussed above and the range of institutions involved in supporting good quality SRE this final section looks at three strategies that could be significant in improving SRE in England.

1. Communicating the evidence base

The fear that SRE will encourage sexual activity can readily be countered by the clear evidence to the contrary. Since academic evidence is often inaccessible for non-academic audiences the Sex Education Forum has produced an evidence briefing summarizing the international evidence on SRE and explaining that there is strong evidence that young people who have sex education that starts early and covers a broad range of topics are less likely to have sex at a young age and are more likely to use contraception or condoms. This information can be used to inform dialogue about SRE. For example, head teachers can refer to the evidence base in communications with parents and governors about SRE;

6 The term "voluntary sector" is used to denote "non-governmental organisations" or "charities"

7 The full set of values can be found at *www.sexeducationforum.org.uk/values*

policy-makers can consider the wider public health benefits of investing in school SRE; myths about SRE can be more effectively tackled in the media.[8]

2. Confidence about the majority support for SRE
Numerous surveys have confirmed the widespread support for SRE in England, yet many key decision-makers such as Head teachers, school governors, local Councillors, MPs and Ministers lack confidence that they will have community support if they champion improvements to SRE. Sometimes a localized approach is needed, for example a survey of parents within a locality about their views on SRE with findings publicized through a range of media.

Because the quality of SRE can vary so much from school to school it is also helpful for schools to audit their SRE individually. The Sex Education Forum toolkit "SRE: Are you getting it right" (2008c) includes a set of participatory activities that enable pupils to evaluate their experience of SRE at secondary school. The views of younger children can also be influential in getting support for changes to SRE as the case-study below demonstrates:

> **Case-study: Consulting parents and children about SRE**
> The first step in updating the SRE policy at a Catholic Primary School in Birmingham was to inform parents and invite their input. The school also wanted to get the views of children across all year groups. Parents gave permission for their children to be involved in the focus groups. Children were asked about their knowledge on topics such as growing up and where they got their information. The school then arranged a parents' discussion group and shared what the children had said and explained the legal responsibilities that schools and parents have for SRE. The views of parents and children were shared with staff and a new policy was then written with support from the Birmingham Health Education Service. This will be shared with governors for their approval.

Local councils in England carry out "Overview and Scrutiny Reviews", which are a mechanism to hold the Council to account for their performance. An Overview and Scrutiny Review of SRE carried out in Birmingham was prompted because youth representatives on within the Council raised the issue of SRE quality in the city. The review provided a platform to gather views from local stakeholders and the energy and leverage to improve SRE in the city. It has also put SRE clearly on the Council agenda. This engagement is evidenced in the preface of the review report from Councillor Jon Hunt:

"To sum up the findings, the barriers to good education on relationships and sexual health do not only lie in institutions. They lie in reticence, embarrassment, confusion and misconceptions. Whether you are Christian, Muslim, atheist, agnostic Sikh or of another belief, it is possible to deliver and receive good education and support in these areas during your youth."[9]

Similar processes to generate confidence are needed at a national political level. The review of PSHE education (including SRE) promised by government might provide this mechanism.

3. Supporting teachers and parents with training and advice
Given the poor starting point, opportunities for teachers to attend specialist SRE training are invaluable. As one secondary teacher explains: "SRE is only as good as the staff who deliver it". Prior to the change of government in 2010 a national programme of specialist PSHE training for teachers was funded by government. The aim was that every school would have at least one teacher who had undergone the national programme. The programme is still available but schools must pay for the service directly. Specialist SRE training is also available from a number of voluntary sector organisations.

Teachers have often asked the Sex Education Forum for advice about what is appropriate content for SRE at different ages. For example, "Should contraception be mentioned in primary school?" and "Is it acceptable to use correct medical terminology for genitalia with six year olds?". In response a curriculum design guide is now available from the Sex Education Forum web-site. This sets out suggested questions to explore with children and young people from age 3 to 16+. For children aged 3–6 years teaching is centred around issues like "where do babies come from", "why are girls' and boys' bodies different" and "which parts of my body are private". The aim of this guide is also to dispel myths and extend understanding about what SRE really involves.[10]

So in conclusion, the state of SRE in England is not good enough. Listening to the views of children and young people can be instrumental both nationally and locally in levering change, but decision-makers also need confidence about the evidence base and popular support for SRE and must then make an investment in teacher training.

8 The Sex Education Forum briefing "Does sex and relationships education work?" (2010) can be downloaded from *www.sexeducationforum.org.uk/evidence*

9 Further details from *http://www.ncb.org.uk/sef/practice/west_midlands/birmingham_review.aspx*

10 The curriculum design guide can be accessed from *http://www.ncb.org.uk/sef/resources/curriculum_design.aspx*

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Concepts of sexuality education in Spain

Felipe Hurtado Murillo, María Pérez Conchillo

This contribution introduces models of sex education and discusses their relevance to health policies in Spain. It is particularly critical of the fact that the teaching of facts is still considered more important than the teaching of the biological aspects of sexuality. It suggests implementing a more holistic sexual education in the future.

Introduction

If we start from the premise that human beings are not inherently sexual but are simply born as sexed beings and that, rather than having instincts, we have to learn all our behaviour, then the human sexual function does not escape the laws of learning. And yet the fact that sexuality is the subject of beliefs, values and social norms means that it has historically borne the weight of prejudice and negative attitudes.

In order to guarantee the development of a healthy and risk-free sexuality, however, sexual rights need to be recognised, promoted, respected and defended in all societies, using all means possible.[1] One such right is the right to a comprehensive sexuality education based on scientific knowledge, which, in turn, enables the right to take free and responsible reproductive decisions and to enjoy other sexual rights (Borrás Valls/Pérez Conchillo 1997).

Providing sexuality education and promoting sexual health implies adopting an holistic approach to the needs assessment, planning, implementation and evaluation of health and education programmes in order to target different population groups efficiently.

The World Association for Sexual Health (WAS) has designed international standards of practice aimed at providing parameters for education professionals and regulatory bodies throughout the world when setting educational objectives and designing curricula, in addition to offering a tool with which to evaluate the training of specialist sexuality educators (Asociación Mundial para la Salud Sexual 2009).

The United Nations Educational, Scientific and Cultural Organization (UNESCO) recently published a document on "levers of success", based on case studies of national programmes from countries in Asia, Africa and Latin America and the Caribbean. This document outlines the conditions and actions that have been seen to have a positive impact on the possibility of establishing or providing sexuality education (UNESCO 2010).

It begins by stating that an effective sexuality education offers young people information that is appropriate for their age, relevant from a cultural viewpoint and accurate from a scientific one. It should also provide them with structured opportunities to explore attitudes and values and to practise the skills they will need if they are to be capable of taking informed decisions with regard to their sex life.

For its part, the World Health Organization's Regional Office for Europe (WHO) and the Federal Centre for Health Education (BZgA) have produced a document on standards for sexuality education in Europe (WHO Europe/BZgA 2010). These standards indicate what children and young people of different ages should know and understand, what situations or challenges they should be able to handle at particular ages and which values and attitudes they need to develop. The document outlines the following principles on which sexuality education should be based:

1. Sexuality education needs to be age appropriate with regard to the young person's level of development and understanding, culturally and socially-responsive and gender responsive.
2. Sexuality education must be based on a human rights approach.
3. Sexuality education must be based on a holistic concept of well-being, which includes health.
4. Sexuality education must be firmly based on gender equality, self-determination and the acceptance of diversity.
5. Sexuality education must start at birth.
6. Sexuality education has to be understood as contributing to a fair and compassionate society by empowering individuals and communities.
7. Sexuality education has to be based on scientifically accurate information.[2]

1 Promoción de la salud sexual. Recomendaciones para la acción. Actas de una reunión de consulta convocada por: Organización Panamericana de la salud (OPS) y Organización Mundial de la Salud (OMS), en colaboración con la Asociación Mundial de Sexología (WAS). Antigua Guatemala, Guatemala, 19 al 22 de mayo de 2000

In our social environment, the school – with its empowering and largely equalizing role in developing all of an individual's different skills – is the institution responsible for providing an education that will enable people to effectively integrate into the social fabric (Hurtado Murillo 2010). Such concepts are enshrined in the Spanish Constitution (Article 27[2]).[3] Different education laws have been passed and these form the regulatory framework for providing sexuality education as an integral part of the school curriculum.

Historical Background to Sexuality education

The introduction of sexuality education into schools coincided, in the majority of Western European countries, with the development of modern methods of contraception, particularly the "pill", and the legalization of abortion in many countries during the 1970s and 1980s.

The way in which sexuality is perceived in Spain has undergone a considerable transformation over the last 40 years; this transformation has not, however, been accompanied by public policies aimed at providing an integral concept of sexual health.

Through the Department of Health and Social Policy's National Strategy for Sexual and Reproductive Health, the Spanish government has established both a technical committee and an institutional committee, and all the country's autonomous communities (CCAAs) and cities with autonomous status (CEAs) are represented on this, with the aim of designing the course of action for sexual health.[4]

As an initial way of gathering information, an exploratory "online" questionnaire was produced, the results of which were used to obtain a baseline image of sexual and reproductive health care in each of Spain's regions.

It emerged from these results that, although there were some regional variations, each of the CCAA s and CEAs were, to a greater or lesser degree, implementing plans, programmes, protocols or guidelines related to sexual and reproductive health, and undertaking actions related in most cases to the sexual and emotional education of young people, emergency contraception, telephone information provision and HIV prevention.

Sexuality Education Models

Depending on a particular society and culture's concept of education and sexuality, a model of sexuality education is established that is consistent with, and which preserves and perpetuates, these concepts (Barragán/Bredy 1996).

Similarly, as concepts of sexuality have evolved over time, models of sexuality education have emerged that are consistent with these beliefs.

Since the second half of the 20th century, as in other Western countries, there have been up to four identifiable models of sexuality education in Spain and these have, to a greater or lesser degree, co-existed alongside each other, each involving different ways of reacting to sexuality. In actual fact, only three of them have truly been applied: the moral or traditional model, the risk or prevention model, and the biographical/professional or integrative model. A fourth model, called the model for the sexual and social revolution, never really became established.

1. Moral model

This emerged as a reaction on the part of conservative institutions to other methods of imparting sexuality education. Its aim is not to provide sexuality education but rather to silence it. It is known by a variety of names: abstinence-only sexuality education, education for love, marital education or education for respect, among others.

This model relies on customary attitudes of prohibition, fear, sin and danger in relation to sexuality. It argues that sexual conduct is only legitimate within a heterosexual marriage, and then only for the purposes of procreation, thus condemning any sexual manifestation that takes place outside these boundaries, vilifying premarital relations, homosexuality and masturbation.

Its main objectives are: to promote abstinence as the only safe method of preventing the risks deriving from sexual activity, to prepare young people for marriage and to build character and a desire not to succumb to sex before marriage.

In defending their model, its proponents attack the ineffectiveness of other sexuality education models, manipulating data and statistics in order to hold these models responsible for the increase in unwanted pregnancies and sexually-transmitted infections.

They believe that responsibility for sexuality education lies primarily with the family, with the school playing a supportive role, provided that the stated ideological principles are scrupulously followed.

2. Risk model

Also known as the preventive or medical model, this emerged as a social need in order to prevent the risks resulting from sexual activity.

This model is based on an understanding of health as simply an absence of illness and hence sexuality is worthy only of attention when a problem arises or when there is a risk of illness or infection. Sexuality education aimed at improving the interpersonal well-being and quality of life of individuals is consequently not a priority objective, the main objective being to avoid the health problems that may result from sexual activity: sexually-transmitted infections (STI) and unwanted pregnancies, along with all the ensuing social, economic and personal consequences.

Its technical vision addresses the risks without offering any moral consideration of sexual conduct, although it does permit the explicit association of sexuality with the idea of danger. It thus focuses on imparting technical information on risk behaviour, the consequences such behaviour may entail and possible methods of prevention.

The main forms of intervention used are advertising campaigns aimed either at the population as a whole or at specific target groups, along with strategies for the training of professionals, informal talks in schools, condom distribution campaigns and the founding of dedicated associations, centres and help lines. Both the Spanish government – through the Departments of Health, Social Affairs and Education – and the governments of the autonomous communities implement these actions.

2 see also the article of C. Winkelmann in this issue. – Ed.

3 Constitución española. B.O.E., nº 311.1, de 29 de diciembre de 1978

4 Estrategia Nacional de Salud Sexual y Reproductiva. Ministerio de Sanidad y Política Social 2010

The intervention methodology is basically a directive one, the professional playing a very active role in indicating what should or should not be done while the pupil adopts a passive role of mere receiver of information.

The medical model represents only a small improvement on the moral model given that, behind its obviously scientific approach and more permissive attitude, liberating sex from the secrecy and silence of the moral model, it turns the concept of sin into the modern idea of danger and illness, painting sex as the source of all evil.

3. Biographical/professional or integrative model

This model emerged in Sweden in the 1950s and gradually spread to other European countries.

It has made a number of changes possible, in particular: scientific progress on sexuality, the secularization of society, the application of basic social freedoms and a tolerance of diversity.

This model is based on a positive concept of health in general, and sexual health in particular, both being understood as essential elements in promoting personal well-being and quality of life, as well as erotophilic attitudes towards sexuality.

Its reference framework is formed of human rights, sexual rights, women's rights, the rights of the child, and the different international standards.

Its main objective is to achieve personal well-being and quality of life through sexual identity and biography, encouraging both an acceptance of one's own sexual identity and the learning of knowledge, attitudes and skills at different stages of developmental progress, dealing with the different possibilities of sexuality at each age. Its content is consequently focused on sexual and gender identity, self-esteem and social skills, emotions and feelings, emotional relationships, sexual conduct and the main methods of preventing unwanted pregnancies and STIs.

This form of sexuality education takes place first and foremost through home-school cooperation, albeit with clearly differentiated roles for the educationalist and the family, as well as through different informal community centres and institutes, ensuring that sexuality education reaches all members of society regardless of their age and personal characteristics.

It uses an active and participatory methodology in which the students play a decisive role in their own learning process.

4. Model for the sexual and social revolution

This model first emerged in Vienna and was associated with the Sex-Pol (sexuality and politics) youth movement created by Reich in the 1930s on the basis of the thinking of the Freudian left, which incorporated the ideas of both Freud and Marx (Reich 1974). It is based on the premise that the sexual revolution is an essential precondition for the social revolution, and vice versa.

It advocates sexuality education in schools, free access to contraception, the right to abortion and the provision of places where young people can have sexual relations under appropriate conditions.

This model of sexuality education never became truly established, although it represented a significant change from the moral and risk models that preceded it, by encouraging a true sexual and social liberation.

Sexuality Education in Spanish Legislation

As in other countries with a similar socio-economic environment, the history of sexuality education in Spain is characterized by the existence of laws that permit but do not guarantee the provision of sexuality education in schools and which respond exclusively to risk prevention rather than to a firm interest in integral education.

Two models of sexuality education were used in our country since the 1970s, the conservative or moral model, used in many religious schools, and a more progressive model (model for the social and sexual revolution), implemented within local associations, family planning centres and feminist groups, as well as in schools, by educational professionals heavily involved in issues of political and social change following the years of the Franco regime.

During the 1980s, with the enactment of the Spanish Constitution[5] and the Right to Education Act[6], freedom of teaching was encouraged, along with the independence of educational institutes. Article 2 of the Preamble to the Act included the need for an integral education that promoted both intellectual and moral aspects, aimed at the harmonious development of a pupil's personality.

Although the legislation at that time lay down the minimum legal conditions for enabling educational institutes and the teaching profession to introduce sexuality education, such education was not in fact established given that neither the sufficient means nor the sufficient resources were provided and educationalists were neither motivated nor provided with any kind of specific training (Lameiras Fernández/Carrera Fernández 2009).

The 1990s were marked by a reform of the Spanish education system, aimed at including the rights recognised in the Spanish Constitution and adapting the system to that of Europe, thus enacting the General Law on the Education System (LOGSE).[7]

The educational objectives of this legislation included providing pupils with a social and moral education by means of a non-discriminatory system aimed at ensuring the equality of individuals and opening up the school to its surrounding environment and to cultural progress in all its manifestations. Although the term sexuality education was not explicitly used, it seemed logical that, to achieve these goals, sexuality education would have to be included consistently within these principles. Throughout the almost two decades in which this law was applied, however, these educational aims never materialised into anything more than good intentions. In any case, the educational content focused merely on reproductive aspects, overlooking pleasure, communication and identity.

In more recent years, since the turn of the century in fact, there has been little progress with regard to sexuality education within schools. Two education bills were tabled in a matter of scarcely five years, one by the conservative government and one by the subsequent socialist government.

5 Constitución española. B.O.E., nº 311.1, de 29 de diciembre de 1978

6 Ley Orgánica 8/1985, de 3 de julio, Reguladora del Derecho a la Educación (B.O.E., nº 159, de 4 de julio de 1985)

7 Ley Orgánica 1/1990, de 3 de octubre, de Ordenación General del Sistema Educativo (B.O.E., nº 237, de 4 de octubre de 1990)

The Quality of Education Act (LOCE)[8] continued to use sexist language and sexuality education was not explicitly mentioned in any part of the legislation, there being minimal implicit allusions to it. The Act's principles included equity, insofar as it guaranteed equal opportunities for personal development, plus the capacity to impart values that promote personal freedom, social responsibility, and the cohesion and improvement of society.

The guidelines proposed for all levels of the educational system profiled a sexuality education which could largely be provided from within the natural sciences, from a biological and reductionist perspective, or as a religious option offered by the moralist and conservative model.

The Education Act (LOE)[9], which is the legislation currently in force, draws on principles of equality, educational inclusion and non-discrimination, the transmission and implementation of values that promote personal freedom, responsibility, democratic citizenship, solidarity, tolerance, equality, respect and justice. This legislation also highlights the need for education on conflict prevention and peaceful conflict resolution, along with non-violence in all areas of personal, family and social life.

The full personal and emotional development of the pupil is stressed, along with education on fundamental rights and freedoms and real equality of opportunities between men and women, plus a recognition of emotional/sexual diversity.

Yet again, however, the level-based content stresses biological aspects, over-emphasizes the reproductive function and reduces sexuality to heterosexual intercourse, addressing it from a preventive model that highlights its risks.

More recently, Heading I, Chapter I of the Organic Law 2/2010 of 3 March on sexual and reproductive health and elective abortion[10] has stated with regard to public policies on sexual and reproductive health that, when implementing their health, education and social policies, the public authorities must ensure that sexual, emotional and reproductive information and education is included in the formal content of the education system by means of an integral health education based on a gender perspective of sexual and reproductive health. Chapter II stipulates the training of health professionals and Chapter III states the educational measures by which training in sexual and reproductive health must be provided.

It is clear that the Law recognises and encourages such education, but does not guarantee it. This is why the extent to which it is implemented clearly differs from one autonomous community to another, and is not the same for the whole population. The results obtained from the situation analysis noted regional variations in sexual health care and, consequently, in the implementation of sexuality education programmes.

Current Sexuality Education Model

The current model of sexuality education in Spain is characterized more by its silence and secrecy than by what is explicitly taught. Sexuality is either eliminated from the school curriculum or addressed exclusively from its biological or health aspect. This dual stance is based on a social and cultural legacy of sexuality that has been passed down the generations and which continues to rely on biological myths of genital fixation, heterosexuality and procreation (Font 1990; Barragán 1995; López Sánchez 2005).

The moral/conservative model and the risk/prevention model currently co-exist side by side. In addition, the biographical/professional model, also known as the integrative model, is gaining ground among numerous sexuality education professionals. This continues to be the exception rather than the rule, however, as more professionals with a background in sexology, trained to implement sexuality education programmes based on this model, are still needed.

The sexuality education that is being conducted is aimed almost exclusively at teenagers and young people, commencing at the age at which coital activity begins, thus reproducing genitally-fixated, reproductive and heterosexist myths. In contrast, the sexuality education needs of children and the elderly, not responding to the demands of reproduction, have received scant attention. The same can be said for adults who, apart from one-off responses in terms of emergency prevention or family planning, can legitimately engage in sexual conduct on the basis of previously taught genitally-fixated and biological imperatives. In addition, there is a lack of attention given to sexuality education for vulnerable groups, such as the disabled or immigrants.

The social need for education that helps reduce the risks of unprotected sexual activity has led to a proliferation of programmes which, from a primarily preventive approach, have been aimed exclusively at preventing unwanted pregnancies, sexually-transmitted infections and acquired immunodeficiency syndrome (AIDS). Such a model still forms the most common educational approach to sexuality education in our country and, more generally, much of the Western world.

8 Ley Orgánica 10/2002, de 23 de diciembre, de Calidad de la Educación (B.O.E., nº 307, de 24 de diciembre de 2002)

9 Ley Orgánica 2/2006, de 3 de mayo, de Educación (B.O.E., nº 106, de 4 de mayo de 2006)

10 Ley Orgánica 2/2010, de 3 de marzo, de salud sexual y reproductiva y de la interrupción voluntaria del embarazo (B.O.E., nº 55, de 4 de marzo de 2010)

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Sexuality education in Germany

Uwe Sielert

This article gives an overview of the situation of sexuality education in Germany, providing information about areas of responsibility and approaches, the vital role of the Federal Centre for Health Education, academic activity in the teaching of sexuality information, school-based and non-school-based sexuality education and the aspects of professionalization and quality assurance.

Concepts and responsibilities in political and academic discourse

The term "sexuality education" in the title of this article is the English term (translated by the Federal Centre for Health Education [Bundeszentrale für gesundheitliche aufklärung, BZgA] as Sexualaufklärung), referring to a wide-ranging and holistic concept based on sexual health and rights: "Sexuality education keeps pace with the child's own development and is culture-sensitive and gender-sensitive. It provides scientifically proven information about all aspects of human sexuality and about access to advice and assistance. Sexuality education based on human rights, gender equality, respect, responsibility and the acknowledgement of diversity conveys values and attitudes about sexuality, contraception and sustainable relationships" (Winkelmann, 2011: see p. 37 of this issue). The term Sexualaufklärung is synonymous with Sexualerziehung, more commonly used in the German specialist literature; both are used to translate the internationally widespread term "sexuality education".[1]

The two terms, Aufklärung ["enlightenment"] and Erziehung ["upbringing"] straight away reveal the conflict between the rights of parents and State and the educational responsibility of the school – a hotly disputed issue, particularly in Germany, and one which also has constitutional implications – which has flared up over and over again in relation to this fundamental element of human development. Sexuality education "proper", which deals with issues such as the "ethical, social, psychological, health and economic problems of relationships and marriage", was originally part of the natural right of parents to bring up their child as they saw fit (recommendation of the Standing Conference of the Ministers of Education and Cultural Affairs of the States of the Federal Republic of Germany [Kultusministerkonferenz, KMK] 1968; Federal Constitutional Court decisions 47, 46 and 67). In school-based teaching about sexuality [Sexualkunde] in the 1970s, the State was primarily expected to treat sexuality education as the imparting of knowledge, albeit with some elements of sexuality education "proper": however parents could demand "appropriate restraint and tolerance in its provision" (Federal Constitutional Court decisions 47, 46 and 77; for more detail, see Barabas 2008).

Now that schools take more responsibility for pupils' personal development, in response to the social changes which have taken place, more recent laws and guidelines issued by the federal states no longer refer to this formal teaching [Sexualkunde] but to "sexuality education". However, at federal level, the State may not intervene in the planning of school-based academic education [Bildung] or education for personal development [Erziehung], so that the federal-level Pregnancy Conflict Act can use the term "sexuality education", without returning to being limited to the mere provision of information. This removal of the distinction between "upbringing" and "enlightenment" in the sense of "imparting information", which in any case cannot be justified from an educational point of view, is also consistent with the jurisprudence of German courts. "All efforts to bring sexuality education [Sexualerziehung] back down to a purely biological level were rejected by the courts" (Barabas 2008, p.519). For instance, the 1993 judgement of the Federal Constitutional Court on article 218 of the Criminal Code and article 1 of the Act on Assistance for Pregnant Women and Families [Schwangeren- und Familienhilfegesetz, SFHG], and thus on the term "sexuality education" [Sexualaufklärung], states: "[Sexuality education] must accordingly be more than the mere provision of information about biological processes and contraception techniques, but must also take account of emotions and the great variation in relationships, lifestyles, life situations and values" (German Constitutional Court judgement of 28 May 1993, Principle 10, p. 82).

With this additional content, the term Sexualaufklärung is identical to the term predominantly used in the profes-

1 Translator's Note: In this article, the English term "sexuality education" has been used to translate both Sexualaufklärung and Sexualerziehung, with the German term added where necessary for clarification.

sional context, Sexualerziehung. However, a number of current problems in the consolidation of sexuality education in Germany are only understandable in this context. Informal sexuality education [Sexualerziehung] in schools and, indeed, some projects for formal sexuality education [Sexualaufklärung] at the federal level are regularly contested, and sometimes stopped or at least delayed, by parents' initiatives and advocacy groups of a mainly religious character, helped by some media and by legal challenges (Sielert 2010, p. 241f.).

The academic debate in Germany employs a range of vocabulary to distinguish theory and practice, socialization, education which emphasizes the provision of information [Aufklärung], education for personal development [Erziehung], formal education [Bildung] and counselling [Beratung]. The teaching of sexuality information [Sexualpädagogik] is an educational subdiscipline which researches and scientifically evaluates sexual socialization as a whole and the targeted influence of education on human sexuality. Sexuality education in the sense of "upbringing" [Sexualerziehung] focuses on deliberately controlled learning processes, while sexual socialization also takes place independently from sexuality education, for instance through unquestioned everyday assumptions, media influences and positive or negative stimulation of sexual identity in the course of personal development. Since teaching (Pädagogik), in the more recent understanding of the term, applies to all areas of life, the situation of adults and elderly people may also be considered an appropriate context for the teaching of sexuality information [Sexualpädagogik]. The terms Sexualaufklärung and formal sexuality education [Sexualkunde] reflect an attempt to focus on facts and interconnections between all topics related to human sexuality and to make these available to particular target groups to a greater or lesser extent. The extent to which the provision of information without accompanying value judgements is possible, or desirable, has been evaluated differently from various theoretical positions (Sielert 2005).

Current theoretical and conceptual trends

As in the debate in politics, throughout the history of teaching about sexuality there have been heated disputes in academic circles between advocates of the following views:

- a prescriptive, conservative and Christian style of teaching (e.g. von Martial 1991; Meves 1992), which sought to confine sexuality education to the family and church as a preparation for marriage,
- a critical and emancipatory science of education (e.g. Kentler 1970; Koch/Lutzmann 1989; Glück/Scholten/Strötges 1990), which proclaimed a self-determined sexuality as the goal of all public education activities, and
- an empirical and analytic trend (e.g. Maskus 1979; Kluge 1976), which felt itself obliged to promote sexuality education [Sexualaufklärung] without value judgements and attempted to establish this approach in school-based sexuality education.

This debate, which was ideologically loaded in the aftermath of the "sexual revolution" of the 1960s and 1970s, died down in the 1980s. Thanks to an increasingly rational discourse and the sexuality-related research into the main problems of the late 1980s (gender relations, HIV infection and AIDS, sexual violence, pornography), as well as the codification of sexual rights at the international level, various theoretical concepts have arisen over the last 20 years which, although differing in their details, basically reflect the understanding of sexuality education shown in the definition above, as also formulated in 2010 by the WHO Regional Office for Europe and BZgA (Bartholomäus 1993; Valtl 1998; Milhoffer 2000; Etschenberg 2000; Sielert 2005).

Most scientifically credited concepts today are positive towards sexuality, embrace various ways of regulating fertility, and emphasize the promotion of the identity, relationship, pleasure and reproductive functions of sexuality, the equality of various sexual orientations and the relaxation of gender roles. Increasingly, also, the "dark side of sexuality" (pornography, prostitution, violence) is included in the development of theories related to the teaching of sexuality information. In this regard, a new distinction, once again politically marked, is arising between concepts in which sexuality education is intended primarily to counter social risks (e.g. IPTS 1994), on the one hand, and holistic health education, which places less emphasis on risk (BZgA 2001; WHO Europe/BZgA 2010; Valtl in Schmidt/Sielert 2008), and lifelong sexuality education for all, on the other.

Politically, this distinction is emphasized by the financial dependence of most programmes for the teaching of sexuality information on political decisions aimed primarily at the prevention of problems at the social and individual level. It therefore comes as no surprise that teaching about sexuality benefits financially from defined risks and that the development of theories and concepts always runs the risk that their aims, content and methods will be diverted towards prevention. This is particularly true of the psychological/educational support services for children and young people [Erziehungshilfe], which forms by far the major part of non-school-based provision for young people. BZgA, as a WHO Collaborating Centre for sexual and reproductive health, is able to situate its work on teaching about sexuality in the larger context of holistic sexuality education as a human right. However, in the national context it is dependent on financial provision under the Pregnancy Conflict Act [Schwangerschaftskonfliktgesetz, SchKG] and must also respond to risks and problems identified and placed on the agenda by politicians and legislators. Only the school, with its broad mandate covering both social and academic education, could provide sexuality education which is not centred on risk prevention or subordinate only to the requirements of health promotion. The fact that schools, too, are obliged to follow the political dictates of the federal state ministries is shown, over and over again, by an analysis of the guidelines and curriculums for sexuality education issued by the individual federal states (BZgA 2004). Only university-based academic research into the teaching of sexuality information is in any position, thanks to its guaranteed academic freedom, to pursue the development of theory and concepts without having to adapt its activities to meet specific political aims.

Thus, some years ago, a debate began in the academic discipline of sexuality information teaching about the further development of the subject or the addition of a concept of lifelong sexuality education [sexuelle Bildung] as "formation and, increasingly, self-formation of the personality through an active appropriation of the world" (Valtl 2008, p. 128). It remains to be seen whether this can be considered a paradigm shift, since it is identical in many respects to the

professionally developed teaching and sexuality education of the past, consistent with the WHO Standards. Its main distinguishing characteristics are the placing of personal sexuality development more firmly under the subject's own personal responsibility and the emphasis on the subject's self-will in everyday life, which will be different for each individual. This approach goes beyond prevention and the teaching of basic sexual relationship skills. Sexuality is not only permitted, but expressly affirmed and cultivated as a life-force in all its means of expression, including its pleasure function. The frequently quoted principle of personality enhancement is acknowledged here in that individuals are enabled to use their sexual life-force as they see fit for personal empowerment, and are not obliged constantly to comply with the norm because of the risks facing them (Valtl 2008).

Sexuality education in the institutions of the formal and non-formal education system

Sexuality education (in the sense of both Sexualaufklärung and Sexualerziehung) and, in particular, lifelong sexuality education [sexuelle Bildung] are increasingly seen and treated in Germany as a cross-cutting social mandate which cannot be confined to a single institution. In the past, the main agencies involved have been the established formal and non-formal educational institutions run by education and youth services. Increasingly, however, adult education, the health system and public media are being brought in, along with the communication channels of the Internet, which also gives access to informal leisure and friendship networks. Increasingly, the benefits of inter-institutional synergies are being acknowledged, and individual institutions, each with their own areas of interest, are joining together in networks.

The family is able to create the emotional basis in children and adolescents for the "unconditional acceptance" without which it is difficult for them to develop their sexual identity. Acting as an "interpretative community", it gives children and adolescents early guidance in dealing with internal and external influences on sexual experience.

The family cannot always perform these tasks as well as it should, so various types of provision by youth services to support, complement and sometimes even replace the family will be required. The Children and Young People's Services Act (German Social Welfare Code, Book VIII, SGB VIII) lays down a comprehensive and detailed mandate for non-formal education [Erziehung] which also provides a framework for teaching, sexuality education and counselling. Chapter 2 (paragraph 11, Youth Services) lists the mandates of the relevant departments: services for girls and for boys, youth counselling and non-school-based youth education. The teaching of sexuality information aimed at the prevention of sexual violence can be justified under paragraph 14 of SGB VIII.

Family education centres and kindergartens, in particular, maintain contact with parents, as well as carrying out their own work with children on specific topics related to child sexuality. Child guidance [Erziehungshilfe] centres cater particularly for adolescents suffering conflicts of sexual identity which require special promotion through formal sexuality education, and often resocialization and systematic resilience training (Winter 2008). Non-school-based youth services do not reach all adolescents, but their structure – voluntary participation, flexibility, pluralism and variety of methods – offer many opportunities for holistic, multisensory, intercultural and gender-sensitive sexuality education which also considers emotional aspects (Sielert 2011). Projects specifically aimed at adolescents from a migration background identify the particular requirements of intercultural teaching of sexuality information (Kunz/Wronska 2001). In addition to the implementation of sexuality education activities in statutory formal-education establishments, sexuality education and sexuality counselling have become an area of activity in their own right: counselling for pregnant women and women suffering pregnancy conflicts, services in areas related to sexuality as part of youth and family counselling, life-coaching, local health authority activities and health promotion at state level (Sielert 2002), as well as lifelong sexuality education [sexuelle Bildung] and sexuality education tailored to industrial workplaces, the Federal Armed Forces (BZgA 2001b) and, currently, employment services (e.g. the current project "komm auf Tour – meine Stärken, meine Zukunft" ["Get going – my strengths, my future"], of which more below).

Since different target groups prefer different sources of information, BZgA has developed various methodological concepts in recent years, specifically aimed at media-based, informal sexuality education in various areas of society. The threat posed by AIDS led to the trialling in the 1980s of many complex education strategies, such as face-to-face communication campaigns for prevention, which were of benefit to many subsequent projects. Since it has been shown that adolescents prefer their peers as a source of information and a partner for discussion of sensitive sexual issues, model projects on peer education have been developed and tested (BZgA 2001a). The popularity of hotlines provided by children's and youth services and other providers led to the development of counselling concepts designed specifically for sexuality education and their dissemination in the form of relevant training for telephone counsellors. The fact that adolescents gain most of their information about current sexual topics from teenage magazines led some health promotion authorities to try out concepts for collaboration between sexuality education experts and the magazine publishers. In order to enable holistic and values-oriented learning and to encourage relevant discourse in teaching activities, various federal and state authorities have developed audiovisual media. In the area of digital media, software featuring sexuality education programmes was developed, particularly intended for boys. The teaching of sexuality information has thus become a topical area of expansion for new teaching concepts and media, which may have significance for other sectors as well. Examples are www.loveline.de, a Web site currently offered by BZgA in the area of new media,[2] and Sextra, the online sexual counselling service from pro familia, which are increasingly accepted by adolescents.

Another newly developed medium for reaching children and adolescents who are not habitual readers is the "sex

2 This Internet portal provides adolescents with credible, factually correct information on the topics of love, relationships, sexuality and contraception. It is publicized through leaflets, postcards, etc. It also provides teachers with background information for the preparation of sexuality education classes through the site www.schule.loveline.de.

n'tipps" series of brochures on the topics of "Contraception", "Boys' questions" and "Girls' questions". These pocket-sized concertina-fold brochures give brief and succinct answers in simple language to basic questions.

Besides these many areas of activity relevant to the teaching of sexuality information, schools are particularly important in Germany because of their significance for sexuality education from the social and education policy point of view. As stated earlier, sexuality education is recognized in all federal states as part of the school's mandate to provide formal and non-formal education and is included in the various laws on education, in the curriculums and (in most federal states) also covered by guidelines. It can thus be claimed that sexuality education in schools is now well established and provided universally. However, schoolchildren report that they turn to teachers less often to talk about personal issues – they are more likely to talk to their parents or friends – than to ask for information. In this respect, teachers are particularly appreciated by boys, especially adolescent boys from a migration background, who have few other opportunities to talk one-to-one with a person they trust (BZgA 2011, p. 40). For this group, therefore, it is important that the compulsory school curriculum includes participation in sexuality education classes, so that disapproving parents cannot simply take their children out of the classes. Despite this generally positive function of schools, no baseline research has been conducted on the scale on which sexuality education is provided, and little is known about the way in which statutory requirements, guidelines and curriculums are actually put into practice. The training of teachers at the relevant universities is demonstrably incomplete, so that, in practice as well as in theory, statutory and education requirements are inadequately fulfilled (BZgA 2011).

Recent developments in the German education system are tending, however, towards the introduction of more all-day schools and, in a few cases, of educational arrangements in which schools are opened up to other formal and non-formal education and social institutions and greater co-operation is possible. Already, education workers from pro familia and other institutions, including the Church, are conducting important sexuality education work on an ad hoc basis in many schools. It is very likely that such types of collaboration will become even more widespread in future, so that a broader range of formal and non-formal sexuality education activities will take place in schools than was the case in the past.

Position of the sexuality education profession in Germany

As has been made clear in a number of places in this overview, BZgA is the only federal institution which has the opportunity, under the Pregnancy Conflict Act, to respond to the requirements of sexuality information teaching and to implement new strategies. It has a mandate to develop concepts and media for sexuality education, and is obliged to work with the federal states and other relevant providers' associations in that task. BZgA, an institution which operates across various federal states and areas of activity, has the opportunity, already exploited on a large scale, to commission research, develop concepts, develop materials and encourage collaboration between all institutions of society which are appropriate for providing sexuality education as part of a cross-cutting mandate. This protects the autonomy of the federal states in school-based formal and non-formal sexuality education and the independence of other providers of sexuality information. In this way, BZgA, with other research institutions, professional associations and educational institutions, has done a great deal to support the professionalization of sexuality education teaching in Germany. Qualification enhancement activities in the general education, social and health systems can, for example, refer to the "Skills in the teaching of sexuality information" framework curriculum derived from BZgA model projects (BZgA 2001).

We cannot describe here all the projects conducted over recent years.[3] One typical, and topical, example is the "Erlebnisparcours" ["experiental circuit"], "komm auf Tour – meine Stärken, meine Zukunft" ["Get going – my strengths, my future"], a collaboration project between BZgA and local government employment agencies. In this face-to-face communication project, which has been in operation since 2006, BZgA has supported schoolchildren from the seventh grade onwards to explore, through play, their own strengths and their plans for their future private lives and careers. This careers guidance and life planning service involves schools, parents and regional institutions.[4]

The teaching of sexuality information as a subdiscipline of education studies is currently still undergoing consolidation in the academic sector. The tentative attempts to turn the existing associations of sexuality education teachers into catalysts for the transfer between theory and practice (German Society for Sex Education [Deutsche Gesellschaft für Geschlechtserziehung, DGG] and pro familia) have only very rarely been emulated in the context of university-based educational science. To date, there has never been a chair of sexuality education teaching in a federal university. Merseburg University of Applied Sciences did, however, introduce an integrated course for working professionals, consisting of a Masters course and two further education courses on sexuality information teaching and family planning, in 2001. At the University of Kiel, sexuality information teaching can be taken as a major subject in undergraduate and Masters courses in education. However, opportunities for further qualification in Germany mainly consist of further training in specialized institutions for working professionals, such as the training as a sexuality education teacher at the federal-level Institute for Sexuality Education (isp), based in Dortmund, or the federal office of pro familia.

The Society for Sexuality Education [Gesellschaft für Sexualpädagogik, GSP], based in Kiel, has existed since 1998 and is run by academics and practitioners trained as sexuality information teachers. The society supports publications, organizes specialist conferences, advises political parties and promotes the professionalization of sexuality information teaching. The job title "sexuality information teacher" has been certified by GSP since 2008 on the basis of defined training standards.

With the continuing public outcry against sexual violence in educational institutions, and the efforts of three federal ministers to improve prevention through the Round Table

3 For BZgA's media, materials, projects and studies, see *www.bzga.de*.

4 The project is described in detail in a 2011 special edition of FORUM, "Teenage pregnancy today", available only in PDF format.

on Child Sexual Abuse, it may be assumed that sexuality information teaching will become more important in Germany. However, it remains to be seen whether the sexuality education profession can stand its ground against a purely prevention-focused teaching approach.

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It's All One: gender, rights and pleasure at the centre of sexuality education

Doortje Braeken

The "It's All One Curriculum" of the International Planned Parenthood Federation (IPPF) is presently in use around the world as a guideline for adapting sex education to the learning needs of youths. This contribution discusses the background and concept of this approach.

Introduction

Young people in the 21st century are at the centre of attention, being the largest generation in history- more than 1,75 billion young people are between 10 and 24 years of age. Young people often lack access to essential resources as clean water, food, work and education. They face even more inequality and risks when it comes to their sexual reproductive health and rights. Empowerment, education and access to services, including sexual and reproductive health services, will help young people to take the reins and ensure their own health and well being. At the same time young people need to be supported to look critically around them and understand the local and global context they live in. Effective sexuality education can be one of the building blocks to make them resilient and build their potential to transform their own world and the world around them to be more equal, compassionate and inclusive.

The International Planned Parenthood Federation (IPPF) in its Declaration for Sexual Rights promotes strongly that all young people have the right to education and information, including comprehensive, gender-sensitive and rights-based sexuality education. All young people have the right to access accurate, easy to understand information and education about sexuality, sexual health, reproductive health, sexual rights and reproductive rights in order to make decisions freely and with informed consent.[1]

This article introduces IPPF's approach and perspectives to comprehensive sexuality education. In conclusion the article will introduce It's All One Curriculum, a resource, which embraces a new and daring approach which places gender issues and human rights at the heart of sexuality and HIV education.

1 IPPF's Declaration on Sexual Rights 2010
2 IPPF's Framework for Comprehensive Sexuality Education 2008
3 From Evidence to Action: Advocating for comprehensive sexuality education, Inspire, IPPF 2009

Perspectives of sexuality education

No other educational intervention is so much under discussion and being reviewed under a microscope as sexuality education. More than any other curriculum, sexuality education curricula in schools are under scrutiny of professional and non professionals, including parents religious and cultural leaders and politicians. Sexuality education is often expected to be the magic wand to achieve numerous objectives: to prevent unwanted pregnancy, STI/HIV, to delay sexual intercourse, to increase communication skills, family life skills, and to understand and internalize religious and cultural values and beliefs. At the same time many people are frightened by the fact that young people gain knowledge on sexual matters they fear it might promote sexual activity and promiscuity, it undermines the values and norms of the society; in short it will corrupt the minds of young people.

IPPF has been involved for decades in sexuality education. Almost all of its 155 member Associations provide information and education on sexual and reproductive health through formal and informal settings. In the last 5 years, we have become much clearer what we actually mean by comprehensive sexuality education which should be rights based gender sensitive and sex positive. This was translated in IPPF's Framework for Comprehensive Sexuality Education[2] and an advocacy tool: "From Evidence to Action".[3] IPPF is currently advocating through its Member Associations, for effective comprehensive sexuality education promoting the following perspectives:

Public health perspective

CSE should bring the benefits to young people's lives and well-being and reduce the probabilities of sexual risk-taking. While abstinence-only approaches can prevent initiation of sexual activity in certain cases, it is counter-productive to advocate for this approach without providing information enabling young people to protect themselves from the risks inherent in embarking on sexual activity. There is a substantial body of evidence showing that comprehensive

sexuality education has a positive impact on young people. A review of 83 sexuality education programmes by Doug Kirby and others in developed and developing countries revealed that two-thirds of sexuality education programmes lead to individuals making positive, healthy choices about sex and contraception (Kirby et al. 2005). They have positive effects on individuals' knowledge about sex, awareness of risk, values and attitudes, self-efficacy and intentions.[4] Research also shows that sexuality education programmes are most effective when they are provided before young people become sexually active (Kelly/Amirkhanian 2003)." UNESCO recommends that sexuality education should begin in primary school (UNESCO 2008).

The broader approach of CSE can also lead to improved health outcomes for a larger proportion of young people. It can target more those who are vulnerable and marginalized, and who are often excluded from more restricted sex education programmes. This includes out of school youth, injecting drug users and men having sex with men (MSM) who are examples of populations at risk who are often overlooked within conventional programmes. In addition, CSE also recognises that all individuals should be able to enjoy sexual and reproductive health and rights, including the mentally and physically disabled.

Gender and rights perspective

A comprehensive approach to CSE should address specific attitudes and behaviours related to gender equality and sexual and reproductive rights. Research demonstrates that gender norms and power disparities negatively affect both girls' and boys' sexual attitudes, practices and health.[5] In addition, gender equality and the fulfilment of young people's rights are critical for young people to make informed decisions about sex, sexuality and health, and to translate these decisions into action. World-wide gender divisions and inequalities continue to have a powerful impact on the way in which young men and women approach the decisions which will affect their futures. Even in the western world young women, though they might be aware of the potential opportunities that education offers them to achieve equality with their male peers, continue to make decisions about their futures based on what they perceive to be the reality, that is, inequality. Gender and gender inequality have a direct influence on so-called sexual risk behaviors (Guttmacher/IPPF 2010). Or to phrase it in a more positive ways; egalitarian gender attitudes are associated with higher condom use and higher contraceptive use.[6]

However, current reviews on the effectiveness of HIV and sexuality education do not measure the effect or impact of sexuality education on gender equality, young people's rights or civic participation. Whilst recognizing the importance of Kirby's and others work on evaluating the effectiveness of HIV and sexuality education, a host of researchers and educators are beginning to ask other questions and come up with different findings.

In general terms, current models of comprehensive sexuality education, although effective, are often relatively disconnected from the social context in which sex takes place, and in which gender relationships play a critical part in shaping sexuality, sexual lives and relationships.

Positive approach to sexuality perspective

Another dimension that needs to be addressed is the dichotomy between the way the media, including internet and popular discourse tend to portray sex in a positive and pleasurable way, whereas sexuality education and health services often only focus on the negative, harm-related side of sexuality. In order to bridge this gap, the role of pleasure and an acceptance of positive sexuality should also feature more prominently in sexuality education. There is increasing evidence from various countries that health outcomes can benefit from an approach to such education which takes a more positive approach to sexual experiences (Ingham/van Zessen 1998; Ingham 2005; Barcelona/Laski 2002). Accepting young people's sexuality and sexual rights, and their experiences with sexual desire and pleasure, is probably the most contested of these factors. Various studies have demonstrated that greater openness and acceptance of adolescent sexuality can increase young people's ability to negotiate their sexual and contraceptive decision-making (Ingham/Stone 2002). Nevertheless, recognizing young people as sexual beings and incorporating the positive aspects of sexuality into curricula remain some of the greatest challenges (Haberland 2006). It would help reduce the stigma and alienation that some young people feel, and bridge the gap between anatomy and physiology of sexuality and the more pleasurable aspects usually presented by peers and the media.

Participatory learning perspective

Finally, the process of providing sexuality education can often be as important as the outcomes. Approaches to sexual education should adopt the appropriate methodology that is learner centered and promotes participation and supports the acquisition of new knowledge, attitudes and skills. CSE includes helping young people develop interpersonal skills such as communication, decision-making and negotiation, and to make the transition to adulthood enjoying good sexual health. Finally, this approach should not be one-off, but as part of an ongoing process of learning and behavioural change, and should be adequately linked to youth friendly sexual and reproductive health services.

It's All One: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV and Human Rights

In 2005 Pop Council started its initiative to a new and innovative approach to sexuality education that embraces all the above mentioned perspective with a focus on gender and rights. An international working group comprised of representatives from CREA (India), Girls Power Initiative (Nigeria), International Planned Parenthood Federation, International Women's Health Coalition, MEXFAM and the Population Council, worked for 3 years to develop a guidance tool to integrate both perspectives.

The product is: It's All One Curriculum (IAOC)[7]: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV and Human Rights is an excellent tool

4 See also the comments by D. Apter on Kirby et al. in this issue.

5 *http://www.unfpa.org/public/home/publications/pid/3346*

6 Karim et al. 2003; Zambrana et al. 2004; Marsiglio 1993; Pleck/Sonenstein/Ku 1993; Stephenson et al. 2006; Kowaleski-Jones/Mott 1998; Marsiglio 1993

7 IAOC available in English, French and Spanish: www.ippf.org or hard copies can be ordered at *www.popcouncil.org*

that is designed primarily for curriculum developers, school teachers, and community educators responsible for education in the areas of sexuality/sexual health (including AIDS) and civics or social studies. The IAOC is a tool to implement rights-based and gender-sensitive CSE programmes IAOC includes two books: the first is the curriculum, which includes human rights, gender, sexuality, relationships, sexual and reproductive health and advocacy; the second book includes 54 activities that engage young people and foster critical thinking skills. More than 50 experts reviewed the documents and eight organizations assisted in field testing original sample activities.

IAOC is NOT A CURRICULUM per se. It is a practical resource for curriculum developers or educators to modify – or design – their own curricula. And that is how it is being used, in countries around the world and in the US. This resource helps educators and professionals ensure that their sexuality and HIV education responds to the learning needs of young people, and supports the policy statements and goals of such bodies as the United Nations General Assembly (Millennium Development Goals), UNAIDS, UNESCO, the World Health Organization, and others. IAOC is designed to present sensitive information appropriately in a wide range of contexts, including Africa, the Americas, Arab countries, Asia, Europe and the Pacific. The IAOC approaches sexual behaviour from a social and cultural perspective that focuses on the motivations and meanings (personal, collective, historic) of sexual practice beyond the simple manifestation of sexual behaviour. At this moment IAOC is being introduced and implemented in many countries around the world ranging from Egypt, to China, to Rwanda, Kenya, Togo, Guatemala, Honduras and the US,

We can and must do better in sexuality and HIV education. IAOC is based on this belief and on emerging evidence that gender equality, rights and a positive approach to sexuality are crucial to ensure happy, healthy sexual and reproductive lives of young people now and in the future.

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Standards for sexuality education in Europe
A new approach to sexuality education for the European Region

Christine Winkelmann

In the autumn of 2010, the Federal Centre for Health Education [Bundeszentrale für gesundheitliche Aufklärung – BZgA] and the World Health Organization Regional Office for Europe launched a new publication on sexuality education: the document "Standards for sexuality education in Europe – a framework for policy makers, educational and health authorities and specialists" (WHO Regional Office for Europe/ BZgA 2010) is intended to contribute to improvements in sexuality education in the WHO European Region, which covers 53 countries and extends as far as Central Asia. The Standards take an innovative approach to sexuality education which emphasizes the holistic nature of sexuality.

Introduction

Developments over recent years, or even decades, show that there is a fresh need for comprehensive sexuality education, which is an essential element in the promotion of the sexual health of adolescents. New developments, such as globalization and migration of population groups with varying cultural and religious backgrounds, the increasing use of new media (especially the Internet and mobile phone technology), the spread of HIV/AIDS and other sexually transmitted infections (STI) and the increasing awareness of and efforts to prevent the sexual abuse of children and adolescents mean that new and innovative ideas are required. In addition, adolescents in many parts of the world have changed both their attitudes to sexuality and their sexual behaviour. In a number of European countries, this has led to high rates of STI (including HIV), among – or especially among – adolescents, as well as unplanned teenage pregnancies and sexual violence (Ketting/Winkelmann 2011).

Besides public health considerations, which are mainly concerned with the prevention of disease, more emphasis is now being placed on awareness of access to comprehensive sexuality education as a human right. Adolescents have the right to be informed about all aspects of sexuality, not only the associated risks, but also the positive and health-promoting aspects. Through values-oriented and sexuality-affirming sexuality education, they will develop a positive attitude towards sexuality and be enabled to enjoy happy, fulfilled sexual relationships and act responsibly towards themselves and their partner. In this way, sexuality education also contributes to the building of a society which is tolerant, open and respectful towards various lifestyles and values related to love and sexuality.

Development of the Standards

The initiative for the development of standards for sexuality education in Europe came initially from the WHO Regional Office for Europe in 2008. This initiative was taken up and implemented by BZgA, as a WHO Collaborating Centre for sexual and reproductive health. The Standards were developed in close collaboration with a group of 19 European experts from nine countries and from various disciplines, including medicine, psychology and social science. All the experts had considerable experience in the field of sexuality education in both theory and practice. Governmental, nongovernmental and international organizations and academia were also represented during the development process, which extended over 18 months. The starting-point for the development of the document was the desire to see standards which would provide guidance in sexuality education throughout the WHO European Region. Most Western European countries now have national guidelines or minimum standards for sexuality education, but until now there have been no efforts to develop standards at the level of the WHO European Region or the European Union. This document should be seen as a first step towards bridging that gap. In October 2010, the Standards were launched at the WHO Regional Office for Europe regional meeting on "Challenges in improving sexual health in Europe" in Madrid and presented to representatives from 30 countries.

A holistic approach to sexuality education

The concept of holistic[1] sexuality education is based on the concepts of sexual health and sexual rights. At a consultation in 2002, WHO agreed on the following working definition, which is now very widely used, although it has not been officially adopted.

"Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual

1 For further discussion of the term "holistic", see the section "Core elements of the approach".

health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled." (WHO 2006, p. 10)

This definition emphasizes a positive understanding of sexuality and also gives appropriate weight to the essential aspect of pleasure. Potential negative aspects are addressed, but do not dominate the definition. Moreover, sexual health is explicitly linked with the enjoyment of sexual rights. Sexual rights are human rights, applied to all aspects of sexuality (WHO 2006, p. 10; World Association for Sexual Health 1999). One element of these rights, among others, is access to information and thus to sexuality education. This right can also be derived from the United Nations Convention on the Rights of the Child, adopted in 1989 and since ratified by a large majority of States.[2]

As well as the right to information, any holistic approach to sexuality education also recognizes that sexuality is an essential part of being human: sexuality education teaches children and adolescents important skills for their future lives, such as creating and maintaining relationships and successfully asserting their right to self-determination in sexuality, contraception, family planning and life planning. In a modern society, informal sexuality education is no longer enough to achieve these goals. While family and friends are crucial sources of information and trusted partners for children and adolescents to turn to, they do not always provide technically correct information on complex subjects such as STI or contraception. At the same time, children and adolescents are confronted with myriad new information sources – the World Wide Web offers a vast amount of information about sexuality, much of it, unfortunately, biased, unrealistic and degrading. Holistic sexuality education acts as an important counterbalance to this. Finally, it also serves health promotion by contributing to the prevention of STI, unplanned pregnancies and sexual violence.

Core elements of the approach

- Sexuality is understood in a comprehensive sense, including aspects such as the human body and its functions, emotions, relationships, fertility and reproduction, sexual health and sexual rights and sociocultural determinants of sexuality. This can replace the narrow approach to sexuality education, which deals with sexuality by concentrating on avoidance or control of sexual activity.
- This broad understanding of sexuality also makes it possible to insist that sexuality education must be a lifelong process, beginning at birth, remaining part of people's lives and supporting them at all ages. Children are born as sexual beings, and their psychosexual development occurs in various stages which are closely linked with the child's general development and the associated developmental tasks. Holistic sexuality education is adapted to the age and stage of development of the child: ideally, specific topics will be introduced shortly before the relevant stage, so that children and adolescents are prepared for the coming stage of their development. For example, girls should be taught about menstruation before they begin their menstrual periods.
- Traditionally, sexuality education in many countries has focused particularly on the potential risks of sexuality. This approach was further encouraged by the HIV epidemic and the associated prevention campaigns. An approach based exclusively on risk minimization may inspire fear and rejection in children and adolescents, and often has absolutely no relevance to their daily lives. Moreover, it often leaves urgent questions and concerns unanswered, and does not pay due attention to the positive and fulfilling aspects of sexuality.
- While in the past (and also in HIV awareness education) the emphasis has, all too often, been placed on the simple provision of information, the holistic approach described here stresses the acquisition of life skills. The various aspects of sexuality are divided into the following categories: information, skills and attitudes. Children and adolescents obtain objective and scientifically accurate information on all aspects of sexuality and, at the same time, they are supported in developing values, attitudes and skills which will enable them to act in the light of that information. This is an important contribution to the development of a respectful, open and just society.
- Children and adolescents are enabled to decide for themselves about sexuality and relationships at the various stages of development. They are supported in living with their sexuality and relationships in a fulfilling and responsible manner. The capabilities and skills they learn as part of sexuality education will also help them to protect themselves from potential risks. Seen this way, sexuality education is an important element of general upbringing and formal education and influences the development of a child's personality. Not only can the negative consequences of sexuality be avoided, but the child's quality of life, health and well-being can be improved. In this way, sexuality education contributes to overall health promotion.
- Sexuality education keeps pace with the child's own development and is culture-sensitive and gender-sensitive. It provides scientifically proven information about all aspects of human sexuality and about access to advice and assistance. Sexuality education based on human rights, gender equality, respect, responsibility and the acknowledgement of diversity conveys values and attitudes about sexuality, contraception and sustainable relationships.

Structure of the Standards

The document is in two parts: the first provides an overview of the development of sexuality education in Europe through the underlying theory and crucial definitions and concepts from the field of sexual and reproductive health and rights. It presents the basis for holistic sexuality education and, in particular, explains its value for children and adolescents.

At the core of the second part is a matrix specifying the topics in sexuality education which should be covered in the various age groups. These age groups (0–4 years, 4–6 years, 6–9 years, 9–12 years, 12–15 years, 15 years and up) are chosen to reflect the psychosexual development of children and adolescents. The matrix specifies for each age group and each of the eight topic categories (the human body, human

2 United Nations (1989): see article 13 on the right to information and article 19 for the State's obligation to protect children from sexual abuse (and other risks) through awareness-raising and education.

Fig. 1

The matrix grid

	Information	Skills	Attitudes
The human body and human development			
Fertility and reproduction			
Sexuality			
Emotions			
Relationships and lifestyles			
Sexuality, health and well-being			
Sexuality and rights			
Social and cultural determinants of sexuality (values/norms)			

development, fertility and reproduction, etc., see Fig. 1) the information which should be provided, the skills which should be learned and the attitudes which should be encouraged.

This grid is filled in with the content appropriate for each age group, as shown by the examples given for the age group 0–4 years and the topic "The human body" and the age group 15 years and up and the category "Social and cultural determinants of sexuality" (Fig. 2).

In this table, the core topics are distinguished from subsidiary topics, which are printed in italic. Topics are generally introduced in one age group and then reappear in a later age group with a different focus or in more detail – this ensures continuity of learning at a level appropriate to the child's stage of development. It should be borne in mind that the examples in the matrix are sometimes theoretical in nature – as shown very clearly by the example "Respect for gender equality" – and should be employed in an age-appropriate manner. In this example, an age-appropriate way of interpreting this attitude for children under four years of age might be, for example, to teach them that boys and girls are worth just as much as one another.

The topic of sexual abuse is taken up and dealt with in depth both in the topic "Sexuality and rights" and in "Sexuality, health and well-being".

While the first part of the document mainly fulfils a political purpose, providing background information and the reasons why sexuality education is necessary, and may be used as a resource for advocacy work, the second part of the document is intended more for the practical implementation of holistic sexuality education in the school setting. The matrix will allow users to take stock of their current sexuality education activities, and can serve as a basis for any amendments to the curriculum which may be required.

Dissemination of the Standards

One month after the Standards were launched, BZgA, in close collaboration with the WHO Regional Office for Europe, invited representatives from ministries of health and education and nongovernmental organizations to a consultation. Representatives of eight Eastern and South-Eastern European and Central Asian States, which had identified sexual health as a national priority, participated in the consultation. At the meeting, the Standards were presented to the participants, and they discussed opportunities for implementing them in the various countries. The participants then discussed the associated challenges in their various countries and how the Standards could help them to overcome the problems they faced. Practical measures ranged from translation into the various national languages and national adaptations and revisions of existing curriculums, to meetings with key national figures and interest groups in order to launch pilot projects or develop materials based on the Standards.

The implementation process is supported by both BZgA and the WHO Regional Office for Europe. In late 2011, an implementation strategy will be published, which will provide countries with practical guidance for handling the introduction of holistic sexuality education and the expansion of existing programmes.

To date, the Standards for Sexuality Education in Europe have been made available in Russian, Finnish and Dutch, and they will shortly appear in German. Spanish, Turkish and Latvian translations are being prepared, and an Italian translation will follow at the end of 2011.

Significance of the Standards for Germany

The Standards are intended to make a major contribution to quality assurance and sexuality education in the European Region. Sexuality programmes exist in a great majority of European countries, but there are enormous differences

Fig. 2

Content of the matrix (extract)

0–4	Information	Skills	Attitudes
The human body and human development	Give information about: • **all body parts and their functions** • **different bodies and different sexes** • **body hygiene** • *the difference between oneself and others*	Enable children to: • **name the body parts** • **practise hygiene (wash every part of the body)** • **recognize body differences** • **express needs and wishes**	Help children to develop: • **a positive body-image and self-image: self-esteem** • **respect for differences** • **an appreciation of their own body** • *an appreciation for the sense of well-being, closeness and trust created by body experience and experience of bonding* • *respect for gender equality*
15 and up	**Information**	**Skills**	**Attitudes**
Social and cultural determinants of sexuality (values/norms)	Give information about: • **social boundaries; community standards** • *the influence of peer pressure, media, pornography, (urban) culture, gender, laws, religion and socioeconomic status on sexual decisions, partnerships and behaviour*	Enable teenagers to: • **define personal values and beliefs** • *deal with conflicting (inter)personal norms and values in the family and society* • *reach out to a person who is being marginalized; treat people living with HIV or AIDS in the community with fairness* • *acquire media competence*	Help teenagers to develop: • **an awareness of social, cultural and historical influences on sexual behaviour** • *respect for differing value and belief systems* • *an appreciation of self-reliance and self-worth in one's own cultural environment* • *a sense of responsibility for own role/point of view in relation to societal change*

between them as regards content and scope and the place they occupy in the curriculum (IPPF 2006; BZgA/WHO Regional Office for Europe 2006).

In Finland, the Standards have been used for a revision of the existing curriculum. Professor Dan Apter, Senior Physician and Director of the Sexual Health Clinic (Väestöliitto), explains: "The structure of the 'Standards for Sexuality in Europe' – information, skills and attitudes defined for different age groups – is a model that we greatly appreciate. We have introduced too many warnings and threats into our sexuality education – it should view sexuality as a positive force and an element of well-being for everyone, from babies to adults. These were important issues at the end of 2010, as Finland drew up plans to change its school curriculums."[3]

In Switzerland, the Standards are used in two ways, firstly to underpin the importance of sexuality education (advocacy), and secondly as technical support for sexuality education activities. In Belgium, they are used by schools of different types for guidance in teaching and as a defence against possible criticism.

These examples show that even countries with a long tradition of comprehensive sexuality education in schools can benefit from the Standards, for updating their curriculums, providing a topic for teacher training or giving guidance to individual teachers in their teaching. They are of particular interest to federal States, enabling them to agree on common core topics in the curriculum despite the differences between the individual constituent states.

The Standards' reliance on international definitions and their focus on sexual and reproductive rights can also provide valuable new priorities for stakeholders working in sexuality education in Germany, particularly in view of the new challenges and current debates described here.

Those who will benefit most from holistic and quality-assured sexuality education are children and adolescents, since they will not only obtain relevant and appropriate information, but also learn the skills which will enable them to protect their own and others' health while developing a positive attitude to sexuality.

3 See D. Apter's contribution in this issue. – Ed.

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Infotheque

BROCHURES

Häufig gestellte Fragen zum Thema minderjährige Schwangere [Frequently asked questions about underage pregnancy]

BZgA, with the German Federal Statistical Office, has published a brochure giving brief, clear answers to the most common questions about underage pregnancy.

The brochure explains how the representative data were collected, how the figures for pregnancies and pregnancy terminations have changed since 2000, the regional differences which exist, the age at which young people actually become sexually active, the influence which sexuality education can have on the prevention of unplanned teenage pregnancies, and much more.

Ordering address:
BZgA
51101 Köln
Fax +49 (0)221 89 92 257
order@bzga.de
Order No. 13050100

Sexualisierte Gewalt in den Medien [Sexualized violence in the media]

In this brochure, the Deutsche Gesellschaft für Prävention und Intervention bei Kindesmisshandlung und -vernachlässigung [German Society for Prevention of Child Abuse and Neglect – DGfPI] provides advice on appropriate reporting of criminal cases involving infringements of sexual self-determination.

The brochure outlines the influence and responsibility of the media and then presents "Myths and facts" which contrast current prejudices with scientifically proven fact. The right to protection measures of victims and perpetrators and the need for greater acceptance of work with sex offenders are other topics covered in this publication.

Ordering address:
Deutsche Gesellschaft für Prävention und Intervention bei Kindesmisshandlung und -vernachlässigung e.V. (DGfPI)
Sternstraße 58
40479 Düsseldorf
Tel. +49 (0)211 49 76 80 0
Fax +49 (0)211 49 76 80 20
info@dgfpi.de
www.dgfpi.de

Sexualität, Deine Gesundheit und Du [Sexuality, your health and you]

In the brochure "Sexuality, your health and you", BZgA offers people from various cultures important basic information about sexually transmitted infections. These bilingual brochures, written in simple language and just a few pages long, provide background information and practical advice. This media product includes a card to facilitate communication with doctors.

The brochure is available in French/German, Turkish/German, Russian/German and English/German.

Ordering address:
BZgA
51101 Köln
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order@bzga.de
Order No.
French/German 70432080
Turkish/German 70432060
Russian/German 70432011
English/German 70432070

Das Jungfernhäutchen – falsche Vorstellungen und Fakten [The hymen – misconceptions and facts]

With this youth-friendly flyer and online brochure, young women whose families expect to see "proof" of their virginity can learn about the biological facts involved and thereby dispel their fears and uncertainty. These educational materials were prepared by TERRE DES FEMMES, the Berlin family planning centre BALANCE and pro familia Berlin, with financial support from BZgA.

This publication is based on surveys of counselling centres and gynaecologists about reconstruction of the hymen and their experience that individual education and counselling often make women reconsider their request for surgical reconstruction of the hymen.

The flyer can be ordered from the TERRE DES FEMMES online shop: *www.frauenrechte.de/online/index.php?option=com_shoplightj&Itemid=104&task=searchByTheme&layout=themes&themeID=3*

The online brochure can be viewed and downloaded using the following links: *www.frauenrechte.de/jungfrau www.profamilia.de/fileadmin/landesverband/lv_berlin/broschuere_jungfraeulichkeit_fin3.pdf*

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Sexualität und Krebs [Sexuality and cancer]

Cancer usually has an impact on all areas of life and transforms the person's everyday experience. The German Cancer Research Center has published two detailed brochures on female and male sexuality and cancer, describing

the impact of the disease on sexuality, listing the most common problems experienced by women and men and possible solutions. The aim of this publication is to help to break the silence on this topic within the couple. Other sources of support and information materials are listed in the brochure.

The Center can also provide brochures on breast screening and information leaflets on HPV immunization and human papillomaviruses. You may download an order form for these media from the website *www.krebsinformation.de/wegweiser/iblatt/bestellformular.pdf*.

Contact:
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SPECIALIST BOOKLETS

Gesundheit von Jungen und Männern [Health of boys and men]

In this latest specialist booklet on men's health, BZgA reports the findings of an expert forum from October 2009, which showed a need for a men's health portal. This specialist publication gives an overview of the current state of information about health and disease in men. As well as giving basic epidemiological information, it discusses health-relevant behaviour and media use among boys and men, and presents health networks and examples of good practice in the area of men's health.

In addition, BZgA is currently developing a men's health portal as a quality-assured information service for diseases specific to men, including urological and cardiovascular diseases, screening and topics such as alcohol consumption, smoking, sport/fitness, burnout and family planning/fatherhood.

The documentation from the forum, "Health of boys and men", has been published as Vol. 14 of the specialist series of booklets "Health promotion in practice" [Gesundheitsförderung konkret], which can be obtained free of charge. The documentation is also available for download in PDF format at: *www.bzga.de/Infomaterialien*

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EDUCATION TOOLS

Dialogue for Change

"Dialogue for Change. Reference materials in support of policy dialogue on sexual and reproductive health and rights" is a Swedish guide to political dialogue in the field of sexual and reproductive health and rights (SRHR).

The Swedish Ministry of Foreign Affairs has developed this guide in close collaboration with the Swedish Association for Sexuality Education (RFSU). It was published in February 2011. It is mainly intended for Swedish Government officials working in other countries. Sweden places a high priority on promoting SRHR, and this publication is intended to support political actors in various fields of activity in addressing this issue constructively and taking it forward in various contexts.

The guide includes factual information about the spread of HIV and AIDS, maternal mortality, pregnancy termination and access to contraception, as well as FAQs, speaking points and advice for argumentation.

The annexes include basic information on definitions and concepts in SRHR and links to important documents, organizations and actors in this field.

Download:
www.rfsu.se

MAGAZINES

wachsen – warten – wüten Mädchen in der Adoleszenz [Growing – Waiting – Angry Girls in adolescence]

This is the title of the July edition of the journal "Betrifft Mädchen" (No. 3/2011).

This edition brings together results from youth research, focusing on aspects specific to girls, and includes items on the following topics: theories and findings on social transformation of the various stages of youth, social-environment construction processes in gender identity in adolescent girls, relationship between social deviance and gender, motherhood in adolescence, gender differences in health-relevant behaviour and female sexuality in adolescence.

The journal costs 7 euros plus postage costs.

Ordering address:
Juventa Verlag
Beltz Medien-Service
Telephone +49 (0)8191 97 00 06 22
bestellung@beltz.de

FILMS

Der Ball ist rund [The ball is round]

The FUMA Gender Centre in North Rhine-Westphalia has produced a short film on "Gender equality in sport". The film focuses on girls and boys talking about how they feel playing football as, or with, girls, what they think of women's and men's football, how useful they feel quotas in team sports to be and whether gender is of any relevance whatsoever in football today.

The children and adolescents were questioned just before and during the Women's World Cup football competition. Educational experts give their views of the results. The 20-minute film is suitable for educational scientists and teachers who want to work on the topic of gender equality with young people. The DVD, "The ball is round", can be obtained at cost price, 5 euros (incl. postage) from the following address.

Ordering address:
FUMA Fachstelle Gender NRW
Kerstin Schachtsiek
Rathenaustraße 2–4
45127 Essen
Telephone +49 (0)201 18 50 88 0
Fax +49 (0)201 18 50 88 9
fachstelle@gender-nrw.de
www.gender-nrw.de

INTERNET

Kinderministerium.de

What is spam? What makes a secure password? And what security rules must you follow when talking in a chatroom? This new test-your-knowledge quiz from the Ministry of Family

Affairs gives tips on safe surfing on the Internet for children aged 7–10 years. Parents can also benefit from the questions on *www.kinderministerium.de*, which they can answer together with their children.

A new item on the website is the latest children's survey "What would you do to settle a quarrel?". The surveys, which change regularly, collect children's views on a wide range of topics. In a "TV show", children explain various political concepts. In the guest book, they can complete the sentence "If I were the Minister, I would ..." and talk about their wishes and requests for politicians.

This website is particularly suitable for use in primary school teaching. It explains the work of the Federal Ministry of Family Affairs in an entertaining way and gives an initial insight into the world of politics.

Contact:
Kinder-Ministerium
c/o neues handeln GmbH
Julia Freund
Lindenstraße 20
50674 Köln
Telephone +49 (0)221 16 08 23 5
kinder-ministerium@neueshandeln.de

AIDS aktuell [AIDS today]

The new BZgA newsletter "AIDS aktuell" [AIDS today] has been available online since June 2000.

"The International AIDS Conference 2010 in Vienna showed once again that no vaccine or cure for AIDS will be available in the foreseeable future. HIV prevention thus continues to be vital for containing the epidemic", says one of the early articles.

The results of the annual study "Public awareness of AIDS" show that the level of self-protective behaviour is consistently high among all age groups in the Federal Republic of Germany.

The newsletter gives ideas for drama work on the topic of solidarity in the context of HIV/AIDS, and presents the new theme of the "Join in" [mach's mit] campaign. You can view, download or subscribe to the newsletter at *www.gib-aids-keine-chance.de/Materialien*. "AIDS aktuell" is also available in hard copy in leaflet format.

Ordering address:
BZgA
51101 Köln
Fax +49 (0)221 89 92 257
order@bzga.de
Order No. 70795000
www.gib-aids-keine-chance.de

www.resilienz-freiburg.de

The Zentrum für Kinder- und Jugendforschung [Centre for Child and Youth Research] in Freiburg concentrates its research particularly on the topic of resilience, the strengthening and promotion of mental health and resistance to psychosocial risks in children and adolescents. A new website provides information about its findings, prevention programmes and research projects. Another area of emphasis is networking of research with training and apprenticeship provision and the systematic dissemination of research results to cooperation partners and practitioners.

Contact:
Zentrum für Kinder- und Jugendforschung
im Forschungs- und Innovationsverbund an der EH Freiburg (FIVE e.V.)
Bugginger Straße 38
79114 Freiburg
Telephone +49 (0)761 47 81 25 8
becker@eh-freiburg.de

Gesundheitsförderung für Menschen mit Migrationshintergrund [Health promotion for people from a migration background]

BZgA's specialist departments provide many services in the multidisciplinary field of migration. To make it easier for everyone working in the field of migration and health to locate these services, they are all listed on a new website.

The new topic page "Health promotion for people from a migration background" [in German] went online in August 2011.

Contact:
www.bzga.de/themenschwerpunkte

The World's Women and Girls 2011 Data Sheet

Reproductive health, population trends and the environment are the main areas of work of the Population Reference Bureau, which operates globally. This year, it has published a compilation of data showing how differently equality between men and women has progressed in various regions of the world. Violence against women, high maternal mortality, low literacy rates, high birth-rates and early marriage are all signs that women are restricted in their decision-making and disadvantaged compared with men. This data overview includes facts and figures on reproductive health, classified by country, in relation to early marriage, birth rates, access to medical care when giving birth, etc., as well as demographic data on women's participation in public affairs, education and employment.

Contact:
Population Reference Bureau
1875 Connecticut Ave., NW,
Washington, DC 20009 USA
popref@prb.org
www.prb.org

TRAINING

Ausbildung zur Sexualpädagogin/zum Sexualpädagogen [Train as a sexuality education specialist]

The Institut für Sexualpädagogik [Institute for Sexuality Education – isp] in Dortmund currently offers a range of training events: a new continuing education group on sexuality education will begin in Bonn in January 2012, and anyone interested may sign up straight away.

This training is intended for people working in prevention, formal education, counselling, non-formal education or the care system who wish to qualify for work in everyday practice related to sexuality in their institutions or for planned sexuality education activities with specific target groups.

Further information on the topics covered in these seminar blocks, entry qualifications and an online registration form are available on the isp website.

Contact:
www.isp-dortmund.de

Update Sexualpädagogisches Arbeiten [Update on sexuality education work]

The seminar "Update on sexuality education work with school classes and other groups" aims to cast a critical eye over the existing range of methods and

media. It will provide new methodological ideas, give an overview of the latest media and materials, reflect on the ways these can be used in a group setting and provide opportunities to discuss specific cases.

The event will take place in Würzburg on 3-5 February 2012.

Contact:
www.isp-dortmund.de

Sexualpädagogisches Arbeiten mit Jungen [Sexuality education work with boys]

The seminar "Really hot – sexuality education work with boys" is intended for men. Through theoretical input, exchange of practical experiences and self-reflection, it will provide an insight into the whole spectrum of sexuality education activities with boys.

The seminar is intended both for experienced sexuality education professionals looking for an opportunity to reflect on their practice and update their knowledge and for newcomers to the field.

It will take place in Frankfurt on 8–10 March 2012.

Contact:
Institut für Sexualpädagogik (isp)
Huckarder Straße 12
44147 Dortmund
Telephone +49 (0)231 14 44 22
Fax +49 (0)231 16 11 10
mail@isp-dortmund.de
www.isp-dortmund.de

Sexocorporel

This is the title of an introductory seminar on a body-related model of sexology, organized by the Institute for Applied Sexology of the Merseburg University of Applied Sciences. The event, organized in collaboration with the Institut für Sexualpädagogik und Sexualtherapie Uster [Uster Institute for Sexuality Education and Sex Therapy] in Zürich, Switzerland, will offer expert lectures and case-studies and encourage self-reflection. It will cover the development of sexual desire, sexual self-confidence in girls, boys, women and men, the significance of the body and much more.

The training course begins on 22 June 2012 and lasts three days. The venue is the Merseburg University of Applied Sciences.

Contact:
Professor Ulrike Busch
Institut für Angewandte Sexualwissenschaft
Hochschule Merseburg
Geusaer Straße
06217 Merseburg
ulrike.busch@hochschule-merseburg.de

Sexuelle Vielfalt – schon ein Thema in der Kita?! [Sexual diversity – a topic for kindergarten?!]

Children often start to think about their sexual orientation very early in life. Ten per cent of all lesbian, gay or bisexual people have been clear about their sexual orientation from the beginning; by the age of 10, as many as 26% already knew their sexual orientation. Participants in this seminar will obtain specialist information on the topics of sexual orientation and gender identity for work with children. They will discuss the opportunities for countering discrimination effectively and learn practical tips for taking sexual diversity into account in their teaching activities. This two-day seminar is organized by Bildungsinitiative Queerformat and will take place on 7–8 December 2011 in Berlin.

Contact:
Bildungsinitiative Queerformat
c/o KomBi – Kommunikation und Bildung
Kluckstraße 11
10785 Berlin (Tiergarten-Süd)
info@kombi-berlin.de
Fax +49 (0)30 92 25 08 45

CONFERENCES

Prävention wirkt! [Prevention works!]

The 17th Congress on Poverty and Health, to be held on 9–10 March 2012 at the Technische Universität Berlin, will be devoted to the topic "Prevention works! – ideas for successful strategies". The congress will focus on effectiveness and successful prevention strategies: what exactly makes successful strategies which will enable effective prevention? What conditions are needed to allow these strategies to be created and implemented? Which measures are particularly effective? How can prevention be developed in statutory structures? Is specific evidence required for prevention and health promotion? Which structures need effective prevention?

Contact:
17. Kongress Armut und Gesundheit
c/o Gesundheit Berlin-Brandenburg
Friedrichstraße 231
10969 Berlin
Telephone +49 (0)30 44 31 90 73
Fax +49 (0)30 44 31 90 63
kongress@gesundheitberlin.de
www.armut-und-gesundheit.de

Most BZgA media and materials on sexuality education and family planning are available to download as PDF files: *www.sexualaufklaerung.de*.

FORUM *Sexuality Education and Family Planning*
A series of publications from the Federal Centre for Health Education (BZgA)
Department Sexuality Education, Contraception and Family Planning
Ostmerheimer Straße 220
51109 Köln

www.forum.sexualaufklaerung.de

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Order No. 13327006
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* This article was translated from Spanish.
** These articles were translated from German.