

Sexuality Education in the WHO European Region

REGIONAL OVERVIEW

of the Status of Sexuality Education in 25
Countries of the WHO European Region



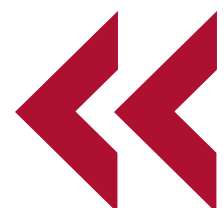


REGIONAL OVERVIEW



Status of sexuality education

This overview presents the summarised results of a new assessment of the status of sexuality education in 25 countries of the WHO European Region. The research was initiated and conducted by the Federal Centre for Health Education (BZgA), a WHO Collaborating Centre for Sexual and Reproductive Health, and by the International Planned Parenthood Federation European Network (IPPF EN), in close collaboration with two research consultants. The data were collected using a pre-tested questionnaire sent to two representatives per country: informed civil servants in the responsible ministries (education or health) and staff of respective national member associations of IPPF EN. Additional information was collected from international literature and data sources.



Key findings on the status of sexuality education

- Since 2000, remarkable progress has been made in the region in developing and integrating sexuality education curricula in school settings. The majority of the surveyed countries teach basic elements of sexuality education in schools. Curriculum development, implementation, and monitoring and evaluation processes differ across the region as well as within individual countries.
- In 21 of the 25 countries covered in this survey, there is a legal framework for school sexuality education: 18 countries have a law, two countries have adopted a policy and one — a strategy. It is rare that there is a separate dedicated law specifically dealing only with sexuality education.
- The WHO/BZgA *Standards for Sexuality Education in Europe* (2010)¹ are available in English and 10 other European languages. The survey revealed that they were used for the development or adaptation of sexuality education curricula in 11 countries. In at least 10 countries, they were (also) used as a resource in policy debates and consultations. In the remaining countries, the Standards have not been used.
- In 11 of the 25 countries, sexuality education is mandatory. In the remaining countries, it is either optional or it is mandatory in some regions or particular schools. In others (e.g. Kazakhstan and Serbia), sexuality education was recently successfully piloted in some schools or regions, with the support of governments, international donors and local non-governmental organisations.
- In most countries, sexuality education is integrated into broader subjects, such as biology, religion, life-skills education or social sciences. It can also be taught as a workshop/‘advisory hour’ outside regular school hours.
- In almost half of the countries, there are clear links between sexuality education and youth-friendly SRH services. Most often, these links ensure that information on these services is provided during sexuality education lessons in schools. It may also mean that staff from youth-friendly SRH services provide lessons in schools. Finally, in some countries (e.g. Estonia and Sweden) school classes regularly visit the youth clinics and receive lessons there.
- Training of teachers to deliver sexuality education is a challenge in many countries. However, in a handful of countries (e.g. Estonia and Finland), teachers’ competencies and skills have been strengthened, as the teaching of sexuality education has become part of the teacher-training curriculum at colleges and universities. In most countries, teachers are trained in special in-service courses or through workshops, though usually only a (small) proportion of teachers have participated in such courses. In a few countries (e.g. Albania and the canton Sarajevo – Bosnia and Herzegovina), many teachers have been trained, for example, in pilot programmes. In some countries, most teachers have still not been specially trained to deliver sexuality education.
- The implementation of sexuality education is monitored and evaluated in about one-third of the surveyed countries. Often, monitoring and evaluation are accorded very little attention. In the development phase of a sexuality education programme/curriculum or in the evaluation of pilot project results, monitoring and evaluation serve the clear purpose of finding out how a draft programme should be adapted and improved before its finalisation.
- In countries with fully developed comprehensive national sexuality education programmes, like Belgium, Estonia or Germany, the school is the main source of information on sexuality for young people. In countries where sexuality education is not, or not consistently, provided for all learners, young people tend to rely on information provided by friends or peers and the internet. In this last category of countries, teenage pregnancy rates tend to be higher than in countries with fully developed comprehensive sexuality education programmes.

- In about half of the countries, there is still some diffidence and lack of understanding about the benefits of sexuality education for the health and well-being of young people. The groups opposing sexuality education are most often religious organisations, conservative political parties and conservative parent groups. Unfounded allegations about the risks of sexuality education are still being made, despite international research showing that young people in countries with well-developed sexuality education tend to start sexual contacts later and protect themselves better from unplanned pregnancies and HIV/sexually transmitted infections (STIs).

Conclusions and recommendations

- Countries in the WHO European Region that do not yet have a legal basis for sexuality education should be supported in creating such a basis, using examples of comparable countries with a sound legal basis.
- Sexuality education programmes and curricula tend to focus primarily or exclusively on the biological aspects of reproduction and prevention of HIV/STIs and unwanted pregnancy. There is a need to broaden the spectrum of topics that are addressed to include gender equality, sexuality and social media, violence and sexual abuse, human rights and sexuality, and others.
- The findings show a gap in teacher training on sexuality education. Training supports teachers in developing the competencies needed to deliver high-quality sexuality education. *Standards for Sexuality Education in Europe* (WHO/BZgA) and the recently developed framework *Training Matters: A Framework on Core Competencies of Sexuality Educators*² could be used for the development of a curriculum for teachers and for designing appropriate educational materials.
- Monitoring and evaluation systems for sexuality education should be strengthened and should focus on the relevance of such teaching for learners. In addition, they should also focus on the quality of the sexuality education programme as well as on the quality of its implementation.
- The sharing of knowledge and experience as well as collaboration in the field of sexuality education should be strengthened at both the European and global levels. Because there still is widespread misunderstanding about the impact and benefits of sexuality education, there is a strong need to explain the results of scientific research in this field to decision-makers, the educational sector and the public at large.
- This overview reiterates the fact that young people themselves want and appreciate school sexuality education. They should become much more involved in developing, implementing and evaluating such programmes in order to guarantee that such programmes reflect and respond to their needs.

Sources: data on sexual and reproductive health

- Adolescent fertility rate (births per 1000 women ages 15–19). Washington (DC): World Bank; 2016 (<http://data.worldbank.org/indicator/SP.ADO.TFRT>, accessed 25 March 2017).
- Growing up unequal: gender and socioeconomic differences in young people's health and well-being. HBS 2016 study report (2013/2014 survey). Copenhagen: WHO Regional Office for Europe; 2016 (http://www.euro.who.int/__data/assets/pdf_file/0003/303438/HSBC-No.7-Growing-up-unequal-Full-Report.pdf?ua=1, accessed 25 March 2017).
- Women in the EU give birth to their first child at almost 29 years of age on average. Luxembourg: Eurostat; 2015 [2013 data] (<http://ec.europa.eu/eurostat/documents/2995521/6829228/3-13052015-CP-EN.pdf/7e9007fb-3ca9-445f-96eb-fd75d6792965>, accessed 25 March 2017).
- Mother's mean age at first birth. Index Mundi [data from CIA world factbook, various years] (<https://www.indexmundi.com/factbook/fields/mother-s-mean-age-at-first-birth>, accessed 25 March 2017).

Note: Core data on sexuality education are not always comparable across countries, since the sources of information may be different.

	Albania	Austria	Belgium (Flanders)	Bosnia and Herzegovina**	Bulgaria	Cyprus	Czech Republic	The United Kingdom (England)	Estonia	Finland	Germany	Georgia	Ireland	Kazakhstan	Kyrgyzstan	Latvia	Macedonia (FYROM)	The Netherlands	The Russian Federation	Serbia	Spain	Sweden	Switzerland	Tajikistan	Ukraine
Births per 1 000 women aged 15 – 19 years	22	7	8	8	37	5	10	14	12	6	6	38	10	27	39	13	17	4	23	19	8	6	3	38	23
Average age of mother at birth of first child	25	28.8	28.5	26.7	25.7	29	28.1	28.3	26.5	28.5	29.3	24.4	29.4	25	23.3	26.1	26.6	29.4	24.6	27.8	29.1	28.6	30.4	22.8	25
% Sexual experience, 15-year-old girls***	2	20	18	N/A	21	N/A	24	23	21	24	19	N/A	14	N/A	N/A	14	3	16	11	N/A	19	26	13	N/A	9
% Sexual experience, 15-year-old boys***	39	24	20	N/A	40	N/A	23	18	20	25	22	N/A	21	N/A	N/A	22	36	15	26	N/A	24	24	17	N/A	24
% Condom use at last intercourse, 15-year-old girls	38	74	52	N/A	56	N/A	66	57	71	57	67	N/A	65	N/A	N/A	69	48	65	67	N/A	77	47	80	N/A	73
% Condom use at last intercourse, 15-year-old boys	63	77	64	N/A	66	N/A	74	62	72	73	72	N/A	64	N/A	N/A	71	64	78	67	N/A	63	61	82	N/A	80
% Pill use at last intercourse, 15-year-old girls	7	43	68	N/A	6	N/A	30	33	13	40	62	N/A	25	N/A	N/A	9	15	66	N.A	N/A	14	32	36	N/A	13
% Pill use at last intercourse, 15-year-old boys	19	57	60	N/A	18	N/A	29	32	19	30	69	N/A	23	v	N/A	9	29	60	N.A	N/A	10	32	35	N/A	17

Core data on sexuality education⁺

	L 2012	L 2015	L 2010	L 2010	L 2016	L 2011	L 2013	L 1996	L 2011	L 2016	L 2002	N	L 2010	L 2009	L 2015	P 2013	N	L 2012	N	N	L, 2010	L 2011	L 2008 2014	L 2015	L 2013
Law/policy/strategy and year ¹	L	L	L	S	L	L	L	L	P	L	L	N	L	L	L	P	N	L	N	N	L,	L	L	L	L
Use of Standards ²	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	?	?	?	?	Y	Y	?	N	N	N	Y	?	Y
Comprehensiveness ³	+++	+++	+++	+++	N.A	++	++	+	++	+++	+++	N.A	+	+	++	+	N/A	+++	+	N/A	+	+++	+++	+	+
Mandatory ⁴	Y	Y	Y	O	O	P	Y	P	+	Y	Y	N.A	P	O	O	Y	N/A	Y	P	N/A	P	Y	P	P	Y
Teacher training ⁵	++	+	+	+++	+	?	++	++	+++	+++	+	N.A	+	++	+	+	N/A	+	N	+	N	++	++	+	+++
Links with YFS ⁶	N	Y	Y	Y	N	P	N	P	Y	Y	Y	N.A	N	?	N	Y	N/A	P	N	N/A	Y	Y	Y	?	P
Monitoring and evaluation ⁷	Y	N	Y	Y	N	N	P	Y	Y	Y	N	N.A	Y	P	?	P	N/A	P	N/A	N	N	N	N	N	Y
Opposition in society ⁸	Y	S	N	Y	Y	Y	S	S	N	N	S	Y	S	Y	Y	Y	S	N	Y	Y	Y	N	S	Y	S
School as source of information, ⁹ %	?	84	86	?	25	?	?	40	76	?	83	10	?	50	18	?	2	93	8	?	22	50	?	?	33

*Data for the UK (England); data covers the United Kingdom of Great Britain and Northern Ireland; ** Canton Sarajevo only; *** In some countries with a dominant 'double standard', there is a tendency among boys to over report and girls to underreport their sexual experience. 'Double standard' means that boys are more generally allowed or even encouraged to have sexual relationships, whereas girls are not allowed to, or may be judged negatively for having such relationships. + Core data on sexuality education presented for the UK (England) was retrieved by for England only, but in most cases also applies to the other parts of the UK.

Explanatory notes

- Insufficient information available; N.A.: Not applicable/available
- Is there a law or policy on sexuality education? = year of approval (latest adaptation); L = Law/decreed/act; P = Policy only; S = Strategy only; N = No. In case a country has more than one policy/strategy/law, only the most recent is cited here.
- The WHO/BZgA 'Standards for Sexuality Education in Europe' (2010) used in policy debate and consultations, and/or curriculum development; N = No; Y = Yes.
- Summary index, which combines 6 indicators (questions) from the applied questionnaire on law, practice and in country variation of sexuality education. Scores: 1 or 2 indicators = +; 3 or 4 indicators = ++; 5 or 6 indicators = +++ in index of comprehensiveness.
- Excluding 'only in biology'; Y = Yes for all learners; P = Partly (right to opt out, or not in all schools); O = Optional
- N = No teacher training; + = only few teachers trained in sexuality education; ++ = several trained; +++ = most or all trained
- Is there a direct link between sexuality education and youth-friendly sexual and reproductive health service delivery? Y = Yes; P = Partly; N = No
- Is there a monitoring and evaluation system in place? Y = Yes; P = Partly; N = No
- Is there serious opposition in society against sexuality education? Y = Yes, serious; S = Some; N = Little or none
- What % of young people mentioned the school as a source of information on sexuality? Sources for this information are different survey data provided by countries if available.

References / Definitions

1 Standards for Sexuality Education in Europe. Cologne: WHO Regional Office for Europe/BZgA; 2010.

2 World Health Organization Regional Office for Europe/BZgA. Training matters: a framework on core competencies of sexuality educators. Cologne: BZgA 2017.

Learner: a child or young person who is enrolled or attends classes in school, including primary (basic/elementary), secondary (middle) and high school.



This fact sheet is based upon a joint research project of the International Planned Parenthood Federation European Network (IPPF EN) and the Federal Centre for Health Education (BZgA), a WHO Collaborating Centre for Sexual and Reproductive Health. The data of this research were collected between October 2016 and July 2017 by means of written expert interviews with representatives of governmental and non-governmental organisations in 25 countries and collection of available data from international information sources. **More information is available on <http://www.bzga-whocc.de/en/home/>**

Published by Bundeszentrale für gesundheitliche Aufklärung (Federal Centre for Health Education), BZgA, Cologne/Germany **Authors:** Evert Ketting, Olena Ivanova **Edited by:** Nathalie Bélorgey, Laura Brockschmidt, Angelika Hessling, BZgA **Design and Layout:** Kühn Medienkonzept & Design GmbH **Edition:** Online version, March 2018 **Copyright© 2018 BZgA**

This factsheet is provided by BZgA free of charge. It is not intended for resale by the recipient or third parties. The print version can be ordered as follows **By post:** BZgA, 50819 Köln **By fax:** +49 (0)221 8992 257 **By e-mail:** order@bzga.de **Order number:** 60596048