

Sexuality Education

Lessons Learned and Future Developments in
the WHO European Region



Conference Report

International conference in Berlin
Humbolt Carré
15 & 16 May 2017

Hosted by the Federal Centre for Health Education (BZgA)
WHO Collaborating Centre for Sexual and Reproductive Health

Co-sponsored by



"Welcome!"

It's a great opportunity to look beyond the borders!

Our goal is an effective collaboration - Closely in networks from international to local level to prevent and reduce health risks.

in our world we need strong partners

INTERNATIONAL CONFERENCE

BZgA Federal Center for Health Education

Sex Les Dev Eur

Vision: Support in achieving their full potential for sexual and reproductive health and well-being!

It is a long way from policy is adopted to clear actions. It needs capacity to listen and to hear. It's sensitive.

Structural framework conditions have to be adjusted regularly. The system is diverse

We have to work WITH the people - not FOR them!

the progress can be very different... Share Knowledge!

"We don't know almost anything about adolescent young sexuality..."

DATA:

Adolescent pregnancy, Abortion, Birth

- GOAL 1: Enable all people to make informed decisions
- GOAL 2: ensure the highest attainable standard
- GOAL 3: Guarantee universal access, eliminate inequalities

sexual health: "... a state of physical, emotional, mental and social well-being in relation to sexuality..." (WHO 2005)

PARENTS play a big role!

Sexual and reproductive health vs. women's health it's not the same!

Sexual education Europe & Central Asia: Action plan... "the baby is gonna walk..."

adolescents: Youth (15-19) ... (24) years Young People

Sexuality Education: Lessons Learned and Future Developments in the WHO European Region

15 - 16 MAY 2017
Humboldt Carré, Berlin, Germany



Sessions "Sexuality Education"

- National campaigns like "Week of sex" (e.g.)
- Cooperate with religious groups and parents together
- Training of teachers
- Share results of research
- SE should start as young as possible
- SE in KG has to address children, parents and educators
 - So children's sexuality has to differ from sexuality of adolescents
- We need arrange to suit all learning styles & circumstances e.g. face to face groups & digital
- Look for ways to engage hard to reach groups e.g. those who don't identify a need
- Work together with schools to ensure parents are on board (consistent message)

- Need to prepare the young people as the next generation of parents and adults through high quality CSE.
- We need cross sectoral partnership of stakeholders from the onset of CSE programmes.
- A sex-positive CSE provides young people with positive frame of reference for their future sex experience.
- Youth participation is key!

- It's not really that different. Sometimes it's easier
- See people as individuals not as a stereotype representation of a group.

- ... for children/young people with cognitive/intellectual disabilities
- The needs of these people are the same
- The approach is different according to societal context
- Important that staff member and parents realize and accept sexual rights and health among target group

Linkage of SE to health and counselling services

Training of sexuality educators and development of training materials

Evaluating sexuality education

Implementation of SE programmes in resource-poor settings

Addressing sexual diversity and gendered roles in SE

Prevention of gender-based violence and sexual abuse in schools

Abbreviations

AIDS	acquired immune deficiency syndrome
BZgA	Bundeszentrale für gesundheitliche Aufklärung [Federal Centre for Health Education], Germany
CSE	comprehensive sexuality education
HIV	human immunodeficiency virus
HPV	human papilloma virus
LGBTQI	lesbian, gay, bisexual, transgender, queer, intersex
IFMA	International Federation of Medical Students Associations
IITE	(UNESCO) Institute for Information Technologies in Education
IPPF EN	International Planned Parenthood Federation European Network
NGO	nongovernmental organization
RCT	randomized control trial
SAFE	Sexual Awareness for Europe [project]
SDG	(United Nations) Sustainable Development Goal
STI	sexually transmitted infection
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization

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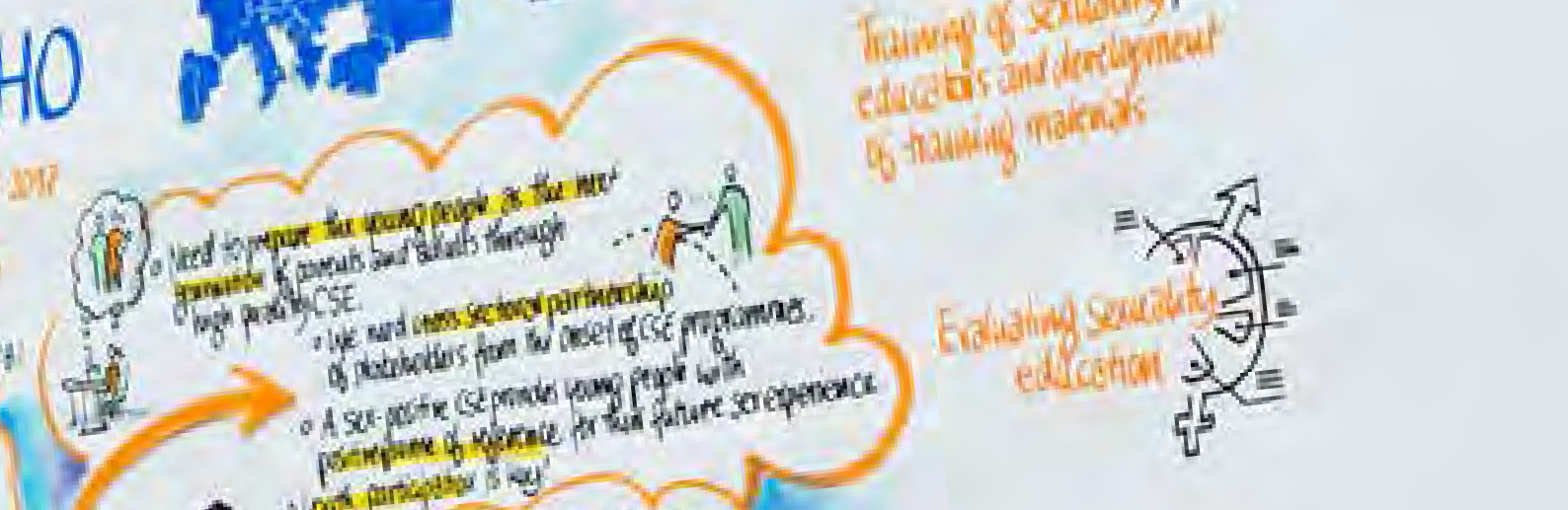
INTRODUCTION AND CONTEXT

Sexuality education is an effective life-course intervention that increases the health and well-being of children and young people. It can enable them to expand their knowledge of sexual and reproductive health and rights, develop communication, decision-making and risk-reduction skills, and adopt positive and responsible attitudes to sexuality and relationships.

Sexuality education implementation differs greatly in the World Health Organization (WHO) European Region, which includes central Asia. Differences among Member States exist, for instance, in respect to legal anchoring, type of provider, inclusion in school curricula, extent of coverage and topics included in sexuality education.

Since the publication of the *Standards for Sexuality Education in Europe* in 2010, new programmes and approaches have been implemented in the European Region and existing programmes have been evaluated. At the same time, societal norms and values have led in some countries to calls to reduce sexuality education programmes, while technical and social developments (such as the spread of online media) continue to have great implications for sexuality education.

The International Conference on Sexuality Education was prepared in line with the WHO Action plan for sexual and reproductive health: towards achieving the 2030 Agenda for Sustainable Development in Europe - leaving no one behind. The action plan calls particularly for establishing and strengthening formal and informal evidence-informed comprehensive sexuality education (CSE) in the WHO European Region.



Aims and objectives

The overall aim of the conference was to promote sexuality education as an integral part of health promotion and as a crucial element in supporting the healthy development of children and young people. The conference also provided a platform for the facilitation of:

- scientific and technical exchange on latest research results and examples of good practice; and
- networking opportunities among international experts working in the field of sexuality education.

Specific objectives of the conference were to:

- provide an overview on trends and the current state of sexuality education in the WHO European Region; and
- identify current challenges related to the implementation and improvement of sexuality education, as well as future strategies and approaches to address them.

Participants

Over 180 experts on sexual and reproductive health and sexuality education from more than 30 countries throughout the WHO European Region attended, including representatives of:

- government ministries (health, youth, education) and other governmental organizations working in related areas;



- international and national nongovernmental organizations (NGOs), including education associations;
- research institutions; and
- international and intranational organizations.



DAY 1

LESSONS LEARNED

The conference heard opening speeches from the director of the Bundeszentrale für gesundheitliche Aufklärung [Federal Centre for Health Education] (BZgA), Germany, Gunta Lazdane on behalf of the WHO Regional Director for Europe, the head of unit for the pregnancy conflicts law, sexuality education and women with disabilities in the Federal Ministry of Family Affairs, Senior Citizens, Women and Youth, Germany, and the head of unit for human immunodeficiency virus (HIV)/sexually transmitted infection (STI) prevention at the Federal Ministry of Health, Germany. The opening speeches were followed by a presentation from Gunta Ladzane of the WHO Regional Office for Europe.

OPENING SPEECHES



Dr Heidrun Thaiss

Director, Bundeszentrale für gesundheitliche Aufklärung
[Federal Centre for Health Education] (BZgA), Germany

»» p. 12



Dr Gunta Lazdane

on behalf of Dr Zsuzsanna Jakab, WHO Regional
Director for Europe

»» p. 16



Julia Krieger

Federal Ministry of Family Affairs, Senior Citizens,
Women and Youth, Germany

»» p. 18



Ines Perea

Federal Ministry of Health, Germany

»» p. 22



Dr Heidrun Thaiss

Director, Bundeszentrale für gesundheitliche Aufklärung
[Federal Centre for Health Education] (BZgA), Germany



Over the next two days, we will discuss the current state of sexuality education in European and central Asian countries, and the persisting challenges and future developments that will further influence our work in the area of sexuality education.

This conference is a great opportunity to look beyond our own borders and learn from the experiences of neighbouring countries in the field of sexuality education and sexual and reproductive health of young people across the WHO European Region. We will be able to learn from and debate with representatives of 33 countries who work in different disciplines related to sexuality education – research institutions and governmental, nongovernmental and United Nations organizations. And yet, while our group is very diverse in origins and background, the goal of improving and further implementing sexuality education at national level is an aspiration that all of us share.

Speakers will introduce a huge variety of good-practice projects from countries across the Region, backed up by the latest research findings. I would like to highlight a new assessment, so far unpublished, jointly conducted by the BZgA and the International Planned Parenthood Federation European Network (IPPF EN).

Together, we have created an overview of the current status of sexuality education in 24 of the 53 Member States of the WHO European Region, which stretches from the Atlantic Ocean to the Pacific. Many of you have participated in this assessment and kindly provided information on the situation in your country. BZgA and the IPPF EN will present the results of the assessment in detail during the conference.

Sexuality education is a crucial factor that protects the health and well-being of children and young people and supports them in their sexual and overall development. In particular, sexuality education enables them to increase their knowledge of sexual and reproductive health and rights, develop their decision-making, communication and risk-reduction skills, and adopt positive and responsible attitudes to sexuality and relationships.

But sexuality education is not only a ‘nice-to-have’ option. Children and young people are entitled to receive sexuality education that is comprehensive and holistic in nature, development- and age-appropriate, and adapted to the needs of young people and the questions they ask. Sexuality education is an integral part of the human right to health, in particular the right to access appropriate health-related information, as enshrined in a number of international instruments, such as the Convention on the

Rights of the Child, the Convention on the Rights of Persons with Disabilities and the International Covenant on Economic, Social and Cultural Rights.

International organizations like the United Nations and WHO, one of our closest partners, emphasize the right to information on issues related to sexual and reproductive health and the important role sexuality education plays in a range of strategies and action plans. These include the 2030 Agenda for Sustainable Development, the Minsk Declaration on the Life-course Approach and

.....
***But sexuality education is not only
a ‘nice-to-have’ option.***
.....

the action plan for sexual and reproductive health, which was adopted in September 2016 by the WHO Regional Committee for Europe. Comprehensive sexuality education is identified in this instrument as one of the key priorities in the promotion of sexual and reproductive health and rights.

Sexuality education is a cross-disciplinary subject, combining different sectors such as health, education and youth. The provision and implementation of sexuality education therefore demand effective intersectoral collaboration. As a governmental specialist organization for health promotion and disease prevention, the BZgA has vast experience in intersectoral collaboration and is therefore an ideal example of this approach.

The Federal Ministry of Health initiated a new national law to strengthen health promotion and preventive health care in Germany in July 2015. The Preventive Health Care Act pursues an intersectoral approach, bringing together stakeholders from inside and outside the health sector in pursuit of the following aims:

- preventing or reducing health risks and encouraging independent health-promoting behaviour;
- reducing social and gender-based health inequalities; and
- promoting cooperation between social and health insurance providers and all other relevant actors, tar-

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geted at strengthening health promotion in a range of settings.

BZgA is legally mandated to support the development of a national strategy for the prevention of ill health and support statutory health insurance funds in implementing health promotion aspects of the Preventive Health Care Act.

While this law is still rather new, having been adopted only in 2015, BZgA has been working intersectorally for decades. BZgA is a governmental organization operating within the portfolio of the Ministry of Health, but our Department for Sexuality Education and Family Planning is technically supervised by the Federal Ministry of Family Affairs, Senior Citizens, Women and Youth. Both ministries consequently are responsible for ensuring that health promotion programmes, particularly those related to sexuality education and family planning, are effective and based upon the highest quality standards.

BZgA and the authorities of the 16 federal states are, by law, mandated to organize and conduct sexuality education in close cooperation with German family counselling institutions and other relevant organizations. This multisectoral approach ensures high-quality sexuality education for various age and target groups.

But BZgA actively promotes sexuality education not only at national, but also at international level. Here, our strong collaboration with the WHO Regional Office for Europe is of particular importance.

Recently, BZgA and the European Expert Group have focused attention on training sexuality educators, which has not been addressed adequately in most countries in the Region, despite its crucial importance to the quality of education. Members of the European Expert Group will make public, for the first time, the latest results of their work, a new guide entitled *Training matters: a framework for core competencies of sexuality educators*, during the conference.

Although sexuality education is currently high on the political agenda, unfounded claims about the risks of sexuality education are still being made by various groups, despite international research showing that young people in countries with well-developed sexuality education tend to start sexual contact later and protect themselves better from unplanned pregnancies, HIV and other STIs.

With this in mind, it is particularly important to work closely with partners and further improve networks to communicate about the benefits of sexuality education for the health and well-being of children and young people. There will be many formal and informal opportunities to put this into practice during the conference.

This international conference is the result of a number of cooperative relationships. I warmly thank those people and partner organizations that have supported BZgA in organizing and further developing the concept of the conference.

As Director of BZgA, I would particularly like to thank Gunta Lazdane, who has shaped the international work



of BZgA as a WHO collaborating centre tremendously. I thank her not only for her valuable contribution to this conference as leading specialist and keynote speaker, but also for the strong personal and professional engagement in the area of sexual and reproductive health she has demonstrated over the past decades.

I wish you all two days of fruitful conversation, open debates and new cooperative relationships that will contribute to the improvement of sexual and reproductive health in future.



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Dr Gunta Lazdane

on behalf of Dr Zsuzsanna Jakab, WHO Regional Director for Europe

»» In welcoming participants to the conference, I wish to say a special thanks to BZgA for the work they have put into developing the event, and the government of Germany for its collaboration and cooperation. The Ministry of Health is WHO's usual main partner in the country, but the joint approach in Germany with the Federal Ministry of Family Affairs, Senior Citizens, Women and Youth provides a wonderful opportunity for collaboration on addressing the health and well-being of adolescents and young people. A quick look at the logos on the cover of the conference programme shows the high level of collaboration involving so many organizations to make this great event happen. These are partners of WHO actively involved in further improvement of sexual and reproductive health.

In 2012, all 53 Member States of the WHO European Region adopted the strategic framework for health in Europe, Health 2020, and agreed that improving health and well-being is impossible without addressing health inequalities and working in a collaborative way among governments, professionals and society.

Of the four priority areas of Health 2020, two – implementation of the life-course approach and empowerment of people – are directly linked to the subject of this con-

.....

***Sexuality education
is sensitive and complicated
in our very diverse world.***

.....

ference. Policy implementation, however, often takes quite a long time: it was three years after Health 2020 was launched that the Minsk conference defined what a life-course approach means. Ministers, policy-makers and others discussed at the conference which actions in which areas have the greatest impact on the life-course, and sexuality education was cited by many participants. It found its way into the Minsk Declaration, approved by the WHO Regional Committee for Europe in 2016.

Sexuality education is sensitive and complicated in our very diverse world. It is a powerful tool if administered professionally, but it can also cause harm and distort values if applied unprofessionally and with poor quality.

Last year, in the high-level conference in Paris, France

on working together for better health and well-being, the importance of school health, health education and collaboration between the health and education sectors was discussed intensely. Collaboration is a challenge that requires time, understanding and the capacity to listen. It is encouraging to learn that this conference is being attended by experts from 33 countries, representing government, health and education sectors, civil society organizations and many young people – it shows a great willingness to collaborate.

In the 21st century, people live longer, and love longer. We need to consider sexuality education for all age groups. However, children and young people are, and will be, the priority. We must do all we can to ensure they have long and happy lives in a better world. Sexuality education has an important part to play in reaching this goal.

I wish the conference every success. I hope that it will define the next steps, and that we will be brave enough to take them.



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Julia Krieger

Federal Ministry of Family Affairs, Senior Citizens, Women and Youth, Germany

»» I am very pleased, as the head of the sexuality education unit in the Federal Ministry of Family Affairs, Senior Citizens, Women and Youth, to be able to speak to this conference.

Good preconditions in Germany are the result of many years of experience the Federal Republic has had in the field of sexuality education. As long ago as 1968, sexuality education was integrated into classroom practice in schools. Alongside sex education in schools, which is regulated by ministers of education at state level, we have had, since 1992, the statutory remit of BZgA as a specialist agency of the Federal Ministry of Health.

The aim is to promote in all individuals a responsible, healthy and self-determined approach to sexuality and family planning in the widest sense. Young people must have the right to determine their sexuality and lifestyle for themselves, and be empowered to make responsible decisions. They can best do this when they are comprehensively informed about sexual and reproductive health and their rights in this area. Sexual and reproductive health is a crucial factor in the quality of human life, and cannot be achieved without education.

In this spirit, the Federal Government promotes:

- sexual and reproductive health, supported by WHO's important work;
- a social climate that is well disposed towards sexuality and the family, and at the same time open towards different lifestyles, orientations, attitudes and values; and
- a robust system of assistance for avoiding and resolving pregnancy conflicts.

In Germany, the foundation is the Pregnancy Conflicts Law (Act on Assistance to Avoid and Cope with Conflicts in Pregnancy) and the framework concept for sexuality education worked out between BZgA and the individual states. This concept sees sexuality as a basic existential human need and a central component of identity and personality development.

Sexuality education in the wider sense includes not only information about biological facts and contraceptive methods, but also support for people as they develop attitudes and behaviours in the field of sexuality. It is embedded in a complex network of individual and social norms and values. Holistic sexuality education must reach people at emotional level and, in the process, take account of very different backgrounds and, not least, ethical associations. Practical concepts in sexuality education, based on internationally recognized human rights and our own Basic (Constitutional) Law, must take this diversity into account. In particular, mothers and fathers need to be involved; we must keep giving them good and practical recommendations for action.

Sexuality education is also a responsibility of the whole of society. Close cooperation with NGOs is therefore particularly important. This includes cooperation with:

- providers of pregnancy counselling, who are doing

magnificent work in offering psychosocial advice on contraception, partnership and fertility desire;

- teachers, who undertake sexuality education in schools in a manner appropriate to the age and development of their charges; and
- doctors, who in their surgeries inform young people about bodily processes and contraception.

If all this is to succeed, a structural framework is necessary, one that must be constantly tested for its fitness for purpose – not least on the part of the Federal Government.

I should like to offer two topical examples. In Germany, prescription-only contraceptives are paid by statutory health funds for young people up to 20 years. We are now working with the charity 'pro familia' to investigate how to provide low-threshold access to these contraceptives for low-income women over 20 and more effectively support them by bearing the cost of contraceptives and advice. The project runs until 2019 and will be evaluated.

.....

*Teenagers and young adults
in Germany feel well informed.*

.....

Refugee movements also require special approaches. Two model projects have started to see how we can give pregnant refugees in Germany comprehensive assistance with their sexual and reproductive health. We are trying out the new concept of outreach pregnancy counselling, while different forms of networking are being tried out for counsellors.

Teenagers and young adults in Germany feel well informed, their contraceptive competence is good, and teen pregnancies are extremely uncommon – a major success for the collaboration of all those involved in sexuality education.

Since 2003, BZgA has been a WHO collaborating centre in the field of sexual and reproductive health. In this function, it serves as a WHO advice and information

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centre, networking with other collaborating centres for sexual and reproductive health and with governmental and NGOs at national and international levels.

BZgA supports, in particular, the WHO programme of intensive cooperation with the countries of eastern and central Europe on questions of health, and promotes closer cooperation with the European Commission. In this area, sexuality education that takes special account of the needs of young people is given a key role in the promotion of sexual and reproductive health.

The specific needs of the growing vulnerable groups in many European Member States represents a special challenge. One of the purposes of the conference is therefore to offer sexuality education experts in the WHO European Region a forum in which national strategies and their implementation can be discussed from governmental and nongovernmental perspectives. The participating countries have been questioned in detail on national framework conditions and strategies regarding sexuality education. These results form the basis of the conference. The forum is here to promote an exchange of views among specialists in the field, and to promote learning processes, network formation and cooperation in the WHO European Region.

We are very pleased, with this conference, to be able to contribute to the implementation of the goals shared by WHO and BZgA in the field of sexual and reproductive health at national and international levels.

On behalf of Federal Minister Manuela Schwesig, who would have very much liked to be here today, I would like to wish you an interesting conference.



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Ines Perea

Federal Ministry of Health, Germany

»» The Federal Ministry of Health has been working closely with WHO for many years. Representing Germany as a WHO Member State, the Federal Ministry of Health is actively involved in overall governance of this important international organization, but is also actively cooperating on various health topics. One special field of cooperation is sexual and reproductive health.

Most importantly, BZgA has been a WHO Collaborating Centre for Sexual and Reproductive Health since 2003. The thematic focus lies on sexuality education in the WHO European Region, a theme in which BZgA has many years of experience at national and international levels. As a WHO collaborating centre, it engages in developing frameworks and materials for different target groups in the field of sexuality education, defining standards, performing research and organizing seminars and conferences for knowledge-transfer and networking.

Many activities have been taken forward since its designation as a WHO collaborating centre more than 10 years ago. Important milestones in this cooperation include the European conference on sexuality education in 2006, the *Standards for sexuality education in Europe, the Guidance on the implementation of sexuality education programmes* and the latest product of the joint expert group, *Training matters: a framework for core competencies of sexuality educators*.

Work in the field of sexual and reproductive health and rights is firmly grounded on certain principles, most importantly the acknowledgment of human rights, gender equality, a positive understanding of sexuality, acceptance of diversity and the right to self-determination.

These principles are equally important for the prevention of HIV and other STIs. The German Federal Government has been engaging in the response to HIV and acquired immune deficiency syndrome (AIDS) for more than 25 years. Of principal concern is not only the prevention of new infections, but also demonstrating solidarity with people who live with HIV and AIDS and actively engaging against stigma and discrimination. Germany's HIV response is firmly based in human-rights principles, such as respect for human dignity, gender equality and non-discrimination.

Just one year ago, the Ministry of Health endorsed a new strategy to reduce HIV, hepatitis B and C and other STIs. This integrated strategy will be the basis for HIV and STI prevention in Germany in the coming years, and prevention of HIV has been closely linked to that of other STIs. Among the many elements that can be defined as essential in the fight against HIV and other STIs, sexuality education is an important building block – especially when we talk about children, adolescents and young people.

School is the place in which everybody can be reached, regardless of social, religious or ethnic background. And school is also the place where knowledge is acquired, attitudes are fostered and skills are learned that might not be of immediate relevance, but are only made use of later in life.

The Federal Government advocates a comprehensive view of sexuality as an integral part of human development through every phase of life. In consequence, sexuality education is relevant for the whole population, of all ages. Sexuality education, which acknowledges sexual and reproductive rights, which is age-appropriate and is based

.....
‘School is the place in which everybody can be reached, regardless of social, religious or ethnic background.’

on scientific facts, can empower people to make responsible decisions regarding their sexual health and well-being while at the same time contributing to the prevention of sexual ill health.

We cannot be successful in our work without strong partners. We have been able to celebrate our success, but it has also become increasingly clear to us that we need to join forces to continue our work and overcome challenges all of us are facing.



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KEYNOTE

Improving sexual health and sexual well-being of young people in the WHO European Region

Dr Gunta Lazdane

WHO Regional Office for Europe



Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relations, free of coercion, discrimination or violence. Yet the definition is not universally agreed.

Countries have been encouraged to collect data on young people's use of condoms and other contraceptive methods, and teenage pregnancy rates as part of achieving internationally agreed development goals. The Health Behaviour in School-aged Children survey, carried out in more than 40 countries every four years, is a particularly strong source of comprehensive information. Much of the data collected across the Region are, however, out of date or do not exist, meaning the current situation is largely unknown. The existing data do show, though, the wide diversity in the Region across a range of measures. For example, the reported incidence of birth to adolescents differs from 10/1 000 in western European countries to 32 in eastern Europe and central Asia; and the reported incidence rate of chlamydia among young people (ages 15 – 24) differs

from less than 1 000 per 100 000 population to 25 000 per 100 000 population.

Sexual health in some countries is associated only with STIs. Issues such as sexual well-being and reproductive health are either considered separately or not at all. The main question for people is: are they satisfied with their sexual and reproductive health? Some countries, such as the Netherlands, have tried to measure this, finding high levels of satisfaction among males and females aged 12 – 25. In Spain, higher levels of satisfaction were found among those in stable sexual relationships. However, data from many countries of the WHO European Region are unavailable.

The main conclusion has to be that we still do not know much about adolescents' and young people's sexual health and well-being.

The United Nations Sustainable Development Goals (SDGs) provide an opportunity to carry out more work in this area. There are many indicators for monitoring progress in sexual and reproductive health and rights, and a number of topical areas in which sexual health, including that of adolescents and young people, is mentioned. *The Global strategy for women's, children's and adolescents' health* and the Minsk Declaration on the Life-course Approach in the Context of Health 2020 are also significant policies directly influencing national strategies and action plans.

The age group of 10–24 provides many opportunities to invest in health through the life-course and these should not be missed. This includes sexuality education in schools, but also human papilloma virus (HPV) vaccination programmes, access to contraception, chlamydia screening and preconception care.

WHO has supported countries in monitoring progress in implementing the *European strategy for child and adolescent health* (2014). In relation to policies on sexuality education, monitoring data show that while most countries have policies in place for education in secondary schools and some in primary, others have no policies. The same applies to access to contraception for adolescents without parental consent.

The year 2016 was a special year for sexual and reproductive health and rights in the European Region, with the adoption of the *Strategy for women's health and well-being* and the *Action plan for sexual and reproductive health* by the 66th session of the WHO Regional Committee for Europe. Some countries questioned why the latter was needed when the former existed, but women's health is not only about sexual and reproductive health, and sexual and reproductive health is not only about women. Development reflected the diversity of views in the Region, but a consensus was found and a majority of the European countries welcomed the action plan as a very positive step forward.

The action plan's main goals are about enabling people to make informed decisions about their sexual and reproductive health and ensure their human rights are respect-



ed, ensuring they achieve the highest attainable standard of sexual and reproductive health, guaranteeing universal access to sexual and reproductive health (including for adolescents) and eliminating inequalities.

Moving forward, we need to collect data in this area and publish. Unless the full situation is understood, it will be assumed that everything in Europe is fine.

The vision is that the WHO European Region is a region in which all people, regardless of sex, age, gender, sexual orientation, gender identity, socioeconomic condition, ethnicity, cultural background and legal status, are enabled and supported in achieving their full potential for sexual and reproductive health and well-being; a region where their human rights related to sexual and reproductive health are respected, protected and fulfilled; and a region in which countries, individually and jointly, work towards reducing inequities in sexual and reproductive health and rights. I hope all our children and grandchildren can grow up in this kind of region.



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SEXUALITY EDUCATION IN EUROPE AND CENTRAL ASIA





The key element of this session was a presentation on new research initiated and carried out jointly by BZgA and IPPF EN on the state of sexuality education in 24 countries of the WHO European Region. This research constitutes an updated assessment of the situation in selected countries of western and eastern Europe and central Asia which were only partly covered by two previous studies conducted a decade ago by IPPF EN (the Sexual Awareness for Europe (SAFE) project) and BZgA (Country Papers on Youth Sex Education in a Multicultural Europe). The presentation of the new research was preceded by brief comments from representatives of BZgA and IPPF EN.

State of the Art and Recent Developments

Working in close collaboration

Angelika Hessling

BZgA

In 2003, when BZgA became a WHO collaborating centre, it was a newcomer to the field of sexuality education. BZgA organized an international networking conference on sexuality education for young people in a multicultural Europe in 2006. In the run-up to the conference, BZgA performed a study on sexuality education in the WHO European Region, which identified best practices and new approaches in 16 countries. At that time, BZgA was not aware of the SAFE project being conducted at the same time by IPPF EN, but now works with it in close collaboration.



Building and consolidating SAFE



Lena Luyckfasseel

IPPF EN

Countries of eastern Europe and central Asia were not included in the European Commission-funded SAFE project on improving the sexual and reproductive rights of young people across Europe in 2006. The project had three components: researching young people's sexual and reproductive health behaviour; identifying new and innovative ways of providing information; and developing tools to support policy work. Since then, much progress has been made, building and consolidating the work. More government commitment has been seen, and young people and partner organizations have become more active in the field. Opposition, however, which has always been there, has become more organized and is mounting negative campaigns.

Challenges encountered

Ilona Renner

BZgA



Challenges have been encountered in the current research. Both partners had many new ideas for questions for the questionnaire, which, while welcome, created challenges in creating a coherent and manageable instrument. Choosing countries was also difficult – 25 of 53 were chosen with the aim of representing all parts of the Region. Language problems were addressed by consultants who were fluent in English and Russian.

Pooling sources and resources



Laura Brockschmidt

BZgA

Joint working between BZgA and IPPF EN and cooperation has been very successful, emphasising the importance of intersectoral collaboration in pooling sources and resources. For the current research, the partnership adapted the questionnaires used in the 2006 surveys.

Taking the message forward

Irene Donadio

IPPF EN



The full report of the research will be issued in the autumn. Participants should use the results to maximum effect, particularly with their contacts in governments and journalists, but also in all communities interested in the topic. A comprehensive scientific paper will be published, and young people who have been involved will take the messages forward in their communication and advocacy work. IPPF EN will also be taking forward strong advocacy efforts.

Main Research Findings

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Background

The SAFE report, published in 2006 by IPPF EN, WHO and Lund University, covered 26 countries in western, northern and central Europe. The same year, BZgA published country papers on sexuality education for young people, which looked at 14 countries in Europe and two in central Asia: six of the countries covered had not been involved in the SAFE report. More recently, the United Nations Educational, Scientific and Cultural Organization (UNESCO) produced a global review of comprehensive sexuality education (in 2015) that included nine countries in eastern Europe and central Asia, and various country reports have been published through the international literature.

Method

The questionnaire for the research was sent to IPPF member associations and ministries of education or health. It covered laws, policies and strategies, school sexuality education in practice, sexuality education outside schools, youth-friendly sexual and reproductive health service delivery, and relevant survey results at country level that provide insights into other areas of sexuality education. Responses were received from 24 countries¹ from all parts of the WHO European Region.

The core principles of comprehensive sexuality education defined in the research were that it:

- is based on a human-rights approach;
- is adapted for age and developmental stage and spread out over several years of education;
- uses a holistic concept of well-being (including health);
- stresses gender equality, the right to self-determination and acceptance of diversity;
- promotes a positive approach to human sexuality;
- provides scientifically accurate information; and
- aims to increase knowledge, develop values and norms, and build behavioural skills.

Indicators of comprehensiveness used in the study were:

- whether the country's law and policies were supportive of comprehensive sexuality education;

- respondents' estimation of comprehensiveness;
- the variety of topics addressed in sexuality education;
- comprehensiveness of educational materials used;
- mandatory status in the country; and
- in-country variation in sexuality education practice.

Main findings

The findings show that while sexuality education is neither regulated nor planned in four countries, it is in the laws of 17 countries, the policy of two and the strategy of one.² In all countries where sexuality education is taught, new regulations have been initiated or planned since 2000. Impressive progress in sexuality education in Europe is therefore seen, especially over the last decade.

Sexuality education is mandatory in schools in 11 countries, usually as part of other mandatory subjects (such as health education or biology). It is partly mandatory (meaning it is so in only certain parts of the country or in particular schools) in six countries, is an optional subject in four and is not (or practically not) taught in schools in four. Sexuality education is almost always integrated in other core teaching subjects, such as biology and health education: stand-alone sexuality education is rare in Europe. The indications are nevertheless that sexuality education is becoming a normal, integrated teaching subject in schools.

Ten countries (mostly in northwest Europe, but also Albania and Bosnia and Herzegovina (Sarajevo canton)) were found to have fully comprehensive sexuality education, but four had no sexuality education at all. Comprehensiveness was partial in four countries and minimal in six.

The *Standards for sexuality education in Europe* is used extensively to promote activity in areas such as advocacy and curriculum development: they support advocacy in two countries, curriculum development in four, and a combination of advocacy and curriculum development in 10. The standards also support the development of sexuality education in some countries. It is unclear to what extent they are used in six countries.

Despite all this, the study, based on respondents' perceptions of how sexuality education is socially accepted in their country, found much resistance to sexuality education in Europe, with only five countries reporting low resistance. Twelve countries have constant and extensive resistance, and it is growing in seven.

Reasons behind resistance include perceptions that sexuality education:

- leads to early onset of sexual relations, despite UNESCO guidance that shows the opposite tends to be true;
- is the responsibility of parents, not schools (the *Standards for sexuality education in Europe* emphasizes that the responsibility of schools is complementary to the role of parents); and
- spoils the innocence of young people, yet it is known that most young people who do not receive sexuality education in school learn about sexuality mainly through the Internet (pornography) and friends, which are generally unreliable, even distorted, sources.

The need to explain sexuality education and its positive impact on young people's health and well-being therefore remains strong.

Country case studies

Four countries involved in the research – Sweden, Albania, Estonia and Tajikistan – not only represent disparate parts of the WHO European Region, but also provide different examples and stages of development and implementation of sexuality education.

Sweden was the first country to introduce mandatory sexuality education in schools (in 1955), and since then the subject has gone through a long process of evolution. The new Education Act in 2010 paved the way for the establishment of two school curricula: one for primary school, preschool and recreation centres; and one for upper-secondary school. Relationship and sexuality education is comprehensive in nature and spread throughout the entire education programme in schools, being incorporated within a wide range of subjects and courses. Teacher training is usually delivered through short in-service ses-



sions or seminars, and pre-service training is provided for those teaching sexuality education in grades 4 – 6.

The subject is supported by a range of comprehensive, age-appropriate sources for teachers and young people, including a textbook on sexuality education for 10 – 13-year-olds and teaching guidelines for people working with migrants. Monitoring is in place: an evaluation of 80 schools back to 1999 showed that the subject is taught quite differently, depending on schools and teachers. Plans are in place for an evaluation in 2017, but no robust monitoring system for sexuality education currently exists. Recent surveys nevertheless suggest that more than 50 % of young people in the country consider school to be the main source of information on sexual health.

Albania has seen very rapid developments in sexuality education in recent years through adoption in 2012 of a very important sub-law on comprehensive sexuality education in schools for young people. This sub-law set out principles for sexuality education, emphasizing comprehensiveness and a human-rights base.

The current programme is named ‘Sexuality and life skills’ and consists of a number of modules included within three wider subjects: biology, health education and physical education. The curriculum, which covers a wide range of topics and focuses on children and young people aged 10 – 12, 12 – 16 and 16 – 18 years, was implemented in public schools in 2015 following a four-day pilot in two schools in Tirana and two in Vlora with teachers and students in grades 4 – 6 (approximately 10 – 12 years). The pilot showed that the programme had led to an increase of 80 % in correct knowledge among the young people and an 80 % decrease in misinformation. Teachers reported feeling more confident in delivering sexuality education to students.

The Albanian Centre for Population and Development has had an extensive sexuality education programme for training of teachers since 2011, consisting of 110 training hours spread over one year and 3 – 4 days of formal training. By the end of 2016, 150 trainers of teachers had been prepared, reaching 3000 teachers in approximately 20 % of public schools.

Estonia was the first country of the former Soviet Union officially to introduce school-based sexuality education (in 1996). It currently has two national curricula – one for primary and one for upper-secondary schools. Sexuality education in primary school starts at grade 2 (age 8 years) and is a part of the programme on ‘Personal, social and health education’. The national curriculum for upper-secondary schools formulates objectives and compulsory or optional subjects that contain sexuality education for grades 10 – 12 (age 16 – 19). Sexuality education elements are also included in biology teaching.

Approximately half of teachers involved in teaching sexuality education have participated in post-graduate sexuality education courses, including one-day courses based on the sexuality education teacher training manual and courses on gender stereotypes, dating, violence and healthy relationships.

Sexuality education in Estonia was extensively evaluated in 2011. The evaluation showed that in combination with youth-friendly sexual health services, sexuality education has had a sizeable impact on improving young people’s sexual and reproductive health. According to recent surveys, around 76 % of young people say that school is the main source of sexuality education, with only 2 % of 16 – 24-year-old women saying they did not receive sexuality education in school.

The situation on sexuality education in **Tajikistan** has improved in recent years, but is still under development. Some aspects of sexuality education (mostly preventing STIs and pregnancy) were integrated in the school subject ‘Healthy lifestyle’, which was approved in 2002 and rolled out thereafter to 600 schools with support from international organizations.

In 2015, the United Nations Children’s Fund (UNICEF) supported the implementation of this subject in over 500 schools around the country: currently, it is taught to students of grades 7 – 9 (approximately 13 – 15 years).

The Lower House of Parliament approved the introduction of the subject ‘Sexuality education’ in the school programme in 2015 at the suggestion of the Ministry of Health and Social Protection, but currently no detail on content and implementation plans is available.

Conclusion and recommendations

Since 2000, rapid progress has been made in developing and institutionalizing school sexuality education in countries of Europe and central Asia. Most surveyed countries have basic elements of sexuality education in schools, although curriculum development, implementation, monitoring and evaluation processes differ across the WHO European Region and within countries.

Moving forward, the research recommends that:

- European and central Asian countries that do not yet have a legal basis for sexuality education should be supported in creating such a basis, using examples from comparable countries;
- in the vast majority of countries, there is a very clear need to train teachers in sexuality education and develop educational materials for that purpose;
- in addition to being the main beneficiaries, young people should be more involved in developing, implementing and evaluating sexuality education programmes;
- monitoring and evaluation systems for sexuality education should be strengthened, focusing not only on the quality of the programme, but also the quality of its implementation;
- as there is still widespread misunderstanding of the impact and benefits of sexuality education, there is a strong need to demonstrate the results of scientific research in this field to decision-makers, the education sector and the public at large; and
- sharing of knowledge and experience and collaboration in the field of sexuality education should be strengthened.



Do you want to read the full research report?
Just scan the QR-Code.



References

- 1 Responses were received from: Albania, Austria, Belgium (Flanders region), Bosnia & Herzegovina (Sarajevo canton), Bulgaria, Cyprus, Czechia, Estonia, Finland, Germany, Georgia, Ireland, Kazakhstan, Kyrgyzstan, Latvia, the Netherlands, the Russian Federation, Serbia, Spain, Sweden, Switzerland, Tajikistan, the former Yugoslav Republic of Macedonia and United Kingdom (England).
- 2 On 1 March 2017, after the research had completed, the United Kingdom (England) announced that sexuality education would be a mandatory subject in all schools, state-run and private, from 2019.

PARALLEL SESSIONS

Sexuality education: approaches for specific target groups and settings





INTERNATIONAL CONFERENCE

**Sexuality Education:
Lessons Learned and Future
Developments in the WHO
European Region**

11-16 May 2017
Hamburg, Czechia, Berlin

Sexuality education in kindergarten



Chair: Mirjam Tomse

BZgA, Germany

The aim of this session was to identify challenges to implementing sexuality education for young children and find strategies and approaches to address them. It also set out to provide a picture of the current state of sexuality education in kindergartens and research, and examples of good practice.

Presentations were heard on:

- Why we should start as young as possible with sexuality education (*Sanderijn van der Doef*, Consultant in Sexual and Reproductive Health, the Netherlands);
- Research, trends, agreements and practices of young children's sexuality education in Finland (*Raisa Cacciatore*, Family Federation of Finland/Väestöliitto, Finland); and
- The kindergartenbox – discover, look, feel! [Kindergartenbox – Entdecken, schauen, fühlen!] (*Mirjam Tomse*, BZgA, Germany).

Key points from session

The session provided tangible examples of approaches and materials for sexuality education for preschool children and engaged participants in lively discussions and reflections. Inputs and discussions generated the following key takeaway messages.

- Material and methods for sexuality education in kindergarten must support and address children, parents and educators.
- Educators must be prepared to deal with all questions from children, and meet the concerns of parents.

- Children's questions should be answered in an age-appropriate manner.
- Sexuality education must start as early as possible. Children's sexuality differs from that of adults and adolescents. Children's sexual behaviour includes the desire to have trustful and safe relationships with others, be close to others, receive care and have physical contact, and garner respect for their inquisitiveness, interests and questions.

Sexuality education in primary school



Chair: Ineke van der Vlugt

Rutgers, the Netherlands

The aim of this session was to capture the most recent and important developments in children's sexuality education in primary schools in Europe. Representatives from three European countries provided examples of good practice and identified the main topics in lesson packages, and shared their experience of implementation in primary schools. The role of parents and quality of teaching were also addressed.

Presentations were heard on:

- The Week of SEX, a national campaign and the promotion of CSE in primary schools in Denmark (*Lone Smidt*, Sex & Samfund, Denmark);
- The Week of Spring Fever, a national campaign and online lesson package on CSE in the Netherlands (*Elsbeth Reitzema*, Rutgers University, the Netherlands); and
- Goals, lessons and practice of implementing sexuality education in the formal curriculum for 10 – 12 year-olds: cross-curriculum development and work with parents (*Brunilda Hylviu*, Albanian Centre for Population and Development and *Edlira Sina Mezini*, Institute for Education Development, Ministry of Education and Sports, Albania).

Key points from session

It became clear in discussions that national campaigns like the Week of Spring Fever and Week of SEX are very helpful in promoting sexuality education in primary school, and that parents are an important counterpart in comprehensive sexuality education.

Some countries have a kind of mandatory curriculum on comprehensive sexuality education with links to health, well-being and life skills. Sexual diversity is integrated in the lesson packages. Other countries (like Albania and Denmark) have developed train-the-teacher sessions or created lesson packages for teachers in colleges and universities (the Netherlands).

The biggest challenge remains the quality of lessons. It is still unclear what kind of lessons teachers use in classrooms and whether they deliver them appropriately. Research on sexual development in young people and evaluations of sexuality education in primary school are not widely available, and some countries are facing stiff opposition from parents. Denmark and the Netherlands have used several strategies to overcome parental resistance, including informing them in advance and listening to their concerns. Parents fear that comprehensive sexuality education will promote earlier sexual activity, which in reality is not the case.

Sexuality education in secondary school



Chair: Lena Luyckfasseel

IPPF EN

A youth-adult panel, consisting of representatives of three member associations of the IPPF EN (Bosnia and Herzegovina, Denmark and Kyrgyzstan) shared their strategies and models for delivering and enabling sexuality education in secondary schools and reported about opportunities for delivering CSE in schools without governmental support.

The session was opened by an introduction to IPPF EN's approach to delivering and enabling sexuality education in secondary schools, highlighting: the need for a holistic, proactive, comprehensive and positive approach; characteristics of successful strategies; the importance of factoring-in country contexts; and the type of partnerships necessary to ensure high-quality delivery in secondary schools across the Region. Member associations provided analysis of their local contexts, identifying challenges and presenting successful strategies to ensure delivery of sexuality education in secondary schools. As peer educators, young people also shared their insides and own experiences, emphasizing the impact access to sexuality education has on their lives.

Good practice examples were heard from:

- Denmark, targeting stakeholders in a supportive environment and discussing the youth volunteer experience (*Mia Lone Sorenson*, Danish Family Planning Association, and Anja Pedersen, IPPF EN);
- Bosnia and Herzegovina, fostering a supportive environment for sexuality education delivery in secondary schools and discussing the impact and significance of non-formal peer education (*Fedja Mehmedovic and Kerim Dževlan*, Association XY, Bosnia and Herzegovina); and
- Kyrgyzstan, recounting young people's experience of sexuality education (*Bula Anarbekova*, Reproductive Health Alliance of Kyrgyzstan).

Key points from session

The importance of diversity has to be reflected in CSE design and delivery. Young people are not the same: they come from diverse backgrounds and have different identities, experiences and needs. There are diverse approaches to CSE in terms of what constitutes 'comprehensive', and in terms of delivery, context and stakeholders.

CSE is a vital component in ensuring healthy adolescent development. It has a huge potential for reach, but it must be tailored and delivered to all young people in formal and non-formal settings. Young people should not only be the beneficiaries of sexuality education, but should also take an active part in every step of programme design and implementation.

Context analysis is necessary to assess adequately the state of sexuality education and the prospect for improv-

ing and ensuring its delivery. Political, religious, social and cultural norms shape values and perceptions. A comprehensive, holistic approach to changing values and behaviours is needed to not only focus on provision of information, but also on building understanding and knowledge to create a culture and demand for health literacy from young people and other stakeholders.

Parents need to know how adequately to communicate information to their children. Teachers are the hooks into CSE delivery, so CSE content has to be relevant to the specific group of teachers, their subjects and obligations. Implementation is crucial and needs to project a positive approach to sexuality to provide young people with a positive frame of reference for their future sexual experiences. Cross-sectoral partnerships are needed from the onset of CSE programmes to ensure effective collaboration.

Sexuality education in multicultural groups



Chair: Thomas Demyttenaere

Sensoa, Belgium

Support for, and interest in, sexuality education for young people with migration backgrounds needs to increase. Feedback from educators tends to suggest that sexuality education in multicultural groups can be challenging; there are taboos, shame, prejudice and differences in sexual culture and language to be addressed. A central question is: How do we have an open conversation on sexuality with a multicultural group of young people? In this session, innovative tools, good practices and theoretical frameworks were presented and discussed.

Presentations were heard on:

- Intersectionality: theory and application in sexuality education in young multicultural groups (*Evelien Luts, Jong en Van Zin, Belgium*);
- Zanzu: a new multilingual website on sexual and reproductive health and rights for migrants and professionals (*Thomas Demyttenaere, Sensoa, Belgium*);
- ‘I felt happy, shy and curious’ (17-year-old boy): pedagogical material for sexuality education in simple Swedish with adapted methods to meet the needs of migrants and professionals (*Hans Olsson, Swedish Association for Sexuality Education*); and
- ‘Komm auf Tour’ [‘Come on tour’]: life-planning and gender-sensitive career guidance for adolescents (*Christin Krajewski, BZgA, Germany*).

Key points from session

The main questions in the closing discussion were: How can we deal with cultural taboos? Should subjects that young people might find unacceptable to discuss be left out?

This was not an issue in the speakers’ experience. Participants in the Swedish and German programmes were mostly open and interested to learn about sexuality. More challenging discussions on homosexuality had been experienced in Belgium: when there seems to be agreement that homosexuality is ‘wrong’, it is important that the trainer has the skills to ask if everyone in the class agrees. What if their best friend or brother was gay? Another option is discussing sexual practices instead of homo-/heterosexuality. In this way, it is possible to have a more open

discussion and challenge attitudes in a positive way.

It was suggested that it is not really that difficult to talk about sexuality in multicultural groups – sometimes it may even be easier than in indigenous groups. Newly arrived migrants often have not had access to information before and are very eager to learn more. Methods may need to be different, perhaps using more visual material, choosing easier word options and finding solutions to teaching in the mother tongue.

Most importantly, people should be seen as individuals, not as stereotypical representatives of an ethnic or national group.

Sexuality education for children and young people with cognitive/intellectual disabilities



Chair: Prof Dr Charlotta Löfgren-Martenson

Malmö University, Sweden

The session aimed to provide a picture of different ways of conducting sexuality education with children and young people with cognitive/intellectual disabilities in three European countries to increase knowledge on the subject and heighten the visibility of the target group.

Presentations were heard on:

- ‘I want to do it right!’ – a pilot study on experiences of young people with intellectual disabilities in Sweden (*Charlotta Löfgren-Martenson*, Malmö University, Sweden);
- Research from Switzerland: sexuality education for young people with intellectual disabilities in integrated and separated schools (*Marina Costa*, Lust und Frust, Institution for Sexuality Education and Counselling, Switzerland); and
- ‘The right to love’: sexuality education for young people (18+) with learning disabilities – needs assessment, education materials and training (*Iryna Skorbun*, Women’s Health and Family Planning Foundation, Ukraine).

Key points from session

Similarities were seen throughout the presentations. Each highlighted that the sexual needs of young people with intellectual disabilities are the same as for other young people, even though they may sometimes be expressed differently.

The need for sexuality education geared towards the target group was emphasized in all presentations, with several suggestions for materials, methods and approaches. The presentations also showed the importance of educating staff members and parents, as people with intellectual disabilities may be in a lifelong dependency situation.

The session also, however, highlighted differences due to societal conditions in countries (due to differences in social welfare and school systems, for instance). It is therefore important to share experiences of good practice that address the dignity of the subject area.

Sexuality education and programmes for parents



Chair: Dr Katie Newby

Coventry University, United Kingdom

The aims of this session were to introduce and discuss pertinent issues relating to programmes on sexuality for parents (such as what do they achieve, can we measure this, and who participates?), and provide participants with tangible ideas for practice to take back to their organizations.

Presentations were heard on:

- engaging parents in sex and relationship education: political and methodological considerations (*Pam Alldred*, Brunel University London/Sex Education Forum, United Kingdom (England));
- the European Union-funded project 'ASK': an inclusive approach to sexual and relationship education in the home environment (*Iveta Kelle*, Association for Family Planning and Sexual Health, Latvia); and
- a local programme for parents: what should we tell children about relationships and sex? (*Felicity Hawke*, Mothers' Union, Diocese of Coventry, United Kingdom (England)).

Key points from session

A growing number of resources and tools is available to support parents in talking to their children about sex relationships: excellent examples were provided by the presenters.

A range of resources/tools needs to be available to suit parents' different preferences and circumstances. Some will prefer, for example, face-to-face facilitated workshops (such as the 'What should we tell the children?' programme in Coventry, United Kingdom (England)), but others would opt for those provided digitally (like 'ASK'). The latter is likely to attract people who would not enjoy a workshop environment or who are typically unable to attend.

Discussion included ideas on how to engage with hard-to-reach groups, particularly those who do not recognize their need for support or, indeed, their role in providing sexuality education in the home. Fathers were identified as a hard-to-reach group. Discussion also focused on how to identify those most in need, and how to measure effectiveness, but it was acknowledged that there are no easy answers.

SEXUALITY EDUCATION: APPROACHES FOR SPECIFIC TARGET GROUPS AND SETTINGS



PARALLEL SESSIONS

Sexuality education: principles, structures, research





Linkages of sexuality education to health and counselling services

Chair: Dr Gunta Lazdane

WHO Regional Office for Europe

The role of the health system and health services (in schools, youth-friendly health services and primary health services) in providing sexuality education, and issues relating to broader intersectoral collaboration and the effects of diversity in the WHO European Region, were the focus of this session. Young people from different parts of the Region were invited to share their vision of the links between sexuality education and health services.

Presentations were heard on:

- The Schools for Health in Europe Network: experiences in promoting health and strengthening collaboration in the area of sexuality education (*Martin Weber*, Programme Manager, Child and Adolescent Health and Development, WHO Regional Office for Europe);
- Youth-friendly health centres in Estonia – an excellent example of collaboration between education and health services (*Kai Part*, University of Tartu, Estonia); and
- Young people's vision of links between sexuality education and the health system and services (*Sharafdzhon Boborakhimov*, Y-PEER Tajikistan, *Madeleine*

Gray, UK - YSAFE (UK FPA), United Kingdom, *Kopeikin Clémence*, World Health Organization (WHO), Regional Office for Europe).

Key points from session

Participants felt that every school should be a health promoting school, especially in relation to sexual and reproductive health. However, it is not acceptable when school health services take no actions to offer comprehensive services, and do not promote and deliver personal interactions between school nurses and students: school health services should not just be about screening. It was noted that when school health

services closed in Finland, negative outcomes emerged.

When properly implemented, sexuality education for children and young people that has links to health care in school has reduced the costs of sexual and reproductive health care services in Estonia.

In Tajikistan, the Y-PEER organization offers training in schools, universities and communities, and has approached religious leaders to advocate for CSE. Lack of funding support, however, means the organization can function only in urban, and not rural, areas. Training is included within health education, as the use of the word 'sex' is not allowed.



Policlinics have been in place in the last few years, but the percentage of young people using them is low.

CSE is not part of the curriculum in Romania: it is covered within the topic of health education, but content is limited and covers only 6 % of the population. The country had a strong network of family planning clinics, but sustainability is proving challenging due to underinvestment. There are no links between CSE and services.

Other examples of country actions discussed included:

- the United Kingdom, which has a scheme in place to provide access to free condoms for young

people;

- the United States of America, where CSE is not regulated federally, but state-by-state; consequently, the most conservative states make no links with wider health; and
- France, where sexuality education is mandatory in primary and secondary school.

All European countries should be encouraged and enabled to implement the SDGs: this includes western European countries, even though their priorities may be different. Calls were made for online services that are accessible to adolescents, where they can be redirected to the nearest sexual-health clinic, and the creation

of youth-friendly health services in schools.

Schools should create an atmosphere in which young people feel confident and can trust each other and their educators. A non-judgemental, non-patronizing attitude is essential.

Training of sexuality educators and the development of training materials

Chair: Olaf Kapella

Institute for Family Studies, University of Vienna, Austria

Training of sexuality educators enables them to deliver high-quality sexuality education. In this session, a new framework on the core competencies of sexuality educators was introduced. The framework was developed by the WHO Regional Office for Europe and BZgA jointly with the European Expert Group on Sexuality Education. Further contributions for subsequent discussion on training and competencies of sexuality educators were made by presentations of examples from two countries.



Presentations were heard on:

- Training matters: a framework for core competencies of sexuality educators (*Laura Brockschmidt*, BZgA, Germany, and *Olaf Kapella*, Institute for Family Studies, University of Vienna, Austria);
- The Sensoa flag system: a tool for interpreting and reacting to sexual behaviour of children and young people (*Wannes Magits*, Sensoa, Belgium, and *Ineke van der Vlugt*, Rutgers, the Netherlands); and
- Sexuality education at university: enabling future teachers to work with a human rights-based approach adapted to situation and target group (*Daniel Kunz*, Lucerne School of Social Work, Switzerland).

Key points from session

Participants noted that more evaluation of the training of sexuality educators is needed to provide evidence that training is effective and that educators feel competent and encouraged to deliver CSE.

The importance of visibility of training was emphasized. As an example, educators (particularly teachers) should gain credits through taking training for sexuality education. Educators undertaking training should receive a certificate of completion: it would be helpful if training standards could be developed, combined with the delivery of a certificate recognized or accepted by a key institution in the field in the specific country.

Peer educators should be much more involved in delivering CSE, as they can reach out to children and young people in a different way. Particular interest was expressed by participants in knowing the initiators of the presented training programmes: who asked for the training, why was the programme or method created, and who was behind the idea or the initial launch of the training or materials?

Evaluating sexuality education

Chairs: Prof Dr Kristien Michiels

International Centre for Reproductive Health, Ghent University, Belgium

Dr Evert Ketting

Consultant, the Netherlands

The aim of this session was to align the evaluation needs of different stakeholders (policy-makers, programme implementers and researchers) while taking into account the main characteristics of sexuality education programmes. Policy-makers ask for proof that such programmes improve public-health indicators, but comprehensive and holistic programmes cannot only be evaluated in this way.

The session focused initially on the need to use methods other than randomized control trials (RCTs) to evaluate holistic (or comprehensive) sexuality education. There are several reasons why RCTs often are not feasible, or simply cannot be applied, to this kind of work. Programme and implementation quality should be evaluated in terms of relevance and appreciation by learners – the focus should not only be on impact. Other evaluation methods can also generate interesting and useful results on the (positive) impact of sexuality education.



Presentations were heard on:

- Evaluating holistic sexuality education: an urgent need and suggestions for new approaches (*Kristien Michielsens*, International Centre for Reproductive Health, Ghent University, Belgium);
- International technical guidance on sexuality education: the rationale for sexuality education (*Joanna Herat*, UNESCO); and
- Sexuality education in Finland: its impact on adolescent sexual and reproductive health in the past decades (*Dan Apter*, VL-Medi, Finland).

Key points from session

Participants felt that young people (learners) should be given a much more prominent role in evaluation of sexuality education, because their perceptions and appreciation are the most important success factors.

The UNESCO guidance document, which is currently being updated, has been very important in creating support for sexuality education among decision-makers across the globe. Evaluation of sexuality education should not focus exclusively on public-health impacts, but should also take into account various well-being variables. Evaluation should start from the definition of sexual health, which is a positive one.

The best sexuality-education programmes around the world (and particularly in Europe) are hardly evaluated, because RCT approaches are neither feasible nor possible. They are national programmes, so no control group is available, and are implemented over many years, meaning it is virtually impossible to perform a pre-exposure assessment (as learners would be too young). Sexuality education should not be treated as an intervention – rather, it should be considered as guidance during a developmental process.

Implementation of sexuality education programmes in resource-poor settings

Chair: Rune Brandrup

United Nations Population Fund (UNFPA) Regional Office for Eastern Europe and Central Asia

The session looked at ways to improve sexuality education by advocating for improvements in the governing framework, using arguments from health economics and showcasing in-country examples of sexuality education. It also highlighted opportunities for improvements in existing frameworks by focusing on the technical aspects of sexuality education. The aim was to catalogue ideas to improve sexuality education from a policy perspective, building on the combined experiences of session participants.



Presentations were heard on:

- Health economics for sexuality education: the use of economics in advocacy for political commitment and funding for sexuality education (*Jari Kempers*, Consultant, the Netherlands);
- Piloting bottom-up approaches on sexuality education in school in an adverse policy environment: getting stakeholders on board and gaining experience (*Anna Susarenco*, Peer-to-Peer Education Network, the Republic of Moldova); and
- Key technical interventions, suggestions and strategies to improve sexuality education: experiences from Turkey (*Fatma Bıkmaz*, University of Ankara, Turkey).

Key points from session

Health economics can be a powerful tool in advocacy, but it demands a qualified economist and data to assess the impacts of, and cost-savings from, CSE. Even when done correctly, a health-economic assessment covers only the most direct benefits of CSE and leaves out derived benefits and synergies.

CSE pilots make good cases for advocacy when sufficient time, good monitoring and evaluation, strong stakeholder involvement and grassroots initiatives are built into the design.

The significant opportunities for strengthening sexuality education

within existing national frameworks can be taken by focusing on teacher competencies (through training modules in professional development courses), investing in community engagement and positioning sexuality education clearly within other learning requirements for young people.

Addressing sexual diversity and gender roles in sexuality education

Chair: Doortje Braeken

Consultant, the Netherlands

The focus of this session was the current situation on including sexual diversity and gender roles in CSE programmes. It looked at differences and similarities between countries, highlighted what has been achieved, and identified what is needed to promote sexual diversity in and outside the school setting.



Presentations were heard on:

- The role of gender and sexual diversity in the *Standards for sexuality education in Europe* (Christine Winkelmann, BZgA, Germany);
- The main challenges for tackling phobia against sexual diversity in CSE (Peter Dankmeijer, Global Alliance for LGBT Education); and
- Advocacy for respect and positive recognition from a youth perspective: sexual orientations, gender identities and gender expressions (Ksenija Joksimovic, International Lesbian, Gay, Bisexual, Transgender and Queer Youth and Student Organization).

Key points from session

This interactive workshop addressed the content of CSE (how to introduce sexual diversity, and should it be separate or integrated?), and enabling factors (what needs to be in place to address sexual diversity and make the school a safe space for gay, lesbian, bisexual, transgender, queer, intersex (LGBTQI) students?).

Participants felt that mainstreaming or addressing sexual diversity separately should not be the issue. Much more important is addressing the issue of hetero-normativity. Imposing norms affects not only sexual diversity, but also touches on many other issues.

Without denying the importance of understanding the context or cul-

ture in which sexuality education on sexual diversity is given, context and culture cannot impose a barrier to the issue of sexual diversity being addressed. It is about young people's basic human rights. It was recognized that young LGBTQI people cannot be empowered in some settings without addressing their contexts and communities.

Providing lessons on sexual diversity can be counterproductive if the whole school does not address hetero-normativity and discrimination. Hetero-normativity is often enhanced through other lessons (in history and geography, for instance). A comprehensive approach is needed to address this issue; it is not the sole responsibility of CSE.

Prevention of gender-based violence and sexual abuse in schools

Chair: Tigran Yepoyan

UNESCO Institute for Information Technologies in Education (IITE), Eastern Europe and Central Asia Region

The session explored and discussed how the sexuality education curriculum, teaching resources and training work together in addressing school-related gender-based violence and sexual abuse. Presenters shared practical experience on curriculum approaches, extracurricular activities and special interventions in addressing gender-based violence and sexual abuse in a holistic manner. Key findings from research work on gender-based violence and sexual abuse in and around schools and recommendations provided in the UNESCO/UN Women *Global guidance on addressing school-related gender-based violence* were presented.



Presentations were heard on:

- The role of curriculum, teaching resources and training in addressing school-related gender-based violence and abuse and existing evidence (*Tigran Yepoyan*, UNESCO IITE, Eastern Europe and Central Asia Region);
- Good policy and practices in relationships, sexual health and parenthood education and national approaches to anti-bullying to address gender-based violence and abuse in schools in the United Kingdom (Scotland) (*Suzanne Hargreaves*, Education Scotland); and
- Good practice from Germany: the national drama-based extracurricular initiative on the prevention of sexual child abuse – ‘Trau dich!’ (*Stefanie Amann*, BZgA, Germany).

Key points from session

Participants felt that a positive school ethos and climate is crucial to delivering good-quality sexuality ed-

ucation and addressing violence, including school-related gender-based violence and sexual abuse. CSE, extracurricular activities and special programmes geared to address gender-based violence will transform deeply rooted harmful gender stereotypes, norms and traditions among learners.

The whole-school approach is crucially important to successful CSE and violence prevention. All school personnel should be well trained in violence prevention and response, particularly in relation to gender-based violence and sexual abuse. All learners should be empowered to recognize, reject and respond to violence and abuse and seek help. Parents need to be informed and supported about CSE and violence/abuse prevention, including how to support children who are victims, perpetrators and bystanders. Generally, there is a need to integrate prevention of gender-based and sexualized violence in a comprehensive manner and on a permanent basis in everyday school life.

Cooperation with community- and national-based agencies and services is crucial, including child-help hotlines, counselling services and youth-friendly services. Regular school monitoring and inspection for quality assurance and ongoing teacher support are of paramount importance, alongside good-quality curricula and well prepared and motivated teachers and peer-educators.

Special programmes on violence prevention (like ‘Trau dich!’, KiVa¹ and ‘Mentors in Violence Prevention’), extracurricular activities (drama and sports clubs, for instance) and online tools where children can learn about life skills and social competencies are instrumental in providing learners with important knowledge and skills for forming healthy non-violent relationships, especially in contexts where formal CSE is either not available or insufficiently strong.

¹ KiVa is a whole-school anti-bullying programme developed in Finland. KiVa is formed from the first two letters of the words in Finnish that mean ‘bullying’ (Kiusaamista) and ‘against’ (Vastaan).



*'We have to work
WITH the people -
not for them.'*

SHARE SOME THOUGHTS

*'Young people tend to go online
for sexual health and
well-being information.'*

*'Sexuality education is
sensitive and complicated
in our very diverse world.'*

*'Young people of all genders are
increasingly using the Internet to find
information about sexuality
and sexual health.'*

*'Young people's participation
augurs really well for the future.'*





‘But sexuality education is not only a “nice-to-have” option.’

‘Innovation is the key to sustainability and resilience.’

‘Teachers are among the most relevant allies in sexuality education.’

‘Research and evaluation need to be promoted.’

‘Sexuality education should not be seen as a stand-alone issue.’

‘Quality criteria for online sexuality education need to be developed and applied.’

‘Good and reliable data needs to be collected and tailored to local contexts.’

‘Young people should be closely engaged in the development of plans and strategies.’



DAY 2

FUTURE DEVELOPMENTS

This session featured four representatives from the Youth Delegation to the conference, who focused on online tools for sexuality education - edutainment videos, webinars, YouTube channels and online hubs. The Youth Delegation discussions were followed by a keynote from Nicola Döring, Ilmenau University of Technology, Germany.

NEW PRACTICE FROM ACROSS THE REGION

Sexuality education goes online: learning,
blogging, advocating

Yulia Plakhutina

UNESCO Institute for Information Technologies in Education, Eastern
Europe and Central Asia Region

Pepe Ferrer Arbaizar

International Federation of Medical Students Associations (IFMA)

Adriana Radu

Vlogger and journalist ('SEX vs the STORK'), Romania

Petar Mladenov

Coordinator of the global CSE advocacy hub





Yulia Plakhutina

UNESCO Institute for Information Technologies in Education, Eastern Europe and Central Asia Region

Edutainment videos: production and promotion in eastern Europe and central Asia

UNESCO has been working on sexual and reproductive health for over 20 years, recognizing that sexual and reproductive health has a huge influence on the education and future prospects of young people. In December 2016, UNESCO IITE, in cooperation with a Popular Science YouTube channel 'NauchPok', developed a series of 'edutainment' videos. Since then, it has been able to reach over 3.5 million Russian-speaking Internet users with important messages about sexual and reproductive health through online videos, using very simple drawn images.

Young people tend to go online for sexual health and well-being information. Globally, IP video traffic will be 82 % of all consumer Internet traffic by 2020, up from 70 % in 2015. YouTube has over a billion users. Half of YouTube subscribers would drop whatever they were doing to watch a new video from their favourite channel.

Forty-five per cent of people watch more than an hour of Facebook or YouTube videos a week. These figures suggest video format is a strong means of communicating with young people.

Making contact online with young people requires their genuine engagement – young people are co-authors of the videos. The videos are scientifically based and are also developed in partnership with topic experts. They are aimed at Russian-speaking young people in eastern European and central Asian countries: the first six episodes have each been viewed online by more than 400 000 people. The series has received positive feedback from education institutions in Armenia, Belarus and Kyrgyzstan and will be used in schools to facilitate delivery of health education. Young people have also responded very positively.

Pepe Ferrer Arbaizar

International Federation of Medical Students Associations (IFMA)



The International Federation of Medical Students Associations' work with webinars on sexual orientation and gender identity and expression

The IFMA represents 1.3 million medical students across 124 countries. Its work in relation to CSE focuses on capacity-building (to date, IFMA has supported 2000 peer educators who work in schools in Europe), regional cooperation in sharing best practice, external work, which includes the development of a CSE programme and policy document, and field work, with IFMA active in schools in more than 30 countries in Europe, reaching over 100 000 students. The main target is adolescents, but junior-school pupils and medical students are also involved.

The IFMA launched an online project in 2016 on sexuality and gender identity and expression. The objective was to engage patients, medical students, faculties, medical professionals and key stakeholders in developing sustainable relationships and actions to advocate for the inclusion of LGBTQI health and wellness in medical education across the world. The project was international and included capacity-building events (involving webinars to update participants that ran nightly over 12 nights) and a social media campaign. A working group was formed from

participants of the webinars who created a booklet advocating for LGBTQI rights in medical education. This is currently being used in medical faculties all over the world.



Adriana Radu

Vlogger and journalist ('SEX vs the STORK'), Romania

Sexuality education on YouTube targeted at young people in Romania

'SEX vs the STORK' is a Romanian feminist sexuality education video web series for teenagers and young adults, formed in 2012. Its YouTube channel has over 16 000 subscribers and around 2 million viewers, and its Facebook page has over 9000 friends.

Romania provides some sexuality education in biology classes, and has a non-compulsory subject of health education that 5 % of pupils have opted to take. Uptake is therefore low, and the country has high rates of adolescent abortions, STIs among young people and HIV incidence in 15 – 24-year-olds.

The media in Romania were hostile to the launch of 'SEX vs the STORK', but to date, 75 videos have been created and posted on the channel. They cover biological topics, such as menstruation, but also focus on much wider issues, like where young people can have sex, what is it like to be young and transgender in Romania, and what is life like for young Roma women? Other videos have looked at issues as diverse as hair removal and cultural and biological aspects of virginity. Most viewers are based in Romania, but people from the Republic of Moldova and the Romanian diaspora in eastern Europe also tune in.

Some events organized by 'SEX vs the STORK' in Romania have been boycotted as homosexual propaganda.

Petar Mladenov

Coordinator of the global CSE advocacy hub



The global online CSE advocacy hub: uniting CSE advocates under one virtual roof

CSE is very much linked to the SDGs, as it enables young people to protect their health, well-being and dignity, is based on human-rights principles, and advances gender equality and the rights and empowerment of young people. Data from around the world show why it is necessary – for instance, young people account for almost 50 % of new HIV infections, but only 26 % of girls and 33 % of boys fully understand how HIV is transmitted.

Innovation is the key to sustainability and resilience. The CSE advocacy hub is an innovative initiative that was born as an outcome of a high-level technical meeting

in 2014. Young people were at the meeting and asked for something meaningful, accessible and which was targeted at all of them – the hub was formed as a consequence.

The hub has received strong and consistent support from UNFPA, IPPF EN and UNESCO. These organizations recognize that this online space is key to providing information to young people.

The hub is a social media platform, which corresponds with what young people requested. It provides a safe place for young people and experts in the field. Sections include ‘Conversational circles’, where young

people can create or take part in conversations with fellow members, ‘Advocacy stories’ from different countries and regions, an overview of CSE with regular updates, and resources. A youth advisory panel with representatives from youth organizations has been created to participate in future developments.

KEYNOTE

Young people and the use of online media: implications for sexuality education

Prof Dr Nicola Döring

Ilmenau University of Technology, Germany

Use of online media by young people in the WHO European Region

Young people are often characterized as digital natives who have been growing up with online media – using it constantly and competently.

Industry figures on Internet and mobile connection data provide basic information on young people's online media use at regional and country levels. Globally, industry data show that western Europe has a very high Internet penetration rate, with 84 % of the population being Internet users. The rate in eastern Europe is 67 %, while in central Asia it is 48 % (Kemp, 2017).

Mobile penetration rates are on the rise. Central, eastern and western Europe are world leaders, with mobile penetration rates of 144 % and 131 %, as reported in the Ericsson Mobility report (Cerwall et al., 2016): this means that mobile subscriptions exceed national populations, so on average citizens have more than one mobile subscription. There are, however, big country differences regarding Internet and mobile subscription penetration rates in the WHO European Region.

Today, the majority of mobile subscriptions are related to **smartphone users**. **Stationary Internet use** (via desktop computer or laptop/notebook) is therefore increasingly being replaced by **mobile Internet use** (via smartphone). Industry data reveal that most of the population in the WHO European Region own digital devices and have access to the Internet. Both young people and adults **use online media for three main purposes**:

1. **communication** with friends, acquaintances and family (using social networking sites like Facebook and messenger apps such as WhatsApp, Telegram, Viber and Snapchat);
2. **entertainment** (online music, photos, videos, games); and
3. **information** (related to school, university, work, health issues, personal problems, hobbies, news, etc.).

According to the Alexa Ranking (see references below) in May 2017, the five most popular Internet addresses worldwide are: (1) the search engine **Google**; (2) the social media video platform **YouTube**; (3) the social networking platform **Facebook**; (4) the Chinese search engine **Baidu**; and (5) the online encyclopaedia **Wikipedia**.

Use of online media for sexuality-related information

One of the many purposes of young people's online media use is sexuality education. Young people of all genders are increasingly using the Internet to find information about sexuality and sexual health. Current research describes different aspects of the sexuality-related online search behaviour of young people – prevalence, predictors, modes, topics and contexts. It demonstrates which sexuality-related content adolescents find if they search the Internet for sexual advice. This raises many questions regarding the quality of online sexuality education and its effects on young people in the WHO European Region.

Young people access sexuality-related information online either via push mode, or pull mode. Push mode means they contact the material unexpectedly when friends share it, when they are targeted by advertisements or when social media channels they follow post sexuality-related material. Most often, however, young people access sexuality-related online material in pull mode by using the search engine Google or the search mask of YouTube to find information on specific sexuality-related topics. Examples of sexual role models on YouTube, sexuality-oriented tutorials on YouTube and sexuality-related entries in Wikipedia illustrate how different types of sexuality-related online information is used, exchanged and commented on by young people.

How to improve online sexuality education for young people

- High-quality online sexuality education needs to be promoted, curated and extended for all young people and for different target groups (such as LGBTIQI or asexual young people, survivors of sexual violence and young people with disabilities).
- Sexuality education experts need to build new websites addressing sexuality education and get involved in existing forms of online sex education by, for example, systematically improving sexuality-related content on



Wikipedia and YouTube as the leading social media platforms.

- Websites with responsive designs tailored to smartphone use and focusing on social media and mobile apps should be built to target young people.
- Online and offline sexuality education should be conceptualized not as competitive, but as complementary, approaches.
- The effort it takes to provide high-quality sexuality education online in the digital age should not be underestimated – online sexual education is not just about information dissemination, but also role-modelling, social support, parasocial relationships, and developing continuous dialogue with a social media audience.

To improve online sexuality education, some preconditions need to be taken into consideration.

- More empirical research is necessary to better understand online sexuality education (such as sexuality-related information-search behaviour) and its outcomes and impact.
- Quality criteria for online sexuality education need to be developed and applied.
- Sexuality-related Internet literacy of parents and teachers needs to be improved.
- Sexuality education institutions need to be prepared to work strategically with social media platforms – this

requires a long-term professional commitment with appropriate budgets and personnel.

Clear take-home messages

First, young people all over Europe are using the Internet, social media and mobile phones or smartphones extensively, but there are noticeable differences in usage patterns related to country, socioeconomic status, age and gender.

Second, much sexuality-related information and education is already out there on the Internet, provided by different people and organizations. Unfortunately, professional sexuality educators and institutions are not the most visible providers of sexuality-oriented online information.

Third, we need to foster young people's sexuality-related Internet literacy to empower them to use the Internet effectively to find the trustworthy and scientifically accurate sexuality-related information, support and advice they are looking for online.

Last, we need to promote and provide high-quality sexuality education on the Internet to reach young people online, where they are spending a lot of their free time and where they are looking for sexuality-related information. Online sexuality education is not, however, a substitute for offline sexuality education, but is an important and helpful complement.

Some homework

Participants are invited to check the Internet for the representation of sexuality-related information and education, and sexuality-related health services, for their own countries and in their own languages. This can be done through the Google search engine, the YouTube search mask and Wikipedia.

Check the results, information quality and the information providers. Participants can see if their institution is

displayed among the top search results, or whether other professional sexuality educators feature. From this, the situation can be evaluated and possible next steps to improve sexuality education on the Internet identified.



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Cerwall, P., Carson, S., & Lundvall, A. (2016). Ericsson Mobility Report. On the pulse of the networked society. Retrieved from <https://www.ericsson.com/assets/local/mobility-report/documents/2016/ericsson-mobility-report-november-2016.pdf>

Kemp, S. (2017). Digital in 2017 Global Overview. A collection of Internet, social media, and mobile data from around the world. Retrieved from <https://wearesocial.com/special-reports/digital-in-2017-global-overview>

For information on children's and adolescents' (9 – 16 years) Internet and mobile phone use in the WHO European Region, there are two EU-funded main surveys.

1. **EU Kids Online Survey:** The EU Kids Online survey conducted in-home face-to-face interviews with 25 000 European 9 – 16-year-old Internet users and their parents in **25 European countries in 2010** (Livingstone, 2014).
2. **Net Children Go Mobile Survey:** The Net Children Go Mobile Survey replicated major parts of the EU Kids Online survey, adding a focus on mobile devices, with 3500 European 9 – 16-year-old Internet users in **seven European countries in 2013/2014**.

Livingstone, S. (2014) EU Kids Online: findings, methods, recommendations. London, UK: LSE. Retrieved from <http://eprints.lse.ac.uk/60512/http://www.eukidsonline.de/>

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FISHBOWL DISCUSSION

Making use of online media: strategies for sexuality education programmes





A fishbowl conversation is a form of dialogue that can be used when discussing topics in large groups. The advantage is that it allows the entire group to participate in a conversation. Several people can join the discussion. In an open fishbowl, any member of the audience can occupy the empty chair and join. When this happens, an existing member must voluntarily leave the fishbowl and free a chair. The discussion continues with participants frequently entering and leaving. Depending on how large the audience is, many audience members can spend some time in the fishbowl and take part in the discussion. When time runs out, the fishbowl is closed and the moderator summarizes the discussion.

Panel of experts

Prof Dr Nicola Döring

Ilmenau University of Technology, Germany

Dr Silja Matthiesen

Medical Centre Hamburg-Eppendorf, Germany

Yulia Plakhutina

UNESCO IITE, Eastern Europe and Central Asia Region

Adriana Radu

Vlogger and journalist ('SEX vs the STORK'), Romania

The fishbowl discussion on online media in sexuality education touched upon a broad variety of aspects, the most intensively discussed being as follows.

Involvement of parents – how to foster parents’ online literacy

Sexuality education is a life-long learning process for adolescents and parents. Participants of the fishbowl agreed that it is essential to build media competency in children and parents as early as possible and ideally before young people reach adolescence.

Capacity needs of parents to obtain online literacy and the competency to speak comfortably to their children about sexuality have to be taken into account in the development of online sexuality-education programmes.

Participants discussed strategies to deal with parents’ concern about sexuality education. It was concluded that concerns need to be addressed in a productive and informative way that enables parents to build trustful relationships with their children with regard to online sexuality education.

Complementarity of formal and informal (online) sexuality education

In the course of the discussion, a participant asked if online sexuality education, as compared to formal face-to-face programmes, could go beyond the delivery of mere cognitive knowledge and also change people’s skills and attitudes in a sustainable way. It was agreed that CSE should combine online and offline aspects to reach as many young people as possible and complement the opportunities of both modes of delivery.

It was mentioned that online sexuality education is of particular relevance in contexts where formal sexuality education in schools is scarce. However, online sexuality education programmes do not reach young people in households without internet access.

It was agreed that online sexuality-education initiatives carry significant potential for empowering young people to demand services, such as formal CSE.

How can online solutions be used for teacher training?

It was felt that equipping teachers to deliver sexuality education is crucial to guarantee high-quality education. However, some participants with online experience reported that reaching teachers by means of online programmes has been a challenge. One added that face-to-face teacher training is essential to change attitudes sustainably and develop skills that go beyond knowledge. It was therefore concluded that there are not yet sufficient strategies to effectively use online solutions in teacher training for sexuality education.

Conclusion

Participants considered the use of online media an increasingly relevant vehicle for sexuality education in the future. Online literacy and capacities of young people and, particularly, of parents and teachers are essential. It was widely agreed that there is still a lack of sound strategies for the effective and efficient use of online media tools. Young people should be closely engaged in the development of plans and strategies.

WORLD CAFÉ

Joint commitment: strategies and approaches to address diversity of opinion across the WHO European Region





The world café methodology is a flexible and effective way of moderating large group dialogues. Groups of people discuss aspects of a topic at several tables, with individuals switching tables periodically and getting introduced to the previous discussion at their new table by a 'table host'. Participants are encouraged to write comments or make drawings on tablecloths at each station being supported by the table host.

- The questions discussed at each table were as follows.
1. Who are the main drivers of resistance to sexuality education in your country or region, and what are their main arguments?
 2. What kind of effective strategies, actions and networks have you or others in your country or region implemented to meet resistance?
 3. What kind of concrete actions should be taken in future to address resistance at national and international levels?

Who and what are driving resistance?

Churches and religious groups, conservative and right-wing politicians and parties, as well as anti-choice activists were identified as the main drivers of active opposition to sexuality education, this being exacerbated in societies with strong patriarchal traditions. However, passive resistance by schools was also highlighted, along with faith-based parents' groups. Teachers who feel uncomfortable with sexuality education issues, lack understanding about their roles or fear external interventions into their teaching can be a hindrance to the implementation of sexuality education.

Other no less fundamental drivers of resistance are general ignorance and the lack of meaningful public discourse, allied to stigma, scepticism about human rights, and nationalism. Lacking financial space for governments compounded with inadequate cooperation between responsible governmental authorities were also seen as strong obstacles to effective sexuality education.

Among the arguments raised by individuals and groups who oppose sexuality education is fear about early sexualization of children, sexuality education being seen as a family matter, and the possibility of it 'promoting' homo-

sexual/bisexual lifestyles in a positive light. These kinds of arguments, which are often reinforced by the mainstream media, were perceived as being embedded in ignorance and 'traditional' views on sex outside marriage, virginity and homosexuality. Orthodox churches were seen as being generally opposed to women's rights, including sexual rights, on the grounds that they were not consistent with religious teachings; churches may also adamantly oppose abortion on any grounds.

It was highlighted that some schools become passive resisters due to their unwillingness to challenge religious orthodoxy, although it was noted that competition for space in the school curriculum and lack of resources pose significant challenges to sexuality education in schools. Some politicians were cited as promoting resistance by claiming there was no need for sexuality education in their country as HIV rates were low; others appear to have little interest as they do not see sexuality education as holding much 'voter appeal'.



Effective anti-resistance strategies

National and international coalition-building, including NGOs, minorities and other stakeholders who may not be primarily focused on sexuality but who nevertheless share areas of common interest (such as those interested in harassment, sexual and reproductive health and gender-based violence), was identified as important, as was continuous building of alliances with governmental representatives and parliamentarians.

The significance of data as a fundamental element of evidence-based strategy development was highlighted – good and reliable data need to be collected and tailored to local contexts, and research and evaluation need to be promoted.

Developing campaigns and educational offers for parents and journalists can be effective, with websites specifically for parents to assist them to support their children. These can be reinforced by high-profile celebrity endorsements and advocacy. Seeking direct dialogue with (liberal) religious leaders paired with their active involvement in learning fora can help gain support from religious groups. Creating demand for sexuality education by empowering and involving young people themselves by means of, for instance, peer educators and multipliers was seen as being equally important.

Above all, the development of international instruments and sharing of factual information and best-practice examples across borders were considered powerful tools to counter opposition.

An interesting example of a successful advocacy initiative was recounted from Belgium, where well-known journalists and TV personalities were invited to ‘hijack’ a school class and talk about sexuality education – this was filmed and broadcast through YouTube and other portals and proved very successful in raising awareness about sexuality education. Another successful example is encouraging people who have previously been resistant to sexuality education but who have, for whatever reason, changed their minds to speak publicly about their experiences and the reasons for their conversion.



Taking concrete action to reduce resistance

Reliable data were again highlighted as being crucial to presenting a strong evidence-based counterargument to resistance, with age- and sex-disaggregated data being particularly vital. Using the existing evidence and contributing to the generation of further strong evidence are both necessary.

Policy coherence is important – sexuality education should not be seen as a stand-alone issue, but should influence and be influenced by political activity at country level on issues such as inequalities, teenage pregnancy prevention, mental health, anti-bullying and sexual health: the language used in relation to sexuality education needs to mirror that used for other policy areas. A more cohesive policy landscape would enable practitioners to implement sexuality-education programmes in a more effective manner. Similar approaches might be taken in some countries in ensuring coherence with the SDGs, especially targets 3, 4 and 5.

A smart communications policy that recognizes and integrates the most popular websites and other outlets used by young people is advisable to enable accumulated evidence to be disseminated in appropriate ways. This is something that might be coordinated by the WHO Regional Office for Europe, with an initial focus on counteracting misleading or incorrect content currently available in online media.

It was noted that much resistance to sexuality education is not based on evidence, but on the (mis)use of emotion. In some cases, the powerful tool of emotions can also be

used by proponents of sexuality education. For example, there may be advantages in appealing to people's emotional desire for their children to do well by linking sexuality education to academic and career achievements, using well-known personalities and young people to spread the message.

Teachers are among the most relevant allies in sexuality education, and this must be recognized as the basis for future developments, including providing support to establish teacher associations for sexuality education. NGOs are also very important. Nationally, steps should be taken to develop leadership capacity to ensure NGOs can continue to build coalitions with parliamentarians and influence governments and policy-makers: at international level, the momentum created by the SDGs should be used to advocate for sexuality education.

Existing networks of practitioners, such as the European Expert Group on Sexuality Education, need to be strengthened to ensure that sustainable strategies for collective action are shared across Europe. Sexuality-education practitioners need to develop 'legal literacy' to respond adequately to legal threats and actions by the opposition.

Participatory processes engaging young people are important to assess the needs and wishes of young people. Understanding exactly what adolescents want to know and learn about helps to legitimize the development of CSE curricula and respond to opposition.



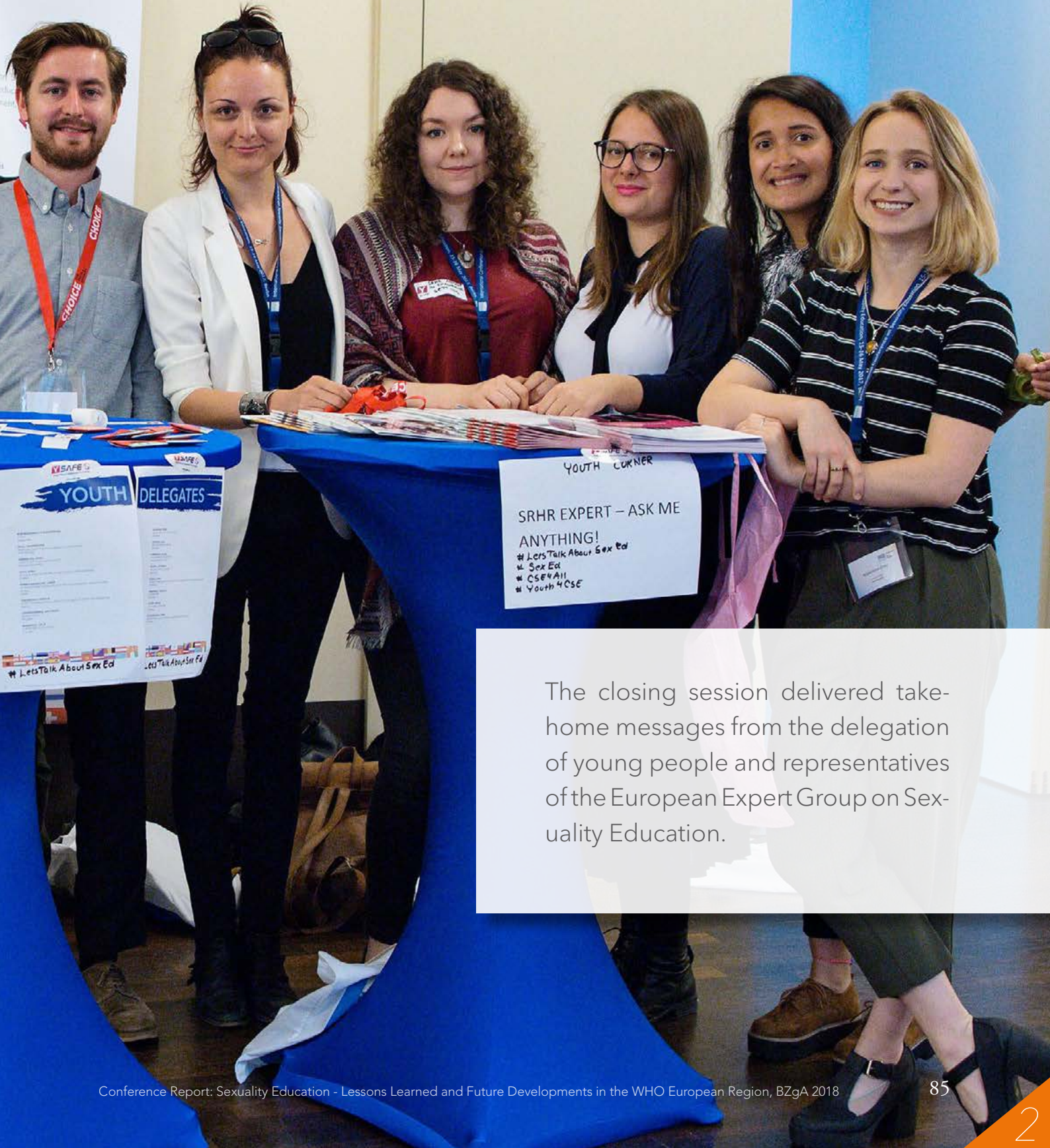


SUMMARY OF THE CONFERENCE

Looking back and moving forward



European Region



The closing session delivered take-home messages from the delegation of young people and representatives of the European Expert Group on Sexuality Education.

Voices of young people

Meaningful and effective CSE can provide young people with accurate and relevant information with which they can explore attitudes and values and develop the skills they need to make informed and positive life decisions. Young people's participation is crucial, and they should be engaged from the design of programmes right through to evaluation.

Based on their participation in the conference and lessons learnt, the youth delegation recommends that:

- CSE should reflect a positive approach to sexuality: when peer educators talk about sexuality, it should provide a strong frame to influence how young people think and talk about sex in the future;
- CSE should also focus on pleasure, not only the risks of having sex: this is important for issues such as consent and sexual violence;
- policies and programmes should be developed to ensure that all young people have access to CSE and services in formal and informal settings;
- CSE should adopt a holistic approach and extend beyond biology to include social and human-rights aspects related to sexual orientation and gender identity;

- professional and political support for CSE should be increased at national level, with appropriate indicators to measure success;
- standards should be set for CSE in informal settings;
- young people from minority backgrounds should be active participants in, and beneficiaries of, sexuality-education programmes;
- multisectoral and culturally sensitive approaches that involve more than the health sector should be deployed; and
- programmes need to be relevant to local realities in more traditional societies and should involve all relevant local players, including teachers and religious and community leaders.

The young people's delegation called on all partners to work together to make CSE a reality for all young people.

Sharafdzhon Boborakhimov, Y-PEER regional network, Tajikistan



The need for inclusion

The inclusion of young people, not just as observers but as participants, is central to everything we do. They are the parents, politicians and people of tomorrow. That will take us one step closer to tackling public opinion, because young people are public opinion.

Simone Reuter, Sherwood Forest Hospitals NHS Foundation Trust, United Kingdom (England)



Working to overcome challenges

We have all worked hard to take sexuality education as far as it has come, but we need to work equally hard in future – many challenges remain, such as how to deliver sexuality education to families who have recently arrived from other countries. In the face of multiple forms of discrimination and abuse, the starting point for sexuality education has to be the law, including the Universal Declaration of Human Rights. Media and online platforms must be a major part of the work taken forward from here.

Helene Reemann, BZgA, Germany

Young people are the experts

This conference has changed the whole concept of what 'expert' means. Among all the academics, teachers and international organizations represented, the experts are young people, who are the greatest advocates for, and leaders of, sexuality education. The conference also shows the potential that comes from going forward together, and the fact that we need to celebrate the successes of the last 10 years. Shortcomings were identified, but so were potential opportunities and solutions. People are committed, as is IPPF EN, which will continue to put resources into supporting the agenda going forward.

Lena Luyckfasseel, IPPF EN

Participation and innovation

The energy, commitment and fun seen at the conference is inspiring. If participants can have such a good time together, they can certainly work together going forward. The young people's participation augurs really well for the future – they are the ones who will bring innovations to this field. They see the world differently and are tomorrow's leaders, but they also have ideas today on how to solve problems right now.

Rune Brandrup, UNFPA Regional Office
for Eastern Europe and Central Asia

The strength of collaboration

The combination of governmental and NGOs, international organizations, teachers and other professionals and young people who came together to organize and deliver this conference shows the strength of collaboration in this area. Europe is the driving force behind sexuality education globally. So much learnt from programmes in Europe has been taken to inform programmes elsewhere in the world: as an example, the definition of sexuality education in the United Nations international technical guidance on sexuality education currently being revised includes reference to positive sexuality and well-being. The aim is to move from disease prevention to well-being, with young people at the centre, and much of this is being driven by initiatives in Europe. Some thought needs to be given, however, to how good human-rights based work happening elsewhere in the world, such as work on sexual citizenship in Latin American countries, can be heard in Europe.

Joanna Herat, UNESCO

Responding to demand

The links between CSE and health services are important. Health services are ready to respond to the demand. The SDGs offer great opportunities: 50 of the 53 member states of the WHO European Region have approved the strategy for sexual and reproductive health, which is in line with the SDGs and the Agenda 2030. We must use this strength to promote sexuality education further, identifying key action plan recommendations that can be discussed with ministries to promote progress. Countries and institutions should work together as we move forward, creating expert pools – indeed, participants should think about which countries are not included in the conference and make links.

While the sexual health of young people is crucial, that of older people should also be considered – they provide a portal for reaching out to young people and must be included.

Gunta Lazdane,
WHO Regional Office for Europe



WHO'S WHO

Speakers, facilitators and chairs

WHO'S WHO

Allred, Pam

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CONFERENCE MANAGEMENT

The BZgA team



The Federal Centre for Health Education (BZgA) would like to express their sincere gratitude and appreciation to the many individuals and organizations that contributed to the international conference on the state of Sexuality Education in Europe and Central Asia.



A person is shown from the chest up, holding a white envelope. The person is wearing a dark, patterned shirt. The background is a blurred crowd of people, suggesting a public event or conference. The image is overlaid with a semi-transparent white horizontal band across the middle, and the word 'FURTHER' is written in large, bold, orange capital letters across this band. The top and bottom of the page are solid orange.

FURTHER

INFORMATION



OVERVIEW OF 25 COUNTRIES

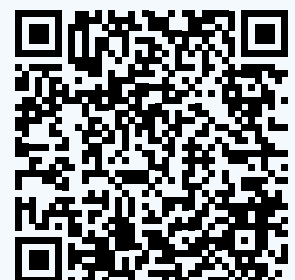


Sexuality Education in Europe and Central Asia

State of the Art and Recent Developments - An Overview of 25 Countries

This report presents the results of a new assessment of the status of sexuality education in the European Region of the WHO which includes 53 countries from western Europe, eastern Europe and central Asia. It is largely based on answers to a detailed questionnaire sent out to respondents in 25 countries in this region who, it was felt, are well informed about sexuality education in their respective countries. The research project was initiated and implemented by the German Federal Centre for Health Education, BZgA, and the European Network of the International Planned Parenthood Federation, IPPF EN.

This research constitutes an updated assessment of the situation in selected countries of western and eastern Europe and central Asia which were only partly covered by two previous studies conducted a decade ago by IPPF EN (the Sexual Awareness for Europe (SAFE) project) and BZgA (Country Papers on Youth Sex Education in a Multicultural Europe).



Order number: 60596046



FACT SHEETS

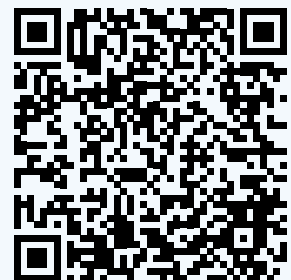


Sexuality Education in the WHO European Region

The fact sheets featuring 25 individual country profiles as well as a regional overview of the situation of sexuality education are based upon a joint research project of the International Planned Parenthood Federation European Network (IPPF EN) and the Federal Centre for Health Education (BZgA) as WHO Collaborating Centre for Sexual and Reproductive Health. The research was conducted between October 2016 and July 2017 by means of written expert interviews with representatives of governmental and non-governmental organizations in 25 countries and collection of available data from international information sources.

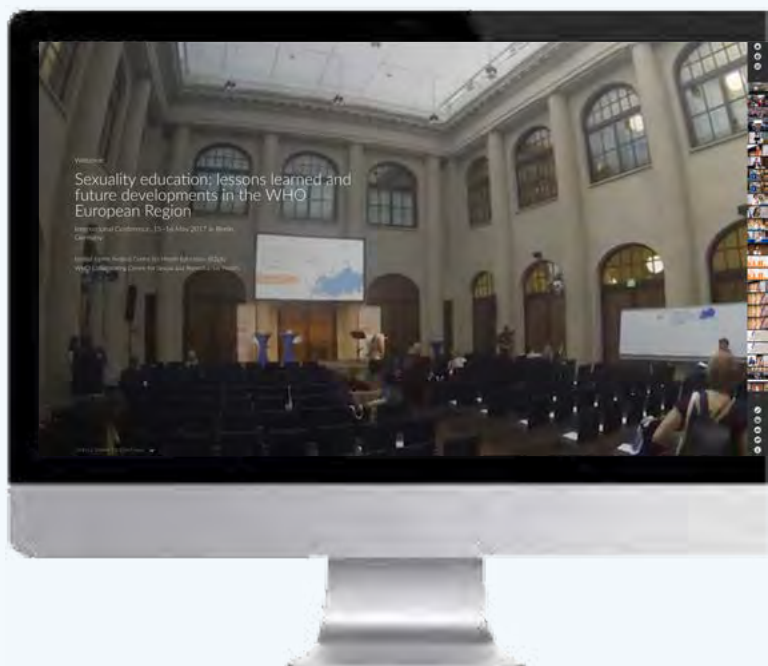
The fact sheets are available for download:

<https://www.bzga-whocc.de/en/publications/>





ONLINE INFORMATION ABOUT THE CONFERENCE



There is additional information about the conference online.

The multimedia story format uses video and audio footage taken during the conference.

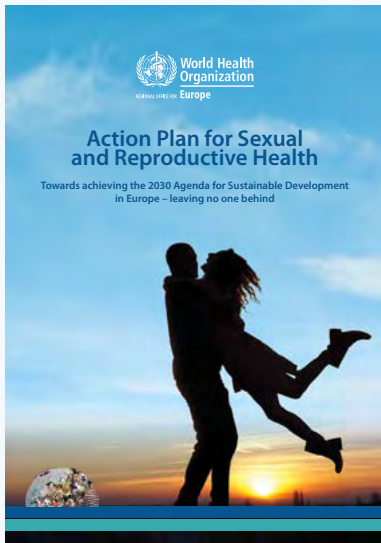
The website www.bzga-whooc.de/en/home also offers information on the work of BZgA as WHO Collaborating Centre for Sexual and Reproductive Health.



RESEARCH ONLINE

The website www.english.forschung.sexualaufklaerung.de provides quick access to current and past BZgA research projects. For every project, there is an overview, an abstract, selected results and further information.





ACTION PLAN FOR SEXUAL AND REPRODUCTIVE HEALTH

Towards achieving the 2030 Agenda for Sustainable Development in Europe - leaving no one behind (2016)

The Action Plan for sexual and reproductive health and its resolution were adopted by the 66th session of the WHO Regional Committee for Europe in September 2016. This comprehensive framework will support countries to ensure that people are achieving their full potential for sexual and reproductive health and well-being.

This publication is available for download:

<http://www.euro.who.int/en/health-topics/Life-stages/sexual-and-reproductive-health/publications/2016/action-plan-for-sexual-and-reproductive-health-towards-achieving-the-2030-agenda-for-sustainable-development-in-europe-leaving-no-one-behind-2016>



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