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FORUM

SEXUALITY EDUCATION AND FAMILY PLANNING

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BZgA Bundeszentrale für gesundheitliche Aufklärung

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Focus on research

You are holding in your hands a lengthy issue of the FORUM series in a new layout, in which we present current research projects in sexual and reproductive health and rights (SRHR).

We start with the results of the Family Demographic Panel FReDA of the Bundesinstituts für Bevölkerungsforschung (BiB; Federal Institute for Population Research): In 2021, around 30,000 respondents to the representative study provided information about, among other things, partnership, parenthood, gender roles and stress during the Corona pandemic.

Next up are the results of the parents' survey within the framework of the Youth Sexuality Study of the German Bundeszentrale für gesundheitliche Aufklärung (BZgA; Federal Centre for Health Education). Whether and how parents advise their children on contraception and what their attitude is toward sexual contact among minors is particularly interesting in the long term.

An article on family planning in Germany follows. Based on some 19,000 surveys, the representative study "women´s lives 3" paints a detailed picture of women's reproductive lives in Germany. Unwanted pregnancies are the focus of the article by Tilmann Knittel and Laura Olejniczak.

An article by the Wissenschaftszentrums Berlin (WZB; Science Centre Berlin) focusses on the design of a new database that makes it possible to compare the reproductive policies of 31 countries and evaluate them according to categories. The researchers ask about typical patterns in the regulation of reproduction in wealthy countries and what follows from them.

ANSER is a research platform that promotes communication between academic research teams and political decision-makers in the field of sexual and reproductive rights, which also has an international focus. This is a project of Ghent University, reported by Emilie Peeters.

Online media are of great importance in the field of sexual education, as are questions about pregnancy termination. Nicola Döring investigates who is particularly influential on YouTube and TikTok, what messages are being sent and how the audience comments.

KisS is an online programme for the prevention of sexual aggression among young adults. Barbara Krahé and her team outline its design and its success.

Three so-called "Speak" studies conducted at different types of schools provide information on the frequency of sexualised violence experiences during adolescence, on the places where such violence takes place and on the perpetrators. Do LGBTIQ* persons living in Germany have a particular health burden? How does this target group assess their health and psychological well-being? Those are the subjects of an online survey conducted by Stefan Timmermanns and Heino Stöver.

Maika Böhm and Johanna Walsch present further results of a partial survey from the research project BeSPa, which revolves around the experiences of clients who received pregnancy advice on §219 via video or telephone.

From Switzerland, Daniel Kunz and Nikola Koschmieder report on the importance of sexual rights in family and school sexuality education. Alexandra Klein and Jann Schweitzer address sexuality education in schools from the pupils' point of view in their interview study WiSex. Milena Wegelin presents the research project REFPER regarding the views of refugee women on family planning and contraception in Swiss asylum centres.

You will also find a brief outline of seven other research projects in the Project Outlines section.

The editors hope you find it stimulating reading!

Gender roles, housework, couple conflicts. A first look at FReDA – The German Family Demography Panel Study

Detlev Lück, Lena C. Frembs, Martin Bujard, Ulrich Weih

With around 30,000 respondents and a representative database, the new family demographic panel study FReDA offers a wide range of opportunities for empirical studies, including those on relationships and gender roles in Germany. Initial analyses show that particularly housework and leisure activities are frequent sources of conflict in partnerships, and that a one-sided allocation of housework leads to much dissatisfaction. Gender roles differ considerably regarding the working hours parents consider ideal. The concerns caused by the coronavirus pandemic also reveal clear gender-specific differences.

FReDA[1] stands for "Family Research and Demographic Analysis" (Schneider et al., 2021). The project is a collaboration between the Bundesinstitut für Bevölkerungsforschung (BiB; Federal Institute for Population Research) in Wiesbaden, the GESIS – Leibniz-Institut für Sozialwissenschaften (Leibniz Institute for the Social Sciences) in Mannheim and the University of Cologne, which represents the consortium of the "pairfam" panel study. It was launched on 1 January 2020. The development and consolidation phase is funded through 2024 by the Bundesministerium für Bildung und Forschung (BMBF; Federal Ministry of Education and Research).[2] In the event of a positive evaluation, the Bundesministerium des Innern und für Heimat (BMI; Federal Ministry of the Interior and for Home-

1 This article was published in 2023 in the journal Bevölkerungsforschung Aktuell of the Bundesinstitut für Bevölkerungsforschung (BiB; Federal Institute for Population Research): Lück, Detlev, Frembs, Lena C., Bujard, Martin, & Weih, Ulrich (2023). Geschlechterrollen, Hausarbeit, Paarkonflikte. Ein erster Blick in "FReDA – Das familiendemografische Panel". Bevölkerungsforschung Aktuell 1/2023: 3-8. We republish it here with the kind permission of the BiB.

2 Funding reference 01UW2001A.

land Affairs) intends to continue the project beginning in 2025.

The data collected in FReDA cover a wide range of topics concerning family and private relationships, including family planning and fertility, partnerships, parenthood, intergenerational relationships, attitudes and values, health, well-being and personality, education, employment situation, income and wealth.

A representative sample formed the basis for the FReDA surveys in 2020. The basic pool for this was the German resident population aged 18 to 49. It was conducted in the spring of 2021. Respondents were asked to independently complete a questionnaire provided for them online. This was possible despite the prevailing contact restrictions because of the COVID-19 pandemic (Gummer et al., 2020). Those unwilling or unable to do so (around 15% to 20% of respondents) were also offered the questionnaire in paper form. A FReDA survey takes about 25 minutes. Each wave is divided into two "subwaves", surveyed in early summer (Subwave A) and late autumn (Subwave B) of each year. This reduces the time burden on respondents in each partial wave. A 10-minute recruitment survey Wave 1R was conducted in the spring of 2021 to facilitate access to the panel; 37,417 people took part in this recruitment survey, 26,725 of whom consented to be contacted for further surveys. Participation in the subsequent surveys in 2021 was 22,485 (Wave 1A) and 20,270 people (Wave 1B). If respondents had a partner, they too were asked to be interviewed. By the summer of 2021, about half of them, 7,342 people, had participated in the survey.

FReDA integrates and continues two previous studies. The first is the Generations and Gender Survey (GGS), a renowned international survey programme in which the BiB was involved from the outset. The second study is the Relationship and Family Panel (pairfam), established in 2008.

The data from the recruitment survey Wave 1R (Bujard et al., 2022) have been available to the scientific community since 31 May 2022 (bit.ly/FReDA_Datenzugang). The further subwaves Wave 1A and Wave 1B, surveyed in 2021, have also been available since 31 May 2023. The findings presented here are based on a beta version of this data, made available in the winter of 2022/2023, i.e., marginal changes in percentages may still be forthcoming, but not in the fundamental relationships described here.

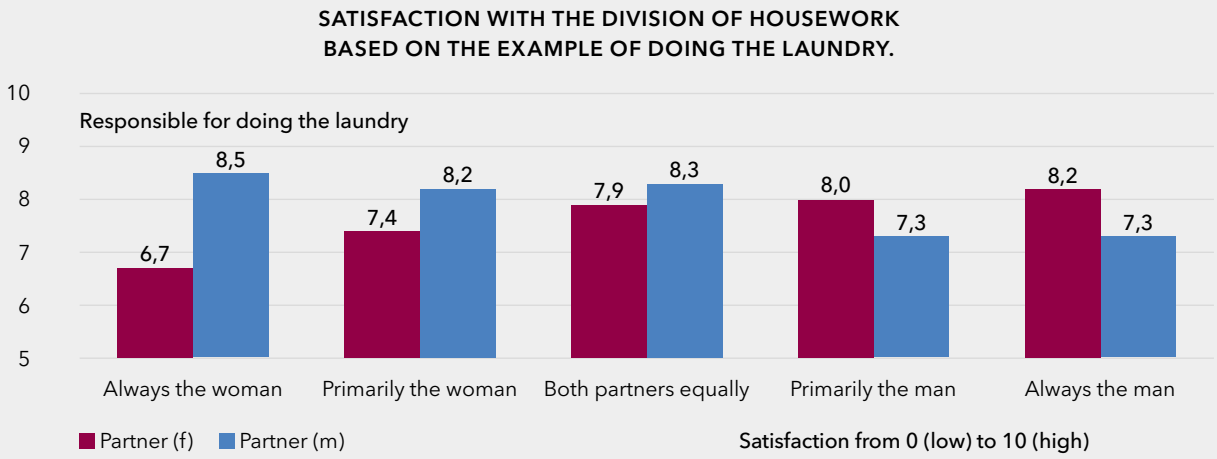
Relationship life and gender roles in Germany

The core topics of FReDA include relationship life and gender roles. The following analyses shed light on these: They look at satisfaction with the division of labour in the household and at frequent issues in relationship arguments. They highlight gender roles in mothers' and fathers' perceptions of ideal working hours and in gender-specific concerns that emerged during the coronavirus pandemic.

A central issue in partnerships is the division of the most important and time-consuming shared responsibilities: on the one hand, gainful employment and, on the other hand, housework and caretaking, usually the care and upbringing of children or the care of family members. The responsibility for housework in a couple's household, traditionally attributed to women, is today shared more equally between the partners than it was in the 1960s. However, even today, the FReDA data show, in many relationships, the cleaning, cooking and laundry duties are still being carried out primarily by the woman.

Figure 1 shows how such unequal distribution leads to dissatisfaction for the more involved person. Respondents who state that they "always" or "primarily" assume a household task also generally express less satisfaction with the division of housework. For example, women who always do the laundry in their relationship rate their satisfaction with the division of housework on a scale of 0 to 10 at around 6.7 on average, a comparatively low value. This also applies very similarly to men who do the laundry alone – even if this occurs much less frequently than among women. We register similar results for other household tasks such as cooking and cleaning. Whether the household chores are shared equally or whether one partner does more hardly makes

FIGURE 1



Source: FreDA, own calculations
Subwave W1A (2021), n = 13,581 (persons living with their partners, preliminary weighting)

any difference to satisfaction: A high level of satisfaction for both partners is achieved only when "both equally" shoulder the housework.

As can be surmised from the findings on (dis)satisfaction with the division of housework, this is also a frequent topic of conflict in partnerships (see Figure 2). When asked how often they argue with their partner about various topics, housework crops up particularly often. However, the allocation of tasks is not always the subject of the dispute; it may also centre around how things are done, for example. The second most frequently mentioned conflict topic is leisure activities.

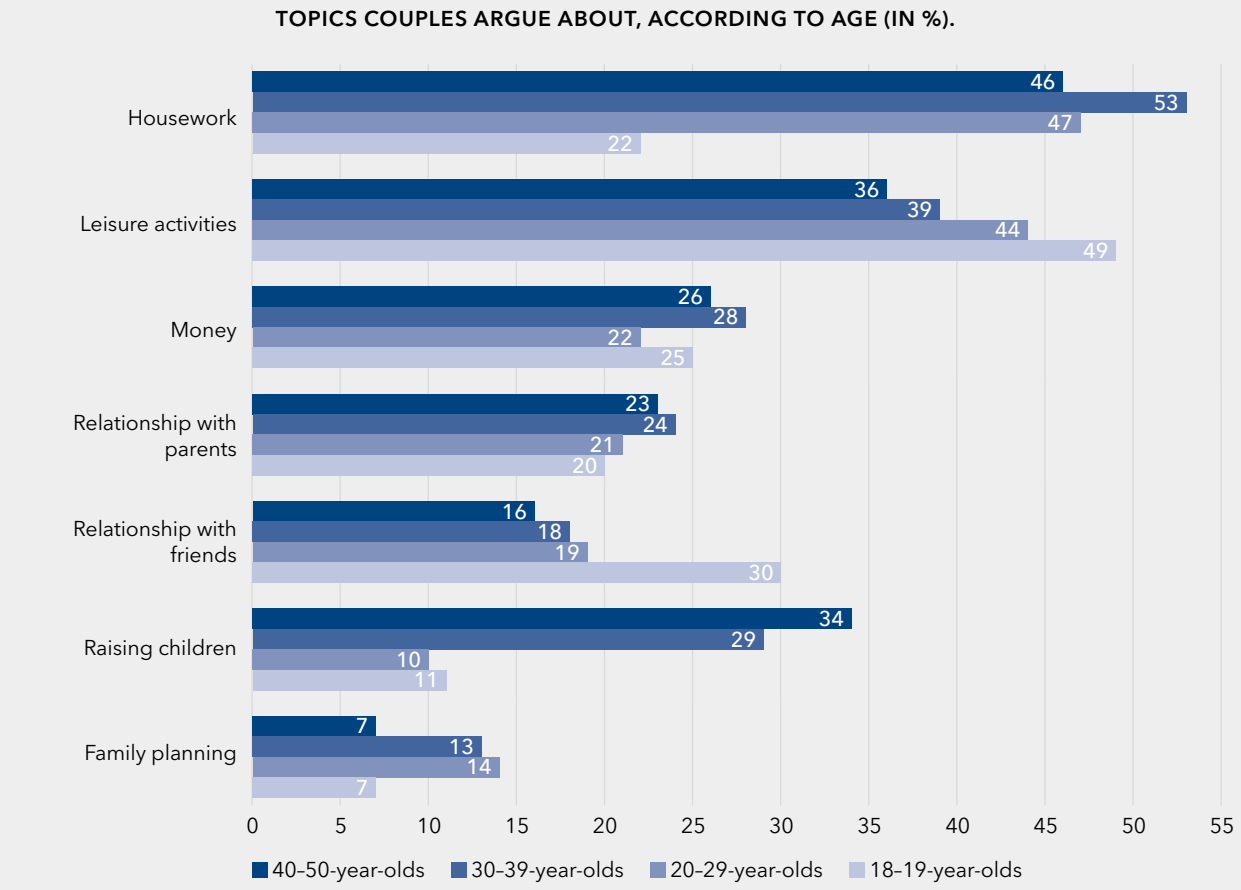
Certain conflict topics tend to gain and lose relevance during a couple's lives because they only play a role in their everyday lives during certain phases. Figure 2 illustrates this according to the age of the interviewee. Thus, the topic of family planning gains in importance between 20 and 30 and subsides after 40, when family planning is complete for most couples. Couples argue about raising children when minors are present, typically after the age of 30.

There is still a clear imbalance regarding paid work. But, as other studies have shown, this occurs only when a couple already has children, and the question arises as to which parent will reduce their paid work and to what extent. Typically, mothers then switch to part-time work and do so for a longer period of time, while fathers continue to work full-time.

But what level of employment would 18- to 50-year-old parents in Germany prefer? Common survey questions often suggest that the attitudes among young adults are already very egalitarian. However, one question regarding parents' ideal weekly working hours, recorded for the first time in FReDA, reveals existing gender differences in attitudes towards parental employment. Because caretaking demands substantial time to be spent in the "rush hour phase of life" – where children are under the age of 6 – the question is posed to fictitious parents whose youngest child varies from 2 to 18.

Figure 3 shows that mothers with young children favour a significant reduction in working hours, with the desired amount of time spent working increasing again significantly as the child gets older. In Western Germany, this is 18 hours per week for a

FIGURE 2



Source: FreDA, own calculations
Subwave W1A (2021), n = 16,677 (persons living with their partners, preliminary weighting)

mother of a 2-year-old and over 35 hours per week for an 18-year-old – significantly higher than is actually the case. According to the average respondent, the fathers of small children should also reduce their working hours, albeit only very slightly.

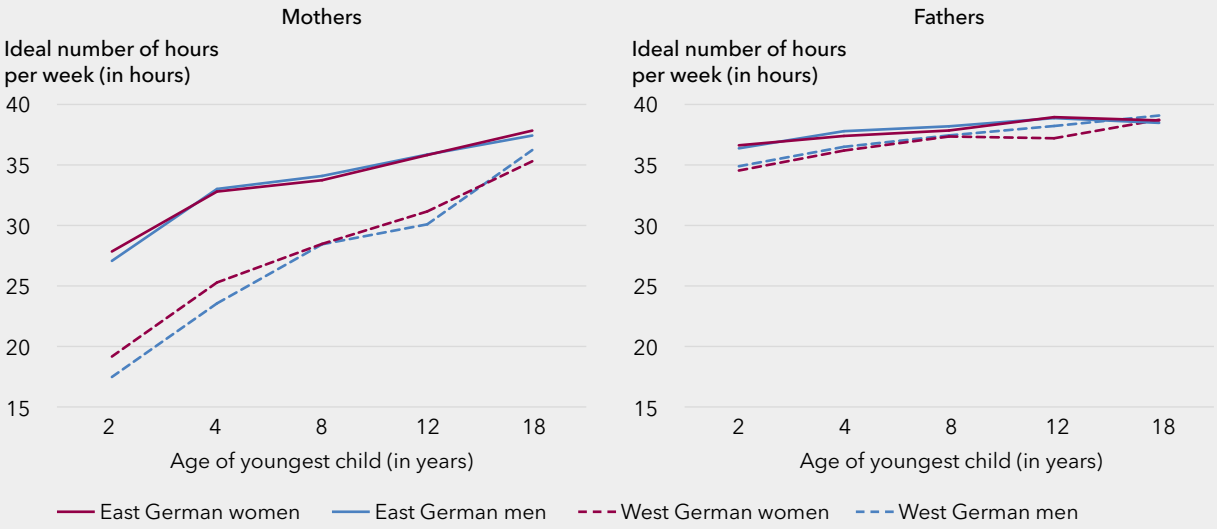
While women and men agree on the ideal working hours of mothers and fathers, well-known differences remain in attitudes between respondents from East and West Germany. In East Germany, the ideal working hours for mothers of 2-year-old children are 27 hours, on average, around 8 hours more than in West Germany. As the child's age increases, these values converge in East and West Germany.

The persistent gender differences are reflected even in the different types of stress and worries experienced by men and women during the coronavirus pandemic (Figure 4). In the spring of 2021, the main factor was the stress caused by contact restrictions, in addition to fears of falling ill and financial worries. Most younger people had not yet been vaccinated against the coronavirus at the time, and extensive contact restrictions were still in force.

Overall, women experienced greater stress than men. They were also much more likely to be afraid of falling ill and suffered more from the contact restrictions. This most likely reflects the additional re-

FIGURE 3

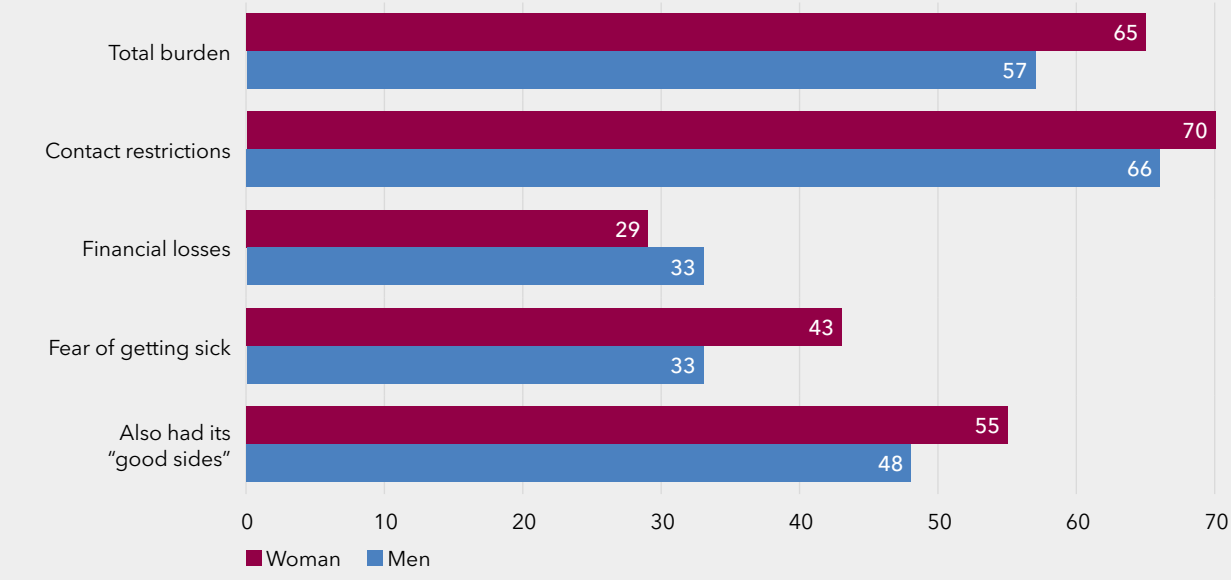
IDEAL NUMBER OF HOURS PER WEEK PARENTS SHOULD WORK – RELATIVE TO CHILD'S AGE.



Source: FreDA, own calculations
Subwave W1B (2021), $n_{Mothers}$ = 34,995 (preliminary weighting)
Subwave W1B (2021), $n_{Fathers}$ = 35,184 (preliminary weighting)

FIGURE 4

STRESS AND WORRIES EXPERIENCED DURING THE PANDEMIC (IN %), BY SEX.



Source: FreDA, own calculations
Recruitment inquiry W1R (2021), n = 36,952 (preliminary weighting)

sponsibilities of caring for and teaching children at home because daycare centres and schools were closed. Only concerns about financial losses were greater among men than women. Significantly more women than men could see the "good sides" to the pandemic.

Conclusion

From finding a partner to separation, the FReDA data shed light on various aspects of relationship life, only excerpts of which we can show here. The question of how couples organise their everyday lives and how they manage the balancing act of doing housework, bringing up children and working remains a central concern. As a result, dissatisfaction and conflicts are often linked to this. Over the past few decades, there has been a growing trend towards sharing tasks in a partnership more equally between the two partners. However, there is still often a gap between desire and reality.

References

Bujard, Martin, Gummer, Tobias, Hank, Karsten, Neyer, Franz J., Pollak, Reinhard, Schneider, Norbert F., Spieß, C. Katharina, Wolf, Christof, Bauer, Irina, & Weih, Ulrich (2022). FReDA – The German Family Demography Panel Study. GESIS: Cologne. ZA7777 Data File Version 1.0.0. https://doi.org/10.4232/1.13745

Gummer, Tobias, Schmiedeberg, Claudia, Bujard, Martin, Christmann, Pablo, Hank, Karsten, Kunz, Tanja, Lück, Detlev, & Neyer, Franz J. (2020). The impact of Covid-19 on fieldwork efforts and planning in pairfam and FReDA-GGS. Survey Research Methods 14 (2): 223–227.

Schneider, Norbert F., Bujard, Martin, Wolf, Christof, Gummer, Tobias, Hank, Karsten, & Neyer, Franz J. (2021). Family Research and Demographic Analysis (FReDA): Evolution, Framework, Objectives, and Design of "The German Family Demography Panel Study". Comparative Population Studies 46. https://doi.org/10.12765/CPoS-2021-06

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Parents' views on their children's sexuality education. Results of the BZgA study on Youth Sexuality

Sara Scharmanski, Angelika Hessling

Since 1980, the German Bundeszentrale für gesundheitliche Aufklärung (BZgA; Federal Centre for Health Education) has regularly conducted the representative Youth Sexuality Study. This continuous monitoring provides information on the sexual and reproductive health of young people in Germany, which in turn forms an important basis for evidence-based health communication. This series of studies also includes a survey of parents. In this article, we present the results of this parent survey from the 9th iteration of the Youth Sexuality Study.

The BZgA study on Youth Sexuality

Since 1992, the BZgA has been mandated by the Schwangerschaftskonfliktgesetz (SchKG; Pregnancy Conflict Act) to develop concepts for sexuality education and to provide information on obtaining contraception free of charge throughout Germany (Bundeszentrale für gesundheitliche Aufklärung [BZgA], 2016). These sexuality education materials reach the target groups directly or are employed by multipliers as part of sexuality education and sexuality education programmes. The BZgA has a long tradition of conducting and funding large representative studies to evaluate and assess these measures and programmes. An important monitoring instrument in this context is the representative

cross-sectional survey on Youth Sexuality, which has been conducted regularly since 1980. The resulting study data can be used to determine the current sexual and contraceptive behaviour of young people as well as the characteristics of sexuality education (Scharmanski & Hessling, 2021b, 2022a).

As the home remains a central pillar in the context of sexuality education for young people (Scharmanski & Hessling, 2021c), and since parental sexuality education is positively associated with safe sexuality for their children (Döring, Walter & Scharmanski, in preparation), the parents' perspective on their children's sexuality and contraception is of great importance (see also the article by Kunz & Koschmieder in this issue of FORUM). This article focuses on the results of the parents' survey, which is part of the study on Youth Sexuality.

Before presenting the main findings of the parents' survey, it is important to note that, due to the methodology of the Youth Sexuality Study, only the current situation and trend developments from the past 40 years can be descriptively presented. On the basis of the available data, it is only possible to make a limited number of assumptions about possible causes that may have influenced these developments. Further research projects that focus on possible cause-effect relationships are recommended.

Parents' views on their children's sexuality

Do parents talk about sexuality with their children?

For young people, conversations with parents are one of the most important sources of knowledge and advice about sexuality and contraception (Scharmanski & Hessling, 2022a).

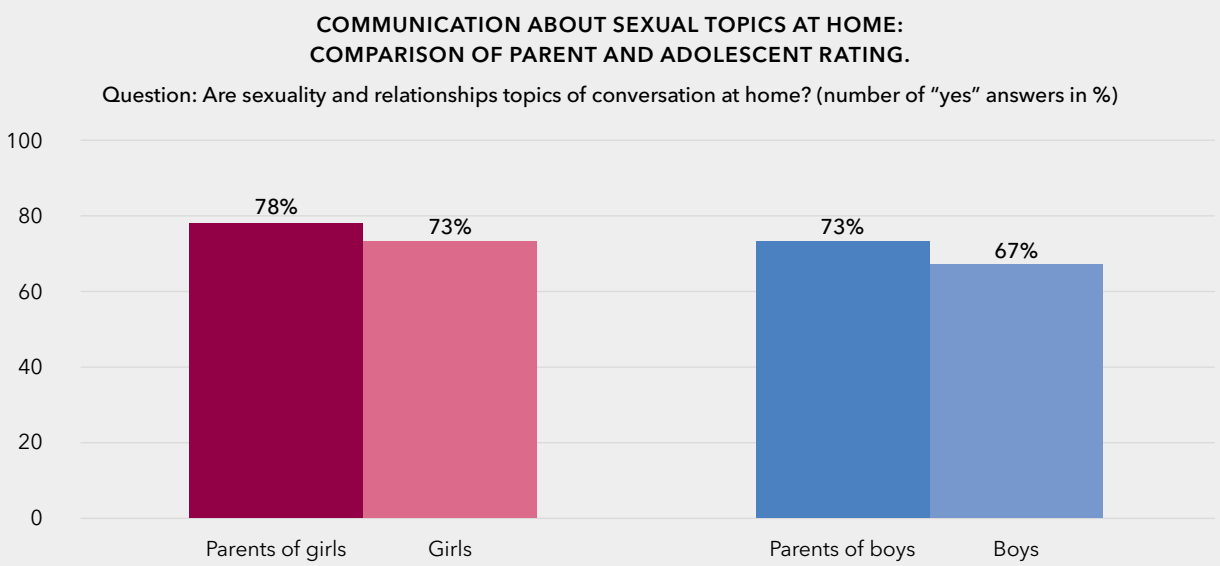
In the Youth Sexuality Study parents and adolescents were asked to what extent the topics of sexuality and partnership were discussed in their families. According to the adolescents surveyed, most families talk openly about sexuality and relationships: 70% of the 14- to 17-year-olds without a migrant background express this opinion (Scharmanski & Hessling, 2021c).

As part of the 9th iteration of the Youth Sexuality Study, 2,422 legal guardians of young people aged between 14 and 17 were interviewed between May and October 2019. The intention was that the mothers of girls and the fathers of boys would answer the questions, which was largely achieved: 99% of girls' mothers and 89% of boys' fathers participated in the survey.

As part of the representative repeat survey on Youth Sexuality, the sex assigned to the adolescents and their parents at birth was recorded in the categories "male" and "female". Due to the methodological design of the survey, it was not possible to make a further nonbinary differentiation of gender. This approach was dictated solely by methodological necessity and not by a lack of diversity-sensitive perspective.

In order to ensure that the results are comparable with previous trend iterations, the survey included only parents of young people without a history of immigration were included in the survey, i.e., the parents were born in Germany or have German citizenship since birth. The survey was conducted as an oral interview in the home environment.

FIGURE 1



Source: BZgA, data from Youth Sexuality Study (2019)
Basis: 14- to 17-year-old girls/boys without migrant background and their parents

A comparison of parents' and children's assessments (see Figure 1) shows that the parents rate the openness of communication about sexual and relationship topics in their own family slightly higher than their adolescent children: The ratings show a gap of 5% between girls and their parents and a gap of 6% between boys and their parents.

What do parents think about sexual contacts between minors?

Although both the parents and the adolescents report a predominantly open atmosphere of communication about sexuality and relationships in the family, parents' attitudes towards specific sexual acts by minors are different.

The latest data from the parents' survey clearly show that the proportion of parents who are fundamentally opposed to girls under the age of 18 having sexual contact has increased over the past five years – from 13% in 2014 to 25% in 2019 (see Figure 2). This brings the proportion of parents who disapprove of sexual contact between young people under the age of 18 back to where it was almost 30 years ago. There is a similar trend for boys, although at a lower level (2014: 10% compared to 20% in 2019).

Parents' views on providing contraceptive advice to their children

Do parents provide contraceptive advice to their children?

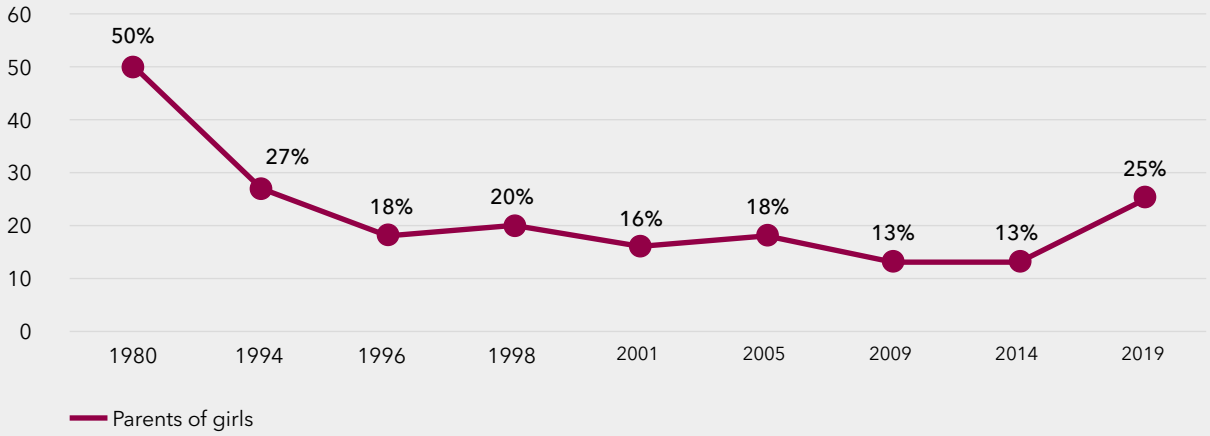
Most parents of children between the ages of 14 and 17 have already given their daughter or son detailed advice about contraceptive options, and this advice is usually given by the parent of the same sex. Three out of four mothers of girls (75%) state that they have given their daughters such advice, while the figure is significantly lower for fathers of boys (65%). Counselling by opposite-sex parents is less common (less than 60%, respectively).

Although parental contraceptive advice for sons is still lower overall than for daughters (65% com-

FIGURE 2

ATTITUDE TOWARDS SEXUAL ACTIVITIES OF MINORS, LONG-TERM TREND AMONG PARENTS OF GIRLS.

Question: What is your attitude towards sexual intercourse between young people under 18? Are you generally against it or would you not be against it in certain circumstances? (number of "generally against" answers in %)



Source: BZgA, data from Youth Sexuality Study (2019)
Basis: 14- to 17-year-old girls with German citizenship, from 2014 without migrant background

pared to 75%), there has recently been a recent convergence – apart from 2014 result (see Figure 3).

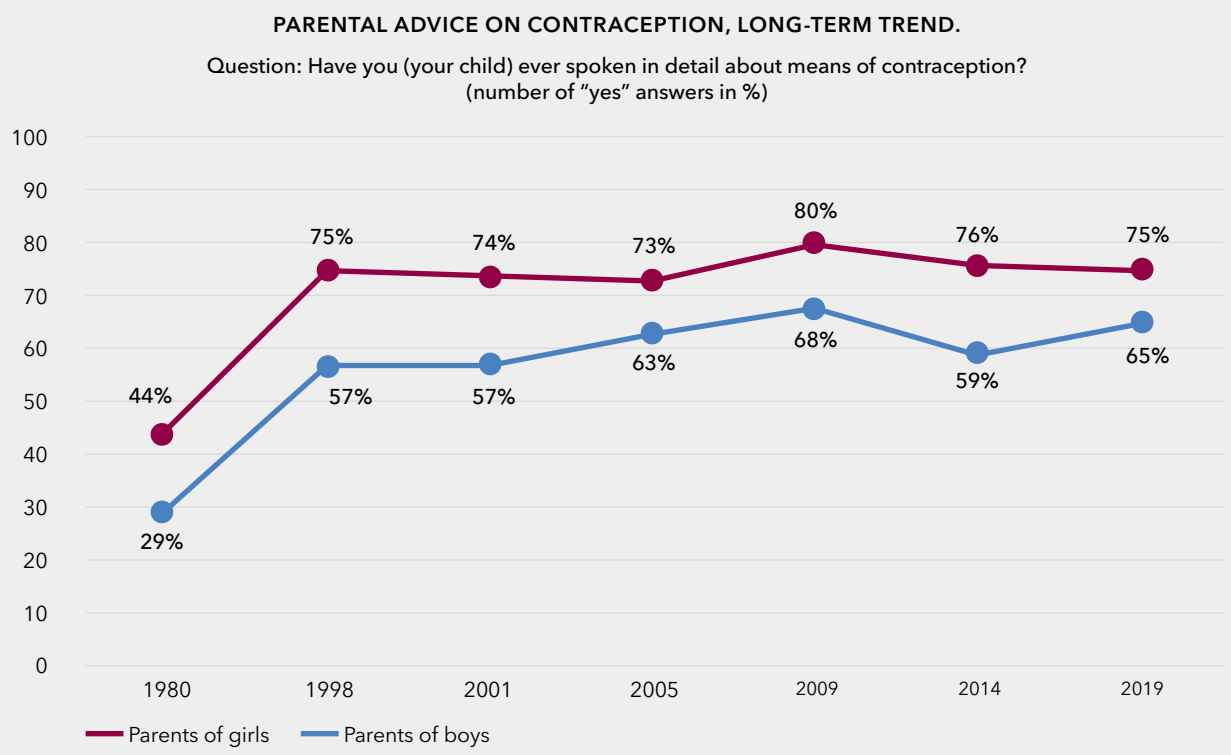
Parents' specific contraceptive recommendations are depended mainly on the sex of their children. Almost all parents of boys recommend condoms to their sons (93%), including 59% who recommend condoms as the only method of contraception. The pill plays a subordinate role in the advice given to boys: 36% of parents recommend the pill, while only 4% of boys' parents consider the pill to be the only suitable contraceptive.

The opposite is true for girls' parents, where the pill plays a central role, with 73% of parents recommending it to their daughters and 32% recommending it exclusively. However, more girls' parents (40%) than boys' parents (32%) advise their daughters to use the pill in combination with a condom. Overall, 60% of girls' parents recommend using a condom, while only 20% advise the exclusive use of a condom.

It is striking that the specific contraceptive advice given by parents varies according to the (assumed) sexual activity of the children. Girls whose parents believe they know for sure that their daughter is sexually active are more likely to be advised to take the pill (83%) than girls whose parents only assume that their daughter has probably or definitely not yet had a sexual relations (71%, respectively). This effect is even more pronounced among boys' parents, albeit at a lower level: Sons whose parents believe they know for sure that they are sexually active are more likely to receive a parental recommendation for the pill (55%) than boys whose parents only suspect or assume for sure that their son has not yet had a sexual relation (37% and 32%, respectively).

In addition, the (copper) IUD plays an even greater role in parental contraceptive advice for girls (10% of cases). However, (copper) IUDs are very rarely used by daughters: Only 1% of girls under the age of 18 who have already had sexual intercourse

FIGURE 3



Source: BZgA, data from Youth Sexuality Study (2019)
Basis: Parents of 14- to 17-year-old girls with German citizenship, from 2014 without migrant background

state that they have already had experience with this contraceptive method (Scharmanski & Hessling, 2021b).

Have parents' contraceptive recommendations changed recently?

Data from the Youth Sexuality Study (Scharmanski & Hessling, 2021b) also show that young women have recently become significantly less likely to use the pill. If we look at the results of the parents' survey, we see that not only are girls using the pill less often, but their parents are also less likely to recommend the pill as contraception.

Although around seven out of ten girls' parents (73%) still advise their daughters to use the pill when speaking about contraception, this proportion has fallen significantly since the last iteration of survey (see Figure 4).

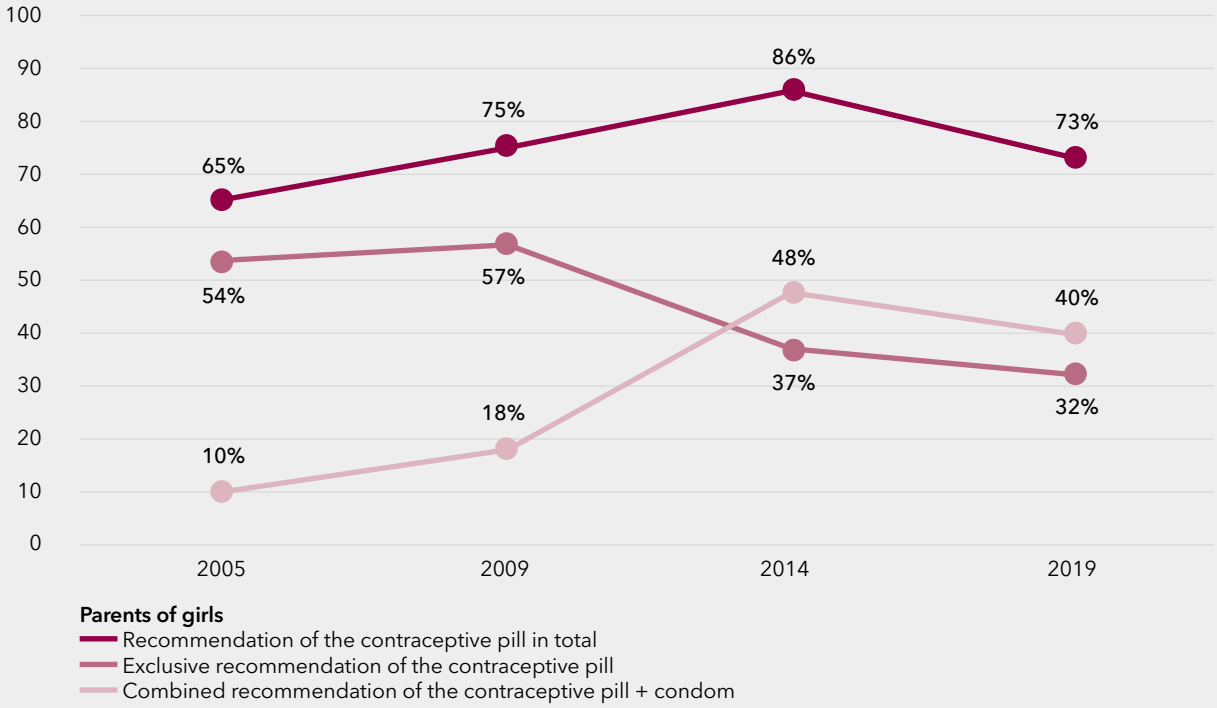
One positive aspect of the longer-term trend is that, compared with 2005, significantly more parents are now recommending the combined use of the pill and condoms.

It is also positive that the majority of parents still recommend safe contraceptive methods: Parallel to the decline in the recommendation of the contraceptive pill, the condom has become much more important as the only contraceptive method recommended by parents between2014 and 2019 – both for girls (by 12%) and boys (by 9%).

FIGURE 4

GIRLS' PARENTS RECOMMENDATIONS REGARDING USING THE PILL AS CONTRACEPTION, TREND COMPARISON.

Question: What would you recommend to your child as the most adequate form of contraception? (here: contraceptive pill) (in %)



Source: BZgA, data from Youth Sexuality Study (2019)
Basis: Parents of 14- to 17-year-old girls with German citizenship, from 2014 without migrant background

Parents' views on sexuality education for their children

How do parents feel about sexuality education?

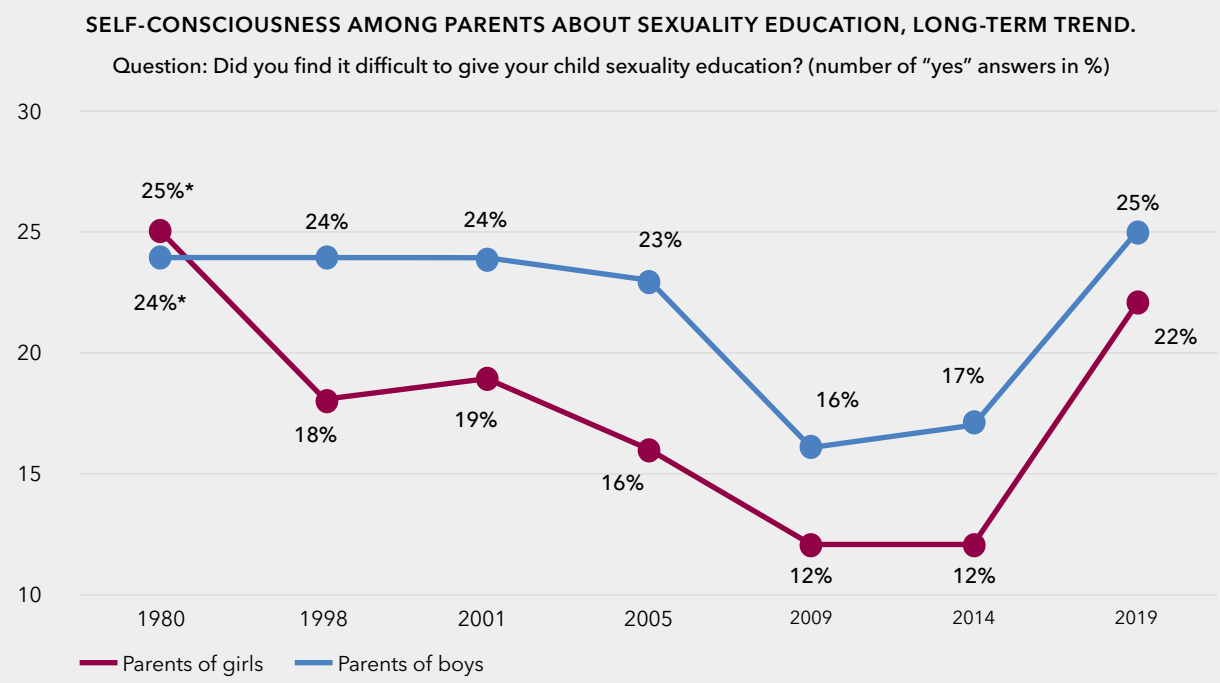
Almost seven out of ten parents (69%) state that they themselves or their partner were the main source of sexuality education for their child. Just over three-quarters of these parents report they have had no difficulties (76%).

However, 24% state that they did find their child's sexuality education difficult sometimes. The trend shows that significantly more parents reported difficulties with their children's sexuality education in 2019 than 5 years ago (see Figure 5).

Another notable finding from the current iteration is that this assessment correlates with the parents' formal education: Parents with a higher level of education (29%) are significantly more likely than those with a medium or basic level of education (20% and 19%, respectively) to say that they find sexuality education difficult. This difference did not exist in 2014.

Regardless of their children's sex, fathers are slightly more likely than mothers to say that they found sexuality education of their children difficult (26% vs. 22%).

FIGURE 5



Source: BZgA, data from Youth Sexuality Study (2019)
Basis: Parents of 14- to 17-year-old adolescents with German citizenship who provided their children with sexuality education, from 2014 without migrant background
*1980: Mothers/fathers instead of parents of girls/boys

Which sexuality education topics do parents find difficult?

All parents were asked about a list of sexuality education topics they found difficult (see Figure 6). Overall, most parents find it easy to discuss many sexuality education topics, such as 'the roles of men and women', 'marriage and other forms of partnership', 'affection and love' and 'premarital sexual intercourse'. Only 12% of mothers and fathers have difficulties with one or more of these topics. Again, there are few differences between the sexes.

Previous surveys have already shown that parents find one topic in particular is difficult to talk about with their children: sexual practices. Most mothers and fathers find it difficult to talk about this with their children (57% and 55%, respectively). At the same time, however, this is the most frequently mentioned topic about which adolescents themselves would like more information (Scharmanski & Hessling, 2022b).

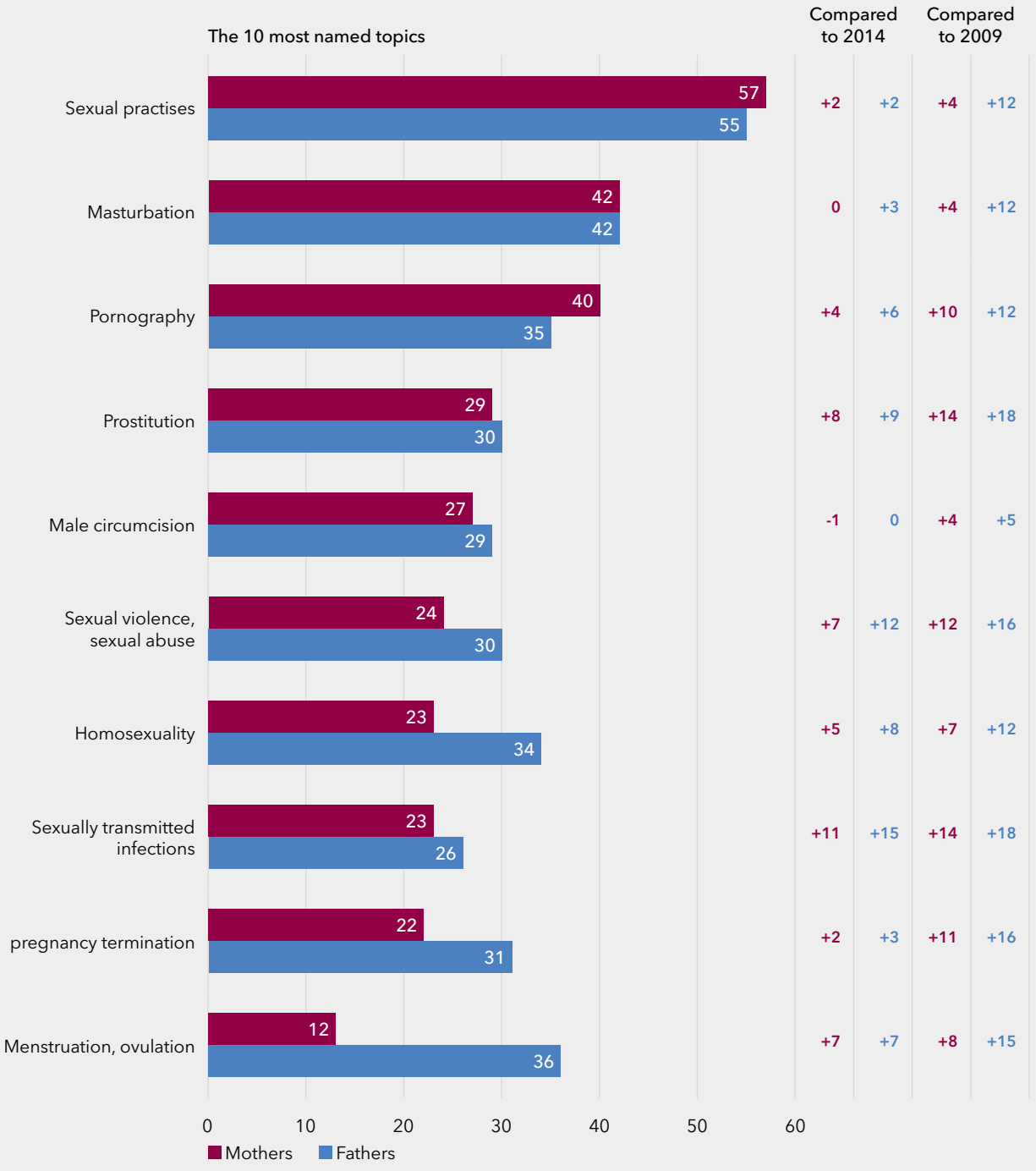
There is another difficult topic for mothers: pornography (40%). This topic is less of a problem for fathers (35%) – in fact, this is the only topic where fathers find it significantly easier than mothers to pass on information to their children. The differences between mothers and fathers are particularly large for the topics of homosexuality and pregnancy termination (11% and 9%, respectively) as well as – and this is not surprising – for conversations about menstruation and pregnancy/birth (24% and 14%, respectively).

One striking result of the 2019 survey is that the proportion of parents who find certain topics difficult to talk about to their children is generally higher

FIGURE 6

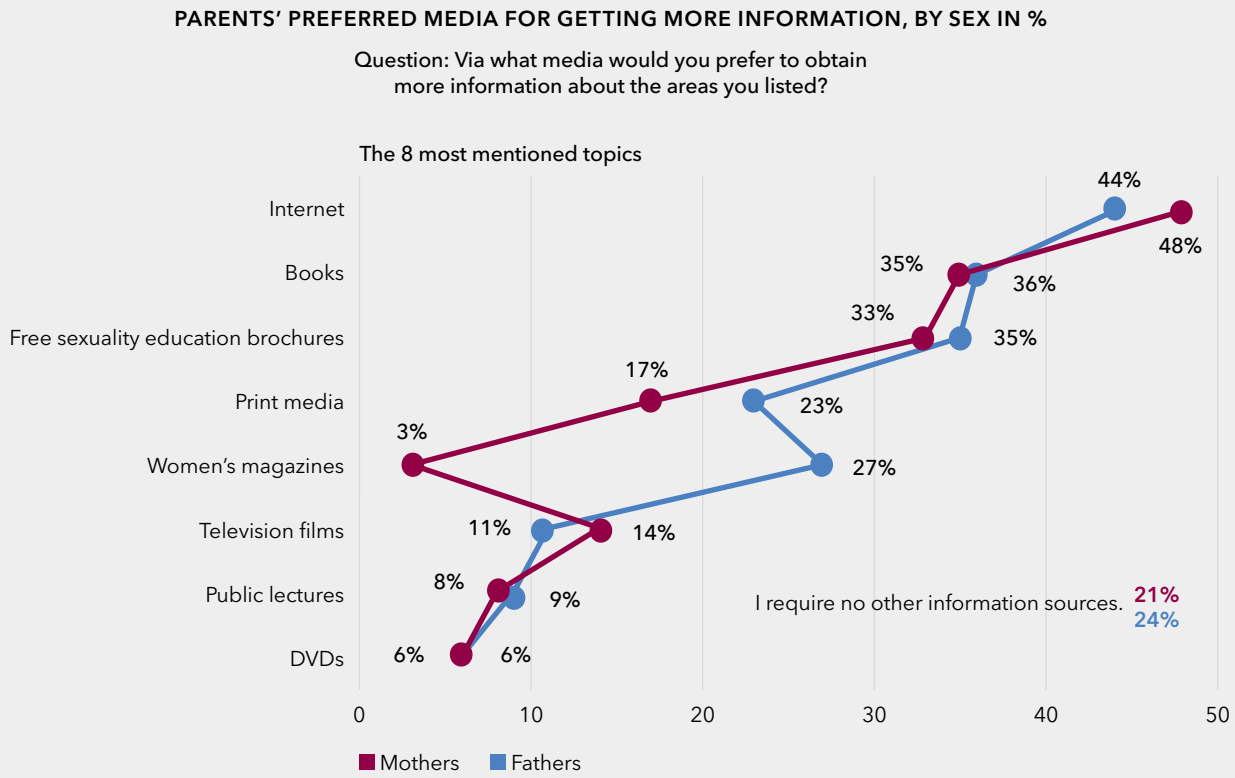
DIFFICULT TOPICS IN SEXUALITY EDUCATION FROM PARENTS' PERSPECTIVE (IN %).

Question: Please indicate the topics about which you would find it difficult to give your child concrete information.



Source: BZgA, data from Youth Sexuality Study (2019)
Basis: Parents of 14- to 17-year-old adolescents without migrant background (2009: German citizenship)
Trend: Difference between 2014/2019 in %

FIGURE 7



Source: BZgA, data from Youth Sexuality Study (2019)
Basis: Parents of 14- to 17-year-old adolescents without migrant background

now – in some cases much higher – than it was in 2014 and 2009 (see Figure 6). The frequency with which these topics are mentioned has increased by an average of 9% for mothers and 14% for fathers since 2009. With regard to the possible causes of this development, the available data do not allow us to draw any direct causal links. However, the following correlation must be considered when assessing the increase in parental difficulties with sexuality education: Adolescents are entering into an active sexual life at an increasingly later age (Scharmanski & Hessling, 2021b). At the same time, parents who are certain that their child is already sexually active report comparatively fewer difficulties with sexuality education (12% rather not sure vs. 27% definitely not sure). This means that as the proportion of young people who are not yet sexually active has increased, so too has the proportion of parents who find it difficult to discuss certain topics.

Where do parents get information about sexuality and contraception?

When parents advise their children on contraception, they mainly rely on their own experience (93%). Mothers in particular often consult other sources of information to prepare the discussion, e.g., by asking friends (21%) or doctors (19%). Fathers are less likely to do this (16% and 4%, respectively).

As the previous section emphasized, parents find certain topics more difficult to discuss with their children. Nevertheless, only 21% of mothers and 24% of fathers actively seek further information (see Figure 7). The general openness to receive addition-

al information is related to the parents' educational level: Parents with basic education level are particularly likely to state that they do not feel the need for further information (31%). This figure is lower for parents with medium or higher qualifications (24% and 19%, respectively). Younger parents are also slightly more open than older parents (rejection of further information by parents up to the age of 49: 21%; by the generation over 50: 28%).

However, most parents are by no means completely opposed to gathering additional information. The internet is the main source of information on sexuality education for parents – adolescents also report the same (Scharmanski & Hessling, 2021a).

Interestingly, the growing importance of the internet has not led to a significant decline in the number of books used for sexuality education over the last 15 years. In fact, between 2014 and 2019, in particular, the importance of specialist books has actually increased (among mothers 6% and among fathers 7%), making them parents' most important support medium for sexuality education after the internet.

Moreover, the educational correlation mentioned above is also applies to the use of the two most important information media: the internet and books. Parents with a higher formal education state that they use online sources and specialist books more often than do those parents with lower qualifications (differences between 11% and 16%). This is particularly true for fathers in the case of free brochures (11% difference according to educational level); for mothers, the educational correlation is less pronounced (5%).

Conclusion

This article provides an overview of the key data from the parent survey of the 9th iteration of the Youth Sexuality Study. The main findings can be summarised as follows:

- Most families (without a migrant background) talk openly about sexuality, relationship and contraception.
- However, it is striking that, in 2019, more parents expressed reservations about an active sexual life for minors than in previous decades.
- Regarding parental contraceptive advice, it is noticeable that the recommendation to use the pill is declining in parallel with the actual use among young people. Parents are more likely to recommend the use of condoms or the combined use of the pill and condoms.
- Parents are one of the main sources of sexuality education for young people. However, there has been a significant increase in the proportion of parents who say they find sexuality education difficult.

Because of its methodological design, the Youth Sexuality Study can highlight developments and provide an up-to-date database. However, there is limited information on possible causes that might explain these developments. Other study designs and methodological approaches would be needed to explore the explanatory relationships in more depth.

Nevertheless, it is crucial to continue to support parents in providing sexuality education and contraceptive advice to their children, and to provide evidence-based and evaluated materials and counselling services – both online and offline. Only in this way can parents help to strengthen the sexual and reproductive health of the younger generation and enable their children to enjoy a safe and healthy sexuality.

References

Bundeszentrale für gesundheitliche Aufklärung (BZgA) (2016). Rahmenkonzept zur Sexualaufklärung der Bundeszentrale für gesundheitliche Aufklärung in Abstimmung mit den Bundesländern. Köln: BZgA.

Döring, N., Walter, R., & Scharmanski, S. (in preparation). Elterliche Sexualaufklärung und sexuelles Risikoverhalten bei Töchtern und Söhnen: Befunde aus der Repräsentativbefragung "Jugendsexualität". Bundesgesundheitsblatt – Gesundheitsforschung – Gesundheitsschutz.

Scharmanski, S., & Hessling, A. (2021a). Medien der Sexualaufklärung. Jugendsexualität 9. Welle. BZgA-Faktenblatt. https://doi.org/10.17623/BZgA_SRH:fb_JUS9_Medien

Scharmanski, S., & Hessling, A. (2021b). Sexual- und Verhütungsverhalten von Jugendlichen und jungen Erwachsenen in Deutschland. Aktuelle Ergebnisse der Repräsentativbefragung Jugendsexualität Bundesgesundheitsblatt – Gesundheitsforschung – Gesundheitsschutz, 64(11), 1372–1381. https://doi.org/10.1007/s00103-021-03426-6

Scharmanski, S., & Hessling, A. (2021c). Sexualaufklärung und Verhütungsberatung im Elternhaus. Jugendsexualität 9. Welle. BZgA-Faktenblatt. https://doi.org/10.17623/BZgA_SRH:fb_JUS9_Eltern

Scharmanski, S., & Hessling, A. (2022a). Sexualaufklärung junger Menschen in Deutschland. Ergebnisse der repräsentativen Wiederholungsbefragung "Jugendsexualität". Journal of Health Monitoring, 7(2), 23–41. https://doi.org/10.25646/9874

Scharmanski, S., & Hessling, A. (2022b). Sexualaufklärung, die erste Regelblutung und der erste Samenerguss. Jugendsexualität 9. Welle. BZgA-Faktenblatt. https://doi.org/10.17623/BZgA_SRH:fb_JUS9_sexu_aufklaerung_reifung

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Citation

Scharmanski, S., & Hessling, A. (2023). Parents' views on their children's sexuality education. Results of the BZgA study on Youth Sexuality, FORUM sexuality education and family planning: information service of the Federal Centre for Health Education (BZgA), 1, 10–20. https://doi.org/10.17623/BZgA_SRH:forum_2023-1_en_article_juse_parents_view

Unwanted pregnancies over the life course – Results of the "women's lives 3" study

Tilmann Knittel, Laura Olejniczak

The "women's lives 3" study has surveyed over 19,000 women throughout Germany over the past 10 years. The data now available, which are unique in Germany in their scope and depth, enable us to draw a detailed picture of family planning and – as the main topic of the study – the background of unwanted pregnancies.

Funded by the BZgA, "women's lives 3" conducted representative surveys on family planning in four survey phases in various federal states between 2012 and 2020. To provide additional in-depth insights, it includes over 130 qualitative interviews conducted with women on specific issues or circumstances – such as pregnancies at a very young age or in violent relationships. The key approach of this mixed-method design study is the consistent consideration of the life-course perspective in the investigation of family planning: The desire to have children, contraception, pregnancies and pregnancy termination are not considered as isolated individual events but rather in the context and in the chronological order of biographical experiences. It understands family planning comprehensively, as the totality of all decisions and developments that shape private lives – with or without a child. Prof. Dr Cornelia Helfferich conceived the study as part of her more than 25 years of research on family planning, implemented at the Sozialwissenschaftliches Forschungsinstitut zu Geschlechterfragen Freiburg (SoFFI F.; Social Science Research Institute on Gender Issues Freiburg), which she founded and led until her death in 2021.

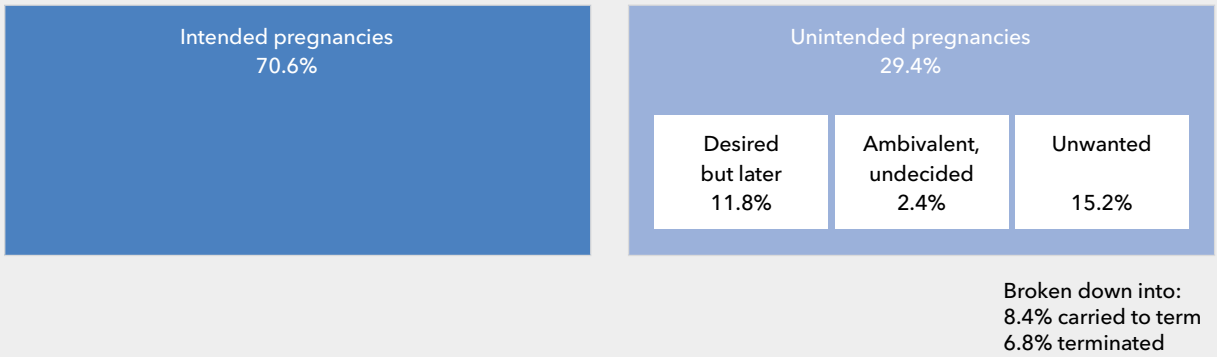
The surveys and analyses of "women's lives 3" focused on individual federal states to offer tailor-made support in the strategic and content planning of prevention and sexuality education at the state level. Now that all surveys have been completed, representative nationwide survey data on family planning and family life are available from over 19,000 women aged between 20 and 44, who report around 22,700 pregnancies – a unique database.

Focus on unwanted pregnancies

Focal points of "women's lives 3" were the prevalence and background of unwanted pregnancies. In general, research in this area in Germany and

FIGURE 1

INCIDENCE OF PREGNANCY INTENTIONS.



Source: Data from "women's lives 3", N = 22,706, completed or interrupted pregnancies between 1983 and 2020

internationally is faced with the challenge of clearly defining the term "unwanted pregnancy". Undoubtedly, there are wanted pregnancies and, equally undoubtedly, unwanted pregnancies. However, also a key finding of the qualitative analyses from "women's lives 3" is that, in reality, pregnancy intentions are often less clear and characterised by contradictions, ambivalences and varying degrees of (un)intentionality.

"women's lives 3" defines unwanted pregnancies in a narrower sense, namely, as those pregnancies the interviewees themselves explicitly described as unwanted. They form a subset of all unintended pregnancies, which includes all pregnancies that are not explicitly wanted. The latter includes, for example, pregnancies with unclear or ambivalent intentions. The assessment of unintended/intended refers to the time at which the pregnancy occurred. The "women's lives 3" study generally categorises all terminated pregnancies as unwanted pregnancies.

Almost 30% of pregnancies are unintended, 15% are unwanted

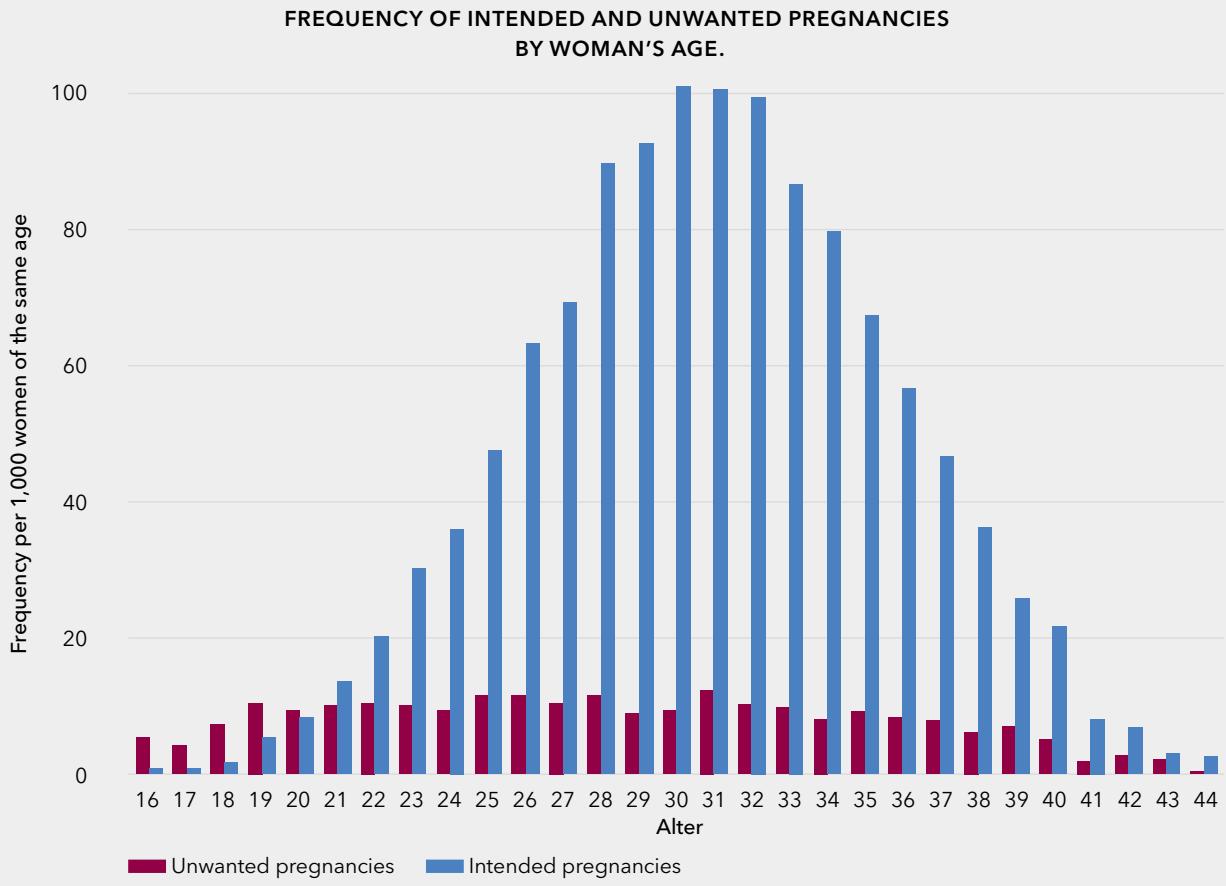
One in five women surveyed (20.6%) aged 40 and over has unwantedly become pregnant at least once in the course of her life. More than one in three respondents (34.9%) aged 40 and over have had at least one unintended pregnancy. As Figure 1 shows, around 70% of all pregnancies carried to term or terminated are wanted at the time. This also includes pregnancies that were actually wanted earlier (approx. 1%).

In contrast, just under 30% of all pregnancies are unintended. This includes around 12% of pregnancies that were basically wanted, albeit at a later date. In a further 2-3% of pregnancies, the women were ambivalent or undecided. Explicitly unwanted pregnancies account for 15% of all pregnancies; more than half of these are carried to term (55% of all unwanted pregnancies), and 45% are terminated.

There is no typical age for unwanted pregnancies

The "women's lives 3" data show that unwanted pregnancies occur with a comparable frequency throughout women's fertile phase of life: Between the ages of 19 and 35, around 10 out of every 1,000 women in an age group become unintentionally pregnant, and the prevalence decreases with age. Among women over 40, like minor women, there

FIGURE 2



Source: Data from "women's lives 3", N = 22,706, interrupted or completed pregnancies between 1983 and 2020

are less than 5 unintended pregnancies per 1,000 women of the same age (see Figure 2).

While unwanted pregnancies are similarly widespread across all age groups, intended and planned pregnancies are particularly common between the ages of 28 and 34. If we look at the proportion of unwanted pregnancies among all pregnancies, we see that it is particularly low in this age range. Among younger women under the age of 20, on the other hand, pregnancies are more often unwanted than intended, meaning that the proportion of unwanted pregnancies among all pregnancies is highest in this age group. Nevertheless, it would be misleading to regard unwanted pregnancies as an issue that mainly affects young women.

Difficult life circumstances as a reason for unwanted pregnancies

The biographical situation significantly influences the course of pregnancy. "women's lives 3" also analysed the links between wanted/unwanted pregnancy and life circumstances regarding partnership, professional and financial situation, health and other aspects. A direct comparison shows that, in all areas analysed, difficult life circumstances are significantly

more common in cases of unwanted pregnancies than in cases of wanted pregnancies (see Table 1).

In over two-thirds of unwanted pregnancies (68%), the professional and/or financial situation of the woman is of limited suitability for having a child. 46% of women with unwanted pregnancies report health concerns/problems; in 42% of unwanted pregnancies, one or more characteristics indicate a difficult or absent partnership; and 60% of the women who did not want to become pregnant mention other difficult or unsuitable life circumstances, such as feeling too young and immature, an inadequate living situation or a heavy workload because of caring for children or other relatives.

While almost half (48%) of the women who became pregnant intentionally did not mention any difficult life circumstances at all and a further 30% mentioned difficulties in just one area, an accumulation of unfavourable life circumstances is typical for unwanted pregnancies: Over two-thirds of women who did not want to become pregnant referred to unfavourable circumstances in two or more areas of life, while only 11% mentioned no difficulties at all. (Note that the respondents were asked about their biographical situation at the time of – and not during or after – pregnancy.) Difficult life circumstances can therefore often be considered the cause of a pregnancy being deemed unwanted.

Age-dependent life situations

As shown above, unwanted pregnancies occur with almost the same frequency throughout most of a woman's fertile phase. What changes with age, however, are the typical difficult biographical situations of unwanted pregnancies. The younger the woman is when she has an unwanted pregnancy, the more common her difficult life circumstances tend to be. This occurs particularly because many young women have not yet fully established themselves in their careers, i.e., typically they have not yet completed their education. But it is also valid for professional and financial uncertainties during early career phases and obstacles in reconciling family and career. Further, younger women's partnerships are frequently not yet sufficiently consolidated to provide a reliable basis for starting a family. In addition, the self-assessment of being too young and immature for children or living in an inadequate housing situation are more common among younger women. Accordingly, an accumulation of difficult life circumstances occurs more commonly among younger women in particular.

Health concerns – both regarding themselves and the unborn child – are significantly more important to older women who have unwantedly become pregnant than to younger women. More than 60% of women 35 or over who have unwantedly become pregnant cite reduced well-being or health concerns.

Around half of all unwantedly pregnant women over the age of 30 cite occupational and financial circumstances, including in particular obstacles to reconciling family and career, as difficult framework conditions for pregnancy.

Looking beyond difficult life situations, with increasing age the fact that family planning has already been completed and the desired family size has already been reached becomes increasingly relevant as the background to an unwanted pregnancy. This applies to just under half (48%) of all unwanted pregnancies among women aged 30 to under 35, and to 71% of unwanted pregnancies among women aged 35 and over.

Unwanted pregnant women use counselling services

Pregnancy and family counselling centres are an important pillar of support for pregnant women. As the "women's lives 3" data clearly show, counselling centres are particularly frequently visited by women who are pregnant for the first time or who find themselves in difficult life situations – and who can therefore be assumed to have a greater need for counselling. Counselling for pregnancies that are ultimately terminated is not included in the analysis presented here, as in Germany counselling is always mandatory for pregnancy termination outside of regulations

TABLE 1

FREQUENCY OF DIFFICULT CIRCUMSTANCES AT THE BEGINNING OF INTENDED AND UNWANTED PREGNANCIES, BY AGE (IN %).

	Intended pregnancies	Unwanted pregnancies	Unwanted pregnancies by age (years)				
			< 20	20-25	25-30	35-35	35+
Absence of established partnership	**6**	**42**	**60**	**51**	**40**	**30**	**17**
Not the right man to start a family	5	34	54	44	31	17	11
Uncertain partnership, crisis, separation	3	28	45	34	26	20	9
No partner	1	13	15	16	14	10	7
Difficult professional/ economic situation	**32**	**68**	**93**	**79**	**64**	**53**	**45**
Employment/vocational plans fit poorly to bearing a child	21	47	59	50	45	42	37
Professional or financial uncertainty	12	47	75	60	41	28	19
In vocational training/studying	9	31	69	45	21	9	2
Health-related limitations	**24**	**46**	**46**	**40**	**45**	**46**	**60**
Overall stress and exhaustion	14	33	38	30	31	33	40
Health concerns or problems regarding the unborn child	12	21	16	16	22	21	37
Health concerns or personal problems	10	19	15	16	19	18	35
Other difficult circumstances	**22**	**60**	**87**	**71**	**50**	**45**	**44**
Already stressed by childcare or caretaking of relatives	12	26	23	21	25	31	34
Insufficient living situation	8	30	50	36	23	20	17
Too young, too immature	5	33	80	51	18	3	2

Source: Data from "women's lives 3", N = 22,706, interrupted or completed pregnancies between 1983 and 2020

determining indication. In addition, the analysis is limited to pregnancies from 2007 onwards.

In total, 13% of all women whose pregnancies ultimately led to births sought consultation in counselling centres. For women bearing their first child, utilisation was significantly higher at 18%. Pregnancy and family counselling centres also tend to be used more frequently the more the personal situation during the pregnancy is characterised by an accumulation of difficult life circumstances. In cases of three areas of difficult life circumstances, 26% of the pregnant women consulted the services of pregnancy and family counselling centres. 44% of particularly stressed pregnant women with difficult circumstances in all four areas of life surveyed sought out counselling centres.

In the case of explicitly unwanted pregnancies, 35% of the women – and thus particularly frequently – sought consultation at a counselling centre. If it was the woman's first pregnancy carried to term, the counselling services were used in almost half of the cases (49%). Women also sought counselling more frequently than average for pregnancies in which the woman was unsure what to do or who only wanted to get pregnant at a later date.

In the case of unwanted and unintended pregnancies, the most frequently requested counselling topics concerned information on help available in financial emergencies, parental benefits and other financial issues as well as personal problems. Pregnancy conflict counselling in accordance with Paragraph 219 StGB was desired by just over a quarter of women experiencing an unwanted pregnancy who attended counselling and ultimately carried the pregnancy to term.

Even though the study posed no in-depth questions assessing the counselling services, these results reveal that the pregnancy and family counselling centres provide a tailor-made service for pregnant women with a particularly urgent need for counselling – and that they also generally successfully reach their target groups.

Reference

Reports and further materials on the "women's lives 3" study may be found on the BZgA internet portal sexualaufklaerung.de under the keyword "Familienplanung im Lebenslauf" (Family Planning over the Life Course) as downloads (https://www.sexualaufklaerung.de/forschung/forschungsfelder/familienplanung-im-lebenslauf/).

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Citation

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A comparison of reproduction policy across countries: A new international database

Hannah Zagel, Rohan Khan, Anna E. Kluge, Mio Tamakoshi, Martin Gädecke

This article presents a new database to map governmental measures regulating reproduction among 31 countries from 1980 to 2020: the International Reproduction Policy Database (IRPD). This database includes indicators in the policy fields of sexuality education, contraception, abortion, reproductive medicine and pregnancy care.

The International Reproduction Policy Database (IRPD) is an innovative database on reproduction policies in 31 countries from 1980 to 2020. It can be used to map trends and country differences regarding reproductive welfare. IRPD was developed as part of the Emmy Noether Research Group "Varieties of Reproduction Regimes" at the Wissenschaftszentrum Berlin für Sozialforschung (WZB Berlin Social Science Research Centre), funded by the German Research Foundation (DFG). We define reproduction policies as laws, regulations, directives and guidelines the state or its executive bodies employ to intervene in reproductive processes. In other words, we analyse the state's influence on when and how people can conceive children, enter into or avert a pregnancy, carry it to term or terminate it, and which social groups are supported in their reproductive decisions. To date, such differences between countries have hardly been systematically analysed. IRPD covers five policy areas that shape reproductive processes throughout the life course: sexuality education in schools, contraception, abortion, medically assisted reproduction and pregnancy care. The database is conceptually designed to allow long-term comparisons between reproductive fields and countries. We operationalised the government measures in terms of the specifics of the respective policy fields and their comparability (see also Table 1).

Data collection

Data collection for IRPD took place between December 2022 and April 2023. The basis for the data is national government activity in 31 countries[1] during the period 1980 to 2020. We collected the data using a standardised online questionnaire tested in advance by international researchers from the five policy fields considered. We used their feedback to improve the questionnaire. During data collection,

1 Australia, Austria, Belgium, Bulgaria, Canada, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Japan, Latvia, Lithuania, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, Switzerland, Ukraine, United Kingdom, United States. The IRPD also contains data on the GDR from 1980 to 1990.

one expert per country entered the information into the questionnaire.

We selected the country experts based on their comprehensive expertise in at least one of the policy fields. When completing the questionnaire, they were asked to refer to official documents such as legal texts, directives, regulations or court decisions to ensure the greatest possible transparency and focus on government activity. The source documents are stored together with the data set and are available (usually in the respective national language) for follow-up analyses.

Based on the completed online questionnaires – and following our data preparation and coding – we provide IRPD as a dataset that can map the five reproduction fields along comparative dimensions. The final IRPD dataset includes a variety of quantitative policy indicators with novel, comprehensive and detailed data on reproduction policies the research community can use to analyse various research questions.

Operationalisation of the reproduction policy fields

IRPD allows the visualisation of the states' regulatory structures, permissiveness and generosity regarding the provision of reproductive welfare. It includes indicators of the legal framework and state-provided resources, enabling a distinction between "access" and "financing": Access describes the conditions under which individuals can access resources; financing describes the extent to which the healthcare system covers the costs individuals would have using the reproductive services. The following section describes the five policy areas along the dimensions regarding the indicators contained in IRPD. Table 1 provides a list of the categories for which indicators were collected.

Sexuality education

Regarding national government activity in school-based sexuality education, we consider two categories of regulatory framework. First, the regulation of sexuality education as a school subject, where it is relevant whether sexuality education is compulsory or whether parents have the right to withhold their children from it. Second, we consider the provision of information and training for teachers and ask whether national authorities are obliged to provide guidelines or materials for teaching, and whether there are national guidelines for teacher training in sexuality education.

We operationalise the state-provided resources in sexuality education in schools as the content intended for sexuality education, using indicators on whether and which of 10 predefined topics are included in the national curricula. The topics include the teaching of adolescent development, the prevention of sexually transmitted infections and variations in sexual orientation. For this policy area, we do not operationalise the funding subdimension because there are no individual costs for sexuality education in schools, which could vary between countries.

Contraception

Regarding contraception, we consider the regulatory framework based on three categories. First, we ask whether there are national guidelines that regulate the authorisation or prohibition of contraceptives. The second category concerns whether a national authority monitors access to contraceptives. The third category relates to the regulation of contraception through national guidelines for medical practise, which includes questions about who is authorised to advise on contraceptives and who is authorised to prescribe them.

To gain insight into the provision of resources in this policy area, we asked the experts about access and funding of nine different contraceptives (including condoms, intrauterine devices and contraceptive pills). We operationalise access regarding the contraceptives available in a country and whether the state restricts access for certain groups of people. We consider six different groups that may be excluded, including minors and migrants. Furthermore, we consider the dimension of contraceptive funding using indicators of cost coverage by the healthcare system. We also record whether the coverage of costs is restricted for these people groups.

Abortion

We record the regulatory conditions in the field of pregnancy termination in two categories: the legal status of abortion and the provision of information on abortion. To operationalise the legal status, we ask, among other things, whether abortions are regulated at the national or subnational level, which types of abortions (surgical or medical) are legally valid and to what extent doctors have the right to refuse to perform abortions. Furthermore, we operationalise whether any national regulations oblige the state to provide (medically correct) information on abortion.

The subdimension of access in this policy area comprises two categories: access requirements and procedural conditions. First, we operationalise the access requirements for abortion in a country using a predefined list of seven legal grounds for abortion (including life-threatening circumstances for pregnant women, abortion on request). The second indicator of access requirements is the week of pregnancy up to which an abortion is legal. The procedural conditions specify which conditions must be met before an abortion can be performed, e.g., mandatory pregnancy advice or waiting times. In this policy area, funding refers to the conditions and extent to which public healthcare systems cover the costs of an abortion.

Medically assisted reproduction

In medically assisted reproduction (MAR), we record the regulatory framework in three categories. First, we ask which legal provisions regulate assisted reproductive treatments and which types of treatments are legal within this framework. Second, the category on the legality of gamete donation includes, for example, whether legislation regulates the donation of egg and sperm cells by third parties. Third, we record the legal regulations of parentage regulations following MAR treatments, e.g., who is legally recognised as a parent in the case of surrogacy.

The subdimension of access to MAR contains indicators of which procedures (e.g., ICSI, IVF) are available in a country, which requirements must be met in order to receive these treatments and which people groups do not have access, e.g., same-sex couples. In addition, we provide indicators of whether there are restrictions on gamete donations regarding age and number of donations an individual can make. We operationalise funding as the extent to which public healthcare covers the costs of MAR treatment and the conditions that must be met by the patient for their costs to be covered.

Pregnancy care

We describe the regulatory framework for pregnancy care along three categories. The first category of routine care includes whether there is a general programme of pregnancy care and the extent to which routine examinations are part of this programme. The second category includes indicators of what medical personnel are required for high-risk pregnancies and other pregnancies, to what extent the expectant parent can choose the place of birth and whether accompanying people are allowed to be present at the birth. Third, we ask whether public authorities must provide medically accurate information about prenatal care.

The subdimension of access to prenatal care includes, first, routine care and obstetric care, e.g., how many routine examinations are foreseen for each trimester, what prenatal tests are available and under what conditions a caesarean section can be performed. Second, we ask which medical staff are primarily responsible for pregnancy care (e.g., midwives or gynaecologists). The dimension of financing of pregnancy care records whether and to what extent public healthcare covers the costs of the care programme (e.g., routine examinations, prenatal tests, births outside a hospital).

Research potential

The IRPD's rich data on school-based sexuality education, contraception, abortion, MAR and pregnancy care provide for the first time a comprehensive account of reproduction policies recording international patterns and trends. This section highlights some potential applications of the data in different research areas.

TABLE 1

CATEGORIES OF REPRODUCTIVE POLICY INDICATORS IN IRPD.

	Sexuality education	Contraception	Abortion	Medically assisted reproduction	Pregnancy care
Legal framework	Sexuality education as school subject	Admission of various contraceptives	Legality of abortion	Legality of MAR	Regulation of prenatal examinations
	Availability of information and continued/advanced education	Monitoring of access to contraceptives	Availability of information	Legality of gamete donation	Monitoring of birth options and birthplace
		Guidelines for clinical practise		Monitoring of descent laws	Availability of information
Resources	Access	Access	Access	Access	Access
	Sexuality education topics in school	Access conditions	Access prerequisites	Access conditions	Preventive medical examinations and obstetrics
			Process conditions		Service provider
		Financing	Financing	Financing	Financing
		Covered by healthcare	Covered by healthcare	Covered by healthcare	Covered by healthcare

Source: Databank IRPD

First, IRPD can be used to analyse political science questions about the emergence of reproduction policies, e.g., the influence of institutional and political constellations. This allows researchers to analyse the role of the political system or individual actors in political decision-making processes regarding reproduction policy reforms. One theory from morality policy research that could apply to reproduction policy is that normative convictions are more important than instrumental interests (Knill, 2013). The long period of 40 years covered by IRPD also makes it possible to study when major changes in the regulation of reproduction policy fields took place in the various countries and whether it is possible to observe an international convergence of policies.

IRPD data are also a rich empirical source for analysing interrelationships between reproduction policy fields over time. For example, policy developments in the fields of abortion and MAR which are based on similar legal and ethical issues, such as the beginning of life, the status of the unborn and the responsibility of the state, can be analysed (van de Wiel, 2022). These issues reflect central lines of political conflict in the 21st century, whose regulatory solutions can be analysed comparatively with IRPD.

Furthermore, IRPD can help analyse the reciprocal relationships between political attitudes in the population and reproduction policies. A relevant research question here is the extent to which political attitudes lead to reproduction policy reforms (Norrander & Wilcox, 1999). Conversely, it is of interest how such changes affect political attitudes towards gender relations, sexual orientation and family forms (Abou-Chadi & Finnigan, 2019; Loll & Hall, 2019).

IRPD can also be used to analyse the effects of reproduction policies on social stratification. In particular, indicators on state-provided reproduction policy resources are essential for such questions, as access conditions and funding opportunities directly affect the individual reproductive decisions of

people from different social backgrounds (Smith et al., 2022). Demographic research can also benefit from the data, as it depicts the regulatory context within which people decide whether, how and when to have children over the course of their lives.

IRPD provides an important empirical basis for research on reproduction. Its design allows analyses and comparisons not only within and between the various policy areas but also between countries and over a long period of time during which a wide range of reforms took place. The database thus offers the opportunity to analyse many questions on reproduction policy for the first time.

References

Abou-Chadi, T., & Finnigan, R. (2019). Rights for same-sex couples and public attitudes towards gays and lesbians in Europe. Comparative Political Studies, 52(6), 868–895. https://doi.org/10.1177/0010414018797947

Knill, C. (2013). The study of morality policy: Analytical implications from a public policy perspective. Journal of European Public Policy, 20(3), 309–317. https://doi.org/10.1080/13501763.2013.761494

Loll, D., & Hall, K. S. (2019). Differences in abortion attitudes by policy context and between men and women in the World Values Survey. Women & Health, 59(5), 465–480. https://doi.org/10.1080/03630242.2018.1508539

Norrander, B., & Wilcox, C. (1999). Public opinion and policymaking in the states: The case of post-Roe abortion policy. Policy Studies Journal, 27(4), 707–722. https://doi.org/10.1111/j.1541-0072.1999.tb01998.x

Smith, C. W., Kreitzer, R. J., Kane, K. A., & Saunders, T. M. (2022). Contraception deserts: The effects of Title X rule changes on access to reproductive healthcare resources. Politics & Gender, 18(3), 672–707. https://doi.org/10.1017/S1743923X2100009X

van de Wiel, L. (2022). Integrating reproductive and nonreproductive technologies: Egg freezing and medical abortion. Technologies of Reproduction Across the Lifecourse: Expanding Reproductive Studies (p. 261). Emerald.

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Citation

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Pioneering change: ANSER's impact linking research and policy on sexual and reproductive health

Emilie Peeters

In the midst of challenging times for sexual and reproductive health and rights (SRHR), the Academic Network for Sexual and Reproductive Health and Rights Policy (ANSER) stands out as an innovative force. As an international academic network, ANSER sets an inspiring example of effective knowledge translation, connecting research and policy. Through their pioneering efforts, ANSER sets a benchmark for excellence in strengthening evidence-based policies to safeguard and promote SRHR.

Challenging Times for SRHR

Today fake news is everywhere. Misinformation spreads rapidly on social media, bypassing fact checks of journalists and using algorithms made to reinforce existing beliefs rather than providing critical analysis. Not to mention the financial and political benefits sensational fake news can provide to their propagators.

Sexual and reproductive health and rights (SRHR) are particularly susceptible to fake news due to societal taboos and stigma. The lack of open discussions around the topic contributes to knowledge gaps and thus the inability to critically assess information. SRHR issues are also politically and religiously polarized, leading to intentional misinformation for ideological or political purposes. For instance, a study found that 24 % of #HPV Tweets written in English between December 2019 and March 2020 contained misinformation about adverse health effects, mandatory vaccination and inefficacy of the vaccine (Kornides et al., 2023).

In recent years, there has been a disturbing backlash against women's rights and particularly sexual and reproductive health rights, such as Poland's ban on terminations of pregnancies with fetal defects and Hungary's restrictions on gender changes in 2021. Just a few months ago, Uganda passed a law crimi-

nalizing LGBTIQ identification[1], and today in the US, 19 states teach sexual abstinence in schools, without discussing contraception, healthy relationships or bodily autonomy.[2] Over the last years discriminatory norms, cultural and religious beliefs as well as conservative agendas hindered or even reversed progress on SRHR. Addressing this requires comprehensive sexuality education, open discussions, media literacy, and empowering policymakers with accurate knowledge.

More than ever it is necessary to promote evidence-based policies and knowledge sharing in this crucial area, hence the international network, known as ANSER, was established.

Historic evolution of ANSER

In September 2015, the international community approved sustainable development by formally agreeing on a set of 17 Sustainable Development Goals (SDGs), providing a framework to address global challenges. SRHR plays a vital role there, intersecting with SDG3 (ensure healthy lives), SDG5 (achieve gender equality), SDG10 (reduce inequalities), and impacting other goals. As a result, SRHR had a central position in various new policies being introduced in the aftermath of the SDGs.

Effective SRHR policies require evidence-based approaches to ensure adequacy and sustainable impact, such as research findings that provide the foundation for the policies, stakeholder engagement to ensure all voices are heard and included as well as monitoring and evaluation to weigh the effectiveness of policies and identify areas of improvement. Recognizing the importance of evidence-based SRHR policies and the need for collaboration, Ghent University established the ANSER network in December 2016. The network's members engage in education, research and societal outreach, striving to translate SRHR evidence into effective policy plans and practice. Through education, ANSER attempts to equip students and academic staff with the necessary skills and understanding to effectively translate SRHR evidence into policy. By empowering the next generation of experts, ANSER plays a crucial role in ensuring the long-term sustainability of SRHR knowledge translation initiatives. Through research, ANSER creates an environment that aligns with the needs of policymakers and delivers meaningful outcomes that directly contribute to the development of effective SRHR policies. By ensuring the accessibility and comprehensibility of research findings, ANSER maximizes their impact. Lastly, through societal outreach, ANSER empowers policymakers with knowledge about formulating evidence-based SRHR policies and encourages members of the network to actively participate in policy forums to guarantee inclusive, rights-based, and evidence-grounded policies. By bridging researchers and policymakers, ANSER fosters trust, understanding, and collaboration.

ANSER's thematic focus covers various SRHR topics, such as maternal health, contraception and family planning, safe pregnancy termination, SRHR of vulnerable groups, HIV and STIs, sexual health and well-being, gender rights, gender-based violence, SRHR monitoring and evaluation. The network comprises academic institutions and non-profit organizations worldwide, leveraging the expertise of researchers and policy-oriented entities. Currently, ANSER has 35 academic members and 7 associated members from 23 countries across six continents. Ad Hoc Working Groups drive the network's activities, supported by the ANSER secretariat.

Leading the example of effective knowledge translation

The focus of ANSER's first phase (2016–2020) was mainly on building a cohesive community among the members. In this period, members established working relationships, harvested the added value

1 Uganda passes a law making it a crime to identify as LGBTQ. (2023, March 22). Reuters. https://www.reuters.com/world/africa/uganda-passes-bill-banning-identifying-lgbtq-2023-03-21/

2 Abstinence-Only Education States 2023. 2023 World Population Review. https://worldpopulationreview.com/state-rankings/abstinence-only-education-states

of collaboration and developed an appreciation for knowledge translation into policy.

In the second phase (2021–2025), the network clearly shifted towards a more output-focused network, with the aim of activities that directly impact evidence-based SRHR policies. Research has shown that effective strategies to increase the use of evidence in health policies should have four components:

- Making research findings more accessible for policymakers.
- Increase opportunities for interaction between policymakers and researchers.
- Addressing structural barriers to research receptivity in policy agencies and a lack of incentives for academics to link with policy.
- Increase the relevance of research to policy. (Campbell et al., 2009.)

Thus, we started focusing our activities in these directions to ensure a more targeted impact.

Making research findings more accessible to policymakers

ANSER members are encouraged to continue their research process after they have published the results in scientific literature. Through webinars, workshops and dedicated courses within larger training sessions, senior researchers but also PhD students and Master students were taught how to develop more accessible outputs.

Different output materials were created to provide a condensed and understandable version of the research findings, making it easier for policymakers to grasp the main points. Examples are policy briefs that highlight the key takeaways and policy implementations (see an example on SRHR of Ukrainian refugees in box 1), infographics that help convey complex information in a visually appealing and accessible manner, knowledge clips that offer a time-efficient way to deliver research results to policymakers with tight schedules and joint ANSER thematic webinars where research from many different institutions is presented collectively.

BOX 1: POLICY PAPER "ENSURING SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS OF UKRAINIAN REFUGEES"

Shortly after the war in Ukraine started in February 2022, policy makers faced a significant knowledge gap regarding the impact of the conflict on the sexual and reproductive health and rights of Ukrainian refugees in neighboring host countries. To address this issue, ANSER collaborated with the European Parliamentary Forum on SRHR (EPF) to develop a policy brief. This comprehensive document examines the potential challenges hindering the fulfillment of SRHR of Ukrainian refugees and offers clear policy recommendations based on academic literature. The brief covers various SRHR topics, including access to contraceptives, sexually transmitted infections, unsafe pregnancies and deliveries, unsafe pregnancy termination, sexual and gender-based violence, LGBTI+ rights and surrogacy.

The policy brief was widely circulated among European policymakers and had a notable impact. It prompted several parliamentary questions and garnered attention from influential figures, such as the Belgian Deputy Prime Minister, who referenced the brief during a keynote speech at the European Society for Contraceptives Conference in May 2022.

Increase opportunities for interaction between policymakers and researchers

By organizing interactive moments between ANSER members and policymakers, the network aims to encourage meaningful interactions, promote mutual understanding and strengthen the bridge between research and policymaking.

ANSER actively strengthens connections through strategic partnerships with prominent political entities like the European Parliamentary Forum on SRHR, UNFPA and WHO. By engaging these partners extensively in network activities, researchers gain profound insights into the policy context, priorities, and challenges. This approach ensures that research questions, methodologies, and outcomes align directly with the policy agenda, resulting in greater relevance and impact. Furthermore, ANSER invites political stakeholders to participate in its own meetings and activities while consistently attending diverse SRHR-related policy forums. This proactive engagement fosters direct interaction and dialogue and helps build trusted networks. Additionally, it provides researchers to offer clarifications, address misconceptions, and engage in open discussions directly with policymakers. And crucially, ANSER's annual stakeholder meetings serve as vital platforms where a diverse range of non-academic stakeholders involved in SRHR can voice their evidence needs based on their respective work. These meetings encompass a broad spectrum, from young SRHR activists sharing insights into the needs of their peers in the community to politicians seeking data to support the development of new national SRHR strategies, and healthcare professionals highlighting relevant observations from their patients that warrant further research. For a more detailed insight into the 2022 ANSER stakeholder meeting see box 2.

Addressing structural barriers to research receptivity in policy agencies and a lack of incentives for academics to link with policy

Repeated training sessions are set up for senior researchers, PhD students and Master students to equip them with the necessary skills to effectively engage with policymakers. Furthermore, ANSER also offers training packages for policymakers em-

BOX 2: ANSER STAKEHOLDER MEETING 2022

In November 2022, ANSER hosted its annual stakeholder meeting, uniting over 50 participants from 40 different organizations spanning 22 countries. The consultation started with compelling pitches done by non-academic professionals, presenting data needs that they experience from their respective work domains. Building upon these valuable inputs, a priority-setting exercise was conducted, resulting in an agreed set of research topics deemed most important:

- SRHR research capacity strengthening
- Access to SRHR supplies & services
- Adolescent SRHR
- Access to SRHR for LGBTIQA+
- Climate crisis and SRHR

Subsequently, group discussions were organized for each theme, delving deeper into the existing and missing data on the issue. Participants identified pertinent research questions and brainstormed to explore collaborations between the different stakeholders and the ANSER members on the topic. The valuable insights generated from these discussions served as a foundation for ANSER's network-wide research priority-setting exercise, conducted during the ANSER Members Meeting in late November 2022. This inclusive process culminated in the establishment of the current four ANSER Ad Hoc Working Groups, each focused on advancing research in key areas:

- Climate & SRHR
- Contradicting SRHR consent policies for adolescents
- Effective SRHR knowledge translation to policy
- SRHR Policy Implementation

This year, for the first time, external stakeholders are also invited to join the working group meetings throughout the year.

powering them with the knowledge and tools to utilize evidence in their SRHR decision-making processes (see box 3). In those sessions, a lot of attention is given to the difference in thinking and responsibility of researchers and policymakers, but also the importance of working together to reach sustainable change. By offering pieces of training to both stakeholders, we hope to build trust and credibility. Policymakers who witness the rigor and integrity of the research process are more likely to see researchers as trusted sources of evidence. Researchers can build trust to work with policymakers when they better understand the policy landscape and the specific needs and challenges policymakers face.

Increase the relevance of research to policy

Maximizing the relevance of research to policy requires a multifaceted approach. At ANSER, we concentrate on addressing topics that directly align with policy priorities and shed light on pressing issues overlooked by policymakers. By providing tangible and actionable recommendations, we enhance the value and applicability of our research within policy contexts. We also look at the evidence to support the implementation of existing SRHR policies. This includes conducting mappings of existing SRHR policies, studying the triggers and barriers to effective SRHR policy implementation, developing a suggested set of indicators to measure the success of SRHR policies (see box 4; WHO Regional Committee for Europe, 2016) and other evaluation studies to assess the impact of specific SRHR policies.

Future directions

The year 2024 will marque a unique momentum for academics to influence policymakers about sexual and reproductive health and rights. It converges significant SRHR-related policy processes, offering academics valuable opportunities to drive change. Firstly, it commemorates the 30th anniversary of the International Conference on Population and Devel-

BOX 3: UNFPA/ANSER FALL CLASS: "ACCELERATING THE IMPLEMENTATION OF THE NATIONAL SRHR STRATEGIES AND ACTION PLANS IN THE EECA REGION: LINKING EVIDENCE, POLICY AND PRACTICE"

In October 2023, ANSER is organizing its third training program for UNFPA-related policy stakeholders. The course provides participants with a theoretical background and practical tools on how to ensure strong SRHR policies, based on evidence and experiences from the field. The Fall Class is conducted online, spanning a week of intensive learning. Every year, the course welcomes approximately 20 participants and over 20 distinguished lecturers representing diverse countries and institutions worldwide. Throughout the week, participants work on an assignment, applying what they have learned directly to their daily work. On Friday, participants present their work to peers in small groups, fostering valuable discussions and undergoing a peer review process.

During the evaluation of the 2022 course, all participants noted the opportunity to develop valuable expertise, enhance skills, and gain deeper insights into the vital connection between evidence, policy, and practice. They strengthened their capacity to search for and critically analyze research findings, effectively translate evidence into policy, and better appreciate the voice of practitioners and service delivery needs. All they have learned was seen as directly relevant for their day-to-day roles and responsibilities. In the past two editions, ANSER has successfully certified 35 policy stakeholders. For the 2023 edition, 20 new participants are registered, eager to embark on this transformative learning experience.

BOX 4: SUGGESTED INDICATOR FRAMEWORK FOR THE WHO EURO REGIONAL ACTION PLAN FOR SEXUAL AND REPRODUCTIVE HEALTH

In 2019, ANSER developed a set of indicators to measure the objectives outlined in the WHO "Action Plan for Sexual and Reproductive Health: towards achieving the 2023 Agenda for Sustainable Development in Europe – leaving no one behind".

To ensure efficiency and avoid duplication, the suggested set of indicators draws upon existing monitoring frameworks such as the Global Indicator Framework for the Sustainable Development Goals (SDGs), the UNECE Monitoring Framework for the ICPD Program of Action beyond 2014 (ICPD+25) and the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030).

The intended purpose of this set of indicators is to support UNFPA and WHO in the process of determining the final set of indicators. Each suggested indicator is accompanied by clear definitions, potential data sources, and a description of the methodology employed in the indicator selection.

opment (ICPD), enabling academics to emphasize achievements and remaining gaps in SRHR. Secondly, as Belgium assumes the presidency of the Council of the European Union in Spring, it grants academics a substantial platform to shape EU policy decisions on SRHR issues. Capitalizing on this momentum, ANSER is organizing a conference in February 2024, dedicated to advancing evidence-based SRHR policies in the post-ICPD+30 era.

Regarding the future focus of the ANSER network, the specific topics will be decided upon by its members. However, our commitment is to generate evidence in areas that are entering the political debate but lack sufficient data (e.g. SRHR within Universal Health Coverage), topics requiring more political attention (e.g. equitable access to SRHR), subjects that we anticipate will gain prominence on the political agenda in the times ahead (Climate & SRHR) or suggested solutions for any of the concerns addressed above (e.g. Technology & SRHR).

ANSER is also developing its business planning for 2025 and beyond, as the Ghent University's seed funding for international networks reaches the end of its second and final term. To sustain our ongoing work, we are actively exploring alternative funding opportunities, ensuring the continuity of our activities.

Conclusion

ANSER stands out as a powerful platform that unites academics and other SRHR stakeholders, with a strong emphasis on connecting research with policy and linking research to policy. It plays a crucial role in driving evidence-based sexual and reproductive health and rights policies, fostering collaboration, and shaping sustainable change. As a pioneer in this domain, ANSER leads the way for improved policy implementation and contributes to positive change in sexual rights and the well-being of individuals worldwide. ANSER's model sets an example for other networks and organizations engaged in knowledge translation for effective policy implementation. By prioritizing the integration of research and policy, fostering collaboration, and promoting

evidence-based decision-making, ANSER sets a benchmark for excellence. The success and impact of ANSER's work demonstrate the significance of robust research, stakeholder engagement, and the translation of knowledge into actionable policies.

Literature

Campbell, D.M., Redman, S., Jorm, L., Cooke, M., Zwi, A.B., & Rychetnik, L. (2009). Increasing the use of evidence in health policy: practice and views of policy makers and researchers. Aust New Zealand Health Policy 2009; 6:21.

Kornides, M. L., Badlis, S., Head, K. J., Putt, M., Cappella, J., & Gonzalez-Hernadez, G. (2023). Exploring content of misinformation about HPV vaccine on twitter. Journal of behavioral medicine, 46(1-2), 239–252. https://doi.org/10.1007/s10865-022-00342-1

WHO Regional Committee for Europe, 66th session. (2016). Sixty-sixth Regional Committee for Europe: Copenhagen, 12–15 September 2016: action plan for sexual and reproductive health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind. https://www.who.int/europe/publications/i/item/EUR-RC66-13

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Online pregnancy termination videos: Providers, messages and audience reactions

Nicola Döring

Anyone seeking information about pregnancy termination can find numerous posts on social-media platforms these days. This article is based on a systematic media content analysis of the most popular online videos and associated audience comments. It provides a cursory description of the status quo of German-language pregnancy termination communication on YouTube and TikTok.

Introduction

The termination of an unwanted pregnancy is statistically a widespread phenomenon – both nationally and internationally: In Germany, around 100,000 abortions are performed every year (Destatis, 2022), while worldwide one in three pregnancies is terminated intentionally (WHO, 2023).

Termination of pregnancy

Medication and surgical pregnancy terminations are medical services and therefore the subject of health communication and healthcare. At the same time, in many countries, pregnancy termination is a criminal offence and therefore the subject of political consideration. In Germany, pregnancy termination is illegal under §218 StGB and can result in a prison sentence of up to 5 years. However, it is also exempt from punishment under Paragraph 218a StGB, provided medical professionals carry it out at the request of the pregnant woman in the first 3 months of pregnancy, and that pregnancy conflict advice takes place at least 3 days previously. Compared to other Western or Northern European countries such as France or Sweden, pregnancy termination law in Germany is particularly restrictive (Krolzik-Matthei, 2019). In the current 20th legislative period of the German Parliament, the current legal regulations are to be reviewed per the coalition agreement, which could eventually lead to decriminalisation.

Pregnancy termination is ethically and politically controversial, as there are two opposing positions that respectively place either the pregnant woman or the embryo/foetus at the centre of consideration (Krolzik-Matthei, 2019): If the pregnant person[1] is at

1 Girls and women of childbearing age (core group: 15 to 45 years) are directly affected by pregnancy and possible pregnancy termination. One could also speak more inclusively of childbearing or pregnant "persons" to include the fact that transgender men, for example, can also have children (cf. Mehring, 2022).

the centre of attention, it is about their freedom of choice and their human right to carry an unwanted pregnancy to term or to end it legally and safely (the so-called pro-choice position); if the focus is on the embryo/foetus, it is about its right to life, resulting in a ban or at least a very severe restriction on pregnancy termination, regardless of the life, health and well-being of the pregnant woman (the so-called pro-life position).

Media portrayals of pregnancy termination

Women experiencing an unwanted pregnancy need medical, legal and practical information if they want to consider a pregnancy termination and have it carried out in good time. They also need to clarify their position in favour of or against carrying the pregnancy to term. Finally, to avoid being devalued and ostracised for immoral behaviour, they are forced to weigh in whom they can confide and from whom they would rather hide their situation. These challenges in the search for information and support make online media an important point of contact for unintendedly pregnant women because of the low threshold and discretion involved. This is true for adults (Bomert, 2022) as well as for adolescents, only a third of whom state that they learned about pregnancy termination in sexuality education lessons at school (Scharmanski & Hessling, 2021). However, media representations of pregnancy termination are not only relevant for people acutely affected by an unwanted pregnancy; such representations can also influence the shaping of pregnancy termination opinions among the general population.

The specialist literature unanimously asserts the major role of online media in the field of sexual and reproductive education (Conti & Cahill, 2027; Döring, 2017), but it is ambivalent about its outcomes. This is because social media in particular provide not just needed information (Duggan, 2023); they can also spread misinformation or targeted disinformation. Few studies to date have systematically analysed online pregnancy termination information. The limited data available mostly relate to English-language media content (Pleasure et al., 2023).

Method

Therefore, this study[2] is the first to analyse the German-language presentation of pregnancy termination on the two leading video platforms, YouTube and TikTok. These three research questions guide the study:

Q1: Who publishes high-reach pregnancy termination videos on YouTube and TikTok?

Q2: What are the main messages of high-reach pregnancy termination videos on YouTube and TikTok?

Q3: How does the audience comment on high-reach pregnancy termination videos on YouTube and TikTok?

To answer these research questions, I selected the 50 top-ranked videos for the search term "abortion"[3] and the 50 top-ranked videos for the search term "termination of pregnancy" on YouTube and TikTok in February 2023. I chose to analyse the top-ranked videos in the video search as they have the greatest influence because of their visibility and reach. I included only German-language videos that deal with pregnancy termination as a central topic. After excluding duplicates, this resulted in a sample of

2 This analysis is part of a larger research project in communication science led by the author which examines the representation of sexual and reproductive health issues on social-media platforms. This project, entitled "Erstes Mal, Menstruation und Schwangerschaftsabbruch in Sozialen Medien" (EMSA, Sexual Debut, Menstruation and Pregnancy Termination on Social Media) is funded by the Federal Centre for Health Education (BZgA) from 2023 to 2026. The author would like to thank Eva Kubitza for her support in carrying out this analysis.

3 I used the German terms "Abtreibung" (abortion) and "Schwangerschaftsabbruch" (termination of pregnancy) as search terms because they are the two central terms in the German language.

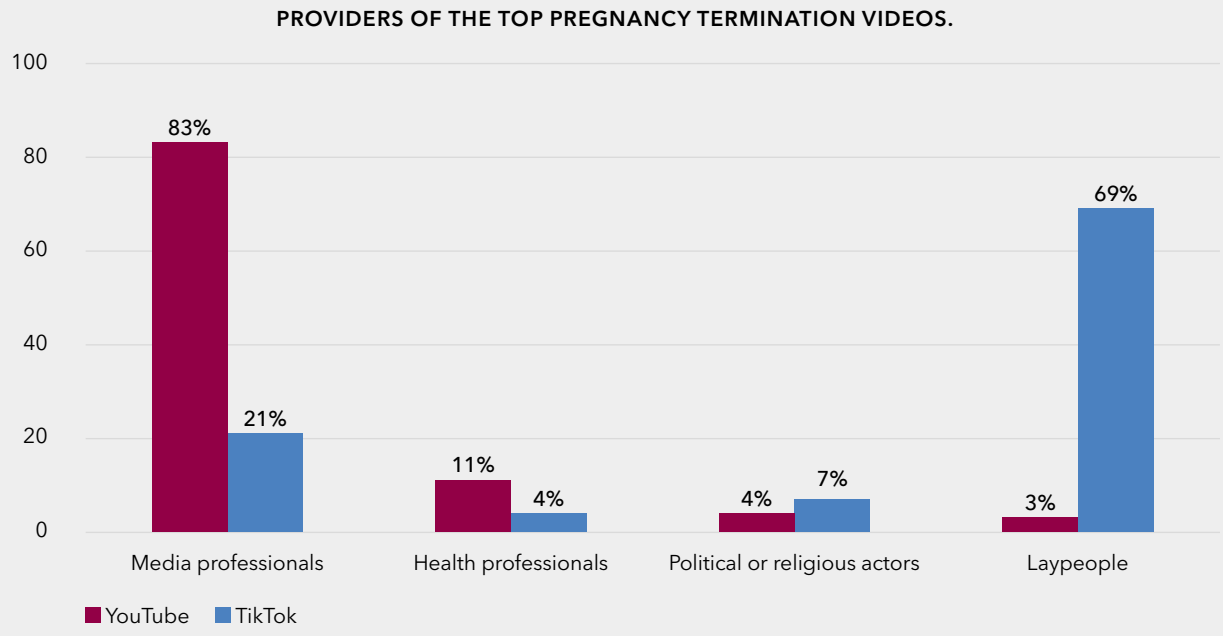
N = 167 videos (YouTube: n = 75 and TikTok: n = 92). For each video, I also recorded the six most-liked topic-related comments, i.e., excluding irrelevant comments such as greetings or adverts. Not all included videos had at least six topic-related comments, so the overall comment sample lay below the theoretical maximum size of 167 × 6 = 1,002 comments, i.e., N = 807 comments (YouTube: n = 326 and TikTok: n = 481).

I analysed the videos and audience comments using a reliability-tested codebook (average reliability coefficient: Gwets AC1 = 0.84). The statistical data analysis included calculating the sum, mean and percentage values. In accordance with relevant online research ethics guidelines, for transparency purposes, I specify the published online videos in detail in this article, whereas the associated comments from the audience are anonymised. The main findings are reported separately for the three research questions.

Providers of the top pregnancy termination videos

The vast majority of the top YouTube videos on pregnancy termination come from media professionals such as journalists (83%), with health professionals (11%), political or religious actors (4%) and laypeople (3%) far behind. Thus, journalists shape the pregnancy termination discourse not only in the traditional media, such as newspapers and television, but also on YouTube. Their contributions consist mainly of approximately half-hour reports, talkshows or interviews taken from public broadcasting. Examples include videos such as "7 Tage … in der Abtreibungsklinik" (SWR Doku; 7 Days … in the Abortion Clinic) or "Sollten Schwangerschaftsabbrüche legalisiert werden? 13 Fragen" (ZDF heute; Should Pregnancy Terminations Be Legalised? 13 Questions). Among the top 100 YouTube videos on the topic, only two are by laypeople reporting on their personal experiences: "fraeulein chaos"

FIGURE 1



Source: EMSA 2023
Basis: 167 videos (75 YouTube, 92 TikTok)

("Die schwerste Entscheidung meines Lebens: Mein Schwangerschaftsabbruch", The Most Difficult Decision of My Life: My Pregnancy Termination) and Jacko Wusch ("Mein Schwangerschaftsabbruch"; My pregnancy termination).

A different picture emerges on the short-video platform TikTok (see Figure 1). There, health laypeople dominate (69%), relegating media professionals (21%) to second place. While professional video quality is expected from content providers on YouTube these days, TikToks can be simply shot and quickly edited using a smartphone, meaning that many people can participate in video production at a low threshold.

Messages of the top pregnancy termination videos

A look at the political messages on pregnancy termination conveyed by the top-ranked videos shows that both YouTube and TikTok are dominated by the pro-choice position, which focusses on the human rights of women experiencing an unwanted pregnancy and emphasises their right to decide for or against carrying an unwanted pregnancy to term (see Figure 2). The second most frequently represented position in the top videos is the neutral position, whereas the pro-life position that strives to make pregnancy termination more difficult or prohibit it altogether is only marginally represented (YouTube: 3% of videos; TikTok: 5% of videos).

Audience comments on the top pregnancy termination videos

The top-ranked online pregnancy termination videos included in this analysis (N = 167) totalled around 41 million views. The publicly visible metrics of audience reactions (number of views, likes, shares, comments) follow a clear pattern: The more frequently a video is viewed, the more likes, shares and comments it collects over time. There is a systematic difference between YouTube and TikTok: TikToks, often short videos lasting just one minute, reach larger audiences much faster than the average 15-minute YouTube videos.

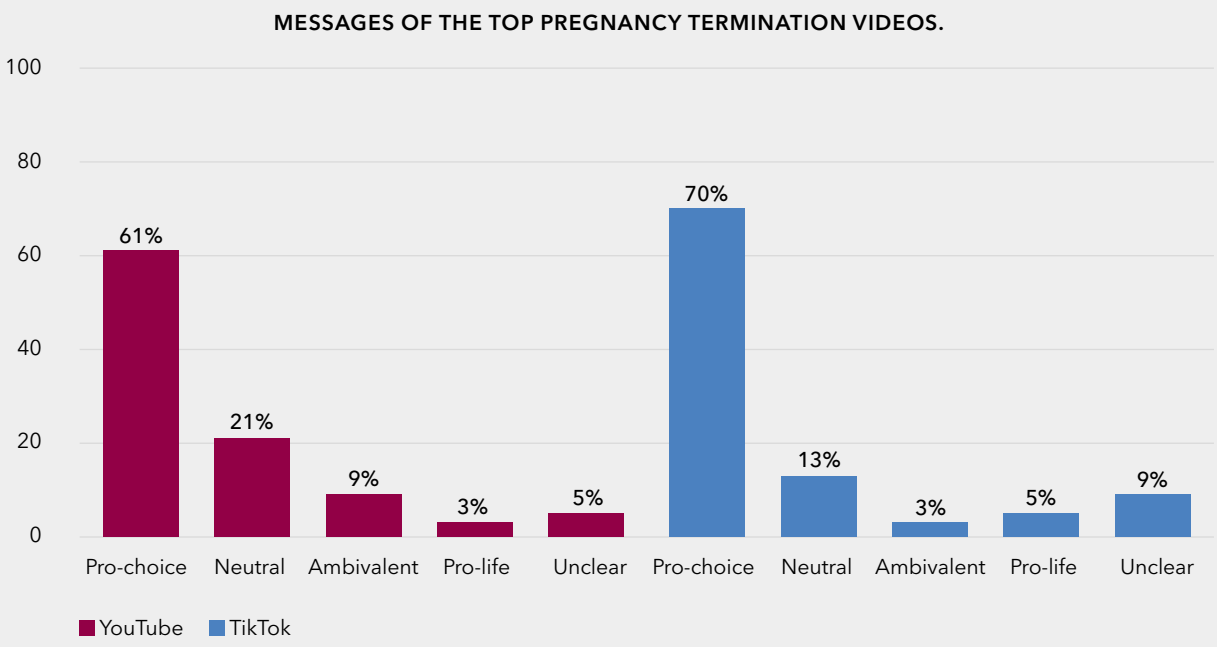
A look at the content of the most-liked topic-related comments reveals a similar picture as with the video messages: The pro-choice position dominates and is represented in 76% of the analysed comments (N = 807). A comparison of the platforms (see Figure 3) shows a very similar distribution of positions: Around three-quarters of the top comments of the top-ranked videos on both YouTube and TikTok represent a pro-choice position (e.g., "Ich lasse sicher keinen Zellhaufen über mein Leben bestimmen. Es werden ja auch keine Zwangskastrationen eingeführt", I certainly won't let a bunch of cells decide my life. No forced castrations either.). On the other hand, pro-life comments (e.g., "Schwangerschaftsabbrüche sollten außer in Härtefällen grundsätzlich bestraft werden", pregnancy terminations should be penalised except in cases of hardship.) are rarely represented on both platforms (YouTube: 8%; TikTok: 6% of comments).

Conclusion

The topic of pregnancy termination is present in high-reach videos on both YouTube and TikTok. On the provider side, journalists dominate YouTube, while laypeople dominate TikTok. Regarding the messages conveyed, the pro-choice position has a clear lead in the top videos and most-liked topic-related comments, while the pro-life position is only marginally represented. These main findings correspond to those of an analysis of the most-liked English-language TikTok videos on pregnancy termination (N = 200; Pleasure et al., 2023), which also shows that video providers are primarily laypersons and journalists, and that the pro-choice position is represented in the main. Thus, the current political efforts to critically examine the existing criminalisation of pregnancy termination in Germany harmonise with the opinions on social media shown here.

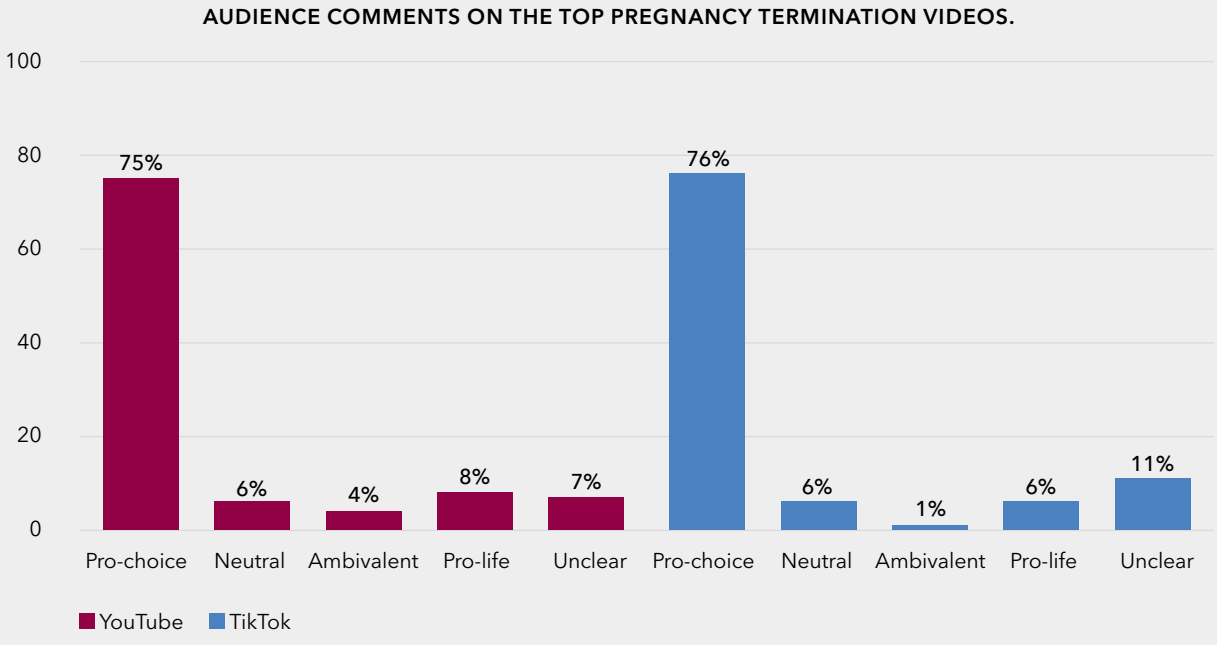
The relatively small video and comment samples and the focus on political messages limit the present study. Future studies should analyse larger samples and further content dimensions (e.g., type and quality of medical information on pregnancy termination). It is also important to investigate the use and effects of the videos by means of surveys and

FIGURE 2



Source: EMSA 2023
Basis: 167 videos (75 YouTube, 92 TikTok)

FIGURE 3



Source: EMSA 2023
Basis: 807 comments (326 YouTube, 481 TikTok)

experiments. Finally, research is required to pick up on current media trends, such as what information on pregnancy termination is being conveyed by artificial intelligence (AI), e.g., in enquiries to AI tools such as ChatGPT.

References

Bomert, C. (2022). Soziale Unterstützung und Informationsaneignung von ungewollt Schwangeren. Soziale Passagen 14, 503–510. https://doi.org/10.1007/s12592-022-00440-6

Conti, J. A., & Cahill, E. (2017). Abortion in the Media. Current Opinion in Obstetrics & Gynecology, 29 (6), 427–430. https://doi.org/10.1097/GCO.0000000000000412

Destatis (2022). Schwangerschaftsabbrüche. https://www.destatis.de/DE/Themen/Gesellschaft-Umwelt/Gesundheit/Schwangerschaftsabbrueche/_inhalt.html [retrieved: 21 April 2023]

Döring, N. (2017). Sexualaufklärung im Internet: Von Dr Sommer zu Dr Google. Bundesgesundheitsblatt – Gesundheitsforschung – Gesundheitsschutz, 60 (9), 1016–1026. https://doi.org/10.1007/s00103-017-2591-0

Duggan, J. (2023). Using TikTok to Teach about Abortion: Combatting Stigma and Miseducation in the United States and Beyond. Sex Education, 23 (1), 81–95. https://doi.org/10.1080/14681811.2022.2028614

Krolzik-Matthei, K. (2019). Abtreibungen in der Debatte in Deutschland und Europa. Bundeszentrale für politische Bildung (Hrsg.), Aus Politik und Zeitgeschichte (APuZ). https://www.bpb.de/shop/zeitschriften/apuz/290793/abtreibungen-in-der-debatte-in-deutschland-und-europa/ [retrieved: 21 April 2023]

Mehring, N. (2022). Der schwangere Vater. Zur medizinischen Versorgung von schwangeren Transmännern und nicht-binären schwangeren Personen. Gyne (4), 21–26.

Pleasure, Z. H., Becker, A., Johnson, D., Broussard, K., & Lindberg, L. (2023). How TikTok is Being Used to Talk About Abortion Post-Roe. SocArXiv Papers. https://doi.org/10.31235/osf.io/jy6vx

Scharmanski, S., & Hessling, A. (2021). Sexualaufklärung in der Schule. Jugendsexualität 9. Welle. BZgA-Faktenblatt. Bundeszentrale für gesundheitliche Aufklärung (BZgA) (Hrsg.), Köln. https://doi.org/10.17623/BZgA_SRH:fb_JUS9_Schule

WHO (2023). Abortion. https://www.who.int/health-topics/abortion [Retrieved: 21 April 2023]

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Citation

Döring, N. (2023). Online pregnancy termination videos: Providers, messages and audience reactions. FORUM sexuality education and family planning: information service of the Federal Centre for Health Education (BZgA), 1, 39–44. https://doi.org/10.17623/BZgA_SRH:forum_2023-1_en_article_online_video_pregnancy_termination

KisS: A programme to prevent sexual aggression in young adults

Barbara Krahé, Paulina Tomaszewska, Isabell Schuster

Given the high prevalence of sexual aggression, we need effective prevention approaches. The evidence-based online programme "Kompetenz in sexuellen Situationen" (KisS; Competence in Sexual Situations) is aimed at young adults and has been successfully evaluated.

Theoretical basis of the KisS intervention programme

Numerous studies have shown that both the experience and perpetration of sexual aggression, defined as sexual acts without consent, are widespread among young adults (Krahé & Berger, 2013; Krahé et al., 2021). Research has also shown that sexual victimisation has various negative consequences for the mental and physical health of those affected (Krahé & Berger, 2017).

Therefore, there is a clear need to develop and systematically evaluate prevention programmes that are evidence-based and backed up by solid theory. This means that interventions should focus on those variables identified as risk factors of perpetration and vulnerability factors of sexual victimisation – and changeable through targeted measures. The "Kompetenz in sexuellen Situationen" (KisS; Competence in Sexual Situations) programme we developed is based on such an approach.

Our research indicates that a key to understanding sexual aggression lies in the behavioural "scripts" for consensual sexual interactions. Sexual scripts contain mental representations of the typical and desired characteristics of sexual interactions that guide sexual behaviour. Regarding sexual aggression and victimisation, sexual scripts can be classified as "risky" if they contain established risk factors for sexual aggression and vulnerability factors for victimisation. These include (a) engaging in sexual contacts with people one knows hardly or not at all,

(b) consuming alcohol during sexual interactions and (c) the ambiguous communication of sexual intentions, e.g., saying "no" even though sexual contact is desired.

The more firmly these characteristics are represented in the scripts for consensual sexual interactions, the more likely they will be realised in sexual behaviour, which in turn increases the likelihood of engaging in and experiencing sexual aggression. We demonstrated these pathways in longitudinal studies with young adults in several countries (D'Abreu & Krahé, 2014; Krahé & Berger, 2021; Schuster & Krahé, 2019a,b; Tomaszewska & Krahé, 2018).

Other predictors of sexual aggression and victimisation include low sexual self-esteem and low sexual assertiveness, defined as the ability to reject unwanted sexual advances (rejection assertiveness) and to initiate consensual sexual contact (initiation assertiveness; Morokoff et al., 1997). In addition, the extent to which the use of coercion to achieve sexual goals is considered acceptable was shown to be a predictor of sexual aggression. Finally, previous research also indicates that the perception of pornographic depictions as realistic – weighted by the frequency of consumption – is associated with an increased likelihood of sexual aggression and victimisation (Krahé et al., 2022). These risk and vulnerability factors formed the basis for the development of our intervention programme KisS, which was specifically geared towards the following objectives:

(1) Modifying risky sexual scripts for consensual contact: After the intervention, participants should be less convinced that sexual contact with people they hardly know or do not know at all, the consumption of alcohol in sexual interactions and the ambiguous communication of sexual intentions are typical and desirable characteristics of consensual sexual encounters.

(2) Reducing sexual risk behaviour: Participants should consume alcohol less often in subsequent sexual interactions, communicate their sexual intentions more clearly and have sex less often with partners they hardly know or do not know at all.

(3) Promoting sexual self-esteem in the sense of a positive image of one's own sexuality as well as assertiveness in rejecting unwanted and initiating desired sexual contact.

(4) Reducing the acceptance of coercion in sexual interactions.

(5) Reducing the perception of pornographic images as realistic.

(6) Reducing the probability of perpetrating and experiencing sexual aggression over a longer follow-up period by changing the constructs mentioned under 1 to 5.

Design, content and implementation of the KisS programme

The programme was designed as an online intervention to promote sexual competence, as it was intended not only to focus on the prevention of sexual aggression but also to promote various important aspects of competence regarding the positive shaping of consensual sexual relationships. Table 1 lists a total of six thematic modules.

Didactically, the modules are based on a psycho-educational approach It consists of a combination of scenarios of sexual interactions in which participants are encouraged to put themselves, the provision of information, e.g., on the effect of alcohol on information processing, and self-reflection exercises as well as other tasks to be completed between the modules, e.g., discussions with friends on topics such as the reality content of pornographic depictions of sexuality. The suitability of the materials for changing the target constructs was tested in a pilot study. We assigned different versions of the modules to the participants depending on their gender and previous sexual experiences. For example, women who reported only heterosexual contacts were given scenarios with heterosexual interactions from a female perspective.

A total of 1,181 students (762 women, 419 men) from universities in Berlin and Brandenburg took

TABLE 1

INTERVENTION MODULES

MODUL 1 Risky scripts and behaviours: alcohol consumption during sexual interactions	MODUL 2 Risky scripts and behaviours: ambiguous communication of sexual intentions	MODUL 3 Risky scripts and behaviours: noncommittal sexual contacts
MODUL 4 Sexual self-esteem / Sexual assertiveness	MODUL 5 Pornography consumption and its perception as realistic	MODUL 6 Acceptance of coercion in sexual interactions

Source: https://www.uni-potsdam.de/de/kiss-up/kompetenzinsexuellensituationen

part in the study to evaluate the KisS programme. The average age at the first data wave (T1) was 22.6 years. Participants were randomly allocated to the intervention and control conditions. We measured the risk and vulnerability factors using established instruments based on self-report and self-assessment, as described in Schuster et al. (2022). We assessed sexual aggression using the Sexual Aggression and Victimization Scales (SAV-S; Krahé & Berger, 2014). This instrument records sexual aggression perpetration and victimisation with 36 parallel items, respectively, which differentiate between three coercive strategies (verbal pressure, exploiting the inability to resist, and threat or use of physical violence), three relationship constellations (current or former partner, friend or acquaintance, stranger) and four sexual acts (sexual touching, attempted and completed penetration of the body, other sexual acts).

Both the intervention group and the control group completed the measures of risk factors and sexual aggression and victimisation at T1. The intervention group received the first module of the intervention programme immediately afterwards, the other five modules followed in weekly intervals. One week after completion of the last module (T2), all participants completed the cognitive measures again (sexual scripts, sexual self-esteem and acceptance of pressure). Nine months later (T3), they completed these measures once again, together with risky sexual behaviour, pornography consumption and the perception of pornography as realistic as well as sexual perpetration and victimisation. 12 months later (T4), we again collected these measures from all participants. The study thus covered a total period of 23 months. At T4, 81% of the initial sample still participated in the survey, a very high retention rate. Participation in the study was credited with Amazon vouchers.

Results

First of all, this study joined earlier research in identifying high prevalence rates of sexual victimisation: 62.1% of the women and 37.5% of the men reported at T1 that they had experienced at least one sexual experience against their will across various forms of coercion since the age of 14. A total of 17.7% of

men and 9.4% of women stated that they had made another person engage in sexual acts against their will at least once.

The rates of perpetrating and experiencing sexual aggression did not differ significantly between the intervention and control groups at the two follow-up time points T3 and T4. However, we had not predicted direct effects of the intervention but rather hypothesized an indirect effect via the identified risk and vulnerability factors. Accordingly, we tested the effectiveness of the intervention in three steps.

In the first step, we investigated whether the cognitive risk factors recorded at T2 (sexual scripts, sexual self-esteem, acceptance of coercion in sexual interactions) were less pronounced in the intervention group – taking into account the respective baseline values before the intervention – and whether these reduced levels were still detectable at T3 and T4. This analysis revealed that the participants in the intervention group had significantly less risky sexual scripts and significantly higher sexual self-esteem at all three time points after the intervention than the participants in the control group. It also became clear that the effect of the intervention on risky sexual scripts was particularly pronounced in those participants who already had medium and high levels of risky scripts before the intervention. There was no significant difference between the intervention and control groups regarding acceptance of coercion in sexual interactions.

In the second step, we tested the predicted indirect effect of the intervention on sexual risk behaviour, sexual assertiveness and the perception of pornography as realistic, mediated by the sexuality-related constructs of sexual scripts and sexual self-esteem considered in the first step. Here, too, the findings were predominantly consistent with our predictions. Nine months (T3) and 21 months (T4) after the intervention, participants with less risky sexual scripts at T2 showed less sexual risk behaviour. Higher sexual self-esteem at T2 predicted higher assertiveness in initiating and rejecting sexual contact at T3 and T4. We found no effects regarding the evaluation of pornographic depictions as realistic.

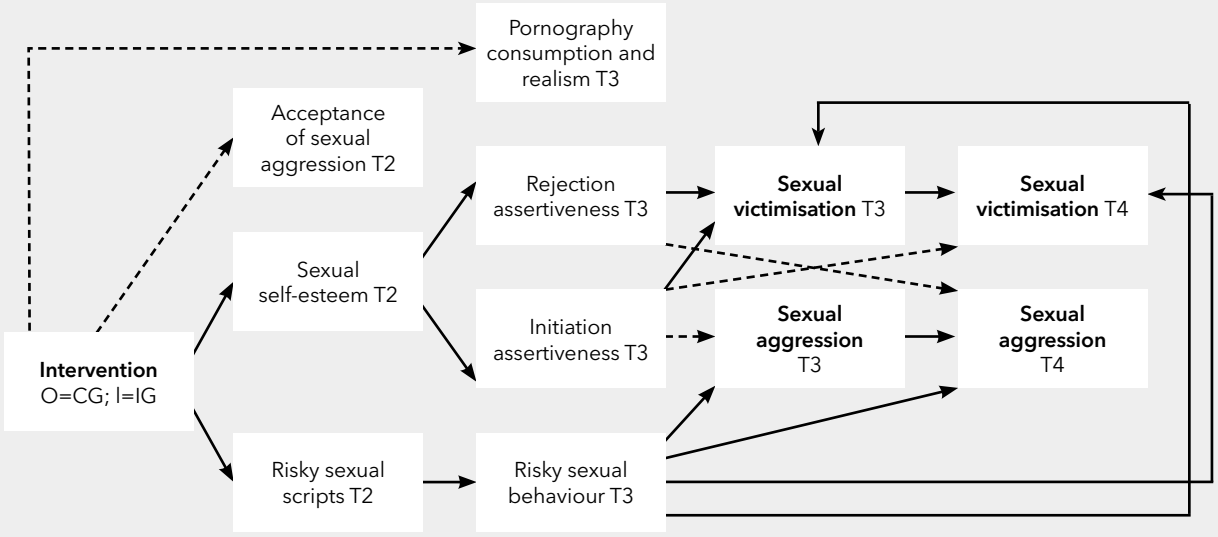
Finally, in the third step, we investigated the indirect effects of the intervention on the probability of perpetrating and experiencing sexual aggression, mediated by the cognitive (sexual scripts and sexual self-esteem) and behavioural (sexual risk behaviour and sexual assertiveness) factors influenced by the intervention. The impact of the intervention on sexual scripts proved to be particularly relevant. Mediated by less risky behaviour at T3, less risky sexual scripts like those found in the intervention group at T2 predicted a significantly lower probability of engaging in, and experiencing, sexual aggression at T3 and T4. The effect of the intervention on sexual self-esteem only led to a lower probability of sexual victimisation at T3 via increased assertiveness in initiating sexual contact. There were no significant gender differences. Further, there were no effects on sexual victimisation via increased rejection assertiveness, nor were there any effects via this path on the probability of sexual aggression. Figure 1 summarises the results.

Discussion and outlook

The results largely confirm the expected impact of the intervention. Reducing risky sexual scripts lowered the probability of sexual aggression and sexual victimisation significantly by reducing risky sexual behaviour. In addition, by promoting sexual self-esteem, assertiveness for rejecting unwanted and initiating desired sexual contact was increased. Finally, there was also an indirect effect of higher sexual self-esteem on reducing the likelihood of sexual victimisation, mediated by higher initiation assertiveness. However, we were unable to achieve any intervention effects regarding the change in the acceptance of coercion in sexual interactions and the evaluation of pornography as realistic. Nevertheless, we consider the programme to be successful overall, especially since the sustainable effects on sexual scripts, sexual risk behaviour, sexual self-esteem and sexual assertiveness over the entire duration of the programme reflect an increase in competence and satisfaction in sexual relationships beyond the problem of sexual aggression. In addition, large parts of the second follow-up period occurred during the time of Covid-related contact restrictions, which re-

FIGURE 1

PATH MODEL TO EXAMINE THE EFFECTS OF THE INTERVENTION
(Solid lines denote significant paths, dashed lines denote nonsignificant paths. CG = control group, IG = intervention group)



Source: https://www.uni-potsdam.de/de/kiss-up/kompetenzinsexuellensituationen

duced the overall opportunities for sexual contact and thus also the likelihood of sexual aggression perpetration and victimisation.

The next step would be to revise modules 5 (consumption and perception of pornography as realistic) and 6 (acceptance of coercion in sexual interactions) and to identify reasons for the lack of effectiveness. Because the intervention and the instruments for measuring effectiveness can be presented entirely online, the KisS programme is also suitable for efficient use in a decentralised manner and with larger groups.

References

D'Abreu, L. C. F., & Krahé, B. (2014). Predicting Sexual Aggression in Male College Students in Brazil. Psychology of Men & Masculinity, 15(2), 152–162.

Krahé, B., & Berger, A. (2013). Men and Women as Perpetrators and Victims of Sexual Aggression in Heterosexual and Same-Sex Encounters: A Study of First-Year College Students in Germany. Aggressive Behavior, 39(5), 391–404.

Krahé, B., & Berger, A. (2014). Potsdamer Skalen zur Erfassung sexueller Aggression und Viktimisierung (Sex_Agg_Vik). D. Richter, E. Brähler, & B. Strauß (Hrsg.). Sexualwissenschaftliche Testverfahren (pp. 162–167). Göttingen: Hogrefe.

Krahé, B., & Berger, A. (2017). Longitudinal Pathways of Sexual Victimization, Sexual Self-Esteem, and Depression in Women and Men. Psychological Trauma, 9(2), 147–155.

Krahé, B., & Berger, A. (2021). Pathways from College Students' Cognitive Scripts for Consensual Sex to Sexual Victimization: A Three-Wave Longitudinal Study. Journal of Sex Research, 58(9), 1130–1139

Krahé, B., Schuster, I., & Tomaszewska, P. (2021). Prevalence of Sexual Aggression Victimization and Perpetration in a German University Student Sample. Archives of Sexual Behavior, 50(5), 2109–2121.

Krahé, B., Tomaszewska, P., & Schuster, I. (2022). Links of Perceived Pornography Realism with Sexual Aggression Via Sexual Scripts, Sexual Behavior, and Acceptance of Sexual Coercion: A Study with German University Students. International Journal of Environmental Research and Public Health, 19(1).

Morokoff, P. J., Quina, K., Harlow, L. L., Whitmire, L., Grimley, D. M., Gibson, P. R., & Burkholder, G. J. (1997). Sexual Assertiveness Scale (SAS) for Women: Development and Validation. Journal of Personality and Social Psychology, 73(4), 790–804.

Schuster, I., & Krahé, B. (2019a). Predictors of Sexual Aggression Perpetration Among Male and Female College Students: Cross-Cultural Evidence from Chile and Turkey. Sexual Abuse, 31(3), 318–343.

Schuster, I., & Krahé, B. (2019b). Predicting Sexual Victimization Among College Students in Chile and Turkey: A Cross-Cultural Analysis. Archives of Sexual Behavior, 48(8), 2565–2580.

Tomaszewska, P., & Krahé, B. (2018). Predictors of Sexual Aggression Victimization and Perpetration Among Polish University Students: A Longitudinal Study. Archives of Sexual Behavior, 47(2), 493–505.

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Sexualised violence in adolescence – A comparison of three representative studies

Sabine Maschke, Ludwig Stecher

This article describes the prevalence of sexualised violence. It is based on surveys of the experiences of adolescents with sexualised violence in three representative "Speak!" studies in the German state of Hesse. It also looks at where sexualised violence takes place and who the perpetrators are.

This article summarises the key findings of three representative studies conducted under the name "Speak!" by the Universities of Giessen and Marburg in Hesse between 2016 and 2021 and funded by the Hessian Kultusministerium (Ministry of Education and Cultural Affairs).

The studies comprised surveys done at mainstream, special-education and vocational schools. Pupils were surveyed on a class-by-class basis using standardised questionnaires. The first study was conducted in grades 9 and 10 at all general-education schools in Hesse (excluding special-education schools) in 2016/2017; 2,718 (unweighted) adolescents between 14 and 16 participated in this first survey (Maschke & Stecher, 2018). The first extension study – "Speak! Förderschulen" (Speak – Special-Education Schools) – took place in various special-education schools in Hesse in 2017/2018; it included 248 adolescents with special educational needs (SEN) in learning (n = 153; 62%), hearing and vision (n = 50; 20%), language support and emotional/social development (n = 45; 18%). As in the survey from mainstream schools, most respondents were between 14 and 16. The third study was conducted at vocational schools in 2020 using the same design as the two previous studies in Hesse; 1,118 adolescents and young adults (mostly) between 16 and 19 took part. In total, almost 4,100 adolescents from 109 schools took part in the studies.

Prevalence of sexualised violence

We used an identical instrument in all three "Speak!" studies to survey the prevalence of experiences of sexualised violence. This instrument is partly based on or adopted from previous studies (Averdijk, Müller-Johnson & Eisner, 2012) and partly newly developed to differentiate between various physical and nonphysical forms of experience.

The questions regarding nonphysical forms of experience cover three different areas: verbal and/or textual forms (e.g., "Someone made sexual comments, insults, jokes or gestures about me"), victimisation on the internet (e.g. "I was sexually propositioned or harassed on the internet – on Facebook, Instagram, Snapchat, etc.") and confrontations with sexual acts (e.g., "Someone made me look at his/her genitals

TABLE 1

PERCENTAGE OF ADOLESCENTS WHO HAVE EXPERIENCED AT LEAST ONE FORM OF NONPHYSICAL SEXUALISED VIOLENCE.

14- to 16-year-olds at mainstream schools		14- to 16-year-olds at special-education schools		16- to 19-year-olds at vocational schools	
48%		52%		66%	
Female adolescents	Male adolescents	Female adolescents	Male adolescents	Female adolescents	Male adolescents
55%***[1)]	40%	63%**	45%	78%***	54%

Basis: All study participants. Sources: "Speak! Mainstream schools", $n_{weighted}$ = 2,651; "Speak! Special-education schools", $n_{weighted}$ = 252; "Speak! Vocational schools", $n_{weighted}$ = 1,037. Notes: (1) Calculation of the group differences between the female and male adolescents is based on a two-sided chi^2 test per "Speak!" study (***p ≤ .001, ***p ≤ .01, ***p ≤ .05; no label = nonsignificant).

Source: "Speak!" studies 2016-2021.

TABLE 2

PERCENTAGE OF ADOLESCENTS WHO HAVE EXPERIENCED AT LEAST ONE FORM OF PHYSICAL SEXUALISED VIOLENCE.

14- to 16-year-olds at mainstream schools		14- to 16-year-olds at special-education schools		16- to 19-year-olds at vocational schools	
23%		30%		41%	
Female adolescents	Male adolescents	Female adolescents	Male adolescents	Female adolescents	Male adolescents
35%***[1)]	10%	47%**	18%	62%***	18%

Basis: All study participants. Sources: "Speak! Mainstream schools", $n_{weighted}$ = 2,651; "Speak! Special-education schools", $n_{weighted}$ = 252; "Speak! Vocational schools", $n_{weighted}$ = 1,037. Notes: (1) Calculation of the group differences between the female and male adolescents is based on a two-sided chi^2 test per "Speak!" study (***p ≤ .001, ***p ≤ .01, ***p ≤ .05; no label = nonsignificant).

Source: "Speak!" studies 2016-2021.

even though I didn't want to" – exhibitionism). The questions regarding experiences of sexualised violence encompass the entire previous lifespan of the adolescents, i.e., they reflect lifetime prevalence.

Table 1 shows that roughly half of the 14- to 16-year-olds surveyed from mainstream schools and half of those from special-education schools had experienced at least one form of nonphysical sexualised violence (48% and 52%, respectively). The prevalence rate is significantly higher among 16- to 19-year-olds from vocational schools (66%). In general, most of those who report having experienced forms of nonphysical sexualised violence state that they had experienced several forms and had experienced them repeatedly.

Table 1 also shows that, in all three studies, female adolescents are significantly more frequently affected by nonphysical forms of sexualised violence than their male peers. The differences lie between 15 (for adolescents from mainstream schools) and 24 percentage points (for older adolescents from vocational schools).

Regarding physical forms of experience, the questionnaire distinguishes between three different areas of experience: sexualised violence with indirect physical contact (e.g., "Someone pressured or forced me to undress [completely naked or partially]"), sexualised violence with direct physical contact (e.g., "Someone touched my body against my will in a sexual way ["groped", e.g., buttocks or breast]"), and sexualised violence with (attempted) penetration ("Someone tried to force or coerce me into sexual intercourse [but sexual intercourse did not take place]" and "Someone tried to force or coerce me into sexual intercourse [sexual intercourse took place]").

The prevalence rates for forms of physical sexualised violence are lower than for nonphysical forms (see Table 2). 23% of the adolescents surveyed from mainstream schools stated that they had experienced such violence at least once. Among their peers who attend special-education schools, the rate is 30%, and among older adolescents from vocational schools it is 41%.

Regarding physical forms of sexualised violence, the finding reported above applies here as well: Female adolescents are affected significantly more than males. Indeed, the differences in the prevalence rates are even higher, ranging from 25 (among pupils from mainstream schools) to 44 percentage points (among older adolescents from vocational schools). Regarding physical sexualised violence, note that most of those affected state that they had already experienced several forms of violence and that they had experienced them repeatedly.

The studies asked the adolescents not only whether they had experienced sexualised violence themselves but also whether they had ever observed such things. Without going into detail here, the vast majority of young people had already observed acts one could classify as sexualised violence. 70% of the 14- to 16-year-olds from mainstream schools, 58% of their peers from special-education schools and 78% of the 16- to 19-year-olds from vocational schools state that they have observed at least one form of nonphysical or physical sexualised violence. These are often verbal and/or written forms (i.e., nonphysical forms) of sexualised violence. However, 34% of young people from mainstream schools, 23% of young people from special-education schools and 48% of young people from vocational schools also state that they have observed another person being touched in a sexual manner against their will (e.g., "groped" on the buttocks or breast). Note that, in this regard, we did not include items on attempted/completed forced sexual intercourse to avoid any feelings of guilt among the observers (keyword: failure to provide assistance).

The adolescents from mainstream schools and vocational schools were also asked whether they had ever heard of acts of sexualised violence. 37% of the younger adolescents from mainstream schools and 56% of the older adolescents from vocational schools replied positively. Our studies show that such hearsay experiences can be very distressing for those affected; in most cases, acquaintances or friends from their personal environment have experienced the story.

Where does sexualised violence take place?

Where or in what context does sexualised violence take place? The respondents could select up to six places (multiple answers possible) from a list of 34 (there was an additional option to write in places not included in the list) and thus indicate where they had experienced nonphysical or physical sexualised violence. This allowed us to identify which contexts and places are particularly risky from the perspective of young people. The following percentages refer to the number of cases (persons affected) and not to the number of places mentioned.

Let us first look at nonphysical sexualised violence (see Table 3). Of the adolescents from mainstream

schools who had experienced nonphysical sexualised violence, most cite the school as the place of the event (51%); high-risk places lay within the school, the classroom and the playground in particular. High-risk places and contexts are also the internet – 44% of the affected adolescents from mainstream schools had experienced nonphysical forms of sexualised violence there – and public spaces (41%). This is followed by a party or another home (22%) and their own home (15%).

The profile of risk locations is very similar for adolescents who attend special-education or vocational schools. However, it is striking that "another home/party" is mentioned significantly more frequently as the context of the offence by those from vocational schools – and thus obviously represents a specific risk location for older adolescents, perhaps because of their greater mobility, among other things.

The order of high-risk contexts looks different regarding experiences of physical sexualised violence: Public spaces (streets, railway stations, squares, etc.) and, in the case of adolescents from mainstream schools and vocational schools, "another home/party" are the most risky places. In contrast, significantly fewer affected adolescents located their experiences of physical sexualised violence at school, on the internet or in their own homes.

"I am constantly afraid of being harassed. Whenever it's dark, and when I'm alone. It's worst before and after parties."

Original quote from "Speak!"

Clearly, the risk of experiencing sexualised violence is particularly pronounced in the places/contexts where young people meet people of the same age: at school (a social arena), at "another home" (a private area), at a party or in public spaces, which together encompass a large part of young people's social lives, from the street to the cinema to public spaces. Without pre-empting the following results, our analyses show that primarily peers appear as perpetrators in these places.

"Groping, i.e., touching the buttocks or breast, as well as unwanted kissing, [has] almost become normal at festivals and fairs."

Original quote from "Speak!"

6% of those affected by sexualised violence cite the workplace context as the crime scene or crime context. If we consider only those affected in company-based (dual) training (not shown), this rate rises to 9% regarding nonphysical experiences and 8% regarding physical experiences.

Who are the perpetrators?

From a list of 39 specified persons or groups of persons (male and female persons listed separately), the respondents could select up to six perpetrators or perpetrator groups regarding nonphysical sexualised violence and up to four regarding physical sexualised violence (multiple answers were possible; see table 4). An additional option was to write in persons not included in the list.

The ranking list for nonphysical forms of sexualised violence is topped in all three studies by the male stranger or unknown person: 41% of the affected (younger) respondents from mainstream schools, 39% of the affected adolescents from special-education schools and 52% of the affected (older) adolescents from vocational schools named this group of perpetrators. In contrast, the female stranger/unknown person was named by only 7% and 8% of the younger affected persons from mainstream and special-education schools, respectively, and by 14% of the older affected persons from vocational

TABLE 3

PERCENTAGE OF ADOLESCENTS WHO HAVE EXPERIENCED SEXUALISED VIOLENCE AT A CERTAIN PLACE.

	14- to 16-year-olds at mainstream schools		14- to 16-year-olds at special-education schools		16- to 19-year-olds at vocational schools	
Place	Nonphysical sexualised violence	Physical sexualised violence	Nonphysical sexualised violence	Physical sexualised violence	Nonphysical sexualised violence	Physical sexualised violence
School	51%	24%	34%	16%	47%	18%
Internet	44%	10%	21%	10%	47%	7%
Public space (street, etc.)[1)]	41%	48%	23%	26%	51%	54%
Institutional setting[2)]	8%	6%	6%	8%	5%	5%
Other home/party	22%	44%	12%	15%	32%	61%
At home	15%	18%	11%	15%	16%	17%
Workplace[3)]	-	-	-	-	6%	6%

Basis: All study participants affected by sexualised violence who noted the place. Sources: "Speak! Mainstream schools", $n_{weighted}$ = 1,076 (nonphysical sexualised violence), $n_{weighted}$ = 534 (physical sexualised violence); "Speak! Special -education schools", $n_{weighted}$ = 130 (nonphysical sexualised violence), $n_{weighted}$ = 74 (physical sexualised violence); "Speak! Vocational schools", $n_{weighted}$ = 642 (nonphysical sexualised violence), $n_{weighted}$ = 425 (physical sexualised violence).

Notes: 1) Public space: street, public area, park, in/in front of restaurant/fast-food restaurant, public swimming pool, train station, bus station, parking garage, in/in front of discotheque/bar/club, in/in front of stadium, in/in front of cinema, subway, bus, tram, train, streetcar, fairground, music festival, way to school. 2) Institutional setting: church, parish hall, youth centre, youth clubhouse, music/art school, private tutoring, hospital, kindergarten, daycare centre, sport club. 3) Workplace: workshop, kitchen/cafeteria, company car, company party, company outing, business trip, lift, hallway, bathroom, common room, changing room.

Source: "Speak!" studies 2016-2021.

schools, thus much less frequently. Next in the ranking of perpetrators, at some distance after the male stranger/unknown person, come classmates (35% of those affected from mainstream schools), friends (28%) and acquaintances (16%). These four male perpetrator groups dominate in all three studies – with slightly differing proportions. Male partners and ex-partners rank next, at a greater distance; their female counterparts are mentioned much less frequently. Male family members are cited as perpetrators in almost identical proportions in the three studies – between 5% and 6% of those affected cite this group.

The perpetrators of physical sexualised violence are as follows: Again, in first place are male unknown persons: They are declared as perpetrators by 32% (mainstream schools and special-education schools) and 38% (vocational schools) of the adolescents who have experienced physical sexualised violence. Next, after the unknown male perpetrator, come the boyfriend, classmate and acquaintance regarding physical sexualised violence. Further, the ex-partner is named as the perpetrator by 10–15% of those affected. Of the adolescents from vocational schools affected by physical sexualised violence, 4% stated that the perpetrators were male persons from the work/company context (0.3% female). If we only consider those affected who are in company-based (dual) training, these rates rise to 9% and 0.5%, respectively (not shown).

In addition to the central finding that the perpetrators named are mainly male (with female perpetrators being named much less frequently), the findings of the "Speak!" studies (not illustrated) show

TABLE 4

PERCENTAGE OF ADOLESCENTS WHO HAD EXPERIENCED SEXUALISED VIOLENCE BY A CERTAIN GROUP OF PERSONS.

	14- to 16-year-olds at mainstream schools		14- to 16-year-olds at special-education schools		16- to 19-year-olds at vocational schools	
Perpetrator (group)	Nonphysical sexualised violence	Physical sexualised violence	Nonphysical sexualised violence	Physical sexualised violence	Nonphysical sexualised violence	Physical sexualised violence
Unknown male (Unknown female)	41% (7%)	32% (5%)	39% (8%)	32% (8%)	52% (14%)	38% (6%)
Fellow male student (Fellow female student)	35% (12%)	16% (2%)	20% (12%)	10% (4%)	38% (15%)	12% (4%)
Male friend (Female friend)	28% (9%)	29% (8%)	28% (8%)	15% (3%)	19% (7%)	21% (6%)
Male acquaintance (Female acquaintance)	16% (4%)	15% (3%)	6% (3%)	12% (4%)	21% (5%)	22% (3%)
Male partner (Female partner)	2% (1%)	5% (2%)	4% (2%)	0% (2%)	3% (1%)	6% (0,2%)
Former male partner (Former female partner)	7% (2%)	12% (3%)	10% (5%)	10% (0,4%)	13% (3%)	15% (2%)
Male relative[1)] (Female relative)	5% (2%)	5% (1%)	6% (7%)	16% (3%)	6% (2%)	7% (0,5%)
Adult institutional male[2)] (Adult institutional female)	1% (0%)	2% (0,5%)	2% (0%)	1% (3%)	3% (0,2%)	3% (0,2%)
Other persons[3)]	3%	4%	1%	0,4%	5%	5%

Basis: All study participants affected by sexualised violence who noted the perpetrator. Sources: "Speak! Mainstream schools", $n_{weighted}$ = 1,076 (nonphysical sexualised violence), $n_{weighted}$ = 534 (physical sexualised violence); "Speak! Special -education schools", $n_{weighted}$ = 130 (nonphysical sexualised violence), $n_{weighted}$ = 74 (physical sexualised violence); "Speak! Vocational schools", $n_{weighted}$ = 642 (nonphysical sexualised violence), $n_{weighted}$ = 425 (physical sexualised violence).

Notes: 1) Male/female relatives: father, stepfather, foster father, friend/life partner of mother, stepbrother/adoptive brother/foster brother, brother, (other) male relative – and respective female counterpart. 2) Male/female adult from institutional setting: teacher, educator, sport trainer, social worker, adult from church parish, doctor – and respective female patient. 3) Other persons (e.g., as write-in) such as neighbour. Multiple answers possible.

Source: "Speak!" studies 2016-2021.

that, despite the rather high figures for the unknown male, the vast majority of perpetrators are in fact known to those affected and come from their immediate environment, such as classmates, acquaintances, adults from institutional or company contexts, friends, ex-partners or family members.

Taken together, partners, ex-partners and acquaintances form a specific high-risk context for offences involving relationships and male acquaintances, especially for older adolescents (vocational schools) and regarding physical sexualised violence.

Conclusion

In this short article, we have only been able to outline some of the key findings of the "Speak!" studies. We have presented the results in more detail in our book publications (see bibliography). Regard-

ing the excerpt of the findings presented here, note that most adolescents are aware of sexualised violence, either from their own experience or because they have observed it or heard about it in their close social environment. One of the main findings we want to emphasise is that female adolescents are exposed to a significantly higher risk than males. A look at the perpetrators makes it clear that they are predominantly male, and that the perpetrators are generally known to those affected. The overall picture is therefore one of pronounced female victimization, on the one hand, and pronounced male perpetration, on the other hand.

Our analyses of the perpetrators also show that most of those who perpetrate sexualised violence, whether nonphysical or physical, are roughly the same age (peers). All in all, adolescence can therefore be regarded as a high-risk phase in life for experiencing sexualised violence (including in connection with first romantic relationships). Regarding the risk posed by peers, those places or contexts where young people come together and meet are particularly high-risk; this includes public spaces, parties and, regarding nonphysical sexualised violence, schools in particular.

We want to emphasise two things at the end of this short article. Here, we have focused on experiences during adolescence, whereas in our book publications we have analysed the experience of sexualised violence in childhood as well (keyword: sexual abuse by adults). This article does not delve into that theme. Second, we would like to emphasise that the distinction between mainstream, special-education, and vocational schools does not allow us to make any statements about these types of schools as risk contexts. The differences we described between the three studies/school types primarily arise through the different ages of the young people – not the type of school attended (we also do not detail the differences between mainstream schools and special-education schools). Our studies did not show any systematic differences between the four German mainstream school forms (Hauptschule, Realschule, Gesamtschule, Gymnasium). Rather, age and gender are the two main factors that influence the prevalence of sexualised violence.

References

Averdijk, Margit, Müller-Johnson, Katrin, & Eisner, Manuel (2012). Sexuelle Viktimisierung von Kindern und Jugendlichen in der Schweiz. Schlussbericht für die UBS Optimus Foundation. Zürich: UBS Optimus Foundation.

Maschke, Sabine, & Stecher, Ludwig (2018). Sexuelle Gewalt: Erfahrungen Jugendlicher heute. 1. Auflage. Weinheim: Beltz.

Maschke, Sabine, & Stecher, Ludwig (2022). "Ich habe so etwas erlebt – und will es nie wieder." Sexualisierte Gewalt aus der Perspektive Jugendlicher: Fakten, Einordnungen und Prävention. 1. Auflage. Weinheim, Basel: Beltz. Retrieved from https://swbplus.bsz-bw.de/bsz1776102428kla.htm

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"How are you doing?" The psychosocial health and well-being of LGBTIQ* people

Simon Merz, Niels Graf, Stefan Timmermanns

An online survey under the title "Wie geht's euch?" (WGE; How are you doing?) was conducted from 2018 to 2019 to learn more about the psychosocial health and well-being of LGBTIQ* people in Germany (Timmermanns et al., 2022). In addition to their experiences of discrimination and violence, the focus of interest lay primarily on their resources as well as physical and mental health. Questions about sexual life and measures to improve the situation of LGBTIQ* completed the survey. Selected results are summarised below.

Society and a resource-orientated view

Social-framework conditions represent an important factor that can influence the living situation and well-being of all LGBTIQ* people.[1] In recent years, Germany has observed positive developments towards legal and medical recognition, yet equal rights for LGBTIQ* people still cannot be assumed (cf. Pöge et al., 2020). To persuade decision-makers to create LGBTIQ*-friendly conditions, one must usually point out the discrimination that still exists. The minority stress model (see Meyer, 2003) is often used in this context to explain the increased vulnerability of LGBTIQ* people stemming from experienced, anticipated and internalised social stigmatisation.

Compared to the population as a whole, LGBTIQ* people are more frequently affected by depression and suffer more frequently from heart disease,

1 Unless otherwise stated, all study results listed are taken from Timmermanns et al. (2022).

migraines and chronic back pain (cf. Kasprowski et al., 2021). A more closer look at the individual subgroups revealed that trans* and inter* people in particular are exposed to greater psychological stress. Their avoidance of health services because of discrimination is a real problem (cf. Saalfeld, 2021).

According to the syndemic production approach (Stall et al., 2008), health restrictions in one area usually also lead to restrictions in other areas, e.g., sexual health. Discrimination in the healthcare system, in particular, as a place where LGBTIQ* people experience specific health issues and problems, only exacerbates the already precarious health situation of queer people.

In addition to looking at the social conditions and experiences of discrimination that influence well-being and health, this contribution focusses further on resources. The availability of appropriate resources – such as social contacts and support services – can help LGBTIQ* people to better cope with the stress of being in a minority and its negative consequences. However, the fact that people with proper resources sometimes learn to live with discrimination does not absolve society of its responsibility to deal with discrimination and its consequences. It is imperative that resources be made accessible, and that discrimination be reduced (cf. Colpitts & Gahagan, 2016; Oldemeier & Timmermanns, 2023).

Methodological approach and sociodemographic data

The WGE study was an openly accessible, anonymous online survey of people who self-identify as LGBTIQ*. Recruitment took place via various social media channels, mailing lists, dating platforms and partner organisations (see the info box at the end of this text). This resulted in a convenience sample of 8,700 LGBTIQ* people living in Germany. Such a sample is not representative; however, based on the high number of participants, we think we can make relatively reliable statements about the living situation of queer people in Germany. To date, the data have been analysed mainly using descriptive analysis methods.

The average age of the participants was 38.3 years, significantly lower than that of the general population (44.5 years). Regarding their gender identity, there were 1,207 cis-females, 6,608 cis-males, 266 trans-males, 133 trans-females, 259 trans* persons and 160 gender*diverse persons (a subsequently created collective category to encompass the large number of self-designations used); 45 respondents were inter*. Sexual orientation was distributed as follows: gay (5,735), lesbian (812), bisexual (1,210), heterosexual (86), asexual (54), orientation*diverse (387; a subsequently created collective category to encompass the large number of self-designations used), pansexual (391), unspecified (25). The very small number of cases of asexual and inter* people in the study prevents us from making reliable statements about these subgroups but does indicate tendencies. The proportion of people who have experienced immigration lay at around 20% and was therefore 6% lower than in the general population. The sociodemographics also deviated from the population average in other areas. For example, people with a low level of formal education, a low net income and from towns with fewer than 100,000 inhabitants were underrepresented in the study. This pattern presumably emerges because of the chosen approach of an online survey, as online surveys tend to reach people who are better off (Wagner-Schelewsky & Hering, 2022).

Discrimination still exists in all areas of life

When asked about their experiences of discrimination and violence, more than half of respondents reported discrimination in a public place, just under half in educational settings, 37% in the family, and around one in five in healthcare settings and in the queer community. Trans* and gender*diverse people were more likely than the other queer subgroups to report experiencing discrimination in the healthcare system (40% of trans* and 43% of gender*diverse people).

The respondents perceived discrimination in the family or community as a greater psychological burden than in other areas of life. 30% of respondents

had experienced physical and/or sexual violence. Gender*diverse, pansexual, inter* and trans* people as well as bisexual cis-women are more affected by this than the other subgroups in the study.

Regarding services that would be personally helpful for LGBTIQ* people, counselling services (e.g., on coming out, dealing with discrimination and general psychological counselling) received the highest ratings. The respondents rated health-related services for LGBTIQ* people as the most personally helpful.

Community as a resource

The LGBTIQ* community represents a resource for coping with difficult life situations. Feelings of loneliness are particularly common among bisexual cis-men, asexual, trans*, gender* and orientation*diverse, inter* people, under 20-year-olds and people in rural areas or small towns. But that is not the only reason why the queer community and its services represent an important resource: It also serves as a place to exchange ideas with like-minded people, discuss problems, make friends, start relationships, find hope and courage. Queer centres, groups and organisations tend to be visited more often by asexual, pansexual, trans* and younger people than by other subgroups or age groups. Chat forums and dating portals, on the other hand, are used significantly more by gay and bisexual cis-men than by other subgroups. Almost half of those surveyed had taken part in leisure activities such as sport, theatre, dance, etc., in the last 12 months, just under a third were involved in voluntary work, and a quarter were politically active. Regarding social contacts, it was striking that just under a fifth of LGBTIQ* persons do not turn to their own family when problems arise. Among oriented*, gender*diverse and trans* people, the figure is as high as 30%. This fact could be related to the relatively high number of people who state that they experience discrimination in the family, and it confirms the finding that queer people have a more ambivalent perception of family than do heterosexual, cisgender and endosexual people.

Mental and physical health

The fact that, because of frequent experiences of discrimination and violence, LGBTIQ* people are exposed to greater psychological stress and limitations than the general population aligns with the findings of international studies (for an overview, see, e.g., Hoy-Ellis, 2023) and is one of the main findings of the study. This is confirmed not the least by the findings on the risk of suicide, which is between five and ten times higher among the participants than in the general German population. On the other hand, the WGE study did not find that the participants' physical health was generally worse than the population average. However, bear in mind that this may stem from the composition of the dataset: In a sample with predominantly young, formally well-educated people who have a higher socioeconomic status than the average in society, physical and chronic illnesses may be represented less frequently than would be the case in a representative sample. One can therefore assume that both mental and physical illnesses are underestimated rather than overestimated in the WGE study.

Regarding trans* and gender*diverse people, we found they suffer comparatively more from mental and physical stress than other subgroups, presumably because these two subgroups continue to be confronted with greater discrimination (especially in the healthcare system) than all other subgroups (see above).

When asked how emotionally burdened they felt, 22% of the participants responded that they had experienced stress, depressive moods or emotional problems on more than 14 days in the last month. For pansexual, trans*, inter* and gender*diverse people, the figure was almost twice as high.

In this context, it is not surprising that 43% of the respondents to the WGE study stated having sought some form of psychotherapeutic or psychiatric help at least once because of a mental health crisis. In line with the pattern of psychological distress, bisexual cis-women, pansexual and especially trans* and gender*diverse people state having sought professional help. On average, 8% stated that they

had not found suitable help – for trans* and gender*diverse people the figure is twice as high. This indicates gaps and barriers in the mental healthcare of people who do not conform to the social norm of cisgender or bisexuality.

Sexuality and sexual health

The questionnaire also addressed the topics of sexual satisfaction, the gender of sexual partners and sexual health. Pansexual people, lesbian and bisexual cis-women and gay cisgender men are predominantly satisfied with their sex life; bisexual cis-men, trans* and inter* people are satisfied or dissatisfied at almost equal proportions. We need further research into possible reasons and correlations for this, especially in the case of trans* and inter* people. Recent findings from the project "Sexuelle Gesundheit und HIV/STI in trans* und nicht-binären Communitys (2023; Sexual Health and HIV/STI in Trans* and Nonbinary Communities) by the Robert-Koch-Institut (RKI) and Deutsche Aidshilfe (DAH) suggest that experiences of discrimination in the sexual context are significant: Looking back on the 12 months prior to the survey, between two-fifths and three-fifths of the trans* and nonbinary people surveyed stated that they had not been recognised in their gender identity (40.1%), had been reduced to physical characteristics (41.0%), had been asked very intimate questions more quickly than cis-people (55.9%) and had felt that they had to "prove" their gender identity with their behaviour (58.0%) (cf. RKI & DAH, 2023, pp. 64-65). There are still no further studies on inter* people.

In the WGE study, trans* men, trans* women and nonbinary trans* people are characterised by a high degree of flexibility regarding the gender of their sexual partners. Gay cisgender men show the least flexibility. Gender diversity regarding sexual partners also means that different bodies can be important in the context of lived sexuality and must be addressed in sexual education (cf. Hahne, 2021). It can be a complex task to appropriately address bodies in a differentiated way in the design of sexual health programmes.

Conclusion

The situation of LGBTIQ* people in Germany has changed for the better over the last 40 to 50 years. However, this should not obscure the fact that there is still much to be done, both at a legal and social level (cf. Pöge et al., 2020). This is also reflected in the results of the WGE study: LGBTIQ* people of all ages continue to experience stigmatisation, discrimination and violence in all areas of life. Even the supposedly safe environment of the family is no exception. The queer community is an enormously important resource for most LGBTIQ* people, but it does not equally serve as a refuge for all queer people. The reported personal experiences of discrimination, the internalised social rejection, and the diversity and complexity found in society and queer communities lead to discrimination also occurring there.

However, we should not see queer people just as a vulnerable group that has to endure discrimination. The WGE study showed that LGBTIQ* people in Germany are active and capable of taking action as well as seeking appropriate support. Yet, different subgroups on the queer spectrum find suitable services with varying degrees of ease: Trans* and gender*diverse people most frequently reported a lack of mental healthcare, while also experiencing the most discrimination (especially in the healthcare system) as well as physical and sexual violence. The fact that trans* people are one of the subgroups with the lowest level of satisfaction regarding their own sexuality is not surprising – particularly given more recent results from RKI and DAH (2023).

Counselling centres and support services for LGBTIQ* people must adapt to the diverse needs of queer people. On the one hand, they can achieve this by sensitising existing regular structures such as school sexuality education, extracurricular sexuality education or youth services, and by including the topics of gender, sexual and romantic diversity as cross-cutting issues. On the other hand, there is also a need for explicitly queer programmes tailored precisely to LGBTIQ* and the various subgroups. Queer people are experts in their own situation and must be included in the development of specific services. The

findings on the health situation of LGBTIQ* (not only from the study presented here) show the enormous urgency to listen to their expressed needs and take them seriously. It is now up to sexual health services to fulfil these needs.

The WGE study also (once again) highlighted several research desiderata: Given the limited state of research, particularly in the German-speaking countries, we urgently need both representative population data and further target-group-specific data to better substantiate the need for action. On the one hand, this can enable direct comparability with the population as a whole and, on the other hand, map the heterogeneity within the LGBTIQ* group (a good example in the area of sexual health is the RKI and DAH 2023 study). In addition to better examining the impact of resources regarding LGBTIQ*, we must give greater consideration to other dimensions of inequality, such as education, socioeconomic status and migration, in the sense of an intersectional analysis.

ABOUT THE STUDY

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References

Colpitts, Emily, & Gahagan, Jacqueline (2016). The utility of resilience as a conceptual framework for understanding and measuring LGBTQ health. International Journal of Equity in Health, 15:1, 60–67.

Hoy-Ellis, Charles P. (2023). Minority Stress and Mental Health: A Review of the Literature. Journal of Homosexuality, 70:5, 806–830.

Hahne, Alexander (2021). Sexuelle Bildung zu trans* und nicht-binären Körpern. Materialkarten für Beratung und Workshops. Münster: edition assemblage.

Kasprowski, David, Fischer, Mirjam, Chen, Xiao, de Vries, Lisa, Kroh, Martin, Kühne, Simon, Richter, David, & Zindel, Zaza (2021). Geringere Chancen auf ein gesundes Leben für LGBTQI*-Menschen. DIW Wochenbericht, 6, 79–88.

Meyer, I. H. (2003). Prejudice, Social Stress, and Mental Health in Lesbian, Gay, and Bisexual Populations: Conceptual Issues and Research Evidence. Psychological Bulletin, 129:5, 674–697. https://doi.org/10.1037/0033-2909.129.5.674

Oldemeier, Kerstin, & Timmermanns, Stefan (2023). Systematisierung ressourcenorientierter Perspektiven auf die Lebenswelten queerer Menschen. In Kerstin Oldemeier, Mina Mittertrainer, & Barbara Thiessen (Hrsg.): Diversität und Diskriminierung. Analysen und Konzepte, Reihe Sozialer Wandel und Kohäsionsforschung. Wiesbaden: VS-Verlag (i.E.).

Pöge, Kathleen, Dennert, Gabriele, Koppe, Uwe, Güldenring, Annette, Matthigack, Ev B., & Rommel, Alexander (2020). Die gesundheitliche Lage von lesbischen, schwulen, bisexuellen sowie trans- und intergeschlechtlichen Menschen. Journal of Health Monitoring, 5:S1, 1–30. https://doi.org/10.25646/6448

Robert Koch-Institut & Deutsche Aidshilfe (2023). Forschungsbericht zum Projekt "Sexuelle Gesundheit und HIV/STI in trans und nicht-binären Communitys". Berlin.

Saalfeld, Robin K. (2021). Gesundheit für alle?! Zur psychischen Belastung von inter- und transgeschlechtlichen Menschen. Journal Netzwerk Frauen- und Geschlechterforschung NRW, 47, 45–50.

Timmermanns, Stefan, Graf, Niels, Merz, Simon, & Stöver, Heino (2022): Wie geht's euch? Psychosoziale Gesundheit und Wohlbefinden von LSBTIQ*. Weinheim: Beltz Juventa.

Wagner-Schelewsky, Pia, & Hering, Linda (2022). Online-Befragung. Nina Baur & Jörg Blasius (Hrsg.), Handbuch Methoden der empirischen Sozialforschung (pp. 1051–1065). Wiesbaden: Springer.

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Experiences with §219 pregnancy advice by phone or video. Client perspectives

Maika Böhm, Johanna Walsch

The digitalisation of the German pregnancy (conflict) advice centres associated with the COVID-19 pandemic also led to a restructuring and pluralisation of formats in advice in accordance with §219 of the German Criminal Code (StGB). Based on the results of a qualitative partial survey of the BeSPa research project, this article provides insights into the experiences with §219 pregnancy advice from the perspective of clients who have received this pregnancy advice digitally.

Introduction

At the start of the pandemic in the spring of 2020, many advice centres switched their advice activities in accordance with §219 of the German Criminal Code (StGB) to telephone counselling, which had already been tried and tested in other counselling contexts, or to video counselling, which was new to this field (see Böhm & Wienholz, 2022, p. 11). Although some professionals remain cautious about this increasing digitalisation (cf. ibid.), it provides various advantages for clients, such as lower-threshold access to §219 pregnancy advice and more room for client self-determination (cf. Bomert, 2021, p. 250; Schmitz, 2020, p. 21).

In addition to low-threshold and client orientation, transparency and orientation towards the interests of the person seeking advice are considered key quality standards of psychosocial counselling – even in involuntary counselling sessions necessary in a sanction context (cf. Katsarov et al., 2014, p. 7). Compulsory advice in accordance with §219 of the German Criminal Code (StGB) before an pregnancy termination represents just such a context: The client must seek out such counselling regardless of his or her actual concerns; legal requirements also regulate the topics discussed during such counselling – which do not necessarily coincide with the interests of the client (cf. Franz, 2015, p. 256).

To date, there has been little research into clients' experiences of §219 pregnancy advice and their experience of the advice session; this applies to counselling in both analogue and digital settings. The results of the study "women's lives 3" (Helfferich et al., 2016), which surveyed both the counsellors and the clients on their experiences and assessments of

§219 pregnancy advice, are the most notable in this regard.[1]

Based on a partial analysis of a qualitative interview study, this article focusses explicitly on clients' views of §219 pregnancy advice sessions. It first asks about their general experiences with the legally prescribed pregnancy advice session, before describing the special features of digital counselling formats from the clients' perspective and their potential as a counselling format.

Methodology

The research project "BeSPa: Schwangerschaftsberatung und Sexuelle Bildung während der Covid-19-Pandemie aus Sicht von Fachkräften" ("BeSPa: Pregnancy Advice and Sexual Education During the Covid-19 Pandemic from the Perspective of Professionals", duration: 7/2020 to 8/2023, see also https://www.sexualaufklaerung.de/forschungsergebnis/bespa/), was funded by the Federal Centre for Health Education (BZgA). Initially, it surveyed counsellors and sexuality educators from pregnancy advice centres using a quantitative questionnaire survey and qualitative interviews, primarily regarding their experiences with the digitalisation of their activities. This was followed by qualitative telephone interviews with clients who had experience with digital §219 pregnancy advice.[2] The guided interviews were conducted based on Witzel's (1985) problem-centred interview, recorded with an audio device, then transcribed and analysed anonymously using qualitative content analysis according to Kuckartz (2016).

We recruited the 20 interviewees with the support of official pregnancy conflict advice centres, a post on Instagram and via the student mailing lists of various colleges and universities. Half of the clients had had a pregnancy advice session by telephone, the other half by video call. At the time of the interviews, the clients were between 17 and 41 years old and stemmed from throughout Germany. Only a small proportion of the interviewees had previously experienced §219 pregnancy advice. For most of those surveyed in the interview, this was their first encounter with this type of counselling.

Perspectives on compulsory advice under §219 of the German Criminal Code from the client's point of view

Although this was not the focus of the survey, many participants also used the interviews to comment on the mandatory advice they had been confronted with. The respondents categorised the legal obligation to have a pregnancy advice interview as "stressful" or "burdensome", as a "small hurdle" or as an "unnecessary stopover". Ms. Magenta[3] is even more explicit in her criticism of the mandatory pregnancy advice: "It still sucked because I thought to myself the whole time: 'Why do I even have to do this? I know I don't need counselling. I don't need counselling right now – I need a doctor who can perform an abortion.'"

Various interview statements made clear that the interviewees found it difficult to assess the content and process of the compulsory pregnancy advice before the interview. For example, they stated that they went to the counselling session without any specific counselling concerns of their own but with the sole aim of "getting the certificate" (Ms. Aquamarine). Another frequently expressed concern was "whether you are somehow being influenced" (Ms. Black), or that "they try to persuade you to decide in favour of the child" (Ms. Violet). This is consistent with the results of the qualitative survey of clients in the "women's lives 3" study (Helfferich et al., 2016), where a large proportion of respondents stated that

1 The BMG-funded joint project ELSA will soon be able to provide further empirical evidence (see www.elsa-studie.de).

2 Due to the limited scope of this article, only selected results of the client survey are presented below.

3 All names were anonymised using colours.

they had feared or experienced attempts at persuasion during pregnancy advice (cf. ibid., p. 162).

In contrast to mandatory pregnancy advice, however, many interviewees considered a general right to counselling in the context of an unwanted or unplanned pregnancy important and helpful: "It's good that it's offered, but [...] not good that everyone has to have this conversation" (Ms. Schwarz).

Experiences with the counselling interview and the counsellor

Despite their predominantly critical assessment of the obligation to undergo pregnancy advice, in retrospect, most interviewees were satisfied with the actual counselling session. Some interviewees justified their satisfaction with the relief that their previous fears had not materialised. For example, Ms. Violet was "very afraid of the consultation [...] and had heard a lot of bad things beforehand [...]" and was then "very, very surprised, but also very happily surprised" by the interview, which she found pleasant. The gain in new information or the mere receipt of the counselling certificate required for the termination also led to a positive assessment: "I was satisfied because it did what was necessary to get the certificate" (Ms. Sepia).

In most of the interviews, however, satisfaction was related to the respective counsellor and their organisation of the counselling situation. On the one hand, this depends on how approachable the counsellor was and their ability to create a protected, value-neutral space for the counselling situation. A personal introduction and explanation of the counselling framework and the normalisation of the pregnancy termination decision contributed to this, so that the interviewees felt "very well looked after and also taken seriously" (Ms. Violet). On the other hand, the interviewees mentioned the methodological competence of the counsellors, demonstrated, among other things, by active listening, taking up the respondents' comments and wishes, identifying and discussing resources, explaining different perspectives and reacting appropriately to unforeseen situations. The interviewees who received advice together with a partner also described the conversation in the couple setting and the inclusion of the partner as positive: "I also thought it was so great that she engaged with us both appropriately, even though we were at different points" (Ms. White). The adaptation of the conversation, the content and the scope of the counselling to the expressed needs of the interviewees was also positively emphasised, as experienced by Ms. Orange, for example: "She took me through it once [...] at my own pace."

In contrast, the dissatisfactions expressed are similar to those known from the "frauen leben" survey (Helfferich et al., 2016): They relate, on the one hand, to an assessment of the pregnancy advice as inadequate and, on the other hand, to the feeling of being influenced: "I always had the feeling that she didn't encourage me in my opinion or my decision – which I had already made – but rather always wanted to steer me in a different direction" (Ms. Fuchsia).

Experiences with digital §219 pregnancy advice

Bomert (2021) describes the potential for more self-determination through digital counselling formats from the perspective of professionals; this was also addressed in the interviews from the client's perspective and was sometimes cited as one reason for their satisfaction with the counselling session. For example, the interviewees used the possibility of the digital setting to "set up the situation a little more the way you would like it to be" (Ms. Indigo). In combination with the option to end the conversation by simply hanging up or leaving the digital space, this provided the opportunity for more control and security in a – mostly – unfamiliar conversation situation: "Because you are acting from a safe environment. If you are somewhere else, then [there is] this uncertainty of the strange environment and the unknown person. Which might make it a little more difficult to open up at first" (Ms. Umbra). Because of the distance from the counsellor, the interviewees could also concentrate more on themselves and any partners present.

It was easy to integrate the advice session into everyday life because of the reduced time, cost and effort that would have been involved in travelling. This also lowered the organisational hurdles to participating in the counselling: "First, you have to get there – you have to have the time to get there. [...] I have to work, I have children, so I found it much easier for me" (Mrs. Malve). Other advantages mentioned were the greater anonymity, particularly in the telephone setting, and the lack of confrontation with pregnancy termination opponents. In the resulting (digital) protected atmosphere, these interviewees found it easier to discuss the sensitive decision-making processes regarding their pregnancy.

However, some interviewees missed the proximity to the counsellor, which caused them to feel the conversation was rather impersonal, and they felt left alone. They found it difficult to perceive and express their own emotions in the digital format, because, as Ms. Petrol said, "Communication is simply more than speaking and listening, and in online counselling, there is often a lack of gestures and facial expressions. Things just don't come across so well." Dissatisfaction with the digital format was also evident when it incurred additional work for the interviewee, as was the case for Ms. Green: "It was annoying that I had the video call and then had to go by and pick up the certificate [...]. I wouldn't have had to do that if I had gone there in the first place and had the advice session directly." Using digital formats also meant the interviewees depended on properly functioning hardware and software. Dissatisfaction was described here as well, for example, when unstable connections led to interruptions or setting up the technology led to delays.

Conclusion and Future Perspectives

The results of the partial evaluation of the interviews from the BeSPa study presented here with clients who used digital formats in counselling according to §219 StGB can be linked to the previously described hurdles that clients face in §219 pregnancy advice (cf., for example, Böhm, 2020; Helfferich et al., 2016; Matthiesen, 2009) as well as to the descriptions of digital fomats by Schmitz (2020) and Bomert (2021), who describe the expansion of formats as an opportunity for more self-determination for clients in §219 pregnancy advice. The interviews in the BeSPa study also show that adding digital counselling formats goes hand in hand with an increase of clients' options for action and co-determination. At the same time – and this also became clear in the survey of the counselling professionals (Böhm & Wienholz, 2022) – digital formats are not only viewed positively: The assessments depend on the respective residential and life situation, personal openness towards digital media and the individual technical equipment. Telephone and video counselling should therefore not be seen as an alternative but as an extension of the existing face-to-face counselling services.

In line with Bomert's (2021) descriptions that self-determination on the part of the recipient includes not only the choice of format but also "control over the content of the conversation and the goals" (ibid., p. 251), the results presented here also indicate that the counsellor's actions are essential to the recipient's orientation and clearly influence the client's satisfaction with the counselling process. In addition to the establishment of a variety of formats in the portfolio of pregnancy advice centres, these findings reinforce the need to continuously reflect on and closely align one's professional actions with the needs of clients in counselling sessions in accordance with §219 of the German Criminal Code (StGB).

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References

Böhm, M. (2020). Schwangerschaftsabbrüche – Entscheidungsprozesse und Erfahrungen mit psychosozialer und medizinischer Versorgung aus Sicht junger Frauen. Zeitschrift für Sexualforschung, 33, 125–133. Stuttgart: Georg Thieme Verlag KG.

Böhm, M., & Wienholz, S. (2022). Schwangerschaftsberatungsstellen im pandemiebedingten Wandel. Auf dem Weg in eine digitalisierte Zukunft? FORUM Sexualaufklärung und Familienplanung: Informationsdienst der Bundeszentrale für gesundheitliche Aufklärung, 1, 11–15.

Bomert, C. (2021). Schwangerschaftskonfliktberatung unter Corona-Bedingungen: Eine Chance für mehr Selbstbestimmung ungewollt schwangerer Frauen? Der pädagogische Blick, 29(4), 242–252.

Franz, J. (2015). Beratung nach § 219 StGB – Hintergründe, Herausforderungen und Anregungen. In Busch, U., & Hahn, D. (Hrsg.); Abtreibung, 1. Auflage. Bielefeld: transcript, pp. 257–277.

Helfferich, C., Klindworth, H., Heine, Y., & Wlosnewski, I. (2016). women's lives 3. Familienplanung im Lebenslauf von Frauen – Schwerpunkt: Ungewollte Schwangerschaften. Köln: BZgA.

Katsarov, J., Schiersmann, C., Schmidtpott, S., Schober, K., & Weber, P. C. (2014). Professionell beraten: Qualitätsstandards für die Beratung in Bildung, Beruf und Beschäftigung. Bielefeld: W. Bertelsmann Verlag.

Kuckartz, U. (2016). Qualitative Inhaltsanalyse. Methoden, Praxis, Computerunterstützung. 3., überarb. Auflage. Weinheim Basel: Beltz Verlag.

Matthiesen, S., Block, K., Mix, S., & Schmidt, G. (2009). Schwangerschaft und Schwangerschaftsabbruch bei minderjährigen Frauen, Köln: BZgA.

Schmitz, K. (2020). Beratungssetting im Schwangerschaftskonflikt während der Corona-Pandemie … und danach? pro familia magazin. Retrieved from https://www.profamilia.de/fileadmin/beratungsstellen/heidelberg/profa_magazin_4-2020-201007_Schmitz.pdf [retrieved on 4 May 2023].

Witzel, A. (1985). Das problemzentrierte Interview. In Jüttemann, G. (Hrsg.), Qualitative Forschung in der Psychologie: Grundfragen, Verfahrensweisen, Anwendungsfelder. Weinheim: Beltz, pp. 227–255.

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Böhm, M., & Walsch, J. (2023). Experiences with §219 pregnancy advice by phone or video. Client perspectives, FORUM sexuality education and family planning: information service of the Federal Centre for Health Education (BZgA), 1, 64–68. https://doi.org/10.17623/BZgA_SRH:forum_2023-1_en_article_experiences_p219

The relevance of sexual rights in family and school-based sexuality education in Switzerland

Daniel Kunz, Nikola Koschmieder

Sexuality education in Swiss schools is a contentious issue between sexual health professionals and value-conservative groups. The accusation is that schools use the Standards For Sexuality Education in Europe (WHO & BZgA, 2011) to teach content and values that do not align with those of the majority of the population. However, to date, we have no empirical data to this thesis. The Geneva and Lucerne Schools of Social Work as well as Sexuelle Gesundheit Schweiz (Sexual Health Switzerland), the Swiss umbrella organisation of specialised sexual health centres, have addressed this gap through qualitative research.

Initial situation

The research project "Untersuchung zu sexuellen Rechten als Grundlage der Sexualaufklärung in der Schweiz – Konzeptionen von Eltern, Jugendlichen und professionellen Akteurinnen und Akteuren der Sexualaufklärung" (Investigation into Sexual Rights as a Basis for Sexuality Education in Switzerland – The Conceptions of Parents, Adolescents and Professional Actors) is based on a qualitative study that examined the views of parents, adolescents and professionals involved in sexuality education. On the one hand, the project aimed to determine what parents, adolescents, teachers and professionals understand about sexuality education at home and at school, and how they convey or receive it. On the other hand, the study sought to clarify how relevant sexual rights are for the above-mentioned participants and what significance they attach to these rights in their sexuality education practise (Kunz, Koschmieder & Jacot-Descombes, 2023).

The research interest was based on two opposing international and national lines of development in institutionalised sexuality education, which run parallel and relate to each other. More recently, the Standards for Sexuality Education in Europe (WHO & BZgA, 2011) led to a professional consolidation at the international level, based on a holistic view of human sexuality: Comprehensive Sexuality Educa-

tion (CSE), based on human rights (IPPF, 2010; WHO & BZgA, 2011; pro familia, 2012, 2013; BZgA, 2021). This new concept expands the focus from teaching the biological facts of human reproduction and prevention as protection against the negative consequences of sexuality to teaching sexuality education with a positive and comprehensive approach, considering topics such as relationships, gender, intimacy, sexuality, ethics and human rights.

These contents form the building blocks of sexuality-related human rights or sexual rights. Sexual rights comprise the framework and prerequisites for ensuring that all humans have the same opportunities for a positive and respectful approach to sexuality and sexual relationships, so that they can have satisfying and safe sexual experiences free from coercion, discrimination and violence. The WHO (2006) defines respecting, protecting and guaranteeing these rights as synonymous with achieving and maintaining sexual health. Various studies on sexual-health issues have confirmed this claim to the validity of sexual rights in recent years. They show that women, men and adolescents who develop and implement the egalitarian gender norms and relationships demanded in sexual rights are physically and mentally healthier and have a higher level of sexual well-being (Braeken, 2011; Population Council, 2009).

Against this backdrop, for some years, both the United Nations and the Council of Europe have considered institutionalised sexuality education as a human rights instrument for realising the right to access to the highest attainable standard of health for children and adolescents (UN Human Rights Council, resolution A/HRC/RES/22/32, 2013, point 17a; Mijatović, 2020).

Backlash occurred during the political debates in Switzerland in connection with establishing human rights-based sexuality education in schools, which is orientated towards the living environment of children and adolescents and aimed at promoting and maintaining health. In particular, the WHO/BZgA (2011) Standards for Sexuality Education in Europe did not go unchallenged. These standards are available in Switzerland as a generally accepted norm in German, French and Italian translations and form a professional reference for sexuality education in Swiss schools that transcends language barriers. Nevertheless, value-conservative groups saw and still see this as "early sexualisation of children" or "decomposition and disintegration of the traditional family" (www.schutzinitiative.ch). In one dispute, the Swiss Supreme Court ruled that sexuality education interferes with parents' right to raise their children, though it considered this interference to be justifiable, as this education does not impose any particular behaviour and the main responsibility for sexuality education remains with the parents. The court found that sexuality education is generally suitable to protect children from sexual assault (Schweizerisches Bundesgericht [Swiss Federal Supreme Court], 2014). The European Court of Human Rights (ECtHR) subsequently supported this verdict; it backed sexuality education, saying that no fundamental rights were being violated by obliging children to take part in the relevant lessons (European Court of Human Rights [ECtHR], 2018). Nevertheless, these value-conservative groups continue their work against human rights-based, institutionalised sexuality education at various levels (see, for example, the website www.schutzinitiative.ch).

Their criticism focusses in particular on value orientation. For them, the concept of sexual rights implies highly problematic content, such as the equal representation of sexual and gender diversity, information on pregnancy termination and interventions in natural reproduction. For them, the family should be the first and only authority when it comes to education and teaching values; further, heterosexuality should also be the social norm promoted in sexuality education at school (Kessler et al., 2017, pp. 49-64).

The same groups also regularly criticise the fact that school-based sexuality education based on the Standards for Sexuality Education in Europe omits the values of a broad majority of the population and does not reflect the everyday reality of most parents and children. On the contrary, they claim, it ideologises children and young people and thus contradicts the ban on indoctrination in schools (www.schutzinitiative.ch).

Evidence-based data providing information on the everyday practise of family sexuality education and the content thereof have been largely unavailable for Switzerland. Furthermore, at the time of planning in 2015/2016, there was no research on the relevance of sexual rights as the basis and content of sexuality education in families and schools, either in Switzerland or internationally.

Research interest

Against this background, the Geneva and Lucerne Universities of Applied Sciences and Arts commissioned and collaborated with Sexuelle Gesundheit Schweiz (SGCH, Sexual Health Switzerland) to form a research network to develop a common knowledge base for all three language regions of Switzerland. The research period ran from 2015 to 2018. The research strove to collect data for the first time in Switzerland on the concepts and practise of family sexuality education for parents and adolescents. These data were then complemented with data on sexuality education in schools collected from teachers and professionals. A particular research interest of the study was the relevance of sexual rights in the value system of the parents, adolescents and professionals surveyed; this is discussed in more detail below.

Our study defined three focal points and formulated corresponding research questions. Here, we present only the last focus: the relevance of sexual rights. How do parents, adolescents and professionals perceive sexual rights, and what significance do sexual rights have in their sexuality education?

Methodological approach

Our exploratory study employed a qualitative design and was conducted in the three language regions of German-speaking, French-speaking and Italian-speaking Switzerland. The implementation occurred in two stages. The first stage, from 2015 to 2016, focused on the sexuality education of parents and adolescents in their families. We conducted a total of 27 guided individual interviews with 14 mothers and 13 fathers who had at least one child between the ages of 13 and 16. In addition, we interviewed 70 young people of this age using case vignettes in 14 gender-segregated focus groups with four to six participants each.

In the second stage, from 2017 to 2018, we analysed the formal sexuality education in the context of public schools. This segment focused on the views of teachers and sexual health professionals. Using guided individual interviews, we surveyed 24 teachers and specialists with a mandate to provide sexuality education at the lower secondary level, again in the three language regions. We based our data analysis of both stages on qualitative, summarising content analysis according to Mayring (2010).

We are only now publishing the empirical data we collected between 2015 and 2018 because of the Coronavirus pandemic. Therefore, to minimise the relevance of the time gap, this publication mirrors them against the current state of knowledge. No new empirical survey on the subject of the study has been conducted in Switzerland in the meantime. Our French-speaking colleagues did publish their paper on our joint research project earlier under the title “Droits humains et éducation sexuelle. Contexte, perceptions et pratiques” (Charmillot, Földhazi & Jacot-Descombes, 2021, Human Rights and Sexuality Education. Context, Perceptions and Practises).

Survey instruments on the relevance of sexual rights

We used the IPPF Declaration of Sexual Rights as the survey instrument for our research work. The currently valid version of this declaration in German dates from 2009 and formulates the comprehensive claim to guarantee the sexual rights of every human being. Sexual rights include children and adolescents because they take into account their ability to develop. In concrete terms, this means the free and unrestricted self-determination of women, men, children and adolescents over their bodies and lives. Gender and sexuality should no longer be the cause of inequality, stigmatisation and discrimination.

The declaration contains a preamble, general principles and a catalogue of ten derived sexual rights, divided into rights to promotion, protection and participation. Article 1 formulates the universal validity of human rights regarding the inherent human dignity of all people and grants protection against discrimination based on sexuality, sex or gender. It is followed by Article 2, which concerns the universal right to participate in human development, likewise irrespective of sex, sexuality or gender. Articles 3 to 5 regard the protection of physical, psychological and sexual integrity, the right to privacy, in particular to sexual self-determination and recognition before the law, regardless of sex, sexuality or gender. Article 6 formulates the right to freedom of expression and assembly regarding sexuality and gender-related issues. Articles 7 and 8 formulate economic, social and cultural rights, particularly regarding sexual and reproductive health and education. Article 9 concerns the right to freely decide in favour of or against marriage and reproductive rights. Article 10 formulates the right to accountability, redress and reparation for victims of sexuality- and gender-related human rights violations.

Results

Overall, sexual rights, at least regarding their content, are the subject of sexuality education at home and school. Parents usually address sexual rights implicitly. This is reflected in the adolescents in the focus groups, who demonstrated an implicit knowledge of sexual rights. The professional educational system in the context of sexuality education at school addresses sexual rights both implicitly and explicitly. The professionals we interviewed with a specialist title in sexual health in education and counselling (original: Fachtitel sexuelle Gesundheit in Bildung und Beratung [SGCH]) described sexual rights as an explicit subject of their work, understood as comprehensive, human rights-based sexuality education (CSE).

Accordingly, the school's sexuality education is largely based on the children's and adolescents' knowledge of the world and the value system of family sexuality education. It thus proves to be compatible with family education regarding content. The argument forwarded by value-conservative groups that schools teach something different from family education is not cogent in light of our findings (see Kessler et al., 2017, pp. 47-49). On the contrary, schools teach children and adolescents what they already know in a different form – usually in an orderly, knowledge-based and pedagogically-didactically reasonable manner. Expanding the knowledge of children and adolescents means providing support for them to cope with the developmental tasks of childhood and adolescence and thus represents a contribution to sexual socialisation.

References

Braeken, D. (2011). "It's All One": Genderfragen, Menschenrechte und eine positive Einstellung zur Sexualität im Mittelpunkt der Sexualerziehung. Bundeszentrale für gesundheitliche Aufklärung (BZgA) (Hrsg.). Forum Sexualaufklärung und Familienplanung, 2/2011, 33–41.

Bundeszentrale für gesundheitliche Aufklärung/Federal Centre for Health Education [BZgA] (2021). The impact of comprehensive sexuality education on young people's sexual behaviour. Retrieved from https://www.bzga-whocc.de/fileadmin/user_upload/BZgA_Reference_Kit_Factsheet_1_CSE_and_sexual_behaviour.pdf

Charmillot, M., Földhazi, F., & Jacot-Descombes, J. (2021). Droits humains et éducation sexuelle. Contexte, perceptions et pratiques. Genève. Editiones ies. https://doi.org/10.4000/books.ies.5000

Europäischer Gerichtshof für Menschenrechte [EGMR] (2018). Decision No. 22338/15 of 18 January 2018. **https://www.humanrights.ch**/cms/upload/pdf/2018/180118_A.R.L.R._Schweiz_Medienmitteilung.pdf

International Planned Parenthood Federation [IPPF] (2009). Sexuelle Rechte: Eine IPPF-Erklärung. Retrieved from https://www.ippf.org/sites/default/files/ippf_sexual_rights_declaration_german.pdf

International Planned Parenthood Federation [IPPF] (2010). IPPF Framework for Comprehensive Sexuality Education (CSE). Retrieved from https://www.ippf.org/sites/default/files/ippf_framework_for_comprehensive_sexuality_education.pdf

Kessler, C., Blake, C., Gerold, J., & Zahorka, M. (2017). Expertenbericht. Sexualaufklärung in der Schweiz mit Bezug zu internationalen Leitpapieren und ausgewählten Vergleichsländern. Retrieved from https://www.bag.admin.ch/dam/bag/de/dokumente/mt/p-und-p/diverses/expertenbericht-sexualaufklaerung.pdf.download.pdf/expertenbericht-sexualaufklaerung.pdf

Kunz, D., Koschmieder, N., & Jacot-Descombes, C. (2023). Sexualaufklärung in Familie und Schule – Relevanz der Menschenrechte. Luzern: interact-Verlag (November 2023).

Mayring, P. (2010). Qualitative Inhaltsanalyse. Grundlagen und Techniken (11. überarbeitete Aufl.). Weinheim: Beltz Verlag.

Mijatović, D. (2020). Comprehensive sexuality education protects children and helps build a safer, inclusive society. Retrieved from https://www.coe.int/en/web/commissioner/-/comprehensive-sexuality-education-protects-children-and-helps-build-a-safer-inclusive-society

Population Council (2009). It's all ONE Curriculum. Guidelines and activities for a unified approach to sexuality, Gender. HIV and Human rights education. Retrieved from https://www.popcouncil.org/research/its-all-one-curriculum-guidelines-and-activities-for-a-unified-approach-to-

pro familia Bundesverband (2012). Jetzt erst Recht. Eine Handreichung. Menschenrechtsbasierte Sexualpädagogik mit Jugendlichen. Mit drei Praxisbeispielen. Retrieved from https://www.profamilia.de/fileadmin/publikationen/Fachpublikationen/BV_Jetzt_erst_RECHT_2012.pdf

pro familia Bundesverband (2013). Eine Welt voller Möglichkeiten durch Selbstbestimmung. Rahmenkonzept für umfassende Sexualaufklärung. Retrieved from https://www.profamilia.de/fileadmin/publikationen/Fachpublikationen/IPPF-Hintergrund-140129-WEB.pdf

Schweizerisches Bundesgericht (2014). Urteile 2C_132/2014, 2C_133/2014 vom 15.11.2014. Retrieved from https://www.bger.ch/ext/eurospider/live/de/php/aza/http/index.php?highlight_docid=aza%3A%2F%2F15-11-2014-2C_132-2014&lang=de&type=show_document&zoom=YES&

UN Human Rights Council (2013). Resolution 22/32. Rights of the child: The right of the child to the enjoyment of the highest attainable standard of health (A/HRC/RES/22/32). Retrieved from https://digitallibrary.un.org/record/748492

WHO (2006). Defining Sexual Health. Report of a Technical Consultation on Sexual Health, 28–31 January 2002. Retrieved from https://www.who.int/teams/sexual-and-reproductive-health-and-research/key-areas-of-work/sexual-health/defining-sexual-health

WHO Regionalbüro für Europa & Bundeszentrale für gesundheitliche Aufklärung [BZgA] (2011). Standards für die Sexualaufklärung in Europa. Retrieved from https://www.bzga-whocc.de/publikationen/standards-fuer-sexualaufklaerung/

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Kunz, D., & Koschmieder, K. (2023). The relevance of sexual rights in family and schoolbased sexuality education in Switzerland, FORUM sexuality education and family planning: information service of the Federal Centre for Health Education (BZgA), 1, 69–73. https://doi.org/10.17623/BZgA_SRH:forum_2023-1_en_article_sexual_rights_sexuality_education_switzerland

School sexuality education from the perspective of the target group

Alexandra Klein, Jann Schweitzer

Statistical analyses, particularly the representative surveys on Youth Sexuality conducted by the Federal Centre for Health Education (BZgA), continuously draw attention to the fact that sexuality education at school remains a central source of sexuality-related knowledge acquisition for adolescents. At the same time, school as a place of sexuality education, sexual education and sexual socialisation carries a variety of limitations, especially in the light of qualitative research that looks at the experiences and processing methods of young people. How adolescents experience sexuality education at school was at the centre of the exploratory study WiSex, funded by the Hessian Ministerium für Wissenschaft und Kunst (Ministry of Science and Art). This article presents some of the results.

Introduction

Sexuality education in schools has become an integral part of the school curriculum in Germany. According to the latest Youth Sexuality Study (Scharmanski & Hessling, 2022), it is one of the most important sources of sexuality education next to personal conversations and the internet. At the same time, in light of educational research, schools as a place for sexuality education, sexual education and sexual socialisation are subject to a variety of structural, content-related and social restrictions. The challenges adolescents face in dealing with sexuality education at school, their corresponding experiences and how they deal with them still represent a central research desideratum. In the context of an explorative qualitative study based on eight narrative interviews[1] with young people, this article reconstructs the experiences and behavioural patterns in adolescents' dealing with sexuality education at school. We then outline the corresponding key professional challenges and support requirements for reflecting on paedagogical action in the school context of sexual education.

1 In the exploratory study, heterogeneously positioned young adults between the ages of 18 and 21 were initially interviewed retrospectively using biographical-narrative interviews (Schütze, 1987). This was followed by further eight group discussions, which were then analysed as part of a dissertation on the reconstruction of sexual socialisation processes of young adults using the documentary method (Bohnsack, 2021; Schweitzer, 2023).

Initial situation

Sexuality education in schools is anchored in government guidelines and curricula and has been considered a natural part of sexual education since the late 1990s (Schmidt, 2014). At the same time, however, there is little systematic research on schools as a place of sexual communication. Although particularly sexualized violence in educational contexts has been discussed intensively lately (Retkowski et al., 2018; Wazlawik et al., 2019), only recently has more research been conducted to systematically analyse sexuality education practises in schools from the perspective of teachers (Siemoneit, 2021; Langer, 2017; Hoffmann, 2016) and recipients (Klein & Schweitzer, 2018; Schweitzer, 2023). While today almost all pedagogical concepts of sexuality education in schools reflect a fundamental recognition of the social pluralisation of lifestyles, there are some indications that these concepts are currently of little importance in everyday school life (Scharmanski & Hessling, 2022; Hoffmann, 2016). Similarly, more differentiated empirical knowledge concerning the perspectives of the addressees that takes their social, gender and gender-specific backgrounds into account remains a central desideratum in the empirical, theoretical and practical debate on sexuality education in schools. The interviews of the exploratory study presented here made clear that discrepancies between the subjective relevance and the sexuality-related everyday realities, on the one hand, and the content and forms of sexuality education at school, on the other hand, are experienced ambivalently. The addressees approach and cope with these challenging discrepancies in different ways. Various other experiences in the classroom context, in the form of discrimination, heteronomy and disregard, are formulated in particular by non-heterosexual adolescents. It becomes clear that sexuality education at school not only provides a framework for formal sexual education but also functions as a "place of normative subject formation" (Kleiner, 2015); pupils are often addressed in a heteronormative way and are expected to behave accordingly. The themes of the reconstructive analyses in this project are thus the perceived lack of correspondence between curricular educational content and individual sexual life practises, desires and themes and the experiences of deficient differentiation as significant shared realities of adolescents experiencing sexual education at school.

Selected results

The adolescents' narratives reveal different ways of dealing with these experiences of discrepancy and difference, which can be reconstructed as two overarching patterns of dealing with sexuality education at school:

The first pattern comprises the adolescents' self-positioning as stakeholders in their sexual lives. In the corresponding biographical narratives, we find a high degree of certainty of orientation, a firm conviction of their own ability to act, a strong focus on personal responsibility and stable self-efficacy convictions. They respond to experiences of discrepancy and difference in the context of sexuality education at school predominantly with efforts to reconcile, dethematise and normalise. Characteristically, when under discussion, these young adults succeed in harmonising their sexual orientation with the existing heteronormative order in the school setting through interpretations of conformity. For example, this is the case with Sonja, who is 19 years old at the time of the interview, describes herself as lesbian and has just completed her abitur (A-levels). Whenever her classmates address Sonja as a lesbian young woman, she normalises her sexual orientation through analogisation. This is also the case in the following passage, when Sonja was asked by a classmate during sexuality education lessons about her experiences: "Yes, I was asked in class how I came to be a lesbian, and then I always said it like this: It's exactly the same as with you. You think a boy is great; with me, it's just a girl. That's all. It's actually the same thing" (Sonja, 19, lesbian, secondary school).

In her interactions, Sonja leaves little room for potential attempts by her classmates to call her out in this context by negating any supposed or real differences regarding her sexual desires. In line with this strategy of normalisation and not mentioning experiences of discrimination and disregard, Sonja reports far fewer homonegative experiences during her time at

school than the other nonheterosexual interviewees. Nevertheless, like all nonheterosexual interviewees, she reports experiencing exclusively heteronormative sexuality education that has nothing to do with the reality of her sexual life: "I already knew indirectly back then that I would never need that."

Nadim can also be described as having planned his sexual life. He is 21 years old at the time of the interview, describes himself as heterosexual, has graduated from secondary school and is currently studying at a technical college. He reports extensive experiences of racist discrimination by his teachers because of his origin and religious affiliation. In Nadim's experience, sexuality is discussed at school almost exclusively in the sense of problematisation, that is, discussions of sexuality take place only when there are problems from the teachers' point of view. In his summary of his sexuality education lessons, Nadim attributes little subjective relevance to the content he experienced and the perceived biological constrictions of the school's sexuality education. Rather, what he considers important he learns from his Islamic teacher: "Since I've become more religious, I feel much more enlightened about sexuality. Of course, I didn't really have a complete overview before; when it came to sexuality, I was rather half-enlightened. You always saw it on the street, yes, you always have to do it this way or that way with a girl, she'll like it. Everyone was always so macho, but my teacher in Islamic education was very open with me. I was very ashamed to talk to him about it." (Nadim, 21, heterosexual, secondary school) For Nadim, the "hot topics" in school sexuality education, such as pornography consumption, masturbation or how to deal with young women, are issues you cannot discuss at school. So, he explicitly deals with topics like these outside of school, especially with his religious teacher.

Sebastian is 19 years old at the time of the interview, attends secondary school and describes himself as gay. He also feels that the content of his sexuality education at school is inadequate and too far removed from the reality of his sexual life: "I think he [the teacher] didn't explain enough about how STDs are still transmitted. It's not like sex consists only of … inserting the penis into the vagina. So, I asked myself: Can you somehow get STDs from blowjobs, too? I didn't know anything, so I thought an hour was too short. I only found out about all this at the queer youth centre." (Sebastian, 19, gay, secondary school)

It is by no means a new finding that teachers often fail to discuss sexuality-related topics that go beyond the biological dimension (Heßling & Bode, 2015, p. 36), even if it is precisely those topics that students would like to learn more about (ibid., p. 70). Nadim and Sebastian compensate for their need for knowledge outside of school. As the stakeholders in their sexual lives, they develop strategies to actively deal with the sexual situations, knowledge deficits and challenges relevant to them. Obviously, such strategies require resources; to acquire sexual agency, they use whatever is subjectively accessible to young people and appears meaningful, be it offers of support from religious authorities or contacts from a queer youth centre. Although, from the young people's perspective, such nonformal and informal places of sexual education appear to be superior to the deficient school-based knowledge transfer, it remains an open question as to which restrictions become virulent in communication with (sexuality-) educational laypersons and how young people can deal with their issues, conflicts, challenges and concerns in these settings.

In the second example, one can summarise the narratives of the interviewees as self-positioning actors who are insecure about their sexual lifestyle. Such biographical narratives are characterised by explications of sometimes considerable uncertainty regarding sexuality-related challenges and conflicts as well as the experience of low self-efficacy in their sexual lifestyle. For example, Phillip, 20 years old at the time of the interview, who describes himself as heterosexual and a recent high school graduate, reports massive insecurities when describing his most concise memories of sexuality education: "And then there was also this point where you were a bit afraid, you know, of this AIDS thing, because that's what they told us in seventh grade. But then it wasn't even discussed in any great detail – you just become terminally ill, something like that [...] So, this AIDS scare hovers over the sexuality education lessons." (Philipp, 20, heterosexual, secondary school) Philipp

feels very insecure because of what he perceives as the inadequate treatment of the topics of HIV and AIDS. For him, not only does this topic overshadow the entire sexuality education programme, it obviously continues to haunt him outside the classroom, for example, when he recalls his "first time": "Oh God, you can get sick from it now, and you also have to be careful not to have a baby."

Such experiences of insecurity arise from the abbreviated thematisation of sexuality education content. They correspond to differential markers of difference, experiences of othering, disregard at school and, in the context of sexuality education at school, with irritations and insecurities nonheterosexual young people are increasingly reporting. Anja, for example, 20 years old at the time of the interview, describes herself as bisexual and having attended a comprehensive school and talks about her experiences in the context of sexuality education at school: "That was the time when my classmates started calling me a lesbian, and then they said, 'OK, there's something else besides the norm, girls can fall in love with girls and boys with boys. Game over, that was that, there was nothing more to say.' But from the beginning, it was suggested that homosexuality is somehow wrong ... I was totally confused because I thought, 'Hey, why is that a bad thing now?'" (Anja, 20, bisexual, comprehensive school) Anja's story about her experience of the thematisation of sexuality at school reveals how specific and selective forms of sexual constructions of normality and differential markers can interact. Her classmates personally labelled Anja as a lesbian, and her sexual orientation is discriminated against as deviating from the norm of school-based sexuality education. She experiences school sexuality education as reproducing the discrimination she experiences from her classmates, which makes her feel very insecure.

Conclusion

In a nutshell, the biographical narratives show, first, that school sexuality education is recalled as something between subjectively meaningless, biologically truncated and lastingly shameful. Second, it also becomes evident that young people must face the consequences of sexuality education at school experienced in this way with their own coping strategies and resources. Third, sexuality education at school apparently does little to strengthen the sexual agency of its recipients and provide them with such resources and "life-serving knowledge" (Bonfadelli 1998) they experience as supportive. Instead, young people must acquire sexual agency on their own by explicitly differentiating themselves from deficient sexual education and working through the corresponding experiences of discrepancy and difference. Both reconstructable patterns of how they experience and deal with sexuality education and sexuality-related communication at school reveal significant challenges at the interface of official school, social and sexuality education formats. It may prove helpful to refer to the classic description of "life-serving knowledge" introduced many years ago by Heinz Bonfadelli (1994) in the educational science debate on knowledge gaps and social inequality. There are likely few subject areas as sexuality-related issues that have greater subjective relevance for young people – at least temporarily – who are working hard to establish a suitable sexual lifeplan and acquire sexual agency. Here, their need for multidimensional factual knowledge merges with their need for orientation and reflective knowledge to deal with the diverse standardisations of sexuality in this interplay and to gradually experience themselves as sexually capable in their own lives. The attempts in educational institutions – and therefore also in the context of sexuality education in schools – to guarantee autonomy are intertwined with normalising control functions. At the same time, such goals and content remain linked to normative interpretations, judgements and evaluations. Questions about what should be dealt with educationally and in what form depend on social and professional definition processes. Presently, the voice of the addressees still seems to be heard very rarely, although they are also the ones expected to cope with the deficits of sexuality education in schools. They are thrown back on their own resources regarding the coping strategies available to them. If sexuality education in schools aims to ensure the autonomy of young people's lives, this goal also demands addressing the institutional, social and personal prerequisites for human well-being and human development regard-

ing sexuality-related issues. One could start with a systematic examination of the question of the extent to which sexuality education at school could be better organised to benefit the lives of its addressees.

References

Bohnsack, R. (2021). Rekonstruktive Sozialforschung – Einführung in qualitative Methoden. 10. Auflage. Stuttgart: UTB Verlag.

Bonfadelli, H. (1994). Die Wissenskluftperspektive. Massenmedien und gesellschaftliche Information. Konstanz: UVK.

Heßling, S., & Bode, H. (2015). Jugendsexualität 2015. Die Perspektive der 14- bis 25-Jährigen. Ergebnisse einer aktuellen Repräsentativen Wiederholungsbefragung. Bundeszentrale für gesundheitliche Aufklärung, Köln.

Hoffmann, M. (2016). Schulische Sexualerziehung. Deutungsmuster von Lehrenden. Leverkusen: Verlag Barbara Budrich.

Klein, A., & Schweitzer, J. (2018). Besorgte Eltern, die Kinder und die Anderen: Leiden und Zumutungen in schulischer Sexualerziehung. Widersprüche, H.148, 31–75.

Kleiner, B. (2015). subjekt bildung heteronormativität: Rekonstruktion schulischer Differenzerfahrungen lesbischer, schwuler, bisexueller und trans* Jugendlicher. Leverkusen: Verlag Barbara Budrich.

Langer, A. (2017). Arbeit an und mit Widersprüchen – Zur Herstellung und Aufrechterhaltung einer sexualpädagogischen Situation. Klein, A., & Tuider, E. (Hrsg.), Sexualität und Soziale Arbeit. Hohengehren: Schneider Verlag, 149–163.

Retkowski, A., Treibel, A., & Tuider, E. (Hrsg.) (2018). Handbuch Sexualisierte Gewalt und pädagogische Kontexte. Theorie, Forschung, Praxis. Weinheim Basel: Beltz Juventa.

Scharmanski, S., & Hessling, A. (2022). Sexualaufklärung junger Menschen in Deutschland. Ergebnisse der repräsentativen Wiederholungsbefragung "Jugendsexualität". Journal of Health Monitoring, 7(2), 23–41.

Schmidt, R.-B. (2014). Schule als Ort sexueller Kommunikation. Hagedorn, J. (Hrsg.), Jugend, Schule, Identität. Wiesbaden: Springer Verlag, 249–264.

Schütze, F. (1987). Das narrative Interview in Interaktionsfeldstudien. Studienbrief der Universität Hagen.

Schweitzer, J. (2023). Sexuelle Bildung und soziale Ungleichheit. Rekonstruktionen sexueller Sozialisationsprozesse junger Erwachsener. Leverkusen: Verlag Barbara Budrich.

Siemoneit, J. K. M. (2021). Schule und Sexualität – Pädagogische Beziehung, Schullalltag und sexualerzieherische Potenziale. Bielefeld: transcript Verlag.

Wazlawik, M., Voß, H.-J., Retkowski, A., Henningsen, A., & Dekker, A. (eds., 2019). Sexual Violence in Pedagogical Contexts: Current Research and Reflections. Wiesbaden: Springer VS.

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Impediments to accessing contraception in asylum centres: The perspectives of refugee women in Switzerland

Milena Wegelin, Christine Sieber, Eva Cignacco

In Switzerland, women refugee's access to contraception is strongly influenced by their legal status. Unsecure funding and inadequate access to specialist counselling are major obstacles, which infringe on women refugee's reproductive rights. Beyond the question of access to contraception, affected women highlight the difficulties in living motherhood in collective refugee accommodation centres. The 'reproductive justice' approach at the heart of the "REFPER" research project takes this broader perspective articulated by refugee women into account.

As a result of various structural barriers, women refugees in Switzerland face significant gaps in the availability and access to family planning and contraceptives (Amacker et al., 2019; Cignacco et al., 2017; SEM, 2019). Switzerland's social welfare system classifies contraceptives as "noninsured medication", which must be financed by refugee persons themselves from the so-called basic needs provisions they receive from the government. At the same time, social welfare officials have some leeway in making additional funds available in individual cases. This results in unequal treatment, since the cantons, municipalities and related welfare offices do not follow standardised practises. Therefore, access to funding is not guaranteed for everyone; particularly persons affected by poverty face significant barriers (SGCH, 2017, 2019).

The various obstacles to accessing contraceptives

The uneven regulatory practice directly impacts the population of refugee women (Sieber, 2017). Their background as refugees places them in precarious conditions, producing a dependency on welfare assistance and third-party funding of contraceptives. Although condoms are generally provided free of charge in all asylum centres, their use requires the cooperation of both sexual partners. Access to oth-

er types of contraceptives is limited and depends on the person's legal status. Furthermore, women's right to information, which would enable them to make informed and self-determined decisions, is often unfulfilled in practice. Relevant decisions include, for example, resorting to contraceptives or not, which type to use, what kind of support services are available, and whether to use them (Amacker et al., 2019). An additional complication is that refugee women are generally unfamiliar with Switzerland's highly decentralised healthcare system and their knowledge about reproductive health varies considerably. This situation represents a significant obstacle to the reproductive freedom of refugee women.

Broader perspective: the "REFPER" project

For the study "REFPER. Reproduktive Gesundheit – Die Perspektive geflüchteter Frauen in der Schweiz" (REFPER. Reproductive Health – The Perspective of Refugee Women in Switzerland), the Berner Fachhochschule (BFH, Bern University of Applied Sciences) conducted 14 semistructured interviews with predominantly Arabic-speaking study participants (the project team members speak Arabic). Group discussions with the co-researchers, who also have a refugee background, supplemented the interview-based data analysis.

The research focuses on the individual needs of refugee women, which have been shaped by their biographies and the corresponding knowledge available to them. Reflecting an iterative research process and based on the results of interviews and group discussions, we broadened the research question by including the initial focus on effective access to self-determined contraception as well as the question of self-determined motherhood. Conceptually, the research was framed by the reproductive justice approach, thus combining reproductive health with social justice. The concept of reproductive justice emerged in the USA in the 1990s in the milieu of women of colour activists who felt unrepresented by the predominantly white and middle-class women's rights movement. Women of colour criticised the framing of the debates in terms of liberal rights and showed that reproductive rights could not be discussed in isolation from their respective social context. The reproductive justice approach thus consists of four areas as part of maintaining the right to personal bodily autonomy: (1) the right not to have children, (2) the right to have children, (3) the right to raise one's own children in a safe and healthy environment, and (4) the right to live one's sexuality in a self-determined way (Ross & Kitchen Politics, 2021; Ross & Solinger, 2017).

Beyond the access to rights and health services, the concept of reproductive justice also raises the question of who is socially legitimised to be a mother ("right to motherhood"), both historically and in modern discourses. Furthermore, it shows how structural inequalities drive marginalised mothers into life situations that make motherhood very difficult. Our research thus examines how refugee women in Switzerland plan and experience motherhood. The focus lies not only on the right to contraceptives understood as freedom of choice but also on the aforementioned reproductive rights as influenced by socioeconomic factors and social inequalities. Below, we outline the initial findings from the research process.

Biographies of refugee women and their influence on reproductive choices

The dangerous and risky routes to Switzerland taken by refugee women influence their reproductive health. The high prevalence of sexualised violence during the perilous journeys is particularly relevant in this context. Concerning contraception, the study participants describe different approaches taken, which depend on their personal situation and the specific routes taken. One example is the use of the IUD: One woman interviewed inserted it before fleeing, whereas a second removed it before fleeing because she did not know whether proper healthcare would be guaranteed during her journey. A third woman explained that she had completely forgotten about the IUD she had used in her home country during the long journey. Therefore, reproductive health counselling is advisable for women refugees arriving in Switzerland. Even more so, since many of the women interviewed associated their future host

country with stability and security, they considered it suitable for starting or expanding a family: "My husband said, 'Okay, we're going to a safe country. We can have another child, and then we won't have any problems there.'" However, once in Switzerland, the same women often and unexpectedly find themselves in very precarious living situations produced by the asylum procedure. The problematic conditions in the collective accommodation centres forced another study participant to realign her reproductive strategies: "My husband and I decided to have children later. Because, even in the camp, it was not good for women to be pregnant. It is very difficult for a woman to be pregnant in the camp." The inherent uncertainty and the undetermined temporal horizon of the asylum proceedings drive women refugees into a situation of instability. Against this background, it is essential that women refugees can deal with questions about self-determined contraception as soon as they arrive in the host country.

Social hierarchies shape access to specialised information

Upon arrival in Switzerland, the study participants needed information about available contraceptives, and particularly on how they work. However, not all study participants had access to qualified specialist information: "There are certainly many contraceptives available here, but I didn't know, for example, about the IUD or the injection in the arm or back, things like that. I didn't know exactly, but I assumed that it existed." Women often obtain relevant information through their social networks and digital channels. This is problematic because such informal channels can foster insecurity and fear: "You often hear terrible stories from others. I would never use an IUD either. Because I only ever hear bad things. When something good happens, you don't talk about it, do you? People often talk only about bad experiences (...) And contraception is one of them."

In addition to shame and sociocultural norms, refugee women also cite social hierarchies and the frequent lack of translations as barriers to communication: "Because this asylum system, everything, eh ... makes us small. And, somehow, we have to make sure that they don't ... that they always ... make us stupid or ... These are just feelings. Many things don't come so easily to us. Being self-confident or asking something, like that." In communication with professionals and caretakers, these factors shape refugee women's access to specialist information, which is ultimately crucial for women if they are to make informed decisions about contraception and family planning. Women refugees in precarious situations dispose of few resources and must proactively seek information about contraception. This is one possible explanation for their frequent recourse to natural methods of contraception (Inci et al., 2020). This can lead to unwanted pregnancies, which creates additional difficulties particularly for those refugee women accommodated in collective refugee housing.

Discussing motherhood and sexuality in the asylum context

The difficult living conditions, characterised by dependency on the authorities, high prevalence of violence, lack of privacy, precarious infrastructure, social marginalisation and limited access to healthcare, pose enormous challenges for pregnant women in collective accommodations (Gewalt et al., 2019). Some study participants discuss how life in collective refugee housing is not a safe and healthy environment for children, which makes motherhood more difficult. Some cited this as a key reason for not wanting to become pregnant in a collective accommodation: "And the woman was a poor woman, basically. And she was in the camp with a small baby. And she wanted to cook for her two other children, she had to give her daughter to someone else. And I imagined myself in her situation. And it would have been very difficult for me. I couldn't think about getting pregnant when I saw these things. Not until the environment is more suitable for children."

Thus, structural conditions severely restrict self-determined reproduction. During the research process, we realised that the right to reproductive and sexual health must be thought of not only in terms of access to healthcare, but situated more broadly within structural conditions. This broader view can

be conceptually framed using the reproductive justice approach, which focuses on the reproductive right and choice to have children or not, as well as the right to raise children in safe and healthy living conditions. According to Loretta Ross Solinger, one of the founders of this approach, the question of who can be a legitimate mother is closely linked to the question of whose sexuality is considered legitimate (Ross & Solinger, 2017). Refugee women also face these tensions. On the one hand, there are spatial barriers to sexuality: "When you see how the structure and everything is: that means no private life. I was with my husband at the time, I had to sleep with 15 people in the same room. That means our needs, sex and things like that, our private life ... it's all impossible, forbidden somehow! Nobody understands you, do they? Because you can't just close your door and just be with your husband for ten minutes. So, if you think sex isn't allowed here, that means getting pregnant isn't allowed, either!" On the other hand, refugee women also experience a discursive delegitimisation of their sexuality and potential pregnancy, as one story from a group discussion shows: "It wasn't quite clear to her yet whether she could stay here in Switzerland or whether she would be deported to Italy because she had fingerprints there and so on. And then at the first medical interview – they ask whether you are pregnant or not – she said: 'I'm newly married, I'm not pregnant, but I don't want to get pregnant now. And I want to have the birth control pill.' And then she [medical nurse] laughed at her. She [medical nurse] spoke to her in English and said: 'You're thinking about children and pregnancy while you are staying in the asylum centre!' The woman said she felt like she [medical nurse] was saying you can't sleep with your husband during this time. She said: 'But I need this!' And then the nurse told her: 'There are condoms outside, you can take a few.'" The institutional denial of sexuality and motherhood suggests that the issue of contraceptives is not always given the appropriate space.

Effects on reproductive rights and women's health

The following account of a research participant shows how the policy of denying sexuality and motherhood impacts access to contraceptives. Her asylum application was rejected and she was subsequently excluded from welfare assistance. She and her family had been housed in a collective accommodation for years. She says: "And I've been asking for a long time whether I could stop [getting pregnant, i.e., be sterilised] so that I definitely don't have any more children. And they said, 'No, we can't pay for it. If you want, you can pay for it yourself.' I would even have to pay for the IUD myself. (...) But now that I'm pregnant, they are prepared to pay for the abortion. So why, even though I've been asking for contraception for two or three years, why do they always say no?" In contrast to the cost of contraceptives, the cost of pregnancy termination is covered by Switzerland's mandatory health insurance. This impacts people in the asylum system. One expert describes the logic succinctly: "The current funding system promotes abortion instead of contraception" (Amacker et al., 2019, p. 100). The research participant also cites an economic rationale to explain her situation: "They pay for abortion because they don't want to spend much. Because they spend so much on us. They spend money on the children. They don't want there to be too many children so they don't have to spend too much money. They don't say it directly, but they make it clear to us. And if you have a lot of children, they tell you, 'Why so many?' Because it's expensive, the children."

The restricted access to contraception certainly has many causes. The limited financial resources, which fundamentally shape the Swiss asylum system's healthcare provisions, as well as the spatial and discursive logic described above that make sexuality and motherhood more difficult, are decisive factors. The reproductive justice approach at the core of our research highlights these various facets.

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References

Amacker, M., Büchler, T., Efionayi-Mäder, D., Egenter, J., Fehlmann, J., Funke, S., Graf, A., & Hausammann, C. (2019). Postulat Feri 16.3407. Analyse der Situation von Flüchtlingsfrauen. Zur Situation in den Kantonen. Bericht zu Händen des Staatssekretariats für Migration (SEM) und der Schweizerischen Konferenz der Kantonalen Sozialdirektorinnen und Sozialdirektoren (SODK)

Cignacco, E., Berger, A., Sénac, C., Wyssmüller, D., Hurni, A., & zu Sayn-Wittgenstein, F. (2017). Sexuelle und reproduktive Gesundheitsversorgung von Frauen und ihren Säuglingen in Asylunterkünften in der Schweiz (REFUGEE). Eine Situationsanalyse und Empfehlungen.

Gewalt, S. C., Berger, S., Szecsenyi, J., & Bozorgmehr, K. (2019). "If you can, change this system." Pregnant asylum seekers' perceptions on social determinants and material circumstances affecting their health whilst living in state-provided accommodation in Germany – A prospective, qualitative case study. BMC Public Health, 19(1), 287. https://doi.org/10.1186/s12889-019-6481-2

Inci, M. G., Kutschke, N., Nasser, S., Alavi, S., Abels, I., Kurmeyer, C., & Sehouli, J. (2020). Unmet family planning needs among female refugees and asylum seekers in Germany – Is free access to family planning services enough? Results of a cross-sectional study. Reprod Health, 17(1), 115. https://doi.org/10.1186/s12978-020-00962-3

Ross, L., & Kitchen Politics (2021). Mehr als Selbstbestimmung! Kämpfe für reproduktive Gerechtigkeit. Mit einem Grundlagentext von Loretta J. Ross (1. Auflage). edition assemblage.

Ross, L. J., & Solinger, R. (2017). Reproductive Justice. An Introduction (1st ed.). University of California Press. http://www.jstor.org/stable/10.1525/j.ctv1wxsth

SEM/Staatssekretariat für Migration (2019). Analyse der Situation von Frauen und Mädchen aus dem Asylbereich in den Bundesasylzentren und in den Kollektivunterkünften der Kantone. Bericht des Staatssekretariats für Migration zur Situation von Flüchtlingsfrauen. Staatssekretariat für Migration SEM (Hrsg.), https://www.newsd.admin.ch/newsd/message/attachments/77025.pdf

SGCH/Sexuelle Gesundheit Schweiz (2017). Bericht "Gesuche für die Finanzierung von Verhütungsmitteln."

SGCH/Sexuelle Gesundheit Schweiz (2019). "FONDS COVID-19": Finanzierung von Verhütung und ungedeckten Kosten bei Schwangerschaftsabbruch. https://www.sexuelle-gesundheit.ch/assets/docs/Bericht_Fonds-Covid-19_SGCH_aktualisiert_02_21.pdf, Sieber, C. (2017). Schwangerschaftsverhütung: Welchen Zugang haben Asylsuchende in der Schweiz? Verhütung und soziale Lage. FORUM Sexualaufklärung und Familienplanung: Informationsdienst der Bundeszentale für gesundheitliche Aufklärung (BZgA), 2.

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Project sketches

» The EMSA Study

» Sexuality education in primary schools

» The EU PERCH Project

» The Erasmus+ Project

» Safe Clubs

» Incurably queer?

» The LeSuBiA Study

The EMSA Study

Sexual debut, menstruation and pregnancy termination on social media

Nicola Döring

Freckle-faced Lisa is 17 years old, enjoys playing volleyball, loves her dog Lexi and will graduate from high school next year. She has had a boyfriend for 6 months. Her parents know and like him. Sometimes he is allowed to stay over and sleep in the loft bed with her. They are both very much in love and have even talked about getting engaged. They had their first intercourse after being together for exactly 2 months, on the day of their monthly "anniversary".

Regarding her romantic and sexual experiences, Lisa corresponds to the average among German adolescents: 17 is the typical age for starting an active love and sex life (Scharmanski & Hessling, 2021d). Regarding the other initial conditions in her life, Lisa is doing better than average: German is her mother tongue, she gets on well at high school, is healthy and sporty, has a relaxed relationship with her parents, good friends and a nice boyfriend. Lisa has also been well educated about contraception by her parents, something not all girls in Germany can claim (Scharmanski & Hessling, 2021c).

So, it comes as a shock to Lisa when her period stops one day, and she fears an unplanned pregnancy. She and her boyfriend had always used condoms. She prefers not telling her parents for the time being. Lisa rummages through her memory, but she definitely had not heard anything in school specifically about the possibility of an pregnancy termination; she would have remembered that. In fact, only a good third of all 14- to 17-year-old girls report having been informed about pregnancy termination in sexuality education lessons (Scharmanski & Hessling, 2021b). Pregnancy termination has never been a topic among Lisa's friends, either. So, with a pounding heart, she does what she does several times a day anyway: She googles, watches YouTube videos, Instagram posts and TikToks.

What information about missed periods and pregnancy termination does she come across there? And how does she make sense of this online information? Do any of the influencers Lisa follows report anything helpful (see Figure 1)?

Current state of research

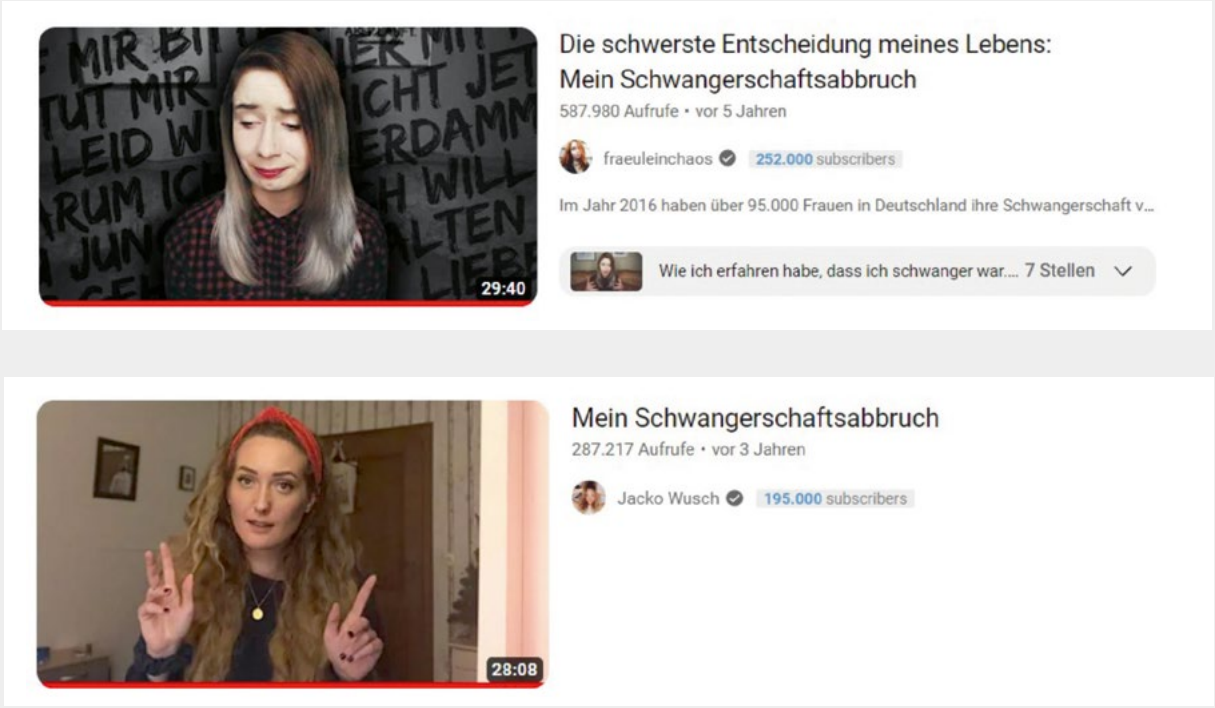
At the moment, research cannot answer these questions. The reason is that online information about pregnancy termination, menstruation and sexual debut has never been systematically analysed in the German-speaking countries. Only a few content-analysis studies from English-speaking countries have investigated how exemplary topics from sexual and reproductive health and rights are presented on selected social-media platforms (Döring & Conde, 2021). A number of survey studies in English-speaking countries have also explored how different groups of young people search for and find answers to their questions about reproduction and sexuality online, but these findings are hardly transferable to Germany.

The research project EMSA

The research project "Erstes Mal, Menstruation und Schwangerschaftsabbruch in Sozialen Medien" (EMSA, Sexual Debut, Menstruation and Pregnancy Termination on Social Media) presented here intends to close those research gaps. The project receives funding from the Federal Centre for Health Education (BZgA) and is based on relevant prelim-

FIGURE 1

The social-media influencers "fraeuleinchaos" ("Die schwerste Entscheidung meines Lebens: Mein Schwangerschaftsabbruch", The Most Difficult Decision of My Life: My pregnancy termination) and "Jacko Wusch" ("Mein Schwangerschaftsabbruch", My pregnancy termination) describe their very personal experiences with pregnancy termination. Both German-language videos have been viewed hundreds of thousands of times in the 5 and 3 years since their upload, respectively, liked tens of thousands of times and commented on thousands of times. The comments sections are full of viewers thankful for the influencers' candour. Further, many viewers tell their own pregnancy termination stories in the comments. Yet, there is also some hostility towards them ("Die, murderer!").



Source: https://www.youtube.com/watch?v=1YXipHI7SDo and https://www.youtube.com/watch?v=gnGjnLvsSDw

inary work on online sexuality education (Döring, 2017a, 2017b, Döring & Conde, 2021). This preliminary work includes a BZgA-funded study on the presentation of contraceptive methods on social media. This study also analysed the quality of contraceptive information on various platforms (Wikipedia, YouTube, Instagram, TikTok). In addition, it measured audience reactions using the comment columns and oral interviews (Döring et al., 2021, 2023; Döring & Lehmann, 2022). The approach of analysing several social-media platforms comparatively using various methods from social-science research proved very successful for the contraception topic and will therefore be transferred to the three EMSA topics.

As part of the EMSA study, we will analyse high-reach YouTube and TikTok videos, Instagram posts and corresponding top audience comments. (The top comments are the public audience comments that received the most likes.) In addition, we will conduct interviews with young social-media users to explore how social-media posts on the EMSA topics are perceived and assessed regarding their credibility.

Expected knowledge gain

The results of the EMSA study should initially close a gap in scientific research. We already know from

representative population surveys that one in five girls in Germany obtains essential information about sexuality from social media influencers (Scharmanski & Hessling, 2021a). The EMSA study, will specify, for example, whether and how influencers inform girls about menstruation, pregnancy termination, and sexual debut. The findings will also be helpful for the field of sexual education. Should quality deficiencies be identified in the online information about the EMSA topics, this can be counteracted in two ways:

- Specialist practitioners can support the online health literacy of young people by helping them selectively use and critically evaluate information on sexual and reproductive health from social media.

- In addition, the professionals themselves are called upon to provide more evidence-based information via social media, especially on those aspects of the EMSA topics that – according to the study results available at the time – circulate particularly large amounts of incorrect, one-sided or incomplete information.

For this reason, the study pays particular attention to disseminating the findings not only in specialised scientific journals (e.g., Bundesgesundheitsblatt, Zeitschrift für Sexualforschung), but also in practise-oriented sexual and media education magazines (e.g., FORUM Sexualaufklärung und Familienplanung; pro familia magazin; merz – zeitschrift für medienpädagogik).

Last but not least, we want to emphasise that the EMSA project serves to create synergies with other projects in the field of sexual and reproductive healthcare. These include, above all, the study "Erfahrungen und Lebenslagen ungewollt Schwangerer – Angebote der Beratung und Versorgung" (ELSA, Experiences and Living Conditions of Unintended Pregnant Women – Counseling and Care Services), which is funded by the Federal Ministry of Health and is currently still ongoing. ELSA is also concerned with analysing the presentation of pregnancy termination on the websites of counselling centres and doctors, among other things. Since the repeal of §219a StGB in 2022, gynaecologists are now allowed to provide information on pregnancy termination online without this being considered "advertising for abortions", so Lisa can – at least theoretically – find answers to her questions when searching for online information. Whether and how gynaecologists will address pregnancy termination on their websites (a sub-study in the ELSA project) is currently just as unclear as how influencers, journalists or private individuals address the subject on social media (a sub-study in the EMSA project).

References

Döring, N. (2017a). Online-Sexualaufklärung auf YouTube: Bestandsaufnahme und Handlungsempfehlungen für die Sexualpädagogik. Zeitschrift für Sexualforschung, 30(4), 349–367. https://doi.org/10.1055/s-0043-121973

Döring, N. (2017b). Sexualaufklärung im Internet: Von Dr Sommer zu Dr Google. Bundesgesundheitsblatt – Gesundheitsforschung – Gesundheitsschutz, 60(9), 1016–1026. https://doi.org/10.1007/s00103-017-2591-0

Döring, N. & Conde, M. (2021). Sexuelle Gesundheitsinformationen in Sozialen Medien: Ein systematisches Scoping Review. Bundesgesundheitsblatt – Gesundheitsforschung – Gesundheitsschutz. https://doi.org/10.1007/s00103-021-03431-9

Döring, N., & Lehmann, S. (2023). Nutzung und Bewertung von Verhütungsinformationen in Sozialen Medien: Eine Interviewstudie mit Jugendlichen und jungen Erwachsenen. Zeitschrift für Sexualforschung, 36(2), 66–75. https://doi.org/10.1055/a-2055-3160

Döring, N., Lehmann, S., & Schumann-Doermer, C. (2022). Verhütung in der deutschsprachigen Wikipedia: Eine Inhalts- und Qualitätsanalyse. Bundesgesundheitsblatt – Gesundheitsforschung – Gesundheitsschutz, 65(6), 706-717. https://doi.org/10.1007/s00103-022-03537-8

Döring, N., Lehmann, S., & Schumann-Doermer, C. (2023). Verhütung auf YouTube, Instagram und TikTok: Eine Inhalts- und Qualitätsanalyse. Bundesgesundheitsblatt – Gesundheitsforschung – Gesundheitsschutz. Online first. https://doi.org/10.1007/s00103-023-03698-0

Scharmanski, S., & Hessling, A. (2021a). Medien der Sexualaufklärung. Jugendsexualität 9. Welle. BZgA-Faktenblatt. Köln: Bundeszentrale für gesundheitliche Aufklärung (BZgA). https://doi.org/10.17623/BZgA_SRH:fb_JUS9_Medien

Scharmanski, S., & Hessling, A. (2021b). Sexualaufklärung in der Schule. Jugendsexualität 9. Welle. BZgA-Faktenblatt. Köln: Bundeszentrale für gesundheitliche Aufklärung (BZgA). https://doi.org/10.17623/BZgA_SRH:fb_JUS9_Schule

Scharmanski, S., & Hessling, A. (2021c). Sexualaufklärung und Verhütungsberatung im Elternhaus. Jugendsexualität 9. Welle. BZgA-Faktenblatt. Köln: Bundeszentrale für gesundheitliche Aufklärung (BZgA). https://doi.org/10.17623/BZgA_SRH:fb_JUS9_Eltern

Scharmanski, S., & Hessling, A. (2021d). Sexual- und Verhütungsverhalten von Jugendlichen und jungen Erwachsenen in Deutschland. Aktuelle Ergebnisse der Repräsentativbefragung Jugendsexualität Bundesgesundheitsblatt – Gesundheitsforschung – Gesundheitsschutz, 64(11), 1372–1381. https://doi.org/10.1007/s00103-021-03426-6

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Citation

Döring, N. (2023). The EMSA study: Sexual debut, menstruation and pregnancy termination on social media, FORUM sexuality education and family planning: information service of the Federal Centre for Health Education (BZgA), 1, 85–88. https://doi.org/10.17623/BZgA_SRH:forum_2023-1_en_article_emsa_study

Sexuality education in primary schools

A survey of teachers using a mixed-methods design

Sara Scharmanski, Diana Mirza

Background

Since 1992, the Bundeszentrale für gesundheitliche Aufklärung (BZgA, Federal Centre for Health Education) has been mandated by the Schwangerschaftskonfliktgesetz (SchKG, Pregnancy Conflict Act) to develop concepts for sexuality education and to provide information on contraception free of charge throughout Germany (Bundeszentrale für gesundheitliche Aufklärung, 2016). These sexuality-education materials reach the target groups directly or are applied by multipliers as part of sexuality-education programmes.

Schools are among the most important multipliers of sexuality education. Teachers represent one of the central sources of knowledge transfer in the field of sexual and reproductive health (Scharmanski & Hessling, 2022) as they pass on sexuality knowledge and skills to their pupils (Scharmanski, Hessling & Barlovic, 2022).

Sexuality education is a mandatory part of the curriculum for all schools in Germany, although the topic is usually first addressed in primary school. Pupils, their parents and primary school teachers are therefore also the target group of the media package "Dem Leben auf der Spur" (On the Trail of Life), which institutions can order free of charge from the BZgA (https://shop.bzga.de/dem-leben-auf-der-spur/).

In order to ensure evidence-based health communication and the teaching of skills in the field of sexuality education, it is essential to possess a scientifically sound assessment (evaluation) of the media and measures (Kolip, 2021). This is the only way to determine whether the content, design and usability of the media package are (still) appropriate for the needs and target group or whether adjustments need to be made. The overriding question is whether the target groups use and accept the media package. This is the only way to achieve the intended effect: the development of sexuality knowledge and competence.

Evaluation process

A large-scale evaluation study was carried out from the beginning of 2023 to determine whether the media package needed to be adjusted. The BZgA commissioned the House of Research field institute to carry out the study.

The methodology includes an online survey and digital focus groups to discuss the media package in greater depth (mixed-methods design). The target groups of the study are primary school teachers and special needs teachers in inclusive settings or at special needs schools. To participate in the study, they must have taught sex education to primary school children at least once..

The online teacher survey

The first step is an online-based questionnaire. On the one hand, it aims to record the general characteristics of sexuality education in schools, including inhibiting and supporting factors; on the other hand, it is intended to provide an initial, general evaluation of the media package "On the Trail of Life".

TABLE 1

CHARACTERISTICS OF THE TEACHERS.

Activity	
General teacher	62%
teacher of special need education	38%
Sex	
Female	91.6%
Male	8.0%
Other	0.3%
Age	
20–29 years	8%
30–39 years	27%
40–49 years	34%
50–59 years	24%
60+ years	7%
Awareness of the media package "On the Trail of Life"	
Known	57%
Unknown	34%
Unsure	9%

n = 586 participating teachers and educators

Source: BZgA, data from "Sexuality Education in Primary School – A Survey of Teachers Using a Mixed-Method Design", 2023

TABLE 2

CHARACTERISTICS OF THE SCHOOL.

Federal state	
Schleswig-Holstein	6.0%
Hamburg	2.0%
Lower Saxony	10.2%
Bremen	0.2%
North Rhein-Westfalia	28.3%
Hesse	7.0%
Rheinland-Palatinate	3.9%
Baden-Wuerttemberg	18.3%
Bavaria	9.9%
Saarland	1.4%
Berlin	2.9%
Brandenburg	1.9%
Mecklenburg-Western Pomerania	1.0%
Saxony	2.4%
Saxony-Anhalt	1.9%
Thuringia	2.7%
Number of residents in school district	
< 5,000	22%
5,000-20,000	31%
20,001-100,000	22%
100,000+	25%
Relative economic status of the families in the schoole	
Low	33%
Medium	52%
High	10%
I don't known	5%

n = 586 participating teachers and educators

Source: BZgA, data from "Sexuality Education in Primary School – A Survey of Teachers Using a Mixed-Method Design", 2023

Specifically, the questionnaire covers the following aspects:

- Awareness, use and evaluation of the media package;
- Topics and context of sexuality education in primary schools;
- Perceived attitude of the schools towards sexuality education;
- Perceived support/reservations on the part of parents;
- Sexuality education in inclusive settings (only special needs teachers);
- Professional experiences and changes in sexuality education in schools.

The field period of the online survey ran from mid-April to the end of June 2023. At the end of the online survey, 586 complete responses had been registered. Tables 1 and 2 show the main characteristics of the sample at the end of the field period (before adjustment).

First results are expected during 2023. Data collection, analysis and publication will be carried out in

strict compliance with the General Data Protection Regulation (GDPR). It will not be possible to draw conclusions about individuals, schools or other third parties.

Digital focus groups for in-depth evaluation of the media package

In a second step, eight digital focus groups will be conducted with teachers or special need teachers. Participants will receive the full media package by post before the focus groups. The focus groups will discuss in detail the content of each element, the design, the acceptability and relevance of the media package, its potential uses and perceived impact.

A key issue will also be what adaptations are needed to enable special schools or inclusive settings to use the media pack. In addition, participants will be given an insight into the results of the online survey, followed by a participatory discussion of the results.

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We would like to take this opportunity to thank all the participating teachers and special needs teachers for their time and trust.

References

Bundeszentrale für gesundheitliche Aufklärung (BZgA) (2016). Rahmenkonzept zur Sexualaufklärung der Bundeszentrale für gesundheitliche Aufklärung in Abstimmung mit den Bundesländern. BZgA, Köln.

Kolip, P. (2021). Der Public Health Action Cycle als Rahmen für die Qualitätsentwicklung. FORUM Sexualaufklärung und Familienplanung (1). https://doi.org/10.17623/BZgA_SRH:forum_2021-1_beitrag_phac_qs

Scharmanski, S., & Hessling, A. (2022). Sexualaufklärung junger Menschen in Deutschland. Ergebnisse der repräsentativen Wiederholungsbefragung »Jugendsexualität«. Journal of Health Monitoring, 7(2), 23-41. https://doi.org/10.25646/9874

Scharmanski, S., Hessling, A., & Barlovic, I. (2022). Evaluation der »Sex & Tipps«-Broschüren. BZgA-Faktenblatt. Köln: Bundeszentrale für gesundheitliche Aufklärung (BZgA). https://doi.org/10.17623/BZgA_SRH:fb_eval_sex-n-tipps

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Citation

Scharmanski, S., & Mirza, D. (2023). Sexuality education in primary school: A survey of teachers using a mixed-methods design, FORUM sexuality education and family planning: information service of the Federal Centre for Health Education (BZgA), 1, 89–91. https://doi.org/10.17623/BZgA_SRH:forum_2023-1_en_article_sexuality_education_primary_school

The EU project PERCH

A united fight against HPV-related cancer

Miriam Gerlich, Ariane Kerst

Infections with human papillomaviruses (HPV) are among the most common sexually transmitted infections worldwide. It is assumed that most sexually active people become infected with HPV at least once or multiple times in the course of their lives, often during the first few years of their sexual activity.

There are over 200 different types of HPV, whereby a distinction is made between low-risk and high-risk virus types. HPV of the low-risk type can cause unpleasant but generally harmless warts on the genitals, anus and, more rarely, in the mouth. However, these are highly contagious. HPV infections of the high-risk type remain persistent in around 10% of cases. These persistent infections can lead to cell mutations and subsequently to cancer. In addition to cervical cancer, HPV can cause oral and pharyngeal tumours, cancer of the vagina or vulva, anal or penile cancer. Vaccination significantly reduces the risk of HPV-related cancers. Nevertheless, vaccination coverage remains low in many countries, including Germany, where the Standing Committee on Vaccination (Ständige Impfkommission STIKO,) has recommended the HPV vaccination for girls since 2007 and for boys since 2018. In 2021, only 54% of 15-year-old girls and 26.5% of 15-year-old boys in Germany had been fully vaccinated against HPV. Vaccination coverage (complete vaccination) for girls in Europe in 2020 varied between less than 5% and more than 90%. This vaccination gap needs to be closed.

The PERCH Project (PartnERship to Contrast HPV) aims to contribute to this goal, with a special focus on regions with low vaccination coverage.

Project description

The PERCH project involves 18 European countries with 34 partner organisations. It will run for 30 months, from 1 November 2022 to 30 April 2025, and will be managed by the Istituto Superiore di Sanità (ISS) in Rome, Italy.

PERCH has four objectives to prevent HPV-related cancers:

- Improve capacities of EU member states to plan and implement HPV vaccination campaigns by sharing knowledge and experience.
- Improving data and monitoring systems for HPV vaccination and screening.
- Improve knowledge and awareness on HPV-related diseases and prevention in specific target groups, e.g., for girls and boys/adolescents.
- Improve knowledge and abilities of healthcare professionals in HPV vaccine communication.

These objectives are implemented in seven work packages (WPs):

WP 1: Project management and coordination
Ensuring the coordinated governance and management of the Joint Action.

WP 2: Communication and dissemination
Ensuring well-coordinated communication in each phase of the Joint Action.

WP 3: Evaluation
Monitor and evaluate the progress of the Joint Action to assure that the defined objectives have been achieved. These are operationalised using process and result indicators.

WP 4: Integration and sustainability
Aims to frame the conditions to achieving and maintaining a high HPV vaccination coverage. The first step is a situation analysis of the individual countries' structures, processes and conditions. With the involvement of a Governmental Advisory Board, strategies for increasing HPV vaccination coverage are discussed and pilot projects and vaccination campaigns are set up and evaluated. In addition, systematic literature reviews are conducted on the following topics: HPV vaccination in men, one-dose HPV vaccination schedule, HPV vaccination in adults and effectiveness of interventions to increase HPV vaccination rates. Furthermore, this work package addresses the current costs of HPV vaccines in Europe.

WP 5: Monitoring
Description of how HPV vaccination is currently monitored in the participating countries. Development of possible systems to record vaccination coverage in the population.

WP 6: Improving knowledge and awareness to increase vaccine uptake in target communities
Investigating attitudes and concerns about HPV vaccination among parents, teachers and schoolchildren. A toolbox will be created containing existing measures for the above-mentioned target groups and, if necessary, plans for further measures. Appropriate tools can be brochures, videos or worksheets, for example. Collected tools will be evaluated. Furthermore, roundtables with various stakeholders will be organised in the individual countries.

WP 7: Training and support in vaccine communication for healthcare professionals
First, determine the structures and training needs of doctors, medical assistants and other healthcare professionals on vaccinations in general and the HPV vaccination in particular. Based on this, develop a training curriculum which serves as a "checklist" for planning and implementing training courses in the individual countries. This will also contain selected teaching materials as examples. The aim is to enable professionals to feel confident in vaccine communication, even in challenging conversations with the target groups, and to strengthen the dissemination of comprehensive, target- group-specific advice. Finally, the aim is to evaluate the success of the training courses.

The Federal Centre for Health Education (BZgA) is leading WP7, in close cooperation with the Robert Koch-Institute and the other institutions involved in this work package.

References and further information

Robert Koch-Institut (2018). Ratgeber Humane Papillomviren. Retrieved from https://www.rki.de/DE/Content/Infekt/EpidBull/Merkblaetter/Ratgeber_HPV.html

Robert Koch-Institut (2022). Impfquoten von Kinderschutzimpfungen in Deutschland. Epidemiologisches Bulletin 48 vom 1. Dezember 2022. Retrieved from https://www.rki.de/DE/Content/Infekt/EpidBull/Archiv/2022/Ausgaben/48_22.pdf?__blob=publicationFile

Bruni L, Serrano B (2022). Putting HPV on the Map: The State of HPV Prevention Programmes in the WHO European Region. European Cancer Organisation. Brussels

Projektwebseite PERCH, Retrieved from https://www.projectperch.eu

Unterseite zu PERCH bei der Bundeszentrale für gesundheitliche Aufklärung; Initiative LIEBESLEBEN. Retrieved from https://www.liebesleben.de/fachkraefte/studien-standard-qualitaetssicherung/perch/

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Citation

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The Erasmus+ project

Sexuality education for adolescents and young adults with a refugee background

Johanna Marquardt

Background

In 2015, the number of people in Europe having a refugee background increased significantly. At the same time, many European countries took in a large number of refugee minors, most of whom are now teenagers or young adults. The majority of those minors came to Europe without being accompanied by their families and therefore lack a main reference group, from which young people usually receive their information about sexuality and related topics.

Cultural and/or religious backgrounds can lead to sexual topics being concealed and tabooed or tainted with myths. A low-threshold access to evidence-based information is essential to promote health competences and to maintain sexual and reproductive health. Giving this information, empowers the target group to deal with their sexuality in a safe and responsible way. Youth work often lacks the awareness, concepts and/or materials tailored to the needs of young people with a refugee background – or too little (information) exchange occurs between the stakeholders.

To promote the sexual and reproductive health and rights of adolescents and young adults, the BZgA, in cooperation with two partner organisations from Serbia and Turkey, submitted a so-called small-scale Erasmus+ project[1] funded by the EU with €60,000.

Objectives

The project focusses on strengthening the health skills and competences of adolescents and young adults with a refugee background throughout sexuality education. In detail, this objective shall be achieved using the following approaches:

The aim is to raise awareness of the importance of this topic in youth work and state institutions, which consequently should be an impetus to take action in their own country.

In most of the cases, there are isolated initiatives, websites and related channels, which are all not well known at a national or international level. Putting emphasis on transnational knowledge transfer and networking serves to facilitate the access to the sources of information, initiatives, materials, etc. Indeed, other organisations can also take use of this access and consequently the target group can profit.

1 Small scale refers to the scope of the project.

Recording, collecting and making accessible methods and offers in the area of sexuality education for adolescents and young adults with a refugee background provides opportunities for action at national and transnational level. At the same time, the extent of knowledge available to multipliers is increased. Throughout this process, the goal is to promote the development and dissemination of methods that can be used to reach the target groups.

The Erasmus+ project aims to motivate European countries to ensure the promotion of sexuality education for young people with a refugee background and to create appropriate programmes.

Realisation

The Erasmus+ project starts in the autumn of 2023, runs for 2 years and is coordinated by the BZgA (German Federal Centre for Health Education). Besides Germany, the partner countries Serbia and Turkey represented by NGOs, are part of the project with the support of the UNFPA (United Nations Population Fund) country offices.

Following a transnational exchange, a national meeting will take place in each project country with all relevant stakeholders, including youth, health, education, integration work, and community members. These meetings should provide insights into the current national situations and provide as well a platform for exchanging ***best practises*** and ***lessons learned***. Based on the findings from the national meetings, an international exchange of expertise on sexuality education for adolescents and young adults with a refugee background will be organised, targeting professionals from all over Europe.

The plan is to use the collection of ***best practises, lessons learned*** and the results of the expert exchange to create a publication for multipliers and a roadmap with counselling options for the target group.

The aim is to provide appropriate methods and materials for sexuality education for adolescents and young adults with a refugee background in all partner countries and throughout Europe to support organisations, institutions and multipliers in their work in the field of sexual health and empowerment of the target group.

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Citation

Marquardt, J. (2023). The Erasmus+ project: Sexuality education for adolescents and young adults with a refugee background, FORUM sexuality education and family planning: information service of the Federal Centre for Health Education (BZgA), 1, 95–96. https://doi.org/10.17623/BZgA_SRH:forum_2023-1_en_article_erasmusplus_sexuality_education_refugee_background

"Safe Clubs"

A transfer project for the prevention of sexualised violence in sport

Alina Schäfer-Pels

Background

For many children and adolescents, sport is an attractive environment that promotes the development of sporting skills and abilities and provides space for socialisation experiences (Rulofs, 2016). These include, for example, friendships as well as experiencing closeness and attachment. However, in addition to these attractive characteristics of sport, this context also comprises a success-orientated and pain-tolerant culture, a high dominance of males and dependency relationships between coaches and athletes (Brackenridge, 2001). The scientific literature shows that these factors are linked to the emergence of sexualised violence (Parent & Fortier, 2018).

The "Safe Sport" research project revealed that sexualised violence is widespread in sport. This project exposed that 37% of the male and female squad athletes surveyed had already experienced some form of sexualised violence. In addition to the finding that the perpetrators of violence are predominantly other athletes, coaches and others from the club environment, it became clear that athletes most frequently experience sexualised violence in sport clubs (Ohlert, Rau, Rulofs & Allroggen, 2017). The studies conducted in this project also showed that sport clubs need support in the prevention of sexualised violence (Rulofs, 2016). "Safe Clubs", the subsequent project to "Safe Sport", addresses this need and aims to establish recommendations and measures for the prevention of sexualised violence, which were developed in "Safe Sport", in sport clubs. This aim is framed by the overarching aim of promoting the protection of children and young people through the prevention of sexualised violence in organised sports.

The project "Safe Clubs"

"Safe Clubs" is funded by the Bundesministerium für Bildung und Forschung (German Federal Ministry of Education and Research) over a period of 3 years (duration: 1/2022 to 12/2024) as part of the funding pool for transferring research results regarding protecting children and young people from sexualised violence in educational contexts. The Psychologisches Institut der Deutschen Sporthochschule Köln (Psychological Institute of the German Sport University Cologne) and its scientific partners, the Institut für Soziologie und Gender-forschung der Deutschen Sporthochschule Köln (Institute for Sociology and Gender Research at the German Sport University Cologne) as well as the Klinik für Kinder- und Jugendpsychiatrie und Psychotherapie des Universitätsklinikums Ulm (Clinic for Child and Adolescent Psychiatry and Psychotherapy at Ulm University Hospital) are coordinating the "Safe Clubs«-

joint project. Further support is being offered by the practice partners Athleten Deutschland e.V., the Deutsche Sportjugend in the DOSB, the Landessportbünde (State Sport Federations) of Brandenburg, North Rhine-Westphalia and Thuringia and the Sportjugend Hessen (Youth Sport Association) in the Landessportbund Hessen e.V. (State Sport Federation of Hesse).

One aim of "Safe Clubs" is to contribute to the development of a culture of awareness in order to protect children against sexualised violence in sport clubs. In this project, sports clubs are viewed as learning organisations whose learning process, according to Wolff (2015), requires consideration of the following fields of action: Analysis, prevention and intervention. In line with these fields of action, five different subprojects involve different levels of actors (sports clubs, people in sports clubs, i.e. athletes, carers, board members, parents and child protection professionals in sports associations). Subproject 1 concerns analysis, i.e., it serves the development of materials for carrying out a risk analysis as part of developing protection concepts. However, before the development of such materials lies an extensive analysis of the specialist literature and an interview study with professionals regarding the connection between risk analysis, organisational development and child protection. The materials will be tested in cooperation with various sport clubs. Further steps of this subproject call for applying and evaluating the materials in sport clubs.

The closely linked subprojects 2 and 3 cover the area of prevention. Here, workshops are developed, implemented and subsequently evaluated in which content on the prevention of sexualised violence in sport is provided. Thus, subproject 2 aims to strengthen the empowerment of young athletes. Subproject 3 concerns workshops aimed at imparting knowledge to adults in the club environment (e.g., coaches, caretakers and parents) to promote an empowering climate. Subproject 4 serves the field of intervention, focussing on contact persons for child protection in sport organisations. This subproject systematically collects existing knowledge on dealing with cases of sexualised violence in sport and turns it into recommendations for action in a participatory process with the practise partners. In addition, this subproject will develop an online tool that provides information on how to intervene in cases of suspected child endangerment in sport clubs. Subproject 5 processes all project results into transfer modules and disseminates them via corresponding platforms.

Further information on "Safe Clubs" and previous projects of the working group led by Dr Jeannine Ohlert (German Sport University Cologne, Institute of Psychology), Prof. Dr Bettina Rulofs (German Sport University Cologne, Institute of Sociology and Gender Research) and Prof. Dr Marc Allroggen (University Hospital Ulm, Clinic for Child and Adolescent Psychiatry and Psychotherapy) can be found at www.dshs-koeln.de/safe-clubs

References

Brackenridge, C. (2001). Spoilsports: Understanding and Preventing Sexual Exploitation in Sport. London: Routledge.

Ohlert, J., Rau, T., Rulofs, B., & Allroggen, M. (2017). Prävalenz und Charakteristika sexualisierter Gewalt im Spitzensport in Deutschland. Leistungssport, 47(3), 44–47.

Parent, S., & Fortier, K. (2018). Comprehensive overview of the problem of violence against athletes in sport. Journal of Sport and Social Issues, 42(4), 227–246. https://doi.org/10.1177/0193723518759448

Rulofs, B. (Hrsg., 2016). "Safe Sport" – Schutz von Kindern und Jugendlichen im organisierten Sport in Deutschland: Erste Ergebnisse des Forschungsprojektes zur Analyse von Häufigkeiten, Formen, Präventions- und Interventionsmaßnahmen bei sexualisierter Gewalt. Köln: Deutsche Sporthochschule Köln.

Wolff, M. (2015). Sexueller Missbrauch in Institutionen – bisherige Problematisierungen des Themas und die Entwicklung am Runden Tisch "Sexueller Kindesmissbrauch". In J. M. Fegert, U. Hoffmann, E. König, J. Niehues & H. Liebhardt (Hrsg.), Sexueller Missbrauch von Kindern und Jugendlichen. Ein Handbuch zur Prävention und Intervention für Fachkräfte im medizinischen, psychotherapeutischen und pädagogischen Bereich (S. 293–398). Berlin Springer.

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Incurably queer?

An approach to research on conversion therapies in Germany

Klemens Ketelhut, Danijel Cubelic

Knowledge about conversion therapies in Germany

Conversion therapies comprise "all treatments carried out on humans aimed at changing or suppressing sexual orientation or self-perceived gender identity". That is how the Gesetz zum Schutz vor Konversionsbehandlungen (KonvBehSchG §1 (1), Law on Protection Against Conversion Treatments), which came into force in Germany on 24 June 2020, defines it.

To date, in the Federal Republic of Germany, only decentralised knowledge about this matter exists, generated primarily in activist contexts. Only since 2019 has the Wissenschaftliche Bestandsaufname zu Konversionsbehandlungen (Scientific Inventory of Conversion Therapies) been curated and published by the Magnus Hirschfeld Federal Foundation as part of the legislative process.[1]

Filling the gaps

To fill the gap in the academic debate and systematically provide more information about the prevalence, methods and experiences of LBTBQIA+[2] people with conversion therapies, the project "Konversionsbehandlungen: Kontexte. Praktiken. Biografien" (Conversion Treatments: Contexts. Practices. Biographies), organised by Mosaik Deutschland e.V. in cooperation with the Amt für Chancengleichheit (Office for Equal Opportunities) of the City of Heidelberg, began its work on 1 October 2022. It is funded by the Federal Centre for Health Education (BZgA) on behalf of the German Federal Ministry of Health.

The project is supported and monitored by an Advisory Board consisting of representatives of the LBTBQIA+ community, specialist institutions for central queer topics, such as education, counselling, law and organisations focussing on LBTBQIA+ and religion as well as scientific experts.[3]

Creating access: Research on conversion therapies

The project uses three different approaches to research the phenomenon of "conversion therapies". In addition to narrative-biographical interviews with survivors of conversion measures and structured interviews with people with particular expertise in the field, a quantitative online survey was designed and conducted (presented in more detail below). We also describe the strategic and practical research challenges here.

1 This publication can be retrieved at https://mh-stiftung.de/wp-content/uploads/Abschlussbericht_BMH_neu.pdf (last accessed on 16 July 2023).

2 The abbreviation LBTBQIA+ refers to people who consider themselves to be lesbian, gay, bisexual, trans*, inter*, queer, nonbinary*, aromantic, asexual or part of the community.

3 An overview of all the institutions and individuals represented on the Advisory Board can be found at https://www.befragung-unheilbar-queer.de/beirat/

A central challenge for the research design was the realisation that no systematic discussion of conversion therapies is presently ongoing in Germany, either publicly or within the LBTBQIA+ community. This limits the relevant practises and events to phenomena such as exorcisms and exorcising demons in certain religious contexts (a result also of the extremely low level of public reporting). As a result, many queer-hostile acts intended as conversion measures are not recognised and designated as such. Thus, for two reasons, it is necessary to clarify the resulting grey area, also reflected in the choice of the concept of "queer hostility" in the survey. First, victims/survivors can seek specialised help only if they (and the support services) can identify what they are experiencing or have experienced. Second, the very existence of such a grey area encourages the reinforcement and expansion of a darkfield.

The research strategy chosen to realise this connection was not to link the survey primarily to the concept of conversion treatments but to adopt a broad approach to gain as many participants as possible. To this end, the survey instrument had the form of a funnel that leads from general experiences with queer hostility in one's own biography to (possible) experiences with conversion measures. This approach also considers that some people are experiencing or have experienced conversion measures without being able to label them as such. A second necessary differentiation lies in separating the areas of "sexual orientation" and "gender identity" in the survey, as the phenomenon of conversion treatment differs fundamentally in many areas for these two contexts.

Initial results and conclusion

Over 3,500 people between the ages of 18 and 70 who consider themselves lesbian, gay, bisexual, trans*, inter*, queer, nonbinary*, aromantic, asexual or part of the community took part in the "Incurably Queer" survey. One of the initial findings is that the antiqueer idea that sexual orientations and gender identities can be changed is still widespread. It occurs in many different areas of life – at home, at school or in medical contexts. Queer people are particularly confronted with it during the vulnerable phase of coming out.[4]

The high participation rate in the survey and the initial data indicate a great need for further research and educational programmes for various specialist contexts in this area.

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4 Further initial results may be found at https://www.liebesleben.de/fachkraefte/studien-standard-qualitaetssicherung/queer-in-deutschland-wissen-und-erfahrungen-zu-konversionsbehandlungen/

The LeSuBiA Study

Life situation, safety and stress in everyday life

The survey "Lebenssituation, Sicherheit und Belastung im Alltag" (LeSuBiA, Life Situation, Safety and Stress in Everyday Life) analyses the darkfield of incidents of violence in Germany in a gender-differentiated manner.

There is a considerable need for a darkfield study on violence, which has been on the political agenda for many years. Only with reliable data can we develop efficient and effective measures to combat gender-specific violence. Presently, no cross-gender survey in Germany is available to directly compare genders. In addition, there is a lack of up-to-date information on the relationship between reported and unreported violence – particularly in the areas of intimate partner violence, sexualised violence and violence in the digital space.

LeSuBiA closes this gap. It collects new darkfield figures on the violence suffered by women and men in Germany and thus even goes beyond the requirements of the Istanbul Convention, which focused primarily on violence against women. It deliberately chose a cross-gender approach to enable the investigation of differences and similarities in violence and thus fulfil the growing interest in gender-differentiated findings.

The results serve as an evidence-based foundation for decisions on effective protection for women, men and their children against violence. They should improve protection against and prevention of violence for everyone affected. In addition, the project results are intended to raise awareness concerning intimate partner violence, sexualised violence, stalking and digital violence.

Contents of the survey

LeSuBiA asks questions about the current life situation, safety and stress in everyday life. It collects information on the respondents' experiences, attitudes and behaviour on this topic as well as on social structural characteristics and the living environment.

A special focus of the survey lies on collecting data on experiences of violence in (ex-)couple relationships, sexualised violence and violence in the digital space. The aim is also to gain insights into gender-specific differences in the darkfield. The study also considers experiences with the police, justice system and victim support services.

Methodology

LeSuBiA is a classic darkfield victim survey. Such surveys gain insights into the true overall incidence of certain offences, including the so-called (relative) darkfield, by measuring the proportion of victims

and victimisation within the population during a certain period. Data on reporting behaviour and the proportion of cases reported to the police provide information on the relationship between the known and unknown darkfield. The latter describes offences that have not come to the attention of the police, the goal being to obtain a comprehensive picture of the scope and structure of crime beyond the officially registered offences.

When developing the survey design, the aim was to gather the greatest possible sample and data quality. It is based on selecting respondents for the cross-sectional survey on a random population sample (register sample) of people aged 16 to 85 living in private households in Germany. People with a migration background from Poland, Turkey, the former Soviet Union and refugee countries are enrolled disproportionately as part of an additional sample to analyse the individual migration groups separately. The survey is designed as a so-called sequential mixed-mode survey to achieve the highest possible participation rate. In the first step, a personal oral CAPI (computer-assisted personal interview) is conducted with all target persons, provided the Coronavirus situation in the survey year permits. The respondents themselves complete another part of the survey on the computer (CAPI/CASI, computer-assisted self-interview) to obtain open and honest answers to particularly sensitive questions. In the second stage, people who do not participate in the face-to-face survey can complete a shortened online CAWI (computer-assisted web interview).

The questionnaire is largely standardised, and the target net number of cases for the face-to-face survey is 15,000 people. Added to this are the participants in the subsequent online survey and the respondents from the additional sample (totalling approx. 22,000 cases). The online questionnaire is available in Arabic, Polish, Russian and Turkish.

The study's survey design follows extremely elaborate methods of empirical social research, developed and elaborated in close cooperation with a scientific advisory board. The survey is scheduled to be conducted in 2023/2024; the results are expected in the form of a report in 2025.

Project participants

The Bundesministerium für Familie, Senioren, Frauen und Jugend (BMFSFJ, German Federal Ministry for Family Affairs, Senior Citizens, Women and Youth), the Bundesministerium des Innern und für Heimat (BMI, Federal Ministry of the Interior and for Homeland Affairs) and the Bundeskriminalamt (BKA, Federal Criminal Police Office) are jointly conducting and signing responsible for the study. The survey institute Kantar Public was commissioned to carry out the data collection.

Source: https://www.bka.de (retrieved on 22 June 2023)

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