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SEXUALITY EDUCATION

Policy brief No. 1

SEXUALITY EDUCATION: WHAT IS IT?

This policy brief provides an overview of key issues in sexuality education. It focuses primarily on sexuality education in Europe and Central Asia but is also relevant to countries outside of these regions.

Sexuality education aims to develop and strengthen the ability of children and young people to make conscious, satisfying, healthy and respectful choices regarding relationships, sexuality and emotional and physical health. Sexuality education does not encourage children and young people to have sex.

Photos: Peter Barker / Panos

HISTORY

In Europe, sexuality education as a school curriculum subject has a history of more than half a century. It first began in Sweden in 1955, followed by many more Western European countries in the 1970s and 1980s. The introduction of school-based sexuality education continued into the 1990s and early 2000s, first in France and the United Kingdom and subsequently in Portugal, Spain, Estonia, Ukraine and Armenia. In Ireland, sexuality education became mandatory in primary and secondary schools in 2003.[1-4] The focus of sexuality education has changed in line with the educational and public health priorities of the time, but most key elements have stayed the same. It started with the prevention of unintended pregnancy (1960s-70s), then moved on to the prevention of HIV (1980s) and awareness about sexual abuse (1990s), finally embracing the prevention of sexism, homophobia and online bullying from 2000 onwards. Today, an analysis of gender norms and reflections on gender inequality are important parts of sexuality education.

DEFINITION

In the *Standards for Sexuality Education in Europe* the concept of "holistic sexuality education" is defined as follows:

"Learning about the cognitive, emotional, social, interactive and physical aspects of sexuality. Sexuality education starts early in childhood and progresses through adolescence and adulthood. For children and young people, it aims at supporting and protecting sexual development. It gradually equips and empowers children and young people with information, skills and positive values to understand and enjoy their sexuality, have safe and fulfilling relationships and take responsibility for their own and other people's sexual health and well-being."[1]

WHAT ARE THE BENEFITS OF SEXUALITY EDUCATION?

Sexuality education delivered within a safe and enabling learning environment and alongside access to health services has a positive and life-long effect on the health and well-being of young people.

Studies in several European countries have shown that the introduction of long-term national sexuality education programmes has led to a reduction in teenage pregnancies and abortions and a decline in rates of sexually transmitted infections (STI) and HIV infection among young people aged 15–24 years. Beyond that, by increasing confidence and strengthening skills to deal with different challenges, sexuality education can empower young people to develop stronger and more meaningful relationships.

Social norms and gender inequality influence the expression of sexuality and sexual behaviour. Many young women have low levels of power or control in their sexual relationships. Young men, on the other hand, may feel pressure from their peers to act according to male sexual stereotypes and engage in controlling or harmful behaviours. Good quality sexuality education has a positive impact on attitudes[7] and values and can even out the power dynamics in intimate relationships, thus contributing to the prevention of abuse and fostering mutually respectful and consensual partnerships.

Photo: UNFPA/EECARO

THE IMPORTANCE OF GOING BEYOND INFORMAL SEXUALITY EDUCATION

Various social and technical developments during the past decades have triggered the need for good quality sexuality education, which can enable young people to deal with their sexuality in a safe and satisfactory manner. Examples of these kind of developments are: globalization and the arrival of new population groups with different cultural and religious backgrounds; the rapid spread of new media, particularly the Internet, Internet pornography and mobile phone technology; the emergence of HIV and AIDS; increasing concerns about STIs, abortion, infertility and the sexual abuse of children and adolescents; and, last but not least, changing attitudes towards sexuality and changing sexual behaviour among young people. Formalized sexuality education, as opposed to peer education and extracurricular activities, is well placed to reach a majority of children and young people.[1]

Parents, relatives, friends and other laypersons are important sources of learning about human relationships and sexuality, especially for younger age groups. However, informal sources are often insufficient, because of the complexity of knowledge and skills required when discussing about topics such as contraception, STIs, emotional development and communication. Many parents feel uncomfortable or unprepared to tackle sexuality education themselves and are supportive of schools taking on this role. Moreover, young people often prefer to have additional sources of information other than their parents, because the latter are felt to be too close.[6,7]

MYTHS AND FACTS ABOUT SEXUALITY EDUCATION

Good quality sexuality education does not lead to young people having sex earlier than is expected based on the national average. This has been shown in research studies in Europe, including Finland[7] and Estonia[8], and in research from other countries around the world. Good quality sexuality education can, however, lead to later sexual debut and more responsible sexual behaviour.[5,9]

Sexuality education does not deprive children of their "innocence". Giving children information on sexuality that is scientifically accurate, non-judgemental, age-appropriate and complete, as part of a carefully phased process from the beginning of formal schooling (including kindergarten and pre-school) is something from which children can benefit.

Sexuality education and an open attitude towards sexuality do not make it easier for paedophiles to abuse children. The opposite is the case: when children learn about equality and respect in relationships, they are in a better position to recognize abusive persons and situations. In the absence of this, children and young people can look for and receive conflicting and sometimes damaging messages from their peers, the media or other sources.[6]

Sexuality education is not damaging to children or adolescents.[6] Sexuality education encompasses a range of topics that are tailored to the age and developmental level of the child. This is what is called age-appropriateness. A child aged four to six years learns for example about topics such as friendships, emotions and different parts of the body. These topics are also relevant for older children and adolescents but are then taught at a different level. Gradually, other topics such as puberty, family planning and contraception are introduced. For most young adults, sexual relationships are built on principles similar to those of the social relationships learnt in early life. Children are aware of and recognize these relationships long before they act on their sexuality and therefore need the skills to understand their bodies, relationships and feelings from an early age.[6]

SEXUALITY EDUCATION AND HUMAN RIGHTS

Good quality sexuality education is grounded in internationally accepted human rights, in particular the right to access appropriate health-related information. This right has been confirmed by the United Nations Committee on the Rights of the Child[(a)], the Committee on the Elimination of Discrimination against Women[(b)], the Committee on Economic, Social and Cultural Rights[(c)] and also in the United Nations Convention on the Rights of Persons with Disabilities[(d)]. Furthermore, sexuality education is advocated for in the 1994 Programme of Action of the International Conference on Population and Development[(e)], and its importance has been underscored by the United Nations Special Rapporteur on the Right to Education in a 2010 report to the United Nations General Assembly devoted exclusively to this topic[(f)] and by the European Court of Human Rights in 2011[(g)].

(a) "Adolescents have the right to access adequate information essential for their health and development and for their ability to participate meaningfully in society. It is the obligation of States parties to ensure that all adolescent girls and boys, both in and out of school, are provided with, and not denied, accurate and appropriate information on how to protect their health and development and practise healthy behaviours. This should include information on the use and abuse, of tobacco, alcohol and other substances, safe and respectful social and sexual behaviours, diet and physical activity." (CRC/GC/2003/4, para 26)

(b) Committee on the Elimination of Discrimination against Women. General recommendation No. 28 on the core obligations of States parties under article 2 of the Convention on the Elimination of All Forms of Discrimination against Women (http://www2.ohchr.org/english/bodies/cedaw/comments.htm). See also the Beijing Declaration and Platform for Action of the Fourth United Nations Conference on Women (Beijing, China, 1995, http://www.un.org/womenwatch/daw/beijing/platform/).

(c) "The Committee interprets the right to health, as defined in article 12.1, as an inclusive right extending not only to timely and appropriate health care but also to the underlying determinants of health, such as [...] access to health-related education and information, including on sexual and reproductive health." (Committee on Economic, Social and Cultural Rights, General Comment No. 14, para. 11, available from www.ohchr.org).

(d) Article 25 – Health. United Nations Convention on the Rights of Persons with Disabilities. A/61/611, 6 December, 2006.

(e) The 1994 ICPD Programme of Action (paragraphs 4.29, 7.37, 7.41, 7.47) explicitly calls on governments to provide sexuality education to promote the well-being of adolescents and specifies key features of such education. It clarifies that such education should take place both in schools and at the community level, be age-appropriate, begin as early as possible, foster mature decision-making, and aim to advance gender equality. In addition, the Programme of Action urges governments and non-governmental organizations (NGOs) to ensure that such programmes address specific topics – including gender relations and equality, violence against adoles-cents, responsible sexual behaviour, contraception, family life, and STIs, HIV and AIDS prevention (http://www.unfpa.org/sites/default/files/pub-pdf/programme_of_action_Web%20ENGLISH.pdf).

(f) A/65/162, 2010. Report of the United Nations Special Rapporteur on the right to education: Sexual education. United Nations, 2010.

(g) Four families had lodged a complaint because they opposed mandatory sexuality education in Germany. The Court stated that the neutral transmission of knowledge is a prerequisite for developing one's own moral standpoint and reflecting society's influences in a critical way. The Court ruled in favour of Germany. European Court of Human Rights, 2011.

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SUGGESTED READING

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The content of this brief was reviewed by the European Expert Group on Sexuality Education. The members of the Expert Group are representatives of the following organizations: **Austrian Institute for Family Studies – University of Vienna, Contraception and Sexual Health Service – Nottinghamshire Community Health, European Society for Contraception, International Centre for Reproductive Health – University of Ghent, International Planned Parenthood Federation (IPPF), Lucerne University of Applied Sciences and Arts, Norwegian Directorate of Health, Sex Education Forum of the National Children's Bureau – United Kingdom, Sexual Health Clinic – Väestöliittoo, Rutgers, SENSOA, Swiss Foundation for Sexual and Reproductive Health (PLANeS), United Nations Educational, Scientific and Cultural Organization (UNESCO), University of Uppsala, UNFPA and WHO Regional Office for Europe.**