





# Comprehensive sexuality education: why is it important?

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## **Abstract**

This study, commissioned by the European Parliament's Policy Department for Citizens' Rights and Constitutional Affairs at the request of the FEMM Committee, examines the importance of sexuality education as an integral part of sexual and reproductive health and rights of children and young people in the EU. The study presents evidence for the effectiveness of sexuality education and its importance to achieve gender equality, to prevent gender-based violence and to improve health and well-being of young people. It provides an overview of the legal and policy frameworks and describes commitments made by the EU and EU Member States regarding sexuality education. Further, it examines the status of sexuality education in the EU and barriers to its successful implementation. The study concludes with recommendations for the EU institutions and Member States aimed at structurally improving the situation of sexuality education in the EU.

This document was requested by the European Parliament's Committee on Women's Rights and Gender Equality (FEMM).

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## LIST OF ABBREVIATIONS

<b>BZgA</b>	Bundeszentrale for gesundheitliche Aufklärung (German Federal Centre for Health Education)
<b>CSE</b>	Comprehensive Sexuality Education
<b>DV</b>	Dating violence
<b>EIGE</b>	European Institute for Gender Equality
<b>ESHA</b>	Estonian Sexual Health Association
<b>EU</b>	European Union
<b>HIV</b>	Human Immunodeficiency Virus
<b>ITGSE</b>	International Technical Guidance on Sexuality Education
<b>IPPF</b>	International Planned Parenthood Federation
<b>IPV</b>	Intimate partner violence
<b>LGBTI+</b>	Lesbian, gay, bisexual, trans, intersex and other identities/realities
<b>MEP</b>	Member of the European Parliament
<b>MUCF</b>	Swedish Agency for Youth and Civil Society
<b>NGO</b>	Non-governmental organisation
<b>RFSU</b>	Swedish Association for Sexuality Education
<b>SAMAS</b>	Romanian Association for Health for Mothers and Infants
<b>SE</b>	Sexuality education
<b>SRH</b>	Sexual and reproductive health
<b>STI</b>	Sexually Transmitted Infection
<b>UNESCO</b>	United Nations Educational, Scientific and Cultural Organization
<b>UN</b>	United Nations

**UNFPA** United Nations Population Fund

**WHO** World Health Organization



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## EXECUTIVE SUMMARY

### Aim

This study examines sexuality education as an integral part of sexual and reproductive health (SRH) and rights of children and young people in the EU. The study has five main objectives: 1) to present the evidence for the effectiveness of sexuality education; 2) to provide an overview of the legal and policy frameworks regarding sexuality education; 3) to examine the status of sexuality education in the EU; 4) to provide an overview of barriers and challenges related to providing sexuality education in the EU; 5) to present recommendations for improving the implementation of sexuality education in the EU.

### Main findings

Based on previous systematic review studies, this report finds **substantial evidence for the effectiveness of sexuality education** on several domains, including increasing knowledge and improving attitudes related to sexual and reproductive health and promoting safe sex practices (including condom use, number of sexual partners and initiation of first sex). There is increasing evidence on the positive effect of sexuality education on gender equitable attitudes, respect for sexual diversity and gender-equitable relationships. Finally, there is evidence for the effectiveness of sexuality education in reducing sexual and gender-based violence. There is limited evidence of the effectiveness of sexuality education on the reduction of the incidence of human immunodeficiency virus (HIV) and sexually transmitted infections (STIs). At the same time, several knowledge gaps and research needs remain, including limited insights into how sexuality education works to achieve its aims and the need for adapted evaluation designs for sexuality education that include clear indicators to measure the outcomes and impact of sexuality education.

Further, at the international level, there is **overwhelming commitment to sexuality education**. Over a period of more than three decades, since adoption of the UN Convention on the Rights of the Child (1989), there has been consistent and continuous commitment to sexuality education at the highest political levels. Two rationales underly the support of sexuality education: sexuality education is embedded in the right of children and youth to access adequate information essential for their health and development, and sexuality education is considered an essential tool to prevent poor health outcomes including violence and abuse and HIV infection. Further, in a number of international policies and commitments sexuality education is emphasized as a key strategy to achieve several human rights, including the right to education, to health, to be free from violence and coercion and the right to gender equality.

Even though the scientific evidence and the political commitment are strong, the actual **implementation of sexuality education in EU Member States is less convincing**. While the majority of EU Member States have mandatory sexuality education, there is a vast diversity in how this is being put in practice. This variety exists in terms of content and delivery methods. The biological aspect, such as anatomy and reproduction, is strongly represented in European sexuality education curricula. Meanwhile, fewer Member States focus on topics related to gender, sexual diversity, sexuality and online media. Also, sexuality education in many countries is not sufficiently inclusive of gender and sexual diversity, as well as representation of specific groups such as young people living with disabilities.

Sexuality education is almost always integrated into one compulsory subject, e.g., biology, or into a few core or elective subjects, e.g., religious and ethical studies, citizenship education, and broader health education classes. Little information is available about the frequency and total hours of teaching

sexuality education, especially when it is the part of elective classes and left to the decision of teachers. Only in a handful of countries, sexuality education starts from an early age. Curricula content is often more elaborate for older age groups. In most countries, teachers are not adequately trained to deliver sexuality education, which influences the number of topics discussed, as well as the way these topics are addressed. Although regular monitoring and evaluation of sexuality education is necessary to track the progress and ensure its quality implementation, it is rarely done across EU Member States or these efforts are occasional, mostly being research studies or non-governmental organizations (NGOs) initiatives.

Many societies still hold erroneous beliefs about the effects of teaching young people about sexuality and relationships. These misconceptions are often fueled and spread by organized **opposition**. As a result, provision of sexuality education is often not based on evidence but becomes a politicized issue and remains a topic of debate in many EU Member States. Such debates and opposition obstruct an effective development and implementation of sexuality education in many EU countries. **Implementation barriers** include insufficient training, guidance and support for teachers to deliver sexuality education, lack of access to appropriate curricula and training resources covering a comprehensive range of key topics and under-prioritized funding to support effective delivery.

## Recommendations

This study identifies key areas in which the EU and its institutions can support the creation of an enabling environment for sexuality education in its Member States, firstly by affirming that the right to education includes the right to sexuality education and that sexuality education contributes to the achievement of gender equality, the prevention of gender-based violence and the improvement of health and well-being of young people.

Further, EU institutions can fund research and monitoring systems on sexuality education, organize the exchange of best practices among Member States, monitor opposition against sexuality education, and politically and financially support organisations that take action against opposition and advocate for and implement sexuality education.

Finally, the report also presents a series of recommendations for Member States. These include the translating the international commitments to sexuality education into operational action plans with an implementation and monitoring strategy and adequate budgets, communicating and working with stakeholders (including young people and parents), ensuring inclusiveness of sexuality education, and monitoring the sexual and reproductive health and wellbeing of young people.

## 1. INTRODUCTION

This study examines the importance of sexuality education as an integral part of sexual and reproductive health (SRH) and rights of children and young people in the EU. In this introductory chapter, the concept of sexuality education is explained. Further, the objectives of this report as well as the methodology are presented.

### 1.1. What is sexuality education?

Europe has a long-standing tradition when it comes to including sexuality education as a school curriculum subject. This began in Sweden in 1955, followed by many European countries in the subsequent decades. As described by the European Expert Group on Sexuality Education<sup>1</sup>, over the years, the focus of sexuality education followed the public health priorities of the time. It started with the prevention of unintended pregnancy (1960s–1970s), then moved on to include the prevention of the Human Immunodeficiency Virus (HIV) (1980s) and awareness about sexual abuse (1990s). Later, it also embraced the prevention of sexism, homophobia and online bullying (2000s), and finally, today, gender norms and reflections on gender inequality have become important topics in sexuality education<sup>1</sup>.

There are several documents that define and describe sexuality education. For the European context, two key guidance documents are particularly important: the 2010 Standards for Sexuality Education in Europe (the Standards)<sup>2</sup> – published by the World Health Organisation (WHO) European Office and the German Federal Centre for Health Promotion (BZgA) – and the 2018 International Technical Guidance on Sexuality Education (ITGSE)<sup>3</sup> of United Nations Educational, Scientific and Cultural Organization (UNESCO) and other United Nations (UN) agencies (updated in 2018 from the initial 2008 version). Both documents give insights into the concept of sexuality education and present an overview of what topics should be discussed in sexuality education for different age groups (see Box 1).

In the Standards, the concept of 'holistic sexuality education'<sup>4</sup> is defined as: *'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.'* Sexuality education aims to develop and strengthen the ability of children and young people to make

<sup>1</sup> European Expert Group on Sexuality Education, 'Sexuality Education – What is it?', Sex Education, 2015, 16(4), pp. 427-431, available at: <https://www.tandfonline.com/doi/full/10.1080/14681811.2015.1100599>.

<sup>2</sup> World Health Organization Regional Office for Europe & German Federal Centre for Health Promotion (BZgA), 'Standards for Sexuality Education in Europe: A Framework for Policy Makers, Education and Health Authorities and Specialists', BZgA, Köln, 2010, available at: <https://www.bzga-whocc.de/en/publications/standards-for-sexuality-education/>.

<sup>3</sup> UNESCO, UNAIDS, UNFPA, UNICEF, UN Women & WHO, 'International technical guidance on sexuality education. An evidence-informed approach', UNESCO, Paris, 2018, available at: <https://www.unfpa.org/publications/international-technical-guidance-sexuality-education>.

<sup>4</sup> The Standards use the term 'holistic sexuality education', to distinguish itself from the use of the concept of 'comprehensive sexuality education' at the time of the publication of the Standards. At that time, comprehensive sexuality education was often used to refer to abstinence+ sexuality education, that focused on abstinence but also added information on condoms and contraception. The current use of the concept comprehensive sexuality education, as defined in the ITGSE, corresponds to holistic sexuality education.

conscious, satisfying, healthy and respectful choices regarding relationships, sexuality and emotional and physical health.<sup>5</sup>

The ITGSE defines comprehensive sexuality education as *'a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to: realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and, understand and ensure the protection of their rights throughout their lives.*

The content of comprehensive sexuality education ideally consists of the following topics: the human body and human development, fertility and reproduction, sexuality and sexual behaviour, sexual and reproductive health and well-being, gender, violence and staying safe, skills for health and well-being, emotions, relationships and lifestyles, and social determinants of sexuality (values, rights, culture)<sup>6</sup>.

#### Box 1: Key characteristics of comprehensive sexuality education

Both the Standards and the ITGSE define a number of key characteristics of comprehensive sexuality education. Combined, the documents argue that comprehensive sexuality education should have the following characteristics:

- Based on scientifically accurate information;
- Starts at birth and is incremental;
- Age- and developmentally appropriate;
- Curriculum-based;
- Comprehensive and based on a holistic concept of well-being, which includes health;
- Based on a human-rights approach;
- Based on gender equality;
- Culturally relevant and context appropriate;
- Transformative; and
- Able to develop life skills needed to support health choices.

Source: Standards<sup>7</sup> & ITGSE<sup>8</sup>

<sup>5</sup> European Expert Group on Sexuality Education, *'Sexuality Education – What is it?'*, Sex Education, 2015, 16(4), pp. 427-431, available at: <https://www.tandfonline.com/doi/full/10.1080/14681811.2015.1100599>.

<sup>6</sup> World Health Organization Regional Office for Europe & German Federal Centre for Health Promotion (BZgA), *'Standards for Sexuality Education in Europe: A Framework for Policy Makers, Education and Health Authorities and Specialists'*, BZgA, Köln, 2010, available at: <https://www.bzga-whocc.de/en/publications/standards-for-sexuality-education/>.

<sup>7</sup> World Health Organization Regional Office for Europe & German Federal Centre for Health Promotion (BZgA), *'Standards for Sexuality Education in Europe: A Framework for Policy Makers, Education and Health Authorities and Specialists'*, BZgA, Köln, 2010, p.29, available at: <https://www.bzga-whocc.de/en/publications/standards-for-sexuality-education/>.

<sup>8</sup> UNESCO, UNAIDS, UNFPA, UNICEF, UN Women & WHO, *'International technical guidance on sexuality education. An evidence-informed approach'*, UNESCO, Paris, 2018, pp. 16-17, available at: <https://www.unfpa.org/publications/international-technical-guidance-sexuality-education>.

Many different terms are used to describe education on the topic of SRH. These include 'life skills education', 'holistic sexuality education', 'sexual and relationship education', 'relationship education', 'relationship and sexuality education', and 'comprehensive sexuality education'. In most guidelines and policy documents, the concept 'comprehensive sexuality education' is used. However, in practice, most programmes are not really comprehensive, e.g., because they don't start from a young age, don't touch upon all subjects or don't follow all characteristics. Hence, the broader term 'sexuality education' is most used in his study.

## 1.2. Objectives and structure

Each main chapter of the study addresses a specific objective:

- Objective 1: To present the evidence for the effectiveness of sexuality education. Chapter 2 synthesises the available scientific evidence on the effectiveness of sexuality education (Section 2.1 and Sub-sections 2.2.1-2.2.3). It also looks at the evidence for the commonly used alternative of comprehensive sexuality education, i.e., abstinence-only education (Sub-section 2.2.4). Finally, it described remaining gaps and challenges in evaluating sexuality education (Sub-section 2.3);
- Objective 2: To provide an overview of the legal and policy framework regarding sexuality education. Chapter 3 provides an overview of the legal and policy frameworks applicable to sexuality education at the international level (Section 3.1) and the EU level (Section 3.2);
- Objective 3: To examine the status of sexuality education in the EU. Chapter 4 summarizes the status of sexuality education in the EU. It looks at the legal and policy frameworks for sexuality education in EU Member States (Section 4.1), and at the content, approaches and quality of sexuality education in selected EU Member States (Section 4.2);
- Objective 4: To provide an overview of barriers and challenges related to providing sexuality education in the EU. Often, sexuality education programmes are confronted with barriers that hinder their implementation. Chapter 5 presents an overview of the most common barriers at societal level (Section 5.1), programmatic level (Section 5.2) and for specific groups (Section 5.3). Case-studies of how EU Member States have overcome such barriers and case-studies of how EU Member States are still struggling with these barriers are presented. Specific attention is paid to the impact of the COVID-19 pandemic on the provision of sexuality education in EU Member States (Section 5.4); and
- Objective 5: To present recommendations for improving the implementation of sexuality education in the EU. Finally, in Chapter 6, the report draws conclusions and presents recommendations for the EU institutions and Member States aimed at structurally improving the situation with sexuality education in the EU.

## 1.3. Methodology

The study is based on publicly available data, reports and publications. Relevant information was identified from different sources:

- Scientific literature was searched in the scientific databases PubMed, Web of Science and Google Scholar;. The search was focused on previously published systematic review articles, complemented with recent original research from the EU region;

- Literature that is not published in scientific journals, including reports from international institutions, international organisations and non-governmental organisations, was identified by screening websites of relevant organisations;
- Legal documents were identified by screening recent publications on the topic, as well as by searching in online databases of relevant institutions (UN and EU); and
- The database of EU Health programmes was searched to identify projects on sexuality education funded by the European Commission.

The study focuses on the EU and its Member States. For the synthesis of available evidence of sexuality education, also other countries and regions were included (e.g., results from systematic review studies with a global focus).

## 2. SCIENTIFIC EVIDENCE ON SEXUALITY EDUCATION

This chapter starts with a discussion on the intended outcomes of comprehensive sexuality education. Subsequently, the available evidence for the effectiveness of sexuality education is presented. It also looks at the evidence for the commonly used alternative of comprehensive sexuality education, i.e., abstinence-only education. Finally, given that evaluating sexuality education programmes is very challenging, a section is added on how effectiveness of sexuality education is usually measured and what the strengths and weaknesses are.

### 2.1. Intended outcomes of comprehensive sexuality education

When studying effectiveness, it is critical to understand the intended outcomes of comprehensive sexuality education (CSE). In 2015, The United Nations Population Fund (UNFPA) organized an expert consultation on evaluation of CSE which called upon the international community to develop programme evaluation criteria, indicators and research methods that better reflect positive aspects of sexual health. The report of the meeting recommended that CSE evaluation should not only focus on outcomes and impact, but also on programme implementation and quality, as well as assessment of the views of the young people themselves<sup>9</sup>.

Nevertheless, until present, there is no international consensus on the main indicators for measuring effectiveness of CSE, or on the final set of outcomes for that matter. Mostly, sexuality education programmes or interventions develop their own learning outcomes for that specific programme or intervention.

Both the Standards and the ITGSE describe anticipated outcomes of CSE, that provide a starting point for the development of a set of indicators. The Standards, published in 2010, formulates eleven key outcomes for CSE:

- to contribute to a social climate that is tolerant, open and respectful towards sexuality, various lifestyles, attitudes and values;
- to respect sexual diversity and gender differences and to be aware of sexual identity and gender roles;
- to empower people to make informed choices based on understanding, and acting responsibly towards oneself and one's partner;
- to be aware of and have knowledge about the human body, its development and functions, in particular regarding sexuality;
- to be able to develop as a sexual being, meaning to learn to express feelings and needs, to experience sexuality in a pleasurable manner and to develop one's own gender roles and sexual identity;
- to have gained appropriate information about physical, cognitive, social, emotional and cultural aspects of sexuality, contraception, prevention of sexually transmitted infections (STI) and HIV and sexual coercion;

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<sup>9</sup> UNFPA, *The Evaluation of Comprehensive Sexuality Education Programmes: A Focus on the Gender and Empowerment Outcomes*, UNFPA, New York, 2015, available at: <https://www.unfpa.org/sites/default/files/pub-pdf/UNFPAEvaluationWEB4.pdf>.



- to have the necessary life skills to deal with all aspects of sexuality and relationships;
- to have information about provision of and access to counselling and medical services, particularly in the case of problems and questions related to sexuality;
- to reflect on sexuality and diverse norms and values with regard to human rights in order to develop one's own critical attitudes;
- to be able to build (sexual) relationships in which there is mutual understanding and respect for one another's needs and boundaries and to have equal relationships. This contributes to the prevention of sexual abuse and violence; and
- to be able to communicate about sexuality, emotions and relationships and have the necessary language to do so.<sup>10</sup>

In the ITGSE, the aims of CSE are described as follows: 'to equip children and young people with knowledge, skills, attitudes and values that will empower them to:

- realize their health, well-being and dignity;
- develop respectful social and sexual relationships;
- consider how their choices affect their own well-being and that of others; and
- understand and ensure the protection of their rights throughout their lives.'<sup>11</sup>

However, these aims are formulated at different levels (individual and society level; short-term outcome and long-term impact) and neither document translates these outcomes into measurable indicators.

In order to provide a response to the question whether sexuality education is effective, the authors of this study restructured the aims, as formulated by the Standards and the ITGSE, in a different format that can be used to organize the available evidence for the effectiveness of sexuality education. Figure 1 (see Sub-section 2.2.3) presents an overview of the anticipated outcomes, short-term impact and long-term impact of sexuality education. It also structures the outcomes in a logical change process that demonstrates how they are connected and jointly contribute to the anticipated impact.

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<sup>10</sup> World Health Organization Regional Office for Europe & German Federal Centre for Health Promotion (BZgA), 'Standards for Sexuality Education in Europe: A Framework for Policy Makers, Education and Health Authorities and Specialists', BZgA, Köln, 2010, p. 27.

<sup>11</sup> UNESCO, UNAIDS, UNFPA, UNICEF, UN Women & WHO, 'International technical guidance on sexuality education. An evidence-informed approach', UNESCO, Paris, 2018, p. 34.

## 2.2. Effectiveness of sexuality education

In recent years, a number of systematic reviews have been published that report on the effectiveness of sexuality education. This Section examines key publications, mainly systematic literature review articles, that complement each other and paint a comprehensive picture of the available evidence for the effectiveness of sexuality education. In the first sub-section, the effectiveness of general sexuality education is presented and evidence of specific types of sexuality education is highlighted. It should be noted that most of the presented findings are based on systematic review studies that have a focus beyond Europe. Subsequently, in Sub-section 2.2.2 additional studies from European countries are presented. Sub-section 2.2.3 summarizes the available evidence for CSE. The final Sub-section presents evidence for the effectiveness of abstinence-only education.

### 2.2.1. Systematic reviews on effectiveness of sexuality education

As a preparation for the updated ITGSE, Montgomery and Knerr (2016) undertook a systematic review of recent randomized controlled trials and of systematic reviews on the effectiveness of sexuality education<sup>10</sup>. The study had a global focus, with many studies originating from low- and middle-income countries, but also several from EU Member States. They found strong evidence that sexuality education does not increase sexual activity, sexual risk-taking behaviour or STI/HIV infection rates. Further, the strongest evidence points to positive effects of sexuality education on improving knowledge and attitudes related to SRH. Nearly all sexuality education programmes that were included in the review increased knowledge about different aspects of sexuality and the risk of pregnancy or HIV and other STIs. At the same time, the study reports a dearth of information related to the impact of sexuality education on improving direct health outcomes, such as the prevention of STIs or HIV<sup>12</sup>.

The Lancet Commission on Adolescent Health and Wellbeing (2016) analyzed the available evidence of effectiveness and cost-effectiveness of SRH interventions for adolescents. Their key findings regarding effectiveness and cost-effectiveness of sexuality education on certain key indicators are:

- knowledge and attitudes: high quality evidence<sup>13</sup> of moderate benefit from studies in high-income countries and countries of low and middle income;
- safe-sex behaviours: moderate quality evidence<sup>14</sup> of mixed impact on the use of SRH services. Small but statistically significant beneficial impact on safe-sex behaviours, including condom use, number of sexual partners, initiation of first sex and risky sexual behaviour;
- STI or HIV prevalence and incidence: no evidence of benefit; high-quality evidence of some benefit with added contraception provision; and
- pregnancy: high quality evidence of benefit of combining education and the promotion of contraceptives; moderate quality evidence of the effectiveness of multi-component

<sup>12</sup> UNESCO, 'Review of the Evidence on Sexuality Education. Report to inform the update of the UNESCO International Technical Guidance on Sexuality Education', prepared by Paul Montgomery and Wendy Knerr, University of Oxford Centre for Evidence-Based Intervention. UNESCO, Paris, 2016, available at: <https://healtheducationresources.unesco.org/library/documents/review-evidence-sexuality-education-report-inform-update-unesco-international>.

<sup>13</sup> The article defined high quality evidence as 'strong evidence level based on consistency, temporality, dose-response in cohort studies or experimental study/meta-analysis'.

<sup>14</sup> The article defined moderate as 'evidence level based on consistency and temporality from cohort studies'

interventions, particularly with intensive case management by a culturally matched social worker<sup>15</sup>.

Goldfarb & Lieberman (2020) analysed the scientific literature on sexuality education since 1990, focusing on less studied outcomes of sexuality education<sup>16</sup>. Over 200 studies were included in the review, the vast majority of which were done in the USA. The authors categorized the effectiveness of sexuality education in four categories:

- dating and intimate partner violence prevention: good quality studies demonstrate a range of positive outcomes for programmes that focus on prevention of dating violence and intimate partner violence among both middle school and high school youth. There is strong evidence that programmes positively influenced:
  - improved knowledge and attitudes about, and reporting of, dating and intimate partner violence;
  - decreased dating violence and intimate partner violence perpetration and victimization; and
  - increased intentions and behaviours to intervene when witnessing dating and intimate partner violence (bystander attitudes and behaviours).
- appreciation of sexual diversity. Curricula designed specifically to reduce homophobia have been found to be successful using a variety of approaches both formally within sexuality education and throughout other areas of the curriculum. Demonstrated evidence was found for the effectiveness on the following indicators:
  - reduced homophobic bullying and harassment;
  - increased safety for lesbian, gay, bisexual, transgender, intersex and other realities/identities (LGBTI+)<sup>17</sup> students;
  - expanded understanding of gender/gender norms; and
  - recognition of gender equity, rights, and social justice.
- prevention of child sexual abuse. The review found strong evidence for the effectiveness of child sex abuse prevention efforts in elementary school for the following indicators:
  - improved knowledge, attitudes, skills and social-emotional outcomes related to personal safety and touch; and
  - improved skills and behaviours to disclosure sexual abuse.

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<sup>15</sup> Patton, G.; Sawyer, S., Santelli, J., Ross, D., Afifi, R., Allen, N., Arora, M., Azzopardi, P., Baldwin, W., Bonell, C., Kakuma, R., Kennedy, E., Mahon, J., McGovern, T., Mokdad, A., Patel, V., Petroni, S., Reavley, N., Taiwo, K., Waldfogel, J., Wickremarathne, D., Barroso, C., Bhutta, Z., Fatusi, A., Mattoo, A., Diers, J., Fang, J., Ferguson, J., Ssewamala, F., and Viner, R., 'Our future: a Lancet commission on adolescent health and wellbeing', *Lancet*, 2016, 387(10036): 2423–2478, available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5832967/>.

<sup>16</sup> The outcomes studied in this review included the appreciation of sexual diversity, dating and intimate partner violence prevention, development of healthy relationships, prevention of child sex abuse, improved social/emotional learning, and increased media literacy.

<sup>17</sup> We consistently use the term LGBTI+ in this report. However, it is possible that specific research studies or reports referred to in this report use different acronyms.

- development of healthy relationships. Several evaluated programmes focused on healthy relationships as a foundation for adolescent sexual health. They found evidence for effectiveness on the following indicators:
  - increased knowledge, attitudes, and skills related to healthy relationships;
  - improved communication skills and intentions, including increased intentions to discuss relationships and/or sex within relationships, both with parents and medical providers.
- finally, a few additional outcomes were reported:
  - social-emotional learning, including increased empathy, respect for others, improved communication, managing feelings, positive self-image (including body image), increased sense of self-control and safety, and establishing and maintaining positive relationships; and
  - media literacy, including increased media literacy skills, understanding of how media affects both sense of self and perceptions of teen norms<sup>18</sup>.

A few systematic reviews have studied or drawn conclusions on the effectiveness of specific types of sexuality education.

Haberland (2015) studied whether sexuality education programmes that address gender and power in sexuality and HIV education are more effective in changing health outcomes. She found that programmes that addressed gender or power (12 of those programmes were included in the study) were five times as likely to be effective as those that did not (10 of those programmes were included in the study). Eighty percent of them were associated with a significantly lower rate of STIs or unintended pregnancy, while for the programmes that did not address gender or power this was only 17%<sup>19</sup>.

Lameiras-Fernandez et al (2021) published a systematic review<sup>20</sup> on sexuality education programmes in school settings (10 reviews covering 266 studies), via digital platforms (9 reviews covering 216 studies), and those that combine both formats (1 review covering 9 studies). The studies focused mainly on reducing risk behaviours (e.g., HIV/STIs and unwanted pregnancies), thereby omitting themes such as pleasure and well-being. The authors found that sexuality education programmes that use digital platforms and blended learning show greater effectiveness in terms of promoting SRH in adolescents than sexuality education programmes implemented in schools, of which only 3 out of 10 review studies concluded that the programmes evaluated were mostly effective in promoting knowledge, attitudes and/or in reducing risk behaviours.<sup>21</sup>

<sup>18</sup> Goldfarb, E., Lieberman, L., *Three decades of research: the case for comprehensive sexuality education*, Journal of Adolescent Health, 2021, 68(1), available at: [https://www.jahonline.org/article/S1054-139X\(20\)30456-0/fulltext](https://www.jahonline.org/article/S1054-139X(20)30456-0/fulltext).

<sup>19</sup> Haberland, N., *The case for addressing gender and power in sexuality and HIV education: a comprehensive review of evaluation studies*, International Perspectives on Sexual and Reproductive Health, 2015, 41(1), pp. 31-U106, available at: <https://www.webofscience.com/wos/woscc/full-record/WOS:000369882900004>.

<sup>20</sup> It should be noted that this review included many programmes that would not be considered comprehensive, e.g., programmes focussing on HIV/STI or pregnancy prevention alone.

<sup>21</sup> Lameiras-Fernandez, M., Martinez-Roman, R., Carrera-Fernandez, M., Rodriguez-Castro, Y., 2021, *Sex Education in the Spotlight: What is working? Systematic review*, International Journal of Environmental Research and Public Health, 2021, 18(5), p. 2555, available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7967369/>.

### 2.2.2. Evaluation studies of sexuality education in EU Member States

Next to these overall systematic review studies, that mostly have a focus beyond the EU, several important studies from EU Member States substantially contribute to the evidence for effectiveness of sexuality education.

Kivela et al (2014) studied the cost-effectiveness of the national school-based sexuality education programme in Estonia. The sexuality education curriculum in Estonia is a three-year programme. It was implemented starting in 1997 and by the time of the study (2009) it had reached 190,000 students. The cost per student was found to be a bit under 33 US dollars (approximately 25 euro in 2014). Further, the study reported progress in key adolescent SRH indicators between 2001 and 2009 with abortions, STIs and diagnosed HIV infections being reduced by 37%, 55% and 89%, respectively. Cost analysis indicated that the Estonian sexuality education programme could be considered cost-saving if only 4% of the observed reductions in HIV infections are attributable to the programme<sup>22</sup>.

Bourke et al (2014) investigated the relationship between school sexuality education and sexual health behaviours at first sexual intercourse and later in adulthood in Ireland using nationally representative data. Results indicate that respondents who received sexuality education were more likely to have first sexual intercourse at an older age and use contraception on this occasion. Sexuality education also significantly increased the likelihood of using contraception at first sex, when first sex occurred before 17 years of age. The effect of sexuality education and sexual health behaviours into adulthood was also investigated. Sexuality education increased the likelihood of STI testing and decreased the likelihood of having experienced a crisis pregnancy. No association was found between sexuality education and contraception use over the year before the survey<sup>23</sup>.

Garcia-Vazquez (2019) assessed a sexuality education programme in secondary school in Asturias (Spain). There was an increase of knowledge immediately after the programme and two years later. Further, there was an increase in skills immediately after the programme. Both girls and boys reported less practices with penetration and greater condom use the first time they had sexual intercourse<sup>24</sup>.

### 2.2.3. Summary of the evidence

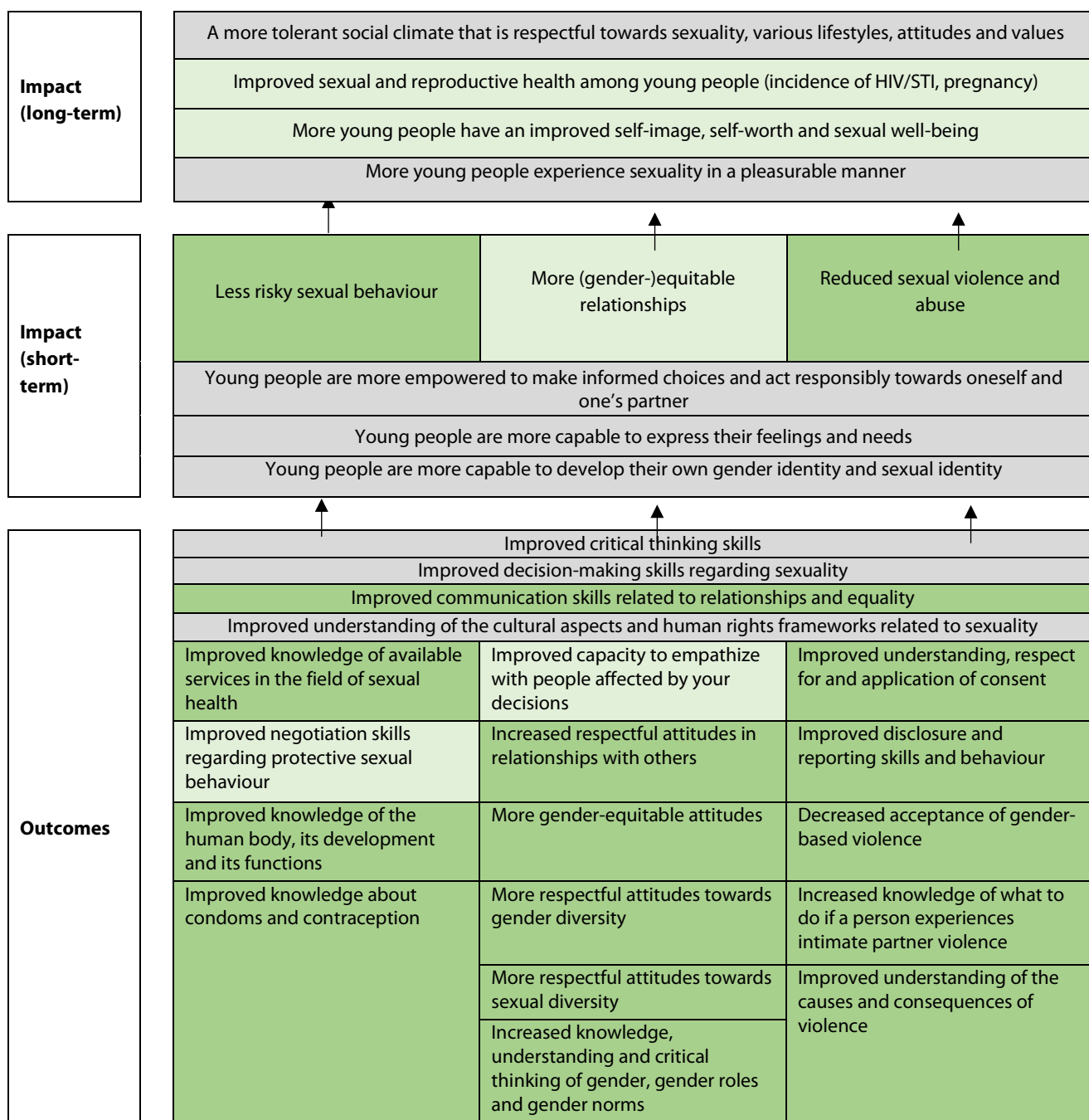
Figure 1 summarizes the evidence of the effectiveness of sexuality education. It clearly shows that there is strong evidence – confirmed in systematic reviews - for most indicators, especially on the level of the direct outcomes and short-term impact. Evidence for the long-term impact indicators is weaker. Weaker evidence for the long-term impact is likely linked to the fact that this is more difficult to measure and to directly attribute to sexuality education, and therefore also less studied (see Subsection 2.2.4 for details on challenges in measuring effectiveness of sexuality education). Further, the Figure 1 shows that several anticipated outcomes (in grey) have not been sufficiently studied. Finally, no substantial negative impacts on the outcomes could be identified.

<sup>22</sup> Kivela, J., Haldre, K., Part, K., Ketting, E. & Baltussen, R., 'Impact and cost-effectiveness analysis of the national school-based sexuality education programme in Estonia', *Sex Education*, 2014, 14(1), pp. 1-13, available at: <https://www.tandfonline.com/doi/full/10.1080/14681811.2013.813386>.

<sup>23</sup> Bourke, A., Boduszek, D., Kelleher, C., McBride, O., Morgan, K., 'Sex education, first sex and sexual health outcomes in adulthood: findings from a nationally representative sexual health survey', *Sex Education*, 2014, 14(3), pp. 299-309, available at: <https://www.tandfonline.com/doi/abs/10.1080/14681811.2014.887008>.

<sup>24</sup> Garcia-Vazquez, J., Quinto, L., Agullo-Tomas, E., 'Impact of a sex education programme in terms of knowledge, attitudes and sexual behaviour among adolescents in Asturias (Spain)', *Global Health Promotion*, 2020, 27(3), pp. 122-130, available at: <https://www.webofscience.com/wos/woscc/full-record/WOS:000500885500001>.

Figure 1: Overview of the evidence on the effectiveness of sexuality education



Grey = no or insufficient evidence;

Light green = indications of positive effect of sexuality education on the outcome or on specific sub-outcomes, but not confirmed in systematic review;

Dark green = evidence of positive effect of sexuality education on this outcome, confirmed in systematic review.

Source: authors of the study

#### 2.2.4. Effectiveness of abstinence-only education

In many countries globally, abstinence-only education is promoted as the best way to prevent sexual ill-health and as a valid alternative for CSE. Abstinence-only education promotes abstaining from sex until marriage as the expected standard of behaviour. A number of systematic review studies on the effectiveness of abstinence-only sexuality education have been published in the past two decades<sup>25</sup>. They consistently report that abstinence-only education is not effective in promoting abstinence, nor in reducing risk for HIV/STI infection and unintended pregnancies. Most of these studies took place in the USA.

Three studies adding to the available up-to-date evidence studies are analysed below.

- The Lancet Commission on Adolescent Health and Wellbeing (2016) analysed the available evidence of effectiveness and cost-effectiveness of SRH interventions for adolescents. They found high-quality evidence that abstinence-only education is ineffective in preventing HIV, incidence of sexually transmitted infections and adolescent pregnancy and recommend against implementing abstinence-only sexuality education<sup>26</sup>.
- The study of Denford et al (2016) assessed the impact of sexual abstinence-only programmes through a systematic review. Overall, the studies included in the review consistently found that abstinence-only programme can be effective in improving knowledge about how abstinence can protect against STIs, about STIs and about the risks and consequences of unprotected sex and pregnancy, but not in changing behaviour. The authors found tentative evidence that such programmes may increase sexual activity, STIs and pregnancy<sup>27</sup>.
- Santinelli et al (2017) did a literature review on abstinence-only programmes focusing on the period since 2006. They report that there is no scientific evidence that abstinence-only programmes demonstrate efficacy in delaying initiation of sexual intercourse, reducing the number of sexual partners, reducing unprotected sex, or facilitating secondary abstinence<sup>28</sup>.

<sup>25</sup> Kirby D., 'Research findings on programs to reduce teen pregnancy and sexually transmitted diseases', The National Campaign to Prevent Teen and Unplanned Pregnancy: Washington, D.C., 2007, available at:

[https://thenationalcampaign.org/sites/default/files/resource-primary-download/EA2007\\_full\\_0.pdf](https://thenationalcampaign.org/sites/default/files/resource-primary-download/EA2007_full_0.pdf).

Underhill, K., Operario, D., Montgomery, P., 'Abstinence-only programs for HIV infection prevention in high-income countries', Cochrane Database Syst Rev, 2007, available at:<https://pubmed.ncbi.nlm.nih.gov/17943855/>.

Chin, H.B., Sipe, T.A., Elder, R., et al. 'The effectiveness of group-based comprehensive risk-reduction and abstinence education interventions to prevent or reduce the risk of adolescent pregnancy, human immunodeficiency virus, and sexually transmitted Infections: Two systematic reviews for the Guide to community preventive services', Am J Prev Med., 2012; 42: 272-294.

Bearman, P.S., & Brückner, H., 'Promising the Future: Virginity pledges and first intercourse', Am J Sociol, 2001, 106: pp.859-912, available at: <https://pubmed.ncbi.nlm.nih.gov/22341164/>.

<sup>26</sup> Patton, G.; Sawyer, S., Santelli, J., Ross, D., Afifi, R., Allen, N., Arora, M., Azzopardi, P., Baldwin, W., Bonell, C., Kakuma, R., Kennedy, E., Mahon, J., McGovern, T., Mokdad, A., Patel, V., Petroni, S., Reavley, N., Taiwo, K., Waldfogel, J., Wickremarathne, D., Barroso, C., Bhutta, Z., Fatusi, A., Mattoo, A., Diers, J., Fang, J., Ferguson, J., Ssewamala, F., and Viner, R., 'Our future: a Lancet commission on adolescent health and wellbeing', Lancet, 2016, 387(10036), p. 2423–2478, available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5832967/>.

<sup>27</sup> Denford, S., Abraham, C., Campbell, R., Busse, H., 'A comprehensive review of reviews of school-based interventions to improve sexual health', Health Psychological Review, 2017, 11(1), pp. 33-52, available at:

<https://pubmed.ncbi.nlm.nih.gov/27677440/>.

<sup>28</sup> Santinelli, J., Kantor, L., Grilo, S., Speizer, I., Lindberg, J., Schalet, A., Lyon, M., Mason-Jones, A., McGovern, T., Heck, C., Rogers, J., Ott, M., 'Abstinence-Only-Until-Marriage: An Updated Review of U.S. Policies and Programs and Their Impact', Journal of Adolescent Health, 2017, 61(3), pp. 273-280, available at: <https://pubmed.ncbi.nlm.nih.gov/28842065/>.

### 2.3. Knowledge gaps and reflections on measuring the effectiveness of sexuality education

The available evidence also highlights a few remaining issues on the effectiveness of sexuality education. Firstly, a number of knowledge gaps remain:

- the vast majority of evaluation studies on sexuality education comes from the USA. The European experience in sexuality education is scarcely represented in the scientific evaluation literature;
- there is a lack of appropriate indicators to measure the effectiveness and impact of sexuality education. All studies use slightly different indicators and focus on different outcomes, making it difficult to compare results. Even more, for many of the anticipated outcomes of sexuality education, no indicators are available;
- there are a number of outcomes that are not sufficiently represented in scientific studies on effectiveness of sexuality education. These include impact indicators such as "A more tolerant social climate that is respectful towards sexuality, various lifestyles, attitudes and values" and "More young people experience sexuality in a pleasurable manner", as well as outcomes such as "More empowerment to make informed choices, and acting responsibly towards, oneself and one's partner", "Improved critical thinking skills", "Improved decision-making skills with regards to sexuality" and "Improved understanding of the cultural aspects and human rights frameworks related to sexuality"; and
- while there is a substantial number of studies that assess the outcomes of sexuality education, much less is known about how and why sexuality education works. Process evaluations are largely lacking from scientific literature. The same goes for studies on acceptability of sexuality education that assess what children and young people don't like about sexuality education.

Secondly, most studies on the effectiveness of sexuality education programmes only add a very limited description of the programme. Therefore, little is known about the programmes being evaluated, making it difficult to interpret results and reproduce the study.

Finally, it is important to underscore that most systematic reviews written and published on the topic of effectiveness of sexuality education indicate that the quality of included evaluation studies is often not of the highest standards and that methodological weaknesses underly the studies and their findings.

The sub-optimal quality of evaluation studies is linked to the fact that it is very difficult to apply traditional evaluation designs to sexuality education programmes. Traditional evaluation designs are randomized controlled trials or quasi-experimental designs, where a group that receives the intervention (i.e., sexuality education) is compared to a group that does not receive the intervention. The changes in their knowledge, attitudes and behaviour are then compared. In order to appropriately apply these evaluation designs, a number of conditions need to be in place. These include, amongst others, the importance of randomly assigning participants to an intervention and control group, the condition that participants should be ignorant of whether they are in the intervention or control group and the prerequisite that both intervention and control groups should be treated identically in all respects except for the intervention being tested. Such conditions can be upheld in laboratory experiments but are much more difficult to implement in real life sexuality education interventions. Also, because sexuality is influenced by a myriad of different factors – ranging from individual factors,



over family characteristics to cultural norms and values – causally attributing the long-term impact of changes in sexuality and sexual behaviour to sexuality education is highly challenging.

Realizing that a new evaluation framework for sexuality education is needed, several alternatives have been proposed, but have not yet been implemented and tested:

- the European expert group initiated the development of an evaluation framework that includes three types of evaluations: programme evaluation (set-up of the sexuality education programme), process evaluation (implementation of the programme) and effectiveness evaluation (outcome and impact of the programme)<sup>29</sup>; and
- Ivanova (2021) proposes a theory-driven evaluation framework that emphasizes the interdependence between context, intervention and evaluation, and the use of different evaluation designs depending on the evaluation objectives and research questions<sup>30</sup>. This framework stresses that: 1) context is important as SRH of young people is often culturally and socially framed topic and taking this into account helps to make evaluation context-centred; 2) well-described, adequately planned and resource-adapted intervention (e.g., sexuality education program) contributes significantly to the success of evaluation; 3) choosing the evaluation methods and data collection tools depending on objectives/research question is an important component of each evaluation. This framework also outlines a number of potential questions, which researcher and evaluators could ask before, during and after evaluation.

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<sup>29</sup> Ketting, E., Friele, M., Michielsen, K., 'Evaluation of holistic sexuality education: A European expert group consensus agreement', *European Journal for Reproductive Health Care*, 2016, 21(1), pp. 68-80, available at: <https://pubmed.ncbi.nlm.nih.gov/26024010/>.

<sup>30</sup> Ivanova, O., 'Evaluation of complex sexual and reproductive health educational interventions targeting young people in low- and middle-income countries', PhD thesis, Ghent University, Belgium, 2021.

### 3. INTERNATIONAL AND EU LEGAL AND POLICY FRAMEWORK FOR SEXUALITY EDUCATION

This chapter looks at what the EU and EU Member States have committed to in terms of offering access to sexuality education. It describes key legal and policy frameworks related to sexuality education on the global and EU levels.

#### 3.1. International level

Several comments on international human rights frameworks make it clear that access to sexuality education is embedded in the fundamental right to health and to education. For example, the 2010 Report of the United Nations Special Rapporteur on the right to education stressed that *'The right to education includes the right to sexual education, which is both a human right in itself and an indispensable means of realizing other human rights, such as the right to health, the right to information and sexual and reproductive rights'*<sup>31</sup>. Also, the Council of Europe Commissioner for Human Rights acknowledges in a comment on comprehensive sexuality education that *"international human rights bodies have established that children and young people have the right to receive comprehensive, accurate, scientifically sound and culturally sensitive sexuality education, based on existing international standards. These include the UN Convention on the Rights of the Child, the UN Convention on the Elimination of all Forms of Discrimination against Women, the International Covenant on Economic, Social and Cultural Rights and, at European level, the European Social Charter and the [...] Lanzarote and Istanbul Conventions."*<sup>32</sup>.

On the international level, there is overwhelming political agreement and commitment to providing sexuality education. Table 1 presents an overview of key commitments on sexuality education at the international – mainly UN - level.

Table 1: Overview of commitments regarding sexuality education at the international level

Year, title, article, level	Commitment
1994, International Conference on Population and Development Programme of Action, point 7.47, UN	Governments, in collaboration with non-governmental organizations, are urged to meet the special needs of adolescents and to establish appropriate programmes to respond to those needs. Such programmes should include support mechanisms for the education and counselling of adolescents in the areas of gender relations and equality, violence against adolescents, responsible sexual behaviour, responsible family-planning practice, family life, reproductive health, sexually transmitted diseases, HIV infection and AIDS prevention. <sup>33</sup>

<sup>31</sup> United Nations General Assembly, sixty-fifth session, Item 69(b) of the provisional agenda A/65/150 Promotion and protection of human rights: human rights questions, including alternative approaches for improving the effective enjoyment of human rights and fundamental freedoms, *'Report of the United Nations Special Rapporteur on the right to education'*, 23/7/2010, available at: [https://www.right-to-education.org/sites/right-to-education.org/files/resource-attachments/UNSR\\_Sexual\\_Education\\_2010.pdf](https://www.right-to-education.org/sites/right-to-education.org/files/resource-attachments/UNSR_Sexual_Education_2010.pdf).

<sup>32</sup> Mijatović, D., *'Human Rights Comment: Comprehensive sexuality education protects children and helps build a safer, inclusive society'*, 2020, available at: [Comprehensive sexuality education protects children and helps build a safer, inclusive society - Human Rights Comments - Commissioner for Human Rights \(coe.int\)](https://www.coe.int/en/web/human-rights-comments/-human-rights-comments-commissioner-for-human-rights).

<sup>33</sup> United Nations, *'International Conference on Population and Development Programme for Action'*, 1994, available at: <https://www.unfpa.org/publications/international-conference-population-and-development-programme-action>.

1995, 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, Point 83(k), Committee on the Elimination of Discrimination against Women	Remove legal, regulatory and social barriers, where appropriate, to sexual and reproductive health education within formal education programmes regarding women's health issues. <sup>34</sup>
2000, CESCR General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12) Adopted at the Twenty-second Session of the Committee on Economic, Social and Cultural Rights, on 11 August 2000, §11, UN – Office of the High Commissioner for Human Rights	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. <sup>35</sup>
2001, WHO Regional Strategy on Sexual and Reproductive Health, objective 1, WHO Euro	Educate adolescents on sexuality and reproduction. Ensure: <ul style="list-style-type: none"> <li>• education on sexuality and reproduction has been included in all secondary school curricula.</li> <li>• educational programmes on sexuality and reproduction, aiming at out-of-school youths, have been adopted and implemented.<sup>36</sup></li> </ul>
2003, General comment No. 3 (2003) HIV/AIDS and the rights of the child, §16, UN	The Committee wishes to emphasize that effective HIV/AIDS prevention requires States to refrain from censoring, withholding or intentionally misrepresenting health-related information, including sexual education and information, and that, consistent with their obligations to ensure the right to life, survival and development of the child (art. 6), States parties must ensure that children have the ability to acquire the knowledge and skills to protect themselves and others as they begin to express their sexuality. <sup>37</sup>
2003, CRC General Comment No. 4 Adolescent Health and Development in the Context of the Convention on the Rights of the Child Adopted at the Thirty-third Session of the Committee on the Rights of the Child, art. 22, UN	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. <sup>38</sup>
2010, Report of the United Nations Special Rapporteur on the right to education, §19, UN	The right to education includes the right to sexual education, which is both a human right in itself and an indispensable means of realizing other human

<sup>34</sup> United Nations 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', 2010, available at: <https://www.refworld.org/docid/4d467ea72.html>.

<sup>35</sup> United Nations Office of the High Commissioner for Human Rights, 'CESCR General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12)', 2000, available at: <https://www.refworld.org/pdfid/4538838d0.pdf>.

<sup>36</sup> WHO Regional Office for Europe, 'WHO Regional Strategy on Sexual and Reproductive Health', 2001, available at: [https://www.euro.who.int/data/assets/pdf\\_file/0004/69529/e74558.pdf](https://www.euro.who.int/data/assets/pdf_file/0004/69529/e74558.pdf).

<sup>37</sup> United Nations Committee on the Rights of the Child, 'General comment No. 3 (2003): HIV/AIDS and the Rights of the Child', 2003, available at: <https://www.refworld.org/docid/4538834e15.html>.

<sup>38</sup> Office of the High Commissioner for Human Rights, 'CRC General Comment No. 4: Adolescent Health and Development in the Context of the Convention on the Rights of the Child Adopted at the Thirty-third Session of the Committee on the Rights of the Child, on 1 July 2003 CRC/GC/2003/4 (General Comments)', 2003, available at: <https://www.ohchr.org/Documents/Issues/Women/WRGS/Health/GC4.pdf>.

	rights, such as the right to health, the right to information and sexual and reproductive rights. <sup>39</sup>
2010, General comment No. 22 (2016) on the right to sexual and reproductive health (article 12 of the International Covenant on Economic, Social and Cultural Rights), UN	The realization of the right to sexual and reproductive health requires that States parties also meet their obligations under other provisions of the Covenant. For example, the right to sexual and reproductive health, combined with the right to education (articles 13 and 14) and the right to non-discrimination and equality between men and women (articles 2.2 and 3), entail a right to education on sexuality and reproduction that is comprehensive, non-discriminatory, evidence-based, scientifically accurate and age appropriate. <sup>40</sup>
2010, Council of Europe Convention for the protection of children against sexual exploitation and sexual abuse (Lanzarote Convention), art. 16, Council of Europe	Each Party shall take the necessary legislative or other measures to ensure that children, during primary and secondary education, receive information on the risks of sexual exploitation and sexual abuse, as well as on the means to protect themselves, adapted to their evolving capacity. This information, provided in collaboration with parents, where appropriate, shall be given within a more general context of information on sexuality and shall pay special attention to situations of risk, especially those involving the use of new information and communication technologies. <sup>41</sup>
2012, Resolution 2012/1 Adolescents and youth, UN	Calls upon Governments, with the full involvement of young people and with the support of the international community, to give full attention to meeting the reproductive health-service, information and education needs of young people, with full respect for their privacy and confidentiality, free of discrimination, and to provide them with evidence-based comprehensive education on human sexuality, sexual and reproductive health, human rights and gender equality to enable them to deal in a positive and responsible way with their sexuality. <sup>42</sup>
2013, General comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health (art. 24), §31 and §60, UN	States should review and consider allowing children to consent to certain medical treatments and interventions without the permission of a parent, caregiver, or guardian, such as HIV testing and sexual and reproductive health services, including education and guidance on sexual health, contraception and safe abortion.  Sexual and reproductive health education should include self-awareness and knowledge about the body, including anatomical, physiological and emotional aspects, and should be accessible to all children, girls and boys. It should include content related to sexual health and well-being, such as information about body changes and maturation processes, and designed in a manner through which children are able to gain knowledge regarding reproductive health and

<sup>39</sup> UN General Assembly, Sixty-fifth session Item 69 (b) of the provisional agenda\* Promotion and protection of human rights: human rights questions, including alternative approaches for improving the effective enjoyment of human rights and fundamental freedoms, 'Report of the United Nations Special Rapporteur on the right to education', 2010, available at: [https://www.right-to-education.org/sites/right-to-education.org/files/resource-attachments/UNSR\\_Sexual\\_Education\\_2010.pdf](https://www.right-to-education.org/sites/right-to-education.org/files/resource-attachments/UNSR_Sexual_Education_2010.pdf).

<sup>40</sup> United Nations Committee on Economic, Social and Cultural Rights, 'General Comment No. 22 (2016) on the Right to sexual and reproductive health', 2016, available at: <https://www.escr-net.org/resources/general-comment-no-22-2016-right-sexual-and-reproductive-health>.

<sup>41</sup> Council of Europe, 'Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse', 2010, available at: <https://rm.coe.int/protection-of-children-against-sexual-exploitation-and-sexual-abuse/1680794e97>.

<sup>42</sup> United Nations Commission on Population and Development, 'Resolution 2012/1 Adolescents and youth', 2012, available at: [https://www.un.org/development/desa/pd/sites/www.un.org.development.desa.pd/files/undesa\\_pd\\_2021\\_resolution\\_2012\\_1\\_adolescents\\_and\\_youth.pdf](https://www.un.org/development/desa/pd/sites/www.un.org.development.desa.pd/files/undesa_pd_2021_resolution_2012_1_adolescents_and_youth.pdf).

	the prevention of gender-based violence, and adopt responsible sexual behaviour. <sup>43</sup>
2014, Council of Europe Convention on preventing and combating violence against women and domestic violence, art. 14, Council of Europe	The Istanbul Convention doesn't mention CSE per se, but it does mention education on gender equality: Parties shall take, where appropriate, the necessary steps to include teaching material on issues such as equality between women and men, non-stereotyped gender roles, mutual respect, non-violent conflict resolution in interpersonal relationships, gender-based violence against women and the right to personal integrity, adapted to the evolving capacity of learners, in formal curricula and at all levels of education. <sup>44</sup>
2015, Sustainable Development Goals, UN	Sustainable Development Goals <ul style="list-style-type: none"> <li>• SDG3: Ensure healthy lives and promote well-being for all at all ages;</li> <li>• SDG4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all; and</li> <li>• SDG5: Achieve gender equality and empower all women and girls.</li> </ul> Technical target 4.7.2 "Percentage of schools that provide life skills-based HIV and sexuality education". <sup>45</sup>
2016, General Comment No. 22 (2016) on the Right to sexual and reproductive health (article 12 of the International Covenant on Economic, Social and Cultural Rights), §9, UN	The Committee on Economic, Social and Cultural Rights recommends the realization of the right to sexual and reproductive health requires that State parties meet their obligations, such as the right to education on sexuality and reproduction that is comprehensive, non-discriminatory, evidence-based, scientifically accurate and age-appropriate. <sup>46</sup>
2016, General comment No. 20 (2016) on the implementation of the rights of the child during adolescence, §61, UN	The Committee on the Rights of the Child urges States that 'Age-appropriate, comprehensive and inclusive sexual and reproductive health education, based on scientific evidence and human rights standards and developed with adolescents, should be part of the mandatory school curriculum and reach out-of-school adolescents' (§61). <sup>47</sup>
2016, Action Plan for Sexual and Reproductive Health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind, objective 1.2, WHO Europe	Establish and strengthen formal and informal evidence-informed comprehensive sexuality education. Key actions would include: <p>(a) reviewing existing policies and, where necessary, establishing new ones to provide gender, age and appropriate to the development stage, scientifically accurate and comprehensive sexuality education throughout the life-course in order to build decision-making, communication and risk reduction skills in the population;</p> <p>(b) reviewing the principles and content of sexuality education programmes to ensure that they are evidence-based, have a rights perspective, start from early years and strive to give the ability to make informed choices on sexual and reproductive health (20,21);</p> <p>(c) incorporating the concepts of human rights and gender equality in comprehensive sexuality education in school curricula and in non-school settings or programmes aimed at young people;</p>

<sup>43</sup> United Nations Committee on the Rights of the Child, 'General comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health (art. 24)', 2013, available at: [https://tbinternet.ohchr.org/\\_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRC%2FC%2FGC%2F15&Lang=en](https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRC%2FC%2FGC%2F15&Lang=en).

<sup>44</sup> Council of Europe, 'Convention on preventing and combating violence against women and domestic violence', 2011, available at: <https://rm.coe.int/168008482e>.

<sup>45</sup> United Nations, 'Transforming our world: the 2030 Agenda for Sustainable Development', 2015, available at: <https://sdqs.un.org/2030agenda>.

<sup>46</sup> United Nations Committee on Economic, Social and Cultural Rights, 'General comment no. 22 (2016) on the Right to sexual and reproductive health (article 12 of the International Covenant on Economic, Social and Cultural Rights)', 2016, available at: <https://digitallibrary.un.org/record/832961>.

<sup>47</sup> United Nations Committee on the Rights of the Child, 'General comment No. 20 (2016) on the implementation of the rights of the child during adolescence', 2016, available at: <https://www.refworld.org/docid/589dad3d4.html>.

	<p>(d) involving a wide range of relevant partners, including parents, young people, and professionals with educational and sexual and reproductive health and human rights expertise in content development, delivery and evaluation of comprehensive sexuality education programmes;</p> <p>(e) developing, as necessary, and introducing a system of competency training in comprehensive sexuality education for teachers, educators and health professionals, including peer education and life-skills education methodologies;</p> <p>(f) establishing training and awareness raising for religious leaders on sexual and reproductive health in order to enhance their knowledge and skills for providing comprehensive sexuality education and counselling; and</p> <p>(g) establishing mechanisms for providing comprehensive sexuality education to less easily accessible groups, such as out-of-school children and adolescents, migrants and refugees, disabled people, people from disadvantaged socioeconomic groups, those with a limited education and older people.<sup>48</sup></p>
<p>2018, 38th session of the UN Human Rights Council (June 18 to July 6, 2018) focused on the elimination of violence against women and girls: preventing and responding to violence against women and girls in digital contexts, art. 10, UN Human Rights Council</p>	<p>The Human Rights Council calls upon States to take immediate and effective action to prevent all forms of violence against women and girls, including in digital contexts, by: (f) "Developing and implementing educational programmes and teaching materials, including comprehensive sexuality education, based on full and accurate information, for all adolescents and youth, in a manner consistent with their evolving capacities, with their meaningful participation, with appropriate direction and guidance from parents and legal guardians, and with the active involvement of all relevant stakeholders, in order to empower them to safely use and navigate digital technologies, to modify the social and cultural patterns of conduct of men and women of all ages, to eliminate prejudices and to promote and build decision-making, communication and risk reduction skills for the development of respectful relationships based on gender equality and human rights, as well as teacher education and training programmes for both formal and non-formal education."<sup>49</sup></p>
<p>2019, International Conference on Population and Development (ICPD+25) (UN)</p>	<p>Providing comprehensive sexuality education is one of the main instruments for achieving the commitments of the 25th anniversary of the International Conference on Population and Development (ICPD25), namely zero unmet need for family planning, zero preventable maternal deaths, and zero gender-based violence and harmful practices against women, girls and young people<sup>50</sup></p>
<p>2019, Recommendation CM/Rec (2019)1 of the Committee of Ministers to member States on preventing and combating sexism, II.G.6., Council of Europe</p>	<p>Produce guidelines to ensure the integration of gender equality, non-discrimination and human rights teaching methodologies and tools into curricula at all levels of education, both public and private, from early childhood. This includes education for private life, in order to encourage children to be self-reliant and enhance responsibility in their relationships and behaviour – including consent and personal boundaries. Curricula should contain age-appropriate, evidence-based and scientifically accurate and comprehensive sex and sexuality education for girls and boys. The curricula</p>

<sup>48</sup> WHO Regional Office for Europe, "Action Plan for Sexual and Reproductive Health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind (2016)", 2016, available at: <https://www.euro.who.int/en/health-topics/Life-stages/sexual-and-reproductive-health/publications/2016/action-plan-for-sexual-and-reproductive-health-towards-achieving-the-2030-agenda-for-sustainable-development-in-europe-leaving-no-one-behind-2016>.

<sup>49</sup> United Nations General Assembly, '38/... Accelerating efforts to eliminate violence against women and girls: preventing and responding to violence against women and girls in digital contexts', 2018, available at: [https://www.sexualrightsinitiative.com/sites/default/files/resources/files/2019-05/English\\_1\\_6\\_.pdf](https://www.sexualrightsinitiative.com/sites/default/files/resources/files/2019-05/English_1_6_.pdf).

<sup>50</sup> United Nations, 'Nairobi Summit (ICPD+25)', 2019, available at <https://www.un.org/en/conferences/population/nairobi2019>.

	should also cover intersecting forms of sexism, based for example on migrant status or disability. <sup>51</sup>
2021, Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030 (74 <sup>th</sup> Plenary Meeting, 8 June 2021), art. 60(g), UN	Calls upon countries to committing to accelerating efforts to scale up scientifically accurate, age-appropriate comprehensive education, relevant to cultural contexts, that provides adolescent girls and boys and young women and men, in and out of school, consistent with their evolving capacities, with information on sexual and reproductive health and HIV prevention, gender equality and women's empowerment, human rights, physical, psychological and pubertal development and power in relationships between women and men, to enable them to build self-esteem and informed decision-making, communication and risk reduction skills and develop respectful relationships, in full partnership with young persons, parents, legal guardians, caregivers, educators and health-care providers, in order to enable them to protect themselves from HIV infection. <sup>52</sup>

Source: authors of the study

Three important conclusions can be drawn from the overview in Table 1. Firstly, over a period of more than three decades, since the UN Convention on the Rights of the Child, there has been consistent and continuous commitment to sexuality education at the highest political levels.

Secondly, two main underlying rationales for supporting sexuality education can be seen in these commitments:

- Sexuality education is embedded in the right of young people to access adequate information essential for their health and development; and
- Sexuality education is essential as a tool to prevent of violence and abuse, as well as HIV infection.

Thirdly, several commitments call on very practical actions of the signing parties to facilitate the implementation of sexuality education, including the removal of legal, regulatory and social barriers and the development of guidelines.

<sup>51</sup> Council of Europe, 'Recommendation CM/Rec (2019)1 of the Committee of Ministers to member States on preventing and combating sexism', 2019, available at: <https://rm.coe.int/cm-rec-2019-1e-sexism/1680a217ca>.

<sup>52</sup> United Nations General Assembly, 'Political Declaration on HIV and AIDS: ending inequalities and getting on track to end AIDS by 2030', 2021, available at: [https://www.unaids.org/sites/default/files/media\\_asset/2021\\_political-declaration-on-hiv-and-aids\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/2021_political-declaration-on-hiv-and-aids_en.pdf).

## 3.2. EU level

### 3.2.1. Legal and policy framework

The implementation of sexuality education is the responsibility of the Member States. Nevertheless, the EU also has a role to play in the promotion of health, as described in Article 168 of the Treaty on the Functioning of the European Union (see Box 2).

Box 2: Article 168 of the Treaty on the functioning of the EU

1. A high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities.

Union action, which shall complement national policies, shall be directed towards improving public health, preventing physical and mental illness and diseases, and obviating sources of danger to physical and mental health. Such action shall cover the fight against the major health scourges, by promoting research into their causes, their transmission and their prevention, as well as health information and education, and monitoring, early warning of and combating serious cross-border threats to health. [...]

2-5. [...]

6. The Council, on a proposal from the Commission, may also adopt recommendations for the purposes set out in this Article.

7. [...]

Source: European Union, 'Consolidated version of the Treaty on the Functioning of the European Union', 2008. available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A12008E168>.

In addition, CSE is intrinsically linked with a number of fundamental rights enshrined in the EU Charter of Fundamental Rights: right to education (Article 14), equality between men and women (Article 23), rights of the child (Article 24), right to health (Article 35).

The European Parliament continuously advocates for the implementation of comprehensive sexuality education. In September 2013, a resolution on Sexual and Reproductive Health and Rights<sup>53</sup> adopted by the Committee on Women's Rights and Gender Equality, calling on Member States, among other issues, to provide age-appropriate comprehensive sexuality education was not adopted by plenary. However, since then several resolutions have been passed in support of sexuality education:

- in the resolution of 9 June 2015 on the EU Strategy for equality between women and men post 2015, the Parliament asked the Commission to develop best practice models for sexuality and relationship education for Member States<sup>54</sup>;
- in the resolution of 14 February 2019 on the future of the Lesbian, gay, bisexual, trans and intersex (LGBTI+) List of Actions, the Parliament urged the Commission to support EU member

<sup>53</sup> European Parliament Committee on Women's Rights and Gender Equality, Motion for a European parliament resolution on Sexual and Reproductive Health and Rights (2013/2040(INI)), available at: [https://www.europarl.europa.eu/doceo/document/A-7-2013-0426\\_EN.html?redirect#title2](https://www.europarl.europa.eu/doceo/document/A-7-2013-0426_EN.html?redirect#title2).

<sup>54</sup> European Parliament, 'European Parliament resolution of 9 June 2015 on the EU Strategy for equality between women and men post 2015 (2014/2152(INI))', 2015, available at: [https://www.europarl.europa.eu/doceo/document/TA-8-2015-0218\\_EN.html](https://www.europarl.europa.eu/doceo/document/TA-8-2015-0218_EN.html).



states in implementing high-quality, comprehensive sexuality and relationship education programmes that provide information and education on SRH and rights in a way that is non-judgemental, framed positively and inclusive of LGBTI+ people<sup>55</sup>;

- the resolution of 14 November 2019 on the criminalisation of sexual education in Poland, condemned the criminalisation of sexuality education in Poland. It also called on all Member States to ensure access to comprehensive and age-appropriate sexuality education in schools by strongly reiterating *'that access to comprehensive and age-appropriate information about sex and sexuality and access to sexual and reproductive healthcare, including sexuality education, family planning, contraceptive methods and safe and legal abortion, is essential for the creation of a positive and respectful approach to sexuality and sexual relationships, in addition to the possibility of having safe sexual experiences, free from coercion, discrimination and violence; encourages all Member States to introduce comprehensive age-appropriate sexuality and relationship education for young people in schools'*<sup>56</sup>;
- the resolution of 17 April 2020 on EU coordinated action to combat the COVID-19 pandemic and its consequences, urged countries to guarantee safe and timely access to sexual and reproductive rights during the COVID-19 pandemic. It called on the Member States *'to effectively guarantee safe and timely access to sexual and reproductive health and rights (SRHR) and the necessary healthcare services for all women and girls during the COVID-19 pandemic, especially access to contraception, including emergency contraception, and to abortion care'*<sup>57</sup>;
- in July 2020, in a resolution on the EU's public health strategy post COVID-19, the European Parliament called on Member States to guarantee access to CSE, also in times of crisis<sup>58</sup>; and
- in its resolution of 24 June 2021 on the situation of sexual and reproductive health and rights in the EU, in the frame of women's health, the European Parliament urges the Member States to ensure universal access to scientifically accurate, evidence-based, age-appropriate, non-judgemental and comprehensive sexuality education and information for all children, stresses that SRH and rights education and information is one of the main instruments for achieving the commitments on the 25th anniversary of the International Conference on Population and Development and calls on the Member States to combat the spread of discriminatory and unsafe misinformation on SRH and rights.<sup>59</sup>

Further, the Members of European Parliament (MEPs) for Sexual and Reproductive Rights, a working group consisting of MEPs from different political groups, advocates for the support of sexual and reproductive health and rights in the European Parliament. They aim to keep SRH and rights, HIV/AIDS,

<sup>55</sup> European Parliament, *'European Parliament resolution of 14 February 2019 on the future of the LGBTI List of Actions (2019-2024) (2019/2573(RSP))'*, 2019, available at: [https://www.europarl.europa.eu/doceo/document/TA-8-2019-0129\\_EN.html](https://www.europarl.europa.eu/doceo/document/TA-8-2019-0129_EN.html).

<sup>56</sup> European Parliament, *'European Parliament resolution of 14 November 2019 on the criminalisation of sexual education in Poland (2019/2891(RSP))'*, 2019, available at: [https://www.europarl.europa.eu/doceo/document/TA-9-2019-0058\\_EN.html](https://www.europarl.europa.eu/doceo/document/TA-9-2019-0058_EN.html)

<sup>57</sup> European Parliament, *'European Parliament resolution of 17 April 2020 on EU coordinated action to combat the COVID-19 pandemic and its consequences (2020/2616(RSP))'*, 2020, available at: [https://www.europarl.europa.eu/doceo/document/TA-9-2020-0054\\_EN.html](https://www.europarl.europa.eu/doceo/document/TA-9-2020-0054_EN.html).

<sup>58</sup> European Parliament, *'European Parliament resolution of 10 July 2020 on the EU's public health strategy post-COVID-19 (2020/2691(RSP))'*, 2020, available at: [https://www.europarl.europa.eu/doceo/document/TA-9-2020-0205\\_EN.html](https://www.europarl.europa.eu/doceo/document/TA-9-2020-0205_EN.html).

<sup>59</sup> European Parliament, *'European Parliament resolution of 24 June 2021 on the situation of sexual and reproductive health and rights in the EU, in the frame of women's health'*, available at: [https://www.europarl.europa.eu/doceo/document/TA-9-2021-0314\\_EN.html](https://www.europarl.europa.eu/doceo/document/TA-9-2021-0314_EN.html).

gender equality on the political table and advocate for funds for SRH and rights and the fight against HIV/AIDS.<sup>60</sup>

The European Commission and the European Institute for Gender Equality (EIGE) have also affirmed the importance of CSE.

In the EU Gender Equality Strategy 2020-2025, the European Commission committed to facilitate regular exchanges of good practices between Member States and stakeholders on the gender aspects of health, including on SRH and rights. The Strategy also affirms that effective prevention of gender-based violence is essential, which involves educating boys and girls from an early age about gender equality and supporting the development of non-violent relationships, including with a focus on men, boys and masculinities.<sup>61</sup> As discussed in Section 2.2, there is evidence that CSE contributes to this objective.

European Commissioner for Equality Helena Dalli during 23-24 June 2021 plenary debate in the European Parliament indicated that the benefits of sexuality education *'go far beyond the information on biological science, reproduction and health risks associated with sexuality. It can be a powerful means of promoting respect for diversity and human and fundamental rights. It can help combat gender stereotypes, violence and abuse against children and women, as well as discrimination'*.<sup>62</sup>

In a report on Beijing+20, EIGE recommended 'a more holistic approach to sex and relationship education; expanding the focus to the impact of norms, attitudes and stereotypes, and promoting gender-equal relationships'<sup>63</sup>. In the 2021 Gender Equality Index report EIGE also affirmed the importance of CSE to prevent unplanned pregnancies in adolescence and for young people to understand and enact their rights to health, well-being and dignity.<sup>64</sup>

The EU Youth Strategy, the framework for EU youth policy cooperation for 2019-2027 based on the Council resolution of 26 November 2018<sup>65</sup>, recognises the necessity to provide guidance and support to young people on health and relationships, and affirm the need to *'guarantee that education equips all young people with life skills such as money management and health education including sexual and reproductive health'* (goal #8 On Quality Education).<sup>66</sup>

### 3.2.2. Programmes and actions at the EU level

The EU can also indirectly contribute to development of sexuality education through European projects and the policies against HIV/AIDS transmission by promoting SRH and rights. By the means of the EU Health Programme - the main European Commission instrument to implement the EU health strategy,

<sup>60</sup> European Parliamentary Forum, *'MEPs for Sexual and Reproductive Rights'*. available at: <https://www.epfweb.org/node/85>

<sup>61</sup> European Commission, *'Gender Equality Strategy 2020-2025'*, 2020., available at: [https://ec.europa.eu/commission/presscorner/detail/en/qanda\\_20\\_357](https://ec.europa.eu/commission/presscorner/detail/en/qanda_20_357).

<sup>62</sup> Euractiv.com, *'EU parliament demands progress in ensuring women's sexual reproductive health'*, 2021, available at: <https://www.euractiv.com/section/health-consumers/news/eu-parliament-demands-progress-in-ensuring-womens-sexual-reproductive-health/>; 23-24 June 2021 plenary session of the European Parliament, closing statement by Helena Dalli, European Commissioner for Equality, available at: [https://multimedia.europarl.europa.eu/da/the-situation-of-sexual-and-reproductive-health-and-rights-in-the-eu-in-the-frame-of-womens-health-closing-statements-1207754-V\\_v](https://multimedia.europarl.europa.eu/da/the-situation-of-sexual-and-reproductive-health-and-rights-in-the-eu-in-the-frame-of-womens-health-closing-statements-1207754-V_v)

<sup>63</sup> European Institute for Gender Equality, *'Beijing+20: The Platform for Action (BPfA) and the European Union Area L: The Girl Child'*, 2015, available at: <https://eige.europa.eu/publications/beijing20-factsheet-area-l-girl-child>.

<sup>64</sup> European Institute for Gender Equality, *'EIGE-2021 Gender Equality Index 2021 Report: Health'*, 2021, available at: <https://eige.europa.eu/publications/gender-equality-index-2021-report/conclusions>.

<sup>65</sup> EU Youth Strategy, available at: [https://europa.eu/youth/strategy\\_en](https://europa.eu/youth/strategy_en).

<sup>66</sup> Council of the European Union, *'Resolution on the European Union Youth Strategy 2019-2027'*, 2018, p. 26, available at: <https://data.consilium.europa.eu/doc/document/ST-14080-2018-INIT/en/pdf>.

the EU has the opportunity to contribute to the creation of programmes and projects regarding SRH, more precisely in the fields of sexuality education and information and HIV/AIDS/STIs prevention<sup>67</sup>.

The EU has funded several projects – that are described below - linked to sexuality education. Those were mainly funded through the 2008-2013 Health programme:

- the Safe II project (2009-2012), aimed at enhancing *'the sexual and reproductive health and rights of all youth across Europe through better cooperation among EU member states, co-ordination between agencies and harmonization of public health policies, health promotion strategies and programmes'*. This project also funds research and works for *'the development and dissemination of good practises regarding young people's Sexual Reproductive Health and Rights'*. The project had partners in Belgium, Cyprus, Czech Republic, Estonia, Finland, Spain, Ireland, Latvia, the Netherlands, Poland, Portugal, Slovakia and Germany.<sup>68</sup>;
- SAFESEX's (official title "Mobile Sexuality - towards a new European strategy in sex education and prevention of STDs") (2010-2012) aimed to lower the prevalence of STIs and unplanned pregnancies, by using an open and candid approach to sexual health education. This was done through providing the latest information on sexuality and STIs on a downloadable mobile guide. The ambition was to make youth able to better understand their own as well as others` sexuality and be more accepting of themselves and tolerant of others. The project had partners in Denmark, Switzerland, Italy, Greece, Czech Republic, Austria and Lithuania. The app is no longer available<sup>69</sup>;
- "Boys and Girls - An interactive web-based series to promote healthy lifestyles among European adolescents" (2010-2012) had as objective to raise awareness about risky lifestyles for youth aged 15-18 years old who are neither in work nor in education, through a web-campaign. The project had partners in the Netherlands, Austria, Denmark, Spain, Italy, Poland and Germany. The project site is still available (<http://boysandgirlsplus.eu/>), though only the home page is operational<sup>70</sup>;
- the Way Forward (2004-2007) aimed to develop a European SRH for youth policy framework and practical guidelines for various stakeholders. The project aimed to inform, support and advance policy development in the field SRH and rights and to develop health promotion strategies targeting adolescents and youth. The project had partners in Belgium, Sweden and Denmark<sup>71</sup>;
- the Sunflower Project (2008-2011), also known as "Young and HIV: European Network to arrange an innovative prevention campaign and to exchange good practices - Experience in Europe" aimed at collecting and spreading good practices, data and information about

<sup>67</sup> European Commission, 'EU Health Policy', available at: [https://ec.europa.eu/health/policies/overview\\_en](https://ec.europa.eu/health/policies/overview_en).

<sup>68</sup> CHAFAEA Health Programmes Database, 'Sexual Awareness for Europe: ensuring healthy future generations who love and care for each other [SAFE II] [20081212]', available at: [Health Programme DataBase - European Commission \(europa.eu\)](http://healthprogramme.europa.eu/).

<sup>69</sup> CHAFAEA Health Programmes Database, 'Mobile Sexuality - towards a new European strategy in sex education and prevention of STDs [SAFESEX] [20091217]', available at: [Health Programme DataBase - European Commission \(europa.eu\)](http://healthprogramme.europa.eu/).  
Sex & Sundhed, 'Safesex. Putting sexual health on Europe's agenda', 2010, available at: [20091217\\_d06-01\\_lft\\_en\\_ps.pdf \(europa.eu\)](http://20091217_d06-01_lft_en_ps.pdf).

<sup>70</sup> CHAFAEA Health Programmes Database, 'Boys and Girls - An interactive web-based series to promote healthy lifestyles among European adolescents [Boys and Girls] [20091203]', available at: [Health Programme DataBase - European Commission \(europa.eu\)](http://healthprogramme.europa.eu/).

<sup>71</sup> CHAFAEA Health Programmes Database, 'The way forward: a European partnership to promote the sexual and reproductive health and rights of youth [-] [2003319]', available at: [Health Programme DataBase - European Commission \(europa.eu\)](http://healthprogramme.europa.eu/).

HIV/AIDS prevention methods for young people. The project had partners in Italy, the UK, Greece, Bulgaria, Czech Republic, Germany, Spain, Lithuania, Romania and Slovakia<sup>72</sup>; and

- the YouthSexualViolence project (2010-2014) aimed to promote the sexual health of young people across Europe and focused its efforts on understanding and addressing youth sexual coercion and violence. The project had partners in the Netherlands, Greece, Germany, Latvia, Sweden, Portugal and Lithuania.<sup>73</sup>

None of the four EU health programmes explicitly prioritized sexuality education<sup>74</sup>. The most recent project identified ended in 2014 (the YouthSexualViolence project) and it seems like no further research on sexuality education was funded in the third and fourth EU health programmes.

<sup>72</sup> CHAFEA Health Programmes Database, 'Young and HIV: European network to arrange an innovative prevention campaign and to exchange good practices - experience in Europe' [SUNFLOWER] [2007305], available at:

[Health Programme DataBase - European Commission \(europa.eu\)](https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:52001PC0302&from=EN).

<sup>73</sup> CHAFEA Health Programmes Database, 'Understanding and addressing youth sexual coercion and violence as a threat to young people's sexual health in Europe [YouthSexualViolence] [20091222]', available at:

[Health Programme DataBase - European Commission \(europa.eu\)](https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:52001PC0302&from=EN).

<sup>74</sup> European Parliament, 'Amended proposal for a Decision of the European Parliament and of the Council adopting a programme of Community action in the field of public health (2001-2006) (presented by the Commission pursuant to Article 250(2) of the EC-Treaty) /\* COM/2001/0302 final - COD 2000/0119 \*/', 2001, available at:

<https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:52001PC0302&from=EN>.

'DECISION No 1350/2007/EC OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 23 October 2007 establishing a second programme of Community action in the field of health (2008-13)', 2007, available at:

<https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ%3AL%3A2007%3A301%3A0003%3A0013%3AEN%3APDF>.

'Proposal for a REGULATION OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL on establishing a Health for Growth Programme, the third multi-annual programme of EU action in the field of health for the period 2014-2020 /\* COM/2011/0709 final - 2011/0339 (COD) \*/', 2014, available at:

<https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:52011PC0709&from=EN>.

'REGULATION OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL on the establishment of a Programme for the Union's action in the field of health –for the period 2021-2027 and repealing Regulation (EU) No 282/2014 ("EU4Health Programme", 2020, available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:52020PC0405&from=EN>.

## 4. STATUS OF SEXUALITY EDUCATION IN EU MEMBER STATES

This Chapter describes the status of sexuality education in EU Member States. It starts with a brief overview of the legal and policy grounds for sexuality education in EU Member States, and then presents a summary of the actual status of sexuality education, including implementation, content, training and assessment.

In 2018, a comprehensive overview of the status of sexuality education in countries in the WHO European Region was developed<sup>75</sup>. Therefore, Chapter 4 is mostly based on its findings and also focuses on the recent evolutions in the field of sexuality education in EU Member States.

### 4.1. EU Member States legal and policy frameworks on sexuality education

A national law or policy that requires the delivery of some form of sexuality education is critical for the development of curricula and teacher training<sup>76</sup>. This might include laws or policies that explicitly address sexuality education, or those that focus on education for the prevention of HIV, gender-based violence and/or other health-related issues<sup>77</sup>. Despite the fact that all EU Member States should comply with the EU and international sexuality education and SRH frameworks and policies they committed to, the national legal and policy frameworks across the region vary strongly. Sexuality education is mandatory in most Member States of the European Union (19), except for Lithuania, Spain, Italy, Croatia, Slovakia, Hungary, Romania and Bulgaria<sup>78</sup>.

In the EU, the majority of Member States have an education policy framework or a law, which explicitly includes sexuality education or at least ensures the right of children to education and health promotion knowledge (see Table 1 in Chapter 3). For example, the legal basis of sexuality education in Austria is the “Grundsatzterlass Sexualpädagogik” (Fundamental Decree on Sexuality Education), adopted in 2015<sup>79</sup>. The overall goal of this decree is to ensure “adequate competence development in the field of sexuality, and development of positive self-awareness”, based on the Standards and the International Planned Parenthood Federation (IPPF) Framework for Comprehensive Sexuality Education. In 2015, the Federal Centre for Sexuality Education was created at Salzburg University of Education Stefan Zweig (PH Salzburg)<sup>80</sup>. This Centre aims to deliver and support sexuality education in all schools in Austria through training of professionals, research and development of quality standards. In 2019, Luxembourg launched a new action plan on the promotion of emotional and sexual health - Plan d'action national Promotion de la santé affective et sexuelle (PAN-SAS; National Action Plan for the

<sup>75</sup> BZgA, IPPF EN, ‘Sexuality education in Europe and Central Asia: state of the art and recent developments; an overview of 25 countries. Assessment report’, BZgA & IPPF-EN, 2018, available at: <https://healtheducationresources.unesco.org/library/documents/sexuality-education-europe-and-central-asia-state-art-and-recent-developments>.

<sup>76</sup> UNESCO, ‘The journey towards comprehensive sexuality education. Global status report’, UNESCO, Paris, 2021, available at: <https://unesdoc.unesco.org/ark:/48223/pf0000379607>.

<sup>77</sup> UNESCO, ‘The journey towards comprehensive sexuality education. Global status report’, UNESCO, Paris, 2021, available at: <https://unesdoc.unesco.org/ark:/48223/pf0000379607>.

<sup>78</sup> Picken, N., ‘Sexuality education across the European Union: an overview, European Union’, 2020, available at: <https://op.europa.eu/en/publication-detail/-/publication/5724b7d8-764f-11eb-9ac9-01aa75ed71a1>.

<sup>79</sup> Grundsatzterlass Sexualpädagogik, 2015, available at: [https://www.bmbwf.gv.at/Themen/schule/schulrecht/rs/1997-2017/2015\\_11.html](https://www.bmbwf.gv.at/Themen/schule/schulrecht/rs/1997-2017/2015_11.html).

<sup>80</sup> Federal Centre for Sexuality Education, Salzburg, Austria, available at: <https://www.phsalzburg.at/ueber-uns/organisation/bundeszentren-ncoc/sexualpaedagogik/>.

Promotion of Emotional and Sexual Health) - which is a multiannual plan developed as a continuation of the previous 2013-2016 plan (prolonged until 2018). It emphasizes sexuality education as a way of supporting children and adolescents' emotional development and fighting against gender-based violence, sexual exploitation and discrimination<sup>81</sup>.

In several Member States, recent initiatives are taken to improve the legal and policy frameworks for sexuality education. In Croatia, a civic initiative calls for introducing CSE in schools to protect children from sexual harassment and sexual violence<sup>82</sup>. In Greece, in the summer of 2021, the Ministry of Education announced the introduction of sexuality education in national compulsory curricula for primary and secondary education within "Skills Workshops", which was recently piloted in 218 schools in the country<sup>83</sup>. Meanwhile, in Italy, due to the lack of a proper legislative framework, schools remain the main responsible institution for the development and provision of sexuality education. The Ministry of Education is not directly responsible for centrally coordinating its delivery and there is currently no other institution to take on this task<sup>84</sup>.

Moreover, while some EU Member States are moving in a positive direction by adopting the legal basis for sexuality education, in other Member States, there have been explicit efforts to block or reverse policies, laws or implementation of sexuality education. In Poland, the controversial bill "Stop Pedophilia" - which would criminalize activities, educators and organizations providing sexuality education to children or information on SRH and rights - was debated in parliament in April 2020 and was sent to a committee for further revision<sup>85</sup>. This bill, along with a second "Stop Abortion" bill, sparked large civic protests<sup>86</sup>. In Hungary, in the summer of 2021, Prime Minister published a letter that said that sexuality education should be exclusively left to their parents and related educational content in schools must be a subject to parental consent<sup>87</sup>. This was done on the background of the new Hungarian legislation, which outlaws sharing information with children that the government considers to be promoting homosexuality or gender change<sup>88</sup>. The law also mandates that only individuals and organisations listed in an official register can carry out sexuality education classes in schools (see also Chapter 5)<sup>89</sup>. A potential referendum to decide on this issue was announced after the concerns and

<sup>81</sup> Sante, 'Conférence de lancement du nouveau Plan d'action national « Promotion de la santé affective et sexuelle »', 2019, 26 February, available at: <https://sante.public.lu/fr/actualites/2019/02/pan-sas/index.html>

<sup>82</sup> Total Croatia News, 'Civic Initiative Calls for Introducing Comprehensive Sex Education in Schools', 2021, available at: <https://www.total-croatia-news.com/lifestyle/50573-civic-initiative-calls-for-introducing-comprehensive-sex-education-in-schools>.

<sup>83</sup> Allinc, 'Sexuality education: Greece moving one step forward', 2021, available at: <http://allinc.eu/2021/06/14/sexuality-education-greece-moving-one-step-forward/>.

<sup>84</sup> Genpol, 'Mapping Sex and Relationship Education (SRE) in Italy', 2018, available at: <https://gen-pol.org/2018/10/mapping-sex-and-relationship-education-sre-in-italy/>.

<sup>85</sup> Reuters, 'Poland mulls law denouncing sex educators as paedophiles and gay activists', 2020, available at: <https://www.reuters.com/article/us-poland-lgbt-education-trfn-idUSKCN21X2ZA>.

<sup>86</sup> Human Rights Watch, 'World Report 2021', 2021, available at: <https://www.hrw.org/world-report/2021/country-chapters/poland>.

<sup>87</sup> Daily News Hungary, 'PM Orbán: Sex education of children exclusively up to parents', 2021, available at: <https://dailynewshungary.com/pm-orban-sex-education-of-children-exclusively-up-to-parents/>.

<sup>88</sup> Daily News Hungary, 'Hungarian Parliament voted the discriminative "homophobic law"', 2021, available at: <https://dailynewshungary.com/hungarian-parliament-voted-the-discriminative-homophobic-law/>.

<sup>89</sup> The Guardian, 'Hungary passes law banning LGBT content in schools or kids' TV', 2021, available at: <https://www.theguardian.com/world/2021/jun/15/hungary-passes-law-banning-lgbt-content-in-schools>.

legal action of the European Commission against Hungary and Poland<sup>90</sup>. Moreover, recently four Polish regions (Krakow, Rzeszow, Kielce and Lublin) revoked their self-proclaimed status as “LGBT - ideology free zones” after the EU launched legal action and threatened to withhold funding<sup>91</sup>.

Taking into account that sexuality education has been a topic of contestation in Europe for several decades, the existence of a supportive policy and/or law is an important indicator of commitment to sexuality education. However, it must be supported by resource allocation and implementation efforts. Presently, many existing national policies are not binding, or their implementation is patchy and depends on the local authorities and schools.

However, even if sexuality education lessons are mandatory or included in the school curriculum in the majority of EU Member States, considerable variation in the content, delivery and objectives of sexuality education still exists. Administrative decentralization plays an important role in financing and decision-making. On the one hand, decentralisation permits local governments to develop and implement programmes that are more responsive to local needs, but it can also lead to inequalities and variability across a country<sup>92</sup>. In Germany, states have autonomy to determine the curriculum, but a national framework, developed with representatives of all German states, sets required standards, ensuring a high degree of comprehensiveness nationally<sup>93</sup>. Similarly, in Belgium, the responsibility for education lies with the regional authorities and schools have a certain autonomy to decide on teaching, adhering to general targets and goals<sup>94</sup> set up in Royal Decrees, e.g., the Decree on learning objectives in lower secondary education.<sup>95</sup> In Bulgaria, local governments decide on the distribution of the budgets to schools for the implementation of the subject containing sexuality education<sup>96</sup>.

<sup>90</sup> European Commission Press Release, ‘EU founding values: Commission starts legal action against Hungary and Poland for violations of fundamental rights of LGBTQ people’, 2021, available at: [https://ec.europa.eu/commission/presscorner/detail/en/ip\\_21\\_3668](https://ec.europa.eu/commission/presscorner/detail/en/ip_21_3668).

<sup>91</sup> Euractive, ‘Three Polish regions revoke anti-LGBT declarations’, 2021, available at: <https://www.euractiv.com/section/non-discrimination/news/three-polish-regions-revoke-anti-lgbt-declarations/>.

<sup>92</sup> UNESCO, ‘The journey towards comprehensive sexuality education. Global status report’, UNSECO: Paris, 2021, available at: <https://www.unfpa.org/sites/default/files/pub-pdf/The%20journey%20towards%20comprehensive%20sexuality%20education%20-%20Global%20status%20report.pdf>.

<sup>93</sup> BZgA, IPPF EN, ‘Sexuality education in Europe and Central Asia: state of the art and recent developments; an overview of 25 countries. Assessment report’, BZgA & IPPF-EN, 2018, available at: <https://healtheducationresources.unesco.org/library/documents/sexuality-education-europe-and-central-asia-state-art-and-recent-developments>.

<sup>94</sup> An overview of relevant goals can be found here: <https://www.sensoa.be/relatiele-en-seksuele-vorming-de-vlaamse-eindtermen#title1>

<sup>95</sup> BZgA, IPPF EN, ‘Sexuality education in Europe and Central Asia: state of the art and recent developments; an overview of 25 countries. Assessment report’, BZgA & IPPF-EN, 2018, available at: <https://www.euro.who.int/en/health-topics/Life-stages/sexual-and-reproductive-health/publications/2018/sexuality-education-in-europe-and-central-asia-state-of-the-art-and-recent-developments.-an-overview-of-25-countries-2018>.

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<sup>96</sup> BZgA, IPPF EN, ‘Sexuality education in Europe and Central Asia: state of the art and recent developments; an overview of 25 countries. Assessment report’, BZgA & IPPF-EN, 2018, available at: <https://www.euro.who.int/en/health-topics/Life-stages/sexual-and-reproductive-health/publications/2018/sexuality-education-in-europe-and-central-asia-state-of-the-art-and-recent-developments.-an-overview-of-25-countries-2018>.

## 4.2. Overview of the sexuality education status in EU Member States

Even if sexuality education is mandatory or included in the school curriculum, the actual implementation is sometimes limited. The legal, financial and practical aspects of sexuality education are shaped by the social and political views existing in each country which leads to a wide range of approaches in EU Member States. These approaches evolve and change over time depending on the influence of key social and political actors. This Section describes the status of sexuality education in EU Member States, with a focus on evolutions in the curriculum and content, the implementation, and monitoring and evaluation.

### 4.2.1. Curricula and content

Over the last years, EU countries have been developing or revising their national sexuality education curricula. Some countries have a long history of school curricula that includes certain components of comprehensive sexuality education, e.g., Sweden. In some Member States, national curricula include specific learning objectives that should be achieved in sexuality education lessons, e.g., Belgium and Estonia. In many countries, schools determine the way sexuality education is implemented and what topics are covered, e.g., in Bulgaria, Denmark, France, Greece, Hungary, Ireland, Italy, Spain, Lithuania, Portugal, Slovenia and Spain<sup>97,98</sup>.

Chapter 1 described the topics (from reproduction to sexuality and gender-based violence) and approaches (including age-appropriate and human rights-based) that CSE ideally should address and contain. The biological aspect, such as anatomy and reproduction, is strongly represented in European sexuality education curricula. All EU Member States have a focus on biological aspects in their sexuality education<sup>99</sup>. This was also shown in the European Sex Education Gateway Survey, where 86% of respondents stated that sexuality education classes in their school covered “the human body and development” and “sexual and reproductive health”<sup>100</sup>, and in the status report on sexuality education in the WHO European Region that reported that sexuality education is comprehensive in only 10 (out of 25) countries<sup>101</sup>.

Meanwhile, fewer Member States focus on topics related to gender, LGBTI+ issues, sexuality and online media, even though these are included in the international and European guidelines on CSE<sup>102</sup>. These topics are more sensitive in many Member States, and they tend to be left out or minimized, especially

<sup>97</sup> McCracken, Marquez, S. Priest, A. FitzSimmons & K. Torchia, ‘Sexual and reproductive health and rights. European Parliament: Directorate General for Internal Policies (Policy Department C: Citizens’ Rights and Constitutional Affairs: Women’s Rights and Gender Equality)’, 2016., available at: [https://www.europarl.europa.eu/RegData/etudes/STUD/2016/571392/IPOL\\_STU\(2016\)571392\\_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/STUD/2016/571392/IPOL_STU(2016)571392_EN.pdf).

<sup>98</sup> BZgA, IPPF EN, ‘Sexuality education in Europe and Central Asia: state of the art and recent developments; an overview of 25 countries. Assessment report’, BZgA & IPPF-EN, 2018, available at: <https://www.euro.who.int/en/health-topics/Life-stages/sexual-and-reproductive-health/publications/2018/sexuality-education-in-europe-and-central-asia-state-of-the-art-and-recent-developments.-an-overview-of-25-countries-2018>.

<sup>99</sup> Picken, N., ‘Sexuality education across the European Union: an overview’, European Union. 2020, available at: <https://op.europa.eu/en/publication-detail/-/publication/5724b7d8-764f-11eb-9ac9-01aa75ed71a1>.

<sup>100</sup> European Commission, ‘School Education Gateway. Europe’s online platform for school education’, 2019, available at: <https://www.schooleducationgateway.eu/en/pub/viewpoints/surveys/survey-on-sex-education.htm>.

<sup>101</sup> BZgA, IPPF EN, ‘Sexuality education in Europe and Central Asia: state of the art and recent developments; an overview of 25 countries. Assessment report’, BZgA & IPPF-EN, 2018, available at: <https://www.euro.who.int/en/health-topics/Life-stages/sexual-and-reproductive-health/publications/2018/sexuality-education-in-europe-and-central-asia-state-of-the-art-and-recent-developments.-an-overview-of-25-countries-2018>.

<sup>102</sup> Picken, N., ‘Sexuality education across the European Union: an overview’, European Union. 2020, available at: <https://op.europa.eu/en/publication-detail/-/publication/5724b7d8-764f-11eb-9ac9-01aa75ed71a1>.



when schools or teachers decide on the content and scope of the sexuality education classes. For example, in Sweden, the curriculum covers extensively a variety of topics, including biological aspects of sexuality and body awareness, pregnancy and birth, contraception, abortion, STIs, love, relationships, partnership, sexual orientation, human rights and sexuality, and others<sup>103</sup>. However, in 2017, a review carried out by the Swedish Schools Inspectorate found that there were challenges around teacher confidence discussing gender norms, which is a critical element of the curriculum content<sup>104</sup>. Swedish students also reported that they felt that norms, gender equality and consent were not sufficiently covered in sexuality education classes<sup>105</sup>. Box 3 examines the links between sexuality education and gender equality.

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<sup>103</sup> BZgA, IPPF EN, 'Sexuality education in Europe and Central Asia: state of the art and recent developments; an overview of 25 countries. Assessment report', BZgA & IPPF-EN, 2018, available at: <https://www.euro.who.int/en/health-topics/Life-stages/sexual-and-reproductive-health/publications/2018/sexuality-education-in-europe-and-central-asia-state-of-the-art-and-recent-developments.-an-overview-of-25-countries-2018>.

<sup>104</sup> Swedish School Directorate, 'Sex-och samlevnadsundervisning (Sex and Cohabitation Education) Stockholm:', 2018, available at: <https://www.skolverket.se/skolutveckling/inspiration-och-stod-i-arbetet/stod-i-arbetet/sex-och-samlevnad>. UNESCO, 'The journey towards comprehensive sexuality education. Global status report', UNSECO: Paris, 2021, available at: <https://unesdoc.unesco.org/ark:/48223/pf0000379607>.

<sup>105</sup> Public Health Agency of Sweden, 'Sexuality and health among young people in Sweden – a survey on Knowledge, Attitudes and Behaviour among young people 16–29 years old', Stockholm, 2017, available at: <https://www.folkhalsomyndigheten.se/contentassets/ebe239903fd346cba9cb12bfb83e0bfd/sexuality-health-young-people-sweden.pdf> and UNESCO, 'The journey towards comprehensive sexuality education. Global status report', UNSECO: Paris, 2021, available at: <https://unesdoc.unesco.org/ark:/48223/pf0000379607>.

### Box 3: Sexuality education and gender equality

Sexuality education and gender equality are closely interwoven. Gender equality is both part of the content of sexuality education, as well as one of its key outcomes. This Box explores the close interconnection between the two concepts.

#### **Gender in the ITGSE and the Standards**

Gender equality takes up an important role in sexuality education. Firstly, both the ITGSE and the Standards mention that sexuality education should be based on gender equality. The ITGSE mentions that CSE is '*grounded in the understanding that advancing gender equality is critical to young people's sexual health and wellbeing*'. Further, in both documents, gender equality takes up an important place in the content:

- The ITGSE: Key concept 3 focuses on understanding gender and includes the social construction of gender and gender norms, gender equality, stereotypes and bias, and gender-based violence (UNESCO, 2018); and
- the Standards include knowledge, attitudes and skills related to respect for gender, including gender equality, awareness of gender identity, positive feelings towards their own sex and gender, the right to explore gender identities and gender roles (WHO & BZgA, 2008).

Finally, gender equality is also described as an outcome of CSE in both documents. Key indicators include: more gender-equitable attitudes, more respectful attitudes towards gender diversity, increased knowledge, understanding and critical thinking of gender, gender roles and gender norms, improved communication skills related to relationships and equality, increased capability to develop their own gender identity and sexual identity, and more gender-equitable relationships.

#### **Political commitments related to sexuality education and gender equality**

Sexuality education is emphasized as a key strategy to achieve several human rights, including the right to gender equality in a number of international policies and commitments. In a recent resolution on the situation of sexual and reproductive health and rights in the EU, in the frame of women's health (24 June 2021), the European Parliament made clear that it considers sexuality education to be a key contributor for the realization of the right to SRH and gender equality (European Parliament, 2021). The UN Human Rights Council, in its 38<sup>th</sup> session (2018) requests States to take immediate and effective action to prevent all forms of violence against women and girls, including in digital contexts, by developing and implementing educational programmes and teaching materials, including comprehensive sexuality education, in order to develop of respectful relationships based on gender equality and human rights (United Nations General Assembly, 2018).

Furthermore, in the recent years, increasing resistance to gender equality has been observed in European countries. In the south-eastern region of Murcia (Spain), the 'parental PIN' has been in effect since September 2019. It is a strategy designed and launched by the conservative political party Vox that requires parental permission for the participation of their child in any subject, discussion, workshop or activity that touches on socially controversial moral questions or on sexuality given in schools by non-staff members (Sada and Weekes, 2020). In Poland, about a third of the cities and towns have declared themselves free of gender ideology and LGBTI+, which also impacts sexuality education (Balkan Insights, 2020).

### **In practice**

While the scientific evidence is convincing and the political commitment is strong, the translation into practice is lagging behind. Only a few EU Member States focus on topics related to gender in their sexuality education programmes. The topic tends to be left out or minimized, especially when schools or teachers decide on the content and scope of the sexuality education classes. For example, in Ireland, it was not compulsory for education curricula to include content on sexual orientation and gender identity (Ávila, 2018). And, while the Swedish curriculum can be considered very comprehensive, a recent study found that there were challenges around teacher confidence discussing gender norms. Also, Swedish students reported that norms, gender equality and consent were not sufficiently covered in sexuality education (Public Health Agency of Sweden, 2017).

### **Conclusion**

There is evidence of the importance of including gender equality in sexuality education, as well as of its impact on gender equality. Further, the link between both is recognized in international commitments and guidelines. However, the translation of these principles in practice is still lagging behind, because of a number of societal and implementation barriers.

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#### 4.2.2. Implementation

Sexuality education is almost always integrated into one obligatory subject, e.g., biology, or into a few core or elective subjects, e.g., religious and ethical studies, citizenship education, and broader health education classes. Sexuality education related topics are taught as part of a few lessons in almost half of the Member States (Austria, Croatia, Cyprus, Finland, France, Ireland, Lithuania, Latvia, Malta, Portugal, Slovakia and Slovenia)<sup>106</sup>. For example, in Austria, it is embedded into biology, religion and health education. In other Member States, including Belgium, Czech Republic, Denmark, Germany, Latvia, the Netherlands and Sweden, it is taught as a cross-curricular matter, where teachers from different disciplines are expected to address sexuality education topics<sup>107</sup>.

The ITGSE and the Standards stress the importance of the regularity of sexuality education classes and availability of sufficient time to process new information and develop skills<sup>108</sup>. However, little information is available about the frequency and total hours of teaching sexuality education, especially when it is the part of elective classes and left to the decision of teachers. For instance, in Latvia there is no prescribed number of hours for sexuality education and it differs from school to school: for 12-15 years old students, the maximum number of hours in which sexuality education can be included is 27, and for those above 16 years old it is 5<sup>109</sup>. In other countries, like Cyprus or Czech Republic, the maximum number of hours is not specified or defined.

According to the ITGSE and the Standards, sexuality education should be age-appropriate and comprehensive, and should start from an early age<sup>110</sup>. In a handful of countries, it starts from an early age and curricula content is often more elaborate for older age groups. For example, in Sweden, most schools focus on sexuality education in grades 5 – 6 (11 – 13 years) and 8 – 9 (14 – 16 years). In Belgium,

<sup>106</sup> Picken, N., 'Sexuality education across the European Union: an overview', European Union, 2020, available at: <https://op.europa.eu/en/publication-detail/-/publication/5724b7d8-764f-11eb-9ac9-01aa75ed71a1>.

<sup>107</sup> Picken, N., 'Sexuality education across the European Union: an overview', European Union, 2020, available at: <https://op.europa.eu/en/publication-detail/-/publication/5724b7d8-764f-11eb-9ac9-01aa75ed71a1>.

<sup>108</sup> UNESCO, 'The journey towards comprehensive sexuality education. Global status report', UNSECO: Paris, 2021, available at: <https://unesdoc.unesco.org/ark:/48223/pf0000379607>.

<sup>109</sup> BZgA, IPPF EN, 'Sexuality education in Europe and Central Asia: state of the art and recent developments; an overview of 25 countries. Assessment report', BZgA & IPPF-EN, 2018, available at: <https://www.euro.who.int/en/health-topics/Life-stages/sexual-and-reproductive-health/publications/2018/sexuality-education-in-europe-and-central-asia-state-of-the-art-and-recent-developments.-an-overview-of-25-countries-2018>.

<sup>110</sup> UNESCO, UNAIDS, UNFPA, UNICEF, UN Women & WHO, 'International technical guidance on sexuality education. An evidence-informed approach', UNESCO, Paris, 2018, available at: <https://www.unfpa.org/publications/international-technical-guidance-sexuality-education>.

it generally starts before the age of 10 and may continue until the age of 16 or older<sup>111</sup>. In Finland, there have been strong calls to integrate sexuality education into national curricula for early childhood education and in 2013-2014 a survey was carried out to explore attitudes towards sexuality education for young children<sup>112</sup>. Subsequently, in 2016, the Finnish National Agency for Education produced new instructions for early childhood education, including “body and emotions education” with core features of age-appropriate sexuality education. Later, in 2020, at least 22 municipalities, which cover 45% of Finnish 0-6 years olds, included sexuality education as a part of their mandatory local curricula<sup>113</sup>.

In most countries, teachers that are later supposed to provide sexuality education are not adequately trained and they often receive limited training as part of their formal course of study. Many Member States where sexuality education is mandatory report only provisional and voluntary training sessions for teachers (Belgium, Denmark, Germany, Ireland, Latvia, Malta, Poland and the Netherlands)<sup>114</sup>. For example, in Czechia, teachers are trained in one-day course. Meanwhile, Finland and Estonia stand out for institutionalising sexuality education and integrating it into pre-service teacher education, or into the curriculum of teacher training colleges<sup>115</sup>. One in ten respondents to the European School Education Gateway survey on sexuality education indicated that teachers received ongoing professional development training on sexuality education from their local or regional authorities and a third of respondents reported that teachers received guidelines and teaching materials on the subject<sup>116</sup>. The Review of Relationships and Sexuality Education in Ireland (2019) found that teachers expressed the need to review the model of training to move from a model that is once-off to one that provides on-going support and mentoring both at the school level and through professional learning communities. Some teachers mentioned examples when school supported them in gaining competence and confidence; however, these initiatives were generally informal and sporadic rather than embedded in school practice<sup>117</sup>. Often, NGOs step in, formally or informally, with or without support by states and institutional actors. Schools might “outsource” the task of sexuality education to NGOs, or they provide sporadic sexuality education programmes directly to students and/or by training interested teachers<sup>118</sup>.

<sup>111</sup> BZgA, IPPF EN, ‘Sexuality education in Europe and Central Asia: state of the art and recent developments; an overview of 25 countries. Assessment report’, BZgA & IPPF-EN, 2018, available at: <https://www.euro.who.int/en/health-topics/Life-stages/sexual-and-reproductive-health/publications/2018/sexuality-education-in-europe-and-central-asia-state-of-the-art-and-recent-developments.-an-overview-of-25-countries-2018>.

<sup>112</sup> Cacciatore, Raisa, Ingman-Friberg, Susanne, Apter, Dan, Sajaniemi, Nina, & Kaltiala, Riittakerttu, ‘An alternative term to make comprehensive sexuality education more acceptable in childhood’, South African Journal of Childhood Education, 2020, 10(1), 1-10, available at: <https://sajce.co.za/index.php/sajce/article/view/857>.

<sup>113</sup> UNESCO, ‘The journey towards comprehensive sexuality education. Global status report’, UNSECO: Paris, 2021, available at: <https://unesdoc.unesco.org/ark:/48223/pf0000379607>.

<sup>114</sup> Picken, N., ‘Sexuality education across the European Union: an overview, European Union’, 2020, available at: <https://op.europa.eu/en/publication-detail/-/publication/5724b7d8-764f-11eb-9ac9-01aa75ed71a1>.

<sup>115</sup> BZgA, IPPF EN, ‘Sexuality education in Europe and Central Asia: state of the art and recent developments; an overview of 25 countries. Assessment report’, BZgA & IPPF-EN, 2018, available at: <https://www.euro.who.int/en/health-topics/Life-stages/sexual-and-reproductive-health/publications/2018/sexuality-education-in-europe-and-central-asia-state-of-the-art-and-recent-developments.-an-overview-of-25-countries-2018>.

<sup>116</sup> European Commission, ‘School Education Gateway. Europe’s online platform for school education’, 2019, available at: <https://www.schooleducationgateway.eu/en/pub/viewpoints/surveys/survey-on-sex-education.htm>.

<sup>117</sup> National Council for Curriculum and Assessment, ‘Report on the Review of Relationships and Sexuality Education (RSE) in primary and postprimary schools’, NCCA: Ireland, 2019, available at: <https://ncca.ie/media/4462/report-on-the-review-of-relationships-and-sexuality-education-rse-in-primary-and-post-primary-school.pdf>.

<sup>118</sup> European Women’s Lobby, ‘Feminist SEXuality Education’, 2020, available at: <https://www.womenlobby.org/Feminist-SEXuality-Education?lang=en>.

To address existing bottlenecks in teacher training and teachers' competencies, plans are underway in some countries. For example, in 2020, the Swedish Ministry of Education announced that all pre-service teachers will be assessed on their competency to teach about sex, identity and relationships starting from 2021<sup>119</sup>.

In conclusion, lack of adequate teacher training is a barrier to high quality sexuality education and its implementation. It influences the number of topics discussed, as well as the way these topics are addressed. Thus, training the teachers to deliver sexuality education is vital, especially because a highly sensitive topic such as sexuality might cause discomfort and embarrassment to teachers having insufficient expertise, knowledge and awareness. The focus of good sexuality education lies not only in the top-down transfer of knowledge, but also in discussing social and gender norms as well as developing critical thinking, positive values and behavioural skills. This requires participatory and interactive teaching methods to ensure that sexuality education is effective<sup>120</sup>.

#### 4.2.3. Monitoring and evaluation

Although regular monitoring and evaluation of sexuality education is necessary to track the progress and ensure its quality implementation, it is rarely done across EU countries or these efforts are occasional, mostly being research studies or NGOs initiatives. Chapter 2 on effectiveness of sexuality education discussed a number of evaluation studies available from EU Member States. This Sub-section focuses on how EU Member States organise monitoring and evaluation of their sexuality education programmes.

Large-scale national evaluations are rare, which hinders the possibility to measure effectiveness of sexuality education and correlate it with behavioural changes and public health outcomes, including gender norms and attitudes, teenage pregnancies and STIs<sup>121</sup>. Routine assessment of these correlations could have a potential for a comparative perspectives and revision of the existing sexuality education practices. In Finland, for example, there is no monitoring system in place, but the Finnish Evaluation Education Centre organizes an evaluation of different subjects and the National Institute of Health also implements a school health survey every other year. One of the aims of the survey is also to evaluate the impact of sexuality education in schools<sup>122</sup>. In Germany, the effectiveness of sexuality education is indirectly evaluated through the representative survey "Youth Sexuality", which is repeated periodically, with the latest from 2019. This survey, that includes topics like contraception use, relationships and sexual experiences, provides a basis for the development of effective measures and revision of sexuality education efforts<sup>123</sup>.

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<sup>119</sup> UNESCO, *'The journey towards comprehensive sexuality education. Global status report'*, UNSECO: Paris, 2021, available at: <https://unesdoc.unesco.org/ark:/48223/pf0000379607>.

<sup>120</sup> BZgA, IPPF EN, *'Sexuality education in Europe and Central Asia: state of the art and recent developments; an overview of 25 countries. Assessment report'*, BZgA & IPPF-EN, 2018, available at: <https://www.euro.who.int/en/health-topics/Life-stages/sexual-and-reproductive-health/publications/2018/sexuality-education-in-europe-and-central-asia-state-of-the-art-and-recent-developments.-an-overview-of-25-countries-2018>.

<sup>121</sup> European Women's Lobby, *'Feminist SEXuality Education'*, 2020, available at: <https://www.womenlobby.org/Feminist-SEXuality-Education?lang=en>.

<sup>122</sup> BZgA, IPPF EN, *'Sexuality education in Europe and Central Asia: state of the art and recent developments; an overview of 25 countries. Assessment report'*, BZgA & IPPF-EN, 2018, available at: <https://www.euro.who.int/en/health-topics/Life-stages/sexual-and-reproductive-health/publications/2018/sexuality-education-in-europe-and-central-asia-state-of-the-art-and-recent-developments.-an-overview-of-25-countries-2018>.

<sup>123</sup> Scharmanski, S., Heßling, A. Sexual- und Verhütungsverhalten von Jugendlichen und jungen Erwachsenen in Deutschland. Aktuelle Ergebnisse der Repräsentativbefragung „Jugendsexualität“. Bundesgesundheitsbl 64, 1372–1381 (2021), available at: <https://doi.org/10.1007/s00103-021-03426-6>.

However, there is still a number of EU Member States (see Table 2) that have no monitoring or evaluation of their sexuality education programme, where no or sporadic evidence on sexuality education policies, implementation and quality assessment exists and which are not covered by available international reports and studies from UNESCO, BZgA and IPPF. A need to describe and evaluate sexuality education and its impact is crucial in order to provide recommendations for improvements and ensure that it conforms with European and international standards.

Table 2 gives an overview of the status of sexuality education in EU Member States.

Table 2: Overview of the status of sexuality education in EU Member States

EU Member States	Legal/policy framework <sup>1</sup>	Mandatory or optional <sup>2</sup>	Training for teachers <sup>3</sup>	M & E <sup>4</sup>	Opposition <sup>5</sup>
Austria	Y	M	Y	N	Y
Belgium	Y	M	Y	Y	N
Bulgaria	Y	O	Y	N	Y
Croatia	-	O	-	-	Y
Cyprus	Y	M	-	N	Y
Czech Republic	Y	M	Y	Y	Y
Denmark	Y	M	Y	N	N
Estonia	Y	M	Y	Y	N
Finland	Y	M	Y	Y	N
France	Y	M	Y	-	-
Germany	Y	M	Y	N	Y
Greece	Y	M	-	-	Y
Hungary	-	O	-	-	Y
Ireland	Y	M	Y	Y	Y
Italy	-	O	-	-	Y
Latvia	Y	M	Y	Y	Y
Lithuania	-	O	-	-	-
Luxembourg	Y	M	-	-	-
Malta	Y	M	-	-	-
The Netherlands	Y	M	Y	Y	N
Poland	Y	M	-	-	Y
Portugal	Y	M	-	-	-
Romania	-	O	-	-	-
Slovakia	-	O	-	-	-
Slovenia	Y	M	-	-	-
Spain	Y	M	N	N	Y
Sweden	Y	M	Y	Y	N

<sup>1</sup> Availability of law or/and policy for sexuality education: Yes (Y)/No (N)

<sup>2</sup> Sexuality education mandatory (M) or optional (O)

<sup>3</sup> Availability of teacher training: Yes (Y)/No (N)

<sup>4</sup> Monitoring and evaluation in place: Yes (Y)/No (N)

<sup>5</sup> Opposition to sexuality education: Yes (Y) – some or strong / No (N) – no or very insignificant

"-" – data is not available in the published reports or not accessible due to language

Note: The information in this table is based on available literature. It does not describe the actual implementation of sexuality education in practice, for example, the CSE could be mandatory in the country, but hardly implemented.

Sources:

BZgA, IPPF EN, 'Sexuality education in Europe and Central Asia: state of the art and recent developments; an overview of 25 countries. Assessment report', BZgA & IPPF-EN, 2018, available at: <https://www.euro.who.int/en/health-topics/Life-stages/sexual-and-reproductive-health/publications/2018/sexuality-education-in-europe-and-central-asia-state-of-the-art-and-recent-developments.-an-overview-of-25-countries-2018>.

McCracken, Marquez, S. Priest, A. FitzSimmons & K. Torchia, 'Sexual and reproductive health and rights. European Parliament: Directorate General for Internal Policies (Policy Department C: Citizens' Rights and Constitutional Affairs: Women's Rights and Gender Equality)', 2016., available at:

[https://www.europarl.europa.eu/RegData/etudes/STUD/2016/571392/IPOL\\_STU\(2016\)571392\\_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/STUD/2016/571392/IPOL_STU(2016)571392_EN.pdf)

Picken, N., 'Sexuality education across the European Union: an overview', European Union. 2020, available at: <https://op.europa.eu/en/publication-detail/-/publication/5724b7d8-764f-11eb-9ac9-01aa75ed71a1>.

UNESCO, 'The journey towards comprehensive sexuality education. Global status report', UNSECO: Paris, 2021, available at: <https://unesdoc.unesco.org/ark:/48223/pf0000379607>.



## 5. BARRIERS AND CHALLENGES TO PROVIDING SEXUALITY EDUCATION

Despite the stated commitment of the governments to sexuality education and existence of the supporting policies and laws, there are still challenges for its implementation in many EU Member States. This Chapter describes a number of barriers and bottlenecks in the implementation of sexuality education, illustrated with examples from selected countries. It integrates findings from the recent reports on sexuality education as well as research studies from Europe.

### 5.1. Societal level: public attitudes and political opposition

Many societies still hold erroneous beliefs about the effects of teaching young people about sexuality and relationships. These misconceptions are often fueled and spread by organized opposition and lobbying. As a result, provision of sexuality education is often not based on evidence but becomes a highly politicized issue and remains a topic of debate in many EU Member States. Such debates and opposition obstruct an effective development and implementation of sexuality education in many EU countries. The status report on sexuality education in the WHO European Region found that there was at least some opposition against sexuality education in 20 of the 25 studied countries, including serious opposition among 12 of these countries. Only in a handful of countries, like Sweden, Finland, the Netherlands, Belgium and Estonia, sexuality education is widely accepted.<sup>124</sup>

In general, public opposition to sexuality education is often based on two main allegations: 1) sexuality attacks the innocence of children, such as inducing early onset of sexual contact; 2) sexuality education is the responsibility of the parents and not the schools<sup>125</sup>. Sexuality education also includes a range of topics, e.g., sexuality orientation and gender diversity, that may be considered sensitive or difficult to discuss in some cultural and religious contexts.

In some settings, the points above, along with misinformation about the purpose and benefits of sexuality education, has led to opposition from parents, religious or political groups, resulting in a negative impact on policies, progress and implementation.

Firstly, parental resistance to sexuality education can be found in different countries, and in a small number of countries parents can opt out their children from attending sexuality education classes, such as in Hungary and Romania. For example, even though Romania has the highest rate of teenage pregnancies in the EU and an ascending prevalence of STIs, the country strictly requires parental consent for receiving sexuality education in schools (see Box 4)<sup>126</sup>. A recent study that assessed the

<sup>124</sup> BZgA, IPPF EN, 'Sexuality education in Europe and Central Asia: state of the art and recent developments; an overview of 25 countries. Assessment report', BZgA & IPPF-EN, 2018, available at: <https://www.euro.who.int/en/health-topics/Life-stages/sexual-and-reproductive-health/publications/2018/sexuality-education-in-europe-and-central-asia-state-of-the-art-and-recent-developments.-an-overview-of-25-countries-2018>.

<sup>125</sup> BZgA, IPPF EN, 'Sexuality education in Europe and Central Asia: state of the art and recent developments; an overview of 25 countries. Assessment report', BZgA & IPPF-EN, 2018, available at: <https://www.euro.who.int/en/health-topics/Life-stages/sexual-and-reproductive-health/publications/2018/sexuality-education-in-europe-and-central-asia-state-of-the-art-and-recent-developments.-an-overview-of-25-countries-2018>.

<sup>126</sup> The World Bank (2015a), 'Adolescent fertility ratio: European Union', available at: <https://data.worldbank.org/indicator/SP.ADO.TFRT?locations=EU>.  
Smith, M., 'Understanding the barriers to implementing a national sexual education strategy in Romania', 2017, Faculty of the University of Delaware, available at: [https://udspace.udel.edu/bitstream/handle/19716/21767/Smith\\_udel\\_0060M\\_12851.pdf?sequence=1&isAllowed=y](https://udspace.udel.edu/bitstream/handle/19716/21767/Smith_udel_0060M_12851.pdf?sequence=1&isAllowed=y).

attitudes of Romanian mothers of female teenagers towards sexuality education found that 85,9% of them consider parents as the most suitable source of sexuality education for their daughters followed by teachers (33,3%) and family doctors (24,4%)<sup>127</sup>. In Cyprus, a group of vocal and visible parents uses the allegations above and reports their concerns to the Ministry of Education and Culture and to the Commissioner for Children's Rights and other stakeholders<sup>128</sup>. Moreover, cultural expectations and the migration background of parents impact the acceptance and perception of the sexuality education in schools. In Sweden, a recent study showed that Arabic speaking migrant parents are concerned about content and methods of sexuality education provided at schools<sup>129</sup>. They also had numerous false assumptions about unfounded potential negative effects of sexuality education. Parental pressure can result in fear of teachers to teach about sexuality. For example, in Spain, primary school teachers expressed their uneasiness of having to address the topic of sexuality education due to the potential outcomes that parents' opinions can have on the teachers<sup>130</sup>. It is important to mention that the European Court of Human Rights decided, in a number of examples, in favor of young peoples' right to sexuality education at school on the grounds that this provides them with the skills to protect themselves from sexual violence<sup>131</sup>.

Secondly, religious groups and institutions often oppose or contradict sexuality education content delivered in schools. Some school heads and teachers in religious schools are reported to tend not to provide adequate sexuality education, and/or deliver misinformation and detrimental ideologies, e.g., in Spain or the UK<sup>132, 133</sup>. A study done in England on informal sexuality education among ultra-Orthodox Jews (Haredim) shows how religious rule presumes to have the responsibility of providing age-suitable education. As for women, the corresponding knowledge is only transferred upon marriage and childbirth by female pseudo-professionals<sup>134</sup>. However, at the same time, many Haredi Jewish parents express their preference for an educational program offered by the state instead of religious authorities, since it will contribute to the wellbeing of adolescents<sup>135</sup>. There was also resistance and

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Romania Journal, 'Parliament Voted: Sex Education Only With The Parents' Consent', 2020, available at: <https://www.romaniajournal.ro/politics/parliament-voted-sex-education-only-with-the-parents-consent/>.

<sup>127</sup> Iorga, M.; Pop, L.; Gimiga, N.; Păduraru, L.; Smaranda, 'Assessing the Opinion of Mothers about School-Based Sexual Education in Romania, the Country with the Highest Rate of Teenage Pregnancy in Europe'. In *Medicina* (Kaunas, Lithuania) 57 (8), doi: 10.3390/medicina57080841, available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8401724/>.

<sup>128</sup> BZgA, IPPF EN, 'Sexuality education in Europe and Central Asia: state of the art and recent developments; an overview of 25 countries. Assessment report', BZgA & IPPF-EN, 2018, available at: <https://www.euro.who.int/en/health-topics/Life-stages/sexual-and-reproductive-health/publications/2018/sexuality-education-in-europe-and-central-asia-state-of-the-art-and-recent-developments.-an-overview-of-25-countries-2018>.

<sup>129</sup> van Wees H., Fried, S., Larsson, E., 'Arabic speaking migrant parents' perceptions of sex education in Sweden: A qualitative study', *Sex Reprod Healthc.* 2021 Jun;28:100596, doi: 10.1016/j.srhc.2021.100596. Epub 2021 Jan 30. PMID: 33550052, available at: <https://pubmed.ncbi.nlm.nih.gov/33550052/>.

<sup>130</sup> Plaza-Del-Pino, F.J., Soliani, I., Fernández-Sola, C., et al., 'Primary School Teachers' Perspective of Sexual Education in Spain. A Qualitative Study'. *Healthcare* (Basel), 2021;9(3):287, available at: <https://pubmed.ncbi.nlm.nih.gov/33807830/>.

<sup>131</sup> IPPF, 'Ground-breaking ruling by European Court of Human Rights on children's right to sexual and emotional literacy', 2018, available at: <https://www.ippfen.org/blogs/ground-breaking-ruling-european-court-human-rights-childrens-right-sexual-and-emotional>.

<sup>132</sup> While the UK is no longer an EU Member State, the report sometimes illustratively refers to this country.

<sup>133</sup> European Women's Lobby, 'Feminist SEXuality Education', 2020, available at: <https://www.womenlobby.org/Feminist-SEXuality-Education?lang=en>.

<sup>134</sup> Taragin-Zeller, L.; Kasstan, B., 'I Didn't Know How to Be with My Husband': State - Religion Struggles over Sex Education in Israel and England', *Anthropology & Education Quarterly*, 2021;52 (1), pp. 5–20, available at: [https://www.researchgate.net/publication/344321119\\_I\\_Didn't\\_Know\\_How\\_to\\_Be\\_with\\_My\\_Husband'\\_State-Religion\\_Struggles\\_over\\_Sex\\_Education\\_in\\_Israel\\_and\\_England](https://www.researchgate.net/publication/344321119_I_Didn't_Know_How_to_Be_with_My_Husband'_State-Religion_Struggles_over_Sex_Education_in_Israel_and_England).

<sup>135</sup> Taragin-Zeller, L., Kasstan, B., 'I Didn't Know How to Be with My Husband': State - Religion Struggles over Sex Education in Israel and England'. *Anthropology & Education Quarterly*, 2021;52 (1), pp. 5–20, available at:

critical discourse from British Muslim parents as a response to the British government's statutory requirements for compulsory sexuality education, especially in relation to same-sex relations, gender fluidity, pleasure and desire<sup>136</sup>. A recent study from the Netherlands published in 2021 also showed that explicit messaging as well as institutional practices (such as sex-segregation and prescriptive dress codes) at non-formal Islamic education settings (mosques) convey a specific narrative about pre-marital sexual conduct, and even any form of touching or socializing. This collides with CSE, which takes a rights-based approach to relationships, i.e., is based on the principle that young people should be able to decide for themselves whether, when and with whom to have relationships<sup>137</sup>. Box 4 presents the case of Romania, where the Orthodox Church opposed a law on mandatory sexuality education.

Thirdly, with the increase of conservative and far-right governments in power in several EU Member States, such as Hungary and Poland, the political opposition and emphasis on "heteronormative" family values and "Restoring the Natural Order" are rising. Moreover, in the recent years, an increasing number of groups and initiatives have been organized in resistance to gender equality and sexual and reproductive rights in the European countries. Their targets include marriage equality, gender equality, abortion and reproductive rights, as well as sexuality education in public schools<sup>138</sup>. Their strategy is well documented in a publication of the European Parliamentary Forum on Population and Development that describes the religious extremists' vision to mobilize European societies against human rights on sexuality and reproduction<sup>139</sup>.

Poland's Law and Justice party (PiS), Germany's Alternative for Germany party (AfD) and Vox in Spain are three examples of right-wing political parties that openly express opposition to sexuality education in their country. According to PiS, sexuality education, and all actors committed to it, represent a danger to Poland as a nation, since they threaten the Polish identity and presence<sup>140</sup>. However, in a recent survey conducted in Poland, almost 80% of the respondents consider that sexuality education should be taught in schools, whereas 68% of the respondents are certain that sessions on contraception and other sexuality education topics do not lead to an early commencement of sexual activities<sup>141</sup>. The German conservative right party – AfD, believes and articulates that only heterosexuality and "classical family model", which is based on marriage, should be taught in sexuality education classes<sup>142</sup>. In Spain, the parental PIN, a strategy that was designed and launched by Vox (far-

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[https://www.researchgate.net/publication/344321119\\_'I\\_Didn't\\_Know\\_How\\_to\\_Be\\_with\\_My\\_Husband'\\_State-Religion\\_Struggles\\_over\\_Sex\\_Education\\_in\\_Israel\\_and\\_England](https://www.researchgate.net/publication/344321119_'I_Didn't_Know_How_to_Be_with_My_Husband'_State-Religion_Struggles_over_Sex_Education_in_Israel_and_England).

<sup>136</sup> Sanjakdar, F., 'Making sense of British Muslim parents objections to 'progressive' sexuality education', *British Journal of Educational Studies*, 2021, doi: 10.1080/00071005.2021.1905770, available at: <https://www.tandfonline.com/doi/full/10.1080/00071005.2021.1905770>.

<sup>137</sup> Kosar Altinyelken, H., Akhtar, Y. & Selim, N., 'Navigating Contradictory Narratives on Sexuality Between the School and the Mosque in Four Muslim Communities in the Netherlands'. *Sexuality & Culture*, 2021, available at: <https://doi.org/10.1007/s12119-021-09911-z>.

<sup>138</sup> Kuhar, R.; Zobec, A., 'The anti-gender movement in Europe and the educational process in public schools', *CEPS Journal* 7, 2017:2, S. 29-46 - URN: urn:nbn:de:0111-pedocs-145948, available at: [https://www.pedocs.de/volltexte/2017/14594/pdf/cepsj\\_2017\\_2\\_Kuhar\\_Zobec\\_The\\_anti\\_gender\\_movement.pdf](https://www.pedocs.de/volltexte/2017/14594/pdf/cepsj_2017_2_Kuhar_Zobec_The_anti_gender_movement.pdf).

<sup>139</sup> European Parliamentary Forum, 'Restoring the Natural Order: The religious extremists' vision to mobilize European societies against human rights on sexuality and reproduction', EPF, Brussels, 2018, available at: [https://www.epfweb.org/sites/default/files/2021-03/rtno\\_EN\\_epf\\_online\\_2021.pdf](https://www.epfweb.org/sites/default/files/2021-03/rtno_EN_epf_online_2021.pdf).

<sup>140</sup> Davies, C., 'Poland's Law and Justice party targeting sex education'. *The Lancet*, 2020:395(10217), 17–18, doi:10.1016/S0140-6736(19)33168-X, available at: <https://pubmed.ncbi.nlm.nih.gov/31929002/>.

<sup>141</sup> Poland In, 'Majority of Poles favour sex education in schools', 2019, available at: <https://polandin.com/44982215/majority-of-oles-favour-sex-education-in-schools>. and Davies, C., 'Poland's Law and Justice party targeting sex education'. *The Lancet*, 2020:395(10217), 17–18, doi:10.1016/S0140-6736(19)33168-X, available at: <https://pubmed.ncbi.nlm.nih.gov/31929002/>.

<sup>142</sup> DW, 'AfD publishes sex education proposal focusing on 'classical family values', 2016, available at:

right political party), is a written request addressed to school directors, in which parents ask to be informed in advance about any subject or activity that includes issues about gender identity or LGBTI+ rights, so parents can provide their consent for the attendance by their children. It is also claiming an exclusive right of parents to educate their children<sup>143</sup>. In this regard General comment No. 15 on the right of the child to the enjoyment of the highest attainable standard of health (art. 24) is interesting, as it recommends States to review and consider allowing children to consent to certain medical treatments and interventions without the permission of a parent, caregiver, or guardian, such as HIV testing and SRH services, including education and guidance on sexual health, contraception and safe abortion.<sup>144</sup>

#### Box 4: Religious opposition to sexuality education in Romania

In 2020, a decisive step was made towards sexuality education in Romania: the Romanian parliament adopted a law (Law no. 45/2020) mandating schools to, at least once every semester, roll out educational programmes for life, including sexual education, in order to prevent the STIs and pregnancy in minors.

However, the Orthodox Church, to which more than 80% of Romanians belong, condemned the law as *"an attack on the innocence of children"* and invoked children's rights and freedom of conscience to ask for the law to be amended (Barbera, 2020). As a consequence, the law was adapted and the term *"sex education"* was replaced by *"health education"*. Further, students in Romania can now receive sexuality education at school only with the written consent of their parents or guardian.

Nevertheless, Romania has the second highest adolescent pregnancy rate in the European Union and a study conducted by UNICEF together with the Romanian NGO Association for Health for Mothers and Infants (SAMAS) draws a link between the high rate of adolescent pregnancies and the lack of access to comprehensive information on sexuality and reproduction:

#### Sources:

Barbera, M., *'Romania Bows to Church, Scraps Mandatory Sex Education'*, 2020, available at: <https://balkaninsight.com/2020/06/03/romania-bows-to-church-scraps-mandatory-sex-education/>.

UNICEF, *'Adolescent Pregnancy in Romania'*, 2021, New York: UNICEF, available at: <https://www.unicef.org/romania/reports/adolescent-pregnancy-romania>.

Smith, M., *'Understanding the barriers to implementing a national sexuality education strategy in Romania'*, A thesis submitted to the Faculty of the University of Delaware in partial fulfilment of the requirements for the degree of Master of Public Administration 2017, available at:

[https://udspace.udel.edu/bitstream/handle/19716/21767/Smith\\_udel\\_0060M\\_12851.pdf?sequence=1&isAllowed=y](https://udspace.udel.edu/bitstream/handle/19716/21767/Smith_udel_0060M_12851.pdf?sequence=1&isAllowed=y).

YouAct, *'The current state of sexuality education in Cyprus, Georgia, Poland, Romania and the Netherlands: Insights from a youth perspective'*. s.d., available at: [http://youact.org/wp-content/uploads/2018/05/WEB-SPREAD\\_The-Current-State-of-Sexuality-Education-in-Cyprus-Georgia-Poland-Romania-and-the-Netherlands-Insights-from-a-Youth-Perspective.pdf](http://youact.org/wp-content/uploads/2018/05/WEB-SPREAD_The-Current-State-of-Sexuality-Education-in-Cyprus-Georgia-Poland-Romania-and-the-Netherlands-Insights-from-a-Youth-Perspective.pdf).

<https://www.dw.com/en/afd-publishes-sex-education-proposal-focusing-on-classical-family-values/a-36401503>.

<sup>143</sup> The Guardian, *'Row in Spain over far-right party's parental veto policy for classes'*, 2020, available at: <https://www.theguardian.com/world/2020/jan/20/spains-government-vows-to-overturn-parental-pin-initiative>.

<sup>144</sup> United Nations Committee on the Rights of the Child, *'General comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health (art. 24)'*, 2013, available at: [https://tbinternet.ohchr.org/\\_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRC%2FC%2FGC%2F15&Lang=en](https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRC%2FC%2FGC%2F15&Lang=en).

*'According to the professionals who participated in qualitative research, the shortcomings reported in regards to pregnancy prevention are closely linked to the fact that [...] the education 'meant to promote a healthy lifestyle and reproductive health' (quote Community Health Nurse from a rural community) is poorly organised, as 'there is a shortage of educational experts and of teacher training programmes on reproductive health' (quote school doctor) and 'there is not enough collaboration between educational stakeholders' (quote general practitioner).'*

The study from UNICEF identified barriers for the implementation of sexuality education in Romanian schools from parents, teachers and school management. A strong taboo underlying this opposition is related to sexuality, religious opposition and lack of political leadership:

- Sexuality is still a taboo in the post-communist Romania. Especially adults are afraid that it will lead to promiscuity and to young people starting their sexual lives earlier. When it comes to sexuality, even giving information can be challenging for some teachers, as they hold strong personal values that end up biasing the information disseminated in class (YouAct);
- Religious opposition which is well organized and have the capacity to set up campaigns against sexuality education. The church has its own television and radio channels which were used in the past to combat the implementation of sexuality education policies (Smith, 2017); and
- Lack of political leadership: the recent withdrawal of the law mandating sexuality education was not the first incidence of this sort. In 2014, the Ministry of Health attempted to pass a national strategy requiring sexuality education in schools but, also then, religious organizations, parents and civil society, signed a public letter to the Minister of Health for parents to be consulted on matters of sexuality education and the importance of delaying sexual intercourse until marriage.

*Societatea civilă către doi miniștri: Educație pentru sănătate –DA, educație ideologică – NU!*, 2015, available at: <http://stiripentruviata.ro/societatea-civila-catre-doi-miniștri-educație-pentrusanătate-da-educație-ideologica-nu/>.

## 5.2. Programmatic and operational level

Implementation barriers include insufficient training, guidance and support for teachers to deliver sexuality education using evidence-based pedagogical approaches; lack of access to appropriate curricula and training resources covering a comprehensive range of key topics; and under prioritized funding to support effective delivery<sup>145</sup>. Below three programmatic and operational level barriers are described: teacher training and support; resources and priorities; and participation of young people.

### 5.2.1. Lack of teacher training, support and confidence

In Chapter 4 on status of sexuality education, it was highlighted that the percentage of teachers receiving training on sexuality education varies across countries. Some EU countries train most teachers, while others train just a few, despite the mandatory status of sexuality education in many

<sup>145</sup> UNESCO, 'Policy paper 39. Facing the facts: the case for comprehensive sexuality education', UNESCO, 2019, available at: <https://en.unesco.org/gem-report/node/2791>.

countries<sup>146</sup>. Thus, lack of adequate training is a potential barrier to high quality and consistent implementation of sexuality education. Teachers play a key role in creating a safe atmosphere for all students, and they need the knowledge and confidence to address sexuality matters. Several studies and international guidelines acknowledged that trained and supported teachers is an important factor for delivering CSE, however, there is still too little attention for continuous technical and didactic support for teachers<sup>147</sup>.

Many teachers report that they lack skills and confidence to deliver diverse topics or use interactive methods. In the School Education Gateway survey on sexuality education in 2019, in which 41% of the respondents were teachers, 53% of the participants indicated the absence of meaningful support for teachers in discussing SRH issues with young people<sup>148</sup>. A study on factors of implementation of a Dutch program "Long live love" showed that self-efficacy and training of teachers contribute to more fidelity of the curriculum and that it is not a simple task to change the implementation behaviours of teachers<sup>149</sup>. The teachers in upper secondary schools in Norway use the same national curriculum guiding their teaching, but, as they are not one homogeneous group, they implement this curriculum differently. For example, younger female teachers teach most about sexual harassment and abuse comparing to their senior colleagues<sup>150</sup>. In 2017, a review by the Swedish Schools Inspectorate found that there were challenges around teacher confidence discussing and analysing gender norms – a critical element of the curriculum content<sup>151</sup>. A study from Spain (2021) among primary school teachers showed that teachers often complain about the absence of training in sexuality education throughout their university degrees, highlighting that university programmes leave little time to address contents more specifically related to sexuality education<sup>152</sup>. A recent global review (2020) on teachers' perspectives of SRH education in primary and secondary schools showed that teachers reported increased confidence in studies where education materials and programmes were provided; they often struggled to balance school policy with what parents wanted and what they felt students needed to receive; and a lack of confidence was present where there was a perceived lack of training<sup>153</sup>. Regarding

<sup>146</sup> BZgA, IPPF EN, 'Sexuality education in Europe and Central Asia: state of the art and recent developments; an overview of 25 countries. Assessment report', BZgA & IPPF-EN, 2018, available at: <https://www.euro.who.int/en/health-topics/Life-stages/sexual-and-reproductive-health/publications/2018/sexuality-education-in-europe-and-central-asia-state-of-the-art-and-recent-developments.-an-overview-of-25-countries-2018>.

<sup>147</sup> UNESCO, 'The journey towards comprehensive sexuality education. Global status report', UNESCO, Paris, 2021, available at: <https://unesdoc.unesco.org/ark:/48223/pf0000379607>.

<sup>148</sup> European Commission, 'School Education Gateway. Europe's online platform for school education', 2019, available at: <https://www.schooleducationgateway.eu/en/pub/viewpoints/surveys/survey-on-sex-education.htm>.

<sup>149</sup> Schutte, L., 'Implementation strategy for the school-based sex education program Long Live Love: A Dynamic Process'. Maastricht University, 2017, <https://doi.org/10.26481/dis.20170712ls>, available at: <https://cris.maastrichtuniversity.nl/en/publications/implementation-strategy-for-the-school-based-sex-education-progra>.

<sup>150</sup> Goldschmidt-Gjerløw, B., 'Exploring Variation in Norwegian Social Science Teachers' Practice Concerning Sexuality Education: Who Teachers Are Matters and So Does School Culture', Scandinavian Journal of Educational Research, 2021, doi: 10.1080/00313831.2020.1869072, available at: <https://www.tandfonline.com/doi/full/10.1080/00313831.2020.1869072>.

<sup>151</sup> Swedish School Directorate, 'Sex-och samlevnadsundervisning (Sex and Cohabitation Education)' Stockholm, 2018, available at: <https://www.skolverket.se/skolutveckling/inspiration-och-stod-i-arbetet/stod-i-arbetet/sex-och-samlevnad>. UNESCO, 'The journey towards comprehensive sexuality education. Global status report', UNESCO: Paris, 2021, available at: <https://unesdoc.unesco.org/ark:/48223/pf0000379607>.

<sup>152</sup> Plaza-Del-Pino, F.J., Soliani, J., Fernández-Sola, C., et al., 'Primary School Teachers' Perspective of Sexual Education in Spain. A Qualitative Study. Healthcare (Basel)'. 2021;9(3):287, doi:10.3390/healthcare9030287, available at: <https://www.mdpi.com/2227-9032/9/3/287>.

<sup>153</sup> Walker, R., Drakeley, S., Welch, R., Leahy, D., Boyle, J., 'Teachers' perspectives of sexual and reproductive health education in primary and secondary schools: a systematic review of qualitative studies', Sex Education, 2020, DOI: 10.1080/14681811.2020.1843013, available at: <https://www.tandfonline.com/doi/abs/10.1080/14681811.2020.1843013>.

the support for providers of sexuality education, Austria presents an interesting example, which is presented in Box 5.

#### Box 5: Accreditation system for external providers of sexuality education in Austria

The legal basis for sexuality education in Austria lies in the Fundamental Decree on Sexuality Education adapted in 2015 from the original 1970 Decree. The Decree is based on the Standards for Sexuality Education in Europe and the IPPF Framework for Comprehensive Sexuality Education. Sexuality education is integrated into various school subjects. It is mandatory for all learners and is spread throughout primary (starting around age 10) and secondary school (until the end of secondary). Even though Austria has a long-standing tradition when it comes to offering sexuality education, and it offers a comprehensive programme, it still faces some challenges related to the delivery of sexuality education. Only a few teachers have received comprehensive training on how to provide sexuality education. Therefore, schools strongly rely on external experts to teach sexuality education.

At the end of 2018, an incident took place when training materials of a non-governmental organization TeenSTAR became public in which homosexuality was portrayed as a curable identity problem and masturbation as harmful. This resulted in a political discussion with several parties demanding to ban external experts from teaching sexuality education in schools.

The decision was taken to set up a quality system that accredits organisations and programs to teach sexuality education in schools.

Source: Platform Sexuelle Bildung, available at: <https://sexuellebildung.at/>

Systemic and school-based support is also needed to ensure that teachers have access to high-quality didactic materials and tools and have capacities to apply interactive and participatory teaching methods. A study from Finland on the impact of school-based sexuality education on pupils' sexual knowledge and attitudes showed that positive effects of sexuality education on children's knowledge and attitudes were largely due to the motivation and skills of teachers, and the ability to employ participatory teaching techniques<sup>154</sup>. However, despite the increasing number of available teaching and learning materials, it seems such resources may not always reach teachers<sup>155</sup>. The COVID-19 pandemic, as mentioned below, also pressured the teachers to move to the digital spaces. For implementation of digital tools in the classroom, teacher comfort with the technology as well as access issues have to be taken into account<sup>156</sup>.

### 5.2.2. Resource allocation, time and competing priorities

Despite the mandatory nature of sexuality education in some countries and enabling environment, there are gaps in resource allocation and variability in its implementation across countries and regions. Restricted school budgets, alongside with integration of sexuality education into other subjects, make

<sup>154</sup> Kontula, O., 'The Evolution of Sex Education and Students' Sexual Knowledge in Finland in the 2000s.' *Sex Education*, 2010, 10: 373–386, available at: [https://www.researchgate.net/publication/233445030\\_The\\_evolution\\_of\\_sex\\_education\\_and\\_students'\\_sexual\\_knowledge\\_in\\_Finland\\_in\\_the\\_2000s](https://www.researchgate.net/publication/233445030_The_evolution_of_sex_education_and_students'_sexual_knowledge_in_Finland_in_the_2000s).

<sup>155</sup> UNESCO, 'The journey towards comprehensive sexuality education. Global status report', UNSECO: Paris, 2021, available at: <https://unesdoc.unesco.org/ark:/48223/pf0000379607>.

<sup>156</sup> UNESCO, 'The journey towards comprehensive sexuality education. Global status report', UNSECO: Paris, 2021, available at: <https://unesdoc.unesco.org/ark:/48223/pf0000379607>.

school administrations less likely to specifically allocate resources to it<sup>157</sup>. Thus, teachers often report barriers impeding the quality of delivery and discrepancy between the way that a programme is designed to be delivered and the way that it is actually delivered. These barriers include insufficient time allocation within the school timetable, lack of available teacher time and materials<sup>158</sup>. For example, the incorporation of sexuality education sessions within other subjects, like sexuality education in Croatia and Luxemburg, where it is part of classes covering biology, citizenship and religious studies<sup>159</sup>, may cause an insufficient coverage of themes since teachers might be selective when discussing sexuality education topics in class due to time restrictions and preferences.

Countries where regional authorities have relatively high degrees of autonomy, such as Spain, show great variation in sexuality education provision, content, quality and related legislation. Moreover, the challenges faced by rural schools in terms of lack of human resources or material can be more pronounced. These factors when combined with sexuality education as an optional subject, results in a high likelihood of rural schools dropping it as a priority, e.g., Romania<sup>160</sup>.

### 5.2.3. Young people involvement and views on sexuality education

Involving young people in curriculum development is vital to ensuring that content is relevant and tailored to their needs. However, engagement and formal consultation with young people about the content and delivery of sexuality education is still rare and does not happen consistently<sup>161</sup>. A recent study from the Netherlands showed that students want sexuality education classes to move beyond biological functions and reproduction into issues like dating, relationships, and sexual pleasure<sup>162</sup>. Similarly, a study from Northern Ireland published in 2021 showed that young people want to be consulted on the content of relationships and sexuality education lessons and resources; and that content should enable them to explore appropriate relationship behaviours, including sexting<sup>163</sup>. In contrary, a study from Slovakia (2019) revealed that young people ascribe greater importance to the physiological, psychological and relationship aspects of sexuality than to its social and cultural dimensions, reflecting the fact that sexuality education in Slovak schools consists predominantly of biological and medical information<sup>164</sup>. In this study, the fact that "social and cultural impacts of sexuality" and "social norms and values in relation to sexuality" were the two least popular topics could

<sup>157</sup> UNESCO, 'Policy paper 39. Facing the facts: the case for comprehensive sexuality education', UNESCO, 2019, available at: <https://en.unesco.org/gem-report/node/2791>.

<sup>158</sup> UNESCO, 'The journey towards comprehensive sexuality education. Global status report', UNSECO: Paris, 2021, available at: <https://unesdoc.unesco.org/ark:/48223/pf0000379607>.

<sup>159</sup> Picken, N., 'Sexuality education across the European Union: an overview, European Union', 2020, available at: <https://op.europa.eu/en/publication-detail/-/publication/5724b7d8-764f-11eb-9ac9-01aa75ed71a1>.

<sup>160</sup> European Women's Lobby, 'Feminist SEXuality Education', 2020, available at: <https://www.womenlobby.org/Feminist-SEXuality-Education?lang=en>.

<sup>161</sup> UNESCO, 'The journey towards comprehensive sexuality education. Global status report', UNSECO: Paris, 2021, available at: <https://unesdoc.unesco.org/ark:/48223/pf0000379607>.

UNESCO, 'Policy paper 39. Facing the facts: the case for comprehensive sexuality education'. UNESCO: Paris, 2019, available at: <https://en.unesco.org/gem-report/node/2791>.

<sup>162</sup> Cense M, Grauw S, Vermeulen M. 'Sex Is Not Just about Ovaries.' *Youth Participatory Research on Sexuality Education in The Netherlands*. Int J Environ Res Public Health. 2020 Nov 19;17(22):8587, available at: <https://www.mdpi.com/1660-4601/17/22/8587>.

<sup>163</sup> York, L., MacKenzie, A. and Purdy, N., 'Sexting and institutional discourses of child protection: The views of young people and providers of relationship and sex education', Br Educ Res J., 2021. <https://doi.org/10.1002/berj.3751>, available at: <https://bera-journals.onlinelibrary.wiley.com/doi/full/10.1002/berj.3751>.

<sup>164</sup> Miškolci, J., Bosý, D., Jesenková, A., Bosá, M., Minarovičová, K., 'Young people's attitudes toward sex education as their human right in Slovakia'. Sex Education, 2019:1–16, available at: [https://www.researchgate.net/publication/336721204\\_Young\\_people's\\_attitudes\\_toward\\_sex\\_education\\_as\\_their\\_human\\_right\\_in\\_Slovakia](https://www.researchgate.net/publication/336721204_Young_people's_attitudes_toward_sex_education_as_their_human_right_in_Slovakia).



be the result of teachers not sufficiently educating students about the impact of the broader social and cultural context of their experience with their bodies, sexuality and relationships.

A review from a number of countries, including Sweden and the UK, also showed that young people consider sexuality education to be out of touch with many young people's lives, as teachers often have difficulty accepting that some young people are sexually active. Young people also reported that sexuality education can be gendered (stereotypical gender roles) and heterosexist, and they expressed worries towards their teachers due to lack of anonymity, embarrassment and poor training<sup>165</sup>.

Thus, students, youth groups and student associations can provide input on the design, content and evaluation of sexuality education<sup>166</sup>. There is a need for more evaluation studies and research on insights of young people into content and delivery of CSE in EU Member States. For example, the process of actively accounting for the voices of stakeholders, such as young people and parents, is found in Belgium, where they were invited in 2016 to participate in a debate around sexuality education curriculum in schools. Their views and attitudes were collected in the final report and presented to the parliament<sup>167</sup>.

Box 6 presents how long-term partnerships between different stakeholders and continued advocacy resulted in the implementation of mandatory sexuality education in the UK.

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<sup>165</sup> Pound, P., Langford, R., Campbell, R.. 'What do young people think about their school-based sex and relationship education? A qualitative synthesis of young people's views and experiences'. *BMJ Open*. 2016;6(9):e011329, available at: <https://pubmed.ncbi.nlm.nih.gov/27625058/>.

<sup>166</sup> OECD, 'Trends shaping education 2020', OECD Publishing, 2022, available at: <https://www.oecd.org/education/trends-shaping-education-22187049.htm>.

<sup>167</sup> BZgA, IPPF EN, 'Sexuality education in Europe and Central Asia: state of the art and recent developments; an overview of 25 countries. Assessment report', BZgA & IPPF-EN, 2018, available at: <https://www.euro.who.int/en/health-topics/Life-stages/sexual-and-reproductive-health/publications/2018/sexuality-education-in-europe-and-central-asia-state-of-the-art-and-recent-developments-an-overview-of-25-countries-2018>.

## Box 6: Long-term advocacy and participatory approach in the UK

Recently, the UK introduced compulsory Relationships Education for all primary school children and compulsory Relationships and Sex Education (RSE) for all secondary school children. The regulation entered into effect on September 1<sup>st</sup> 2020, with a phased start in implementing the new curriculum if schools are not prepared due to COVID-19 disruption.

This new regulation was the result of decades of advocacy. Organizations as the Sex Education Forum and Humanists UK advocated for decades for objective, factually accurate lessons in relationships and sex to be included on the curriculum, collaborating with civil society organizations, academics, teacher unions and youth organizations. For example, in 2014, the Sex Education Forum launched the 'SRE [*Sex and Relationship Education*] - it's my right' campaign and harnessed support from four teaching unions. The National Union of Students, the UK Youth and the UK Youth Parliament all backed the 'SRE - It's my Right' campaign. A year later, in order to keep the pressure, the Sex Education Forum organized a series of 'write to your MP' (Member of Parliament) campaigns to demonstrate grass-roots support for statutory SRE and to engage individual MPs with the issues. The same year, a letter was published in the newspaper the Times signed by 5 national public health organisations calling on all political parties to support statutory SRE, saying 'it is a basic responsibility of government to protect and inform young people about their bodies and health'. Around this time, concerns about sexual abuse of children as well as the accessibility of digital pornography convinced many members of parliament that mandatory RSE was essential.

In developing the RSE guidance, the Department of education took into account submissions from 23,000 parents, young people, schools and experts and consulted with over 40,000 members of the public. This included views on age-appropriate content on mental well-being, staying safe online and LGBTI+ issues in the updated subjects.

Source:

Sex Education Forum, 'Our history – 30 years of campaigning', 2021, available at:

<https://www.sexeducationforum.org.uk/news/news>

UNESCO, 'The journey towards comprehensive sexuality education. Global status report', UNSECO: Paris, 2021, available at:

<https://unesdoc.unesco.org/ark:/48223/pf0000379607>.

The Times, 'Girls' sexual health', available at: <https://www.thetimes.co.uk/article/girls-sexual-health-7qr9hzkf53g>.

### 5.3. Barriers to sexuality education faced by specific groups

There are some gaps in content and delivery of sexuality education to diverse young people populations including youth living with mental and physical disabilities, and LGBTI+.

#### 5.3.1. Young people living with disabilities

Sexual rights and needs of young people with disabilities are still not fully acknowledged, in spite of the fact that young people with disabilities have similar needs in respect to their sexual health compared to their peers without disabilities; that a number of studies demonstrated positive effects of sexuality education in addressing those needs and promoting well-being; and the clear inclusion of services and agendas concerning SRH in the UN Convention on the Rights of Persons with

Disabilities<sup>168</sup>. Despite these arguments, research has revealed that children and young people with disabilities receive less sexuality education than their peers without disabilities. This has been demonstrated in different settings and for different disability types<sup>169</sup>.

Children and young people with disabilities face various obstacles in accessing comprehensive and quality sexuality education. A recent scoping review of the obstacles to sexuality education for children and young people with disabilities, including a number of EU Member States such as Greece, Ireland, Sweden and the Netherlands, defined seven main and interconnected barriers: 1) the desexualising perspective of educators, 2) the focus of sexuality education only on protection and not on the promotion of pleasurable sexual life, 3) the lack of educators' training and assistance, 4) the consequent non-comprehensive sexuality education, 5) the unclear responsibilities and duties of educators, 6) the diversity, e.g., cultural and religious, within this vulnerable group, 7) the presence of competing preferences related to health topics<sup>170</sup>.

A good example of a sexuality education programme for youth with mild intellectual disabilities are Girls' Talk+ and Make a Move+ of Rutgers (Dutch expert centre on sexuality) in the Netherlands. This is presented in Box 7.

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<sup>168</sup> Löfgren-Mårtenson, L. "I Want to Do it Right!" A Pilot Study of Swedish Sex Education and Young People with Intellectual Disabilities', *Sex Disabil*, 2012:30 (2), pp. 209–225, available at: <https://link.springer.com/article/10.1007/s11195-011-9239-z>.

McCann, E., Marsh, L., Brown, M., 'People with intellectual disabilities, relationship and sex education programmes: A systematic review', *Health Education Journal*, 2019:78 (8), available at: <https://journals.sagepub.com/doi/abs/10.1177/0017896919856047>.

United Nations, 'Convention on the Rights of Persons with Disabilities (CRPD)', United Nations: New York, 2006, available at: <https://www.ohchr.org/en/hrbodies/crpd/pages/conventionrightspersonswithdisabilities.aspx>.

<sup>169</sup> Michielsen, K., Brockschmidt, L., 'Barriers to sexuality education for children and young people with disabilities in the WHO European region: a scoping review', *Sex Education*, 2021, available at: <https://www.tandfonline.com/doi/full/10.1080/14681811.2020.1851181>.

<sup>170</sup> Michielsen, K., Brockschmidt, L., 'Barriers to sexuality education for children and young people with disabilities in the WHO European region: a scoping review', *Sex Education*, 2021, available at: <https://www.tandfonline.com/doi/full/10.1080/14681811.2020.1851181>.

### Box 7: Girls' Talk+: a sexuality education programme for girls with mild intellectual disabilities in the Netherlands

Young people with a mild intellectual disability experience additional vulnerabilities in relationships and sexuality. Both girls and boys are more at risk of experiencing sex transgressive behavior and unintended pregnancy and to contract an STI. Boys with a mild intellectual disability are also at greater risk of committing sex transgressive behaviour.

To address these problems, Rutgers has developed two prevention programmes about sexuality, relationships and resilience for young people between the ages of 14 and 21 with a mild intellectual disability: Girls' Talk+ for girls and Make a Move+ for boys.

In these courses, young people learn, among other things, about wishes and limits and how to treat each other in a pleasant and respectful way in a friendship, relationship or during sex. Girls' Talk+ and Make a Move+ offer support for healthy sexual development to vulnerable young people empowering them to make healthy choices.

The programme contains eight weekly 1,5-hour group sessions for girls and boys with a mild intellectual disability and one parent session halfway through the programme. Exercises focus on five themes (knowledge, attitude, self-efficacy, self-esteem, and involving the social network), for example, instruction how to put on a condom or mapping risky situations and how to react in those situations.

The programme showed positive results on improving knowledge, attitude, and self-efficacy in relation to sexual health as well as trainer and participant satisfaction with the programme.

Source: van den Toren, S. J., de Haas, S., Dalmijn, E., Feenstra, H., & van Berlo, W., 'A mixed methods evaluation of Girls' Talk+: A sexuality education programme for girls with mild intellectual disabilities', *Journal of Applied Research in Intellectual Disabilities*, 2021, pp: 1–10, available at: <https://pubmed.ncbi.nlm.nih.gov/34414637/>.

#### 5.3.2. LGBTI+ young people

A recent systematic review (2021) examining LGBTI+<sup>171</sup> inclusive sexual health education from the perspective of both youth and facilitators showed that both LGBTI+ youth and educators are turning to online sources of information due to lack of inclusive and standardized curriculum; current sexuality education programmes operate mainly from a heterosexual perspective, creating a sense of exclusion for LGBTI+ youth; there is lack of training and support of teachers and educators<sup>172</sup>.

Teacher knowledge to supporting students who are LGBTI+ remains a challenge. Around 20 of the Council of Europe member states provide some teacher training on LGBTI+ awareness, but only four of them had introduced mandatory teacher training on these matters in 2018: France, the Netherlands, Norway and Sweden<sup>173</sup>. For example, in Ireland, it was not compulsory for education curricula to include content on sexual orientation and gender identity. Relationship and sexuality education might include content on LGBTI+ issues. The resource, Growing Up LGBTI+ with print and video materials for

<sup>171</sup> Different terms and abbreviations might have been used in the research studies and reports referred here.

<sup>172</sup> O'Farrell, M., Corcoran, P., Davoren, MP. 'Examining LGBTI+ inclusive sexual health education from the perspective of both youth and facilitators: a systematic review'. *BMJ Open*. 2021;11(9):e047856, available at: <https://bmjopen.bmj.com/content/11/9/e047856>.

<sup>173</sup> Ávila, R., 'LGBTQI Inclusive Education Report'. IGLYO: Brussels, 2018, available at: <https://www.iglyo.com/wp-content/uploads/2018/05/IE-Full-Report-May-18.pdf>.

the classroom was developed in 2013 for teachers of this subject, but it is not required that they use this resource or cover LGBTI+ topics<sup>174</sup>.

A recent study from Sweden in 2021 showed that that LGBTI+ content is visible in all sexuality education chapters of biology textbooks, but sexual orientation is often constructed as fixed and stereotypical gender binaries are reinforced via heteronormative assumptions (traditional gender norms and roles)<sup>175</sup>. Further analyses reveal that there are few, if any, queer, intersex, asexual or crip/disability representations in the textbooks. In Northern Ireland, government reports show issues within the country's sexuality education curricula, including that only one in five Northern Irish schools have touched LGBTI+ topics, suggesting the undermining of the importance of gender and sexual inclusivity and diversity and prioritizing compulsory heteronormativity<sup>176</sup>.

### 5.3.3. Refugees and migrants

Even though refugees and migrants are a vulnerable group with specific CSE needs<sup>177</sup>, little information could be identified regarding this group. The initiatives that are being taken mainly come from the Nordic countries. The report by the Swedish Agency for Youth and Civil Society (MUCF) analysing sexual and reproductive health and rights among youth identified recently arrived immigrants as particularly at risk. The Swedish Association for Sexuality Education (RFSU) has been providing sexual health lessons to young asylum seekers<sup>178</sup>.

In Norway, the programme Sex og samfunn offers free sexuality education to migrants and newly arrived refugees. It focuses on self-determined sexuality, identity, bodily functions and family planning. It is not only targeting young people, but has worked with more than 400 women and 250 men aged 16 – 60 years since its start in 2015. The course was evaluated as useful and educational and all participants reported that it provided them with new and updated knowledge<sup>179</sup>.

A good practice on the development of CSE material for newcomers is described in Box 8.

<sup>174</sup> Ávila, R., 'LGBTQI Inclusive Education Report'. IGLYO: Brussels, 2018, available at: <https://www.iglyo.com/wp-content/uploads/2018/05/IE-Full-Report-May-18.pdf>.

<sup>175</sup> Junkala, H., Berge, M., Silfver, E., 'Diversity in sex and relationship education – limitations and possibilities in Swedish biology textbooks', Sex Education, 2021, available at: <https://www.tandfonline.com/doi/full/10.1080/14681811.2021.1966407>.

<sup>176</sup> Wilkinson, D.C., 'Gender and Sexuality Politics in Post-conflict Northern Ireland: Policing Patriarchy and Heteronormativity Through Relationships and Sexuality Education'. Sex Res Soc Policy, 2021, available at: <https://www.springerprofessional.de/en/gender-and-sexuality-politics-in-post-conflict-northern-ireland-/19717858>.

<sup>177</sup> UNFPA, International, Technical and Programmatic Guidance on Out-of-School Comprehensive Sexuality Education: An evidence-informed approach for non-formal, out-of-school programmes, UNFPA: New York, 2020, available at: [https://www.unfpa.org/sites/default/files/pub-pdf/Out\\_of\\_School\\_CSE\\_Guidance\\_with\\_References\\_for\\_Web.pdf](https://www.unfpa.org/sites/default/files/pub-pdf/Out_of_School_CSE_Guidance_with_References_for_Web.pdf).

<sup>178</sup> IPPF, 'Young asylum seekers need to know more about sex', IPPF, 2017, available at: <https://www.ippf.org/blogs/young-asylum-seekers-need-know-more-about-sex>.

<sup>179</sup> Trude, L., 'Let's talk about sex, sexuality education for migrants in Norway', The Journal of Sexual Medicine, 14(5):Suppl4, available at: <https://www.sciencedirect.com/science/article/pii/S1743609517307646?via%3Dihub>.

### Box 8: Sexuality education for newcomers in Flanders (Belgium)

In Flanders (Belgium), refugees from 12 to 18 years who enter the country are welcomed in a special class in secondary school where the goal is to bring them up to speed in terms of language and general knowledge. The teachers of these classes are also required to teach CSE, however, they struggle with this topic. The background knowledge of the youngsters in these classes is very diverse, but often very limited. In addition, most of the students don't yet have sufficient language skills to communicate and learn about sexuality. Therefore, specific materials are needed.

Sensoa, the Flemish expertise centre on sexual health, organised a focus group discussion with teachers, analysed the available research, consulted stakeholders and participated in the class groups. Based on this, a CSE packet for this target group was developed, that is:

- Strongly visually supported;
- Language-independent where possible;
- Different languages used where necessary;
- Images as little explicit as possible;
- Extra focus on situations that newcomers may experience;
- Extra focus on cultural sensitivity;
- Cautious introduction to potentially sensitive topics;
- Focus on most important, most needed, topics and information; and
- Links to [www.zanzu.be](http://www.zanzu.be), a website on sexual health in 14 languages.

The material is available at: <https://www.sensoa.be/materiaal/tussen-de-lakens-okan>

Source: information provided by Katelijne Gijssels and Wannes Magits from Sensoa, the Flemish expertise centre on sexuality education.

## 5.4. COVID-19 as an additional barrier

This Chapter explores early evidence of the impact of COVID-19 on the provision of sexuality education. First, it looks at the impact of COVID-19 on school closures and the health consequences of this, and then proceeds to studying early evidence of how this effected the delivery of sexuality education.

### 5.4.1. COVID-19 and school closures

During the pandemic-induced lockdowns, schools in many EU countries were forced to close for extended periods leading to suspended face-to-face teaching and introduction of digital learning. According to the UN, the COVID-19 pandemic has created the largest disruption of education systems in history<sup>180</sup>. There are remarkable regional differences in school closure status. As of February 2021, the Latin America and the Caribbean region has the highest share of countries with full school closures

<sup>180</sup> United Nations, 'Education During COVID-19 and Beyond: UN Policy Briefs', 2020, available at: [https://www.un.org/development/desa/dspd/wp-content/uploads/sites/22/2020/08/sg\\_policy\\_brief\\_COVID-19\\_and\\_education\\_august\\_2020.pdf](https://www.un.org/development/desa/dspd/wp-content/uploads/sites/22/2020/08/sg_policy_brief_COVID-19_and_education_august_2020.pdf).

(22%) and North America the lowest share (0%). In Europe, school closures ranged from 8% full and 8% partial closure in Eastern Europe and Central Asia to 5% full and 32% partial closure in Western Europe, while the global average were respectively 13% and 24%<sup>181</sup>. The percentage of students impacted (% of classroom instructions missed) in countries with fully closed schools varied substantially, ranging from 12.3% in Germany to 3.3% in the Netherlands and 1.2% in Denmark<sup>182</sup>.

The impact of school closure during the pandemic can be divided into three main categories: 1) educational effects, 2) psychological effects, and 3) behavioural effects, including sexual behaviour.

- There is a variety of potential adverse educational effects, among which are a reduction in academic performance and overall learning, a reduction in learning engagement, difficulties to focus during online learning and a lower commitment to remote learning. A study from the Netherlands showed the learning loss (national examination progress - a composite score for three subjects: math, spelling, and reading, for students aged 8 to 11) among school students despite a relatively short lockdown<sup>183</sup>. Large learning loss in mathematics was found in the study from Italy<sup>184</sup>. In Spain, a study found that adolescents were very concerned about their studies and academic performance, leading to feelings of frustration<sup>185</sup>. These schooling losses might have a potentially adverse impact on future earnings of these children and exacerbate inequality<sup>186</sup>;
- Psychological effects highlighted in a number of studies were increased anxiety, anguish, fear, nightmares, mood disorders, stress symptoms, feelings of loneliness, wish to sleep in parents' bed even for adolescents, and psychosocial disruption in family life. An online study from Greece found that more than 80% of the participating parents claimed that their children had anxiety, fear and poor sleep quality with nightmares during school closure<sup>187</sup>. Interviews with 82 children (6-14 years) in Italy revealed that 78% of them had anxiety symptoms and 44% reported significant mood symptoms<sup>188</sup>. In the Czech Republic, almost twice as many girls than boys reported to regularly experience feelings of loneliness during lockdown<sup>189</sup>; and

<sup>181</sup> UNICEF, 'COVID-19 and School Closures: One year of education disruption', 2021, available at: <https://data.unicef.org/resources/one-year-of-COVID-19-and-school-closures/>.

<sup>182</sup> UNICEF, 'COVID-19 and School Closures: One year of education disruption', 2021, available at: <https://data.unicef.org/resources/one-year-of-COVID-19-and-school-closures/>.

<sup>183</sup> Engzell, P., Frey, A., Verhagen, M., 'Learning loss due to school closures during the COVID-19 pandemic', Proceedings of the National Academy of Sciences, 2021, available at: <https://pubmed.ncbi.nlm.nih.gov/33827987/>.

<sup>184</sup> IZA Institute for Labor Economics, 'DP No. 14785: The COVID-19 Pandemic and School Closure: Learning Loss in Mathematics in Primary Education', 2021, available at: <https://www.iza.org/publications/dp/14785/the-COVID-19-pandemic-and-school-closure-learning-loss-in-mathematics-in-primary-education>.

<sup>185</sup> Muñoz-Fernández, N., Rodríguez-Meirinhos, A., 'Adolescents' Concerns, Routines, Peer Activities, Frustration, and Optimism in the Time of COVID-19 Confinement in Spain', J Clin Med., 2021,10(4): pp. 798, doi:10.3390/jcm10040798, available at: <https://pubmed.ncbi.nlm.nih.gov/33669433/>.

<sup>186</sup> Azevedo, JP., Hasan, A., Goldemberg, D., 'Simulating the potential impacts of COVID-19 school closures on schooling and learning outcomes: a set of global estimates', World Bank Group, 2020, available at: <https://openknowledge.worldbank.org/handle/10986/33945>.

<sup>187</sup> Siachpazidou, D. et al., 'Action and Reaction of Pre-Primary and Primary School-Age Children to Restrictions during COVID-19 Pandemic in Greece', Journal of personalized medicine, vol. 11,6 451, 2021, doi:10.3390/jpm11060451, available at: <https://pubmed.ncbi.nlm.nih.gov/34070992/>.

<sup>188</sup> Segre, G., Campi, R., Scarpellini, F. et al., 'Interviewing children: the impact of the COVID-19 quarantine on children's perceived psychological distress and changes in routine', BMC Pediatr, 21(231), 2021, available at: <https://doi.org/10.1186/s12887-021-02704-1>.

<sup>189</sup> Kwok, Ng., Cosma, A., Svacina, K., Boniel-Nissim, M., Badura, P., 'Czech adolescents' remote school and health experiences during the spring 2020 COVID-19 lockdown', Preventive Medicine Reports, 2021, vol. 22: p. 101386, available at: <https://doi.org/10.1016/j.pmedr.2021.101386>.

- Behavioural effects are mostly lower physical activities including outdoors, more screen times, unhealthy eating habits, food insecurity, and increased time for gaming and social media. The COVID-19 pandemic restrictions had a negative impact on physical activity of Czech boys and girls 8–12 years old<sup>190</sup>. Adolescents in Italy, Spain and other countries also exhibited a higher sweet food consumption, likely due to boredom and stress produced by COVID-19 confinement<sup>191</sup>. In Germany, sport activities among children declined as organized sports at school and in sports clubs were shut down during the lockdown; meanwhile, screen time increased<sup>192</sup>. A study from Spain also showed that in general the COVID-19 confinement reduced physical activity levels, increased both screen exposure and sleep time, and reduced fruit and vegetable consumption<sup>193</sup>. Similar findings were seen in a study among Dutch children<sup>194</sup>. A systematic review from mostly European countries (including Germany, Spain, the Netherlands and Croatia) showed the negative impact of COVID-19 on health-related quality of life among children and adolescents, due to isolation, reduced physical activity, financial hardship and stress<sup>195</sup>.
- In addition, sexual behaviours of adolescents and young people were impacted by the pandemic. The review of Stavridou et al, 2021 on sexual activity in adolescents and young adults during COVID-19 observed a decrease in sexual desire in both sexes; fewer sexual intercourse and bonding behaviours between partners were associated with loneliness and depressive symptoms; and an increase in sexual desire with masturbation to be the most preferable means of satisfaction<sup>196</sup>. In the UK, there was a reduction in demand, e.g., emergency contraception, and attendance of sexual health services among young people under 18 years old<sup>197</sup>. This is worrying as social distancing and lockdowns could increase risk of abuse and exploitation and decrease possibility for support and access to trusted adults. The review by Rajmil et al, 2021 also showed an increased risk of child abuse and violence against children due to decreased access to general and specific services during lockdowns and school closure in the USA and UK<sup>198</sup>.

<sup>190</sup> Štveráková, T., Jačisko, J., Busch, A., Šafářová, M., Kolář, P., Kobesová, A., 'The impact of COVID-19 on Physical Activity of Czech children', PLoS ONE, 2021, 16(7): e0254244, available at: <https://doi.org/10.1371/journal.pone.0254244>.

<sup>191</sup> Ruiz-Roso, MB., de Carvalho, P., Mantilla-Escalante, DC., Ulloa, N., Brun, P., Acevedo-Correa, D., Arantes Ferreira Peres, W., Martorell, M., Aires, MT., de Oliveira Cardoso, L., Carrasco-Marín, F., Paternina-Sierra, K., Rodriguez-Meza, JE., Montero, PM., Bernabè, G., Pauletto, A., Tací, X., Visioli, F., Dávalos, A., 'COVID-19 Confinement and Changes of Adolescent's Dietary Trends in Italy, Spain, Chile, Colombia and Brazil', Nutrients. 2020; 12(6):1807, available at: <https://doi.org/10.3390/nu12061807>.

<sup>192</sup> Schmidt, S.C.E., Anedda, B., Burchartz, A., et al., 'Physical activity and screen time of children and adolescents before and during the COVID-19 lockdown in Germany: a natural experiment', Sci Rep 10, 21780, 2020, available at: <https://doi.org/10.1038/s41598-020-78438-4>.

<sup>193</sup> López-Bueno, R., López-Sánchez, GF., Casajús, JA., Calatayud, J., Gil-Salmerón, A., Grabovac, I., Tully, MA., Smith, L., 'Health-Related Behaviors Among School-Aged Children and Adolescents During the Spanish COVID-19 Confinement', Front. Pediatr., 2020, 8:573, doi: 10.3389/fped.2020.00573, available at: <https://pubmed.ncbi.nlm.nih.gov/33042917/>.

<sup>194</sup> Ten Velde, G., Lubrecht, J., Arayess, L., et al., 'Physical activity behaviour and screen time in Dutch children during the COVID-19 pandemic: Pre-, during- and post-school closures', Pediatr Obes., 2021, 16(9):e12779, doi:10.1111/ijpo.12779, available at: <https://pubmed.ncbi.nlm.nih.gov/33624443/>.

<sup>195</sup> Nobari H, Fashi M, Eskandari A, Villafaina S, Murillo-García Á, Pérez-Gómez J., 'Effect of COVID-19 on Health-Related Quality of Life in Adolescents and Children: A Systematic Review'. Int J Environ Res Public Health. 2021;18(9):4563. 3, available at: <https://www.mdpi.com/1660-4601/18/9/4563>.

<sup>196</sup> Stavridou, A., Samiakou, C., Kourti, A., et al. 'Sexual Activity in Adolescents and Young Adults through COVID-19 Pandemic'. Children (Basel), 2021;8(7):577, available at: <https://pubmed.ncbi.nlm.nih.gov/34356556/>.

<sup>197</sup> Thomson-Glover, R., Hamlett, H., Weston, D., et al. 'Coronavirus (COVID-19) and young people's sexual health'. Sexually Transmitted Infections 2020;96:473-474, available at: <https://sti.bmj.com/content/sextrans/96/7/473.full.pdf>.

<sup>198</sup> Rajmil, L., Hjern, A., Boran, P. on behalf of International Society for Social Pediatrics & Child Health (ISSOP) and International Network for Research on Inequalities in Child Health (INRICH) COVID-19 Working Group, et al., 'Impact of



School closure differently affected children depending on their socio-economic levels and gender. The digital divide and differences in access to technological devices among students left some children without options to connect to learning for extended periods of time<sup>199</sup>. In Catalonia (Spain) children from socially disadvantaged families had fewer learning opportunities both in terms of time and learning experiences and after-school activities were more likely to be maintained among children from wealthier families<sup>200</sup>. In the Netherlands, the learning losses were up to 60% larger among students from the households with lower education<sup>3</sup>.

It is worth mentioning that with the transition of almost all children's activities to the digital spaces during lockdowns, the chances of unpleasant online experiences, such as cyberbullying or coercion, could increase. A survey from 11 European countries among children 10-18 years old during the lockdown showed that almost half of the participants had been victims of cyberbullying situations. Around one quarter of children reported an increase of bothering/upsetting online experiences (from frustrations over technical failures to sexual grooming from adults), ranging from 14% in Slovenia to 28% in Ireland. In all countries, at least half of the children also reported to have seen violent images<sup>201</sup>.

#### 5.4.2. Early evidence on sexuality education during COVID-19

Periods of physical distancing measures and school closures have a potential negative impact on young people's access to SRH services and information<sup>202</sup>. Moreover, with the transition to home-schooling, sexuality education has not been a priority in many countries during the pandemic<sup>203</sup>, as most attention and resources were devoted to "core subjects". Furthermore, the pandemic exacerbated educational inequalities and children from families with lower socio-economic status and other marginalized populations could be most impacted by lack of sexuality education<sup>204</sup>. Till now, there is little evidence available on the status of sexuality education provision in schools in this period, nor on alternative strategies for its provision. For example, in the UK, where sexuality education was made compulsory starting from September 2020, due to COVID-19 pandemic, this was postponed; schools who were not in a position to implement the Relationships Education, Relationships and Sex and Health Education fully from 2020, were granted a leeway until summer 2021<sup>205</sup>. Thus, a step-by-

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*lockdown and school closure on children's health and well-being during the first wave of COVID-19: a narrative review*, BMJ Paediatrics, 2021, available at: <https://pubmed.ncbi.nlm.nih.gov/34192198/>.

<sup>199</sup> Bonal, X., González, S. 'The impact of lockdown on the learning gap: family and school divisions in times of crisis'. Int Rev Educ 66, 635–655, 2020, available at: <https://doi.org/10.1007/s11159-020-09860-z>.

United Nations, 'Education During COVID-19 and Beyond: UN Policy Briefs', 2020, available at: [https://www.un.org/development/desa/dspd/wp-content/uploads/sites/22/2020/08/sg\\_policy\\_brief\\_COVID-19\\_and\\_education\\_august\\_2020.pdf](https://www.un.org/development/desa/dspd/wp-content/uploads/sites/22/2020/08/sg_policy_brief_COVID-19_and_education_august_2020.pdf).

<sup>200</sup> Bonal, X., González, S. 'The impact of lockdown on the learning gap: family and school divisions in times of crisis'. Int Rev Educ 66, 635–655, 2020, available at: <https://doi.org/10.1007/s11159-020-09860-z>.

<sup>201</sup> Lobe, B., Velicu, A., Staksrud, E., Chaudron, S. and Di Gioia, R., 'How children (10-18) experienced online risks during the COVID-19 lockdown', Publications Office of the European Union: Luxembourg, 2021, available at <https://publications.jrc.ec.europa.eu/repository/handle/JRC124034>.

<sup>202</sup> Mnjeje, O.O., Coleman, J.S., Chang, T., 'Unintended Consequences of the COVID-19 Pandemic on the Sexual and Reproductive Health of Youth', Journal of Adolescent Health, 2020, available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7367774/>.

<sup>203</sup> UNESCO, 'The journey towards comprehensive sexuality education. Global status report', UNSECO: Paris, 2021, available at: <https://unesdoc.unesco.org/ark:/48223/pf0000379607>.

<sup>204</sup> Heyes, J., 'Identifying the potential impacts of COVID-19 on school-based sexuality education', 2020, available at: <https://www.bera.ac.uk/blog/identifying-the-potential-impacts-of-COVID-19-on-school-based-sexuality-education>.

<sup>205</sup> PSHE Association, 'DfE update on statutory PSHE requirements from September', 2021, available at: <https://www.pshe-association.org.uk/news/df-e-update-statutory-pshe-requirements-september>.

step approach was suggested to ensure teaching as early as possible, and prioritization of the curriculum content on mental health and wellbeing, to support students as they return to school<sup>205</sup>.

At the same time, several NGOs filled this gap and moved their activities online. Box 9 presents positive examples of provision of sexuality education in digital spaces.

During COVID-19, technologies became indispensable for formal and informal communication for adolescents and schools have navigated the pandemic using digital and distance learning strategies. In Estonia, the Estonian Sexual Health Association (ESHA), who is the national provider of sexuality education in schools, moved all sexuality education school training online to deliver through the Department of Health and Social Care and the Department of Education of Tallinn. Box 8 describes this initiative in more details.

## Box 9: The case of digital provision of sexuality education in Estonia

**Delivery of online sexuality education**

With the start of COVID-19 pandemic, ESHA supported the shift of sexuality education training to online Zoom sessions in many schools in Tallinn from March 2020. ESHA's online training sessions are tailored for students aged 10–19 years and provided as 90-minute sessions. Younger students aged 10–12 cover essential topics about puberty, reproductive rights, relationships, and contraception. Older students receive a tailored set of subjects and work in larger groups. Interactive tools such as Amaze animations, interactive whiteboards (Google Jamboards), small groups and confidential chat boxes were employed. During March - December 2020, ESHA delivered over 72 digital classes, reaching over 1,400 students aged 10–19.

**Key challenges**

A number of challenges were faced during this process: 1) connectivity issues on the side of the teachers and trainers; 2) family members working and studying at home, often sharing the same and busy network with students, limiting connection to sessions; 3) lack of privacy to turn on microphones to interact in sessions.

**Lessons learned**

To ensure the smooth online transition and effectiveness of online sexuality education, it is needed to: 1) test and improve connectivity; 2) invest in good audio-visual equipment for teachers and trainers to ensure participation and session quality; 3) teachers need specific resources to inform students about some potentially triggering sessions in advance and provide needed support. Topics like sexual violence or other sensitive areas can be difficult for young people to discuss at home, where their privacy may be limited.

**Relevant recommendations**

- survey students to understand how much they gain from sexuality education online and how it could be improved in the future;
- guidelines for delivering online sexuality education for teachers and to provide technical assistance and capacity building should be developed;
- ensure that country-level emergency preparedness plans include continuous access to sexuality education for all young people as part of contingency schooling systems, through online and other digital interventions aimed at reaching underserved young people;
- invest in closing the digital gap and ensure that essential SRH services are available and linked with digital sexuality education during emergencies;
- youth networks, youth volunteers and organizations working on youth should develop

- invest in closing the digital gap and ensure that essential SRH services are available and linked with digital sexuality education during emergencies; and
- youth networks, youth volunteers and organizations working on youth should participate in the development of digital platforms to promote sexuality education and increase young people's broader engagement, including vulnerable groups. Online sexuality education must be delivered in safe digital spaces and ensure privacy and anonymity of young people.

Source: IPPF, *'Response and resilience series: Estonia'*, 2021, available at: <https://www.ippfen.org/sites/ippfen/files/2021-07/Estonia%20COVID-19%20IPPF%20Innovation%20and%20best%20practice%20-%20Digitalising%20for%20young%20people.pdf>.

In the Netherlands, to ensure that children maintain their access to sexuality education, the Lentekriebels lessons (Spring Fever lessons) for children aged 0-12 years were converted to home-school lessons. This project from Rutgers (Dutch expert centre on sexuality) and partners focuses on primary and special needs education and helps schools to structurally include sexuality education in their school plan<sup>206</sup>.

In conclusion, it is important that school-based sexuality education is continued to be provided face-to-face or in digital spaces during and after the COVID-19 pandemic, and adolescents are supported to safely navigate online interaction and to protect themselves from becoming victims of unwanted sexting, coercion and bullying. Digital sexuality education is shown to have impact on knowledge, attitudes and behaviors, to be more appealing to young people and potentially to be more cost-effective. However, there is no standardization of the content or developed guidelines specifically for digital online sexuality education, though some initiatives are being taken<sup>207,208</sup>.

Moreover, it is important to recognize that mental health, sexual health and well-being of young people is impacted by both COVID-19 and non-COVID-19 related stressors and experiences, including changes in sexual activity and relationships. These changes and risks play an important role in planning educational programmes in collaboration with parents, teachers and medical staff, and adapting sexuality education classes to address these impacts (e.g., provide online links to available SRH services, use a range of methods such as podcasts, videos, and create safe online learning space)<sup>209</sup>. It is also important to ensure that teachers are confident and supported in provision of online classes.

Looking at examples of Estonia and the Netherlands, collaboration between schools, NGOs and international organizations could help to maintain the access to sexuality education in times of crisis and epidemics. Linking school activities to verified and safe online sexuality education tools and

<sup>206</sup> Rutgers, *'COVID-19: Pandemic puts sexual health and rights under pressure'*. Rutgers, Utrecht, 2020, available at: <https://rutgers.international/news/COVID-19-pandemic-puts-sexual-health-and-rights-under-pressure/>.

<sup>207</sup> UNESCO, *'A review of the evidence: sexuality education for young people in digital spaces'*, 2020, available at: <https://unesdoc.unesco.org/ark:/48223/pf0000373885>.

<sup>208</sup> WHO, *'Youth-centred digital health interventions'*, WHO, Geneva, 2020, available at <https://apps.who.int/iris/bitstream/handle/10665/336223/9789240011717-eng.pdf?sequence=1&isAllowed=y>.

<sup>209</sup> SIECCAN, *'Providing Effective Sexual Health Education During COVID-19: Suggestions for Educators'*. Toronto, ON: Sex Information & Education Council of Canada (SIECCAN), 2021, available at: <http://sieccan.org/wp-content/uploads/2021/05/2021-COVID-1-Providing-Effective-Sexual-Health-Education-During-COVID19-Suggestions-for-Educators.pdf>.

resources, such as Rutgers<sup>210</sup> in the Netherlands or Liebesleben from BZgA in Germany might strengthen the delivery of CSE.

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<sup>210</sup> See <https://pubergids.nl/>.

## 6. CONCLUSIONS AND RECOMMENDATIONS

Based on the collected information, five main conclusions can be drawn.

Firstly, the available evidence demonstrates the effectiveness of sexuality education on several domains, including increasing knowledge and improving attitudes related to SRH, as well as promoting safe behavioural practices. Further, there is increasing evidence on the effectiveness of sexuality education on wellbeing related outcomes, such as on gender equitable attitudes and respect for sexual diversity. Finally, there is evidence that including gender equity in sexuality education increases its effectiveness.

Secondly, several knowledge gaps remain, including the limited insights into how sexuality education works to achieve its aims and the need for adapted evaluation designs for sexuality education that include clear indicators to measure the outcomes and impact of sexuality education.

Thirdly, at the level of the EU institutions, there is a lot of political commitment to sexuality education. The European Commission and European Institute for Gender Equality have recognized the importance of CSE in several occasions and policy documents. In a series of recent resolutions, the European Parliament has called upon Member States to implement and increase access to CSE. Commissioner Dalli herself spoke out in favour of CSE in several public interventions, including in the European Parliament plenary debate on the European Parliament Report on SRH and rights. While the EU has no direct competence over sexuality education, it can promote research and health information and education into public health, adopt guidance and tools on how to improve CSE in Member States, and organise exchange of best practices between Member States and stakeholders. Nevertheless, the last funded project on a topic linked to sexuality education by the EU health programme ended in 2014.

Fourthly, even though many countries committed to sexuality education, it is difficult to get a clear idea of how sexuality education is exactly implemented in the EU Member States. While the majority of EU Member States have mandatory sexuality education, there is a vast diversity in how this is being put in practice. This variety exists in terms of content and delivery methods. Hardly any Member States monitor the implementation of sexuality education or evaluate its results. Main implementation barriers are the lack of teacher training and support, insufficient allocation of resources and time and competing priorities.

Lastly, there is strong opposition to sexuality education and in some countries this opposition is gaining strength. This opposition strongly rejects sexual and gender diversity, both core components of comprehensive sexuality education, and emphasizes "heteronormative" family values and "restoring the Natural Order". In Romania, Poland and Hungary, these movements are succeeding in limiting access to sexuality education.

This study identifies a few key areas in which the EU and its institutions can support the creation of an enabling environment for sexuality education in its Member States:

- affirm that CSE contributes to the achievement of gender equality and the prevention of gender-based violence and the improvement of health and well-being of young people;
- emphasize that the right to education includes the right to sexuality education, which is both a human right in itself and an indispensable means of realizing other human rights, such as the right to health, the right to gender equality and the right to be free from violence and coercion;
- fund research on the development of indicators, measurement scales and monitoring and evaluation frameworks for sexuality education, as well as on CSE implementation strategies;
- develop a monitoring system for sexuality education and call on the Member States to monitor their sexuality education programmes;
- organise exchanges of best practices between Member States on CSE, including the involvement of stakeholders such as civil society organisations working in this field;
- monitor opposition against sexuality education in EU Member States and support stakeholders to take action against opposition to CSE in their countries; and
- support civil society organisations who advocate for and provide CSE.

Member States are responsible for the implementation of CSE. The following recommendations apply to the national level:

1) Policy recommendations:

- don't take sexuality education for granted and continuously emphasize the right to education and information and the importance of CSE to achieve other fundamental rights including the right to health, the right to be free from violence and coercion and the right to gender equality;
- translate the international commitments to sexuality education into action plans with an implementation and monitoring strategy and adequate budgets to overcome the capacity and resource constraints associated with implementation of good quality sexuality education;
- inform the general public, especially parents, on the benefits and effects of sexuality education on health and wellbeing of young people;
- seek collaboration with communities, teachers, parents, and youth to ensure that the programme is adapted to the needs of the community and youth; and
- collaborate with partners in other sectors, such as departments of health and youth to join forces.
- develop and make available national and standardized teacher training and implementation guidelines; and
- develop quality standards for organizations delivering sexuality education.

2) Implementation recommendations:

- involve young people and other stakeholders in the development and implementation of sexuality education via consulting groups;
- adopt an intersectional approach and take into account racial, national, religious and cultural minorities to provide adequate sexuality education;

- ensure all young people have access to sexuality education, and that sexuality education is inclusive and adapted to the needs of all, including LGBTI+ youth, refugees and migrants, and young people living with disabilities;
- ensure inclusiveness of sexuality education by implementing innovative approaches that support parents and young people with different needs and backgrounds, and;
- complement in-school sexuality education with good quality digital sexuality education.

3) Monitoring and research recommendations:

- monitoring of the implementation of sexuality education;
- monitor the SRH and wellbeing of young people; and
- study the needs of young people regarding of sexuality education.



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This study, commissioned by the European Parliament's Policy Department for Citizens' Rights and Constitutional Affairs at the request of the FEMM Committee - examines the importance of sexuality education as an integral part of sexual and reproductive health and rights of children and young people in the EU. The study presents evidence for the effectiveness of sexuality education and its importance to achieve gender equality, to prevent gender-based violence and to improve health and well-being of young people. It provides an overview of the legal and policy frameworks and describes commitments made by the EU and EU Member States regarding sexuality education. Further, it examines the status of sexuality education in the EU and barriers to its successful implementation. The study concludes with recommendations for the EU institutions and Member States aimed at structurally improving the situation of sexuality education in the EU.

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