BZgA

Bundeszentrale
für
gesundheitliche
Aufklärung

WHO Regional Office for Europe and BZgA

Standards for Sexuality Education in Europe

Guidance for Implementation

World Health Organization

REGIONAL OFFICE FOR Europe

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Contents

Abbreviations

BZgA	Bundeszentrale für gesundheitliche Aufklärung (German Federal Centre for Health Education)
HIV/AIDS	Human immunodeficiency virus/acquired immunodeficiency syndrome
IPPF	International Planned Parenthood Federation
STI	Sexually transmitted infection
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
WHO	World Health Organization

Executive summary

This Guidance outlines the process for developing a **national or subnational school-based sexuality education** programme based on the WHO/BZgA *Standards for sexuality education in Europe*. It provides step-by-step guidance on how to introduce new or improve existing sexuality education programmes. The Guidance is designed to build on a curriculum framework. Fig. 1 below (page 18) is a model that maps out the process of developing a sexuality education programme using this framework. This model should be adapted to reflect national differences in the education sector.

After a general introduction to a holistic understanding of sexuality education, the present Guidance introduces other recent international publications and developments in the field and analyses them with regard to common **challenges** and **opportunities** for sexuality education.

In a step-by-step approach, it then outlines which elements need to be tackled during the development of a sexuality education programme. These elements are interlinked and special attention needs to be given to aligning them with one another, as this will actually influence learners' performance.

While Chapters 1, 2 and 3 will mainly address stakeholders at a policy level (i.e. the Ministry of Education as the steering body for the development of a sexuality education programme), the subsequent chapters will address a

more technical level of experts who are closer to the implementation level. But there will be overlaps, varying from country to country.

This Guidance reflects the principles of "Health 2020 – a European policy framework supporting action across government and society for health and well-being", approved by the Member States of the WHO European Region in 2012 (WHO Regional Office for Europe, 2012). It is hoped that it will assist countries in improving health promotion programmes based on principles of involvement and human rights, improving health literacy and supporting people to make healthier choices.

1. Introduction

Why was this document developed?

This document describes elements that are necessary in the process of introducing or upgrading a sexuality education programme. The situation in the countries in the WHO European Region differs widely in many respects. As there is no "one size fits all" approach, this Guidance will need to be adapted to specific country situations and country needs. The Guidance intends to give support in a greatly needed, yet sometimes difficult and lengthy, process of introducing sexuality education on a national or subnational basis in schools; it is a logical follow-up to and the second product of a European process to develop and enhance standards for sexuality education. Its aim is to facilitate the implementation of the *Standards for sexuality education in Europe*, without claiming that this is the only correct way of introducing sexuality education. Above all, it will be up to the countries to use this Guidance according to their needs, demands and country specifics.

In 2010, the WHO Regional Office for Europe and BZgA released the document *Standards for sexuality education in Europe* (referred to below as the Standards), which had been prepared as a consensus document of a European expert group on sexuality education.[1] Most European countries have already adopted some form of institutional sexuality education. A comprehensive overview of its status in Europe in 2006 is available from

1 The members of the expert group are listed in: WHO Regional Office for Europe/BZgA (2010), p.7.

the SAFE Project (IPPF, 2006). These European programmes vary widely in their objectives, scope, target age groups and many other respects, but few of them approach the criteria that are outlined in the Standards.

During the preparation of the Standards, it was felt that there was also a need for more practical guidance on ways of translating them into sexuality education programmes. The Standards basically recommend which **topics** should be covered by sexuality education, which **skills** need to be learned and which **attitudes** should be promoted. They do not explain how a sexuality education programme can be developed. The current publication is an attempt to meet this need for more practical guidance and provides **implementation** guidance for policy-makers, educational and health authorities and specialists in this field, who are considering and/or have decided to introduce or improve sexuality education in an institutional setting, namely schools (primary, secondary and higher educational institutions) but also preschools, kindergartens and day-care centres, depending on the national situation. As indicated in the Standards, a multitude of different institutions and individuals play a role in educating children and young people about sexuality and immediately related issues, e.g. parents and peers, to name just two. However, when it comes to holistic sexuality education programmes, the educational sector is the most appropriate way of reaching the majority of children and addressing the complex issue of sexuality education – as a personal development issue – in a systematic manner.

What is the purpose of the Guidance?

The **objectives** of this publication are to:

- provide **guidance** in the incremental process of developing or improving a sexuality education programme based on the Standards;
- provide advice about **who** should be involved at different stages of its development;

- provide suggestions for seizing **opportunities** and for meeting **challenges** in the development and introduction of sexuality education programmes;

- advise on the **process** of implementing sexuality education.

Who is the Guidance intended for?

The target groups of this Guidance are all those who are involved in developing and introducing sexuality education programmes, although this document is mainly aimed at government entities from the educational sector, not only at national level but also at regional and local levels. It is possible to differentiate between two **target subgroups**:

- decision-makers in educational programmes working more on the policy level;

- technical working groups which are translating a general framework into practical documents and procedures.

It should be emphasized that the responsibilities of these two groups differ widely in practice between European countries. While a clear-cut distinction between the two groups and their respective roles is not possible, this Guidance still focuses primarily on the roles and responsibilities of the first group in Chapters 1-3, while Chapters 4-7 are primarily meant for the second group.

What is sexuality education?

The starting point for the *Standards for sexuality education in Europe* was a holistic understanding of sexuality education, meaning more than the mere prevention of ill-health. **Holistic sexuality education** means "learning about the cognitive, emotional, social, interactive and physical aspects of sexuality. Sexuality education starts early in childhood and progresses through adolescence and adulthood. 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." (WHO Regional Office for Europe/BZgA, 2010:20.)

Box1: What is "holistic" sexuality education?

In the Standards, the term "holistic" sexuality education has been suggested as the preferred term. A related term that is often used in the literature is "comprehensive". This latter concept is mainly used to contrast with "abstinence-only" education. It advocates the inclusion of contraception and safe-sex practices in educational efforts, because abstinence education is felt to be too narrow and not effective in practice. As such, the focus of comprehensive sexual education is on prevention of sexual ill-health. The primary focus of "holistic" sexuality education is different: sexuality is a positive (and not primarily a dangerous) element of human potential; and a source of satisfaction and enrichment in intimate relationships. Furthermore, the starting point of "holistic" sexuality education is a human rights viewpoint: people have the right to know about sexuality and the right to self-determination, in matters related to their sexuality as elsewhere. It is self-evident that prevention of sexual ill-health (including the prevention of high-risk behaviour) is also part of holistic sexuality education.

The primary focus is on sexuality as a **positive** element of human potential and a source of satisfaction and pleasure. The need for the knowledge and skills required to prevent sexual ill-health, although clearly recognized, comes second to this overall positive approach.

Why should all children and young people have access to sexuality education?

Human rights: Sexuality education should be based on internationally ratified human rights, in particular the right to access appropriate health-related information. This right is included in the Convention on the Rights of the Child (United Nations Committee on the Rights of the Child, 2003, para. 26) as well as the International Covenant on Economic, Social and Cultural Rights (United Nations Committee on Economic Social and Cultural Rights, 2000, para. 11). Furthermore, the right to sexuality education has been underscored by the United Nations Special Rapporteur on the right to education in a 2010 report to the United Nations General Assembly devoted exclusively to this topic (United Nations, 2010) and by the European Court of Human Rights in 2011 (European Court of Human Rights, 2011).[2]

Other rationales: Apart from the fundamental right to education in general and sexuality education in particular, the Standards are based on four other rationales for sexuality education (WHO Regional Office for Europe/BZgA, 2010:21-22):

- sexuality is a central part of being human;
- informal sexuality education is inadequate for modern society;
- young people are exposed to information from a variety of sources, some of which are incorrect; and
- the need for promotion of sexual health.

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

What is the role of the health sector?

The rationales also highlight the fact that sexuality education comes under different sectors, primarily the educational and the health sector. In health, different aspects of sexual and reproductive health and rights are usually included. As the health sector is confronted with the burden of sexual ill-health (unintended pregnancies, unsafe abortions, sexually transmitted infections (STI), physiological and psychological consequences of sexual violence, etc.) it is an important partner in sexuality education programmes.

This is highlighted by two WHO documents published in 2010. The first provides a framework for developing sexual health programmes, and discusses five domains for sexual health interventions, education being one of them. It states that: "Within schools, there is strong evidence for the importance of promoting sexual health through comprehensive education on sexuality, sex and relationships. Such work should begin before young people are sexually active and it must offer choices" (WHO, 2010a:24).

The second publication describes indicators that can be used to measure sexual health. The proposed indicators include mandatory sexuality education based on the assumption that: "in order for sexual health to become a reality, people (particularly young people) need access to information about sexuality and sexual health. Thus, [the working group] proposed as an indicator the existence of mandatory, comprehensive education on sexuality, the content of which would depend on the age group" (WHO, 2010b:6).

Does sexuality education lead to earlier sexual activity?

There exists a variety of myths and misunderstandings regarding sexuality education. One of the most common is its perceived role in encouraging early sexual relationships. However, there is no evidence to support these claims, and it is vital that those who plan and develop sexuality education programmes work to correct such false beliefs. Educating the public through the media and other channels is vital. The UNESCO review of the impact of sexuality education on young people's sexual behaviour relieves almost all the concerns just mentioned (UNESCO, 2010a:13; 30-33).[3]

3 The study shows that sexuality education does not lead to earlier initiation of sexual relationships: in a third of the studies it leads to delay of this initiation and not to more frequent sexual contacts; in a third of the studies it leads to less frequent sexual contacts; more than half the studies show it does not influence the number of sexual partners young people have; in slightly less than half of the studies, it even reduces that number. It does not reduce the use of condoms. On the contrary, in 40% of the studies the use of condoms even increased. Only one study said that the use of contraception decreased, whereas in 43% of those studies where this was measured, it had improved. In more than half the studies sexual risk-taking was reduced, whereas in only one study it increased.

Box 2: Recent publications on standards and guidelines for sexuality education – an overview

What standards and guidelines are available to support the development of sexuality education programmes?

In recent years, several publications on standards and guidelines for sexuality education have been published. The text below shows similarities and differences between them.

The ***Standards for sexuality education in Europe*** ("the Standards") provide an essential framework for sexuality education for European countries, many of which have a long tradition in this field. This longer experience in Europe partly explains why the Standards differ in several respects from two other important recent publications on the subject, which both start from a more global perspective. These are: ***It's all one curriculum*** (International Sexuality and HIV Curriculum Working Group, 2009), developed under the leadership of the ***Population Council*** (referred to below as the Working Group document), and the ***International technical guidance on sexuality education*** (UNESCO, 2010a, 2010b), produced by **UNESCO** and others (referred to below as the UNESCO guidance). Because of the crucial importance of these other two publications, it is useful to highlight briefly some essential similarities and differences between the publications, which do in fact complement each other in several respects.

Comparison of structures and identification of differences

All three publications have two "parts" (Standards), "volumes" (UNESCO guidance) or "books" (Working Group document). The first part basically outlines the background, purposes, concepts, rationale and basic principles, whereas the second part focuses on learning objectives, age groups and the content of curricula. Four aspects in which they differ are described below.

1. The Standards promote "holistic sexuality education", meaning that they address not only all relevant aspects of sexuality, including contraception and safe sexual behaviour, but also put sexuality in a wider perspective of personal and sexual growth and development. The Standards basically perceive sexuality as a positive characteristic of human beings. The UNESCO guidance has a narrower focus that starts from serious concerns about the HIV/AIDS epidemic. It therefore primarily emphasizes the need to avoid sexual contacts that are potentially risky, but it also addresses avoiding those risks through safer sex practices. The Working Group publication *It's all one curriculum* has yet another focus: it attempts to integrate sexuality, gender, HIV/AIDS and human rights issues into one curriculum.

2. The Standards address the need for sexuality education for the entire age range, from birth to age 18 and over. They also differentiate the learning needs of successive age groups. The UNESCO guidance also does this, but starts at age 5, whereas the Working Group document addresses only the learning needs of adolescents.

3. The UNESCO guidance includes a comprehensive review of studies on the impact of sexuality education in terms of sexual and preventive behaviour, which is not included in the other two publications. This review is valuable for advocacy purposes, as it clearly demonstrates that most programmes do have beneficial results, and that they do not produce the adverse effects that are widely feared.

4. Only the Working Group document includes sexuality education lessons, 54 in total, which can be adapted to local conditions for immediate use. In that respect, it is very useful for the **practice** of sexuality education, whereas the other two publications mainly address the **policy** and **programming** levels.

2. Organizing sexuality education development

What steps need to be taken to facilitate the introduction or the review of existing sexuality education programmes?

The following chapters will inform the reader step by step about different components of sexuality education and their characteristics. This is facilitated by a figure[4] that gives an overview of the development and implementation of sexuality education and its various components. This figure is repeated throughout the text to give orientation. A foldout version of the figure is also provided to avoid the need to flip back constantly to this page.

It is important to know that key terms like "curriculum" and related terms are understood in very different ways in different countries and different disciplines. To avoid confusion and facilitate a common understanding, central terms are explained in the way they are used in this Guidance. The explanations are given in the text; a glossary is provided at the end of the document.

4 The figure was developed with the support of Amapola Alama, International Bureau of Education, UNESCO.

The fact that, in each country, the procedures for developing or reviewing a school subject[5] and the actors involved vary to a large degree has forced the authors to make some generalizations and to develop this idealized model. It is obvious that many variations exist and the concepts/terms used in this Guidance will need to be adapted to line up with existing structures and procedures in varying countries.

A sexuality education programme is understood to be a large-scale intervention – ideally at the national level. The term is overarching and encompasses all the other elements named and described here.

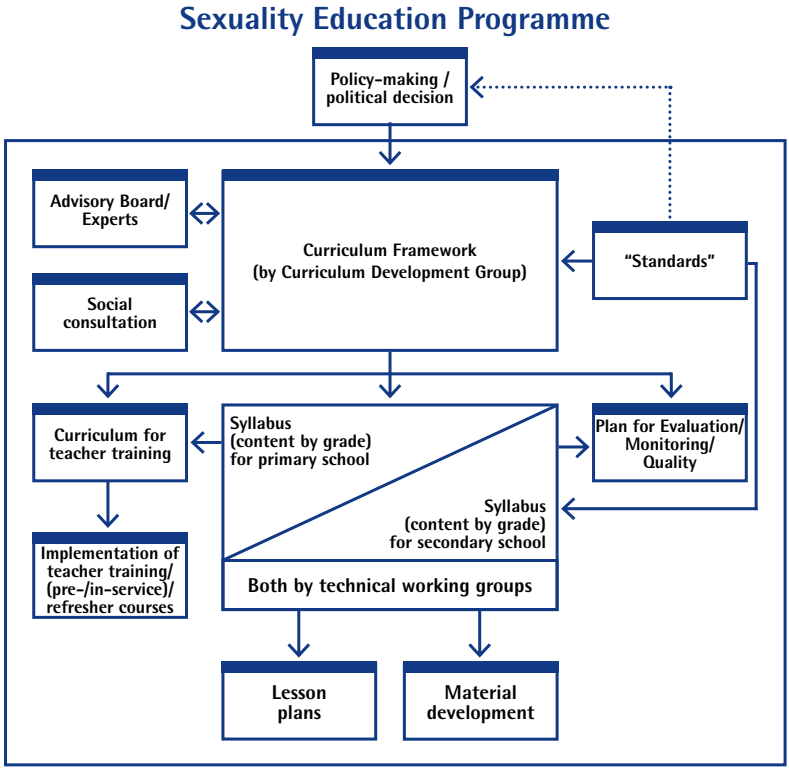


Fig. 1

5 This document covers the introduction of new sexuality education programmes and the review of existing ones. For brevity, the text often refers only to developing sexuality education programmes, but it should be understood as covering both aspects.

In this Guidance, the term "curriculum framework" is understood to mean the guiding principles of sexuality education. Some countries do not develop a curriculum framework, but have national standards or minimum standards instead. The curriculum framework can be broad (e.g. specifying only some general learning objectives) or more specific. Before a curriculum framework can be developed, the political will to introduce an institutionally based sexuality education programme is an important prerequisite, although in some instances the work on a curriculum framework can in itself generate a better understanding of the role of sexuality education among national stakeholders.

The curriculum framework should be developed by a curriculum development group working under the leadership of the educational authorities, in close collaboration with health authorities. The size of the group varies with the scope of consultations and the centralized or decentralized nature of the process. Systematic exchanges with experts (e.g. via an advisory board) and consultations with stakeholders are recommended. The curriculum framework lies at the core of the development of a subject. It guides the work of several technical working groups which translate the curriculum framework into a number of syllabuses, defining the content by grade and by type of school. During this process, subjects and hours are allocated and learning objectives are defined.

The **syllabus** (in this document understood as the definition of content by grade) informs the development of materials (e.g. student handbook, teacher's manual) and the optional development of lesson plans. The syllabus is also the basis for the development of the curriculum for teacher training (what teachers need to learn in terms of content and methodology to deliver sexuality education). The **curriculum for teacher training** will guide the implementation of the training in its different forms (pre-service, in-service, etc.). The development of the teacher training curriculum and its subsequent implementation can take place in either a centralized or a decentralized way. Most often, universities play a major role in this regard.

From the very beginning, **monitoring and evaluation** need to be planned to assure the quality of sexuality education – the evaluation and monitoring design needs to be in accordance with the curriculum framework and its objectives, but is also informed by the syllabus. The technical group responsible for monitoring and evaluation needs to liaise closely with the curriculum development group to ensure a consistent evaluation.

Overall curriculum alignment is of central importance: all the elements mentioned here and shown in Fig. 1 need to be coherent and work together. Good alignment of the elements will lead to better student achievement.

Although, in practice, sexuality education has often been started at the local or individual school level, political commitment is needed to scale up such initiatives in order to reach the entire population. Based on the best available experience, an early step recommended in developing or revising a sexuality education programme should therefore be a decision taken by educational authorities at national level. Other decision-making bodies may also be involved, in particular those responsible for health and young people and those at regional and local levels. The rationale for this decision is, in most cases, a serious dedication to improving the health and well-being of the population, with a special focus on adolescents and young people. This Guidance addresses government institutions that have already decided, or are seriously considering the decision, to start, scale up or improve sexuality education.

Step 1. Create a curriculum development group

Who are the main stakeholders who need to be involved in developing a national curriculum? Who needs to be consulted?

The task of the **curriculum development group**, which operates close to the policy-making level, is basically to work out a common understanding of the rationale for sexuality education and its broad objectives (e.g. to empower students to make responsible decisions) ideally done in close

cooperation with many actors and stakeholders, for example by holding social consultations (see Fig. 1). It may also formulate more specific learning objectives, differentiated by age group and possibly by type of school. For this, the Standards provide a useful framework.

The **composition** of the curriculum development group is of crucial importance; it should represent all the different stakeholders in sexuality education. Input is required from the fields of curriculum development, pedagogy and didactics, developmental psychology, adolescent health (including sexual health), ethics/religion and teaching of health and humanities. Other stakeholders, representing a broad range of views from relevant ethnic, sexual or special-needs minority groups, should also be included and/or consulted. It is recommended that candidates should be invited from fields which have experience in designing or implementing sexuality education and in working with children and young people on sexuality-related issues. They may be active in the fields of health, education or youth work and represent the governmental, nongovernmental or academic sector. Furthermore, representatives of parents' organizations, teachers' associations and headteachers, as well as children and young people themselves, should be involved, in a participatory approach. In practice, the local situation will determine how such a curriculum development group is composed and how it will work (e.g. organized into subgroups). In order to work effectively, it may be advisable to keep the group relatively small, and to seek feedback and advice from different specialists and stakeholders on a regular basis (e.g. organize social consultation processes, establish an advisory board – see Fig. 1).

Furthermore the curriculum development group establishes and coordinates different technical working groups and ensures close cooperation and sharing of results between them. The first technical group needed is the one working on translating the curriculum framework into the syllabuses, as this is the basis for the other groups' work.

Step 2. Preparation

What specific data and information need to be collected to prepare for the development or improvement of sexuality education programmes? What other preparatory steps need to be taken?

The curriculum development group needs to collect the following information. The Standards provide a good starting point for these discussions.

- An agreed **definition** of the rationale and general objectives of sexuality education: why is it going to be introduced or improved and what are the expected results?

- The **current status** of sexuality education in the country: which educational programmes or curricula already include sexuality education components (e.g. human biology) in various types of school (see below)?

- **Mapping of stakeholders** is essential, not only in terms of their roles and activities but also to highlight possible alliances or expected resistance.

- **An understanding of the needs of the children and young people of the country:** the available national and international research literature on children/young people and sexuality and consultations with specialists working in this field. Collection of additional data on children's and young people's lives, knowledge, attitudes, behaviour and, especially, needs with regard to sexuality education will be very valuable, especially when taking into account possible barriers that might prevent health-seeking behaviour. Epidemiological data, for example the adolescent birth rate, adolescent contraceptive usage, unintended pregnancies, abortions, teenage motherhood rate, STI/HIV and sexual abuse and violence, are also helpful. If the required data are not, or are only partially, available a more intensive needs assessment and subsequent planning process may

be needed. The *IM toolkit for planning sexuality education programs* (World Population Foundation/Maastricht University, 2008) is a good example of this.

- **Sexuality education programmes** in other countries. What important lessons can be learned from experiences elsewhere? Good starting points are the SAFE Project report on sexuality education in Europe (IPPF, 2006) and the *Country papers on youth sexuality education in Europe* (BZgA/WHO Regional Office for Europe, 2006).

- A draft broad **overview of learning objectives**, classified by age group and type of school and guided by the Standards, and **feedback** on the draft from stakeholders.

- **Setting up several technical working groups:** Who is responsible for translating the curriculum framework and its general learning objectives into syllabuses? Who is responsible for the development of the material, teacher training, etc., and how can they be engaged in this process?

Step 3. Map the challenges and opportunities for sexuality education

What are the specific challenges and opportunities in the country to develop and implement a sexuality education programme?

The curriculum development group needs to map the specific challenges and opportunities within its own country. The challenges need to be addressed continuously from the beginning. Examples of challenges and opportunities for the introduction of sexuality education include the following.

Challenges

1. Misperceptions of sexuality education

As mentioned earlier, there is a widespread belief that sexuality education will promote sexual activity among children and young people and allow moral standards to lapse. Therefore, the introduction of a sexuality education programme must be accompanied by various public education activities, adapted to the needs and level of understanding of different stakeholders, which explain the rationale, actual objectives and content of the programme and the results of impact evaluation studies. The rationale, objectives and content are covered in the Standards, while the aforementioned UNESCO guidance synthesizes almost all recent impact evaluation studies. In addressing misconceptions about sexuality education, it is particularly relevant to stress that young people will learn about sexuality anyway, but potentially from unreliable or simply incorrect sources: from their peers or partners who may be equally lacking in knowledge about sexuality, and increasingly from modern media, particularly Internet pornography. **One of the aims of modern sexuality education is therefore to anticipate, counterbalance and correct the misleading information obtained from such sources.** If sexuality education begins at a relatively young age, it can be proactive and help to guard against future misinformation. It is also crucial to stress that sexuality education is effective in reducing the risk of unintended pregnancy and STI/HIV transmission (see Box 3 below for the case of Estonia). It can make children and young people more aware of and less vulnerable to possible abuse, and it improves their ability to stop it if it does occur.

2. The role of parents and teachers

A second possible objection to sexuality education in schools may be the conviction that it is the exclusive responsibility of parents. At this point, it should be emphasized that the school can **complement** parents in this respect. This makes sense for several reasons. Firstly, most parents do not possess all the relevant knowledge children and young people need to acquire. Secondly, children and young people should learn to communicate with each other on sensitive issues, a skill which they can learn only among their peer group, particularly their own class, facilitated by a

trained teacher. Thirdly, parents are not always the most suitable people to discuss sexuality with their adolescent children, since the latter are involved in a process of distancing themselves from their parents and gradually gaining independence. Fourthly, many parents feel themselves unable to address difficult issues related to sexuality, and they are grateful if professionals do so in their stead. However, because of the need for close collaboration with parents, parent representatives should be involved in the development of the curriculum framework.

3. Limited curriculum space: stand-alone or integrated programme?

School curricula are the scene of a constant fight for space, which makes it extremely difficult to introduce new subjects. For this reason, it is important to put forward a convincing rationale for sexuality education. The high incidence of STI and to a lesser extent HIV, unintended pregnancies, or sexual violence and abuse are public health issues of national importance that can provide such a rationale, as is the growing influence of the mass media, which supply information – often incorrect – to children and young people. Furthermore, existing, more general school learning objectives, such as "promoting responsible citizenship", "increasing students' self-efficacy", or "supporting healthy behaviour", may offer a strong legitimate basis for a sexuality education programme.

Where the position of sexuality education in the curriculum is concerned, there are basically three options, each of them having advantages and disadvantages, depending on the prevailing situation.

1. Sexuality education is a **completely separate subject**. It is delivered by a specially trained teacher, who may come from outside the school.

2. Sexuality education is **integrated into more than one existing teaching subject**. Different parts of the syllabus are integrated into different subjects as appropriate (for example physical aspects in biology, moral aspects in ethics or philosophy, behavioural aspects in health education). Experience has shown that, with this model, it is very important to assign the main responsibility and the coordination

task to one specific person/entity to make sure that the subject does not "get lost".

3. Sexuality education is **integrated into a broader (new) subject** such as "life skills education" or "health education" that is large enough to accommodate sexuality education alongside related issues. This model offers advantages with regard to teacher training, as it provides a large enough topic to warrant training specialist teachers[6]. This model allows for synergy with related issues. But the approach also has its downside, as it requires even more curriculum space in cases where this kind of subject is not already present.

The feasibility of these various options depends very much on the national context. There is no right or wrong here: all three options have advantages and disadvantages. In all cases, it is important that someone should be held explicitly responsible for teaching or coordinating the subject.

6 Finland has very good experiences whith this model. See box 6 below

Box 3: Estonia: Holistic sexuality education integrated into "Human Studies"

After regaining independence from the Soviet Union in 1991, Estonia developed an entirely new curriculum for basic schools (grades 1-9; ages 7-16). This provided a unique and historic opportunity to introduce sexuality education. Advocates for sexuality education made strong pleas for it to be included in the new curriculum. In 1996, the subject was indeed introduced as part of a new curriculum called "Human Studies". The official aim of Human Studies was: "to develop a holistic personality, promote general humanistic values and social competence", which provided a perfect framework for fully integrated and holistic sexuality education. Sexuality-related topics, alongside competency in interaction, self-respect and respect for others, are included at all grades, but core sexuality topics are concentrated in grades 5-7, when pupils are 11-14 years old. A great deal has been invested in the training of teachers, who later created their own "Association of Human Studies Teachers", which oversees the quality of Human Studies teaching. The curriculum has been updated twice, in 2002 and 2010, to reflect new insights and challenges. The programme has contributed significantly to improvements in adolescent sexual health indicators. Since its introduction, teenage pregnancy rates have decreased by more than 60%, and decreases in STI and HIV infection rates have been even more dramatic (Haldre et al., 2012).

4. Political resistance

Even if the Ministry of Education and/or other relevant government bodies are planning to, or seriously considering, upgrading existing programmes or introducing sexuality education for the first time, resistance from other political and societal groups often remains, or can be expected to recur during the process. The scope of resistance can vary, and it is vitally important to build strong political and societal alliances from the very beginning to counter it.

5. Sceptical attitude towards national-level approaches

Sometimes it is argued that it should not be the national level that takes responsibility for the introduction of sexuality education. According to this view, no national curriculum framework or guidelines are needed. Instead, the responsibility is delegated to the local level, or even to the individual school. This may work in some instances, but all too often the quality of sexuality education will vary greatly as a result.

6. Sustainability

Sexuality education should be introduced and implemented on a sustainable basis so that those putting time and resources into its implementation can be assured that it will not be abandoned on a political whim. The positioning of sexuality education as a national responsibility contributes enormously to its sustainability. The example of Germany, where sexuality education is governed by a federal law, demonstrates this nicely.[7] Sustainability can be promoted and ensured at different levels. It is also beneficial to anchor a programme in regional and/or local structures. At the individual school level, close cooperation with other local actors, the clear support of the headteacher and the school board and the inclusion of sexuality education in the school policy are all supporting steps.

Opportunities

When preparing the ground for either the introduction or the upgrading of existing sexuality education programmes, not only the challenges but also the opportunities need to be taken into account, as the latter may serve to facilitate the process. Common opportunities are as follows.

1. Building on existing experience

In almost every country, some elements of sexuality education are already included in school subjects or other school activities, although in many cases it may not be under the title "sexuality education". It is recommended to make an **inventory** of such pre-existing educational activities, and evaluate their quality using the recommendations in the Standards

7 BZgA (1997): General Concept for Sex Education of the Federal Centre for Health Education in cooperation with the Federal States. Cologne.

as benchmarks and, if possible, also by soliciting feedback from learners themselves. Sexuality-education-related activities in schools include the following:

1) **Systems of school health services** in which sexuality-related issues are addressed. School nurses or doctors may carry out annual check-ups or consultations, in which they can include sexual health counselling or advice. Or students may visit such services with sexuality-related questions or problems (see box 7 below).

2) **Elements of sexuality education included in other subjects** (see also above). Most often, the basics about the human body and its functions and processes are already dealt with in human biology classes. Nowadays, human reproduction is most often also included. Furthermore, many schools currently teach the subject of healthy behaviour, personal hygiene or a similar term, and this usually also touches on safe sexual behaviour, at least to some extent. Norms, values, morals and beliefs are often dealt with in classes entitled "social orientation", "human studies", "citizenship-building", or "religion".

3) In most countries, **more explicit "sexuality education" started** even before the Ministry of Education decided that it should be included in the curriculum. Most often, individual schools or teachers started to develop and implement it. Sometimes, schools or teachers invited health workers to give talks, or they sent classes to nearby youth health centres for these lessons. Specialized nongovernmental organizations have often played an important role in such arrangements.

4) As mentioned earlier, in many European countries sexuality education has officially been adopted and is being implemented in various schools. But it is not necessarily named "sexuality education", but instead **"family life education"**, **"relationship education"** or **"life skills education"**. In these countries, there may be a wish to improve, widen or extend programmes to include other age groups, content or approaches.

5) **Prevention campaigns** targeting young people's sexual behaviour can also serve as a starting point for the development of sexuality education in institutional settings such as schools.

6) In most countries, specialized youth and health organizations (often **nongovernmental organizations**) not only have experience in addressing sexuality education but also in how to counter related misconceptions. They can be important allies for the education system.

2. Existing resources

The introduction of sexuality education is facilitated by already existing resources: teachers are already employed, training structures for teachers usually already exist, and in many countries there are also school health services available. This makes investment in sexuality education much more feasible – especially when also taking into account the fact that education is an investment in the younger generation for which a pay-off can be expected at a later stage in the form of reduced health care and social support costs.

Existing materials (e.g. children's books, games, films, etc.) can be used as a starting point for sexuality education programmes – their editors/producers may also prove to be valuable partners.

3. Links to international developments

Internationally, sexuality education is increasingly perceived as an important building block in the prevention of sexual ill-health, and several relevant documents have been published (see Introduction, in particular Box 2). WHO, UNESCO, UNFPA and IPPF all strongly support school-based sexuality education and provide technical support and materials.

One specific opportunity for schools, which could provide a comprehensive basis for sexuality education, is the inclusion of health promotion in the mission statement of the school. The Schools for Health in Europe

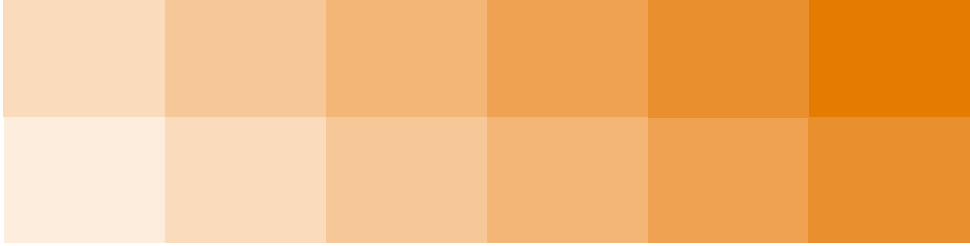
Network[8] in cooperation with WHO Regional Office for Europe, Council of Europe and the European Commission provides a framework for this process. Countries that join the initiative commit themselves to strengthening their capacity as a healthy setting for living, learning and working.

Step 4. Plan for monitoring and evaluation from the beginning

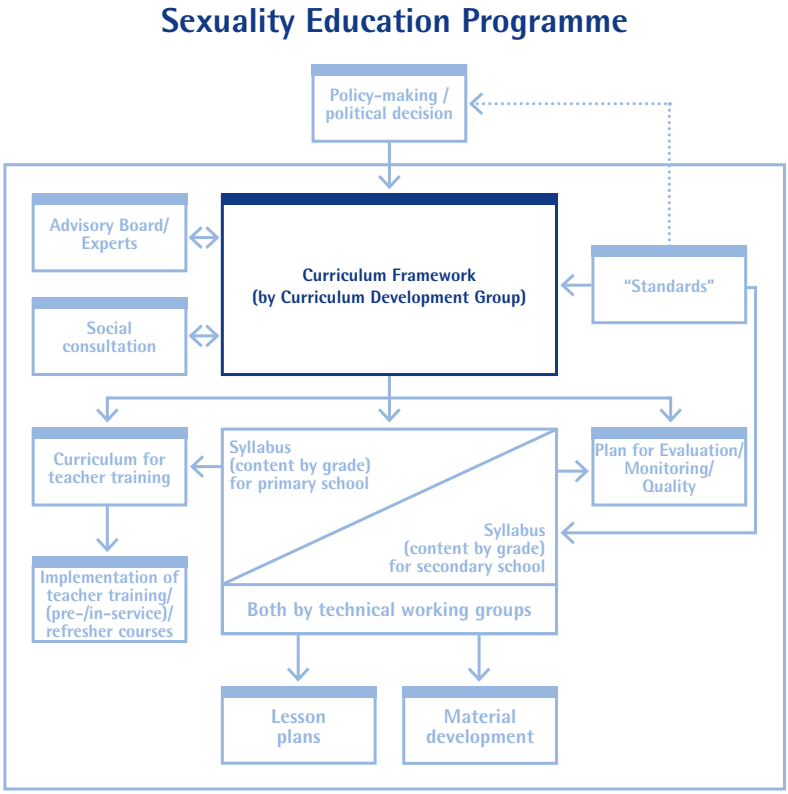
How can evaluation and monitoring be carried out?

Monitoring and evaluation are essential elements of the development and implementation of sexuality education programmes. They should be planned for from an early stage, and resources must be set aside for them. For further information, see Chapter 6 below.

8 http://www.schoolsforhealth.eu, accessed 14 April 2013, see also: World Health Organization. What is a health promoting school? (http://www.who.int/school_youth_health/gshi/hps/en/index.html, accessed 28 February 2013).



3. Agreeing on the curriculum framework



What will a sexuality education programme look like in a particular country?

A good starting point for the development (or adaptation) of a sexuality education programme is to reach an agreement on the curriculum framework (see Fig. 1a), which is best dealt with in a stepwise approach. As mentioned before, the decisions are ideally taken by a curriculum development group after extensive consultations with other stakeholders; they may also fall partly into the remit of the technical working group dealing with syllabus development.

Step 1. Define general learning objectives

What should children and adolescents learn in sexuality education?

The curriculum framework usually defines general, broad learning objectives, e.g. strengthening the decision-making skills of students or giving them skills in critical thinking. The learning objectives may include age-specific and development-specific aspects, e.g. setting boundaries, managing one's own and others' need for privacy, etc. They are not only defined in terms of what pupils should know, but also relate to values and attitudes, and to (behavioural) skills.

At a further level of syllabus development, more specific and detailed learning objectives will be added in relation to the content.

Step 2. Choose age groups: need for an age-specific approach

At what age should children and adolescents receive sexuality education?

The decision about the age groups or school grades which should be addressed is of crucial importance, as it will influence many other decisions. In the Standards, a strong case is made for starting at a very early age and revisiting the same broad topics later, gradually dealing with them in more depth depending on the developmental state of the child/adolescent. The rationale for this is that children's questions and levels of understanding change as they grow up. An additional advantage of starting early is that children find the subjects less embarrassing early on, and if they are already familiar with them, they will find them less difficult to handle when they reach puberty. Even more important is the fact that children need to be prepared to deal with sexuality issues before they encounter them (e.g. girls need to be familiar with the phenomenon of menstruation before they experience it themselves). Children and adolescents also need to learn about sexual behaviour well before they actually start having sexual relationships, which is usually between age 14 and 18 in almost all European countries.[9] This helps them to make informed decisions later on. Therefore, sexuality education (understood in a holistic way) now starts at primary-school level, and sometimes in kindergarten, in many European countries. Self-evidently, sexuality education taught at a very young age is very different from what is taught at more advanced ages.

Step 3. Choose the subject and the teacher

Who is going to deliver sexuality education?

It has already been pointed out that this is often a problem in the face of limited curriculum space. Three options have been proposed: 1) stand-

9 See, for example, Currie et al. (2012).

alone sexuality education as a separate subject; 2) integration into existing subjects, each dealing with a specific aspect of sexuality education; and 3) integration into one broader subject such as healthy living, health education, etc.

Choosing one of the options also makes a decision about the role of the future teacher. If, for example, sexuality education is to be integrated into biology (for body development, fertility and contraception), into social sciences (for sexual rights and social and cultural determinants of sexuality), into religion (for the discussion of values) then it is clear that all of these teachers are going to play a role in teaching sexuality education and need to be trained for this. If a new subject is to be created, it has to be decided who is going to deliver the content and how these new teachers are to be trained.[10]

But sexuality education can also be assisted by external experts (for example from the health sector or from nongovernmental organizations active in the field of sexual and reproductive health and rights). In a number of countries, peer educators have been trained. In the long run, peer education can be one element of holistic school-based sexuality education, but it cannot be the only element. Peers are themselves still in the process of sexuality development, which may well influence their way of teaching. Additionally, peer education entails greater costs in the long run, as new peers will constantly need to be trained. Other possible alliances should be explored as well.

Step 4. Assess required curriculum space (time allocation)

How much time should be allocated for sexuality education?

As mentioned before, this is a crucial and often difficult step that requires some explanation. Apart from practical considerations, the curriculum space required is greatly affected by the multidimensional character of

10 Teachers should not be pressurized into conducting sexuality education. For more details, see WHO Regional Office for Europe/BZgA (2010), p.31.

sexuality and sexuality education. Sexuality education not only includes learning some facts, but also learning to acknowledge feelings and express oneself, developing a positive self-image and an awareness of one's own rights and those of others, building up interaction and negotiation skills, and suchlike. In other words, sexuality education is largely about **acquiring basic life skills, learning to self-reflect** and then using the knowledge and skills in the context of intimate relationships. The same skills and attitudes are also needed for other life challenges: making friends, dealing with conflict, taking sensible decisions, resisting unwelcome peer pressure, and many others. This is the main reason why there is a growing tendency to incorporate sexuality into the wider subject of life skills education, which also includes issues like healthy diet, avoiding accidents, prevention of alcohol and drug abuse, etc. Nevertheless, sexuality education has its own special requirements and approaches. The time allocated to sexuality education largely depends on whether such general life skills education is already in place. If it is, sexuality education only has to cover **applying** these skills to the sphere of sexuality but, if it is not, it needs to include the life skills training itself.

Additionally, the hours allocated to sexuality education also depend largely on earlier decisions about age groups and grades. If, as strongly advocated in the Standards, sexuality education is provided in a continuous way (e.g. in every grade or every second grade) then fewer hours are allocated per year than if sexuality education is to be a one-off event.

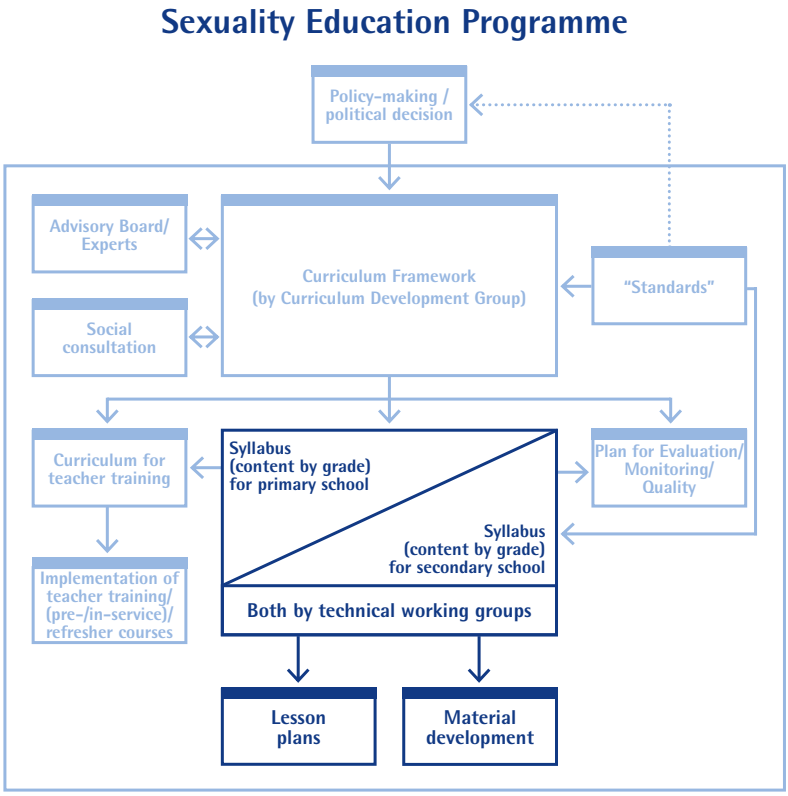
The matrix accompanying the Standards provides a minimum set of learning objectives for the various age groups (see Fig. 2, page 42). These can be treated as the bottom line of holistic sexuality education, and will give guidance when allocating hours.

Box 4: The Netherlands: relationships and sexuality education in primary schools

The relationships and sexuality (R&S) curriculum for primary schools (eight grades, ages 4 to 12) was originally developed in 1990 by Rutgers WPF, the expert centre for sexuality in the Netherlands, and has recently been supplemented by an e-learning component. In the curriculum, "hygiene and healthy behaviour" is cited as an objective and, since 2013, the inclusion of sexuality and sexual diversity is mandatory. There are almost 60 suggested lessons divided over several school years, from which teachers can choose. In the lower grades, the focus of attention is on: getting to know the human body; image of oneself and others; nudity; differences between boys and girls; friendship; and touching the body. With increasing age, interest and level of understanding of the pupils, the attention gradually shifts to topics such as: self-perception; how boys and girls think about the other sex; how to make and maintain friendships; being in love; and what "sex" means, including sexual abuse and its prevention. In the highest grades (ages 10 to 12) important topics are: changes during puberty; friendship and love; (starting) relationships; dealing with media; sexuality and contraception; and resisting unwanted peer pressure. The curriculum takes into account all stages of sexual, social, emotional and physical development of children. The methodology is playful and varied.

Since 2004, with the promotion of the "Week of Spring Fever", about 25% of schools (1800 of 7000 primary schools) have been using the programme. The number of schools doing so is also increasing rapidly: in 2012 alone, 480 schools participated in the project. The number of teaching hours per grade is 6–7 on average. In schools that implement the programme every year in each grade, pupils receive about 50 hours of sexuality education before they enter secondary school.

4. Building the syllabus



Which content is taught in which age group?

For the development of the syllabuses themselves, the following steps are essential. The purpose of this brief overview is to indicate which actions are needed, not the tangible products of these actions, which is a task beyond the scope of this document.

Step 1. Create interdisciplinary syllabus development groups for different age groups and school types

Who develops the different syllabuses?

It is advisable to create at least two technical working groups to take charge of development of the different syllabuses, one for pre-adolescents and one for adolescents, because the required background knowledge of content, methodologies and issues relating to developmental theory varies considerably with the age of the target group. This approach is also more practical: many stakeholders and different experts need to be involved, and having separate groups keeps group sizes small and the groups functional, but it is also necessary to ensure that the two groups coordinate their inputs and activities. Schools, teachers, parents and young people themselves, as well as curriculum/syllabus development experts, developmental psychologists, pedagogues and health specialists (preferably with sexual health expertise) should be included in the groups. Representatives of minority/migrant groups and groups with special needs should also be involved. The curriculum framework and the decisions taken by the curriculum development group form the working agenda for these technical groups.

Step 2. Develop the syllabus: define content by grade in accordance with learning objectives

What is the content for each grade?

The syllabus working groups are guided by the curriculum framework and the learning objectives defined therein. The level of detail of the syllabuses varies between countries because of their differing legislation and practices. But if the learning objectives were really broad, they now need to be broken down to a more specific level, taking into account content and grades. The Standards provide a framework for this activity and give guidance on the topics to choose for each age group/grade, paying due attention to a logical sequence based on the developmental stage of the pupils, e.g. the same topics are revisited at a higher grade, when they are discussed in more detail or with a different focus. The Standards also provide guidance for the development of more specific learning objectives, by defining the skills and attitudes a child/adolescent should have acquired with regard to each of the topics (see Fig. 2).

6-9	Information Give information about	Skills Enable children to	Attitudes Help teenagers to develop
The human body and human development	■ body changes, menstruation, ejaculation, individual variation in development over time ■ (biological) differences between men and women (internal and external) ■ body hygiene	■ know and to be able to use the correct words for body parts and their functions • *appraise body changes* • *examine their body and take care of it*	■ an acceptance of insecurities arising from their body awareness ■ a positive body-image and self-image: self-esteem ■ a positive gender identity
9–12	**Information** Give information about	**Skills** Enable children to	**Attitudes** Help teenagers to develop
The human body and human development	■ body hygiene (menstruation, ejaculation) ■ early changes in puberty (mental, physical, social and emotional changes and the possible variety in these) • *internal and external sexual and reproductive organs and functions*	■ integrate these changes into their own lives ■ know and use the correct vocabulary • *communicate about changes in puberty*	■ an understanding and acceptance of changes and differences in bodies (size and shape of penis, breasts and vulva can vary significantly, standards of beauty change over time and differ between cultures) • *a positive body-image and self-image: self-esteem*

Fig. 2

Step 3. Develop lesson plans

What can a lesson look like?

The provision of **lesson plans** (understood in this document as a detailed description of an individual lesson that will guide the teacher when teaching) is optional – in many countries the creation of lesson plans is entirely the responsibility of the teacher. But a lesson plan may be of great value, especially if teachers are not yet sufficiently trained, or feel reluctant to talk about sexuality.

A lesson plan usually includes:

- description of the objectives of the lesson;
- instructions for the teacher (and preferably background reading materials);
- detailed description of activities during the class, with precise timings;
- list of materials needed (flipcharts, pens, handouts, video, etc.);
- guidance on the methods to choose to achieve the objectives, based on evidence of what works, for example role-play or viewing a video;
- possibly: handouts for the students.

Lesson plans can be included in the teacher's manual (see below). Model lesson plans or activities for particular sexuality education topics can easily be found – no need to reinvent the wheel. For classes on sexuality, gender and HIV for the age group 15 and up, there is, for example, the publication *It's all one curriculum* (International Sexuality and HIV Curriculum Working Group, 2009).[11]

It is very important to balance the teachers' need for ideas and reassurance against their own knowledge and creativity. It may reduce a teacher's motivation if he/she is provided with a detailed lesson plan for each and every topic.

11 Other publications include lesson plans of varying specificity, e.g. Path (2002) and Timmermanns & Tuider (2008).

Step 4. Develop materials (teacher's manual, student's textbook)

What teaching aids are needed?

The **teacher's manual** is an extensive document that includes all the information a teacher should have available for implementing a syllabus. In actual fact, several manuals are needed, as they need to reflect the different age groups of the students. They may include:

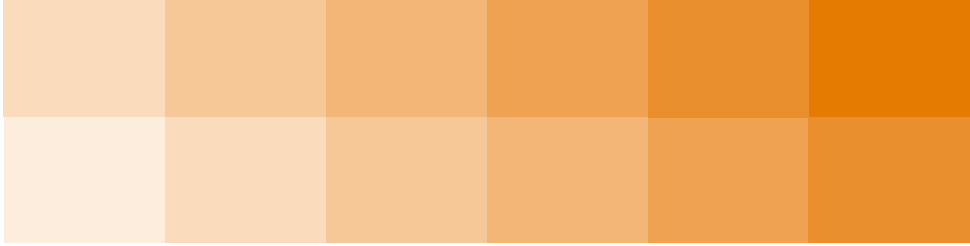
- the **syllabus** itself (where it exists);
- **background reading materials** on the different topics defined in the syllabus, including psychosocial/sexual development at different ages, essential epidemiological data on adolescent sexual health, the links between sexuality and human rights in general and children's rights in particular, and references for further reading (see Standards);
- advice on appropriate **methodological approaches** that promote participation by all students;
- explanation of some **ground rules**, e.g. how to create a positive, receptive and safe atmosphere in the classroom, how to involve all students, even the quiet ones;
- guidance on how to deal with **conflict situations**;
- information on local/regional **support structures** so that the teacher can refer a pupil if necessary (e.g. in the case of child abuse, pregnancy, STI);
- **lesson plans**, either specifically developed plans or a few model ones taken from existing sources;

- (possibly) written and audio-visual **materials** to be used in the classroom;

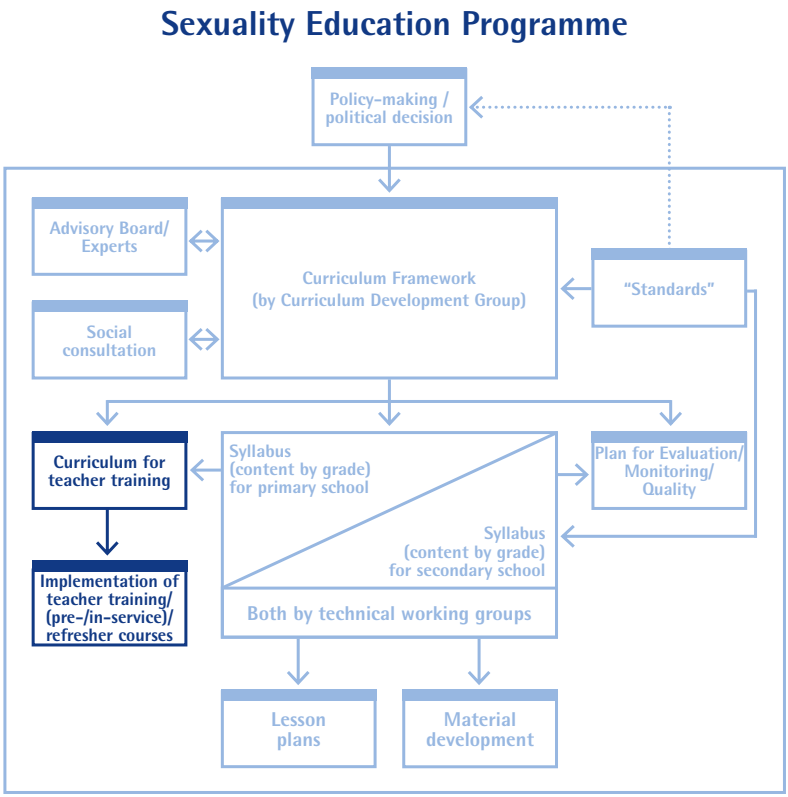
- information on suitable tools/materials and where to find them (e.g. Internet sources) or how to create them.

The **student handbook or student material** is needed to provide basic information and background reading on the topics covered during classes. It supports, but does not replace, classroom lessons. It is important that the outlook and contents of the handbook relate to the real world in which children and young people are growing up, and to their actual experiences: they should recognize themselves in it, and it should be appealing and attractive. For these reasons, a handbook cannot simply be copied or translated from somewhere else, and it is essential that young people are involved in developing it. A handbook usually has to be updated and revised every 5–10 years because of changing youth culture, relevant images and language.

When developing material for students, it may be worth bearing in mind that adolescents, especially, use different technologies to obtain information. A printed textbook or leaflet might not always be the appropriate avenue to reach them. Other methods should also be used, e.g. online resources, short videos, possibly apps for their smartphone or interactive exhibitions.



5. Development and implementation of teacher training



How to prepare teachers for the delivery of sexuality education?

Training of teachers is essential, because these teaching subjects are sometimes sensitive and therefore require special teaching skills, and also because teachers may not be familiar with the required interactive and participatory teaching methods. It is not unusual for teachers to have personal, religious or moral inhibitions when teaching certain sensitive issues, feel uncertain about them, and thus avoid those topics in the curriculum. Therefore, it is important that such reservations and uncertainties are discussed during teacher training. Teachers are more effective in communicating sexuality information when they have reflected upon their own attitudes, feelings, beliefs, experiences and behaviours regarding sexuality and how these affect their ability to communicate (BZgA 2003). Additionally, it might also be helpful to prepare teachers to deal with resistance and to build support networks.

Step 1. Create a technical working group to develop a teacher training curriculum and plan its implementation

Who develops a teacher training curriculum?

Appropriately qualified teachers are crucial for the delivery of high-quality sexuality education, and their training needs must be planned for from the beginning. A technical working group needs to be convened which will be responsible for the development of the training curriculum and already planning its subsequent implementation. In order to line up with the other components of the curriculum framework, it is important to ensure an overlap with members of the curriculum development and syllabus technical working groups. In addition, this group should include experts in teacher training, experts in sexuality education and sexual and reproductive health, experts in methodology and pedagogy and representatives of teachers and possibly students, not forgetting representatives of the institutions (e.g. universities) which are actually going to carry out the training. This group works within the context of the broad curriculum framework,

guiding the overall direction and the specific syllabuses which already outline specific learning objectives in relation to content by grades.

Step 2. Decide on form of teacher training and on implementing institution(s)

What format does the training have and who oversees its implementation?

For currently practising teachers, **in-service training** needs to be developed. The scope and content of these courses largely depends on the earlier decision about sexuality education – stand-alone, integrated into various subjects or integrated into one broader but closely related subject, such as health education. In-service training should offer more than a one-off stand-alone course, but instead try to support teachers continuously. A distance-learning component offers opportunities to stay in contact, share experiences, ask questions and deepen knowledge while, at the same time, avoiding high travel costs and frequent absences by the teachers from their schools.

While in-service training may be a very good first step towards getting started on sexuality education, it is of crucial importance to include the training in the curricula of teacher training colleges and universities (so-called **pre-service training**). Naturally, it will be a few years before the first graduates who have attended this training start working in schools. It must be decided who is going to take part in the pre-service training: anyone who is interested, or everyone who is going to be a teacher of a specific subject (e.g. biology) – to give just two examples.

From the beginning, refresher courses should be planned, both for teachers who were trained in-service and for those who were trained pre-service. As pointed out above, these courses can use modern technology to cut costs and time.

Furthermore, it needs to be decided who is going to implement the training (e.g. universities). The training will have recurring costs that need to be budgeted for.

Box 5: Finland

In Finland, school-based sexuality education became mandatory in 1970, but two decades later it became an optional subject, with each school deciding for itself whether and how to teach it. This led to a marked deterioration in both quality and quantity of sexuality education provided in schools (Kontula & Meriläinen, 2007). At the same time, the quality and coverage of health services also declined owing to the economic recession. These two factors led to lower levels of knowledge, lower levels of contraceptive use and a 50% increase in abortion rates among adolescents. In response to this situation, at the beginning of the new millennium, a new subject called "health education" was created. It was introduced in schools in 2004, and became obligatory in 2006. A clear national curriculum was developed that was binding on schools and guided the implementation of sexuality education.

Finland chose the option of creating a new overarching subject relating to health, into which sexuality education could be integrated. Teachers can easily receive special training for this subject. In each school, one of these specially trained teachers takes responsibility for planning and developing the subject and ensuring its proper implementation.

Surveys show that not only has the quality and quantity of sexuality education risen again since these fundamental changes took place, but also that indicators such as contraceptive use at last intercourse and abortion rates have improved considerably.

Step 3. Develop a curriculum for teacher training

What is covered by the training?

The first step is an agreement on the **competencies** the teachers should acquire. The following **elements** should be covered by the curriculum.

- Provision of accurate and up-to date **information** on all aspects of (human) sexuality, including biology, fertility, contraception, sexual health, sexual rights, emotions, relationships, social determinants of sexuality, sexual behaviour – with gender as a cross-cutting element.

- Introduction and practice of **interactive methods** that address learners' varying learning styles and support their learning (i. e. auditory, visual, kinaesthetic etc. learning styles).

- Development of effective **classroom skills**, i.e. how to handle sensitive reactions from pupils, how to deal with privacy, how to establish mutual respect and trust (see Standards).

- Advice on **teaching materials** (e.g. films, Internet sites, books, lesson plans).

- **Self-reflection** by the trainee teacher on his/her own sexuality and personal comfort/discomfort with sensitive issues.

- Development of competence and comfort in using **sexuality-related language**.

- Creation of **understanding** of the developmental process in children and of adolescent sexuality.

- Awareness of the **support systems** for adolescents and children, e.g. child protection structures and policies (see Standards Part 2, 1.2).

- Knowledge of relevant elements of the national **legal system** and **legal requirements** (e. g. age of consent, child protection etc.).

Time needs to be allocated for this training, and this will vary depending on whether it is in-service or pre-service training. Training of teachers requires investment, but it will guarantee the quality of sexuality education for the future. More sustainable training solutions will be better than too short, too superficial, stand-alone training courses.

Step 4. Implement teacher training (pre-service, in-service, refresher)

How to organize training?

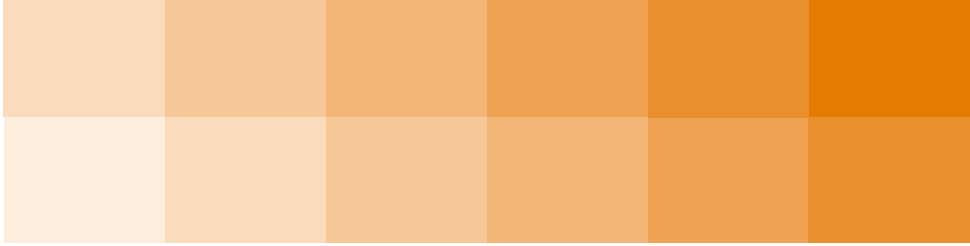
The implementation of teacher training has to be planned and budgeted for in collaboration with the institution that is going to implement it, e.g. universities, pedagogical institutions. The following **questions** need to be addressed.

- What kind of training is to be offered? Refresher course(s) should also be planned from the beginning.
- Who is going to give the training, and how are these trainers themselves to be trained, or what are their required qualifications?
- How often are the training courses to be offered, and how many days are they going to last? In the case of in-service training, the teachers' absence from their own schools needs to covered.
- Training of teachers to deliver sexuality education should eventually be included in teacher-training college curriculums.

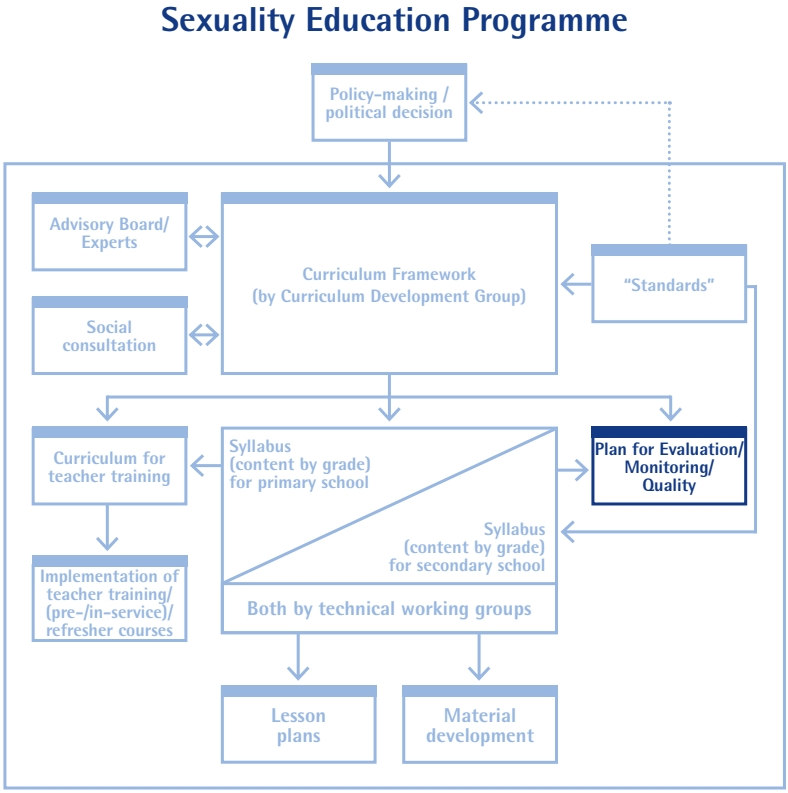
For various – perhaps personal – reasons, teachers may be reluctant to take part in training for sexuality education. It is helpful to take this into account from the beginning and consider including an opt-out clause or mechanism.

There are several manuals available showing how to develop, implement and evaluate a training course for sexuality education.[12]

12 UNESCO Bangkok (2005): *Reducing HIV/AIDS vulnerabilities among Students in the School Setting: A Teacher Training Manual.* (http://unesdoc.unesco.org/images/0013/001389/138910E.pdf, accessed 13 March 2013), or James-Traore, T. et al.: *Teacher Training: Essential for school-based Reproductive Health and HIV/AIDS education. Focus on Sub-Saharan Africa.* Family Health International. (http://fhi.org/NR/rdonlyres/eenkfni7daxt5tafxsfwha6xwa6qo5qkq2l274jaekqluoysf35uwwsoh5m4cseo65aucky5shsdgj/marriedYI4.pdf, accessed 13 March 2013).



6. Monitoring and evaluation



How to know whether sexuality education is achieving its objectives?

It is vitally important to plan monitoring and evaluation from the beginning. As shown in the figure, monitoring and evaluation are not standalone measures, but relate closely to the curriculum framework and the syllabuses. A group responsible for this component needs to be established, preferably comprising experts in evaluation in an educational setting and representatives of the curriculum framework development group, the syllabus development groups and the group responsible for the development and review of teacher training. This overlap of expert groups guarantees a good alignment between the different components of the sexuality education programme. Students and teachers should also be part of the group in order to include the perspective of those actors who are actually giving and receiving sexuality education. For the evaluation component, it may be helpful to explore possible long-term alliances with universities (as is done in e.g. Estonia).

An evaluation can be conducted for the whole sexuality education programme and/or for its subcomponents (e.g. teacher training).

There are different types of evaluation.

Monitoring/process evaluation

This type of evaluation tries to answer the question: “How well is the programme delivered?”

Process evaluation, for example, systematically checks whether activities are being implemented as planned, based on the defined objectives. It helps to keep the programme on schedule, suggesting adjustments if necessary, and aims to improve the programme by studying programme delivery, implementation quality and the programme context (e.g. staffing, funding). Monitoring is the collection and analysis of information in a systematic way, and naturally includes setting up data collection systems (who is collecting which data, where data are stored, etc.). It is a continu-

ous activity, and helps to manage and steer a programme: it is thus an important management tool.

To monitor the implementation of a sexuality education programme, indicators must be defined. Possible indicators might be: number of schools that have started to implement sexuality education based on the new curriculum framework; number of students who received sexuality education; number of teachers who underwent in-service training; funding invested in programme development. Comprehensive pre-testing of the material and other components of the sexuality education programme ensures the suitability and acceptability of the programme (see Box 6 below); information should be disaggregated by sex and age.

Outcome evaluation

Outcome evaluation tries to answer the question: "What is the effectiveness of the programme?"

Outcome evaluation studies the effects and outcomes of the programme. It aims to find out whether a programme is effective in reaching its objectives and whether it does so efficiently. Evaluation compares the objectives of a sexuality education programme with its achievements, taking into account how these achievements were accomplished. The objectives are defined at an early stage by the curriculum framework development group (see Chapter 3) and inform the whole evaluation process. In order to achieve these objectives, the indicators must measure the progress made.

Indicators intended to measure effectiveness should be based on the programme objectives, and are mainly defined for the short term, e.g. changes in knowledge or attitudes, or short-term behavioural changes. Another possible indicator is learner satisfaction with the programme.

Impact evaluation

Impact evaluation tries to answer the question: "What is the impact of the programme?"

Impact evaluation focuses on the long-term effects of the programme, such as changes in rates of teenage pregnancy and STI. Given that such changes take time and many other factors influence changes in the sexual health of children and young people, it is virtually impossible to link these outcomes to a particular programme.

Given the complex, real-life situation in which sexuality education is implemented, pragmatism is required when it comes to generating evidence. As an alternative to the classical randomized controlled trial, a combination of different evaluation methods may be used to generate evidence: such designs rely on a number of information sources, including results obtained from monitoring, process evaluation, qualitative methods, modelling, population-based surveys or quasi-experimental designs, to build a plausible case for the effectiveness of an intervention (Laga et al., 2012).

Planning and conducting an evaluation

Evaluation is part of the overall planning of a sexuality education programme and should be initiated as soon as implementation begins. In this way, processes and activities can be documented from the beginning and baseline data on students can be collected. Evaluation comprises several steps (Fleischmann et al. 1996).

1. The scope and purpose of the evaluation must be determined. The purpose includes defining the objectives and the audience of the evaluation. Financial and personnel resources also need to be taken into account.

2. Questions to guide the evaluation must be defined. These questions can be based on the already defined objectives and success indicators of the intervention, but can also include anticipated problems or weaknesses.

3. An evaluation design and a plan for data collection must be developed. There must be a decision about what data sources to use, how the data are going to be collected, who is responsible for data

collection, when it is going to take place, etc. Appropriate data collection instruments need to be chosen, e.g. questionnaire, interviews.

4. Based on the decisions in step 3, the data are collected in a standardized way.

5. The data are analysed and presented in a report to the predefined audience. Statistical skills are useful for analysis of the data.

6. The evaluation report should be used to initiate a quality improvement process.

One of the basic requirements is that the people delivering and receiving sexuality education should play a major part in the evaluation process – feedback from learners will guide the further improvement of sexuality education and make it more learner-centred. When designing the evaluation of sexuality education programmes, it should not be exclusively linked to sexual health outcomes (as is done by a lot of research influenced by the United States approach), but more to learners' satisfaction with sexuality education, their increasing knowledge and skills, an accepting attitude towards gender equality, diversity and consensual sexual behaviour.

Box 6: Pre-testing and subsequent adaptation

Pre-testing (or pilot-testing) is part of the process evaluation. It takes place early in the process of developing a sexuality education programme. Pre-testing ensures that the programme design, materials, methods, etc. are appropriate for the target groups. Pre-testing is a process for determining a target group's reaction to information and the way it is presented and its understanding of the underlying messages. Different components are pre-tested with different target groups, mainly learners, teachers and possibly parents. There are practical guidelines on how to conduct pre-tests or pilot tests.[13]

An example of pre-testing is for materials where a pre-test generates information about whether the material is:

- understandable
- culturally appropriate and gender-sensitive
- believable and realistic
- acceptable to the audience and teachers
- (visually) appealing
- informative
- motivational
- relevant.

The results of pre-tests are used to adapt the materials. Sometimes, more than one pre-test is needed before materials can be finalized.

Apart from teaching materials, other components of a sexuality education programme also need to be pretested, e.g. the in-service and pre-service teacher training curricula, in order to ensure that the expectations and needs of future sexuality education teachers are met. Their feedback is vitally important for adjusting and fine-tuning training.

13 See, for example, AIDS Control and Prevention Project / AIDSCAP. *How to conduct effective pretests*. (http://www.fsnnetwork.org/sites/default/files/conducteffectivepretestenhv.pdf, accessed 28 February 2013).

7. Dissemination and promotion of the new sexuality education programme

How do people get to know about the new sexuality education programme?

The newly developed sexuality education programme needs to be disseminated widely among all stakeholders after its completion. As pointed out above, it is advisable to consult stakeholders from the development phase onwards. This way, stakeholders are not only informed, but their opinion and advice are actively sought. Their feedback should be integrated into the development of the programme. If the various stakeholders participate from the beginning, they will develop a sense of ownership of the programme and become supporters, or maybe even champions in their own circles. This will be very valuable for the dissemination process.

The programme should be disseminated via various channels, via the stakeholders involved in the consultation process, as outlined above, and

the experts involved in the development of the programme. The media may also be an important ally, and information should be published regularly on relevant Web sites and publications.

The programme must be introduced to schools (usually via the Ministry of Education), universities, teachers (via the Ministry, but also possibly the teachers' unions), parents (via parents' organizations) and students (via students' organizations). Other influential societal groups also need to be addressed, e.g. religious groups, political parties, etc. Establish alliances whenever possible.

Step 1. Raising awareness in the immediate environment

How is the programme introduced in the school environment?

When it comes to the actual introduction of the sexuality education programme in schools, it is necessary to raise awareness "on the spot". Most importantly, parents, school boards and headteachers, other teachers, school nurses, school social workers and school psychologists should be informed. This can be done by explaining the reasons, goals and content of a curriculum in print, or by organizing meetings, or both. Sharing good practice from other schools, places or settings and identifying "ambassadors" or "champions"' who will share their experiences are other measures to be considered. Regarding the involvement of parents, it is important to ensure that the roles of the parents and the school in educating children about sexuality are complementary. The support of school boards and headteachers is essential for those teachers who actually deliver sexuality education, because the introduction of this sensitive subject makes them vulnerable and in need of explicit backing from school authorities. Understanding and support from fellow teachers is also important, because they may easily misinterpret what is going on in "that class", which may mean marginalization and ridicule for the teacher.

Step 2. Collaboration with health services and other partners

What cooperation can be established with other partners?

Working relationships between schools and medical and psychosocial service delivery institutions should be established at the local level. A curriculum should include a practical map of service delivery institutions providing counselling and care in relation to unintended pregnancy, contraception and STI, child protection services, care and support in case of sexual abuse and sexual violence and youth-friendly health services. Efforts should be made to ensure that sexuality education and sexual health services do not give out conflicting messages.[14]

Here are some examples of practical collaboration with such institutions that have been established in various countries.

- Specialists from service delivery institutions visit the school to give lectures on subjects requiring specialized expertise and educational skills, which may be too difficult for a sexuality education teacher (e.g. contraception, child abuse).

- School classes are invited to these institutions for discussions, and to see for themselves what kind of services are being provided. This has the additional advantage of making it easier for the young people to approach these services when they actually need them.

- Special youth opening hours (after school hours) are arranged at the institution.

- Students from the school are actively involved in the organization of the services and the development of information materials, in or-

14 An overall policy framework on sexuality for schools, childcare, youth work, sports and welfare may be a very helpful step in assuring a unified approach among all actors in the field.

der to increase their acceptability and adapt them to the real needs of children and young people.

- Information materials from the institution are distributed in class.
- Institutions support the continuous professional development of teachers.
- A help service for sexual health run by health workers is offered on the school premises.

Box 7: England – bringing sexual health services to schools

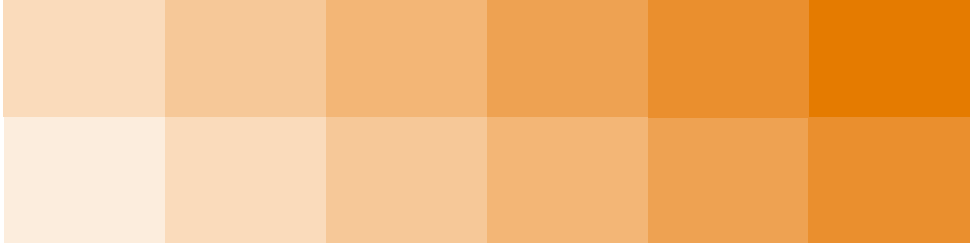
A study by the National Children's Bureau Sex Education Forum in 2008 (Emmerson, 2008) found that in England many local authorities have experience of setting up "on-site" sexual health services in secondary schools, including special schools, independent schools, faith-based schools, single-sex schools and pupil referral units (specialist units for children who are unable to attend a mainstream school). Establishing sexual health services within a school has many advantages. Not only do they improve young people's access to sexual health advice and treatment because of their convenient location and opening times, but they also provide information to increase young people's knowledge of sexuality in general and issues like contraception, STI, etc. in particular. Some schools have also linked their on-site services to formal sexuality education, ensuring that their pupils have even better access to the sexual health information.

Furthermore, the study showed that local authorities that have taken a coordinated and strategic approach to supporting the development of on-site sexual health services in schools have been successful in getting buy-in from a broad range of stakeholders.

A very specific example is the "Clinic-in-a-box" project from North Staffordshire, which is offered in 18 high schools.[15] The "box" is like a mobile clinic. It contains a range of practical resources, including emergency hormonal contraception, condoms, condom demonstrator, information leaflets and pregnancy and chlamydia testing kits. The clinic is run by school nurses who are family-planning trained and have done extra training to offer emergency hormonal contraception.

The sessions are all drop-ins during school lunchtimes. One benefit of these clinics is that take up from young men has been much higher than in community contraceptive clinics. Young people appreciate the school-based sexual health service and would like it to be available more often. They say the nurses are approachable and friendly and they are comfortable using the service.

15 http://www.sexeducationforum.org.uk/practice/sexual-health-services-in-secondary-education/north-staffordshire-clinic-in-a-box.aspx, accessed 28 February 2013.



8. Concluding remarks

Over recent years, sexuality education has received increased attention from international organizations, national governments, nongovernmental organizations and civil society. Not only have several documents on possible content and other aspects of sexuality education been published, but it is more and more firmly acknowledged that sexuality education is an essential building block in the protection and improvement of the sexual and reproductive health and rights of children and adolescents. It is one step (among several others) that governments can take for the promotion of health and well-being as an investment in the future and the prevention of sexual ill-health in the younger generation and beyond.

Common barriers and challenges have been acknowledged in this Guidance and, at the same time, the focus has been shifted to opportunities, highlighting the fact that introducing or reviewing sexuality education does not usually mean starting from scratch, but building on existing experience. Defining the process of introducing sexuality education in detail may make it seem even more complex, but should also make it much clearer and thus less threatening.

It is hoped that stakeholders in different countries can make use of this document in their efforts to promote sexuality education. The need to adapt this document to take account of national needs and conditions has been stressed above. Naturally, many issues could only be mentioned briefly, and there may be a need for and an interest in exploring vari-

ous aspects in more detail. There is no need to reinvent the wheel: many curriculum frameworks, syllabuses, teacher training courses, materials, etc. have been developed and there are a multitude of examples from all over the world. This material is full of inspiration and can be used to support the creation of a new programme or the improvement of an existing one. One possible starting point when looking for other resources is the European Society of Contraception and Reproductive Health Web library on sexuality education.[16]

Investing in health through the life-course and empowering people are among the priority areas of "Health 2020 – a European policy framework supporting action across government and society for health and well-being" approved by the Member States of the WHO European Region in 2012 (WHO Regional Office for Europe, 2012). This Guidance is in line with Health 2020 and hopefully will assist countries in improving health promotion programmes based on principles of engagement and other human rights, improving health literacy and helping people to make healthier choices. Examples from all over the world have shown that the road to introducing sexuality education may often be rough, but that it is possible to overcome obstacles and find joint solutions. It is hoped that this Guidance will be of use in this process.

16 European Society of Contraception and Reproductive Health. *Web library on sexuality education* (http://www.escrh.eu/weblibrary/web-library-sexuality-education, accessed 28 February 2013).

9. Glossary

The definitions and descriptions of terms presented below should be interpreted as relating to sexuality education.

Adolescent: young person aged 10-19 year, based on WHO definition (http://www.who.int/topics/adolescent_health/en/, accessed 10 February 2013).

Child: according to UNICEF a child is a person below the age of 18. In this document the term covers the age range 0–9.

Curriculum development group: a multiprofessional group that is responsible for the development of the curriculum framework. It should work under the leadership of the educational authorities and in close collaboration with health authorities.

Curriculum framework: a set of guiding principles for sexuality education. The scope of a curriculum framework varies between countries: it may be broad and include only some general learning objectives, but it may also include more specific learning objectives. It is the central element in the development of a new subject.

Evaluation: assessment of programmes or interventions in terms of effectiveness and/or cost-benefit ratio.

Holistic: emphasizing the importance of the whole and the interdependence of its parts.

Holistic sexuality education: the *Standards for sexuality education in Europe* (WHO Regional Office for Europe/BZgA, 2010) suggest the term "holistic sexuality education". A related term that is often used in the literature is "comprehensive". This latter concept is mainly used to contrast with "abstinence-only" education. It advocates the inclusion of contraception and safe-sex practices in educational efforts, but focuses mainly on the prevention of sexual ill-health. The basis of holistic sexuality education is a positive understanding of sexuality as an element of human potential: furthermore, it is based on the understanding that it is everyone's right to learn and to know about sexuality. It is self-evident that prevention of sexual ill-health is also part of holistic sexuality education.

Indicator: a measure derived from the defined goals, objectives or targets of an intervention that shows the extent to which these have been achieved.

In-service training: teacher training offered to teachers who are already working.

Lesson plan: a detailed description of an individual lesson.

Monitoring: systematic collection and analysis of information.

Peer education: young people from a similar or slightly older age group and a similar background educate and inform others about various aspects of sexuality.

Pre-service training: teacher training that is integrated into the general training of future teachers.

Puberty: developmental period of a human being transiting from childhood to adulthood.

Sexual health: sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled (WHO, 2006).

Sexual ill-health: this term is often used only about unintended pregnancies, unsafe abortions, STI, physiological and psychological consequences of sexual violence, etc., but according to the WHO definition of sexual health the understanding should be broader and include emotional, mental and social factors that negatively influence the person's sense of well-being.

Sexuality education programme: a large-scale intervention, ideally at a national level. A sexuality education programme comprises all elements and aspects of the intervention (curriculum framework development, syllabus development, teacher training, material development, evaluation, etc.).

Sexual rights: sexual rights embrace human rights that are already recognized in national laws, international human rights documents and other consensus statements. They include the right of all persons, free of coercion, discrimination and violence, to:

- the highest attainable standard of sexual health, including access to sexual and reproductive health care services;
- seek, receive and impart information related to sexuality;
- sexuality education;
- respect for bodily integrity;
- choose their partner;
- decide to be sexually active or not;
- consensual sexual relations;
- consensual marriage;
- decide whether or not, and when, to have children; and
- pursue a satisfying, safe and pleasurable sexual life.

The responsible exercise of human rights requires that all persons respect the rights of others (WHO, 2006).

Stakeholder: a person, group, organization, member or system who/which affects or may be affected by an organization's actions.

Student handbook/material: systematic set of basic information and background reading on the topics dealt with during classes.

Syllabus: the definition of content by grade for a subject.

Teacher's manual: document that includes all the information a teacher should have available for teaching a syllabus.

10. References

BZgA (2003). *Rahmencurriculum Sexualpädagogische Kompetenz [Framework curriculum for skills in sexuality education].* Cologne.

BZgA/WHO Regional Office for Europe (2006). *Country papers on youth sex education in Europe.* Cologne (http://www.english.forschung.sexualaufklaerung.de/3029.html, accessed 28 February 2013).

Currie C et al., eds. (2012). *Social determinants of health and well-being among young people. Health Behaviour in School-aged Children (HBSC) study: international report from the 2009/2010 survey.* Copenhagen, WHO Regional Office for Europe.

Emmerson L (2008). *National mapping of on-site sexual health services in education settings. Provision in schools and pupil referral units in England.* London, National Children's Bureau (http://www.ncb.org.uk/media/244837/national_mapping_of_on-site_sexual_health_services_in_education_settings.pdf)

European Court of Human Rights (2011). *Decision 319/08: Dojan v. Germany*, 13 September 2011. Strasbourg (http://hudoc.echr.coe.int/sites/eng/pages/search.aspx?i=001-106382, accessed 28 February 2013).

Fleischman H, Williams L (1996). *An introduction to program evaluation for classroom teachers.* Arlington, VA, Development Associates, Inc.

Haldre K, Part K, Ketting E (2012). Youth sexual health improvement in Estonia, 1990 – 2009: The role of sexuality education and youth-friendly services. *The European Journal of Contraception and Reproductive Health Care*, October 2012; 17: 351–362.

International Sexuality and HIV Curriculum Working Group (2009). *It's all one curriculum: Guidelines and activities for a unified approach to sexuality, gender, HIV, and human rights education.* New York, Population Council (http://www.popcouncil.org/publications/books/2010_ItsAllOne.asp, accessed 28 February 2013).

IPPF (2006). *Sexuality education in Europe: A reference guide to policies and practices* (SAFE Project report). Brussels, IPPF European Network.

IPPF (2007). *Sexuality education in schools. Good practice in sexual and reproductive health and rights for young people* (SAFE Project report). Brussels, IPPF European Network.

Kontula O, Meriläinen H (2007). Koulun seksuaalikasvatus 2000-luvun Suomessa. Väestöntutkimuslaitos. Väestöliitto. Helsinki.

Laga M et al. (2012). Evaluating HIV prevention effectiveness: the perfect as the enemy of the good. AIDS, 26(7):779-783.

Norad (1999). *The logical framework approach (LFA). Handbook for objectives-oriented planning*, 4th ed. Oslo (http://www.norad.no/en/tools-and-publications/publications/publication?key=109408, accessed 28 February 2013).

PATH (2002). *Games for adolescent reproductive health.* Washington, DC, Program for Appropriate Technology in Health.

Timmermanns S, Tuider E (2008). *Sexualpädagogik der Vielfalt [Sexuality education for diversity].* Weinheim/München, Juventa.

UNESCO (2010a). *International technical guidance on sexuality education. Vol. 1: The rationale for sexuality education.* Paris (http://portal.unesco.org/en/ev.php-URL_ID=47268&URL_DO=DO_TOPIC&URL_SECTION=201.html, accessed 28 February 2013).

UNESCO (2010b). *International technical guidance on sexuality education. Vol. 2: Topics and learning objectives.* Paris (http://portal.unesco.org/en/ev.php-URL_ID=47268&URL_DO=DO_TOPIC&URL_SECTION=201.html, accessed 28 February 2013).

United Nations (2010). *Report of the United Nations Special Rapporteur on the right to education* (United Nations document A/65/162). New York (http://www.right-to-education.org/sites/r2e.gn.apc.org/files/SR%20Education%20Report-Human%20Right%20to%20Sexual%20Education.pdf, accessed 28 February 2013).

United Nations Committee on Economic, Social and Cultural Rights (2000). *General Comment No. 14 (2000): The right to the highest attainable standard of health.* Geneva (http://www2.ohchr.org/english/bodies/cescr/comments.htm, accessed 28 February 2013).

United Nations Committee on the Rights of the Child (2003). *General Comment No. 4 (2003): Adolescent health and development in the context of the Convention of the Rights of the Child.* Geneva (http://www2.ohchr.org/english/bodies/crc/docs/GC4_en.doc, accessed 28 February 2013).

WHO Regional Office for Europe (2012). *Health 2020 – a European policy framework supporting action across government and society for health and well-being* (document EUR/RC62/9). Copenhagen (http://www.euro.who.int/en/who-we-are/governance/regional-committee-for-europe/sixty-second-session/documentation/working-documents/eurrc629-health-2020-a-european-policy-framework-supporting-action-across-government-and-society-for-health-and-well-being, accessed 28 February 2013).

WHO Regional Office for Europe/BZgA (2010). *Standards for sexuality education in Europe.* Cologne.

World Health Organization (2006). *Defining sexual health. Report of a technical consultation on sexual health, 28–31 January 2002.* Geneva (http://www.who.int/reproductivehealth/topics/gender_rights/defi ning_ sexual_health.pdf, accessed 28 February 2013).

World Health Organization (2010a). *Developing sexual health programmes: a framework for action* (document WHO/RHR/HRP/10.22). Geneva (http://www.who.int/reproductivehealth/publications/sexual_health/rhr_ hrp_10_22/en/index.html, accessed 28 February 2013).

World Health Organization (2010b). *Measuring sexual health: conceptual and practical considerations and related indicators* (document WHO/ RHR/10.12). Geneva (http://www.who.int/reproductivehealth/publications/ monitoring/who_rhr_10.12/en/index.html, accessed 28 February 2013).

World Population Foundation/Maastricht University (2008). *IM toolkit for planning sexuality education programs.* Utrecht, World Population Foundation (http://www.rutgerswpf.org/sites/default/files/IM_Toolkit.pdf, accessed 28 February 2013).

The Guidance for Implementation was jointly developed by The Federal Centre for Health Education (BZgA), WHO Regional Office for Europe and an international working group comprised of representatives from the following organisations (in alphabetical order):

Austrian Institute for Family Studies: Olaf Kapella
Contraception and Sexual Health Service, Nottinghamshire Community Health (UK): Simone Reuter
Department of Women's and Children's health, University of Uppsala (Sweden): Margareta Larsson
European Society for Contraception: Olga Loeber
Evert Ketting (Consultant)
Federal Centre for Health Education, BZgA (Germany): Christine Winkelmann, Stefanie Amann, Angelika Hessling, Monika Hünert, Oliver Schwenner
International Centre for Reproductive Health at the University of Ghent (Belgium): Kristien Michielsen, Sara De Meyer,
International Planned Parenthood Federation , IPPF: Doortje Braeken, Elizabeth Bennour,
Lucerne University of Applied Sciences and Arts: Daniel Kunz, Irene Müller
Norwegian Directorate of Health: Ulla Leth Ollendorff
Sex Education Forum, National Children's Bureau: Anna Martinez
Sexual Health Clinic Väestöliitto, The Family Federation of Finland: Dan Apter,
Swiss Foundation for Sexual and Reproductive Health, PLANeS: Marina Costa
SENSOA (Belgium): Erika Frans
UNESCO: Joanna Herat
UNFPA: Marija Vasileva-Blazev
University of Moscow: Boris Shapiro
WHO Regional Office for Europe: Gunta Lazdane, Vivian Barnekow
Rutgers WPF: Sanderijn van der Doef, Ineke van der Vlugt
Estonian Sexual Health Association, Tartu University, Sim Värv

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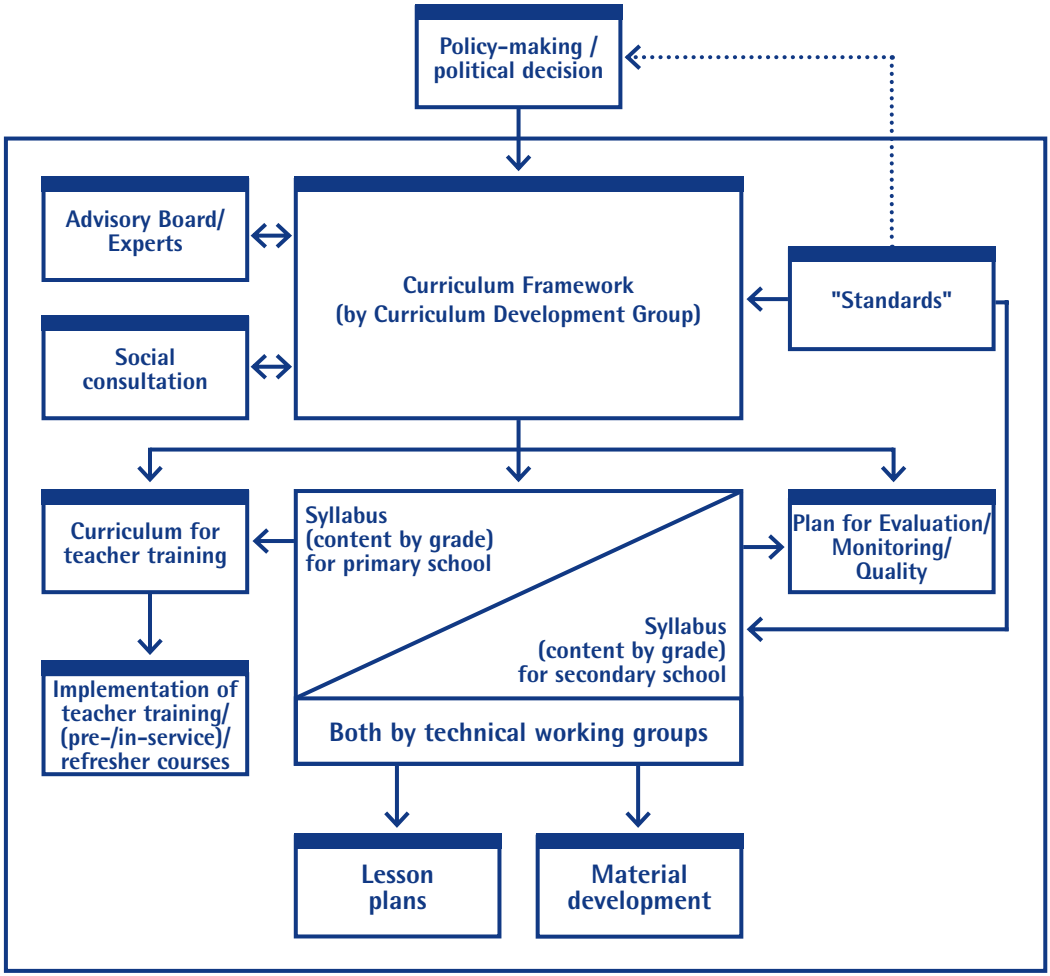

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