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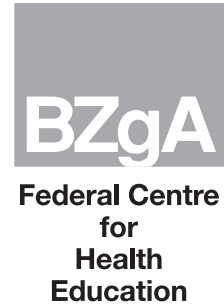
WHO Regional Office for Europe and BZgA

Standards for Sexuality Education in Europe

*A framework
for policy makers,
educational and health authorities
and specialists*



EUROPE



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Federal Centre for Health Education, BZgA
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Table of contents

Preface	5
Part 1: Introduction	9
1. Background and purpose	9
1.1 Formal and informal sexuality education	10
1.2 Historical context of sexuality education in schools	11
1.3 Development of sexuality education in schools in Europe	12
1.4 Variety of sexuality education arrangements in Europe	13
1.5 Europe in a global perspective	15
1.6 Parallel international sexuality education initiatives	16
2. Sexuality, sexual health and sexuality education – definitions and concepts	17
3. Rationale for sexuality education	21
3.1 Core considerations for sexuality education	21
3.2 Psycho-sexual development of children	22
4. Principles and outcomes of sexuality education	27
5. Target groups and partners in sexuality education	28
6. How to deliver sexuality education – general framework and basic requirements	29
6.1 Seven characteristics of sexuality education	29
6.2 Competence of educators	31

Part 2: Sexuality education matrix 33

1. Introduction to the matrix 33

1.1 Background to the matrix 33

1.2 The importance of support structures 34

1.3 Why should sexuality education start before the age of four? 34

1.4 How to read the matrix 35

2. The matrix 37

Bibliography 51

A. References 51

B. Scientific literature on psycho-sexual development of children 54

C. Curriculums and educational books 58

D. Websites 60

Preface

The WHO European Region faces many challenges with regard to sexual health: rising rates of HIV and other sexually transmitted infections (STI), unintended teenage pregnancies and sexual violence, to name just a few. Children and young people are crucial to the improvement of sexual health in general. They need to know about sexuality in terms of both risk and enrichment, in order to develop a positive and responsible attitude towards it. In this way, they will be enabled to behave responsibly not only towards themselves, but also towards others in the societies they live in.

This document has been developed as a response to the need for sexuality education standards that has recently become apparent in the WHO European Region, which comprises 53 countries, covering a vast geographical region from the Atlantic to the Pacific oceans. Most Western European countries now have national guidelines or minimum standards for sexuality education, but no attempt has been made to recommend standards at the European Region or EU level. This document is intended as a first step in filling this gap for the entire WHO European Region.

Furthermore, this document is intended to contribute to the introduction of holistic sexuality education. Holistic sexuality education gives children and young people unbiased, scientifically correct information on all aspects of sexuality and, at the same time, helps them to develop the skills to act

upon this information. Thus it contributes to the development of respectful, open-minded attitudes and helps to build equitable societies.

Traditionally, sexuality education has focused on the potential risks of sexuality, such as unintended pregnancy and STI. This negative focus is often frightening for children and young people: moreover, it does not respond to their need for information and skills and, in all too many cases, it simply has no relevance to their lives.

A holistic approach based on an understanding of sexuality as an area of human potential helps children and young people to develop essential skills to enable them to self-determine their sexuality and their relationships at the various developmental stages. It supports them in becoming more empowered in order to live out their sexuality and their partnerships in a fulfilling and responsible manner. These skills are also essential for protecting themselves from possible risks.

Sexuality education is also part of a more general education, and thus affects the development of the child's personality. Its preventive nature not only contributes to the prevention of negative consequences linked to sexuality, but can also improve quality of life, health and well-being. In this way, sexuality education contributes to health promotion in general.



Between November 2008 and December 2009, a series of four workshops was organized by BZgA in Cologne, at which the invited experts jointly developed the Standards.

The introduction of sexuality education – especially in schools – is not always easy: resistance is very often encountered, mostly based on fears and misconceptions of sexuality education. We hope that these Standards can play a positive part in encouraging countries to start introducing sexuality education or to broaden existing programmes with a view to achieving holistic sexuality education.

This initiative was launched by the **WHO Regional Office for Europe** in 2008 and developed by the **Federal Centre for Health Education (BZgA)**, a WHO Collaborating Centre for Sexual and Reproductive Health, in close cooperation with a group of experts. This group comprised 19 experts from nine Western European countries, with various backgrounds ranging from medicine to psychology and social sciences. All of them have extensive experience in the field of sexuality education, in either a theoretical or a more practical way. Governmental and nongovernmental organizations, international organizations and academia were represented in a process extending over one-and-a-half years, during which the group met four times for workshops. The group agreed upon the present Standards for sexuality education which,

it is hoped, will serve countries as a guideline for the introduction of holistic sexuality education. These Standards will provide practical help for the development of appropriate curriculums; at the same time, they may be helpful for advocating for the introduction of holistic sexuality education in every country.

This document is divided into two main parts: the first part gives an overview of the underlying philosophy, rationale, definitions and principles of sexuality education and the elements it comprises. It introduces the wider concept of holistic sexuality education and argues why it is especially important for young people and adolescents.

At the heart of the second part of the document is a matrix showing the topics which sexuality education needs to cover at certain age groups. This part is geared more towards the practical implementation of holistic school-based sexuality education, even though these Standards are not meant to be an implementation guide.

Acknowledgements

The Federal Centre for Health Education (BZgA), as the publishing institution of these Standards, would like to express its deeply felt gratitude towards many persons: to Dr Gunta Lazdane of the WHO Regional Office for Europe for initiating this important process and to the expert group, consisting of Professor Dan Apter (Sexual Health Clinic, Väestöliitto), Doortje Braeken (International Planned Parenthood Federation – IPPF), Dr Raisa Cacciatore (Sexual Health Clinic, Väestöliitto), Dr Marina Costa (PLANeS, Swiss Foundation for Sexual and Reproductive Health), Dr Peter Decat (International Centre for Reproductive Health, University of Ghent), Ada Dortch (IPPF), Erika Frans (SENSOA), Olaf Kapella (Austrian Institute for Family Studies, University of Vienna), Dr Evert Ketting (consultant on sexual and reproduc-

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Part 1:

Introduction

1. Background and purpose

This document presents recommended Standards for sexuality education. The Standards indicate what children and young people at different ages should know and understand, what situations or challenges they should be able to handle at those ages, and which values and attitudes they need to develop; all of this so that they can develop in a satisfactory, positive and healthy manner as regards their sexuality.

This document can be used for advocacy as well as for the development or upgrading of curriculums at different levels of education.

In the realm of advocacy, it can serve to convince policy-makers of the importance of introducing sexuality education or to broaden existing approaches. The Standards are a good starting point for a dialogue on sexuality education with relevant decision-makers and stakeholders in the field. If the Standards are used for the development or upgrading of existing curriculums, the document needs to be adapted to the specific needs and situation of the country concerned. They help to identify what the next steps towards a holistic approach in sexuality education might be, and give specific guidance for the definition

of learning outcomes – an integral part of any curriculum.¹

This document has been developed as a reaction to the need for sexuality education standards that has recently become apparent in the European Region. Several European countries have approached the WHO Regional Office for Europe for support in developing sexuality education programmes. European standards that build on the experiences of European countries with longer traditions in providing this education, and which represent the combined expertise of European specialists in this field in a number of countries, provide a valuable framework for developing such programmes.

A “new need” for sexuality education

The need for sexuality education has been triggered by various developments during the past

¹ There have been many activities and initiatives in the field of sexuality education. Materials and tools on various aspects of sexuality education can be found in the Bibliographie, part C. When a new curriculum needs to be developed, the UNESCO database and extensive overviews of sexuality education in Europe by BZgA and IPPF may be a useful starting point, cf. UNESCO HIV and AIDS Education Clearinghouse; IPPF (2006a, 2007), Lazarus & Liljestrand (2007) and BZgA/WHO Regional Office for Europe (2006).

decades. These include globalization and migration of new population groups with different cultural and religious backgrounds, the rapid spread of new media, particularly the Internet and mobile phone technology, the emergence and spread of HIV/AIDS, increasing concerns about sexual abuse of children and adolescents and, not least, changing attitudes towards sexuality and changing sexual behaviour among young people. These new developments require effective strategies to enable young people to deal with their sexuality in a safe and satisfactory manner. Formalized sexuality education is well placed to reach a majority of the target group.

European standards could also be a valuable tool for both more developed and less developed countries outside Europe. Many of those countries look to Europe, particularly, as a valuable source of learning, and many European governments and nongovernmental organizations are actively supporting these countries in developing sexuality education.

For a proper understanding of this document, it is necessary first to discuss what such standards can mean in practice, given the way human sexuality typically develops during childhood and adolescence, and given the wide variety of social, cultural, religious and other influences prevailing during this process.

1.1 Formal and informal sexuality education

During the process of growing-up, children and adolescents gradually acquire knowledge and develop images, values, attitudes and skills related to the human body, intimate relationships and sexuality. For this, they use a wide variety of learning sources. The most important ones, particularly at the earlier stages of development, are informal sources, including parents, who are most important at the youngest ages. The role of professionals, either medical, pedagogical, social or psychological, is usually not pronounced in this process, which is understandable because assistance from professionals is sought almost only when there

is a problem; a problem that only a professional can help to solve. However, a growing emphasis in western culture in general on the prevention of problems, which also increasingly pervades the field of intimacy and human sexuality, has given rise to calls for more active involvement of professionals in this area.

The importance of a positive professional approach

As has been described, a considerable part of learning in the field of sexuality occurs outside the sphere of professionals; yet, they do have a considerable part to play. Clearly, formal education hardly “forms” human sexuality, and the role of sexual educators tends to focus on problems (such as unintended pregnancy and sexually transmitted infections – STI) and how these can be prevented. This easily generates the criticism that their approach is predominantly negative, i.e. problem-oriented. The focus on problems and risks is not always in line with the curiosities, interests, needs and experiences of young people themselves, and therefore it may not have the behavioural impact it is intended to have. This, in turn, leads to pleas for a more positive approach, that is not only more effective, but also more realistic. The development of sexuality education has therefore, in a way, been the history of the struggle to reconcile the need for an additional, professional and prevention-oriented role with the demands of being relevant, effective, acceptable and attractive to young people.

Young people need both informal and formal sexuality education

It is important to stress that young people need both informal and formal sexuality education. The two should not be opposed; they complement one another. On the one hand, young people need love, space and support in their everyday social environment to develop their sexual identity, and on the other hand they also need to acquire specific knowledge, attitudes and skills, in which professionals have an important role to play. The main professional information and education providers are the schools; educational books, brochures, leaflets and CD-ROMs; educational sites on the Internet; educational radio and television programmes and campaigns; and finally (medical) service providers.

This document focuses on school-based sexuality education, but this should not be interpreted as meaning that school is the only relevant medium.

1.2 Historical context of sexuality education in schools

The emergence of “adolescence” in the context of the “sexual revolution” in the 1970s

The introduction of sexuality education in schools in Western Europe largely coincided with, the development and wide availability of modern, reliable methods of contraception, particularly “the Pill”, and the legalization of abortion in most countries during the 1970s and 1980s. These innovations opened up completely new opportunities for separating sexuality from reproduction. This change triggered a “sexual revolution” around 1970 and, in combination with other factors, stimulated the process of women’s emancipation. Values and norms related to sexuality started to shift and sexual behaviour began to change, or at least lost its extreme taboo character. It became an issue that was open to public discussion. These processes also stimulated the emergence of a new, intermediate phase in life between childhood and adulthood, which became known as “adolescence”. This intermediate phase gradually became characterized by increasing independence from parents, engagement in love relationships and sexual contacts (long) before marriage and cohabitation without marriage, and by delaying marriage and the start of family formation. Roughly speaking, at the beginning of the third millennium young people in Europe have their first sexual contacts by age 16-18 on average. They have had several partners before marrying (or permanently cohabiting) around age 25, and they have their first child by age 28-30.² During this period, before settling into a stable relationship, the twin risks of unintended pregnancy and sexually transmitted infection are of concern from both an individual and a public health aspect. The onset of the HIV/AIDS epidemic in the 1980s introduced a much more serious risk that led to increased prevention ef-

forts. Other factors also contributed to a stronger focus on adolescent sexuality and sexual health. Sexual abuse and violence, traditionally taboo issues that tended to be covered up, came more out into the open and gave rise to moral indignation and calls for preventive action. Similarly, the “sexualization” of the media and advertising were increasingly felt to be negatively influencing the perceptions of sexuality of young people, requiring some form of counterbalancing action.

Sexuality education in schools – as a response of societies to these social changes

All these fundamental social changes, basically the emergence of a new social age group situated between childhood and adulthood, with its own culture, behaviour and needs, required new responses from society. In the area of sexuality, it required new types of health services, or adaptation of existing ones, and new information and education efforts. The call for sexuality education in the second half of the 20th century throughout Europe should primarily be understood from this perspective. Newly emerging visions, particularly human rights perceptions, on the (sexual) rights and roles of this intermediate age group in society added to the perceived need for sexuality education. It is important to note that this process took place in all European countries, although some countries adapted to it earlier or faster than others. Sexuality education, particularly through schools, is an essential component of this adaptation process. The immediate reasons for pleas to introduce sexuality education in schools have changed over the years and they have differed between countries ranging from the prevention of unintended pregnancies to that of HIV and other STI. In addition, sexual abuse scandals gave sexuality education a strong boost in the public sphere and led to calls for sexuality education for younger children. This call has been supported by a change in the perception of the child in general – now perceived as a subject.³ These different motivations have gradually converged in the direction of more holistic views on sexuality education. The core motivation for this became the conviction that young people

2 Cf. OECD (2008). See also WHO Regional Office for Europe (2008).

3 The child is thus understood to be an independent person with specific competencies and needs, inter alia in respect of his/her forms of expression of closeness, sensuality and (bodily) curiosity. The potential of the child needs to be adequately fostered.

should be supported, strengthened and enabled to handle sexuality in responsible, safe and satisfactory ways, instead of focussing primarily on individual issues or threats. This holistic view, in which “sexuality” is defined in much broader terms, not necessarily focussing on sexual intercourse, is currently most dominant among sexuality and sexual health experts across Europe.

1.3 Development of sexuality education in schools in Europe⁴

In Europe, sexuality education as a school curriculum subject has a history of more than half a century, which is longer than in any other part of the world. It officially started in Sweden, when the subject was made mandatory in all schools in 1955. In practice, it took many years to integrate the subject into the curriculums, because the development of guidelines, manuals and other educational materials, as well as training of teachers, took quite some years.

Sexuality education in Western Europe earlier ...

In the 1970s and 1980s, many more Western European countries adopted sexuality education, first in the other Scandinavian countries, but also elsewhere. For example, in Germany it was introduced in 1968, and in Austria in 1970. In the Netherlands and Switzerland, it also started in the 1970s although, because of the high degree of independence of schools (or cantons in the case of Switzerland), it did not immediately become mandatory.⁵ The introduction of school sexuality education continued in the last decade of the 20th and the first decade of the 21st century, first in France, the United Kingdom and some other Western European countries and gradually, later on, in southern European countries, notably Portugal and Spain. Even in Ireland, where religious

opposition has traditionally been strong, sexuality education became mandatory in primary and secondary schools in 2003. Only in a few of the old European Union Member States, particularly in Southern Europe, has sexuality education not yet been introduced in schools.

... than in Central and Eastern Europe

In Central and Eastern Europe, the development of sexuality education started after the fall of communism. Before that, there had been some initiatives in individual countries, but in retrospect those can hardly be called “sexuality education” initiatives. They mostly were “preparation for marriage and family” initiatives that denied the fact that young people gradually develop a strong interest in love relationships and, in particular, that they could be sexually active before marriage. Preparation for sexuality was hardly ever an issue. As a result, Central and Eastern European countries started with sexuality education, as this is currently understood and practised in most countries, 20 or 30 years later than in Western Europe. Only in some of them, most notably the Czech Republic and Estonia, has a serious start been made in developing modern styles of sexuality education, as different from family life education. In several other Central and Eastern European countries, this development has recently been slowed down because of the emergence of fundamentalism (political, cultural, and religious) in different public spheres.

No exchange of standards and policies between countries

There has been strikingly little mutual influence between European countries in the development of sexuality education policies, curriculums or standards. It is likely that this has mainly been the result of language barriers; documents have rarely been translated and published in international journals. The same applies to research in this field. Research into the educational needs of young people or the quality and effectiveness of educational programmes has mainly been conducted for national purposes, and published in national languages, rather than to add to the international scientific body of knowledge. Therefore, it is not very surprising that in the most recent overview of impact evaluation studies of sexuality education, contained in the UNESCO

4 Information on schools sexuality education is predominantly based on the SAFE reports Cf. IPPF (2006a, 2007), Lazarus & Liljestrand (2007).

5 In the Netherlands it never really became mandatory, and in Switzerland it did so only two decades later, after the AIDS epidemic had begun.

“International Technical Guidance on Sexuality Education”⁶, only 11 studies in “other developed countries” could be included, as against 47 studies in the United States of America. The majority of those 11 European studies were from the United Kingdom, and only a handful came from all other European countries combined. This can easily create the false impression of a lack of interest in sexuality education studies in Europe, which – as explained above – would be a misconception.⁷ Europe possesses a lot of experience and, probably, well-documented national evidence bases. These should be made accessible internationally by more systematic publishing of studies and results.

1.4 Variety of sexuality education arrangements in Europe

The way the Standards in this document may be used depends largely on how sexuality education is organized and delivered. This varies enormously across Europe. Some information on this variation, and its background, is therefore indispensable for a proper understanding and appreciation of the Standards.

The broad concept of sexuality education – starting early

The age at which sexuality education starts is very different across Europe. According to the SAFE report⁸, it varies between the ages of five years in Portugal and 14 years in Spain, Italy and Cyprus. A closer look will, however show that the differences are not as huge as they may seem at first sight. They have much to do with what is understood by “sexuality education”. In this document, a broad definition is used, that includes not only physical, emotional and interaction aspects of sexuality and sexual contacts, but also a variety of other aspects, like friendship or feelings of safety, security and attraction. If this broader concept is used, it becomes more understand-

able that in several countries sexuality education starts at primary-school level. Where it officially starts at the secondary level, usually a much narrower, “sexual contacts” definition is used. This difference in definition also explains why in some countries the term “sexuality and relationship education” or similar terms are preferred over “sexuality education”.

In this document, it was deliberately decided to call for an approach in which sexuality education starts from birth. From birth, babies learn the value and pleasure of bodily contact, warmth and intimacy. Soon after that, they learn what is “clean” and what is “dirty”. Later, they learn the difference between male and female, and between intimates and strangers. The point is that, from birth, parents in particular send messages to their children that relate to the human body and intimacy. In other words, they are engaging in sexuality education.

Sexuality education needs to be age-appropriate

The term “age-appropriate” is important in this context. It is, in fact, more correct to use the term “development-appropriate”, because not all children develop at the same pace. Nevertheless, the term age-appropriate is used here as a proxy for age- and development-appropriate. The term refers to the gradual development of what is of interest, what is relevant, and what level of detail is needed at a certain age or developmental phase. A four-year-old child may ask where babies come from, and the answer “from Mummy’s tummy” is usually sufficient and age-appropriate. The same child may only later on start to wonder “how did the baby get into Mummy’s tummy?”, and at that age another answer will be age-appropriate. The answer that is not appropriate is “you’re too young for that!” Age-appropriateness explains why the same topics in sexuality education may need to be revisited at different ages; with advancing age they will be explored more comprehensively.

Sexuality education as a multidisciplinary curriculum subject

The curriculum subject under which sexuality education is provided, and the educational background of the teacher who is responsible, also var-

6 Cf. UNESCO (2009a).

7 See also Chapter 1.5, “Europe in a global perspective”.

8 Cf. IPPF (2006a).

ies across Europe. Sometimes sexuality education is provided as a stand-alone subject, but it is more commonly integrated into other subjects. Biology seems the most obvious one, but depending on the country, type of school and other conditions, it may also be provided under citizenship education, social orientation or social skills, health (promotion), philosophy, religion, language or sports. The lead subject and the educational background of the teacher largely influence the content and methods used. The focus tends to be on physical aspects when sexuality education is provided within a biology or health context whereas, when the lead subject is in the sphere of the humanities, more attention will be given to social, interactive or moral issues.

A good approach for guaranteeing more holistic coverage is to bring different aspects under the responsibility of different teachers, thus making it a multidisciplinary subject.⁹ Experience has shown that it is important that, in these cases, one teacher is responsible for the overall coordination of the different materials and the different inputs. Another commonly used approach is to bring in specialists from outside the school to deal with specific issues. These may be doctors, nurses, midwives, youth workers or psychologists, who are specially trained in sexuality education. Sexual health nongovernmental organizations or youth health services are also often used for this purpose. In some countries, like Sweden or Estonia, children receive part of their sexuality education in nearby youth health centres. It is assumed that this also lowers the threshold of access to such centres and encourages future attendance.

Sexuality (and relationships) education becoming a mandatory curriculum subject is an important aspect for delivery, because – as experience in some countries has shown – the attention paid to it is likely to diminish after the mandate has been lifted. On the other hand, making it mandatory does not automatically lead to good quality and holistic education. There is also a need for a bottom-up process, in which teachers are

motivated, trained and supported. The trend in Europe as a whole over recent decades has been to make sexuality education mandatory, without “opting-out” clauses that allow parents to withdraw their children from classes if they have serious objections to the curriculum content. In actual practice, parents (including those from minority populations) are often supportive of sexuality education in schools, because they themselves are not up to the task or feel embarrassed to approach it.

It is important to note here that sexuality education is hardly ever an exam subject, although some elements of it might be, because they have been integrated into a mandatory subject like biology. However, in order for it to receive sufficient attention, it is important that it should be an exam subject.

For curriculum development, it is useful to organize some form of cooperation with parents, not only to secure the necessary support from them, but also for guaranteeing an optimal “fit” between the informal role of parents and the formal one of the school. In at least one European country (Austria), this cooperation is even officially required. But the school is definitely not the only institution or organization that can play an important role in this field. Many other organizations that are in close contact with children and young people, as well as the media, can render useful contributions.

Finally, the degree of decentralization of authorities for developing and implementing educational curricula, including sexuality education, differs. As a result, the practice of sexuality education may vary widely amongst countries. In a country like Sweden, for instance, with its strong tradition of centralized education authority, the curriculum is centrally decided. In culturally comparable countries like Denmark and the Netherlands, however, such decisions are taken by local or individual school authorities.

⁹ In France, for example, sexuality education is delivered by a variety of different teachers.

1.5 Europe in a global perspective

The UNESCO international review of evaluation studies of sexuality education programmes includes an inventory of programmes that indicates that such programmes are nowadays being implemented in a wide variety of developed and developing countries.¹⁰ Several programmes in developing countries have been inspired and assisted by those in developed countries, particularly in the United States of America and Western Europe.

Three categories of programme

From a historical global perspective, sexuality education programmes can basically be grouped into three categories.

1. Programmes which focus primarily or exclusively on abstaining from sexual intercourse before marriage, known as “how to say no” or “abstinence only” programmes (Type 1).
2. Programmes which include abstinence as an option, but also pay attention to contraception and safe sex practices. These programmes are often referred to as “comprehensive sexuality education”, as compared with “abstinence only” (Type 2).
3. Programmes which include the Type 2 elements, and also put them in a wider perspective of personal and sexual growth and development. These are referred to in this document as “holistic sexuality education” (Type 3).

Programmes of the first type were strongly promoted and supported by the United States Republican administration over the past decade, and to some extent they have also influenced developments elsewhere, particularly in some developing and Eastern European countries. Programmes of the second type have been developed as a reaction to the “abstinence only” approach. An extensive study comparing the results of programmes of the first and second type in the United States of America

has indicated that “abstinence only” programmes have no positive effects on sexual behaviour or the risk of teenage pregnancy, whereas comprehensive programmes do have such an effect.¹¹

The boundaries between the second and third type of programme are not strict and mainly depend on definition.

Unfortunately, in the United States of America, there are almost only programmes of the first and second type, whereas in Western Europe programmes of the third type predominate. The international literature on sexuality education is, almost by definition, in the English language, but most of the documents on sexuality education in Europe, whether they be guidelines, handbooks, teaching materials or even evaluation reports, are in national European languages. Because these are usually inaccessible for an international readership, this easily creates the false impression that English-language programmes, most of them originating from the United States of America, are almost the only ones in existence.

It is important to stress at this point that Type 3 programmes start from a philosophy that is different from Type 1 and 2. The latter tend to be much more “tangible-results-oriented”, concentrating particularly on behavioural results. Important questions for the evaluation of these Type 1 and 2 sexuality education curriculums include: “Is the programme delaying the age of first intercourse?”; “Is it reducing the number of sexual partners?”; or even “Does it reduce the frequency of sexual intercourse?”.

In Europe, sexuality education is in the first place personal-growth-oriented, whereas in the United States of America it is primarily problem-solving, or prevention-oriented. There are a wide variety of historical, social and cultural reasons for this fundamental difference that can not be discussed in this context, but it is important to note it here. In Western Europe, sexuality, as it emerges and develops during adolescence, is not primarily perceived as a problem and a threat, but as a valuable source of personal enrichment.

10 Cf. UNESCO et al. (2009a), p.13 ff.

11 Cf. Kohler et al. (2008).

1.6 Parallel international sexuality education initiatives

The present document recommending European Standards for sexuality education complements other initiatives at the European and global level promoting good quality sexuality education.

In 2001, the **WHO European Regional Strategy on Sexual and Reproductive Health** was published.¹² This 10-year strategy urged European Member States to inform and educate adolescents on all aspects of sexuality and reproduction and assist them in developing the life skills needed to deal with these issues in a satisfactory and responsible manner. It also called for legislative and regulatory frameworks to review laws and policies, in order to ensure that they facilitate equitable access to sexual and reproductive health education.

In November 2006, BZgA and the WHO Regional Office for Europe organized a European conference on **"Youth Sex Education in a Multicultural Europe"** in Cologne. This conference offered over 100 experts from 26 countries a forum for presenting and discussing national sexuality education strategies and successful initiatives. It also encouraged networking and collaboration in this field within the European Region. In preparation for the conference, a set of **"Country Papers on Youth Sex Education in Europe"**¹³ had been prepared as a first attempt to collect and integrate experiences in sexuality education in 16 European countries. These Standards signify a next step in the development of sexuality education in Europe.

Almost simultaneously with the conference in Cologne, the first results of the **"SAFE Project"** (Sexual Awareness for Europe) were made available. This project, started in 2005, was an initiative of the **IPPF European Network** and its 26 member associations, along with Lund University in Sweden and the WHO Regional Office for Europe. It was financially supported by the European Commission Directorate General for Health and

Consumer Protection. This partnership seeks to promote the sexual and reproductive health and rights of youth in Europe. The extensive and innovative project resulted in three main reports,¹⁴ one of them being a **"Reference Guide to Policies and Practices in Sexuality Education in Europe"** that has been used extensively throughout this introduction. One of the recommendations in the project's policy guide report was to "ensure that comprehensive sexuality education is a mandatory subject both for primary and secondary schools, with clearly set minimum standards and teaching objectives."¹⁵ The Standards for Sexuality education, though planned independently, complement the results of the SAFE project.

In 2009, **UNESCO** (together with other UN organisations) published **"Technical Guidance on Sexuality Education"** in two volumes.¹⁶ There has been an exchange of information, experiences and views with the authors of these guidelines, but only in the second phase of development of the current Standards. The two documents partly overlap, but the UNESCO document presents global recommendations, whereas these Standards are regionally specific.

In 2009, the Population Council published a handbook on sexuality education entitled: **"It is All One Curriculum. Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education"**. These guidelines were developed by a working group comprising several nongovernmental organizations, including IPPF.¹⁷

The above compilation shows that the past decade has produced a number of initiatives on sexuality education. This one aims at filling a specific gap in Europe, while building on previous and parallel publications.

¹² Cf. WHO Regional Office for Europe (1999/2001).

¹³ BZgA/WHO Regional Office for Europe (2006).

¹⁴ Cf. IPPF (2006a, 2007, Lazarus & Liljestrand 2007).

¹⁵ PPF (2007), p.18.

¹⁶ UNESCO (2009a, 2009b).

¹⁷ Cf. Population Council (2009).

2. Sexuality, sexual health and sexuality education – definitions and concepts

The concepts of sex, sexuality, sexual health and rights, and directly related concepts are to some extent interpreted differently in different countries or cultures.¹⁸ If translated into other languages, they may again be understood differently. Some clarification of the way these concepts are used here is therefore needed.

In January 2002, the World Health Organization convened a technical consultation meeting as part of a more comprehensive initiative, which aimed at defining some of those concepts, because there were no internationally agreed definitions.¹⁹ This resulted in working definitions of the concepts of sex, sexuality, sexual health and sexual rights. Although these definitions have not yet become official WHO definitions, they are available at the WHO website, and they are increasingly being used. In this document, they are likewise used as working definitions.

“Sex” refers to biological characteristics that define humans generally as female or male, although in ordinary language the word is often interpreted as referring to sexual activity.

“Sexuality” – as a broad concept, “sexuality” is defined in accordance with the WHO working definitions as follows: “Human sexuality is a natural part of human development through every phase of life and includes physical, psychological and social components [...]”.²⁰

A more comprehensive definition suggested by WHO reads as follows.

“Sexuality” is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is

experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, ethical, legal, historical, religious and spiritual factors.”²¹

For a number of reasons, this definition is very useful. It stresses that sexuality is central to being human; it is not limited to certain age groups; it is closely related to gender; it includes various sexual orientations, and it is much wider than reproduction. It also makes clear that “sexuality” encompasses more than just behavioural elements and that it may vary strongly, depending on a wide variety of influences. The definition indirectly indicates that sexuality education should also be interpreted as covering a much wider and much more diverse area than “education on sexual behaviour”, for which it is unfortunately sometimes mistaken.

“Sexual health” was initially defined by WHO in a 1972 technical meeting,²² and reads as follows:

“Sexual health is the integration of the somatic, emotional, intellectual and social aspects of sexual being in ways that are positively enriching and that enhance personality, communication and love”.

Although this definition is rather outdated, it is still often used. During the WHO technical consultation in 2002, a new draft definition of sexual health was agreed upon. This new 2002 draft definition reads:

“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

18 See also Chapter 1.

19 WHO (2006).

20 WHO Regional Office for Europe (1999/2001), p.13.

21 WHO (2006), p.10.

22 WHO (1975).

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.”²³

This draft definition emphasizes not only the need for a positive approach, the essential aspect of pleasure, and the notion that sexual health encompasses not just physical, but also emotional, mental and social aspects. It also alerts the user to potentially negative elements, and for the first time it mentions the existence of “sexual rights” – two issues which were almost absent in the 1972 definition. Also, those potentially negative elements are not focussed upon as is often the case in HIV and AIDS literature on the subject. In short, it is a balanced definition.

Sexual health is one of five core aspects of the WHO global Reproductive health strategy approved by the World Health Assembly in 2004.²⁴

It should be stressed that WHO has, since the early 1950s, defined and approached “health” in a very broad and positive manner, referring to it as a “human potential” and not merely the absence of disease, and including not only physical, but also emotional, mental, social and other aspects. For these latter reasons, it is felt that the WHO definitions are acceptable and useful starting points for discussing sexuality education. Thus in this document the term “sexual health” is used, but this includes the meaning and notion of “sexual well-being”. Sexual health is not only influenced by personal factors, but also by social and cultural ones.

Sexual rights – embracing especially the right to information and education. As mentioned before, the 2002 WHO meeting also came up with a draft definition of sexual rights, which reads as follows.

“**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.”²⁵

Although this is only a draft definition, it is used as a starting point in this document, because it is felt that the elements included here have a broad support base throughout Europe. Furthermore, it is important to note that in this definition the right to information and education is explicitly included.

A note of caution is needed here, however. Clearly, some of the rights mentioned have been conceived with adult persons as the point of reference. This means that not all of those rights are automatically applicable to children and adolescents. For example, it is clear that issues like consensual marriage or right to decide on childbearing do not yet apply to children or young adolescents.

The right of the child to information has also been acknowledged by the United Nations **Convention on the Rights of the Child**, which was conceived in 1989 and has since been ratified by the vast majority of States. It clearly states the right to freedom of expression and the freedom to seek, receive and impart information and ideas of all kinds (Article 13); Article 19 refers to States’ obligation to provide children with educational measures to protect them, inter alia, from sexual abuse.²⁶

²³ WHO (2006), p.10.

²⁴ WHO (2004), p.21

²⁵ WHO (2006), p.10.

²⁶ United Nations (1989).

A brief digression: “Intimate Citizenship”

In this context, it is useful to introduce the concept of “intimate citizenship”, which relates to sexual rights from a social science perspective.

Researchers in social science and sexual studies are currently calling for the establishment of moral negotiation as a valid sexual morality for today. The essence of this morality is that issues should be negotiated in a spirit of mutual consent by mature participants who are equal in status, rights and power. One important precondition for this is that the participants should develop a common understanding of the concept of “consent” and become aware of the consequences of their actions – particularly in the context of relationship behaviour and sexual behaviour.

Assuming that this precondition is fulfilled, we may make use of the concept of “intimate citizenship”. This is a sociological concept describing the realization of civil rights in civil society. It is based on the principle of moral negotiation. Apart from sexuality, it covers sexual preferences, sexual orientations, differing versions of masculinity and femininity, various forms of relationship and various ways in which parents and children live together. Thus the term intimacy overlaps greatly with the broad understanding of sexuality proposed in this paper. Intimate citizenship focuses on equality of social and economic status for individuals, who maintain autonomy in their lives while respecting the boundaries of others.²⁷

The demands which intimate citizenship makes on the individual are reflected at the societal level in human and sexual rights. Entitlement to these rights implies respect and a permanent realization of the entitlement to equality between the sexes and sexual autonomy for the individual, free from coercion and exploitation. This entitlement strengthens the individual against intrusions by the family or society. Recognizing and taking into account sexual rights is essential if we are to claim, promote and protect these rights for others as well.²⁸

The task of central education policy related to sexual rights is therefore to highlight the importance of teaching and promoting, in the family, schools and training establishments, specific capabilities and skills for learning and practising critical thinking. This will enable children and young people – the adults of tomorrow – to meet the challenges of autonomy and consent in negotiations with partners.

They must also be able to express their feelings, thoughts and actions in words and reflect upon them. Holistic and age-appropriate sexuality education is particularly well-suited to teaching and reflecting relevant content – i.e. for acquiring the necessary skills.

27 Plummer (2001), Schmidt (2004), Weeks (1998).

28 WHO (2006) and IPPF (2008), pp.10-11.

Recently, **IPPF**, the leading international non-governmental organization in the field of sexual and reproductive health, has adopted a **Declaration on Sexual Rights**.²⁹ This declaration, which is largely based on internationally accepted human

rights, has a similar structure to the widely accepted earlier **IPPF Charter on Sexual and Reproductive Rights**.³⁰ This declaration also includes the right to education and information.³¹

29 IPPF (2008).

30 IPPF (1996).

31 IPPF (2008).

The **World Association for Sexual Health** published a declaration on sexual health in 2008, this document also recognises sexual rights as essential to achieve sexual health for all.³²

Based on an assessment of the above-mentioned definitions and others, and guided by the holistic and positive approach which forms the basis of these Standards, sexuality education in this document is understood as follows.

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. For children and young people, it aims at supporting and protecting sexual development.

It gradually equips and empowers children and young people with information, skills and positive values to understand and enjoy their sexuality, have safe and fulfilling relationships and take

responsibility for their own and other people's sexual health and well-being.

It enables them to make choices which enhance the quality of their lives and contribute to a compassionate and just society.

All children and young people have the right to have access to age-appropriate sexuality education.

In this definition, the primary focus is on sexuality as a positive human potential and a source of satisfaction and pleasure. The clearly recognized need for knowledge and skills required to prevent sexual ill-health comes second to this overall positive approach. Furthermore, sexuality education should be based on internationally accepted human rights, in particular the right to know, which precedes prevention of ill health.

32 World Association for Sexual Health (2008).

Further definitions of sexuality education by UNESCO and IPPF

“Comprehensive sexuality education seeks to equip young people with the knowledge, skills, attitudes and values they need to determine and enjoy their sexuality – physically and emotionally, individually and in relationships. It views “sexuality” holistically and within the context of emotional and social development. It recognizes that information alone is not enough. Young people need to be given the opportunity to acquire essential life skills and develop positive attitudes and values.”³³

In the recently developed International Technical Guidance on Sexuality Education by UNESCO and other United Nations organizations, sexuality education has been described as follows.

“Sexuality Education is defined as an age-appropriate, culturally relevant approach to teaching about sex and relationships by providing scientifically accurate, realistic, nonjudgemental information. Sexuality Education provides opportunities to explore one's own values and attitudes and to build decision-making, communication and risk-reduction skills about many aspects of sexuality.”³⁴

33 IPPF (2006b), p. 6.

34 UNESCO (2009b), p. 2.

3. Rationale for sexuality education

3.1 Core considerations for sexuality education

Sexuality is a central part of being human

All people are born as sexual beings, and have to develop their sexual potential in one way or another. Sexuality education helps to prepare young people for life in general, especially for building and maintaining satisfactory relationships, and it contributes to positive development of personality and self-determination.

People have a right to be informed

The United Nations Convention on the Rights of the Child,³⁵ clearly states the right to information and the State's obligation to provide children with educational measures.

Sexual rights as human rights related to sexuality offer another framework which encompasses the right for everybody to access sexuality education. Article 8 of the IPPF Declaration reads: "Right to education and information: All persons, without discrimination, have the right to education and information generally and to comprehensive sexuality education and information necessary and useful to exercise full citizenship and equality in the private, public and political domain".³⁶

Human rights is the guiding principle of the WHO Reproductive health strategy to accelerate progress towards the attainment of international development goals and targets³⁷ where promoting of sexual health is among the five core aspects.

The World Association for Sexual Health equally understands sexual rights as an integral component of basic human rights and therefore as inalienable and universal.³⁸ In its recent publication entitled "Sexual Health for the Millennium",³⁹

the Association puts forward the idea that sexual health needs to be promoted as an essential strategy in reaching the Millennium Development Goals (MDGs). In this context, eight goals are identified, of which the fourth states universal access to comprehensive sexuality education and information. Sexual health can be attained only if all people, including young people, have access to universal sexuality education and sexual health information and services throughout their lives.⁴⁰ The fear that sexuality education might lead to more or earlier sexual activity by young people is not justified, as research results show.⁴¹

Informal sexuality education is inadequate for modern society

As argued above, parents, other family members, and other informal sources are important for learning about human relationships and sexuality, especially for younger age groups. However, in modern society this is often insufficient, because these informal sources themselves often lack the necessary knowledge, particularly when complex and technical information is needed (such as that pertaining to contraception or transmission modes of STI). In addition to this, young people themselves, when they enter puberty, often prefer to learn from sources other than their parents, because the latter are felt to be too close.

Young people are exposed to many new sources of information

Modern media, above all cellphones and the Internet, have in a very short period of time become important sources of information. But a lot of that information, particularly where it concerns sexuality, is distorted, unbalanced, unrealistic and often degrading, particularly for women (Internet pornography). Therefore, a new sexuality education rationale has emerged, which is the need to

35 United Nations (1989).

36 IPPF (2008), see also Chapter 2.

37 WHO (2004), p.21.

38 World Association for Sexual Health (1999).

39 Cf. World Association for Sexual Health (2008), p.2.

40 World Association for Sexual Health (2008), pp.4-5.

41 The overview of research results contained in UNESCO (2009a) (Vol. 1, pp.13-17) clearly indicates that sexuality education, according to most studies, tends to delay initiation of sexual intercourse, reduce the frequency of sexual contacts and the number of sexual partners and improve preventive sexual behaviour.

counteract and correct misleading information and images conveyed through the media.

Need for sexual health promotion

Throughout human history, sexuality has also been perceived as a threat to people's health: untreatable STI and unintended pregnancies were almost always grave risks associated with sexual encounters. In the 21st century, these and other health risks can be prevented, not only because the knowledge required for it is available, but also because sexuality is much less of a taboo issue and can therefore be discussed for prevention purposes. Sexuality education thus fulfils this highly needed function of sexual health promotion.

Sexual and reproductive health is nowadays also highly valued at the global level. Three of the eight internationally accepted Millennium Development Goals (MDG 3 on gender equality, MDG 5 on maternal health, and MDG 6 which includes HIV/AIDS) are directly related to it. Sexuality education can greatly contribute to the attainment of these universal development goals.

3.2 Psychosexual development of children

This section argues the need for an early start of sexuality education and explains why certain topics are introduced at certain ages. Two renowned organizations in the field of sexuality education, SENSOA in Belgium and Rutgers Nisso Group in the Netherlands, have kindly provided existing overviews, which have been shortened and slightly adapted.⁴² The scientific literature on which this section is based can be found in the Bibliographie, part B.

Psychology, especially developmental psychology, has shown that children are born as sexual beings and that their sexuality develops in different stages, which are linked to the child's development in general and the associated developmental tasks. These stages of sexual development are shown

in detail to explain the aforementioned need to start sexuality education early and to show that specific contents/information, skills and attitudes are provided in relation to the development of the child. Ideally, topics are introduced before the child reaches the corresponding stage of development, so as to prepare him/her for the changes which are about to take place (e.g. a girl should know about menstruation before she experiences it for the first time).

When talking about the sexual behaviour of children and young people, it is very important to keep in mind that sexuality is different for children and adults and that adults should not examine sexual behaviour of children and young people from their own perspective.

Adults give sexual significance to behaviour on the basis of their adult experiences and sometimes find it very difficult to see things through children's eyes. Yet it is essential to adopt their perspective.

Individuals have an important and active role in their own development process during the various stages of life. Integrating sexuality with other aspects of their personality, such as the development of self-esteem, competency in relationships and bonding, is an important developmental task for young people. All changes in sexual development are also influenced by biological, psychological and social factors: based on their experience, people develop an idea of what type of sexual behaviour – when and with whom – is “appropriate”, what effects and reactions to expect and how they should feel about this.

The development of sexual behaviour, feelings and cognitions begins in the womb and continues throughout a person's lifetime. Precursors of later sexual perception, such as the ability to enjoy physical contact, are present from birth. The sexual and personal development of a human being is especially marked by four core areas (fields of experience), which are already experienced at a very young age in relation to the child's own needs, body, relationships and sexuality: could the child develop a basic trust that his/her hunger and thirst would be responded to and physical closeness and safety be provided? Were his/her feelings

42 Cf. Rutgers Nisso Groep (2008) and Frans E & Franck T (2010).

acknowledged and accepted? Which lessons did he/she learn from relationships with parents and siblings? Which experiences did he/she gain? Did he/she learn to feel good in his/her own body, to love and care for it? Was he/she accepted as a girl or a boy? All these experiences are not sexual in the narrow sense, but they are core for the development of the character and sexuality of a human being.

Sexual behaviour among children and young people usually occurs on an individual level or between peers, in the context of play or teasing, as a way for them to explore themselves and others. This is how children and young people find out their likes and dislikes, how they learn to deal with intimacy and how they learn rules about how to behave in sexual situations. Their norms and values regarding sexuality are formed in the same way.

All kinds of values and behavioural norms (gender-specific or otherwise) are passed on from a young age through the media, parents and other educators. At each different stage of life, sexuality shows different forms of expressions and acquires new significance.

The development of effective interaction skills is central to a person's sexual life and is largely influenced by his/her personal history. Family background, interaction with peers, sexuality education, autoeroticism and first sexual experiences all determine sexual perception and feelings, motivations, attitudes and ability to interact.

These experiences therefore serve a purpose. They offer a framework for understanding one's own feelings and conduct and interpreting the behaviour of others. In the process, children and young people also learn about boundaries.

As a result of the wider diversity of opinions on sexuality, there is a greater tendency to exercise individual choices and decisions. Furthermore, the process of biological maturation starts earlier these days and sexuality is much more prominent in the media and in youth culture. This means that educators and parents must make a greater effort to help children and young people cope with sexuality development.

Progress of sexual development

The first 10 years

Generally speaking, during the first six years, children move rapidly from complete dependence to limited independence. They become aware of their own bodies. Children have sexual feelings even in early infancy. Between the second and third year of their lives, they discover the physical differences between men and women. During this time children start to discover their own bodies (early childhood masturbation, self-stimulation) and they may also try to examine the bodies of their friends (playing doctor). Children learn about their environment by experiment, and sexuality is no different from other areas in this respect. Extensive observational research has identified common sexual behaviour in children, ensuring that this kind of behaviour is regarded as normal.

By exploring sexual feelings and desires and by asking questions, children learn more about sexuality. From the age of three they understand that adults are secretive about this subject. They test adults' limits, for instance by undressing without warning or by using sexually charged language. Young children are extremely curious and ask a lot of questions. As they gradually lose their egocentricity, they become increasingly able to put themselves in someone else's shoes. As language ability develops, physical contact tends to take a back seat. Children then have several possible ways to express themselves. Older children start developing a sense of shame, and family background is often one of the factors involved.

Around the age of six, children are still very inquisitive, but start noticing that adults are no longer as receptive to their questions as they claim to be. To find out more, they turn to their peers. Children of primary-school age become more introverted and prudish. Sexuality is dormant, and their moral development fosters a growing sense of shame about their sexuality. Sexual games take place during this phase. This has been observed among one third of eight-year-old boys, the percentage gradually increasing with age. By and large, the extent of sexual activity is lower among girls, but sexual interest also increases as they get older. Children (from the age of five and especially between seven and eight) like to display their own genitals and also want to look at those of other

children. Their main motivation is curiosity and a desire for knowledge. The sexuality of children is much broader than that of the average adult. It can be regarded as one aspect of the development of sensuality, which is part of psychological, social and biological development.

Pre-adolescents' shift of interests and sexual development during puberty

Between the ages of 11 and 13, the interests of pre-adolescents shift as they start concentrating more on a detailed knowledge of the body and the sexual organs, and especially those of the opposite sex. During puberty, social identity is supplemented by the search for a psychological identity. Adolescents reflect on their personal qualities and significance and consider their place in the world. Forming an identity is closely linked with self-image. Puberty is also the time when adolescents increase their intellectual capacities and experience moral development.

Sexual development is accelerated during puberty. Perceptions and motives related to sexuality acquire a social dimension: with and through other people. The sexual maturation process is also in full swing. The differences between boys and girls become more pronounced. Same-sex friends are important during the early stages of puberty as someone to talk to, and overtures also start to be made towards the opposite sex. During puberty, a discrepancy arises between physical development and psychological status.

At this point in their lives, young people are going through a period of profound reflection. They gradually learn to think about things that are not perceptible, and events not personally experienced. Introspection also becomes possible. Moreover, young people develop the ability to combine individual qualities to form an entity which enables them to think in a problem-solving way.

Between the ages of 12 and 20, young people gradually develop their sexual orientation; at the same time they form and consolidate sexual preferences.

in order to get a clearer picture of specific development phases – on which the sexuality education matrix in Part II of the document is based

– the following table-like presentation has been included, which sums up and specifies issues already mentioned above.

Stage 1: 0–3 years old

discovering and exploring

Babies: 0 and 1 year old (discovering)

- Children's sexual development starts at **birth**.
- Babies focus entirely on their **senses**: touching, listening, looking, tasting and smelling. Through their senses, babies can experience a cosy, safe feeling. **Cuddling** and caressing your baby is very important, as this lays the foundation for his/her healthy social and emotional development.
- Babies are busy discovering the world around them. This is evident from their tendency to suck toys (touch), look at faces or moving mobiles (sight) and listen to music (hearing). Babies are also discovering their own bodies. They often touch themselves, sometimes their **genitals**, too. This happens by chance rather than intentionally.

Toddlers: 2 and 3 years old (curious/exploring their bodies)

- Toddlers are becoming **aware** of themselves and their bodies. They also learn that they look different from other children and adults (they develop their identity).
- Toddlers learn that they are **boys or girls** (they develop their gender identity).
- Toddlers become very interested in their own **bodies** and those of people around them. Often they study their own bodies and genitalia in detail and also show them to other children and adults.
- Toddlers start deliberately touching their genitals because it makes them feel good.
- Toddlers still have a great need for **physical contact**. They like to sit on someone's lap and enjoy being cuddled.
- They also start learning about the “**dos and don'ts**” (social norms).

Stage 2: 4–6 years old

learning rules, playing and initiating friendships

- Children have more contact with large groups of people (at kindergarten and school). They increasingly learn how they **"should"** behave (social rules).
- They learn that adults **disapprove** if they expose themselves in public and touch themselves or someone else. This makes them less likely to walk around in the nude in public and touch their genitals.
- Exploring their own and other people's bodies is expressed more in the context of **playing** ("sexual games"): children play "mummies and daddies" and also "doctors and nurses", at first openly but later often in secret, because they learn that being naked in public is not allowed.
- **"Dirty words phase"**: children are discovering their boundaries. They notice that saying certain words provokes a reaction in people around them. This is exciting and fun, so they repeat those same words.
- At this age children are very interested in **reproduction** and ask endless questions, such as "where do children come from?"
- Most children start experiencing shyness in regard to their bodies and start to draw boundaries.
- Children know that they are **boys or girls** and always will be.
- They develop clear-cut ideas about "what a boy does" and "what a girl does" (**gender roles**).
- Children make **friends** with other children: of both sexes or sometimes just with other boys or girls (members of their own sex).
- Children of this age often associate friendship and liking someone with **"being in love"**. For instance, they often say that they are in love with their mother, teacher or rabbit. This usually has nothing to do with feelings of sexuality and desire. It is simply their way of saying that they are fond of someone.

Stage 3: 7–9 years old

shame and first love

- Children may start **feeling uncomfortable** being naked in the presence of other people. They no longer want to get undressed when adults are around, and stop walking around in the nude.
- Children **ask fewer questions** about sex, which does not mean that they are less interested in the subject. They have noticed that sex is a "loaded" topic and that it is not proper to talk about it in public.
- Children **fantasise** a lot, using what they see around them (family, school, TV, etc.). Fantasy and reality often get mixed up. Their fantasies may be about love, for instance, sometimes also about being in love with someone of the same sex.
- **Boys' and girls' groups** are formed, each "sounding out" the other. Boys often think girls are "stupid" and "childish", while girls tend to think boys are "too rowdy" and act "tough".
- In a group situation (classroom, friends), they often find it important to show how grown-up, strong and smart they are. Children try to **outdo one another**. They want to show that they know something about the world of older children and adults. One way of doing this is by showing how much they know about sex and by using sexual language. Children invent rhymes with sexual words and tell one another sexual jokes (dirty jokes). Often they do not understand what they are saying.
- **The first feelings** of being in love are also experienced at this age.

Stage 4: 10–15 years old

pre-puberty and puberty

10 and 11 years old: pre-puberty

- The **onset of puberty** begins. The sex hormones become active, manifested in behaviour and physical development, but also in perception and emotional mood swings. Girls usually reach puberty two years earlier than boys. Obvious physical changes include the growth of breasts and an increase in height.
- From about the age of 10, children become more **interested in adult sexuality**. They fantasise more about sexuality and hear and see all sorts of things in books, on TV and on the internet, which arouses their curiosity. Nevertheless, their response may be prudish or offhand if you try to talk to them about sexuality.
- The **first steps** towards love may be taken during this phase: young people start going out with one another and make cautious advances towards one another (holding hands, kiss on the cheek, etc.)

12–15 years old: puberty

- Most **boys** also start puberty now. Their testicles and penis begin to grow, as does their underarm and pubic hair. A growth spurt ensues. Their voice becomes deeper and facial hair starts to grow. Boys have their first **ejaculation** at the age of 13 (on average), which is a sign that they are sexually mature and can father a child.
- Girls also continue to develop. They have already had a growth spurt and now develop underarm and pubic hair. Girls have their first **menstrual period** at the age of 12 (on average), indicating that they are sexually mature and could become pregnant.
- **Masturbation** may increase, more among boys than among girls.
- Adolescents can be very **unsure** about the growth of their bodies: “is it normal?”, “are they developing too slowly compared with others the same age?”
- Adolescents have to **get used to** their “new body”, often feeling embarrassed and uncomfortable.

- Young people develop a **sexual self-image**: they see themselves as someone who can have sex, which is why it is important for them to be attractive. Since they are often unsure about their own body, they are often equally unsure about how attractive they are (to a potential partner).
- Young people of this age are frequently very sensitive to the **opinion of others**: they can be influenced by their peers.
- They also start finding people of the same age **sexually attractive**.
- Boys and girls gradually find out whether they fancy boys or girls (**sexual orientation**).
- They often truly **fall in love** for the first time.
- They **flirt** with one another and have their first relationships.
- More experience with **kissing and caressing**; petting.

Stage 5: 16–18 years old

on the cusp of adulthood

- Young people become **more independent** and have less close ties to their parents.
- Young people now know more clearly whether they are **heterosexual or homosexual**.
- They **experiment** with relationships.
- Young people gain **sexual experience**: they kiss and pet, some sooner than others.
- The sexual career of young people usually proceeds as follows: kissing, touching and caressing with clothes on, naked petting, sexual intercourse (heterosexuals) and, finally, oral sex and sometimes anal sex.
- They gain more experience in how to interact with the opposite sex: negotiating, communicating, articulating **wishes and boundaries** and showing respect are all important themes.

4. Principles and outcomes of sexuality education

Holistic sexuality education should be based on the following **principles**.

1. Sexuality education is age-appropriate with regard to the young person's level of development and understanding, and culturally and socially responsive and gender-responsive. It corresponds to the reality of young people's lives.
2. Sexuality education is based on a (sexual and reproductive) human rights approach.
3. Sexuality education is based on a holistic concept of well-being, which includes health.
4. Sexuality education is firmly based on gender equality, self-determination and the acceptance of diversity.
5. Sexuality education starts at birth.
6. Sexuality education has to be understood as a contribution towards a fair and compassionate society by empowering individuals and communities.
7. Sexuality education is based on scientifically accurate information.
4. To be aware of and have knowledge about the human body, its development and functions, in particular regarding sexuality.
5. To be able to develop as a sexual being, meaning to learn to express feelings and needs, to experience sexuality in a pleasurable manner and to develop one's own gender roles and sexual identity.
6. To have gained appropriate information about physical, cognitive, social, emotional and cultural aspects of sexuality, contraception, prevention of STI and HIV and sexual coercion.
7. To have the necessary life skills to deal with all aspects of sexuality and relationships.
8. To have information about provision of and access to counselling and medical services, particularly in the case of problems and questions related to sexuality.
9. To reflect on sexuality and diverse norms and values with regard to human rights in order to develop one's own critical attitudes.
10. To be able to build (sexual) relationships in which there is mutual understanding and respect for one another's needs and boundaries and to have equal relationships. This contributes to the prevention of sexual abuse and violence.

Sexuality education seeks the following **outcomes**:

1. To contribute to a social climate that is tolerant, open and respectful towards sexuality, various lifestyles, attitudes and values.
2. To respect sexual diversity and gender differences and to be aware of sexual identity and gender roles.
3. To empower people to make informed choices based on understanding, and acting responsibly towards, oneself and one's partner.
11. To be able to communicate about sexuality, emotions and relationships and have the necessary language to do so.

5. Target groups and partners in sexuality education

Target groups and partners in sexuality education can interchange and frequently overlap. One example is youth itself: while youth is often solely understood to be the most important target group, the fact that it is also an influential partner – as experiences with peer education have shown – is often overlooked.

Sexuality education is a lifelong process

Sexuality education is a lifelong process, but it is most essential during childhood and adolescence. It should be relevant to different age groups at different social levels, as sexuality is a pivotal issue in all people's lives. Specific attention should be given to youngsters living in a vulnerable context, such as migrants, sexual minorities, disabled people and people with a limited educational background. Knowledge of the sexual and reproductive health needs of the target populations is essential for developing responsive sexuality education. Moreover, strategies for sexuality education should be developed in a participatory way. A fruitful interaction between scientists, policy-makers, educators and representatives of the target groups is required to design and implement optimal strategies for a diverse society.

Direct and indirect partners are important

School-based sexual education is a sound strategy for reaching a high proportion of children and adolescents, but to accomplish this task it needs different partners. There are two kinds of partners – direct and indirect partners, although the differentiation is not always clear-cut. Direct partners in sexuality education are parents and other caregivers, teachers, social workers, peer group representatives and young people themselves, medical staff and counsellors – persons in direct contact with children and young people. On the other hand, indirect partners also play an important role in sexuality education, such as decision-makers, supporters or advocates, including nongovernmental organizations, policy-makers, community leaders, universities and legal and scientific institutions.

Religious and cultural organizations, as well as youth organizations, are also potential partners – it varies according to circumstances and contexts whether they are direct partners (having direct access to youth) or indirect partners. Networking, exchange and cooperation with these kinds of organizations and institutions is recommended in order to address groups (migrants, cultural minorities, etc.) for which school settings might not be the only effective avenue for sexuality education.

It has clearly become apparent that a participatory approach leads to improved outcomes and empowerment. Planning of sexuality education should include the identification of pivotal partners and ways for their involvement in the development and implementation of education activities. It is important to note, however, that partners also need to be trained before they can contribute effectively to high-quality sexuality education.

6. How to deliver sexuality education – general framework and basic requirements

The central prerequisite for sexuality education is – and this might sound too simple, but is nevertheless often ignored – that it needs its own specific place in schools and thus should be covered throughout the curriculum in quite some detail. The implementation of sexuality education needs to be ensured by different bodies, for example the school itself but also by supervising institutions. Space, time and trained personnel need to be provided so that sexuality education actually takes place. But even if these are not in place yet, sexuality education can still be implemented.

6.1 Seven characteristics of sexuality education

As mentioned before, holistic sexuality education covers a broad range of issues relating to physical, emotional, social and cultural aspects. It should not be limited to disease prevention, but include these aspects in a broader, non-judgemental approach; in addition, it should not be fear-based. Thus a positive attitude to sexual well-being is implied. This holistic understanding of sexuality education necessitates a careful choice of different methods which appeal to various types of learners and to different senses.

An important requirement for sexuality education is that students should always feel safe: their privacy and their boundaries are to be respected. While they are encouraged to be open, personal experiences should not be shared, as these do not belong in the classroom and might leave them vulnerable. An atmosphere of trust should be established by finding rules the group agrees on. Sexuality education which is based on gender responsiveness also contributes to the feeling of safety for the students.

Based on these general requirements, sexuality education should try to observe the following points.

- The quality of sexuality education is enhanced by systematic **youth participation**. Learners are not the passive recipients of sexuality education, but on the contrary play an active role in organizing, delivering and evaluating sexuality education. In this way, it is ensured that sexuality education is needs-oriented and does not simply follow an agenda determined in advance by educators.

In various contexts, peer education – as one special way of youth participation – has proven to be successful, especially when addressing hard-to-reach groups. But it is important to take into account the fact that peers need training when involved in sexuality education.

- Sexuality education should be delivered in an **interactive** way. The interactive exchange between teachers/trainers and programme designers on the one hand and students on the other takes place on several levels and starts with the insight that students should be respected as partners in sexuality education. Their experiences need to be taken into account, and their needs and wishes are of central importance when it comes to determining topics and issues to be covered by sexuality education.

Sexuality education should be delivered by using child/youth-appropriate language and it should enable the students to acquire adequate terminology so as to enhance their communication skills in the field of sexuality. Communication is central to sexuality education; in practical terms, this means that the trainer should relinquish his/her central position and instead act more as a facilitator to enable meaningful communication between students and stimulate discussions. In this way, students

are enabled to determine their own standpoint and to reflect on their own attitudes.

Last but not least, working interactively also means using different methods in the classroom to accommodate different learner preferences and to address all senses. Music and drama/acting activate different learning strategies and potentials and appeal to the learner in a more direct way.⁴³

- Sexuality education is delivered in a **continuous** way and is based on the understanding that the development of sexuality is a lifelong process. Sexuality education is not a single event, but project and/or process-based and it responds to the changing life situations of learners. Closely related is the concept of age-appropriateness: topics reoccur and related information is given according to the age and the developmental stage of the learner. Health and counselling services should be provided that are responsive to the needs of adolescents and are easily accessible and confidential. Young people need to know about these services and develop a relationship of mutual respect and trust with the staff, so that they feel able to access such services when needed.
 - The continuity of sexuality education over time is complemented by its **multisectorial** setting. School-based sexuality education is linked to other sectors by establishing cooperation with partners in and out of school, for example health services and counselling centres, to name just two. In a narrower sense applicable to the school setting, sexuality education should also be delivered in a crosscurricular/interdisciplinary way. Different subjects can touch upon different but equally important aspects.
 - Sexuality education does not take place in a vacuum, but is closely interconnected with the learner's environment and the specific experi-
- ences of target groups. For this reason, sexuality education is **context-oriented** and pays due attention to the needs of the learners. Learners differ widely in their social and cultural background, which needs to be reflected adequately (there is no "one size fits all" approach). Age, gender, social background, sexual orientation, developmental stage and the learner's individual capacity are also factors of great influence. Broader frameworks are given by specific curriculums which predetermine the scope and content of sexuality education and by the universal human rights on which sexuality education should be firmly based.
 - Sexuality education establishes a close **cooperation with parents and community** in order to build a supportive environment. Parents are involved in sexuality education at school, which means they will be informed before sexuality education takes place and they have the opportunity to express their wishes and reservations. Schools and parents are mutually supportive in the process of continuous sexuality education. Cooperation with other stakeholders (public and church-based youth work, youth welfare, health services, counselling centres, faith-based groups) in the field of sexuality education is also beneficial.
 - Sexuality education is based on **gender responsiveness** to ensure that different gender needs and concerns are adequately addressed, for example gender-based differences in the way of learning or in dealing with issues of sexuality are reflected by choosing appropriate methods. One way of doing this is a temporary separation by gender and the assignment of teacher teams comprising one male and one female.

43 There are some extensive overviews on methods for teaching sexuality education, see for example Hedgepeth & Helmich (1996) and Population Council (2009).

6.2 Competence of educators

At the very heart of sexuality education is the competence of the educators. It is important to stress though that educators delivering sexuality education do not need to be high-level professionals. Teachers delivering sexuality education should ideally be trained to do so. If no trained educators are available, this should not be used as an excuse for not delivering sexuality education. Sexuality education should still be introduced, while the training of teachers is done along the way.

When organizing training, programmes need to take into account the level at which the teacher/educator is going to teach sexuality education – the requirements vary according to school type and age group, e. g. a kindergarten teacher needs different preparation from a high-school teacher.

Competent educators need training in sexuality education, as well as openness for the subject and a high motivation for teaching it: they need to believe firmly in the principles of sexuality education outlined above. This implies that school authorities should not pressurize somebody who is unwilling to deliver sexuality education; instead, teachers need to be stimulated and supported.

An important prerequisite is the willingness of educators to self-reflect their own attitudes towards sexuality and towards society's values and norms, as they will serve as role models for the learners. Sexual educators need support structures and should have access to supervision.

Educators promote skills development through sexuality education

When delivering sexuality education, educators should give the facts but also help learners to develop appropriate attitudes and skills: communication, negotiation, self-reflection, decision-making and problem-solving skills are at the heart of quality sexuality education. Educators consistently apply neutral language when talking about sexual matters in order not to offend learners and to respect their boundaries. They firmly base their sexuality education on human rights and the acceptance of diversity – thus they un-

derstand sexuality also as human rights and diversity education.

The role, understanding and training of educators as well as the structural framework in which they operate are exceedingly important for high-quality sexuality education.

Part 2:

Sexuality education matrix

1. Introduction to the matrix

1.1 Background to the matrix

Sexuality education is a broad comprehensive topic and its contents change as the child develops into an adolescent and later to a young adult. At the age of three, a child needs different information and support compared with what he/she needs 10 years later. Besides, sexuality education influences the development of sexual attitudes and behaviour and thus helps the individual to develop a self-determined sexuality.

The following matrix has been designed to give an overview about the topics which should be introduced to specific age groups. **The matrix is structured according to different age groups and comprises** eight thematic main categories. It can be used in a flexible way to adapt to the specific needs of individuals or groups. It can also be adapted for people with special needs and minorities. It is a framework from which the trainer/educator can pick topics which are of special interest to the group he/she is addressing.

Sexuality education consists not only of information, but also of support for the acquisition of skills and competencies and of support for the development of one's own standpoint/attitude towards sexuality. It thus helps to enable children and young people to make self-determined, well-informed decisions. This is the reason why each specific item listed under one of the main thematic categories is further specified according to the parameters of knowledge, skills and attitudes.

Knowledge/information

In this matrix, information is understood to provide facts from the field of sexuality education in a balanced, comprehensive, age-appropriate way, such as development of the human body, reproduction, positive and negative aspects of sexuality, prevention of unintended pregnancy, STI and abuse. It is never scary or judgemental. It gives information about empowerment and sexual rights of children.⁴⁴

⁴⁴ "Sexual rights" as defined in Chapter 2, i.e. not all sexual rights are automatically applicable to children and youth.

Skills

In this matrix, skills are defined as the ability to show topic-related behaviour. Thus skills refer to practicalities relating to the topics: what the learner should be able to do once learning has taken place. In sexuality education, this includes very different skills, such as how to communicate, how to negotiate, how to express one's feelings, how to handle unwanted situations. Also it is important to have the skills required to use contraception and prevention against STI in an effective way and to ask for help in case of problems.

Attitudes

In this matrix, attitudes are defined as internalized opinions and values related to the topics.

Attitudes form the basic principles that guide our behaviour. It is the duty of the parent and the educator to give children and adolescents a firm basis through their own conduct. A young child needs to feel that he/she is safe, and that he/she is worthwhile, just like other people are worthwhile. With older children, parents and educators may strive to inspire respect for differences and, as the children grow into adolescents and young adults, that they have a responsibility towards themselves and others. Another important issue is to develop a positive attitude towards sexuality.

1.2 The importance of support structures

In addition to knowledge, skills and attitudes, young people also require support to handle the appropriate developmental tasks successfully. It was impossible to include the diverse forms of support required in the matrix, and the following paragraphs attempt to outline what kind of support may be needed. As children and young people mature, this happens not in isolation, but as part of social and societal systems that shape and influence their development and experience. Such support systems cannot be assumed to exist, and some may need to be explicitly tailored and advertised to young people. Possible support structures include the following.

Interpersonal

Support can come from parents, the extended family, friends, and also professionals. Support means that feelings and experiences can be shared, that young people can find someone who listens and believes (in) them. It also means that young people can play an important role themselves in giving support to those who ask for or need it.

External sources

Tailored information (websites, leaflets, books, etc.) and media (newspaper, Internet, television, etc.) can play an important role. They can deliver role models or good examples, or make sure young people can rely on information that is accurate and adapted to their needs.

Educational environment

This includes teaching children and young people about basic facts, facilitating learning and communicating and organizing educational materials adapted to their special needs and questions. At the same time, it should create space and provide learning opportunities for children to gain their own experiences in a safe and stimulating environment.

Services and policy

Professional people should be available who are accessible to children and young people and can answer the questions and deliver the help young people need. There should also be a policy in place that protects the rights and safety of children and young people: such services need to be funded adequately, be accessible to young people and become embedded in normal life.

1.3 Why should sexuality education start before the age of four?

In this document sexuality education is – as mentioned before – understood in a broad and holistic way and is based on an understanding of sexuality as a positive human potential. A child is understood to be a sexual being from the beginning, although a child's sexuality differs from an adult's in many ways, for example in its expres-

sion, its content and its objectives. In each age group and development stage, specific questions and ways of behaviour occur (e.g. mutual discovery and investigation among peers – playing “doctors and nurses”, enjoyment of showing own body parts and looking at others’, showing shame in front of others, etc.) which need to be reacted to in a pedagogical way. Psychosexual development during childhood means the development of several physical, emotional, cognitive and social skills characteristic of the child’s age level. Please refer to Chapter 3.2 for a detailed description of the psychosexual development of children.

In this understanding, sexuality education is much more than giving facts about reproduction and the prevention of disease. It helps to develop the child’s senses and body sense/body image and, at the same time, it strengthens the child’s self-confidence and contributes to the development of self-determination: the child will be enabled to behave responsibly towards himself/herself and others.

From the moment a child is born, his/her education starts, at first mainly through nonverbal messages, and later more and more verbally as well. Sexuality education is part of the child’s general education and is always imparted to the child, even if this is not done consciously. The way parents relate to each other gives the children vivid examples of how relationships work. Parents also serve as role models for gender roles and expression of emotions, sexuality and tenderness. By not talking about sexuality (for example not naming sexual organs) parents teach something about sexuality (in the chosen example their silence might be interpreted as discomfort). The general environment also influences a child’s sexual socialization, for example other children in kindergarten or their curiosity about their own or others’ bodies.

The subconscious or natural way of teaching and learning about sexuality can be complemented by an active way of teaching and informing. The benefit of this approach is the normalization of the topic of sexuality. The child’s questions are answered in an age-appropriate way and he/she is shown that issues related to sexuality are positive and enjoyable. Thus, he/she can also develop a positive attitude towards his/her body and learn

appropriate communication skills (for example, naming the body parts correctly). At the same time, the child is taught that individual boundaries and social rules exist and need to be respected (you can’t touch anyone you want to). Even more importantly, the child learns to realize and express his/her own boundaries (you can say no; you can ask for help). In this sense, sexuality education is also social education and contributes to the prevention of sexual abuse.

1.4 How to read the matrix

In the process of structuring the contents of what should be taught at a certain age, **age groups** have been defined according to developmental tasks.⁴⁵ The age groups are 0-4, 4-6, 6-9, 9-12, 12-15, and 15 and up and have been chosen in accordance with WHO age groups and as they mirror development stages. It is without any doubt that, depending on individual development, children could fit better in a different age group than their calendar age would indicate, so the limits of the age group should be used in a flexible way. Topics addressed in several age stages are meant to anticipate later or next stage developmental phase, so children are better prepared to deal with them. It also acknowledges different levels of understanding.

For all age groups the topics have been summarized under **general themes**: “The human body and human development”, “Fertility and reproduction”, “Sexuality”,⁴⁶ “Emotions”, “Relationships and lifestyles”, “Sexuality, health and well-being”, “Sexuality and rights”, and “Social and cultural determinants of sexuality”. These themes have been chosen because they are relevant to the dynamic process of the physical, social and emotional sexual development of youth.

⁴⁵ A developmental task is a task which arises at or about a certain period in the life of the individual, successful achievement of which leads to his/her happiness and to success with later tasks, while failure leads to unhappiness in the individual, disapproval by society and difficulty with later tasks. Cf. Havighurst (1971), p.2.

⁴⁶ In the matrix, the term “sexuality” is used in a narrow sense for practical reasons and refers only to body, intimacy and sexual experience.

It is important to note that all topics should be addressed in an age-appropriate and developmental-appropriate way. For instance in the age group (0–4), children should acquire the attitude “respect gender equality”. This seems farfetched for this young age group, but what is meant is the learning of the attitude that boys and girls are equal. It is important that these basic attitudes should be there from the beginning as a firm basis for later values and norms. At an early stage, the basics of a certain topic are introduced, at later development stages the topics reoccur and will be consolidated.

The **user** of the matrix will find **different markings**: topics highlighted in orange are main topics or minimal standards that need to be covered by sexuality education. Topics that are not highlighted are additional, their introduction into curriculums is optional. The pale font indicates that this specific topic, skill or attitude has been introduced before at an earlier age group. This is often the case as many of the topics come back in later age groups, often with a different emphasis and in greater detail.

■ main topic (new)

■ main topic (consolidation)

- additional topic (new)
- additional topic (consolidation)

Some issues are crosscutting and can be found under different main thematic categories. The best example is sexual abuse, aspects of which can be found under “Sexuality, health and well-being”, others under “Sexuality and rights”.

The matrix

Age group 0-4	38
Age group 4-6	40
Age group 6-9	42
Age group 9-12	44
Age group 12-15	46
Age group 15 and up	48

0-4

Information

Give information about

Skills

Enable children to

Attitudes

Help children to develop

The human body and human development

- all body parts and their functions
- different bodies and different sexes
- body hygiene

- *the difference between oneself and others*

- name the body parts
- practise hygiene (wash every part of the body)
- recognize body differences
- express needs and wishes

- a positive body-image and self-image: self-esteem
- respect for differences
- an appreciation of their own body

- *an appreciation for the sense of well-being, closeness and trust created by body experience and experience of bonding*
- *respect for gender equality*

Fertility and reproduction

- pregnancy, birth and babies
- basics of human reproduction (where babies come from)

- *different ways to become part of a family (e.g. adoption)*
- *the fact that some people have babies and some do not*

- talk about these issues by providing them with the correct vocabulary

- *acceptance of different ways of becoming a child of a family*

Sexuality

- enjoyment and pleasure when touching one's own body, early childhood masturbation
- discovery of own body and own genitals
- the fact that enjoyment of physical closeness is a normal part of everyone's life
- tenderness and physical closeness as an expression of love and affection

- gain an awareness of gender identity
- talk about (un)pleasurable feelings in one's own body
- express own needs, wishes and boundaries, for example in the context of "playing doctor"

- a positive attitude towards one's body with all its functions = positive body-image
- respect for others
- *curiosity regarding own and others' bodies*

Emotions

- different types of love
- "yes" and "no" feelings

- *words for feelings*
- *feeling of the need for privacy*

- feel and show empathy
- say yes/no
- express and communicate own emotions, wishes and needs

- *express own need for privacy*

- the understanding that emotions are expressed in many different ways
- positive feelings towards their own sex and gender (it is good to be a girl – or a boy!)
- the attitude that their own experience and expression of emotions is right

- *a positive attitude towards different emotions in different circumstances*

■ main topic (new)

■ main topic (consolidation)

● additional topic (new)

● additional topic (consolidation)

0-4	Information Give information about	Skills Enable children to	Attitudes Help children to develop
Relationships and lifestyles	<ul style="list-style-type: none"> ■ different kinds of relationship ■ different family relationships 	<ul style="list-style-type: none"> ■ talk about own relationships and family 	<ul style="list-style-type: none"> ■ a feeling of closeness and trust based on the experience of bonding ■ a positive attitude towards different lifestyles ■ the awareness that relationships are diverse
Sexuality, health and well-being	<ul style="list-style-type: none"> ■ good and bad experiences of your body/what feels good? (listen to your body) ■ if the experience/feeling is not good, you do not always have to comply 	<ul style="list-style-type: none"> ■ trust their instincts ■ apply the three-step model (say no, go away, talk to somebody you trust) ■ achieve feelings of well-being 	<ul style="list-style-type: none"> ■ an appreciation of their body ■ the awareness that it is ok to ask for help
Sexuality and rights	<ul style="list-style-type: none"> ■ the right to be safe and protected ■ the responsibility of adults for the safety of children ■ the right to ask questions about sexuality ■ the right to explore gender identities <ul style="list-style-type: none"> • <i>the right to explore nakedness and the body, to be curious</i> 	<ul style="list-style-type: none"> ■ say “yes” and “no” ■ develop communication skills ■ express needs and wishes <ul style="list-style-type: none"> • <i>differentiate between “good” and “bad” secrets</i> 	<ul style="list-style-type: none"> ■ an awareness of their rights which leads to self-confidence ■ the attitude “My body belongs to me” ■ the feeling that they can make their own decisions
Social and cultural determinants of sexuality (values/norms)	<ul style="list-style-type: none"> ■ social rules and cultural norms/values ■ gender roles ■ social distance to be maintained with various people <ul style="list-style-type: none"> • <i>the influence of age on sexuality and age-appropriate behaviour</i> • <i>norms about nakedness</i> 	<ul style="list-style-type: none"> ■ differentiate between private and public behaviour ■ respect social rules and cultural norms ■ behave appropriately according to context <ul style="list-style-type: none"> • <i>know where you can touch</i> 	<ul style="list-style-type: none"> ■ respect for their own and others’ bodies ■ acceptance of social rules about privacy and intimacy ■ respect for “no” or “yes” from others

■ main topic (new)
■ main topic (consolidation)
• additional topic (new)
• additional topic (consolidation)

4-6	Information Give information about	Skills Enable children to	Attitudes Help children to develop
The human body and human development	<ul style="list-style-type: none"> ■ all body parts and their functions ■ different bodies and different sexes ■ body hygiene ● <i>age differences in bodies and development</i> 	<ul style="list-style-type: none"> ■ name the body parts ■ practise hygiene (wash every part of the body) ■ recognize body differences ■ express needs and wishes ● <i>recognize own and others' need for privacy</i> 	<ul style="list-style-type: none"> ■ a positive gender identity ■ a positive body-image and self-image: self-esteem ■ respect for differences ■ respect for gender equality
Fertility and reproduction	<ul style="list-style-type: none"> ■ myths related to reproduction (e.g. in some countries, children are told that a new baby has been “brought by the stork”) ■ life: pregnancy, birth and babies; end of life ■ basics of human reproduction 	<ul style="list-style-type: none"> ■ talk about these issues by providing them with the correct vocabulary 	<ul style="list-style-type: none"> ● <i>respect for differences: some people have babies, others do not</i>
Sexuality	<ul style="list-style-type: none"> ■ enjoyment and pleasure when touching one's own body; early childhood masturbation ■ discovery of one's own body and genitals ● <i>the meaning and expression of sexuality (for example, expressing feelings of love)</i> ● <i>appropriate sexual language</i> ● <i>sexual feelings (closeness, enjoyment, excitement) as a part of all human feelings (these should be positive feelings; they should not include coercion or harm)</i> 	<ul style="list-style-type: none"> ■ talk about sexual matters (communication skills) ■ consolidate their gender identity ● <i>use sexual language in a nonoffensive way</i> 	<ul style="list-style-type: none"> ■ a positive body image ■ respect for others
Emotions	<ul style="list-style-type: none"> ■ jealousy, anger, aggression, disappointment ■ friendship and love towards people of the same sex ● <i>the difference between friendship and love</i> ● <i>secret loves, first love (infatuations and “crushes”, unrequited love)</i> 	<ul style="list-style-type: none"> ■ manage disappointments ■ express and communicate own emotions, wishes and needs ● <i>manage their own and others' need for privacy</i> ● <i>name own feelings adequately</i> 	<ul style="list-style-type: none"> ■ the acceptance that feelings of love (as a part of all emotions) are natural ■ the attitude that their own experience and expression of emotions is right and important (valuing their own feelings)

■ main topic (new)

■ main topic (consolidation)

● additional topic (new)

● additional topic (consolidation)

4-6	Information Give information about	Skills Enable children to	Attitudes Help children to develop
Relationships and lifestyles	<ul style="list-style-type: none"> ■ friendship ■ same-sex relationships ■ different kinds of (family) relationship <ul style="list-style-type: none"> • <i>different concepts of a family</i> 	<ul style="list-style-type: none"> ■ relate to each other and to family members and friends in an appropriate way ■ live together in families based on mutual respect ■ build up and maintain relationships 	<ul style="list-style-type: none"> ■ acceptance of diversity ■ respect for differences in lifestyle
Sexuality, health and well-being	<ul style="list-style-type: none"> ■ good and bad experiences of your body/what feels good? (listen to your body) ■ if the experience/feeling is not good, you do not always have to comply 	<ul style="list-style-type: none"> ■ trust their instincts and apply the three-step model (say no, go away, talk to someone you trust) ■ achieve feelings of well-being 	<ul style="list-style-type: none"> ■ the attitude that they have a choice ■ an awareness of risks ■ an appreciation of their body ■ the awareness that it is ok to ask for help
Sexuality and rights	<ul style="list-style-type: none"> ■ abuse; there are some people who are not good; they pretend to be kind, but might be violent ■ their rights (including the right to information and the right to protection) ■ the responsibility of adults for the safety of children 	<ul style="list-style-type: none"> ■ ask questions ■ turn to somebody you trust if in trouble ■ express needs and wishes 	<ul style="list-style-type: none"> ■ the attitude “My body belongs to me” ■ an awareness of their rights
Social and cultural determinants of sexuality (values/norms)	<ul style="list-style-type: none"> ■ gender, cultural, age differences ■ values and norms differ by country and culture ■ all feelings are ok, but not all actions taken as a result of these feelings ■ social rules and cultural norms/values 	<ul style="list-style-type: none"> ■ recognize and deal with differences in values ■ respect social rules and cultural norms • <i>talk about differences</i> 	<ul style="list-style-type: none"> ■ socially responsible behaviour ■ an open, nonjudgmental attitude ■ acceptance of equal rights ■ respect for different norms regarding sexuality ■ respect for their own and others’ bodies

■ main topic (new)
■ main topic (consolidation)
• additional topic (new)
• additional topic (consolidation)

6-9

Information

Give information about

Skills

Enable children to

Attitudes

Help children 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

Fertility and reproduction

- choices about parenthood and pregnancy, infertility, adoption
- the basic idea of contraception (it is possible to plan and decide about your family)
- different methods of conception
- *basic idea of fertility cycle*
- *myths about reproduction*

■ develop communication skills

- *gain an understanding that people can influence their own fertility*

• *an acceptance of diversity – some people choose to have children, others choose not to*

Sexuality

- love, being in love
- tenderness
- sex in the media (including the Internet)
- enjoyment and pleasure when touching one's own body (masturbation/self-stimulation)
- appropriate sexual language
- *sexual intercourse*

■ accept own and others' need for privacy

- deal with sex in the media
- use sexual language in a nonoffensive way

■ an understanding of "acceptable sex" (mutually consensual, voluntary, equal, age-appropriate, context-appropriate and self-respecting)

- *an awareness that sex is depicted in the media in different ways*

Emotions

- the difference between friendship, love and lust
- jealousy, anger, aggression, disappointment
- *friendship and love towards people of the same sex*
- *secret loves, first love (infatuations and "crushes", unrequited love)*

■ express and communicate emotions, own wishes and needs

- manage disappointments
- *name own feelings adequately*
- *manage their own and others' need for privacy*

■ the acceptance that feelings of love (as a part of all emotions) are natural

- the attitude that their own experience and expression of emotions is right and important (valuing their own feelings)

■ main topic (new)

■ main topic (consolidation)

• additional topic (new)

• additional topic (consolidation)

6-9	Information Give information about	Skills Enable children to	Attitudes Help children to develop
Relationships and lifestyles	<ul style="list-style-type: none"> ■ different relationships in relation to love, friendship, etc. ■ different family relationships <ul style="list-style-type: none"> • <i>marriage, divorce; living together</i> 	<ul style="list-style-type: none"> ■ express oneself within relationships ■ be able to negotiate compromises, show tolerance and empathy ■ make social contacts and make friends 	<ul style="list-style-type: none"> ■ acceptance of commitment, responsibility and honesty as a basis for relationships ■ respect for others ■ acceptance of diversity
Sexuality, health and well-being	<ul style="list-style-type: none"> ■ the positive influence of sexuality on health and well-being ■ diseases related to sexuality ■ sexual violence and aggression <ul style="list-style-type: none"> • <i>where to get help</i> 	<ul style="list-style-type: none"> ■ set boundaries ■ trust their instincts and apply the three-step model (say no, go away, talk to somebody you trust) 	<ul style="list-style-type: none"> ■ a sense of responsibility for one's own health and well-being ■ an awareness of choices and possibilities ■ an awareness of risks
Sexuality and rights	<ul style="list-style-type: none"> ■ the right of self-expression ■ sexual rights of children (information, sexuality education, bodily integrity) ■ abuse ■ the responsibility of adults for the safety of children 	<ul style="list-style-type: none"> ■ ask for help and information ■ turn to somebody you trust if in trouble <ul style="list-style-type: none"> • <i>name their rights</i> • <i>express wishes and needs</i> 	<ul style="list-style-type: none"> ■ feelings of responsibility for oneself and others ■ awareness of rights and choices
Social and cultural determinants of sexuality (values/norms)	<ul style="list-style-type: none"> ■ gender roles ■ cultural differences ■ age differences 	<ul style="list-style-type: none"> ■ talk about own experiences, wishes and needs in relation to cultural norms ■ recognize and deal with differences 	<ul style="list-style-type: none"> ■ respect for different lifestyles, values and norms

■ main topic (new)
 ■ main topic (consolidation)
 • additional topic (new)
 • additional topic (consolidation)

9-12

Information

Give information about

Skills

Enable children to

Attitudes

Help children 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*

Fertility and reproduction

- reproduction and family planning
- different types of contraception and their use; myths about contraception
- symptoms of pregnancy, risks and consequences of unsafe sex (unintended pregnancy)

- understand the relationship between menstruation/ ejaculation and fertility
- use condoms and contraceptives effectively in future

- the understanding that contraception is the responsibility of both sexes

Sexuality

- first sexual experience
- gender orientation
- sexual behaviour of young people (variability of sexual behaviour)
- love, being in love
- *pleasure, masturbation, orgasm*
- *differences between gender identity and biological sex*

- communicate and understand different sexual feelings and talk about sexuality in an appropriate way
- make a conscious decision to have sexual experiences or not
- refuse unwanted sexual experiences
- *differentiate between sexuality in "real life" and sexuality in the media*
- *use modern media (mobile phones, Internet) and be aware of risks and benefits associated with these tools*

- acceptance, respect and understanding of diversity in sexuality and sexual orientation (sex should be mutually consensual, voluntary, equal, age-appropriate, context-appropriate and self-respecting)
- the understanding of sexuality as a learning process
- acceptance of different expressions of sexuality (kissing, touching, caressing, etc.)
- *understanding that everyone has his/her own timetable of sexual development*

Emotions

- different emotions, e.g. curiosity, falling in love, ambivalence, insecurity, shame, fear and jealousy
- differences in individual needs for intimacy and privacy
- the difference between friendship, love and lust
- *friendship and love towards people of the same sex*

- express and recognize various emotions in themselves and others
- express needs, wishes and boundaries and respect those of others
- manage disappointments

- an understanding of emotions and values (e.g. not feeling ashamed or guilty about sexual feelings or desires)
- respect for the privacy of others

■ main topic (new)

■ main topic (consolidation)

● additional topic (new)

● additional topic (consolidation)

9-12	Information Give information about	Skills Enable children to	Attitudes Help children to develop
Relationships and lifestyles	<ul style="list-style-type: none"> ■ differences between friendship, companionship and relationships and different ways of dating ■ different kinds of pleasant and unpleasant relationships (influence of (gender) inequality on relationships) 	<ul style="list-style-type: none"> ■ express friendship and love in different ways ■ make social contacts, make friends, build and maintain relationships • <i>communicate own expectations and needs within relationships</i> 	<ul style="list-style-type: none"> ■ a positive attitude to gender equality in relationships and free choice of partner ■ acceptance of commitment, responsibility and honesty as a basis for relationships ■ respect for others • <i>an understanding of the influence of gender, age, religion, culture, etc. on relationships</i>
Sexuality, health and well-being	<ul style="list-style-type: none"> ■ symptoms, risks and consequences of unsafe, unpleasant and unwanted sexual experiences (sexually transmitted infections (STI), HIV, unintended pregnancy, psychological consequences) ■ the prevalence and different types of sexual abuse, how to avoid it and where to get support ■ the positive influence of sexuality on health and well-being 	<ul style="list-style-type: none"> ■ take responsibility in relation to safe and pleasant sexual experiences for oneself and others ■ express boundaries and wishes and to avoid unsafe or unwanted sexual experiences • <i>ask for help and support in case of problems (puberty, relationships, etc.)</i> 	<ul style="list-style-type: none"> ■ awareness of choices and possibilities ■ awareness of risks • <i>a feeling of mutual responsibility for health and well-being</i>
Sexuality and rights	<ul style="list-style-type: none"> ■ sexual rights, as defined by IPPF and by WAS * • <i>national laws and regulations (age of consent)</i> 	<ul style="list-style-type: none"> ■ act within these rights and responsibilities • <i>ask for help and information</i> 	<ul style="list-style-type: none"> ■ an awareness of rights and choices • <i>an acceptance of sexual rights for oneself and others</i>
Social and cultural determinants of sexuality (values/norms)	<ul style="list-style-type: none"> ■ influence of peer pressure, media, pornography, culture, religion, gender, laws and socioeconomic status on sexual decisions, partnerships and behaviour 	<ul style="list-style-type: none"> ■ discuss these external influences and make a personal assessment • <i>acquire modern media competence (mobile phone, Internet, dealing with pornography)</i> 	<ul style="list-style-type: none"> ■ respect for different lifestyles, values and norms • <i>an acceptance of different opinions, views and behaviour regarding sexuality</i>

* International Planned Parenthood Federation (IPPF): Sexual Rights: an IPPF declaration. London 2008 and World Association for Sexual Health (WAS): Declaration of Sexual Rights. Hongkong 1999

■ main topic (new) ■ main topic (consolidation) • additional topic (new) • additional topic (consolidation)

12-15

Information

Give information about

Skills

Enable teenagers to

Attitudes

Help teenagers to develop

The human body and human development

- body knowledge, body image and body modification (female genital mutilation, circumcision, hymen and hymen repair, anorexia, bulimia, piercing, tattoos)
- menstrual cycle; secondary sexual body characteristics, their function in men and women and accompanying feelings
- beauty messages in the media; body changes throughout life
- services where teenagers can go for problems related to these topics

- describe how people's feelings about their bodies can affect their health, self-image and behaviour
- come to terms with puberty and resist peer pressure
- be critical of media messages and beauty industry

- critical thinking related to body modification
- acceptance and appreciation of different body shapes

Fertility and reproduction

- the impact of (young) motherhood and fatherhood (meaning of raising children – family planning, career planning, contraception, decision-making and care in case of unintended pregnancy)
- information about contraceptive services
- ineffective contraception and its causes (use of alcohol, side-effects, forgetfulness, gender inequality, etc.)
- pregnancy (also in same-sex relationships) and infertility
- facts and myths (reliability, advantages and disadvantages) related to various contraceptives (including emergency contraception)

- recognize the signs and symptoms of pregnancy
- obtain contraception from an appropriate place, e.g. by visiting a health professional
- make a conscious decision to have sexual experiences or not
- communicate about contraception
- make a conscious choice of contraceptive and use chosen contraceptive effectively

- personal attitudes (norms and values) about (young) motherhood and fatherhood, contraception, abortion and adoption
- a positive attitude towards taking mutual responsibility for contraception

Sexuality

- role expectations and role behaviour in relation to sexual arousal and gender differences
- gender-identity and sexual orientation, including coming out/homosexuality
- how to enjoy sexuality in an appropriate way (taking your time)
- first sexual experience
- pleasure, masturbation, orgasm

- develop skills in intimate communication and negotiation
- make free and responsible choices after evaluating the consequences, advantages and disadvantages of each possible choice (partners, sexual behaviour)
- enjoy sexuality in a respectful way
- differentiate between sexuality in real life and sexuality in the media

- the understanding of sexuality as a learning process
- acceptance, respect and understanding of diversity in sexuality and sexual orientation (sex should be mutually consensual, voluntary, equal, age-appropriate, context-appropriate and self-respecting)

Emotions

- the difference between friendship, love and lust
- different emotions, e.g. curiosity, falling in love, ambivalence, insecurity, shame, fear and jealousy

- express friendship and love in different ways
- express own needs, wishes and boundaries and respect those of others
- deal with different/conflicting emotions, feelings and desires

- acceptance that people feel differently (because of their gender, culture, religion, etc. and their interpretation of these)

12-15

Information

Give information about

Skills

Enable teenagers to

Attitudes

Help teenagers to develop

Relationships and lifestyles

■ **influence of age, gender, religion and culture**

- *different styles of communication (verbal and nonverbal) and how to improve them*
- *how to develop and maintain relationships*
- *family structure and changes (e.g. single parenthood)*
- *different kinds of (pleasant and unpleasant) relationships, families and ways of living*

■ **address unfairness, discrimination, inequality**

- *express friendship and love in different ways*
- *make social contacts, make friends, build and maintain relationships*
- *communicate own expectations and needs within relationships*

■ **an aspiration to create equal and fulfilling relationships**

- *an understanding of the influence of gender, age, religion, culture, etc. on relationships*

Sexuality, health and well-being

■ **body hygiene and self-examination**

- *the prevalence and different types of sexual abuse, how to avoid it and where to get support*
- *risky (sexual) behaviour and its consequences (alcohol, drugs, peer pressure, bullying, prostitution, media)*
- *symptoms, transmission and prevention of STI, including HIV*
- *health-care systems and services*
- *positive influence of sexuality on health and well-being*

■ **make responsible decisions and well-informed choices (relating to sexual behaviour)**

- *ask for help and support in case of problems*
- *develop negotiation and communication skills in order to have safe and enjoyable sex*
- *refuse or stop unpleasant or unsafe sexual contact*
- *obtain and use condoms and contraceptives effectively*
- *recognize risky situations and be able to deal with them*
- *recognize symptoms of STI*

■ **a feeling of mutual responsibility for health and well-being**

- *a sense of responsibility regarding prevention of STI/HIV*
- *a sense of responsibility regarding prevention of unintended pregnancy*
- *a sense of responsibility regarding prevention of sexual abuse*

Sexuality and rights

- **sexual rights, as defined by IPPF and by WAS***
- *national laws and regulations (age of consent)*

■ **acknowledge sexual rights for oneself and others**

- *ask for help and information*

■ **an acceptance of sexual rights for oneself and others**

Social and cultural determinants of sexuality (values/norms)

- **influence of peer pressure, media, pornography, (urban) culture, religion, gender, laws and socioeconomic status on sexual decisions, partnership and behaviour**

■ **deal with conflicting (inter) personal norms and values in the family and society**

- *acquire media competence and deal with pornography*

■ **a personal view of sexuality (being flexible) in a changing society or group**

* International Planned Parenthood Federation (IPPF): Sexual Rights: an IPPF declaration. London 2008 and World Association for Sexual Health (WAS): Declaration of Sexual Rights. Hongkong 1999

■ **main topic (new)**

■ **main topic (consolidation)**

• *additional topic (new)*

• *additional topic (consolidation)*

15 and up	Information Give information about	Skills Enable teenagers to	Attitudes Help teenagers to develop
The human body and human development	<ul style="list-style-type: none"> ■ psychological changes in puberty ■ body knowledge, body image, body modification • <i>female genital mutilation, circumcision, anorexia, bulimia, hymen and hymen repair</i> • <i>beauty messages in the media; body changes throughout life</i> • <i>services where teenagers can go for help with problems related to these topics</i> 	<ul style="list-style-type: none"> ■ identify differences between images in the media and real life ■ come to terms with puberty and resist peer pressure ■ be critical of media messages and beauty industry, advertisements and the potential risks of body modification 	<ul style="list-style-type: none"> ■ a critical view of cultural norms related to the human body ■ acceptance and appreciation of different body shapes
Fertility and reproduction	<ul style="list-style-type: none"> ■ fertility changes with age (surrogacy, medically assisted reproduction) ■ pregnancy (also in same-sex relationships) and infertility, abortion, contraception, emergency contraception (more in-depth information) ■ ineffective contraception and its causes (use of alcohol, side-effects, forgetfulness, gender inequality, etc). ■ information about contraceptive services ■ planning a family and career/ personal future ■ consequences of a pregnancy for young teenagers (girls and boys) • <i>"designer" babies, genetics</i> 	<ul style="list-style-type: none"> ■ communicate with their partner on equal terms; discuss difficult topics with respect for different opinions ■ use negotiation skills ■ make informed decisions regarding contraception and (unintended) pregnancies • <i>make a conscious choice of contraception and use chosen contraception effectively</i> 	<ul style="list-style-type: none"> ■ willingness to take gender differences into account regarding fertility, reproduction and abortion • <i>a critical view of different cultural/religious norms related to pregnancy, parenthood, etc.</i> • <i>an awareness of the importance of a positive role for men during pregnancy and childbirth; positive influence of engaged fathers</i> • <i>a positive attitude towards mutual responsibility for contraception</i>

■ main topic (new)

■ main topic (consolidation)

• additional topic (new)

• additional topic (consolidation)

Sexuality

- sex as more than merely coitus
- meaning of sex at different ages, gender differences
- sexuality and disability, influence of illness on sexuality (diabetes, cancer, etc.)
- transactional sex (prostitution, but also sex in return for small gifts, meals / nights out, small amounts of money), pornography, sexual dependency
- sexual behavioural variations; differences in the cycle of arousal

- discuss the forms relationships take and the reasons to have sex, or not to
- “come out” to others (admit to homosexual or bisexual feelings)
- develop skills in intimate communication and negotiation
- handle difficulties in making contact; handle conflicting desires
- be able to express respectfully one’s own wishes and boundaries and take into account those of others
- reflect on the power dimensions of sexuality

- a positive attitude towards sexuality and pleasure
- acceptance of different sexual orientations and identities
- acceptance that sexuality in different forms is present in all age groups
- a change from possible negative feelings, disgust and hatred towards homosexuality to acceptance and celebration of sexual differences

Emotions

- different types of emotions (love, jealousy); difference between feeling and doing
- awareness of difference between rational thoughts and feelings
- insecurities at the beginning of a relationship

- deal with being in love, ambivalence, disappointment, anger, jealousy, betrayal, trust, guilt, fear and insecurity; discuss emotions
- deal with different/conflicting emotions, feelings and desires

- acceptance that people feel differently (because of their gender, culture, religion, etc. and their interpretation of these)

Relationships and lifestyles

- gender role behaviour, expectations and misunderstandings
- family structure and changes, forced marriage; homosexuality/bisexuality/asexuality, single parenthood
- how to develop and maintain relationships

- address unfairness, discrimination, inequality
- challenge injustice and stop (themselves and others) using degrading language or telling demeaning jokes
- explore what it means to be a mother/father
- seek a well-balanced relationship
- become a supportive and caring partner (male or female)

- an openness to different relationships and lifestyles; understand the social and historic determinants of relationships

■ main topic (new)

■ main topic (consolidation)

• additional topic (new)

• additional topic (consolidation)

15 and up	Information Give information about	Skills Enable teenagers to	Attitudes Help teenagers to develop
Sexuality, health and well-being	<ul style="list-style-type: none"> ■ health-care systems and services ■ risky sexual behaviour and the impact it can have on health ■ body hygiene and self-examination ■ positive influence of sexuality on health and well-being ● <i>sexual violence; unsafe abortion; maternal mortality; sexual aberrations</i> ● <i>HIV/AIDS and STI transmission, prevention, treatment, care and support</i> 	<ul style="list-style-type: none"> ■ counter sexual harassment; self-defence skills ■ ask for help and support in case of problems ● <i>obtain and use condoms effectively</i> 	<ul style="list-style-type: none"> ■ internalization of responsibility for one's own and partner's sexual health
Sexuality and rights	<ul style="list-style-type: none"> ■ sexual rights: access, information, availability, violations of sexual rights ● <i>concept of rights-holders and duty-bearers</i> ● <i>gender-based violence</i> ● <i>right to abortion</i> ● <i>human rights organizations and the European Court of Human Rights</i> 	<ul style="list-style-type: none"> ■ understand human rights language ■ be empowered to claim sexual rights ■ recognize violations of rights and speak out against discrimination and gender-based violence 	<ul style="list-style-type: none"> ■ an acceptance of sexual rights for oneself and others ● <i>awareness of power dimensions of duty-bearers vis-à-vis rights-holders</i> ● <i>a sense of social justice</i>
Social and cultural determinants of sexuality (values/norms)	<ul style="list-style-type: none"> ■ social boundaries; community standards ● <i>the influence of peer pressure, media, pornography, (urban) culture, gender, laws, religion and socioeconomic status on sexual decisions, partnerships and behaviour</i> 	<ul style="list-style-type: none"> ■ define personal values and beliefs ■ deal with conflicting (inter) personal norms and values in the family and society ● <i>reach out to a person who is being marginalized; treat people living with HIV or AIDS in the community with fairness</i> ● <i>acquire media competence</i> 	<ul style="list-style-type: none"> ■ an awareness of social, cultural and historical influences on sexual behaviour ● <i>respect for differing value and belief systems</i> ● <i>an appreciation of self-reliance and self-worth in one's own cultural environment</i> ● <i>a sense of responsibility for own role/point of view in relation to societal change</i>

■ main topic (new)

■ main topic (consolidation)

● additional topic (new)

● additional topic (consolidation)

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D. Websites

Advocates for Youth, United States of America:

www.advocatesforyouth.org

Aids Action Europe. Clearinghouse on HIV and AIDS in Europe and Central Asia:

www.aidsactioneurope.org/index.php?id=186&L=http%3A%25

Austrian Institute for Family Studies (ÖIF), University of Vienna:

www.oif.ac.at

Deutsche Gesellschaft für Sexualforschung [German Association for Sexual Research]:

www.dgfs.info

European Society of Contraception and Reproductive Health (ESC):

www.contraception-esc.com

www.contraception-esc.com/weblibrary/index.htm

Family Health International (FHI), United States of America:

www.fhi.org/en/index.htm

Family Planning Association (FPA), United Kingdom:

www.fpa.org.uk

Federal Centre for Health Education (BZgA), Germany:

www.bzga-whocc.de

www.sexualaufklaerung.de

www.loveline.de

www.familienplanung.de

www.komm-auf-tour.de

www.forschung.sexualaufklaerung.de

www.frauengesundheitsportal.de

German Foundation for World Population (DSW):

www.dsw-online.de

Guttmacher Institute, United States of America:

www.guttmacher.org

International Centre for Reproductive Health (ICRH), University of Ghent, Belgium:

www.icrh.org

International Centre for Research on Women (ICRW):

www.icrw.org

International Planned Parenthood Federation (IPPF):

www.ippf.org

International Women's Health Coalition (IWHC):

www.iwhc.org

Kaiser Family Foundation (KFF), United States of America:

www.kff.org

Kompetenzzentrum Sexualpädagogik und Schule [Skills Centre Sex Education and Schools], Switzerland:

www.amorix.ch

NHS Choices, United Kingdom:

www.nhs.uk/Livewell/Sexandyoungpeople/Pages/Sex-and-young-people-hub.aspx

Population Council:

www.popcouncil.org

Pro familia - German association for family planning, sex education and sexual counselling:

www.profamilia.de

Rutgers Nisso Groep (RNG), Netherlands:

www.rutgersnissogroep.nl/English

Schweizerische Stiftung für sexuelle und reproduktive Gesundheit [Swiss Foundation for Sexual and Reproductive Health – PLANeS]:

www.plan-s.ch

www.isis-info.ch

SENSOA, Belgium:

www.sensoa.be

Sex Education Forum, United Kingdom:

www.ncb.org.uk/sef/home.aspx

Sexuality Information and Education Council of the United States (Siecus), United States of America:

www.siecus.org

www.sexedlibrary.org

Swedish Association for Sexuality Education (RFSU):

www.rfsu.se

UNESCO HIV and AIDS Education Clearinghouse. HIV and AIDS Library:

www.hivaidsclearinghouse.unesco.org/search/index_expert.php

United Nations Population Fund (UNFPA):

www.unfpa.org/adolescents/education.htm

United Nations Programme on HIV/AIDS (UNAIDS):

www.unaids.org/en

World Health Organization (WHO):

www.who.int/reproductive-health/index.htm

www.apps.who.int/rhl/en/index.html

World Health Organization Regional Office for Europe (WHO/Europe):
www.euro.who.int/reproductivehealth

World Population Foundation (WPF), Netherlands:
www.wpf.org
www.theworldstarts.org/start/begin.html

Youth peer education Network (Y-Peer):
www.youthpeer.org
www.youthpeer.org/web/guest/ypeer-toolkit

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