THE CURRENT STATE OF SEXUALITY EDUCATION

IN CYPRUS, GEORGIA, POLAND, ROMANIA AND THE NETHERLANDS:
INSIGHTS FROM A YOUTH PERSPECTIVE
Aiming to bring attention to the need for Comprehensive Sexuality Education (CSE) and to empower and encourage young leaders to influence their national policies, CHOICE for Youth and Sexuality and YouAct initiated the “Europe for CSE” project, with support from ShareNet.

Youth advocates from Cyprus, Georgia, Poland, Romania and the Netherlands joined forces, worked online and met in Amsterdam to set-up concrete advocacy plans at national level, including meetings with volunteers, round tables, online campaigns and reaching out to policy makers and influencers.

Eastern Europe is a region that still faces huge economic and social disparities and persisting inequalities, which hinder human rights’ advancement. Recently, the region has encountered the rise of well-organized and funded opposition aiming to block access of youth and women to basic reproductive and sexual health services and information. Not only are young women in Eastern Europe three times more likely to have an abortion or unintended pregnancy than young women in Western Europe, the region also struggles with a growing epidemic of HIV/AIDS. In addition, gender-based violence is widespread, homophobic and transphobic attitudes persist, and a significant part of Europe’s youth population still does not have access to comprehensive sexuality education. But also in Western European countries such as the Netherlands not all young people have access to proper Comprehensive Sexuality Education.
We feel that this should change because Comprehensive Sexuality Education programs help young people develop self-esteem and life skills that encourage critical thinking, clear communication, responsible decision-making and respectful behaviour. Only when young people are fully informed about their options can they protect themselves against illnesses and make decisions about their own body.

Since every country has its specific and its reality, as a first step of the project, a desk research has been conducted in each country, following the same template. The results have been further used in planning the national advocacy action plans that in each country targeted a specific sub-theme, in accordance to the identified relevant national events. For example, the Georgian team focused on the meaningful youth engagement in the national youth policy that supports raising awareness on SRHR among young people.

The value of the desk research is not only as a base for our own advocacy action plans, but also as a collection of information and knowledge on CSE and other SRHR themes by young people for young people. We encourage the dissemination of the information through multiple networks, to enable access of other (young) people interested in advocating for CSE for young people in their countries, or Europe in general.

A core element of the project was the development and dissemination of info-graphics related to CSE and the selected sub-themes in each country. For example, Cyprus, Poland and Romania focused on promoting Comprehensive Sexuality Education as a mean to prevent gender-based violence and promoted the info-graphics during the 16 days of action against gender-based violence campaign. The Netherlands country team, on the other hand, highlighted the need for a safe and pleasant environment for lesbian, homosexual and bisexual students.

This collaboration has proven itself a success and the entire process and some of the outcomes of the youth-led work are compiled in this brochure. You can find in the following chapters the desk research work and the infographics that shed light into the situation of each country, as well as the calls to action developed by young people and partners.
subject, mainly through Biology (compulsory for age 15 and optional for ages 16-17) and Home Economics (optional for ages 16-17). The curriculum was developed in accordance with the World Health Organization (WHO)'s guidelines "Standards for Sexuality Education in Europe (2010).

In 2016, MOEC published two policies relevant to CSE. ‘Policy in relation to incident reporting management on sexual abuse in schools’ and ‘Policy document on Comprehensive Sexuality Education’. In 2015, MOEC published the ‘Code of Practice and Conduct for racist incidents and guide for management and recording of racist incidents in schools’ which also covers possible discrimination incidents on the basis of sexuality.

**National laws and strategies related to sexuality education**

In addition to the above, in national laws references are made and emphasize the responsibility of the MOEC and of other stakeholders for the provision of information on sexuality education to children and provision of training to educators and other professionals.


   The Strategy guides and coordinates the actions and initiatives of all the relevant authorities and stakeholders on the issue. In the policy text, the important role of sexuality education as a main prevention measure is recognised. Mandatory participation of health care professionals in relevant trainings and specialisation programs involving among how to discuss sexuality topics with children and parents/guardians is also emphasized.


   The Strategy has been approved by the Council of Ministers in April 2017 and it consists of eight thematic areas. At least two of the thematic priorities in the Strategy are relevant and include the (a) Prevention of Violence and (b) Sexual and Reproductive Health and Rights (SRHR). In both thematic priorities, activities related to mandatory and continuous training and education of all professionals involved (especially healthcare professionals) are included. One of the actions included, involves the collaboration between governmental bodies (e.g. Ministry of Health and the Ministry of Education) and NGOs for the effective implementation of the Health Education Program in schools.

4. **National Youth Strategy 2017 – 2022 (Youth Board of Cyprus)**

   The strategy has been approved by the Council of Ministers in May 2017 and consists of eight thematic priorities: Under the 5th priority (Health and well-being) one of the objectives is the implementation of mandatory and continuous training and education of all professionals involved especially healthcare professionals. One of the actions included, involves the collaboration between governmental bodies (e.g. Ministry of Health and the Ministry of Education) and NGOs for the effective implementation of the Health Education Program in schools.


   In June 2017, the Ministry of Health organized a two-day workshop for the development of the Strategy on SRHR of young people. The strategy consists of 5 thematic areas: 1) maternal health, 2) family planning, infertility, contraception, unwanted pregnancy and abortion, 3) STIs-HIV/AIDS, reproductive system infections 4) cancer of reproductive system 5) sexual violence. The Strategy is expected to be approved by the Council of Ministers in December 2017.

b. **Social norms**

   The topic of sexuality is still a ‘taboo’, gender stereotypes are widespread, and the Cypriot society remains highly patriarchal and conservative. The social norms surrounding the issue of sexuality make access to and provision of valid information on the topic difficult. At the same time, there is not a requirement for professionals working in education, health or social care sectors to receive specialised training on SRHR issues. Social norms and other personal values and beliefs (e.g. religious values) may influence the accurate provision of information. As a result, usually the implementation of sexuality education is left to the will, skills and sensitivity of each individual teacher.

   In Cyprus, the only group who openly opposes the implementation of sexuality education in schools is a group of parents. This group supports that sexuality education is against their ‘ethical values’ and teaching children sexuality education will encourage them to be sexually active at an early age and will put them in danger.

c. **Data and statistics on sexual health issues**

   Data and statistics are not systematically collected for unwanted pregnancies, teenage pregnancies, abortion rates, average age at first sexual intercourse etc. In Cyprus, contraception methods choice is limited to the contraceptive pill, male condoms, intrauterine device (IUD or coil), and sterilization. There are no systematic data collected regarding the use of contraceptives. Although according to the legislation, epidemiological data on transmitted infections, including STIs, should be collected, this practice is not systematically followed by both public and private hospitals and data are not freely available on the web. Regarding to HIV in particular, there was a report for 66 new incidents recorded between January-October 2016 (the majority of the incidents concerned people aged 20-39 years).

   According to a national study (Karagianni et al, 2017) aimed to examine the prevalence and context of child sexual abuse, findings are in line with previous findings in Europe that 1 in 5 children may experience sexual abuse or solicitation, with females being more likely than males to be the victims of child sexual abuse.

2. **Developing an advocacy plan**

   Although, there is a strong policy framework supporting the implementation of sexuality education, the reality, as also described from the young people themselves, is far from what the policies suggest.

   A number of barriers and gaps for the effective implementation of CSE can be identified. The social norms and stereotypes widespread in the Cypriot society play an important role to the ineffective implementation of CSE. Adding to this, a large part of the society has strong religious beliefs that are usually related with more conservative views on sexuality.

   Members of the Young Advisors Group (YAG), a team of youth aged 13-16 years working with the Commissioner for Children’s Rights, note that due to the lack of awareness and education, nowadays the word ‘sex’ has a negative connotation and behaviours that are normal, are still considered as socially unacceptable. Therefore, parents are usually unreasonably concerned about the topic and teachers avoid any discussion or feel embarrassed when related topics are discussed. Because family or teachers do not openly discuss about sexuality, children tend to seek information to inappropriate resources, young people mention. At the same time, misconceptions about what exactly is CSE is another barrier. Many people still think that sexuality education it is just about talking about the sexual act, therefore children do not need this kind of information.
Filling the gaps toward the implementation of CSE

In relation to sexuality education provided at public schools, although the Health Education Program is quite comprehensive and theoretically coherent, it is insufficiently and inadequately implemented. There is a lack of systematic and compulsory training and active support provided to educators. Even though success and proficiency indicators have been identified, the Program is not monitored and evaluated.

At the same time, students with disabilities who attend special schools currently do not receive sexuality education as part of the curriculum. Given that there is not a law regulating the mandatory provision of CSE, private schools do not include sexuality or relationships education in their curriculum either. Some of them occasionally invite CFPA to run workshops with the students but the time available is usually limited.

Considering educational opportunities outside the school system, CFPA and other NGOs, provide workshops on sexuality issues on request to young people, students, professionals or parents. Adding to the educational services, CFPA runs a sexual health and relationships helpline available daily (except from weekends) from 8.00-22.00. As for access to SRH services, currently there is no drop-in centre available and accessible at all times for either provision of information, training or services.

Taking into consideration the current situation, other gaps identified include the lack of involvement of young people into all the stages of developing a program or service. Also, even if all students receive the necessary information and training at school, there is no access to youth-friendly SRH services. At the same time outside CFPA, there are no very active advocacy groups of students, parents or teachers supporting CSE.

How to overcome barrier toward the implementation of CSE

Having in mind the barriers and gaps described above, one of the main actions (and set of skills) required to overcome them is to build and coordinate a team of young ambassadors for sexuality education. If we invest the required time and resources to provide the necessary training to a group of young people, we increase the possibility of them taking the leadership to influence other young people and actively advocate for their right to sexuality education. At first, we can aim to reach young people of 15-18 years old. They could be members of the Teen Advisors Group (Office of the Commissioner for Children’s Rights) or the Cyprus Children’s Parliament who will receive further advocacy skills training and will be encouraged to run their own activities.

1. Situation analysis

a. Existing strategies

Sexuality education isn’t officially part of formal education. However, some of the topics are included in the Biology curriculum. But it took some time that currently sexual and reproductive health topics are included in that. Until now, three national educational strategies were developed by the Ministry of Education and Sciences. The first generation strategy was developed for the 2007-2010 period and there wasn’t even any indication or instructions for teaching about reproductive health.

The second generation strategy was developed for the period of 2011-2016, according to this strategy several standards, expected outcomes and indicators were developed, among them:

8th grade students (13-14 years old) should be acquainted how to look for the information on reproductive
As we can see, there are successful steps taken forward implementation of CSE but the question here still remains: how can all these strategies be incorporated in practice? how can they be measured and evaluated?

The last and third generation strategy is developed recently and hasn’t been implemented yet. The new strategy is developed in collaboration with UN agencies, such as UNFPA, UN Women, UNICEF etc. and it covers the following topics: reproductive health and STDs (HIV/AIDS), prevention methods, puberty age and early marriage. The question remains how all these standards and indicators will be incorporated in the real teaching process.

One of the important document is the Georgian National Youth Policy Document, which was adopted in 2014 by the Government of Georgia. "The Youth Policy aims at encouraging establishment of relevant environment for a comprehensive youth development to fully realize their potential and be actively involved in all the spheres of the public life."

In the third chapter dedicated to health issues the paragraph 3.2.4. read: "It is important that young people have information about sexual and reproductive health and rights. Young people’s increased awareness and knowledge on reproductive health and modern methods of family planning contributes to the reduction of the incidence of abortions and sexually transmitted infections (STIs), including HIV. In addition, it contributes to reducing the incidence of early marriages and adolescent pregnancy and negative consequences, and related maternal and child health risks.

The Government of Georgia aims at increasing the awareness and education about sexual and reproductive health and rights and improving accessibility to and quality of medical services.

Objectives of the Government of Georgia are the following: 3.2.1. Support young people’s (including those in special needs) increased awareness about existing sexual and reproductive health programs and services; 3.2.2. Deliver of high-quality sexual and reproductive health services to young women and men, including those with special needs; 3.2.3. Improve financial and geographical accessibility to sexual and reproductive health services for young people as well as ensure service delivery in youth friendly environment with confidentiality guaranteed; 3.2.4. Support development of modern educational programs regarding sexual and reproductive health issues and rights.

In May of 2017, the Georgian Ministry of Education and Science signed a Memorandum of Understanding with the United Nations (UN) Joint Programme for Gender Equality to assist the ongoing revision of the national curriculum and help integrate the issues of human rights, gender equality and healthy living into the educational programme. Additionally, this February, United Nations Population Fund (UNFPA) Georgia initiated an interactive learning module for evidence-based family planning called Virtual Contraception Consultation (ViC), which was introduced at Tbilisi State Medical University.

As we can see, there are successful steps taken forward implementation of CSE but the question here still remains: how can all these strategies be incorporated in practice? how can they be measured and evaluated?

b. social norms

"The Orthodox religion and church has an undesirable influence on some education issues (e.g. distorted knowledge among young people of issues related to safe sex etc)" therefore, talking about sexuality is perceived by the majority of the population as tabooed and not the topic of public discussions. One of the main argument opposing CSE is that young people get the information from their parents, friends and it comes like natural process and school isn’t the place for such topics. Teachers in many cases feel ashamed to talk about reproductive health therefore, they just skip these chapters in Biology text-books or give it as a home reading. The above mentioned third generation national education strategy includes the guidelines about new school subject called "Me and Society," which is dedicated to the 3-6 grades (8-12 years old), curriculum includes topics such as: my family, my school environment, me and my friends, the environment where I live etc. Since there is mentioned the term “gender” it caused massive protests by the religious activists and parental associations. See the news and photos on: Massive protest against the school subject “Me and Society”

According to the “Comparative Analysis of Results of Adolescent Reproductive Health Surveys Conducted in Armenia, Azerbaijan and Georgia” with regard to where and when adolescents should receive information about issues related to sex and reproductive health almost equal shares of adolescents in Georgia think that these issues should be taught at school (38.1%) or should not be taught at all (36.5%). The 52.9% respondents in Georgia think that sex-related issues should be taught. According to the majority of respondents from all three countries, abortion is harmful to health. A significantly large proportion of adolescents in Georgia consider abortion a religious sin. According to the Reproductive Health Survey Georgia 2010 support for any sex education at schools was the strongest among women who are employed (86%) live in urban areas (83%) have no or one child (82%) are more educated (85%) and are young (81% at ages 15-24). It was the weakest among Azeri women (50%) those with three or more children (69%) and those with lowest wealth quintile (67%).

c. Existing data and statistics on sexual health issues to be addressed by CSE.

- Although overall contraceptive use increased from 1999 to 2010, Georgia still has almost the lowest level of use of the countries in Eastern Europe. The unmet need for modern contraception is 30.5%. Unmet need is particularly high in rural areas, where it can reach 40%.

(Source: Policy brief Invest in family planning Strengthening family planning policies and services for healthy families in Georgia)

- Only 63% of all pregnancies in Georgia are intended. Most unintended pregnancies occurred in elderly women: 54% of all pregnancies were unwanted among women aged 35-44 years and 33% among women aged 30-34. The vast majority of unwanted pregnancies do not result in a live birth. 94.4% end in induced or spontaneous abortion or in stillbirth.

(Source: Policy brief Invest in family planning Strengthening family planning policies and services for healthy families in Georgia)

- The age-specific fertility rate among 15-19 year olds increased from 39.9 per 1,000 women 15-19 years old in 2000 to 51.5 in 2014. This means that by the time they reach the age of 20 years, roughly a quarter of young women have already given birth. This rate is very high for European standards. In almost all western and southern European countries, the rate is between 5 and 10 (or 5 to 10 times lower than in Georgia).

(Source: Policy brief Invest in family planning Strengthening family planning policies and services for healthy families in Georgia)

- In 2016, maternal mortality ratio in Georgia was estimated to be one of the highest in European region, 36 per 100,000 live births. Main causes of maternal mortality deaths in 2015 were intrapartum and puerperal hemorrhage (21%), infections (10.5%), preeclampsia (5.3%) and obstetric embolism (5.3%).

(Source: Policy brief Invest in family planning Strengthening family planning policies and services for healthy families in Georgia)
• Up to 17% of Georgian women were married before the age of 18. However, the true figure is unknown, as most child marriages are not registered, including all those involving children under 16, as these cannot be officially registered. Existing data and this research indicate that child marriage in Georgia is not homogenous, but rather varies according to ethnic, religious, and regional factors. It would appear that child marriages occur more frequently among certain ethnic and religious groups; namely, religious minorities in the mountainous areas of Adjaria, and ethnic minorities in the Kvemo Kartli region.
(Source: Child Marriage in Georgia (Summary))

• According to data published by the UNFPA country office in Georgia, more than 25,000 girls are believed to have gone ‘missing’ between 1990 and 2010 as a result of gender-biased sex-selective abortion.
(Source: Gender-biased Sex-selective abortions in Georgia)

2. Developing an advocacy plan

The biggest challenge I think comes from religious and conservative people, religion has big influence on forming social attitudes and church itself sometimes encourages aggressive protests. Also, current government doesn’t have concrete vision with regard to sexuality education at schools, they started this process but as it feels government takes into account the position of the church, as church is a big source for their electorate.

In order to advocate CSE implementation I think we civic activists should be more demanding, persistent and precise in our advocacy campaigns. Also, it should be mentioned that the organizations or activists running advocacy campaigns are a few, so we should gather more people, more organizations around CSE advocacy. Collaboration with UN agencies especially UNFPA is essential, because all what has been done in CSE improvement is by support and stimulus of UNFPA Co.

1. Situation analysis

a. Existing strategies

Existing strategies in country dealing with (non)(comprehensive) sexuality education. What are authorities doing, or not doing, regarding sexuality education? What do the laws/policies/regulations say about it? Mind that sexuality education programs can take many forms and names, and we would like to know about them too.

Sexuality education in public Polish schools is practically non-existent. Since 1999, the school curriculum has included Wychowanie do życia w rodzinie (Preparation for Family Life) - a very basic sexuality education class, based on the ideas of family, marriage and Christian morality. This module reduces sexuality education to the anatomical study of the human body, and turns its focus to chastity. In its curriculum, Ponton – a group of
sexuality educators – found, the word ‘family’ is mentioned 173 times, the word ‘sex’ only 2. It also mentions the pope four times. Despite the presence in the program of topics such as sexuality, the whole curriculum is centred around pre-imposed values. There is no room for discussion or openness in accepting other life paths than marriage and sex for procreation. Only two gender identities are allowed – male and female, and there is a lot of emphasis on making differences between them. The curriculum promotes the only legitimate vision of what a healthy society should look like (based on family and values strongly linked to the Catholic worldview) and leaves no room for people who do not fit in the scheme. On top of that, its curriculum is being written by an ardent Catholic who opposes contraception. The available books are also controversial - in the recommended middle school coursebook “Road to Adulthood”, the following recommendations can be found:

“The effectiveness of condoms in preventing pregnancy is not very high, due to frequent technical defects (leakage, breaking)”

“The girl should realize that she would pay more than a boy for making a wrong choice, because there is no equality in nature. He is the giver of life, ‘a sower’, while her body is ‘a soil’.”

The recent governmental shifts have significantly changed the approach of CSE advocates. PONTON is a youth feminist sexuality education group, used to cooperate with the previous, more liberal government. The group received financial support, participated in meetings and debates organized by the Ministry of Education, and supported the development of the more liberal core curriculum and coursebooks. However, after the 2015 elections, the new Minister of Education warned schools against sexual educators, hinting that they are not equipped to be teaching teens. PONTON now engages with young people, parents and teachers directly, by raising their awareness of the importance of CSE. They also run campaigns, operate an online forum and a telephone hotline, where teenagers can ask questions.

1. What about social norms? How does society perceive sexuality? What do adults (parents, grandparents, teachers and others) and young people think about it? In what way, or not, can you talk freely about CSE? (Do build on evidence and research instead of solely your own opinion).

The Polish society is very conservative. Opponents of CSE in public schools claim that CSE would raise the number of illegal abortions, propagate sexual immorality and promote what they consider to be “sexual deviations,” such as homosexuality or transexuality. Regrettably, lack of CSE is part of the general trend of suppressing sexual and reproductive health and rights in the country: medical providers can still deny women contraceptives, morning after-pill is available only with doctor’s note, abortion law is one of the tightest in Europe and there are recurring attempts to punish women who do it illegally with jail.

The most recent years the discussion surrounding sexuality and CSE has been marked by the so-called ‘war on gender.’ This is how it’s described by Agnieszka Graff, a Polish writer, feminist and women’s and human rights activist:

In the autumn of 2013 the word ‘gender’ hit the headlines of all major Polish newspapers and TV stations, much to the befuddlement of people involved in gender studies. Heretofore an obscure foreign concept known only to specialists, gender was suddenly omnipresent in the tabloids, on Facebook and in the blogosphere. It was the focus of endless and heated debate for several months. Most importantly, it was also mentioned weekly in Poland’s Roman Catholic parishes – consistently demonized in sermons as a threat to the family. Gender is presented as the heart of the ‘Civilization of death’, and as a source of perversion and degradation. Parents were warned that their children were in danger. Polish culture, the faithful were informed, was under siege by aggressive ‘genderism’, a dire threat to our national tradition (Graff, 2014: 431).

The debate on ‘gender’ has serious repercussions on the way in which the CSE is considered, particularly by the conservative sections of society. The right-wing discourse quickly picked up the message, framing it as ‘putting our children in danger’. This message resonated with big part of the Polish society and continues fueling the debate against CSE. The idea that children need to be protected against exposure to allegedly corrupting sex education programmes or “sex-talk” in the media, is central to conservative politics in many contexts. In the Polish case, this argument gets another variant. Sexuality Education is compared to communists’ attempts to have full control over people’s private and family life and is often disqualified as both an imposition of the liberal West but also as a remnant of communist practices. Therefore, discussions on CSE and sexuality are often dismissed by the right-wing government and its biggest ally: The Catholic Church.

Sources:
- https://data.worldbank.org/indicator/SP.DOD.TFR.TOT

2. Starting your advocacy plan

The biggest barrier to implementation of CSE is the conservative government, supported by the Polish Church, which is actively opposing modernization of CSE content. One of the reasons behind it is low citizen engagement in political and civic life, as well as low awareness of benefits of comprehensive sexuality education (and damages associated with lack of CSE).

Young people should develop their skills of engaging with the general public. Trainings on how to engage with conservative society would be particularly useful.” - in continuation of the existing paragraph, not as a separate sentence.
1. Situation analysis

a. Existing strategies

In Romania young people can approve to have sexual intercourse from 15 years old, but they can access sexual and reproductive health services only from 16 years or older, and only if the services do not involve surgical procedures, therefore excluding abortion for persons under 18 years old (without parental consent).

The law 272 from 2004 and updated in 2008 says that the public central administration, the local administration as well as other institutions with a role in health are obliged to take up all the necessary measures for systematically organizing sessions of education for life in schools, including sexuality education with the aim of preventing sexually transmitted infections and early pregnancies.

In the health strategy for the period 2014-2020 the high number of abortions among adolescent girls is recognized and problematized. Central authorities intend to increase the family planning and sexual health services, as well as to increase the degree of awareness of the general public regarding adolescent girls’ contraceptive options.

Sexuality education modules are not approached in a comprehensive manner. The Society for Education in Contraception and Sexuality (SECS) pointed this out in their research into the auxiliary materials existing on the market used for the optional curricula of Health Education. Shortcomings are evident in the subject’s content, teachers’ training, as well as monitoring and evaluation of the subject. Compared with the expected result of universal access to health education, including sexual and reproductive health, very few students participated in health education classes (6% in 2014-2015, according to the Ministry of Education), and an even smaller number had access to sexuality education.

Other survey findings underline that combating gender violence isn’t included in the modules’ objectives and children don’t learn prevention of sexual abuse and violence. During the classes, extended family and traditional gender roles are described on the basis of gender stereotypes. Moreover, the information on disclosing HIV status or impact of stigmatization of HIV positive persons is not included in the content of the lessons.

Even if there are some national NGOs implementing long term projects and programmes to help the authorities to better ensure universal access to sexual and reproductive education, such as the Family Life Skills Education Program developed by the Youth for Youth Foundation, or local projects for adolescents and youth, such as those developed by SECS, ARAS - Romanian Association against AIDS, Semper Musica Association and others, the coverage cannot be even close to that of the governmental system, especially with reduced funds.

Thus, it is important that Romania remembers its engagements took prior to entering NATO and the EU and really implement, with a reasonable allocation of funds, its national strategies and action plans.

Social Norms

Taboo

Sexuality is still a taboo in the post-communist 2017 Romania. Adults and young people alike are not aware of what comprehensive sexuality education is. Especially adults are afraid that it will lead to promiscuity and to young people starting their sexual lives earlier. School is not necessarily seen as a place to prepare you for life, but more as a place to “educate” youth in the theoretical way, to give the information needed. But when it comes to sexuality, even giving information can be challenging for some teachers, as they hold strong personal values that end up biasing the information disseminated in class. Talking about sexuality at school, at home or even with friends is challenging. And this is especially detrimental since the media and the internet are abundant in sexualized images, often portraying women as sexual objects.

Opposition

Recently, the opposition to sexuality education has increased, as people hear more and more often about this topic. An example is this petition against CSE but there are many more stronger examples of conservatism in Romania. Over 3 million people have signed on the request to specify in our legislation that marriage is a union between a woman and a man (now it is a union between two partners - masculine, plural leaving the interpretation of two men). Another example here strictly related to sexuality education is asking our chamber of deputies to allow parents to say no to sexuality education for their children (almost 1000 signatures). The political elite follows the people’s voices in their interest for gathering votes and popularity and their best strategy is usually to not approach the subject.
Online Support

In the same time, there are spaces where open-minded people gather and share their support for CSE and understanding of its potential benefits. And besides NGOs doing great job on the topic, there is also the internet - the place to go for any question you don’t want to ask your friends, your parents or even the doctor! The internet, through some NGOs projects and activities usually provide youth-friendly information and referral to services for young people with regards to their sexuality, even on some sensitive subjects (including transgender).

Existing data and statistics on sexual health issues to be addressed by CSE

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<thead>
<tr>
<th>Indicator</th>
<th>Data</th>
<th>Source</th>
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<tbody>
<tr>
<td>HIV prevalence among adults (15-49 years)</td>
<td>0,1</td>
<td><a href="http://www.unaids.org/en/regionscountries/countries/romania/">http://www.unaids.org/en/regionscountries/countries/romania/</a></td>
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<tr>
<td>Adults aged 15 and over living with HIV</td>
<td>16000</td>
<td><a href="http://www.unaids.org/en/regionscountries/countries/romania/">http://www.unaids.org/en/regionscountries/countries/romania/</a></td>
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<tr>
<td>Children aged 0 to 14 living with HIV</td>
<td>&lt;100</td>
<td><a href="http://www.unaids.org/en/regionscountries/countries/romania/">http://www.unaids.org/en/regionscountries/countries/romania/</a></td>
</tr>
<tr>
<td>Women and men aged 15-24 years expressing accepting attitudes towards people living with HIV (accepting to have them as a neighbour)</td>
<td>37%</td>
<td>National Council Against Discrimination (CNCD)</td>
</tr>
</tbody>
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2. Starting your advocacy plan

Filling the gaps toward the implementation of CSE

- Formal education: teachers are not prepared, since sexuality education is not included in their formal training.
- The Health Education curricula must be revised, updated and accepted by the decision-makers of the health and educational systems and auxiliary materials that meet the educational needs of the students should be developed and made available.
- The Health Promotion programme of the Ministry of Education should be revised and ensure clear and loud messages (through activities and local/community projects) in reproductive and sexual health.
- There is no monitoring & evaluation system for the existing programs of health education and health promotion (one is of the Ministry of National Education - the optional health education curricula, and the other is of the Ministry of Health - the health education and health promotion national programme). The general population is not aware of the concept of comprehensive sexuality education and what it entails, and a lot of myths exist around it. This is linked with the general perception and level of understanding, plus communication skills in sexuality of the mainstream population.
- The links with the existing family planning services are not made; a lot of young people have no idea of their existence and that some services are free; they don’t even have to go to their general practitioner, they can make an appointment directly without referral. Sometimes they don’t have free condoms and pills (public health financing issues).
Non-formal education: NGOs in the sector constantly are requested by (high) schools to implement sex ed programmes, but there is a lack of capacity due to various reasons (especially financing in the last 3 years). Moreover, people and other organizations (especially the business sector) should understand that even if volunteering is for free it doesn’t mean it doesn’t cost anything. Plus, young volunteers are not perceived as reliable sources of information, even if their task is not a specialized one, being peer educators.

How to overcome barrier toward the implementation of CSE

Among the skills that young people should have in order to efficiently promote access to CSE at national level are the following:

• Advocacy.
• Fundraising.
• Reframing the concept and the language used so that people are more open to listen and support CSE.
• Youth-adult partnerships (since most decision-makers are adults).

1. Situation analysis

a. Existing strategies

Since 2012, some form of age-appropriate sexuality education in elementary schools is compulsory by Dutch law. Although it is compulsory to discuss key principles such as sexual assertiveness and sexual diversity, schools do have a lot of freedom of interpretation and there are no standard textbooks that schools have to use (Rutgers. Spring Fever). There are programs that teach comprehensive sexuality education in primary schools, high schools and/or further education, developed by organisations such as Rutgers, GGD and KIKID, but it is not compulsory for schools to follow these programs. Within teachers’ trainings for education degrees in health and wellbeing as well as biology, sexuality and relationships are compulsory modules that aspiring teachers need to pass (seksuelevorming.nl).
Social norms

Young people

In general, the attitude towards sex is relatively tolerant (Rutgers, 2017, p. 5). 59% of boys and 44% of girls approve of having sex without being in love, although most young people having sex do so in a committed relationship. Since 2012 the number of young people in a committed monogamous relationship has decreased. There is also an increase in young people finding relationships or sexual encounters through dating apps such as Tinder. Social norms among young people differ per ethnic group and per religion. Young people with a strong identity as Christian or Muslim tend to be more conservative. More than half of them want to wait until marriage to have sex. They also tend to enjoy sex slightly less than young people who do not (strongly) identify with one of the religions and are less open to have one-night stands or solo sex. (Rutgers, 2017).

Adults

In the Netherlands, conversations between children and parents about sex are stimulated more and more by the various organisations that work on the area of sexuality and by the government as well. A variety of sex-related materials are available to parents of children of all ages. For example, those provided by Rutgers, but also many websites for young parents provide tips on how to talk about these sensitive subjects.

Existing data and statistics on sexual health issues to be addressed by CSE

Last year, Rutgers conducted a questionnaire among 20,500 young people to study sexual health and behaviour among Dutch youth below the age of 25. In the Netherlands, by the age of 18.6, only half of the youth has had intercourse, but for other sexual acts the age has slightly gone up. This means that the group that starts having sexual intercourse before the age of 14 has diminished in size (Rutgers, 2017, p. 3). 3% of boys and 2% of girls between the age of 12 and 14 have had experience with intercourse (Rutgers, 2017, p. 5). Both boys and girls seem to enjoy sex equally. Approximately 3% of boys and 14% of girls have expressed being persuaded to have sex for the first time. Approximately 2% of boys and 11% of girls indicate to have been forced to do something sexually that they did not want to do. 3% of boys and 14% of girls have ever encountered unacceptable behaviour. Disturbingly, 38% of the boys and 24% of girls who encountered sexual transgression have never talked about this to anyone. Approximately half of the boys and one third of girls who encountered sexual transgressive behaviour received help to process their traumas (Rutgers, 2017, p. 2).

Even though the number of sexually active young people between the age of 12 and 14 has decreased, it is still important to provide them with proper sexuality education. Those within this age group who are sexually active are less likely to have the information that they need available to them, nor are they able to look it up. They tend to protect themselves less against STIs or HIV and enjoy sex less as well (Rutgers, 2017, p. 5).

During their first sexual intercourse, 94% of the girls and 92% of the boys below 25 indicate that they used some form of protection. With their last or current partner, about ¾ of the young people indicate they always use protection. While the pill is still the most commonly used form of protection among girls, increasingly more girls are using other forms of protection. Especially the IUD has grown in popularity, it’s usage has been doubled since 2012.

The use of the condom is relatively low, mostly because it either does not feel nice or other forms of contraception were already used. Four out of ten young people whose last sexual partner was a one-night stand used a condom. Of those who have multiple sexual encounters with someone without having a relationship, 75% indicate that they do not always use condoms. Moreover, carrying a condom with you is seen as a “manly” thing to do, as 58% of single boys but only 24% of single girls always carry condoms with them. Of those involved with sexual intercourse and/or anal sex, only 13% of the guys and 18% of the girls did a STI test in the past 12 months. 75% of the boys and 66% of the girls who stopped using condoms with their last sexual partner did not test whether they had an STI. Most reasons for not doing it was that they felt no symptoms, never had unprotected sex, or felt like they were not at risk.

16 out of 1000 boys and 24 out of 1000 girls have dealt with an unplanned pregnancy. 9 out of 1000 boys dated a girl who got an abortion and 11 out of 1000 girls got an abortion themselves. Of these girls, 59% indicated that they found it difficult to talk about their abortion, and almost 50% indicated that they felt ashamed. Approximately two thirds still completely agreed with their decision to have an abortion while 12% of the girls indicated that they did not support their decision anymore.

Yet, teenage pregnancies seem to happen relatively more often among specific groups of people, such as girls with a Turkish, Moroccan, Antillean or Surinamese background. (Dalmijn, 2017, p. 9). Additionally, poorly educated girls and girls with a strict religious background tend to be more at risk of an unplanned pregnancy (Dalmijn, 2017, p. 10).

There are slight differences between LGBTQIA+ youth and youth that identifies as straight. Generally, LGBTQIA+ youth’s first sexual encounter is unplanned. They also more often have sexual encounters with people they do not know. They also tend to use the internet more for finding sexual encounters. For example, in the last 6 months, 44% of the homo- and bisexual boys of the age of 17 have had sex with someone they met through a dating app, while only 6% of heterosexual boys have done this. Homosexual and bisexual boys also test themselves more often for STIs and HIV.

Additionally, they encounter more violence than heterosexual boys. Two out of 5 homo- and bisexual guys have been scolded for their sexual preference, and one out of 6 have been threatened. One out of 9 have been hit or kicked. Heterosexual and bisexual girls encounter this less (Rutgers, 2017).

2. Starting your advocacy plan

According to the research conducted by Rutgers and Soa Aids Nederland on sexuality of youth below the age of 25, almost everyone receives some information about sexuality at school. Yet the topics discussed often are limited to contraceptives, reproduction and STIs / HIV. Only for these three topics do more than half of the participants feel they have received satisfactory information about it.

Other topics, such as sexual diversity, sexual pleasure, sex in the media and sexual transgressive behaviour are still not discussed enough in schools (Rutgers, 2017, p. 3; Seksuele voorlichting op school, 2017). The most common source of information is the internet, yet they also talk to friends and family or gather information from information leaflets.

Yet, especially young people between the age of 12 and 14 are less likely to find information about sexuality. More attention should therefore be given to children under the age of 14 who might already be sexually active.

More attention should be given to young people from different cultural backgrounds. For example, young people with a Turkish or Moroccan background tend to talk less about sexuality with family, and look up less information on the internet. Their knowledge is therefore relatively low. They also tend to protect themselves less against STIs and HIV and girls encounter relatively more unplanned pregnancies. Although they tend to get less tests for STIs and HIV, a higher percentage of young people with a Turkish or Moroccan background use condoms (Rutgers, 2017, p. 6). Also, young people with a Surinamese or Antillean background have a higher risk of unplanned pregnancies, as they tend to use less protection.

The type of school young people go to also has an influence on how well their sexuality education is. Young people attending higher education (Vwo - University) tend to receive more information about sexuality at school than young people attending vmbo and mbo schools (Seksuele voorlichting op school, 2017, p. 2).
In their research about the acceptance of sexual diversity in Dutch schools, Diana van Bergen and Tali Spiegel also concluded that students with a different sexual identity or preference than heterosexuality, at VMBO especially, have a much lower self-esteem and feel less comfortable accepting their own sexuality (Van Bergen, 2015, 167). This is therefore a topic that needs more attention, especially within the VMBO curricula.
The right to sexuality education as a means of preventing violence

Policy context

According to the Young Adversities Group of the Commission for children's rights, sexuality education is not taught adequately and systematically. The reality is that it is in need of sexual education and can be considered the human rights-based approach, which is why it is so highly valued in the EU. In 2014, the Ministry of Education and Sports approved a law to promote human rights in the field of education, based on the EU Human Rights Charter and other treaties.

Whereas, according to an epidemiological study of the University of Cyprus, 1 in 4 children need help with sexuality issues. Well-experienced sex educators are needed to address these issues.

Statistics

1 in 4 children are affected by sexual abuse.
1 in 5 children are affected by physical abuse.
1 in 3 children are affected by emotional abuse.
1 in 10 children are affected by neglect.

Call for action: We call the Ministry of Education and Culture to respond to its commitment to provide adequate education at all education levels.

Policy recommendation

The Government of Georgia should make a formal commitment to ensure young people's access to comprehensive sexuality education.

In Georgia the project is implemented in partnership with the Georgian Youth Development and Education Association (DYDA), Association NIEA, and Youth Development Center. EU.

The project aims to encourage policy change in five European countries: Cyprus, Georgia, Poland, Romania and the Netherlands. This infographic is produced as part of the Europe Unite for Comprehensive Sexuality Education Rights project implemented through the Ministry of Education and Sports of Cyprus in partnership with the Cyprus Family Planning Association.
**POLAND**

**KOMPLEKSOWEJ EDUKACJI SEXUALNEJ**

**STATYSTYKI**
- 400-500 kobiet grają w zawody promujące seksualność
- 32% polaków oświadczyło, że sex w polskiej opcji

**KONTEKST POLITYCZNY**
- Konstytucja specjalnie wymienia nasze prawa do prywatności, w tym do seksualnej, jako element prywatnego życia

**WEZWANIE DO DZIAŁANIA**
- Znajdź wykwalifikowanego pedagoga, który dostarczy edukację seksualną

**CALL TO ACTION**
- EDUKACJA ZWOLEŃ LECZENIA WZAJEMNYCH PRZEMOCY BIAŁEJ

**ROMANIA**

**EDUCAŢIA PENTRU SĂNĂTATEA SEXUALĂ**

**STATISTICI**
- 30% dintre respondenți
- 1 din 4

**POLITICI EXISTENTE**
- Comisia Națională pentru Educație (CNE)
- Pachet 2017/2018 și Intervențiile de Sanătate Sexuală în educația primară

**RECOMANDĂRĂI**
- Creșterea accesului tinerei la educație pentru sănătatea sexuală
- Creșterea accesului tinerei la educație pentru sănătatea sexuală

**POLICY RECOMMENDATION**
- Call for an integrated approach to violence
- Call for action towards ensuring increased access to sexuality education

**STATISTICI**
- 55% dintre respondenți
- 1 din 4

**EXISTING POLICY**
- The Romanian Government has a comprehensive sexuality education policy.
- This policy focuses on addressing domestic violence.

**POLICY CONTEXT**
- The reproductive health and sexuality education policy of Romania is listed as an enabling factor.
- An integrated approach to tackling violence is recommended.

**WEZWANIE DO DZIAŁANIA**
- Szukaj kwalifikowanego nauczyciela, który dostarczy edukację seksualną

**POLICY RECOMMENDATION**
- Call for an integrated approach to violence
- Call for action towards ensuring increased access to sexuality education