

Frequently asked questions and answers

We receive many questions regarding sexuality education in general and the content of the Standards for Sexuality Education (hereafter the Standards), published by the WHO Regional Office for Europe and the German Federal Centre for Health Education (BZgA), in particular. These questions are listed and answered below. Please contact us if you have any additional questions!

1. What is “holistic” sexuality education?

From a 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; (2) so called “comprehensive” programmes, which include abstinence as an option, but also cover contraception and safe sex practices; (3) programmes which include the elements in category 2, but also put them into a wider perspective of personal and sexual growth and development, sexual rights and the right to education. These latter programmes are referred to as “holistic” sexuality education programmes.

Holistic sexuality education is based upon a broad understanding of sexuality which does not focus exclusively on biological aspects. Rather, it stresses that sexuality education means learning about the cognitive, emotional, social and interactive aspects of sexuality as well as the purely physical aspects. Its primary focus is on sexuality as a positive element of human potential and a source of satisfaction and pleasure. The need for the knowledge and skills required to prevent sexual ill health, although clearly recognized, comes second to this overall positive approach. It furthermore emphasizes that sexuality education should be based on internationally accepted human rights and the right to knowledge, which is required before ill health can be prevented.

2. Why should sexuality education programmes focus on anything other than the biological aspects of sexuality?

Sexuality education is often delivered in the context of biology classes, with an exclusive focus on the biological facts of sexuality (sexual organs, fertility, etc.). Sexuality comprises more than physical aspects, however. It also includes cognitive, emotional, social and interactional elements, which are essential in enabling children and young people to develop the skills required to negotiate safe, equal and respectful relationships with others. Starting from these considerations and from commonly used definitions of sexual health (such as the WHO working definition),¹ the Standards include a whole category on emotions and the importance of love and of taking responsibility for oneself, for others and, to some extent, for the whole of society. Self-care and respect for others are likewise key elements.

3. What do you mean when you say that the Standards are based upon “a positive interpretation of sexuality”?

Traditionally, sexuality education has focused on the potential risks of sexuality, such as unintended pregnancy and sexually transmitted infections (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 has no relevance to their lives. The focus on problems and risk is not always in line with the curiosities, interests, needs and experiences of young people themselves, and therefore it may not have the intended behavioural impact. The Standards meet this challenge by acknowledging that sexuality is a positive (and not primarily a dangerous) element of human potential and a source of satisfaction and enrichment in intimate relationships. The underlying aim is that sexuality education should be both more realistic and more effective. In particular, it acknowledges that sexuality education needs to aim at more than the prevention of physical ill health. Supporting and protecting the cognitive, emotional and social aspects of sexual development are equally important.

¹ Defining sexual health: Report of a technical consultation on sexual health, 28–31 January 2002. Geneva: World Health Organization; 2006. “Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.”

4. What does it mean when you say that sexuality education should be started “from birth”?

In the development of the Standards, it was deliberately decided to call for an approach in which sexuality education starts from birth. It is crucial to emphasize in this context that sexuality comprises far more than the sexual act, and that the sexuality of a child is not to be confused with the sexuality of an adult. The Standards are based on a broad understanding of the term “sexuality”, which acknowledges that topics like emotions, building relationships, protecting privacy, respecting boundaries, expressing wishes, experiencing closeness, etc. are an integral part of sexuality. These dimensions of sexuality become relevant long before a child matures into adulthood. From birth, babies learn the value and pleasure of bodily contact, warmth and intimacy. Later, they learn the difference between male and female, and between intimates and strangers. 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. Particularly in these early years, sexuality education is thus naturally provided in close cooperation with parents and focuses on emotions, feelings and senses, on learning about them and understanding related expressions, and on developing an ability to talk about them.

5. Why start sexuality education at an early age?

Sexuality education is a lifelong process, but it is most essential during childhood and adolescence. If sexuality education begins at a young age, it can be proactive and help to guard against future misinformation. It gradually equips and empowers children and young people with information, skills and positive values so that they can understand and enjoy their sexuality, have safe and fulfilling relationships when they are ready and take responsibility for their own and other people’s sexual health and well-being.

As mentioned above, a child’s sexuality differs from an adult’s in many ways: in its expression, its content and its objective. Specific questions and ways of behaviour occur in each age group and at each developmental stage. The Standards are based on scientifically accurate information regarding the different phases of development in children, and attach great importance to developmentally appropriate methods of sexuality education.

For instance, when a 3-year-old asks “where babies come from”, he/she needs different information from a child at a later stage of development. In the age group 0-4, the pedagogical aim that children should acquire an attitude of “respect for gender equality” means that they should learn that boys and girls are equal in terms of their rights as human beings. In practice, this means that the basics of a certain topic are introduced at an early stage, although the topics reoccur and will be consolidated at later developmental stages.

6. According to some critics, the Standards promote “masturbation” and “playing doctors” in children from age 1 to 4 and encourage 6 year old children to “explore same-sex relationships”. Is this true?

As mentioned, it is considered crucial that sexuality education is age-appropriate. Therefore, the Standards include information about the typical developmental stages of children. This information is addressed to professionals (e.g. teachers, including kindergarten teachers), who need to be informed about the variety of normal phenomena in the psychosexual development of children including, in fact, early childhood masturbation and “doctor” games. Without such knowledge, there is a risk that professionals will react in inappropriate ways, possibly harming the child and/or hindering his/her future healthy development. The Standards therefore inform professionals about how to deal with these phenomena in a high-quality sexuality education programme in a developmentally appropriate way.

7. Does sexuality education lead to earlier sexual activity?

One of the most common fears regarding sexuality education is its perceived role in encouraging early sexual relationships. However, there is no evidence to support any such claims. The UNESCO review of the impact of sexuality education on young people’s sexual behaviour shows that sexuality education does not lead to earlier initiation of sexual relationships. On the contrary, in one third of the studies, it delays initiation. Sexuality education furthermore neither leads to more frequent sexual contacts, nor does it increase the number of sexual partners young people have. Among those programmes that evaluated their impact on the frequency of sexual intercourse or on the number of sexual partners, a third resulted in a reduction of the frequency of

sexual intercourse and nearly 40 per cent resulted in a decrease in the number of sexual partners.² It does reduce risk-taking sexual behaviour: in more than half the studies, sexual risk-taking was reduced; only one study said that the use of contraception decreased, whereas in 43% of studies where this was measured, it had improved.³ Other studies on youth sexuality likewise provided evidence that adolescents do not have intercourse earlier because of sexuality education. In fact, the average age of first intercourse tends to be higher. [Link: BZgA Study on Youth Sexuality)]

8. How can sexuality education decrease the rate of unintended pregnancies and STI in adolescents and young people?

Sexuality education equips young people with the knowledge, skills and values they need to make responsible decisions about their sexual behaviour, and is effective in reducing the risk of unintended pregnancy and STI/HIV transmission. In Estonia, to give but one example, teenage pregnancy rates have decreased by more than 60% since a holistic sexuality education programme was introduced. Decreases in STI and HIV infection rates have been even more dramatic.

9. How can sexuality education prevent sexual violence?

By providing children and young people with adequate knowledge about their own legitimate emotional and physical needs, as well as their sexual rights, sexuality education makes them more aware of and less vulnerable to possible abuse. It improves their ability to react to it, to stop it and, last but not least, to find help in the event of a threat.

10. How do the Standards address sexuality in its cultural context?

Sexuality education takes place in diverse social and cultural settings. Social and cultural backgrounds can differ to a considerable extent. It is important that sexuality education should correspond to the reality of young people's lives. This diversity requires sensitivity to social and

² Kirby D. The impact of sex education on the sexual behaviour of young people (United Nations Department of Economic and Social Affairs, Population Division, Expert Paper No. 2011/12). United Nations: New York; 2011 (http://www.un.org/esa/population/publications/expertpapers/2011-12_Kirby_Expert-Paper.pdf)

³ Ibid.

cultural norms. A “one-size-fits-all” approach to sexuality education would hence not be feasible. Aside from this rather practical aspect, it should be stressed that the Standards consider it important that children gain appropriate information about physical, cognitive, social, emotional and cultural aspects of sexuality, contraception, prevention of STI and HIV and sexual coercion. Knowing about and respecting different social and cultural norms is an important goal of sexuality education, in so far as it enables young people to make free and informed choices. It is considered crucial that they, as well as receiving evidence-based information, learn to reflect on sexuality and diverse norms and values with regard to human rights in order to develop their own critical attitudes. The ability to reflect critically on different norms and values will enable children and young people – the adults of tomorrow – to meet the challenges of autonomy and consent in negotiations with their partners.

11. Does sexuality education deprave or morally corrupt children and young people?

On the contrary – sexuality education has developed in reaction to existing risks: in recent years, sexual abuse and violence, traditionally taboo issues that tended to be covered up, have come more out into the open and given rise to moral indignation and calls for preventive action. Similarly, the “sexualization” of the media and advertising were increasingly felt to be negatively influencing perceptions of sexuality among young people, requiring some form of counterbalancing action. One of the most important goals of holistic sexuality education is to contribute to a social climate that is tolerant, open and respectful towards sexuality and various lifestyles, attitudes and values.

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.

12. Who are the people behind the Standards?

The standards were developed by BZgA, a WHO Collaborating Centre for Sexual and

Reproductive Health, in close cooperation with a group of 19 experts from nine European countries, representing governmental and nongovernmental organizations, academia and international organizations working in areas ranging from medicine to psychology and social sciences. They work as practitioners, academic researchers, teachers and, last but not least, in national and international organizations dedicated to the improvement of public health and sexual health in particular.

For further information on the areas of expertise and the institutional backgrounds of the expert group, as well as for more detailed information in general, please consult the publication “Standards for Sexuality Education for Europe”. Links to all language versions are to be found here: <http://www.bzga-whooc.de/?uid=01a65030038feecd775305b3943c39e5&id=home>.

The “Standards” are complemented by the publication “Guidance for Implementation for the ‘Standards for Sexuality Education in Europe’”. Link to the English version: <http://www.bzga-whooc.de/?uid=01a65030038feecd775305b3943c39e5&id=home>.

Further language versions of both documents forthcoming.