WHY SHOULD SEXUALITY EDUCATION BE DELIVERED IN SCHOOL-BASED SETTINGS?

This policy brief provides the rationale for implementing formal sexuality-education programmes in school-based settings in Europe and Central Asia.

Sexuality education* delivered within a safe learning environment and alongside access to youth-friendly health services has a positive and lifelong effect on the health and well-being of children and young people1. It is important to stress that children and young people need both informal and formal** sexuality education. The two should not be opposed; they complement one another.2

While schools are key providers of formal sexuality education, it is critical that options for non-school-based sexuality education should exist, especially to reach the most marginalized and vulnerable young people, but also as a supplement to school-based sexuality education.

WHAT SCHOOLS CAN OFFER

"School settings provide an important opportunity to reach large numbers of children and young people with sexuality education before they become sexually active, as well as offering an appropriate structure (i.e. the formal curriculum) within which to do so."3

All young people will become aware about feelings, sexuality and relationships during their school career. As such, schools play an important role in guiding and supporting children and young people for their future social roles and responsibilities, such as forming respectful and gender-equitable relationships, becoming and being pregnant, and fulfilling their roles as mothers or fathers.

Schools have the opportunity to reach large numbers of children and young people from diverse backgrounds via trained adult professionals. School leaders have a responsibility for promoting and protecting children’s and young people’s sexual health and well-being long before the onset of sexual activity. Age-appropriate sexuality education engages children and young people in developing knowledge and skills, building self-esteem and empowerment, and challenging harmful gender norms. Sexuality education also teaches about values such as equality, respect and tolerance. The demand for sexuality education comes from learners themselves4 and they want to be active participants in the learning process.

Schools are effective structures for the teaching and learning of tomorrow’s citizens. The school curriculum is designed to address the educational and social-emotional needs of children and young people in an age-appropriate manner. The formal curriculum is a long-term and sustainable way of

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*Sexuality education
**Formal sexuality education

Photo: Panos Pictures / Felix Features
imparting information and the best environment to challenge the root causes of gender inequality and gender-based violence in society.

The school ethos influences the learning environment of the school by teaching health literacy, values such as respect, acceptance, empathy and appreciation of diversity, gender equality, and life skills such as decision-making and coping with challenges.

Schools bring together professionals from various fields (teachers, administrators, nurses, psychologists) and disciplines. This provides an opportunity for comprehensive and integrated approaches to learning. With the appropriate training, teachers can become skilled and trusted sources of information. Teachers of sexuality education are in need of continued professional training and support from school management, teachers’ unions and parents. Given the necessary policies and staffing, schools can be safe spaces for open discussions with professional adult support, using the opportunities and benefits of group dynamics offered by the classroom setting.

Safety in the classroom should be supported by policies that prevent gender inequality and discrimination, have a positive approach to young people’s experiences, respond to their expectations about sexuality and relationships, and are consistent with the curriculum.

The school is part of the community and as such can effectively liaise with community-based social and health services such as youth-friendly health clinics, counselling services and youth clubs. To be most effective school-based sexuality education needs to be coupled with access to information and counselling services, contraceptives and commodities.

**RESPONSIBILITIES AND LEGAL FRAMEWORKS FOR INTRODUCING SEXUALITY EDUCATION IN SCHOOLS**

The majority of governments in Europe and Central Asia use national policies to protect the rights of children and young people to access information related to their health and well-being. Countries as diverse as Albania, Estonia and Germany have specific policies in place that ensure child and youth-friendly services, for example, age-appropriate formal school-based sexuality education.

In the majority of countries, the state’s responsibility for meeting children’s and young people’s rights to information and protection is shared between various ministries responsible for education, health, social protection, youth, sports, family, gender issues and justice.

Countries vary in the manner in which school-based sexuality education is mandated by law. In the Netherlands, for example, education on sexuality and sexual diversity is mandated as a core objective in the 2012 Law on Education Goals. However, schools retain great freedom in the way in which they develop sexuality-education lessons. In several countries of Eastern Europe, South Caucasus and Central Asia such as Armenia, Kyrgyzstan, the Republic of Moldova and Tajikistan, the protection of adolescents’ sexual and reproductive health and the right to school-based sexuality education is clearly enshrined in legislation on public health or reproductive health and rights; governmental bodies, health and educational institutions are mandated with the working out of curricula.

Age-appropriate sexuality education should be introduced at the beginning of the school career to complement informal sexuality education at home. Sexuality education is based on a building-block model with built-in repetition and more in-depth study of certain topics at later stages. Denmark, Germany, the Netherlands and Norway have introduced age-appropriate sexuality education at preschool age, in other words before the age of six.

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*Experts prefer the term “holistic sexuality education” and have defined it as: Learning about the cognitive, emotional, social, interactive and physical aspects of sexuality. Sexuality education starts early in childhood and progresses throughout adolescence and adulthood. It aims to support and protect 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.

**Informal sexuality education refers to the acquisition of knowledge, skills, attitudes and values about relationships and sexuality through family, friends, peers, mass media, etc. Formal sexuality education entails learning about these issues in a formal educational context that sets learning objectives and integrates the support of professionals. Schools are important providers of formal sexuality education.

These are examples; the list does not claim to be exhaustive.
DIFFERENT MODELS OF HOW SEXUALITY EDUCATION IS INCLUDED AS A LEARNING CONTINUUM DURING FORMAL SCHOOLING

a) Sexuality education as a stand-alone topic, sometimes provided by specialist entities or NGOs.
b) Sexuality education integrated into a health or other carrier subject such as biology, healthy lifestyles, social citizenship or civics.
c) Sexuality education mainstreamed into several subjects like art, language, history.
d) Sexuality education as an extracurricular and non-compulsory subject.

WHAT SHOULD BE IN PLACE?

Sexuality education is the responsibility of the whole school not only via teaching but also via school policies and rules, in-school practices, the curriculum and teaching and learning materials.

CURRICULUM

A curriculum that adheres to international standards is one of the necessary components of a sexuality-education programme. Table 1 below provides an overview of the range of topics that should be included in a sexuality-education curriculum.

SCHOOL LEADERSHIP AND SUPPORT

Commitment and strong leadership is crucial to ensuring high-quality sexuality education in the classroom, which requires providing space in the curriculum, supporting the competencies of teachers, stimulating collaboration with parents and creating a supportive learning environment where everyone “may learn from mistakes together”.

Sexuality education also requires leadership from teachers by establishing ground rules in the classroom on zero-tolerance policies on bullying, discrimination and abuse of power. In addition, teaching and learning on sexuality education should be routinely monitored for quality, accuracy and relevance at least once a year.

TEACHER TRAINING, METHODS, MATERIALS DEVELOPMENT AND FACILITIES

Ideally, sexuality education should be taught by teachers who have an interest in, and feel at ease with, the subject and/or by those teachers with whom students feel most comfortable when personal and sensitive issues are discussed. Sexuality education, more than any other subject, requires a learner-centred approach and is best delivered using interactive teaching methods. Where sexuality education is provided by biology, sociology, civics or physical-education teachers, these should receive either pre-service training at teacher-training colleges or short-term in-service training sessions throughout their teaching career. In instances where pre-service training is not available, intensive and

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In the framework of initiatives taken at global or European level in the past decade to promote good-quality sexuality education and establish minimum standards in this respect, international and/or non-governmental organizations have developed recommendations and guidelines aligned to international treaties, grounded in human rights, based on best international practices and supported by a rich body of evidence. See reference list for some examples.
SCHOOL-WIDE POLICIES AND REGULATIONS

Sexuality education can only be effective in a supportive and safe school environment. These inclusive and supportive school policies and regulations are the basis for implementing a successful sexuality-education programme. They should at least:

1. provide an institutional basis for the implementation of sexuality-education programmes for teachers, parents and students;
2. anticipate and address parents’, teachers’ and learners’ sensitivities concerning the implementation of sexuality-education programmes;
3. set standards of confidentiality for the sexuality-education classroom;
4. set standards of appropriate behaviour for the sexuality-education classroom;
5. protect and support teachers responsible for delivery of sexuality education and, if appropriate, protect or enhance their status within the school and community;
6. have procedures for responding to parental concerns about sexuality education;
7. create links to health and other social services.

Adapted from UNESCO, 2009

Repeated in-service training is a good alternative. Teaching competence, appropriate teaching methods and the principles of good-quality interactive teaching are important components for effective provision of sexuality education.

Good-quality teaching is impacted by the quality of the curriculum, time allocation within the timetable, whether it is structurally embedded within the school system, and whether it is monitored on a regular basis. Good-quality teaching and learning materials such as books and/or web-based, multi-media and interactive tools, etc. are also required.

CREATING A SAFE LEARNING ENVIRONMENT

The principles of teaching and learning in sexuality education should be reflected inside as well as outside the classroom. This can be done most effectively by applying a whole-school approach. All members of the school community should espouse the same values and principles. A democratic, non-judgemental and supportive learning environment based on the needs of young people is created together with the learners, and also depends on them. Together, policies and regulations, strong administrative leadership, committed and trained teachers, involved parents and active learners shape a safe and stimulating learning environment.

CO-OPERATION WITH PARENTS

Parents and families play a primary role in shaping key aspects of their children’s sexual identity, and sexual and social relationships. Involvement of parents in sexuality education increases its impact and sustainability, as is known from experience. It is therefore crucial for any school that starts with sexuality education to establish close co-operation with parents. The degree of parental involvement may vary: at the very least, schools will inform parents at the start of their child’s school career or school year that children will receive sexuality education. Parents should have the opportunity to express their wishes and concerns; these can be addressed through information meetings about the contents of sexuality-education lessons or other kinds of programmes that seek to increase engagement between parents, pupils and schools. Such interventions provide the opportunity to enhance parental confidence and knowledge of sexuality education and encourage parents towards open interaction about these issues with their children at home. Informed and involved parents are, in most cases, among the strongest supporters of quality sexuality education programmes in schools.
Table 1: Overview of summarized topics in a sexuality-education curriculum (adapted from the Standards for Sexuality Education in Europe, WHO Regional Office for Europe and BZgA)

<table>
<thead>
<tr>
<th>Information</th>
<th>Skills</th>
<th>Attitude</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human body &amp; human development</td>
<td>Body parts, changes &amp; hygiene</td>
<td>Name body parts, recognize differences</td>
</tr>
<tr>
<td>Fertility &amp; reproduction</td>
<td>Pregnancy, birth &amp; babies, contraception</td>
<td>Communication &amp; informed decisions</td>
</tr>
<tr>
<td>Sexuality</td>
<td>Love, tenderness, sex &amp; the media</td>
<td>Respectful communication, negotiation</td>
</tr>
<tr>
<td>Emotions</td>
<td>Feelings, love &amp; desire</td>
<td>Expression &amp; communication</td>
</tr>
<tr>
<td>Relationships &amp; lifestyles</td>
<td>Friendships, love relationships</td>
<td>Building relationships, communication, negotiation</td>
</tr>
<tr>
<td>Sexuality, health and well-being</td>
<td>STIs, HIV, abortion, violence</td>
<td>Setting boundaries, seeking help</td>
</tr>
<tr>
<td>Sexuality &amp; rights</td>
<td>Information, bodily integrity</td>
<td>Asking for information &amp; help</td>
</tr>
<tr>
<td>Social &amp; cultural determinants of sexuality [values/ norms]</td>
<td>Gender roles, social &amp; cultural norms, religion, media</td>
<td>Communicating wishes and needs, dealing with conflicting norms</td>
</tr>
</tbody>
</table>

NB: some topics only apply to secondary-school, not primary-school age.
REFERENCES


2. WHO Regional Office for Europe and BZgA. 2010. Standards for Sexuality Education in Europe: A framework for policy makers, education and health authorities and specialists. Cologne, BZgA.


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This policy brief is provided free of charge. It is available in English and Russian.

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The content of this brief was reviewed by the European Expert Group on Sexuality Education. The members of the Expert Group are representatives of the following organizations: Austrian Institute for Family Studies – University of Vienna; European Society for Contraception; International Centre for Reproductive Health – University of Ghent, Belgium; International Planned Parenthood Federation European Network (IPPF EN); Lucerne University of Applied Sciences and Arts, Switzerland; Lust und Frust – Fachstelle für Sexualpädagogik und Beratung, Switzerland; Väestöliitto, Finland; Russian Association for Population and Development; Rutgers, Netherlands; SENSOA, Belgium; United Nations Educational, Scientific and Cultural Organization (UNESCO); United Nations Population Fund, Regional Office for Eastern Europe and Central Asia (UNFPA EECARO); University of Tartu, Estonia; University of Uppsala, Sweden; VL-Medi Oy Research and Sexual Health Centre, Finland; Integrated Sexual Health Service, Sherwood Forest Hospitals NHS Foundation Trust, United Kingdom and WHO Regional Office for Europe.

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