

THE CURRENT STATE OF SEXUALITY EDUCATION

IN CYPRUS, GEORGIA, POLAND, ROMANIA AND THE NETHERLANDS:
INSIGHTS FROM A YOUTH PERSPECTIVE



SUMMARY

INTRODUCTION

Introduction	1
Desk Research	3
Cyprus	3
Georgia	7
Poland	11
Romania	14
Netherlands	19
Infographics	23
Cyprus	23
Georgia	24
Poland	25
Romania	27
Netherlands	28

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.

¹ Study for policy makers on opposition to sexual and reproductive health and rights in Europe http://www.heidihautala.fi/wp-content/uploads/2017/01/SRHR-Europe-Study-_Elena-Zacharenko.pdf

² European Union Agency for Fundamental Rights, Violence against women: an EU-wide survey, 2014.

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.

DESK RESEARCH

CYPRUS

1. Situation analysis

a. Existing strategies

Comprehensive Sexuality Education (CSE) is not regulated by law; however Cyprus has signed and ratified a number of international and European conventions, treaties and other agreements that promote and secure the right of children to CSE.

Health Education Program (Ministry of Education and Culture)

Sexuality Education is included in the Health Education curriculum of the Ministry of Education and Culture (MOEC) as one of the thematic areas (“Family Planning – Sexual and Reproductive Health”). Health Education is compulsory and taught as a subject in primary school (6-11 years of age) and Gymnasium (12-14 years of age). In High school (ages 15-17), Health Education is not taught as a separate subject, but as a cross-curricular

³ European Parliament Directorate-General for internal policies, Policy Department C: Citizen's rights and constitutional affairs, Policies for Sexuality Education in the European Union, 2013.

⁴ <http://www.unfpa.org/comprehensive-sexuality-education>

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 trainings to educators and other professionals.

1. National Strategy and Action Plan to Combat Sexual Abuse and Exploitation of Children and Child Pornography 2016-2019.

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.

2. The Prevention and Combating of Sexual Abuse, Sexual Exploitation of Children and Child Pornography Law 91 (I) / 2014.

The provisions of the law harmonised Cypriot law with the CoE Lanzarote Convention and the European Directive 2011/93/EU.

3. National Strategy for the Rights of the Child to Health 2017-2025 (Ministry of Health).

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 sexuality education and trainings on SRHR for young people and access to family planning services. The strategy is targeted to young people aged 14-35 years.

5. Strategy on Sexual Reproductive Health and Rights of Young People by the Ministry of Health (2017 – 2025).

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.

DESK RESEARCH

GEORGIA

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

health and make a presentation; The curriculum also covers the topic of early marriages.

As an expected outcome **9th grade** students (14-15 years old) should know about the importance of healthy lifestyle and in the frameworks of it should know about Sexually Transmitted Infections.

“Special survey in order to analyze how those standards were implemented at schools wasn’t conducted, but according to the face-to-face meetings and discussions with teachers we learned that sometimes teachers avoid giving the lessons on these topics, due to the taboo, stereotypes, lack of experience and confidence” - says representative of the Ministry of Education.

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** we 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 39% 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 Adjara, 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.

DESK RESEARCH

POLAND

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 marking 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 textbooks 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, grand-parents, 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:

<http://journals.sagepub.com/doi/abs/10.1177/1363460717699781>

<http://journals.sagepub.com/doi/abs/10.1177/1350506814546091>

c. Existing data and statistics on sexual health issues to be addressed by CSE. This can be about the number of unplanned pregnancies below 18 years old; modern contraceptives uptake; STI rates & risks and many more, but feel free to select those that are most relevant for your country.

- Access to contraception as analyzed by Contraception Atlas: 47.8% (Source: <https://www.contraceptioninfo.eu>)

- 1098 abortions were performed legally in the country in 2016, compared to an estimated 100 000 abortions performed illegally and out of the country (FEDERA’s estimates)

- Estimated 400-500 women are killed through gender violence every year (Source: <http://monitoring.cpk.org.pl/wp-content/uploads/2016/02/Stereotyp-ponad-prawem-raport.pdf>)

- Teenage birth rate in Poland (15-17 years old): 5.5 (Live births per 1,000 women) (Source: <https://www.fpa.org.uk/news/uk-has-highest-teenage-birth-rates-western-europe>)

- Teenage birth rate in Poland (15-19 years old): 13 (Live births per 1,000 women) (Source <https://data.worldbank.org/indicator/SP.ADO.TFRT>)

- Only 38% of teenage girls and 51% of teenage boys know that STIs can be contracted during oral sex (Source: <http://www.rp.pl/Edukacja/307129979-Ankieta-Instytutu-Badan-Edukacyjnych-Czego-mlodziez-nie-wie-o-seksie.html#ap-3>)

- Use of modern contraception in Poland: 47.7%; Unmet need for family planning: 10.1% (married or in-union women aged 15 to 49, 2015 (Source: <http://www.un.org/en/development/desa/population/publications/pdf/family/trendsContraceptiveUse2015Report.pdf>)

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 one.

DESK RESEARCH

ROMANIA

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

Indicator	Data	Source
HIV prevalence among adults (15-49 years)	0,1	http://www.unaids.org/en/regionscountries/countries/romania/
Adults aged 15 and over living with HIV	16000	http://www.unaids.org/en/regionscountries/countries/romania/
Women aged 15 and over living with HIV	6800	http://www.unaids.org/en/regionscountries/countries/romania/
Men aged 15 and over living with HIV	9200	http://www.unaids.org/en/regionscountries/countries/romania/
Children aged 0 to 14 living with HIV	<100	http://www.unaids.org/en/regionscountries/countries/romania/
Women and men aged 15-24 years expressing accepting attitudes towards people living with HIV (accepting to have them as a neighbour)	37%	National Council Against Discrimination (CNCD)
STI prevalence among adults	0,32	http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2010countries/romania_2010_country_progress_report_en.pdf
STI prevalence among young women and men	1,09	http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2010countries/romania_2010_country_progress_report_en.pdf

Indicator	Data	Source
Adolescent birth rate (number of births per 1000 girls aged 15-19)	31	http://data.worldbank.org/indicator/SP.ADO.TFRT
Girls under 20 years old who are currently married/ in union	6720	National Institute for Statistics
Contraceptive prevalence	70,30	UNFPA
Unmet need for family planning	11,90%	http://www.who.int/reproductivehealth/topics/monitoring/fp_unmet_needs.pdf
Percentage of adolescents who have had sexual intercourse before the age of 15 - male	17%	http://www.unaids.org/en/dataanalysis/datatools/aidsinfo/
Percentage of adolescents who have had sexual intercourse before the age of 15 - female	3%	http://www.unaids.org/en/dataanalysis/datatools/aidsinfo/

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).

DESK RESEARCH



NETHERLANDS

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 identify 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. 1). 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 2/3 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 guys 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 guys 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 sex(uality) 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, friend 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.

INFOGRAPHICS

CYPRUS

GEORGIA

ΚΥΠΡΟΣ

ΤΟ ΔΙΚΑΙΩΜΑ ΣΤΗ ΣΞΟΥΑΛΙΚΗ ΔΙΑΠΑΙΔΑΓΩΓΗΣΗ

Η ΣΞΟΥΑΛΙΚΗ ΔΙΑΠΑΙΔΑΓΩΓΗΣΗ ΩΣ ΜΕΣΟ ΠΡΟΛΗΨΗΣ ΤΗΣ ΒΙΑΣ

ΠΛΑΙΣΙΟ ΠΟΛΙΤΙΚΗΣ

Η Σξεουαλική Διαπαιδαγώγηση (ΣΔ) είναι μια προσέγγιση βασισμένη στα ανθρώπινα δικαιώματα. Εφοδίζει τους νέους με γνώσεις και δεξιότητες ζωής, ώστε να αναπτύξουν υγιείς και ισότιμες σχέσεις στηριγμένες στο σεβασμό και απαλλαγμένες από στερεοτυπικές αντιλήψεις και βία.

Το Υπουργείο Παιδείας και Πολιτισμού στο Κείμενο Πολιτικής του για τη Σξεουαλική Διαπαιδαγώγηση, στήριξη τη ΣΔ ως δικαίωμα των παιδιών και των νέων.

Η ΣΔ συμπεριλαμβάνεται στο Αναλυτικό Πρόγραμμα μέσω του Προγράμματος Σπουδών Αγωγής Υγείας.

Η Εθνική Στρατηγική για την Καταπολέμηση της Σξεουαλικής Κακοποίησης και Εκμετάλλευσης Παιδιών και της Παιδικής Πορνογραφίας **ΑΝΑΓΝΩΡΙΖΕΙ ΤΗ ΣΞΟΥΑΛΙΚΗ ΔΙΑΠΑΙΔΑΓΩΓΗΣΗ ΩΣ ΤΗΝ ΠΙΟ ΣΗΜΑΝΤΙΚΗ ΔΡΑΣΗ ΠΡΟΛΗΨΗΣ ΚΑΤΑ ΤΗΣ ΚΑΚΟΠΟΙΗΣΗΣ.**

ΣΥΜΦΩΝΑ ΜΕ ΤΗΝ ΟΜΑΔΑ ΕΡΕΥΝΑΣ ΣΥΜΒΟΥΛΩΝ ΤΗΣ ΕΠΙΤΡΟΠΟΥ ΠΡΟΣΤΑΣΙΑΣ ΔΙΚΑΙΩΜΑΤΩΝ ΤΟΥ ΠΑΙΔΙΟΥ

ΤΟ ΜΑΘΗΜΑ ΑΓΩΓΗΣ ΥΓΕΙΑΣ ΟΠΩΣ ΣΥΜΠΕΡΙΛΑΜΒΑΝΕΤΑΙ ΣΤΟ ΑΝΑΛΥΤΙΚΟ ΠΡΟΓΡΑΜΜΑ ΔΕΝ ΔΙΔΑΣΚΕΤΑΙ ΕΠΑΡΚΩΣ ΟΥΤΕ ΚΑΙ ΣΕ ΤΑΚΤΗ ΒΑΣΗ

ΠΡΑΓΜΑΤΙΚΟΤΗΤΑ

Σε έρευνα του Κυπριακού Συνδέσμου Οικογενειακού Προγραμματισμού (2014) για τη ΣΔ, έφηβοι/ες ηλικίας 13-15 ετών δηλώνουν ότι η απόκτηση δεξιοτήτων σχετικά με τη διαχείριση καταστάσεων όπως η πίεση για σεξουαλική δραστηριότητα απουσιάζει από την διαπαιδαγώγησή τους και ζητούν περισσότερη ενημέρωση για τα συστατικά και τις σχέσεις.

ΕΝΩ: ΕΠΙΔΗΜΙΟΛΟΓΙΚΗ ΕΡΕΥΝΑ ΤΟΥ ΠΑΝΕΠΙΣΤΗΜΙΟΥ ΚΥΠΡΟΥ ΕΠΙΒΕΒΑΙΩΝΕΙ ΟΤΙ 1 ΣΤΑ 5 ΠΑΙΔΙΑ ΣΤΗΝ ΚΥΠΡΟ ΘΑ ΒΙΩΣΕΙ ΣΞΟΥΑΛΙΚΗ ΚΑΚΟΠΟΙΗΣΗ Ή ΕΚΜΕΤΑΛΛΕΥΣΗ.

ΣΤΑΤΙΣΤΙΚΑ

Σύμφωνα με έρευνα του Μεσογειακού Ινστιτούτου Μελετών Κοινωνικού Φύλου (2014) για την Διαπροσωπική βία και κακοποίηση στις σχέσεις εφήβων ηλικίας 14-17 ετών:

- 1 στους 2 έχει βιώσει βία στο διαδίκτυο
- 1 στους 3 έχει βιώσει συναισθηματική βία
- 1 στους 5 έχει βιώσει σεξουαλική βία
- 1 στους 10 έχει βιώσει σωματική βία

ΚΑΛΟΥΜΕ: ΤΟ ΥΠΟΥΡΓΕΙΟ ΠΑΙΔΕΙΑΣ ΚΑΙ ΠΟΛΙΤΙΣΜΟΥ ΝΑ ΑΝΤΑΠΟΚΡΙΘΕΙ ΣΤΗΝ ΔΕΣΜΕΥΣΗ ΤΟΥ ΓΙΑ ΕΦΑΡΜΟΓΗ ΤΗΣ ΣΞΟΥΑΛΙΚΗΣ ΔΙΑΠΑΙΔΑΓΩΓΗΣΗΣ ΣΕ ΟΛΕΣ ΤΙΣ ΒΑΘΜΙΔΕΣ ΤΗΣ ΕΚΠΑΙΔΕΥΣΗΣ.

CYPRUS

THE RIGHT TO SEXUALITY EDUCATION

SEXUALITY EDUCATION AS A MEANS OF PREVENTING VIOLENCE

POLICY CONTEXT

The Ministry of Education and Culture supports Sexuality Education as a right of children and young people in its Policy Document on Sexuality Education.

Sexuality Education is a human-rights based approach which equips young people with the necessary knowledge and life-skills for building healthy and equal relationships, based on respect and free from stereotypical beliefs and violence.

Sexuality Education is included in the National Curriculum under the Health Education Program.

The National Strategy and Action Plan to Combat Sexual Abuse and Exploitation of Children and Child Pornography **IDENTIFIES SEXUALITY EDUCATION AS THE MOST IMPORTANT PREVENTION TOOL AGAINST ABUSE.**

ACCORDING TO THE YOUNG ADVISORS GROUP OF THE COMMISSIONER FOR CHILDREN'S RIGHTS **HEALTH EDUCATION AS INCLUDED IN THE NATIONAL CURRICULUM IS NOT TAUGHT ADEQUATELY AND SYSTEMATICALLY**

WHEREAS: ACCORDING TO AN EPIDEMIOLOGICAL STUDY OF THE UNIVERSITY OF CYPRUS, 1 IN 5 CHILDREN IN CYPRUS WILL EXPERIENCE SEXUAL ABUSE OR SOLICITATION.

STATISTICS

In a study conducted by the Mediterranean Institute of Gender Studies in 2014, on teenage intimate interpersonal violence and abuse, teens aged 14-17 years old report that:

- 1 in 2 have experienced online violence
- 1 in 3 have experienced emotional violence
- 1 in 5 have experienced sexual violence
- 1 in 10 have experienced physical violence

CALL FOR ACTION: WE CALL THE MINISTRY OF EDUCATION AND CULTURE TO RESPOND TO ITS COMMITMENT TO PROVIDE SEXUALITY EDUCATION AT ALL EDUCATION LEVELS

საქართველო

ევროპა ერთიანდება

სქესობრივი და რეპროდუქციული ჯანმრთელობის შესახებ განათლების უფლებებისათვის

ახალგაზრდების სრულფასოვანი წვდომა სქესობრივი და რეპროდუქციული ჯანმრთელობისა და უფლებების საკითხების შესახებ განათლებასზე.

სტატისტიკა

საქართველოს მოსახლეობის 21%-ს ახალგაზრდები წარმოადგენენ. ახალგაზრდების დიდ ნაწილს სქესობრივი და რეპროდუქციული ჯანმრთელობის საკითხების შესახებ განათლებამ არ აქვს სრულფასოვანი წვდომა.

ასოციაცია HERA XXI-ს მიერ ჩატარებული მშობლების დამოკიდებულების კვლევის მიხედვით მშობლების 97% მიიჩნევს, რომ აუცილებელია ესაუბრონ მათ შვილებს სქესობრივი და რეპროდუქციული ჯანმრთელობისა და უფლებების შესახებ.

სოციალური კონტექსტი

სამოგადოებაში არსებობს ტაბუ და ნეგატიური სტერეოტიპები სქესობრივი და რეპროდუქციული ჯანმრთელობის საკითხების სწავლებასთან დაკავშირებით.

პოლიტიკის კონტექსტი

სქესობრივი და რეპროდუქციული ჯანმრთელობისა და უფლებების საკითხები მწირად არის წარმოდგენილი ფორმალური და არაფორმალური განათლების სივრცეში.

რეკომენდაცია

შესაბამისი პოლიტიკის ცვლილებისათვის

- 1 საქართველოს მთავრობამ და შესაბამისმა ინსტიტუტებმა უნდა უზრუნველყონ ახალგაზრდების სრულფასოვანი წვდომა ყოველმხრივ სქესობრივი და რეპროდუქციული ჯანმრთელობისა და უფლებების შესახებ განათლებასზე.
- 2 უნდა გაიზარდოს ახალგაზრდული პოლიტიკის იმპლემენტაციის მონიტორინგი და ხელი შეეწყოს სქესობრივი და რეპროდუქციული ჯანმრთელობისა და უფლებების საკითხების წინ წამოწევის მიმდინარე პროცესებში.

ინფორმაცია მომზადებულია პროექტის "ევროპა ერთიანდება ყოველმხრივ სქესობრივი განათლების უფლებებისათვის" ფარგლებში ერთიანდება სქესობრივი და რეპროდუქციული ჯანმრთელობის შესახებ განათლების უფლებებისათვის" ფარგლებში, ახალგაზრდული ორგანიზაციების CHOICE for Youth and Sexuality and YouAct-ის მიერ, Share-Net International-ის ფინანსური მხარდაჭერით. პროექტი მიზნად ისახავს მხარი დაჭერის შესაბამისი პოლიტიკის ცვლილებას 5 ევროპულ ქვეყანაში: კვირისში, საქართველო, პოლონეთი, რუმინეთი და ჰოლანდია.

GEORGIA

Europe Unite For

COMPREHENSIVE SEXUALITY EDUCATION RIGHTS

ACCESS TO COMPREHENSIVE SEXUALITY EDUCATION IN GEORGIA

STATISTICS

21% of Georgia's population are young people.

The majority of young people do not have access to comprehensive sexuality education.

ACCORDING TO THE SURVEY CONDUCTED BY ASSOCIATION HERA XXI, ON PARENTS' NEEDS AND ATTITUDES TOWARDS CSE

97% of parents believe they should talk with their children about Sexual and Reproductive Health and Rights.

SOCIAL CONTEXT

Sexuality education is perceived as taboo by the Georgian society.

POLICY CONTEXT

Comprehensive sexuality education is on a limited basis in formal and non-formal education.

POLICY RECOMMENDATION

- 1 The Government of Georgia should increase efforts to ensure young people's access to comprehensive sexuality education.
- 2 Following-up and monitoring processes must be improved in order to certify the effective implementation of of the National Youth Policy Document for Georgian youth.

This infographic is produced as part of the Europe Unite for Comprehensive Sexuality Education Rights project implemented by the youth-led organisations CHOICE for Youth and Sexuality and YouAct, with support from Share-Net International. The project aims to encourage policy change in five European countries: Cyprus, Georgia, Poland, Romania and the Netherlands.

YOUACT CHOICE FOR YOUTH & SEXUALITY | **Share-Net International**

In Georgia the project is implemented in partnership with the Georgian Youth Development and Education Association - GYDEA, Association HERA - XXI and Youth Development Center - XXI.

XXI | **GYDEA** | **HERA XXI**

POLAND

POLSKA

Europa Zjednoczona dla
KOMPLEKSOWEJ EDUKACJI SEKSUALNEJ

KAMPANIA PRZECIWKO PRZEMOCY ZE WZGLĘDU NA PŁEĆ

STATYSTYKI

Szacuje się, że co roku w Polsce około **400-500** kobiet ginie z powodu przemocy domowej.

32% kobiet w Polsce doświadczyło przemocy lub molestowania seksualnego.

CO 40 SEKUND KOBIEȚA W POLSCE DOŚWIADCZA PRZEMOCY 30% POLAKÓW UWAGA ZE SEKS BEZ ZGODY DRUGIEJ OSOBY MOŻE BYĆ USPRAWIEDLIWIONY

KONTEKST POLITYCZNY

POLSKA RATYFIKOWAŁA KONWENCJĘ STAMBULSKĄ O ZAPOBIEGANIU I ZWALCZANIU PRZEMOCY WOBEC KOBIEȚ I PRZEMOCY DOMOWEJ. POJAWIAJĄ SIĘ JEDNAK GŁOSY Z PARTII RZĄDZĄCEJ O JEJ WYPowiedzenie.

KONTEKST SPOŁECZNY

W ostatnich latach pojawił się ogólny trend w Polskiej polityce do działania przeciwko zdrowiu seksualnemu i reprodukcyjnemu oraz prawom w tej dziedzinie. Uważa się, że liczba zgłoszonych przypadków przemocy ze względu na płeć jest znacznie niższa niż faktyczna liczba przypadków, z powodu braku wsparcia dla ofiar i niewielkiego zrozumienia, czym jest przemoc związana z płcią i molestowanie.

WEZWANIE DO DZIAŁANIA

CHCEMY ABY POLSKA WDRÓŻYŁA **KONKRETNE PRAWO PRZECIWKO PRZEMOCY**

ze względu na płeć, które dęłoby lepsze wsparcie kobietom, które chcą zgłosić naruszenie, oraz aby zapewnić im lepszą ochronę przed sprawcami.

Wprowadzenie do szkół kompleksowej **EDUKACJI SEKSUALNEJ** może pomóc w rozwiązaniu tego problemu **UCZĄC UCZNIÓW, CZYM JEST ZGODA, CO STANOWI MOLESTOWANIE, PRZEMOC ORAZ JAK JE ZGŁOSIĆ.**

Te infografika powstała w ramach projektu Europe Unite for Comprehensive Sexuality Education Rights, realizowanego przez organizacje młodzieżowe CHOICE for Youth and Sexuality oraz YouAct przy wsparciu Share-Net International. Projekt ma na celu zachęcanie do zmiany polityki w pięciu krajach europejskich: na Cyprze, w Grecji, Polsce, Rumunii i Holandii.

CHOICE FOR YOUTH & SEXUALITY **YOUACT** **Share-Net International**

youact.org | choiceforyouth.org | © 2017

POLAND

Europe Unite For
COMPREHENSIVE SEXUALITY EDUCATION

GENDER BASED VIOLENCE CAMPAIGN

STATISTICS

An estimated **400-500** women are killed by gender violence every year in Poland

32% of women in Poland have experienced sexual harassment

EVERY 40 SECONDS A POLISH WOMAN EXPERIENCES VIOLENCE 30% OF POLES BELIEVE THAT SEX WITHOUT CONSENT CAN BE JUSTIFIED

POLICY CONTEXT

POLAND HAS NO SPECIFIC LAW CONCERNING VIOLENCE AGAINST WOMEN LAW BUT RATIFIED THE ISTANBUL CONVENTION IN 2015.

SOCIAL CONTEXT

A general trend of suppressing sexual and reproductive health and rights exists in the country. It is thought that the number of reported gender violence cases is much lower than the actual number of cases because of the lack of support for victims and the little amount of understanding as to what constitutes gender violence.

CALL TO ACTION

ADVOCATE FOR A SPECIFIC **LAW CONCERNING VIOLENCE AGAINST WOMEN** that would give better support to women

Introducing comprehensive **SEXUALITY EDUCATION** content to schools can help solve this **BY TEACHING STUDENTS WHAT CONSENT MEANS, WHAT CONSTITUTES A VIOLATION, HOW TO REPORT IT, ETC.**

This infographic is produced as part of the Europe Unite for Comprehensive Sexuality Education Rights project implemented by the youth-led organisations CHOICE for Youth and Sexuality and YouAct, with support from ShareNet. The project aims to encourage policy change in five European countries: Cyprus, Georgia, Poland, Romania and the Netherlands.

CHOICE FOR YOUTH & SEXUALITY **YOUACT** **Share-Net International**

youact.org | choiceforyouth.org | © 2017

ROMANIA

ROMÂNIA

EDUCAȚIA PENTRU SĂNĂȚATEA SEXUALĂ

CONTRIBUIE LA COMBATAREA VIOLENȚEI BAZATE PE GEN

STATISTICI

30% dintre femeile din România au fost victime ale violenței fizice și/sau sexuale.

1 din 4 femei din România a fost agresată fizic sau sexual de partenerul său cel puțin o dată în viață.

BLAMAREA VICTIMELOR ESTE O ATITUDINE COMUNĂ ÎN ROMÂNIA, CONFORM UNUI STUDIU DIN 2016

55% DINTRE RESPONDENȚI CONSIDERĂ CĂ VIOLUL ESTE JUSTIFICAT ÎN ANUMITE SITUATII.

POLITICI EXISTENTE

Convenția de la Istanbul a intrat în vigoare în România în Septembrie 2016.

Pentru 2017-2019 sunt trei programe de interes național care se adresează violenței în familie.

ACCESUL LIMITAT LA EDUCAȚIE PENTRU SĂNĂȚATEA SEXUALĂ

ESTE CONSIDERAT UN FACTOR FAVORIZANT PENTRU VIOLENȚA ÎMPOTRIVA FEMEILOR.

Doar **6%** dintre elevi au participat la opționalul de "Educație pentru sănătate" în anul școlar 2014-2015.

RECOMANDĂRI

1 CEREM O ABORDARE INTEGRATĂ A VIOLENȚEI DOMESTICE CARE include educația tinerilor adaptată fiecărei vârste și nivelului de dezvoltare.

2 CEREM CREȘTEREA ACCESULUI TINERILOR LA EDUCAȚIE PENTRU SĂNĂȚATEA SEXUALĂ și la servicii adecvate.

Educația pentru sănătatea sexuală contribuie la combaterea stereotipurilor de gen și previne violența împotriva femeilor.

SURSE: Institutul European pentru Egalitatea de Gen, 2015 / Agenția Uniunii Europene Pentru Drepturile Fundamentale, 2014 / Eurobarometru 2016 / Centrul Național de Evaluare și Promovare a Stării de Sănătate, 2015 / Administrația Prezidențială, Departamentele Educație și Cercetare și Sănătate Publică, 2015

CHOICE FOR YOUTH & SEXUALITY **YOUACT** **Share-Net International**

youact.org | choiceforyouth.org | © 2017

ROMANIA

COMPREHENSIVE SEXUALITY EDUCATION

CONTRIBUTES TO FIGHT AGAINST GENDER-BASED VIOLENCE

STATISTICS

30% of women in Romania have experienced physical and/or sexual violence.

1 in 4 women in Romania has been physically or sexually abused at least once by her partner.

VICTIM BLAMING ATTITUDES ARE COMMON IN ROMANIA, IN A 2016 SURVEY

55% OF RESPONDENTS STATED THAT RAPE CAN BE JUSTIFIED IN CERTAIN CIRCUMSTANCES.

EXISTING POLICY

The Istanbul Convention has become active in Romania in September 2016.

3 National programs addressing domestic violence have been developed for the period 2017-2019.

LIMITED ACCESS TO SEXUALITY EDUCATION IS LISTED AS AN ENABLING FACTOR OF VIOLENCE AGAINST WOMEN.

Only **6%** of students participated in the "Health Education" optional school subject during the year 2014-2015.

POLICY RECOMMENDATION

1 WE CALL FOR AN INTEGRATED APPROACH TO DOMESTIC VIOLENCE that includes age-appropriate sexuality education, adapted to the development level of every child.

2 WE CALL FOR ACTION TOWARDS ENSURING INCREASED ACCESS TO SEXUALITY EDUCATION and adequate services, for all young people.

Sexuality education guides young people towards being responsible and teaches them about gender norms.

Sexuality education contributes to combating gender stereotypes and prevents violence against women.

SOURCES: European Institute for Gender Equality, 2015 / European Union Agency For Fundamental Rights, 2014 Eurobarometer 2016 / National Center for Health Evaluation and Promotion, 2015 Presidential Administration, Departments of Health and Research and Public Health, 2015

CHOICE FOR YOUTH & SEXUALITY **YOUACT** **Share-Net International**

youact.org | choiceforyouth.org | © 2017

Acest material a fost realizat în cadrul proiectului "Tinerii din Europa cer acces la educație comprehensivă pentru sănătatea sexuală", implementat de organizațiile de tineret CHOICE for Youth and Sexuality și YouAct, cu sprijinul Share-Net International. Proiectul își propune să încurajeze schimbarea politicilor în cinci țări europene: Cipru, Georgia, Olanda, Polonia și România.

This infographic is produced as part of the Europe Unite for Comprehensive Sexuality Education Rights project implemented by the youth-led organisations CHOICE for Youth and Sexuality and YouAct, with support from ShareNet. The project aims to encourage policy change in five European countries: Cyprus, Georgia, Poland, Romania and the Netherlands.

In România, această inițiativă este implementată în parteneriat cu următoarele organizații:

ORNA **aleg** **ANCA** **SEXUL vs BARZA** **TINERII PENTRU TINERI**

In Romania, this initiative is implemented in partnership with the following organizations:

ORNA **aleg** **ANCA** **SEXUL vs BARZA** **TINERII PENTRU TINERI**

NETHERLANDS

NEDERLAND
 Europe Unite For
COMPREHENSIVE SEXUALITY EDUCATION RIGHTS

PESTEN EN HOMOSEKSUALITEIT OP DE MIDDELBARE SCHOOL

30% van de homo- en biseksuele jongens zegt dat ze liever niet homo zouden zijn
22% zegt ook dat het niet fijn is om als homo te leven.
 Dit is hoger voor jongens op het VMBO.

BESTAANDE REGELS

IN WERKELIJKHEID
 Lesbische, homoseksuele of biseksuele (LHB) leerlingen van het VMBO voelen zich minder lekker in hun val dan LHB-leerlingen op HAVO of VWO.
 De LHB-leerlingen worden ook meer gepest vanwege hun seksuele voorkeur.

ALLE SCHOLEN ZIJN SINDS 2012 **VERPLICHT VERSCHILLENDE VORMEN VAN SEKSUELE VOORKEUR OF IDENTITEIT (GENDER) TE BESPREKEN**
 Scholen werken ook verplicht met anti-pestprogramma's.

WAT KUNNEN WE DOEN VOOR
EEN VEILIGERE EN FIJNERE SCHOOL VOOR IEDEREEN

- 1**
 Binnen de anti-pestprogramma's en voorlichting over verschillende vormen van seksuele oriëntatie of identiteit ruimte creëren voor het bespreken van pestgedrag tegen LHB-leerlingen.
- 2**
 Trainen van leerlingen die willen opstaan als support wanneer een medeleerling gepest wordt vanwege zijn of haar seksuele oriëntatie.
- 3**
 Opzetten en uitbreiden van Gender en Sexuality Alliances op middelbare scholen door en voor leerlingen.

Deze infographic is onderdeel van het Europe unite for Comprehensive Sexuality Education Rights project uitgevoerd door de jongerenorganisaties CHOICE for Youth and Sexuality en YouAct, met ondersteuning van Share-Net International. Het doel van het project is om verandering in beleid aan te moedigen in 5 Europese landen: Cyprus, Georgië, Polen, Roemenië en Nederland.

NETHERLANDS
 Europe Unite For
COMPREHENSIVE SEXUALITY EDUCATION RIGHTS

BULLYING AND HOMOSEXUALITY IN HIGH SCHOOL

30% of homo- and bisexual boys say they would rather not be gay
22% say it isn't nice to live as a gay person.
 This percentage is higher for boys in VMB schools

EXISTING POLICY

IN REALITY
 Lesbian, homosexual or bisexual (LHB) students at VMBO schools do not feel as comfortable with their sexual orientation as LHB-students in HAVO or VWO. The LHB-students at VMBO also experience more bullying because of their sexual orientation.

SINCE 2012, SCHOOLS ARE OBLIGED TO **TALK ABOUT DIFFERENT FORMS OF SEXUAL ORIENTATION OR SEXUAL IDENTITY (GENDER)**.
 Schools also are obliged to work with anti-bullying programs.

POLICY RECOMMENDATION
WE CALL FOR A SAFER AND MORE PLEASANT SCHOOL ENVIRONMENT FOR EVERYONE.

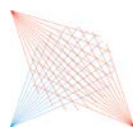
- 1**
 More attention paid towards the bullying of LHB-students within the mandated anti-bullying programs and talks about diversity, sexual orientation and identity.
- 2**
 Training of students who want to stand up against bullying because of their own sexual orientation or those of other students, in order to support the victims.
- 3**
 Creation and expansion of Gender and Sexuality Alliances within schools for and by the students themselves.

This infographic is produced as part of the Europe Unite for Comprehensive Sexuality Education Rights project implemented by the youth-led organisations CHOICE for Youth and Sexuality and YouAct, with support from Share-Net International. The project aims to encourage policy change in five European countries: Cyprus, Georgia, Poland, Romania and the Netherlands.





YOUACT



THE KNOWLEDGE PLATFORM
ON SEXUAL AND REPRODUCTIVE
HEALTH AND RIGHTS
Share-Net
International

CHOICE FOR
YOUTH &
SEXUALITY