



# Sexuality education across the European Union: an overview



## Introduction

Over the last few decades, there has been increasing recognition and evidence that teaching about the cognitive, emotional, social and physical aspects of sexuality can have positive impacts on children and young people's sexual and reproductive health. Emerging evidence also suggests that delivering sexuality education programmes to children and young people at school can have a positive effect on larger societal issues, such as gender equality, human rights, and the well-being and safety of children and young people. According to UNESCO, effective sexuality education should adopt a comprehensive approach: a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality.<sup>1</sup> Sexuality education programmes can tackle a wide range of topics, including sexual and reproductive health (including sexually transmitted diseases and youth pregnancy), relationships, sexual orientation and gender roles.

International bodies – including the World Health Organisation (WHO) and other agencies of the United Nations (UN) – have set out various targets and standards around sexuality education that European Union Member States, amongst others, are expected to meet. However, as education remains a Member State competence, there are considerable differences in its content, delivery and organisation between Member States. As a result, children across the European Union are likely to receive very different messages and information from each other about these important topics, depending on how different Member States interpret and implement these international targets and standards. Sexuality education is, and always has been, a sensitive topic. Views differ on what should be taught and at what age, the role that schools and parents should play, and how it should be taught.

There has been little comprehensive mapping of nature of sexuality education that children and young people across the European Union receive. Using sexuality education as a guiding term (Box 1), this policy memo provides an overview of the existing evidence and research in this area. The memo then draws on a variety of data-collection efforts to summarise the current state-of-play of school-based sexuality education in EU Member States, and gives an indication of the variety of practice that exists for policymakers, decision-makers and practitioners.

## Why is sexuality education important and what standards govern it?

According to the World Health Organisation (WHO),<sup>2</sup> **sexuality education** involves learning about the cognitive, emotional, social, interactive and physical aspects of sexuality.



### BOX 1: SEXUALITY EDUCATION IS JUST ONE TERM USED TO DESCRIBE SCHOOL-BASED EDUCATION THAT COVERS SEXUAL AND REPRODUCTIVE HEALTH AND LIFE

There is a multiplicity of terms used to describe 'sexuality education' in both national and international spheres: including 'sex and relationships education', 'sexual and reproductive health education', 'comprehensive sexuality education' and 'holistic sexuality education'. In practice, sexuality education may also often be incorporated within the broadly defined areas of 'life skills education', 'citizenship education' or 'health education'.<sup>3</sup>

In this policy memo we use the term '**sexuality education**', as this is the term most used by WHO, UNESCO and the European Parliament in previous publications and resolutions.<sup>4</sup> While we understand that not all Member States would recognise or use the term 'sexuality' in their education, we consider that its usage by international bodies means that this term is largely understood, and can encompass a range of different approaches.

### Sexuality education is linked to behaviours, knowledge and attitudes that demonstrate good sexual health

There is an international consensus that sexuality education can have a positive impact on young people's sexual health.<sup>5</sup> On the whole, evidence gathered through randomised controlled trials (RCTs) demonstrated that sexuality education programmes had a positive outcome on behaviours related to good sexual health, including reduced risk-taking, a delayed initiation of sexual intercourse,<sup>6</sup> the increased use of contraception and condoms<sup>7</sup> and a decreased number of sexual partners.<sup>8</sup> As well as impacting behaviours, research

has suggested that school-based sexuality education programmes can have an impact on health-related knowledge and attitudes (such as students' knowledge about the importance of contraception).<sup>9</sup> While there were fewer RCTs or reviews that have directly linked the delivery of sexuality education to improvements in biological outcomes (such as teenage pregnancies, lower Sexually Transmitted Infections (STI) or Human Immunodeficiency Viruses (HIV) rates), there is, however, a consensus that providing sexuality education does not lead to an increase in sexual activity, risk-taking behaviour or STI/HIV infection rates in young people.<sup>10</sup>

A number of reviews also found that programmes that involved active skill-building for pupils, and which engaged health staff and parents in their delivery, were more likely to change pupils' behaviour than those that remained solely school-based and focused on sharing information.<sup>11</sup> Furthermore, emerging research suggests that programmes that adapted educational interventions that have already been found to be effective elsewhere were more likely to affect knowledge, behaviour and attitudes, even when replicated in different settings, countries or cultures.<sup>12</sup>

### **Sexuality education might also contribute to other societal changes**

Beyond health outcomes and knowledge, there is also emerging evidence that sexuality education programmes can contribute to broader societal changes. Sexuality education

programmes that include a gender-rights or skills-based focus have been linked to outcomes such as reducing the risk of child sexual abuse<sup>13</sup> and the establishment of gender equitable norms, increased self-efficacy and confidence<sup>14</sup> and stronger relationship-building skills in young people.<sup>15</sup> However, this evidence currently stems from qualitative, non-randomised and non-controlled studies, from which attributing causality is difficult.<sup>16</sup>

### **International standards and regulations around sexuality education have emerged in recent decades**

Recent decades have seen an increased international focus on sexuality education as a means of improving gender equality, human rights and well-being of individuals – especially children and young people. It is now recognised by many international bodies that all children and young people should have access to age-appropriate sexuality education. Beginning with the International Conference on Population and Development (ICPD) 1994 Cairo Agenda – which called on governments to provide education to improve adolescents' well-being, encourage gender equality and ensure the protection of their reproductive health<sup>17</sup> – international strategies, guidelines and expectations have been set out that encourage the governments of Member States and other countries to implement sexuality education (see Box 2).<sup>18</sup>





## BOX 2: THERE ARE SEVERAL INTERNATIONAL STANDARDS AND AGREEMENTS RELATING TO SEXUALITY EDUCATION

There are a number of relevant international standards and agreements that relate to children and young people's right to receive sexuality education and national governments' obligations to provide this education. These include:<sup>19</sup>



### Guidance on sexuality education exists from UNESCO and WHO

In order to support national governments to implement these goals and recommendations, UNESCO and the WHO have developed resources for developing sexuality education programmes that are both in line with international regulations and agreements and build on good practice. *UNESCO's International technical guidance on sexuality education* (released in 2009 and re-released in 2018) contains practical information about the key concepts that sexuality education should cover in all curricula, based on several evidence reviews about effective sexuality education.<sup>30</sup> To illustrate the broad topics that sit within sexuality education, Box 3 lists the key concepts of successful sexuality education as suggested by UNESCO. Alongside this, the **WHO's Standards for sexuality education in Europe** (released in 2010) tailor the UNESCO recommendations and guidelines specifically for the European region.<sup>31</sup>

### What is the state of play of sexuality education in the EU?

While education is in the remit of the Member States, and is not an EU competency, some directives and strategies on prevention of sexual exploitation and gender-based violence do recommend some educative action on these topics.<sup>32</sup>

The **Directive on combating sexual abuse and sexual exploitation of children and child pornography**<sup>33</sup> obliges Member States to set out appropriate measures that reduce the risk of children becoming victims, including by means of information and awareness-raising campaigns, research and education programmes. The need for further prevention-based approaches has been reiterated by Council,<sup>34</sup> and remains a key commitment for the European Commission.

Similarly, the European Commission strategy '**A Union of Equality: Gender Equality Strategy 2020–2025**'<sup>35</sup>

### BOX 3: KEY CONCEPTS TO COVER SEXUALITY EDUCATION (AS SET OUT BY UNESCO)

In their *International technical guidance on sexuality education* UNESCO recommends eight key concepts that sexuality education should be developed around:



Relationships



Values, Rights, Culture and Sexuality



Understanding Gender



Violence and Staying Safe



Skills for Health and Well-being



The Human Body and Development



Sexuality and Sexual Behaviour



Sexual and Reproductive Health

Within each concept, the UNESCO guidelines delineate topics and set key ideas and objectives for different age groups (including children and young people aged between 5 and 18).

mentions a forthcoming European Union Recommendation on the prevention of harmful practices, such as female genital mutilation, forced abortion and forced sterilisation, early and forced marriage and so-called 'honour' violence. This Recommendation will emphasise the need for effective pre-emptive measures and acknowledge the importance of relevant education.

Furthermore, the European Union has funded a number of projects linked to sexuality education, including the **SAFE project** (2004–2007) and the **SAFE project II** (2008–2013), which shared practices around sexual reproductive health rights.<sup>36</sup> Most recently, the **European Parliament** reiterated the expectation that all Member States adhere to WHO's *Standards for sexuality education in Europe*,<sup>37</sup> follow good practice outlined in the UNESCO's *International technical guidance on sexuality education*<sup>38</sup> and consider their progress towards the relevant Sustainable Development Goals when developing and delivering sexuality education.<sup>39</sup>

### Existing data gives only a partial picture of sexuality education across the European Union

Various publications have presented a valuable – albeit partial and increasingly out-of-date – picture of what is happening in different Member States at different points within the last 10 years. In 2018, the International Planned Parenthood Federation (IPPF) produced country profiles on the state of sexuality education in 13 EU Member States or regions of EU Member States.<sup>40</sup> Previously, the notes prepared for the European Parliament on sexual and reproductive health (in 2016)<sup>41</sup> and on policies around sexuality education (in 2013)<sup>42</sup> presented key data and a few case studies. In all publications, data and information has been taken from questionnaires completed before 2016 by national ministries and local non-governmental organisations (NGOs).

However, there has been little triangulation between these sources and little comprehensive mapping of practice across the European Union (with a focus instead on case studies of specific Member States). As a result, existing publications do not yet set out the considerable differences in the content, delivery and message of sexuality education between Member States. The next section of this policy memo draws upon these three publications to summarise the landscape of sexuality education in the EU and highlight the gaps in knowledge that remain. Where possible, we have triangulated these findings with those of a recent small survey on sexuality education conducted by the School Education Gateway.<sup>43</sup>

### Offering sexuality education for children is mandatory in the majority of Member States, although the age of pupils varies

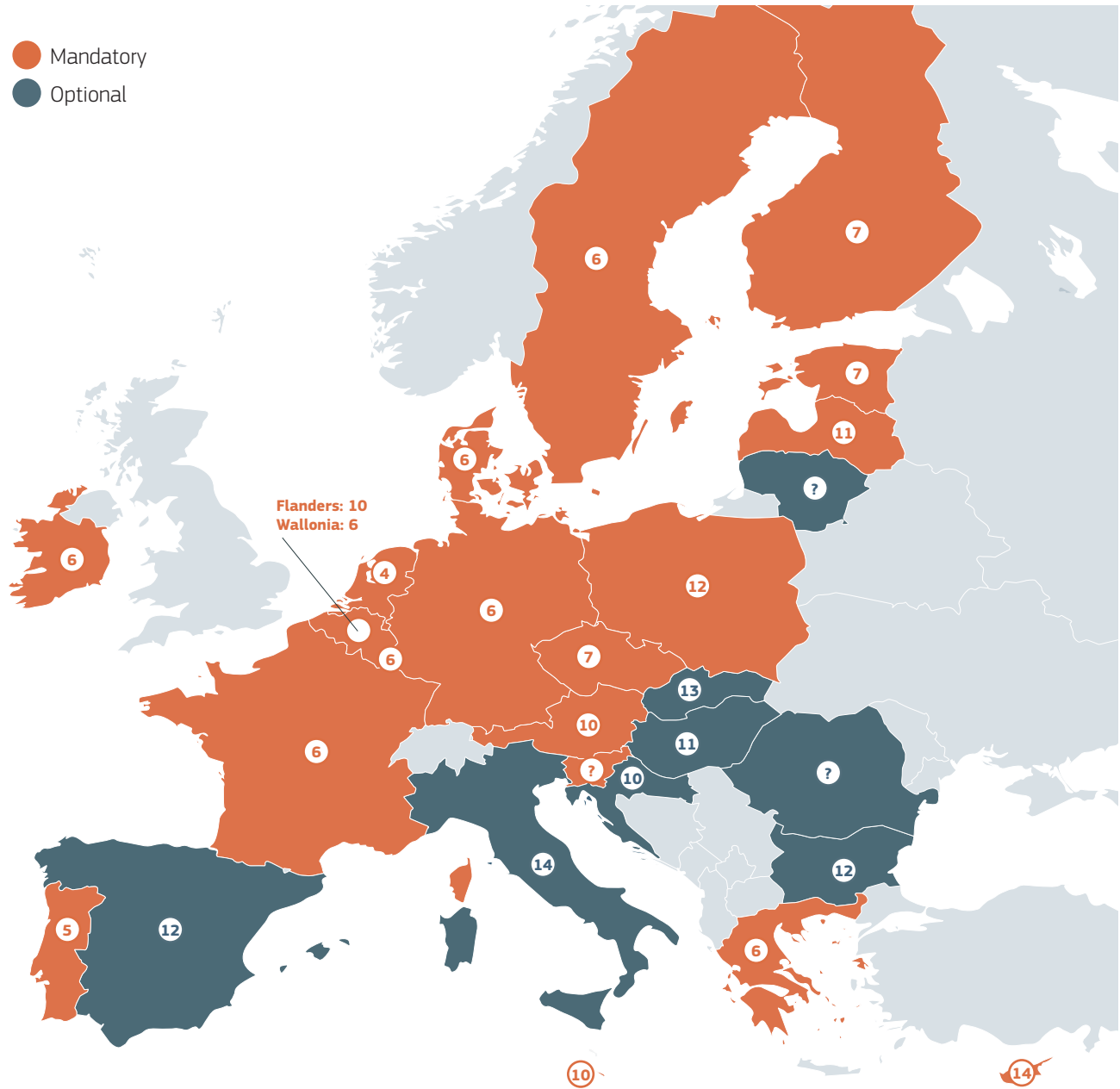
As outlined above, the last few decades have seen a shift towards including sexuality education as part of the mandatory school-based curriculum for children, especially those in secondary or post-primary schools. As of November 2019, it was mandatory in 19 Member States for schools to offer some sort of sexuality education, while this remained optional in a further eight Member States.<sup>44</sup>

As demonstrated in Figure 1, the age at which children first receive sexuality education (either according to the law, when mandatory, or in practice, when optional) varies considerably. In some countries, some form of sexuality education is provided from primary school to upper secondary education (ISCED level 1 to 3), while in others, it is offered solely at a lower or upper secondary level (from ISCED level 2 or 3).

### Children in different Member States receive very different types of sexuality education

As members of the international community and the European Union, **Member States are expected to adhere to the WHO *Standards for sexuality education* and the UNESCO *International technical guidelines on sexuality***

FIGURE 1: WHO RECEIVES SEXUALITY EDUCATION AT SCHOOL AND AT WHAT AGE IN THE EU MEMBER STATES?



Sources include Ketting and Ivanova (2018); McCracken et al. (2016); Parker et al. (2009); Eurydice; documentation from the Maltese government.<sup>45</sup> Ages not known for Lithuania, Romania and Slovenia.

**education** (both of which recommend holistic or comprehensive sexuality education covering a wide range of topics). However, while the majority of Member States require that sexuality education is taught in schools, there still remains considerable variation in the content, delivery mode and stated purpose of the sexuality education provided.<sup>46</sup> Figure 2 uses the available information gathered and mapped by a variety of sources to give an indication of the main topics that are covered in the formal school-based sexuality education of Member States. The topics used in the below table were adapted from both the key concepts set

out by UNESCO (see Box 3) and those used by the IPPF in their 2018 mapping exercises.<sup>47</sup>

Figure 2 demonstrates that almost all Member States for which information is available have a focus on **biological aspects** in their sexuality education (which might include an awareness about sexual anatomy, human bodies and sexual reproduction). Similarly, 86% of respondents to the School Education Gateway Sex Education Survey indicated that sexuality education in their school covered ‘the human body and development’ and ‘sexual and reproductive health’.<sup>48</sup>

Many Member States also have a focus on risk-prevention aspects of sexuality education (such as contraception, HIV/AIDs and STIs), on pregnancy and birth, and on gender-based violence (perhaps reflecting the United Nations Sustainable Development Goals).<sup>49</sup>

In a few Member States, sexuality education programmes reportedly focus largely on biological elements alone (such as Cyprus, Italy, Romania and Slovenia), or on biological

and **risk-prevention** elements (Bulgaria, Croatia, Czech Republic, Ireland and Lithuania).<sup>50</sup> Box 4 provides two case studies of sexuality education curricula that fall into these categories. It is worth noting that in the majority of countries where sexuality education reportedly focuses on biological and risk-prevention elements, sexuality education is also not a mandatory subject for schools to teach (Bulgaria, Croatia, Italy, Lithuania and Romania).<sup>51</sup>

**FIGURE 2: WHAT TOPICS DOES SEXUALITY EDUCATION COVER IN EACH EU MEMBER STATE?**

Topics covered in sexuality education	Member States
Biological aspects/body awareness/puberty and anatomy	AT BE BG CZ EE FI DE IE LV ES SE PL LU MT SK SI HR CY EL HU IT LT NL HR
Love, marriage, partnerships, family	AT CZ EE DE IE SE PL LU SK HU NL PL BE BG FI LV ES HR
Sexual/domestic abuse and gender-based violence	AT BG CZ BE DK IE NL PT SI LU FR HU FI DE LV ES SE HR
Pregnancy and Birth	AT BE CZ EE FI DE IE ES SE LU SK NL PL PT BG LV HR
Sexual orientation / LGBTI issues	IE SE BE LU DK FR NL PT AT BG CZ FI DE LV ES HR
HIV/AIDs and STIs	AT BE BG CZ FI DE IE ES SE BE LU SK HU LT LV
Contraception	AT BE BG EE FI DE ES SE LU CZ IE LV
Gender roles	AT DE ES SE MT BG CZ FI IE LV
Mutual consent	BG CZ EE BE DK AT FI DE IE ES
Human rights	AT SE LU BG CZ FI DE LV
Online media	CZ FI DK AT BG DE ES SE

Source: This infographic is based on data from Ketting and Ivanova (2018) and from McCracken et al. (2016). Data were supplemented by information from Beaumont et al. (2013) and other national sources.<sup>52</sup> Limited data was available for a number of Member States (Croatia, Cyprus, Denmark, France, Greece, Lithuania, Malta, the Netherlands) which were not extensively mapped by existing sources.

#### BOX 4: SOME EXAMPLES OF SEXUALITY EDUCATION APPROACHED FROM A BIOLOGICAL AND RISK PREVENTION FOCUS



In Italy, sexuality education remains optional. While a few schools do provide sexuality education to adolescents in school, this is dependent on the will of school leaders and tends to focus solely on the biological aspects, rather than on any wider psychological, societal or emotional aspects of sexuality education, as defined by the WHO and UNESCO.<sup>53</sup>



In Ireland, relationships and sexual education (RSE) is **mandatory** and delivered as part of a Social, Personal and Health Development (SPHE) curriculum. According to the IPPF 2018 review, teaching focuses largely on biological aspects, with a focus on risk prevention, through encouraging abstinence and prevention of STIs/HIV.<sup>54</sup> A recent NCCA review of the curriculum – which involved consultation with students, teachers, parents and other stakeholders – recommended that RSE should adopt a more holistic approach that balanced discussion of risks and dangers against the positive elements of relationships. Other recommendations included that future RSE becomes more student-centred, holistic and inclusive, and incorporates recent developments including self-esteem, online media, contraception and LGBTQ matters.<sup>55</sup>

However, the majority of Member States do offer some focus on topics around **love, marriage, partnerships** or **family** (as shown in Figure 2) within their sexuality education, as is encouraged by UNESCO and the WHO. However, the type of information and messages provided within this broad topic appear to vary considerably from Member State to Member State. For instance, while Slovakia's sexuality education often includes a focus on traditional matrimony and family values (to the extent that the sexuality education curriculum is entitled 'Education for Marriage and Partnership'),<sup>56</sup> Denmark takes a broader, more discursive and inclusive approach that includes exploration of different kinds of relationships.<sup>57</sup>

In contrast, as illustrated in Figure 2, fewer Member States focus on issues of **gender roles** and stereotypes, **mutual consent**, teach about **LGBTQI** issues and address the issue of **online media** and sexuality. All of these are also topics included in the WHO and UNESCO guidance.

Beyond specific topics, data collected from all sources suggest that around half of Member States aim to offer a more holistic sexuality education, in line with the WHO *Standards for sexuality education*. This may incorporate

psychological, social and emotional facets (Austria, Belgium, Finland, Spain, Germany, the Netherlands, Malta, Estonia, Slovakia, Luxembourg, Sweden, Denmark, Portugal and Estonia).<sup>58</sup> An example of this holistic approach in one Member State can be found in Box 5.

#### BOX 5: AN EXAMPLE OF SEXUALITY EDUCATION APPROACHED FROM A HOLISTIC POINT OF VIEW



In Austria, sexuality is considered to be an important part of children's overall development as a person, and sexuality education is designed to support children in ensuring their sexual health physically, cognitively and emotionally.<sup>59</sup> As a result, sexuality education in Austria is considered to be comprehensive and holistic by NGO representatives, and is designed with the WHO Standards in mind. The curriculum therefore focuses on biological aspects and the prevention of early pregnancy and STIs/HIV, but also explores issues around sexual identity, mutual consent, online media and gender-based violence.<sup>60</sup> With the aim of meeting the requirements of the 21st century, the Austrian Ministry of Education released new ordinances around sexuality education and citizenship education.<sup>61</sup> This was done in consultation with a working group including stakeholders, educational experts and health professionals.

#### Sexuality education is often delivered in a cross-curricular format in Member States

In almost all Member States, data collection efforts have demonstrated that sexuality education is delivered across several subjects (as recommended by the WHO *Standards for sexuality education*) rather than in a specific lesson by itself.<sup>62</sup> This trend reflects the way in which citizenship education is often delivered by Member States within the European Union, suggesting some similarities in organisation by Member States.<sup>63</sup>

Aspects of sexuality education are taught as **part of a few lessons** in around half the Member States (Austria, Croatia, Cyprus, Finland, France, Ireland, Lithuania, Latvia, Malta, Portugal, Slovakia and Slovenia).<sup>64</sup> In these Member States, different topics and strands within sexuality education may be covered in appropriate classes, such as biology, religious and ethical studies, citizenship education, environmental studies and broader health education classes. For example, in Croatia, sexuality education is often included in biology and religious studies classes,<sup>65</sup> while in Luxembourg the subject is spread between citizenship, biology and religion classes (depending on the topic in discussion).<sup>66</sup>

In a few other Member States, sexuality education is more explicitly and deliberately taught as a **cross-curricular strand**



of learning, where teachers of all subjects are expected and able to cover various aspects of sexuality education as they become relevant (Belgium, Czech Republic, Denmark, Germany, Latvia, the Netherlands and Sweden). This was often the case when national governments did not set out a particular curriculum, but instead set specific goals or objectives around sexuality education that schools and teachers were required to meet (Belgium, Denmark, Finland and the Netherlands).<sup>67</sup>

### The majority of Member States have limited teacher training opportunities in sexuality education

Based on its review of the WHO European region, the IPPF identified a lack of mandatory and substantial teacher training as a common issue facing the delivery of sexuality education.<sup>68</sup> Triangulation with other information indicates that this was an issue across the EU Member States, while a comparison to other studies suggests that this is also a problem facing citizenship education in the European Union.<sup>69</sup>

Nearly half of the Member States where sexuality education is mandatory report **only *ad hoc* and voluntary** training sessions for teachers (Belgium, Denmark, Germany Ireland, Latvia, Malta, Poland, the Netherlands and United Kingdom). Similarly, only one in ten respondents (including teachers, educational stakeholders, parents and researchers) to the School Education Gateway survey on sex education indicated that teachers in their region had received ongoing professional development training on sexuality education from their local or regional authorities (although a third of respondents did report that teachers received guidelines and teaching materials on the subject from the relevant ministry of education).

At present, training on sexuality education is only **incorporated as part of initial teacher training** in Finland, Estonia and Sweden, while Czech Republic and France both offer shorter post-initial mandatory training. Plans for further improvement are underway in a few countries: a recent review of sexuality education in Ireland and a recently announced action plan for improvement in Luxembourg both include recommendations to develop teacher training more systematically. In Finland too, state funding for teachers' continual professional development will focus on improving their sexuality and equality education in 2020.<sup>70</sup>

### How sexuality education is delivered is left largely up to regional authorities and schools

As with other curricula, the way in which sexuality education is delivered and implemented in many Member States is primarily left to the discretion of local governments, schools and individual teachers, with varying levels of national involvement.<sup>71</sup> Existing data demonstrate that there is considerable variation in sexuality education within Member States between different regions, schools and even classes. In Germany, for example, federal authorities set a sexuality education framework, which can be interpreted differently in different states. This means that the length of time spent on sexuality education, the topics covered and how it is integrated into lessons vary considerably in different parts of the country.<sup>72</sup>

Even in Member States where it is mandatory for schools to offer sexuality education, not every child will receive sexuality education as part of their compulsory education.

## BOX 6: SEXUALITY EDUCATION REMAINS A TOPICAL ISSUE IN MANY MEMBER STATES

Several EU Member States have made steps towards changing the legislative basis or guidelines around sexuality education over the last decade. Some have moved towards the approaches set out by UNESCO and the WHO, while others have steered away from international recommendations.



According to the IPPF, Bulgaria included sexuality education in a national curriculum for the first time in 2018, and the Czech Republic introduced national standards around sexuality education for the first time in 2016.<sup>73</sup>



In February 2019 Luxembourg released a new action plan on the promotion of emotional and sexual health (Plan d'action national Promotion de la santé affective et sexuelle) that aims to develop sexuality education as a way of supporting children and adolescents' emotional development and to act against gender-based violence, sexual abuse and discrimination.<sup>74</sup>



Conversely, amendments to the 2015 Education Act in Latvia required schools to offer morality education in response to public opposition to sexuality education that included LGBTI rights.<sup>75</sup>



Throughout 2019 and 2020, a citizens' initiative penalising 'public approval or encouragement of sexual activity of minors' has been under consideration in the Polish Sejm. The European Parliament has condemned this proposal, arguing that it would lead to the effective criminalisation of sexuality education.<sup>76</sup>

In several Member States, parents are able to remove their children from many aspects of sexuality education (Austria, Bulgaria, Ireland, Poland and Slovakia).<sup>77</sup> In some Member States, sexuality education might be formally required, but in practice is rarely offered due to considerable public opposition. For example, while sexuality education remains legally mandatory in Poland, widespread opposition means that it is infrequently offered in practice. The European Parliament has condemned the ongoing legislative attempts in Poland to criminalise sexuality education by making it a criminal offence to promote sexual behaviour amongst minors.<sup>78</sup>

## Conclusion

In summary, the benefits that comprehensive and holistic sexuality education can bring to young people's individual health and to societal issues are increasingly established in research and reflected in international policy and standards (including the WHO *Standards for sexuality education*, United Nations Sustainable Development Goals and Resolutions by the ICPD).

This policy memo highlights the need for further research on the topic of sexuality education in Europe. Despite increasing consensus in the research and international policy spheres, existing data collection suggests that there remains considerable variation across and within Member States in terms of the nature and extent of sexuality education offered by schools. Furthermore, existing data collection has primarily mapped sexuality education as it is set out in policies, strategies and legislation, rather than in practice. As explored above, emerging research suggests that sexuality education programmes that were replicated from those that have already been found to be effective elsewhere were more likely to lead to desirable health and societal outcomes.<sup>79</sup>

Given this – and the increasing focus on encouraging Member States to use sexuality education programmes to combat sexual abuse of children<sup>80</sup> and gender-based violence<sup>81</sup> – more detailed mapping of ongoing sexuality education practices in different EU Member States, and what works, could be helpful for policymakers. For policymakers at a national level, such mutual learning could help inform further developments and decisions: for example, an understanding of practices used and barriers and facilitators faced in the delivery of sexuality education in one Member State might inform efforts to overcome obstacles in another. For policymakers at an EU level, a more detailed understanding of practices in place and of the barriers and facilitators to sexuality education could improve understanding of how far international goals and objectives are already being met by Member States, and might therefore inform future support and recommendations for implementation.

## Endnotes

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