ASTRA NETWORK

Sexuality Education in Europe

I. Introduction

Comprehensive sexuality education is a universal right, necessary for the health and well-being of all individuals. Early, compulsory, comprehensive education in sexual and reproductive health prevents the spread of HIV, decreases transmission and incidence of other sexually transmitted infections, reduces teen pregnancy and abortion rates (notably unsafe abortions), lowers the age of sexual initiation, lessens sexual violence and exploitation, and plays a prominent role in addressing gender inequities and stereotypes as well as sexual discrimination. These outcomes are internationally accepted by leading independent experts and are proven by scientific, evidence-based research.

Comprehensive sexuality education is endorsed in international treaties, agreements, and policies and regional governance resolutions and declarations. Relevant to the purposes of this petition, the European Union has formally recognized the essential nature of sexuality education in official documents dating back decades, under areas such as human rights, public health and HIV prevention, youth, and gender equality. Yet despite this steadfast acknowledgement, many Member States continue to directly deny EU citizens, especially adolescents, their right to sexuality education. This is a violation of several human rights, ranging from the right to the highest attainable standard of health to the right to be free from discrimination to rights to autonomy, privacy, and self-determination, as well as the right to education. Further, the gaping disparities between Member States fly in the face of the EU, leading to concernedly poor outcomes in some states, while others enjoy full realization of their rights. The EU has a duty and an obligation to address this issue and to operationalize the implementation and realization of official and formal commitments to comprehensive sexuality education for all EU citizens.

II. Background and rationale

Introduction

The effects of poor sexual and reproductive health are devastating, ranging from psychological damage, poor general health, morbidity and disease, and, at worst yet not uncommon, mortality.[1] Yet there is clear evidence of how to prevent and solve these problems – comprehensive sexual health education, which instructs youth on how to protect themselves and how to modify their behaviors to make healthy choices. "Sex education programmes grounded in evidence-based approaches are a cornerstone in reducing adolescent sexual risk behaviors and promoting sexual health," notably reducing risky behaviors by at least a third.[2]

What harms ensue from the denial of access to comprehensive sexuality education?

Current shortcomings and problems

Implementation of such programmes is still severely lacking.[3] Many programmes that do exist are woefully deficient, based on misinformation and a skewed premise or some dangerous combination of the two. At best, they present a one-sided, biased view of sexuality which harbors myths, misconceptions, fears, discrimination, gender stereotypes, and a harmful lack of information which can lead to HIV, other STIs, unwanted teen pregnancies, severe mental distress and stunted development, as well as ill informed

[1] Bearinger, L., et. al. "Adolescent Health 2: Global perspectives on the sexual and reproductive health of adolescents: patterns, prevention, and potential" The Lancet, 369:9658, 1220-31 (2007)
[2] Id, at 1226.
[3] Id. at 1227: "although the issue is on the agenda of ministries of health and education in most countries, implementation of sex education programmes is often weak or constricted to only one aspect of reproductive health – e.g. HIV information but not prevention of STIs or pregnancy."

perceptions of gender and sexuality.[4] At worst, these programmes blatantly lie about contraception and the effects of sexual activity. A recent large scale case control study evaluating US federal funding for abstinence education found that, compared to students who did not partake in *any* sort of sexual education programme, youth who participated in an abstinence only education programme reported almost identical rates of abstinence (49% for each), age of sexual initiation (14.9 for both groups), number of sexual partners (75% less than three for both), and levels of knowledge about risks and consequences.[5] Yet youth enrolled in the abstinence programme were *less* likely to report that condoms were effective in preventing STIs (21% of programme student reported that condoms never prevent HIV, compared to17% of youth who did not partake in any programme).[6] It is critical to note that this study is comparing youth in an abstinence education program with youth *in no programme at all*, showing that these programs actually reduce levels of knowledge and understanding. A similar study in 1990 found that of the eighth grade students (approximately ages 13-14) who participated in a comprehensive sexuality education programme, only 4% engaged in sexual activity, compared to 20% of youth who did not complete the program.[7] A large scale international study cited in a UNAIDS survey reported that the US, where education programs which did not openly discuss sex or sexuality, showed the highest rates of teen pregnancy at 96 per 1,000 females, nearly

[4] "Information, Education, and Communication: Lessons from the past; perspectives for the future" WHO Occasional Paper (2001); "Sexual and Reproductive Health Education and Services for Adolescents" Prepared by ACPD, in consultation with CEDPA, CFFC, CRLP, FCI, Ipas, IPPF, IWHC, Latin American & Caribbean Youth Network for Sexual and Reproductive Rights, NAPY, and Youth Coalition for ICPD, available at http://www.reproductiverights.org/pdf/pub_fac_adoles_sexedservices.pdf (accessed 19/07/2007); Zampas, C. and Kebriaei, P.: "Promoting Accurate and Objective Sexuality Education", INTERIGHTS Bulletin, 15:4 (2007), available at http://www.reproductiverights.org/pdf/INTERIGHTS_Zampas_Kebriaei.pdf (accessed 19/07/2007)

[5] Trenhold, et. al. "Impacts of Four Title V, Section 510 Abstinence Education Programs" Mathematica Policy Research, Inc (April 2007), xvii – xx.

[6] Id., xx.

[7] Howard and McCabe study (1990) cited in "Impact of HIV and sexual health education on the sexual behavior of young people: a review update" UNAIDS (1997), at 14.

double that of the England and Wales and seven times that of the Netherlands.[8] (The other key findings of this UNAIDS survey are included in Annex 1 of this petition.)

Why is comprehensive sexuality education critical to the health and well-being of EU citizens, especially adolescents?

Youth and adults who do not have the necessary tools and information are unable to protect themselves.[9] On the other hand, youth who are well-informed and empowered can make significant behavioral changes and can have a global impact on reducing STIs, AIDS, and teen pregnancy.[10]

Comprehensive sexuality education delays sexual initiation and activity

Comprehensive sex education delays sexual initiation, especially if introduced early.[11] It has been shown that adolescents who have completed comprehensive sexual education are more likely to wait to have sex until they are ready, and to use condoms and other appropriate forms of contraception if and when they do decide to engage in sexual activity. According to a large scale UNAIDS study, "countries that address young people's sexual health in a frank, open, and supportive manner experienced fewer of the

[8] Jones et. al. (185), cited in Id.
[9] "Impact of HIV and sexual health education on the sexual behavior of young people: a review update" UNAIDS (1997)
[10] Bearinger, L., et. al. "Adolescent Health 2: Global perspectives on the sexual and reproductive health of adolescents: patterns, prevention, and potential" The Lancet, 369:9658, 1220-31 (2007)
[11] "Sexual and Reproductive Health Education and Services for Adolescents" Prepared by ACPD, in consultation with CEDPA, CFFC, CRLP, FCI, Ipas, IPPF, IWHC, Latin American & Caribbean Youth Network for Sexual and Reproductive Rights, NAPY, and Youth Coalition for ICPD, available at http://www.reproductiverights.org/pdf/pub_fac_adoles_sexedservices.pdf (accessed 19/07/2007); "Impact of HIV and sexual health education on the sexual behavior of young people: a review update" UNAIDS (1997); "Keeping the promise: an agenda for action on women and AIDS" UNAIDS/The Global Coalition on Women and AIDS (2006); "Advocating for Adolescent Reproductive Health in Eastern Europe and Central Asia" Advocates for Youth/UNFPA (2004); "Myths, Misperceptions, and Fears: Addressing Condom Use Barriers" IPPF/UNFPA (2007)

negative consequences of sexual activity, yet did not see greater sexual involvement." Further, that same study also found that "the overwhelming majority of reports…found little support for the contention that sexual health education encourages experimentation or increased sexual activity. The impact…is in the direction of postponed initiation of sexual intercourse and safer practices..."[12] Well formulated education programmes arm youth with the tools they need to navigate a healthy lifestyle in today's dangerously sexualized world. Sexually educated youth fully understand the need to practice safer sex and are knowledgeable about effective contraception use. They are better equipped to negotiate with their partners and to express feelings and concerns. They do not harbor any of the damaging myths, misconceptions, or fears that abstinence-only or other one-sided and incomplete programs instill in students.[13] "[T]here is now clear evidence that well-designed programs of sex education, which include messages about safer sex as well as those about abstinence, may delay the onset of sexual activity, and reduce the number of sexual partners, and increase contraceptive use among those who are already sexually active."[14] Additionally, according to Advocates for Youth, "[p]roviding information about sexuality does not lead young people to experiment with sex. In fact, providing accurate information before young people begin to have sex has been shown to help teens abstain from sex" and "[w]hen abstinence in the taught as the only option for young people, youth do not receive enough information and skills to remain safe when they

[12] "Impact of HIV and sexual health education on the sexual behavior of young people: a review update" UNAIDS (1997)
[13] "Myths, Misperceptions, and Fears: Addressing Condom Use Barriers" IPPF/UNFPA (2007)
[14] Rivers, K. and Aggleton, P. "Adolescent Sexuality, Gender, and the HIV Epidemic" Thomas Coram Research Unit, Institute of Education, University of London (1999) available at http://www.undp.org/hiv/publications/gender/adolesce.htm

become sexually active. Without all the information provided by comprehensive programs, young people are less able to make responsible choices."[15]

Sexuality education reduces HIV, other STIs, and unwanted teen pregnancy

Comprehensive sexual education is one of the most successful proven strategies to fighting HIV, other STIs, and unwanted teenage pregnancy, three critical health concerns for adolescents.[16] International recognition of this fact was made well known in the Cairo Programme of Action: "information and services should be made available to adolescents to help them understand their sexuality and protect themselves from unwanted pregnancies, sexually transmitted diseases, and subsequent risk of infertility."[17] Younger people are extremely vulnerable and at more risk for STIs for a number of reasons, including but not limited to: unequal power relations, increased number of partners due to delayed marriage trends, harmful stereotypes of adolescent sexuality, peer pressure and the role of the media, and less access to youth-specific information and services. It is the government's responsibility to provide adequate protection in the form of education.[18] HIV prevention requires information and knowledge; "quality education

[15] "Advocating for Adolescent Reproductive Health in Eastern Europe and Central Asia" Advocates for Youth/UNFPA (2004)
[16] Nearly every reference used in the development of this petition states this fact.
[17] Cairo Programme of Action
[18] "Sexual and Reproductive Health Education and Services for Adolescents" Prepared by ACPD, in consultation with CEDPA, CFFC, CRLP, FCI, Ipas, IPPF, IWHC, Latin American & Caribbean Youth Network for Sexual and Reproductive Rights, NAPY, and Youth Coalition for ICPD, available at http://www.reproductiverights.org/pdf/pub_fac_adoles_sexedservices.pdf (accessed 19/07/2007); "Education is Empowerment: Promoting Goals in Population, Reproductive Health, and Gender" UNFPA (2003); Rivers, K. and Aggleton, P. "Adolescent Sexuality, Gender, and the HIV Epidemic" Thomas Coram Research Unit, Institute of Education, University of London (1999) available at http://www.undp.org/hiv/publications/gender/adolesce.htm; Bearinger, L., et. al. "Adolescent Health 2: Global perspectives on the sexual and reproductive health of adolescents: patterns, prevention, and potential" The Lancet, 369:9658, 1220-31 (2007), 1221: ("variation in biological maturation, age of sexual debut, type and number of sexual partners, and use of condoms and contraceptive methods, along with education and marital options and norms, and the possibility of sexual coercion, create a confluence of

empowers individuals by providing them with knowledge and skills to make informed decisions and adopt behaviors that reduce their risk of HIV infection."[19] Further, "[a]ccess to culturally sensitive and youth-friendly reproductive health information and services is a priority for protection against STIs, including HIV, and unintended pregnancy."[20] In fact, in many areas where HIV infection rates are dropping, it is primarily because young men and women are being given the tools and the incentives to adopt safe behavior through sexual health education programmes. (opportunity in crisis, lancet). Yet sadly, studies continue show that the majority of youth are severely lacking the tools and information needed.[21]

Sexuality education increases gender equality

Sexual health education is now seen as a tool for addressing gender relations and gender perceptions.[22] Skewed gender perceptions, such as the so-called 'double-standard' which praises young men for multiple partners while stigmatizing young women for being sexually active or the 'othering' of sexual minorities, greatly contribute to poor sexual and reproductive health.[23] Abstinence-only education underscores these harmful gender roles, often painting the man in a negative light and the woman as a helpless victim or

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factors that may *protect* against STIs, HIV, or early pregnancy, or *increase a young person's risk* of experiencing these problems" emphasis added

[19] "Girls, HIV/AIDS, and Education" UNICEF, 2004

[20] "Preventing HIV Infection, Promoting Reproductive Health" UNFPA (2003), see also "Reproductive Health Education for Young People: Enabling Choices …Promoting Empowerment" UNFPA (2003)

[21] Id.

[22] See, e.g. "Impact of HIV and sexual health education on the sexual behavior of young people: a review update" UNAIDS (1997); "Education is Empowerment: Promoting Goals in Population, Reproductive Health, and Gender" UNFPA (2003)

[23] Bearinger, L., et. al. "Adolescent Health 2: Global perspectives on the sexual and reproductive health of adolescents: patterns, prevention, and potential" The Lancet, 369:9658, 1220-31 (2007), 1221.

teaching children homophobia.[24] Abstinence-only education also egregiously discriminates against sexual minorities and LGBT communities. However, comprehensive sexual health education addresses these harmful gender roles and discriminatory perceptions, contributing to gender equality, balanced healthy relationships, and non-discrimination.[25] UNFPA uses the term "social vaccine" to describe the potential impact of comprehensive sexual health education on gender equality and non-discrimination.[26] As recommended in the Cairo Programme of Action, sexual heath education for young women should be combined with "the education of young men to respect women's self-determination and to share responsibility with women in matters of sexuality and reproduction."[27] Additionally, the WHO report Information, Education, and Communication notes that "men's support and participation are essential to the ultimate success of any reproductive health initiative."[28] Comprehensive sexual health education breaks down gender stereotypes and encourages equal responsibility and participation for both men and women. As summed up in the Beijing review, "experience shows that educational programmes for young people can

[24] Rivers, K. and Aggleton, P. "Adolescent Sexuality, Gender, and the HIV Epidemic" Thomas Coram Research Unit, Institute of Education, University of London (1999) available at http://www.undp.org/hiv/publications/gender/adolesce.htm: the abstinence-only programmes' typical "emphasis on 'innocence' prevents young women from seeking information about sex or services relating to their sexual health" while masculinity encourages young men to seek out multiple partners and be more informed, thus also creating a barrier in access to information)

[25] Zampas, C. and Kebriaei, P.: "Promoting Accurate and Objective Sexuality Education", INTERIGHTS Bulletin, 15:4 (2007), available at http://www.reproductiverights.org/pdf/INTERIGHTS_Zampas_Kebriaei.pdf (accessed 19/07/2007)

[26] "Education is Empowerment: Promoting Goals in Population, Reproductive Health, and Gender" UNFPA (2003)

[27] Cairo Programme of Action

[28] "Information, Education, and Communication: Lessons from the past; perspectives for the future" WHO Occasional Paper (2001)

lead to a more positive view on gender relations and gender equality, delayed sexual initiation, and reduced risk of sexually transmitted infections."[29]

What are other issues to consider?

Working with, not against, family education

Comprehensive sexual health education should not replace family conversations and values discussions, but rather should open doors to talking about personal issues and provide factual information.[30] Often times, parents are not in the best position to provide such information.[31] Research shows the importance of a peer education component as well as out of school partnerships.[32] Programmes which aim to link in-school education with outreach and peer education benefit from knowledge sharing, resource sharing, and

[29] Zampas, C. and Kebriaei, P.: "Promoting Accurate and Objective Sexuality Education", INTERIGHTS Bulletin, 15:4 (2007), available at http://www.reproductiverights.org/pdf/INTERIGHTS_Zampas_Kebriaei.pdf (accessed 19/07/2007)

[30] "Education is Empowerment: Promoting Goals in Population, Reproductive Health, and Gender" UNFPA (2003)

[31] Zampas, C. and Kebriaei, P.: "Promoting Accurate and Objective Sexuality Education", INTERIGHTS Bulletin, 15:4 (2007), available at http://www.reproductiverights.org/pdf/INTERIGHTS_Zampas_Kebriaei.pdf (accessed 19/07/2007), "Education is Empowerment: Promoting Goals in Population, Reproductive Health, and Gender" UNFPA (2003); "Advocating for Adolescent Reproductive Health in Eastern Europe and Central Asia" Advocates for Youth/UNFPA (2004); Rivers, K. and Aggleton, P. "Adolescent Sexuality, Gender, and the HIV Epidemic" Thomas Coram Research Unit, Institute of Education, University of London (1999) available at http://www.undp.org/hiv/publications/gender/adolesce.htm

[32] "Sexual and Reproductive Health Education and Services for Adolescents" Prepared by ACPD, in consultation with CEDPA, CFFC, CRLP, FCI, Ipas, IPPF, IWHC, Latin American & Caribbean Youth Network for Sexual and Reproductive Rights, NAPY, and Youth Coalition for ICPD, available at http://www.reproductiverights.org/pdf/pub_fac_adoles_sexedservices.pdf (accessed 19/07/2007): : "Governments should ensure that children, especially adolescents, receive sexuality education and information both in schools and through other social/community mechanisms. Governments should devise programmes that involve parents, teachers, health care providers, and community or spiritual leads…", see also "Information, Education, and Communication: Lessons from the past; perspectives for the future" WHO Occasional Paper (2001); "Education is Empowerment: Promoting Goals in Population, Reproductive Health, and Gender" UNFPA (2003); "Impact of HIV and sexual health education on the sexual behavior of young people: a review update" UNAIDS (1997); Rivers, K. and Aggleton, P. "Adolescent Sexuality, Gender, and the HIV Epidemic" Thomas Coram Research Unit, Institute of Education, University of London (1999) available at http://www.undp.org/hiv/publications/gender/adolesce.htm

different perspectives, methods, and strategies.[33] At bottom, "young people benefit from open and honest communication with adults, and this is absent in many cultural contexts and declining in others."[34]

Accessible, available, quality comprehensive sexuality education is an international human right

Finally, meaningful access to comprehensive sexual health education is a human right. The Committee on the Rights of the Child, in General Comment 4 (2003) on Adolescent Health, delineates several human rights which are implicated when looking at access to comprehensive sexuality education and adolescent sexual health, including the right to be free from discrimination, respect for the views of the child, civil rights and freedoms, and protection from abuse, neglect, violence, and exploitation.[35] The Committee then goes on to explicitly state:

[33] "Education is Empowerment: Promoting Goals in Population, Reproductive Health, and Gender" UNFPA (2003)
[34] Rivers, K. and Aggleton, P. "Adolescent Sexuality, Gender, and the HIV Epidemic" Thomas Coram Research Unit, Institute of Education, University of London (1999) available at http://www.undp.org/hiv/publications/gender/adolesce.htm
[35] Committee on the Rights of the Child, General Comment No. 4: Adolescent Health and Development in the Context of the Convention on the Rights of the Child (2003) (CRC/GC/2003/4)

[i]n light of articles 3, 17 and 24[36] of the Convention, States parties should provide adolescents with access to sexual and reproductive information, including on family planning and contraceptives, the dangers of early pregnancy, the prevention of HIV/AIDS and the prevention and treatment of sexually transmitted diseases (STDs). In addition, States parties should ensure that they have access to appropriate information, regardless of their marital status and whether their parents or guardians consent. It is essential to find proper means and methods of

[36] Article 3: 1. In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration. 2. States Parties undertake to ensure the child such protection and care as is necessary for his or her well-being, taking into account the rights and duties of his or her parents, legal guardians, or other individuals legally responsible for him or her, and, to this end, shall take all appropriate legislative and administrative measures. 3. States Parties shall ensure that the institutions, services and facilities responsible for the care or protection of children shall conform with the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision.
Article 17: States Parties recognize the important function performed by the mass media and shall ensure that the child has access to information and material from a diversity of national and international sources, especially those aimed at the promotion of his or her social, spiritual and moral well-being and physical and mental health. To this end, States Parties shall: (a) Encourage the mass media to disseminate information and material of social and cultural benefit to the child and in accordance with the spirit of article 29; (b) Encourage international co-operation in the production, exchange and dissemination of such information and material from a diversity of cultural, national and international sources; (c) Encourage the production and dissemination of children's books; (d) Encourage the mass media to have particular regard to the linguistic needs of the child who belongs to a minority group or who is indigenous; (e) Encourage the development of appropriate guidelines for the protection of the child from information and material injurious to his or her well-being, bearing in mind the provisions of articles 13 and 18.
Article 24**:** 1. States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services. 2. States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures: (a) To diminish infant and child mortality; (b) To ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care; (c) To combat disease and malnutrition, including within the framework of primary health care, through, inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution; (d) To ensure appropriate pre-natal and post-natal health care for mothers; (e) To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents; (f) To develop preventive health care, guidance for parents and family planning education and services. 3. States Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children. 4. States Parties undertake to promote and encourage international co-operation with a view to achieving progressively the full realization of the right recognized in the present article. In this regard, particular account shall be taken of the needs of developing countries.

> providing information that is adequate and sensitive to the particularities and specific rights of adolescent girls and boys. To this end, States parties are encouraged to ensure that adolescents are actively involved in the design and dissemination of information through a variety of channels beyond the school, including youth organizations, religious, community and other groups and the media.[37]

This general comment concludes with a description of the nature of these obligations, calling for availability, accessibility, acceptability, and quality of health information and services, especially for sexual and reproductive health.[38]

Again in General Comment 3: HIV/AIDS and the rights of the child, the Committee states that sexuality education is a human right and that "effective HIV/AIDS prevention requires States to refrain from censoring, withholding, or intentionally misrepresenting health-related information, including sexual education and information," governments should facilitate "dialogue with community, family and peer counselors, and the provision of 'life skills' education within schools, including skills in communicating on sexuality and healthy living," and that "education plays a critical role in providing children with relevant and appropriate information on HIV/AIDS, which can contribute to increased awareness and better understanding of this pandemic and prevent negative attitudes towards victims of HIV/AIDS."[39] Further, sexual health education is explicitly included in provisions in CEDAW, CEDAW General Comment 21 on the right to health,

[37] Id.
[38] Id.
[39] Committee on the Rights of the Child, General Comment No. 3: HIV/AIDS and the rights of the child (2003) (CRC/GC/2003/3)

CESCR General Comment 14 on the right to health Cairo, and Beijing, as well as the recent Special Rapporteur on the right to education's report.[40]

III. European Union

What has the European Union said on the issue?

The European Union has, on many occasions, endorsed comprehensive sexual health education. As far back as 1975, the European Court of Human Rights noted the importance of compulsory comprehensive sexuality education in addressing unwanted teenage pregnancy, abortions, and STIs. The Court found that: "[t]he instruction on the subject given in State schools is aimed less at instilling knowledge they do not have or cannot acquire by other means than at giving them such knowledge more correctly, precisely, objectively and scientifically. The instruction, as provided for and organised by the contested legislation, is principally intended to give pupils better information."[41] In its report to the Court for the same case, the European Commission of Human Rights wrote that comprehensive sexuality education is a legitimate government obligation which fulfills a government's duty to all adolescents.[42] Key text of the opinion reads: "that there can hardly be any doubt as to the reasonableness of introducing sex education as such in the schools. One may even ask whether Article 12 of the Convention…might call for a reasonable form of sex education in schools."[43] This finding was later upheld by the European Court of Human Rights in the Merino v. Spain case in the late 1990s.[44]

[40] See, e.g. Economic, Social, and Cultural Rights: The Right to Education, Report submitted by the Special Rapporteur, Katarina Tomasevski (2004) (E/CN.4/2004/45)
[41] Kjeldsen, Madsen, and Pedersen v. Denmark, Judgment of the European Court of Human Rights (1976)
[42] Kjeldsen, Madsen, and Pedersen v. Denmark, Report of the European Commission Of Human Rights (1975)
[43] Id.
[44] Jimenez Alonso and Jimenez Merino v Spain (51188/99) (2000)

The list of official EU documents and papers which recognize the importance of comprehensive sexuality education is extensive. In 1996, the EU's Resolution on the follow up to the Cairo International Conference on Population and Development recognized that women "should be given better access to information and high quality services regarding reproduction," and that youth are facing a critical battle against HIV/AIDS with sexual health education as their foremost weapon.[45] The Resolution on the report on women's health in the European Community in 1997 included an entire section on reproductive health which highlighted sexual health education, especially for young people, as a necessary component of reproductive health.[46] The White Paper, "A New Impetus for European Youth" from 2001 states that "education about health issues, particularly sexual matters and parenthood, is…essential." The paper goes on to say that "[y]oung people see sexuality as an important aspect of their well-being and personal autonomy. They perceive a need for more information on sexuality, particularly sexual education, contraception, sexual diseases, etc."[47] The 2002 Resolution on health issues, young people, the elderly, and people living with disabilities also notes the critical importance of sexual health education.[48] There was even a call for proposals in 2003 for a European partnership to promote the sexual and reproductive health and rights of young

[45] EU Resolution on the follow-up to the Cairo International Conference on Population and Development, published in the Official Journal C 211 , 22/07/1996 P. 0031 (1996)

[46] EU Resolution on the report from the Commission to the Council, the European Parliament, the Economic and Social Committee and the Committee of the Regions on the state of women's health in the European Community (COM(97)0224 C4-0333/97), published in the Official Journal C 175 , 21/06/1999 P. 0068

[47] European Commission White Paper, "A New Impetus for European Youth" COM(2001) 681 final

[48] Joint Parliamentary Assembly of the Partnership Agreement concluded between the members of the African, Caribbean and Pacific group of States of the one part and the European Community and its Member States of the other part - Resolution on health issues, young people, the elderly and people living with disabilities, published in the Official Journal 231 , 27/09/2002 P. 0055 – 0057: "whereas young people, especially young women, are more vulnerable to sexually transmitted infections: half of all new HIV infections in the world are in young people aged between 15 and 24, highlighting the need for adequate sex education".

people, yet little seems to have reached the individuals in the countries which deny comprehensive sexuality education. The report on poverty among women in Europe from 2005 took serious note of the problem of high rates of teenage pregnancies and expounded on the importance of sexual education in addressing the issue.[49] The Action on HIV/AIDS in the European Union and neighboring countries (2006-2009) stated that prevention measures include access to information and education on sexual health.[50] Finally, the Bremen Declaration on Responsibility and Partnership – Together Against HIV/AIDS passed in March of 2007, not only reaffirms the EU's commitments to the Programmes of Action from Cairo and Beijing which call for sexual health education, but explicitly provides for "comprehensive sexuality education, counseling, and services on safer sex and condom use in particular for young people."[51]

The Council's position on the programme of Community action on health promotion, information, education and training (within the framework for action in the field of public health) for 1996-2000 included specific provisions for sexual health education, calling for "promotion, in consultation with Member States, of greater integration of health education, *including sex education*, in school curricula and development of exchanges of experiences, teaching materials, and training staff inter alia by means of pilot projects, in order to promote healthy lifestyles and behavior," (emphasis added) and "promotion of exchanges of experience and information and support for a campaign concerning sex

[49] Opinion of the European Economic and Social Committee on Poverty among women in Europe (2005) (SOC/207)
[50] EU Action on HIV/AIDS in the European Union and neighbouring countries 2006 – 2009
[51] Bremen Declaration on Responsibility and Partnership - Together Against HIV/AIDS (2007)

education and contraception."[52] In a written question to the European Parliament from 2004, entitled "sex education for children and young people in the enlarging Union," the parliamentarian's answer agreed that there are international, regional, and national commitments to comprehensive sexual health education, and noted that the public health action programme for 2003-2008 states that "sexual health, including sexual education, is an important part of the health determinants strand."[53] Similarly, the 2004 public health work plan included a commitment to "develop health promotion strategies and define best practices to address sexual education (teenage pregnancy, family planning) and prevention of sexually transmitted diseases such as HIV/AIDS, including consideration of approaches in school settings and those targeting specific groups."[54] Likewise, the work plan for 2006 included robust language about the importance of HIV/AIDS education and working on "developing innovate strategies to promote safe sex and to address the increase in risk-taking behaviors among young people."[55]

As the above paragraphs make clear, the EU has stated, on many occasion, that the Community is dedicated to comprehensive sexuality education. This creates an obligation in the fields of public health, gender equality, human rights, and youth, all

[52] EU Decision on the common position established by the Council with a view to the adoption of a European Parliament and Council Decision adopting a programme of Community action on health promotion, information, education and training within the framework for action in the field of public health (1996-2000) (C4-0275/95 - 94/0130(COD)) (Codecision procedure: second reading), published in the Official Journal C 308 , 20/11/1995 P. 0033

[53] EU Written Question P-1116/04 by Uma Aaltonen (Verts/ALE) to the Commission (5 April 2004) (2004/C 84 E/1049)

[54] 2004/192/EC: Commission Decision of 25 February 2004 adopting the work plan for 2004 for the implementation of the programme of Community action in the field of public health (2003 to 2008), including the annual work programme for grants (Text with EEA relevance)

[55] Common Decision adopting the work plan for the implementation of the programme of community action in the field of public health (2003-2008) (2006/89/EC)

which are priority areas within EU institutions and programmes. These obligations are plainly and unmistakably violated in many states, some of which are highlighted below.

IV. Case studies

Across the European Community, there are significant disparities and inequities in access to comprehensive sexual health education. Countries such as the Netherlands and Sweden (Germany, France, and others as well) have been quite successful in implementing programs with positive outcomes such as low incidence of HIV and low rates of unwanted teen pregnancy.[56] In the Netherlands, more than half of primary schools and almost all secondary schools provide sexual education. Although neither country has a set national curriculum, each country provides specific guidelines and goals for individual schools to achieve.[57] Sex education in the Netherlands focuses on biology and contraception, STIs, sexuality, attitudes, communication, and negotiation skills.[58] Sweden has very similar foci as well.[59] A majority of 16-25 year old Swedes report that they get the best information on sexuality, contraceptives, and STIs from schools.[60] 85% of Dutch young people use some form of modern contraception upon their first experience with sexual intercourse.[61] Because Dutch and Swedish teens are more likely to use contraception, they also have lower teenage unwanted pregnancy rates. The

[56] The following information is drawn from a paper written by Suzanne Rizzo for the ASTRA Network, Summer 2006.
[57] Blankenstein, Pim. "the Netherlands' Sexual Education Policies." E-mail to Suzanne Rizzo. 28 July 2006; Dutch Ministry of Education, Culture, and Science. Attainment Targets 1998-2003: the Netherlands basis secondary education targets. The Hague, The Netherlands: nv. Sdu, 1998, at 70; Danielsson, Maria, et al. Teenage Sexual and Reproductive Behavior in Developed Countries: country report for Sweden. New York City and Washington D.C.: The Alan Guttmacher Institute, 2001, at 23-4
[58] Alford, Sue, et al. Adolescent Sexual Health in Europe and the U.S.—Why the Difference? Washington D.C.: Advocates for Youth, 2000.
[59] Danielsson, 23
[60] Danielsson, 27
[61] Alford

pregnancy rate for 15-19 year old Dutch girls is 14.1 per 1,000.[62] For Swedish girls, this statistic is about 25 pregnancies per 1,000 girls.[63]

Member States such as Poland, Lithuania, Bulgaria, and even the UK (though there are many more) continue to ignore the problem and face massive poor sexual and reproductive health outcomes for adolescents.[64] These governments are not only grossly failing in their obligations, duties, and responsibilities to their youth populations but are also actively creating harm by providing false, misleading, and mistruths to the next generation. In a survey of several countries in Central and Eastern Europe, the ASTRA Youth Network found that most respondents declare that they do not participate in the sexuality education lessons at school or did not have access to sex education materials, although the majority think that schools should take an active role in educating adolescents about sexual and reproductive health.[65] (see Annex 3 for more detailed information) The following case studies from the recent ASTRA Youth research study highlight both direct and indirect harms caused by poor or absent sexuality education.

Poland[66]

In Poland, sexuality education continues to be a controversial topic. State authorities' policy reflects this sustaining confusion. As far as sexuality education in public schools is

[62] Alford
[63] Danielsson, 8
[64] See, e.g. "Advocating for Adolescent Reproductive Health in Eastern Europe and Central Asia" Advocates for Youth/UNFPA (2004); "Youth's Voice: report on sexual and reproductive health and rights in Central and Eastern European and the Balkan countries" ASTRA Youth Network (2007); "Sex and Relationships Education: Are You Getting It?" Report by the UK Youth Parliament (2007)
[65] "Youth's Voice: report on sexual and reproductive health and rights in Central and Eastern European and the Balkan countries" ASTRA Youth Network (2007).
[66] Id.

concerned, legal regulations remain ambiguous and indefinite. The subject was included as a part of the school curriculum in 1996 only to be withdrawn just three years later. It has been substituted with 'Preparation for family life'. This programme not only fails to present knowledge on sexuality, but it promotes a traditional family model. The content of textbooks for 'Preparation for family life' is filled with ideological notions, serving not as educational tools, but rather as a promotion of traditional (and in this case religious) values. Secondary school pupils, for whom the subject is not obligatory but facultative, are misinformed and exposed to concepts that convey stereotypical perceptions of gender and gender roles. A survey of Polish youth indicates many shortcomings in knowledge about sex and sexuality and prevention and protection skills. Teenagers are not well educated sexually. Almost half of all respondents do not know where the fertilization of the ovum takes place. Moreover, around 40% state that it is impossible for a girl to become pregnant during her menstrual period. What is more, almost no students recognized syphilis as an STI, while more than half thought that Chlamydia could not be transmitted during sexual intercourse. When asked about their first sexual encounter, 22.3% of participants do not use contraception at all and an additional 22.3% used the withdrawal method, meaning that almost half of respondents did not use a reliable form of modern contraception.

Lithuania[67]

While sexuality education is established in Lithuania, the content of this programme is still an issue of disagreement. Conservative groups successfully insist on abstinence only promotion and programming in a majority of schools. Issues related to sexual and

[67] Id.

reproductive health are included in mainly in biology courses, where the focus is on solely human anatomy. Sexually transmitted infections sometimes are briefly addressed, but usually in a descriptive fashion, not always making clear the direct links between the infections and how they are acquired or prevented. The prevention of unplanned pregnancy with contraception is not discussed. The teachers lack sufficient knowledge and skills to carry out sexuality education. There is a common opinion of schools that the parents have to provide information on sexual and reproductive health to young people, but they also lack the knowledge and skills to do this. 34% of respondents thought that you could tell if a person has an STI based on appearance alone. 17% of youth reported that the pill protects against STIs, including HIV/AIDS. 13.2% reported that masturbation is a dangerous activity. Only one half of 16-24 year olds in Lithuania use some form of contraception.

Bulgaria[68]

In Bulgaria, sexuality education is not part of the school curriculum. It is partially included in health education lectures in secondary schools. These classes on sexual education are not held regularly, are part of elective disciplines, and are not compulsory. The class tutors are responsible for conducting them, but they tend to either not have the experience needed or to not place any sort of priority on the topic. Only 35.8% of respondents to a recent survey declared that they have participated in sexuality education lessons at school. It is also worth mentioning that 66.7% of them think that the school should have an active role in sexuality education. Around 70% of the Bulgarian young people believe that sexuality education should begin in the preschool and only 22%

[68] Id.

believe that it should wait until high school. Sexuality counseling is rarely available in the majority of state health units. One can receive sexuality counseling only in a limited number of private centers, based in the biggest cities in the country. Most youth (66.7%) believe that an active role in sexuality education should be taken by the Bulgarian school system. Because of this deficient education, 18.9% of respondents believe that the pill protects against STIs, including HIV, while an addition 13.2% did not know. 22.2% of youth did not know whether it was possible to become pregnant during the first sexual intercourse. Only 40.7% reported that chlamydia is transmitted sexually, meaning that over half of all Bulgarian respondents think that it is not.

UK[69]

Even in a highly developed western European country like the UK, sexual education is poor at best. A recent study published by the UK Youth Parliament highlighted the alarming status of youth access to sexual and reproductive health education and services. According to the survey, 40% of the young people responding rate the quality of their sex and relationship education ("SRE") as either poor or very poor. 55% of all 12-15 year olds, and 57% of girls between the ages of 16-17 had not been taught how to use a condom, despite the Government's recommendation that, "Sex and relationship education should inform young people about condom use and safer sex in general." 61% of boys and 70% of girls over the age of 17 reported not having received any information about personal relationships at school , and 73% of all respondents felt that SRE should be delivered under the age of 13, with 56% of boys under 11 wanting SRE in primary

[69] "Sex and Relationships Education: Are You Getting It?" Report by the UK Youth Parliament (2007)

schools.[70] Notably, the UK reports the highest rate of teenage pregnancy in Europe and startling increases in chlamydia rates.

Youth Voice

This ASTRA Youth manifesto has been endorsed and signed by more than 220 individuals and organizations, both youth and their supporters.

> We, young women and men of Central and Eastern Europe (CEE) and Balkan Countries are truly concerned about our peers' reproductive and sexual health. The HIV/AIDS epidemic in Eastern Europe has been increasing steeply and constantly, and is reaching alarming proportions. The number of HIV-positive persons has risen by one third since 2003 (UNAIDS, 2006). Young people, especially teenage women are most vulnerable to HIV infection. According to UNAIDS, people under 25 years account for half of all newly diagnosed infections. Many countries of the CEE region are at the forefront of the pandemic, including the Russian Federation which has the biggest AIDS prevalence in all of Europe, Ukraine and Belarus – countries where the escalation of the epidemic is especially steep (UNAIDS 2006).
>
> We, ASTRA Youth members are worried about the alarming situation and trends we face. The challenge posed by HIV/AIDS demands an urgent and effective response. As by now, the only method to fight HIV/AIDS we have at our disposal is prevention through correct and consistent condom use.

[70] http://www.ukyouthparliament.org.uk/

Young people do have sex and sexuality is an important aspect of our lives – that's a reality. However, there is strong evidence that young people of the CEE region and Balkan countries lack accurate and comprehensive knowledge and skills on how to practice safer sex (Youth's Voice, 2006). Prejudice, taboos, and misconceptions are common.

This makes us - young people in all the CEE region - more vulnerable to contracting HIV, Sexually Transmitted infections, and more likely to experience unwanted pregnancy, stigma, and guilt about our sexuality.

The part of the world we live in is a very specific one in terms of cultural attitudes towards sexuality and states' policies towards sexuality education. In many countries with conservative views on sexual and reproductive health and rights, young people's access to reliable information, services and supplies, including male and female condoms, is significantly limited. Being conscious and responsible human beings, we do not want to deny our sexuality. Thus, we urge and set out to make condom use the new behavioral norm for all young people, to ensure healthy, respectable, and safer sexuality.

Many HIV-prevention campaigns targeted at youth are exclusively or mostly abstinence-based. We, the ASTRA Youth Group express deep concerns that this particular prevention approach will not reach those young people who engage in or want to engage in sexual intercourse. Sexually active youth have a right to

information on how to minimize the risk of HIV. Thus we call upon the national governments to recognize youth's needs and to undertake actions to educate young people about safer sex.

Safer sex requires correct and consistent condom use. Male and female condoms are the most effective prevention technology that is available so far It's a shame that condom use is not promoted among young women and men in the CEE region and Balkan Countries. The low rate of condom use among people is alarming.

Sexually active young people can only reduce their vulnerability to HIV through the correct and consistent practice of protected sex.

V. ASTRA Recommendations

ASTRA requests that the EU:

- legislate to mandate compulsory comprehensive sexuality education in ALL Member States in order to fulfill government obligations and responsibilities and to cease violating the rights of youth and adults alike
- create a system of accountability and transparency to monitor the status of sexuality education in Member States and to develop mechanisms to ensure that these obligations and rights are not violated in the future, paying particular attention to ensuring that these mechanisms are accessible to adolescents

- provide guidelines and support to Member States Ministries of Education in implementing evidence-based programs which respect human rights
- direct Member States to engage with youth in the development, execution and operation, and monitoring and evaluation of all comprehensive sexuality education programmes in order to respect the rights of youth to participate in the realization of their own health and well-being (see Annex 2)

ASTRA requests that regional advocates:

- Disseminate evidence-based factual information about the harms of deficient sexuality education and the benefits of comprehensive sexual health education.
- Work with community leaders, key stakeholders, government officials, and youth groups to develop guidelines and policies for compulsory comprehensive sex education
- Talk to youth about what they want to learn and how they want to learn it. Engage with youth in the development, execution and operation, and monitoring and evaluation of all comprehensive sexuality education programmes in order to respect the rights of youth to participate in the realization of their own health and well-being
- Monitor sexuality education programmes and policies and ensure that they provide factual information and do not promote myths, fears, or misconceptions.

Compiled by Reilly Anne Dempsey

References

"Adolescents: Profiles in Empowerment" UNFPA/WHO/UNICEF (2003)

"Advocating for Adolescent Reproductive Health in Eastern Europe and Central Asia" Advocates for Youth/UNFPA (2004)

"Application of Human Rights to Reproductive and Sexual Health" UNFPA/OHCHR (2001)

Bearinger, L., et. al. "Adolescent Health 2: Global perspectives on the sexual and reproductive health of adolescents: patterns, prevention, and potential" The Lancet, 369:9658, 1220-31 (2007)

Bremen Declaration on Responsibility and Partnership - Together Against HIV/AIDS (2007)

"Change, Choice, and Power: Young Women, Livelihoods, and HIV Prevention" IPPF/UNFPA/Young Positives (2007)

Committee on the Rights of the Child, General Comment No. 3: HIV/AIDS and the rights of the child (2003) (CRC/GC/2003/3)

Economic, Social, and Cultural Rights: The Right to Education, Report submitted by the Special Rapporteur, Katarina Tomasevski (2004) (E/CN.4/2004/45)

"Education is Empowerment: Promoting Goals in Population, Reproductive Health, and Gender" UNFPA (2003)

"European Approaches to Adolescent Sexual Behavior and Responsibility" Advocates for Youth (1999)

EU Action on HIV/AIDS in the European Union and neighbouring countries 2006 – 2009

EU Decision on the common position established by the Council with a view to the adoption of a European Parliament and Council Decision adopting a programme of Community action on health promotion, information, education and training within the framework for action in the field of public health (1996-2000) (C4-0275/95 - 94/0130(COD)) (Codecision procedure: second reading), published in the Official Journal C 308 , 20/11/1995 P. 0033

EU Resolution on the follow-up to the Cairo International Conference on Population and Development, published in the Official Journal C 211 , 22/07/1996 P. 0031 (1996)

EU Resolution on the report from the Commission to the Council, the European Parliament, the Economic and Social Committee and the Committee of the Regions on

the state of women's health in the European Community (COM(97)0224 C4-0333/97), published in the Official Journal C 175 , 21/06/1999 P. 0068

EU Written Question P-1116/04 by Uma Aaltonen (Verts/ALE) to the Commission (5 April 2004) (2004/C 84 E/1049)

European Commission White Paper, "A New Impetus for European Youth" COM(2001) 681 final.

"Girls, HIV/AIDS, and Education" UNICEF, 2004

"Impact of HIV and sexual health education on the sexual behavior of young people: a review update" UNAIDS (1997)

"Information, Education, and Communication: Lessons from the past; perspectives for the future" WHO Occasional Paper (2001)

Jimenez Alonso and Jimenez Merino v Spain (51188/99) (2000)

Joint Parliamentary Assembly of the Partnership Agreement concluded between the members of the African, Caribbean and Pacific group of States of the one part and the European Community and its Member States of the other part - Resolution on health issues, young people, the elderly and people living with disabilities, published in the Official Journal 231 , 27/09/2002 P. 0055 – 0057.

"Keeping the promise: an agenda for action on women and AIDS" UNAIDS/The Global Coalition on Women and AIDS (2006)

Madsen v. Denmark, Report of the European Commission Of Human Rights (1975)
Opinion of the European Economic and Social Committee on Poverty among women in Europe (2005) (SOC/207)

"Mainstreaming AIDS in Development Instruments and Processes at the National Level: A Review of Experiences" UNAIDS/UNDP/World Bank (2005)

"Myths, Misperceptions, and Fears: Addressing Condom Use Barriers" IPPF/UNFPA (2007)

"Peer Education and HIV/AIDS: Concepts, uses, and challenges" UNAIDS (1999)

"Preventing HIV Infection, Promoting Reproductive Health" UNFPA (2003)

"Preventing HIV/AIDS Among Adolescents Through Integrated Communication Programming" UNFPA (2003)

"Reproductive Health Education for Young People: Enabling Choices …Promoting Empowerment" UNFPA (2003)

Rivers, K. and Aggleton, P. "Adolescent Sexuality, Gender, and the HIV Epidemic" Thomas Coram Research Unit, Institute of Education, University of London (1999) available at http://www.undp.org/hiv/publications/gender/adolesce.htm

"Sex and Relationships Education: Are You Getting It?" Report by the UK Youth Parliament (2007)

"Sexual and Reproductive Health Education and Services for Adolescents" Prepared by ACPD, in consultation with CEDPA, CFFC, CRLP, FCI, Ipas, IPPF, IWHC, Latin American & Caribbean Youth Network for Sexual and Reproductive Rights, NAPY, and Youth Coalition for ICPD, available at http://www.reproductiverights.org/pdf/pub_fac_adoles_sexedservices.pdf (accessed 19/07/2007)

Trenhold, et. al. "Impacts of Four Title V, Section 510 Abstinence Education Programs" Mathematica Policy Research, Inc (April 2007), xvii – xx.

"Young People and HIV/AIDS: Opportunity in Crisis" UNICEF/UNAIDS/WHO (2002)

"Youth and the State of Culture" Youth Coalition/Advocates for Youth (2005)

"Youth's Voice: report on sexual and reproductive health and rights in Central and Eastern European and the Balkan countries" ASTRA Youth Network (2007)

Zampas, C. and Kebriaei, P.: "Promoting Accurate and Objective Sexuality Education", INTERIGHTS Bulletin, 15:4 (2007), available at http://www.reproductiverights.org/pdf/INTERIGHTS_Zampas_Kebriaei.pdf (accessed 19/07/2007