BZgA/WHO Conference on Youth Sex Education in a Multicultural Europe Cologne, November 2006

Documentation
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Germany’s Federal Centre for Health Education (BZgA) has been a WHO Collaboration Centre for sexual and reproductive health since 2003. Within this field, the BZgA supports in particular the WHO programme to intensify cooperation with the countries of Central and Eastern Europe.

Since 1992, in accordance with the German legislation on support for pregnancy and families, the BZgA has been responsible for producing sex education and family planning concepts, tailored to the needs of specific target groups, and for disseminating these concepts nationwide. The aim is to prevent pregnancy conflicts and to promote general sex education. The overall approach to sex education, formulated in collaboration with the individual federal states, specifies the responsibilities, programme contents, aims and target groups (the public at large, young people and young adults in particular, and multiplicators). Sex education is understood here in accordance with the WHO definition of sexuality as a lifelong process, aiming to engender self-determined and responsible attitudes and behaviour with regard to sexuality, contraception, relationships and life strategies and planning.

The first phase of the collaboration between the WHO and the BZgA focuses on young people. Increasing mobility through the opening of national frontiers makes young people a particularly important target group in regional and national strategies for improving sexual and reproductive health.

In its strategies for improving sexual and reproductive health (WHO 2001) in the European region, the WHO sets out the following goals: reducing the incidence of unwanted pregnancy, pregnancy termination and sexually transmitted infections; educating young people in the fields of reproduction and sexuality; and ensuring equal access to health services. The collaboration with the WHO is focused on providing young people with the information and skills they need and supporting them in asserting their rights.

In this context, the BZgA together with the European Regional Office of the World Health Organisation in Copenhagen held an international conference from 14th to 16th November 2006 in Cologne on the subject of “Sex Education for Young People in a Multicultural Europe”.

The conference offered experts a forum for presenting and discussing national strategies and successful initiatives in the various fields of activity in the WHO Euro Region. As well as an opportunity for sharing information and experience, the conference aimed at encouraging networking and collaboration in the European region.

Through this documentation we would like to make the results of the conference available. The speeches delivered and papers presented in the working groups provide an insight into the difficulties and criteria for the success of sex education projects in the various countries. The discussions and recommendations underscore the common agreement of the participants on the conditions that are necessary for sex education to be successful, despite differing regional circumstances.

The BZgA views the international exchange on the basis of national analyses from 16 countries as the central foundation for further cooperation, for know-how transfer in the European region and for the continuation of the debate on the issues involved. The aim is to strengthen multicultural sex education in Europe.

Prof Dr Elisabeth Pott
Director of the Federal Centre for Health Education
Cologne, July 2007
Introduction and methodological approach
Introduction and methodological approach

Background

The Federal Centre for Health Education (BZgA) was designated a WHO Collaboration Centre in 1983. Since then the focus has changed twice and it was in 2003 that the designation as WHO Collaboration Centre for Sexual and Reproductive Health took place. The collaboration is based on commonly agreed terms of reference and a four-year plan of work. Practically, the work plan is implemented in close partnership with the Reproductive Health and Research Department of the WHO Regional Office for Europe. About two years ago, the WHO expressed particular interest in the BZgA’s expertise in youth sex education and suggested that an international conference be organised where this experience could be shared among WHO-Euro member states.

Scope and purpose of the conference

At the International Conference on Population and Development, held in Cairo in 1994, sexual and reproductive health were identified as an area of special concern for all national health services. This includes both prevention and care and covers a range of issues, such as safe motherhood, reproductive choices and STI/HIV/AIDS control. In view of the extreme regional disparities, the WHO European Regional Strategy on Sexual and Reproductive Health, published in 2001, underlines the need for a comprehensive framework and for solidarity among member states, which need to address problems like adolescent pregnancy, unsafe abortions, sexual abuse, particularly of girls and women, and the alarming increase of the HIV pandemic.

Adolescents constitute one of the specific target groups of global, regional and national reproductive and sexual health strategies. They often lack the knowledge and the ability to control their sexual and reproductive lives and are subject to cultural norms and taboos which can be harmful. Therefore, they are particularly vulnerable and prone to engage in risky sexual behaviour.

In consequence, the development and implementation of sex education programmes addressing the specific needs of young people play a key role in the promotion of reproductive and sexual health. However, “youth” does not constitute a homogenous group, and reproductive health is closely associated with sociocultural factors, such as gender differences and religious beliefs. Countries therefore need to develop their own designs and strategies. Another challenge is to meet the specific sexual and reproductive health needs of the increasing population of refugees and temporary or permanent migrants in many member states of the WHO European Region.

The conference created a forum for technical experts from both governmental and non-governmental organisations to assess different national strategies and their implementation within the WHO European Region. The aim was to share experience and best practice, learn from one another and create networks and partnerships where it seems to be fruitful. In addition, two aspects were highlighted and results were produced during the conference: one was the multicultural dimension; the other was the quality of sex education.
The aims of the conference were:

- Assessing the present state of youth sex education in Europe, with the efforts of both governmental and non-governmental sectors being considered.
- Identifying the different approaches and communication strategies, including aims, messages and target groups of each of the participating countries.
- Analysing the issues and dimensions of a multicultural approach to sex education for young people in the European region.
- Sharing existing approaches and instruments of quality management and identifying challenges and needs for the further development and quality assurance of youth sex education.
- Exploring how far sex education programmes contribute to the development of integrated life skills. According to the WHO, such skills are needed to deal with all aspects of sexuality and reproduction in a satisfactory and responsible manner.
- Promoting future collaboration between technical experts in the field of sex education in the region.

Expected outcomes included:

- Production of a set of country-level papers on national sex education strategies, frameworks and activities.
- Recommendations on how to deal with multicultural dimensions in the field of youth sex education.
- Identification of further research and capacity-building needs for each of the main topics, namely “multicultural dimensions”, “quality management” and “life skills approach”.
- Initiation and strengthening of partnerships and collaboration at regional level; identification of strategies to further promote these relationships.

Preliminary study: country-level papers on youth sex education in Europe

As part of the conference planning process a set of country-level papers assessing the national strategies and approaches to youth sex education of 16 countries had been compiled. The selected countries for the study were: Austria, Belgium, France, Germany, Hungary, Kyrgyz Republic, Latvia, Netherlands, Portugal, Russian Federation, Sweden, Switzerland, Turkey, United Kingdom, Ukraine and Uzbekistan. Representatives of all these countries were invited to participate in the conference.

The country papers basically aimed at identifying different conditions and frameworks, the diversity of approaches and strategies, and the key challenges youth sex education has to face. In addition information was collected on relevant governmental and non-governmental key actors, on sex education in schools, and on the role of the family as a setting for sex education.

The information presented in the country papers was collected by means of a questionnaire sent out to governmental or non-governmental organisations in the respective countries. The report, comprising 16 country profiles, references, and a synopsis of the study, was disseminated at the conference and is available at BZgA headquarters in Cologne or on the BZgA web page:
Production of an international edition of a BZgA journal

As part of the conference preparation activities, the BZgA produced a new edition of its sex education and family planning journal “Forum” (2-2006). This edition addresses the international dimension of sex education and contains, among others, the following articles:

- Gunta Lazdane: Improving Adolescents’ Sexual and Reproductive Health in Europe – The Role of the World Health Organisation
- Jeffrey Victor Lauaruns/Jerker Likjestrand: Sex and Young People in Europe: What’s SAFE?
- Regina Krause/Beate Lausberg: The BZgA Join-in Circuit in operation – worldwide!

The journal is available in English and German and can be downloaded at the BZgA webpage:

http://www.sexualaufklaerung.de/index.php?docid=966

Methodological concept of the conference

Getting to know one another, establishing contacts and networks and sharing experience – these were the objectives of bringing participants together in the conference setting described. The methodological concept was therefore designed as follows: various tools for facilitating large group conversations were combined with plenary sessions and presentations; in addition, time and space for informal conversations were provided and supplementary programme activities were organized.

Dialogue and communication were particularly enhanced through a world café, an open space and other forms of group work. Visualisation also played an important role throughout the conference. Finally, a market place was set up where books, educational material and posters from sex education programmes of more than 20 countries were displayed.

There follows a brief description of the process and core principles of the world café and open space.

The world café is a methodological approach that allows an intense dialogue between people on a given theme. It is related to communication conditions that can be found in a real café.

At small tables, groups of 4 people gather and discuss a particular question. The results are directly visualised on paper tablecloths. After a first phase of 20-30 minutes one person remains at the table as the host. The others change to other tables. The host for the new guests briefly summarises the foregoing discussion. They then add aspects from other talks from other tables. The host for the new guests briefly summarises the foregoing discussion. They then add aspects from other talks from other tables. Now a second question is asked which is also worked on at all the tables. Finally there is a third round. At the end, the hosts are asked to present the chief results to the whole assembly. These results are validated commonly by all participants. A professional facilitator leads this process and a graphic designer directly visualises the results.
The following three questions were raised during the *world café*:

1. What do I personally like in youth sex education (my favourite project/a personal success story)?
2. Across the border: what is going on in youth sex education in my country?
3. With regard to cultural and gender diversity: can we work with “one approach for all”?

While the *world café* took place at the beginning of the conference and basically helped to facilitate communication, an *open space* was organised during the last session of the programme. Its purpose was to create an opportunity for participants to raise issues which they felt it was important to discuss.

The open space idea was developed by Harrison Owen, who believed that at strategic meetings or workshops the most important discussions take place during coffee breaks. Thus *open space* is characterised by an informal atmosphere and an energy which produces unpredictable results – in the positive sense. In the *open space* session participants can meet and move to where they can learn something or contribute something, i.e. participants “vote with their feet”. You can go wherever you find something of interest, or where you can contribute or learn something.

The *open space* works like this: all participants sit together in a large circle. After the moderator has explained the rules and main ideas of the method all participants are asked to write their own topic on a page. So each participant gets the chance to introduce one aspect which he or she would like to discuss and work on further. The participants are then asked in turn to go into the middle of the circle and introduce their topic. Following this phase the participants organise themselves in small groups based on their interest, find a space and work on their topic. Everybody can change group at any time. The most important results are visualised and shown to the others.

The results are evaluated in a final round with everyone gathered in a circle. After two such rounds general feedback and recommendations were presented at the conference.

A prominent aspect of the conference was the participation of youth ambassadors. Three representatives of the youth network Y-safe from IPPF were invited to monitor and to critically consider the course and content of the conference.

**Outline of the proceedings**

This documentation tends to follow the chronological structure of the conference. In the first part, methodological aspects are given, then a more thematic focus is set. Finally the results of the overall conference are presented and summarised.

The papers, which were presented at the conference, have been summarised by the speakers themselves in a two-page format. These summaries are part of the conference report. They include a summary of the presentation, references and contacts and a brief description of the organisation.
Introduction and methodological approach
Welcome addresses
Differences in a multicultural Europe are based on different national political and societal structures. The challenge is to understand this growing multiculturalism as an enrichment of our society. Sex education is influenced by the relationship between central and decentralised political control systems, the participation of NGOs and the status and relative importance of families. The pace of transformation processes, the economic conditions and the embeddedness of religion also influence the way sex education is practised in each country.

What unites all the participants of this conference is the focus on the question of which groups of young people have particular needs with regard to sex education. Language competence, perceptions based on cultural differences, life styles and the specific needs of migrants play a decisive role in this respect. Another important common basis of sex education in Europe are the international declarations of Cairo from 1994 and the IPPF charter, which define international agreements and accepted objectives in the field of sexual and reproductive rights. In a strategy paper in 2001 the WHO called for a coordinated framework for action and for the member states to demonstrate solidarity to this end.

Access to information about sexuality and family planning, the establishment of counselling and health services, and support for families and schools in sex education are still not guaranteed in many countries of the European region. Taboos and cultural norms in the field of sexuality hinder access to contraceptives and to important information on sexual and reproductive health. This is especially true for youngsters and young adults and in particular for young people of migrant backgrounds, those who are socially disadvantaged and those who do not have good access to education. Within these groups it is much more markedly true for girls and young women who in some regions of Europe are very much confronted by the threat of HIV/AIDS, prostitution and sexual abuse, as well as by health risks such as unwanted pregnancy and abortion. National and global strategies to improve sexual and reproductive health are therefore urgently needed to reduce the number of adolescent pregnancies, to avoid abortions, to improve the prevention of sexual abuse, especially of girls and boys, and to stem the alarming development of the HIV epidemic.

Young people are a particularly important target group within this strategy for improving sexual and reproductive health. Sex education assumes a key role when it takes into account the specific needs of young people, and when it is conceived of as an integral part of health education and comprehensive health promotion. A common objective should be to provide young people with full information and to support them in their ability to act and communicate.
Sexuality is an essential part of personal development. It should accompany young people appropriately in this process and enable them to develop as sexual beings, to learn to express their own feelings and needs, to experience sexuality positively and to live responsibly as women and men. Sex education should enable young people to handle constructively the difficulties and restrictions they experience during their development and support them along the way. To this end, all actors involved, such as families, schools and counselling services – in short, all governmental and non-governmental organisations – should be adequately supported and equipped in order to make their qualified contribution.

Young people, however, are not a homogeneous group. They differ according to age and gender, development phases, social status, their specific situation in life and their cultural background. Characteristic of young people is the diversity of cultures and lifestyles, which are expressed, for instance, in different styles of dress, musical preferences, youth language, and individual use of media. Young people differ in specific gender development. Being a girl or a boy deeply influences the development process of the individual because gender-specific attitudes are informed early on by norms and values. Economic and social conditions, such as unemployment, poverty, homelessness and the overall changes in the situation in Europe all affect their specific life situation. Factors like belonging to another culture or nationality are also of major significance. Sex education has to take all this into consideration.

In this respect, the differing needs of the growing population of foreign nationals in many European member states is of exceptional significance. Refugees, migrants and immigrants in many European member states are leading to a multicultural Europe forced to face new challenges.

In Germany, for instance, there are currently more than 14 million people with a background of migration. They require migrant-sensitive approaches and equal access to information and health services. In the field of sex education we are facing special challenges. Sexuality and family planning are much more strongly affected than other issues in the health sector by attitudes and values which are embedded in regional cultural backgrounds, family traditions and religions. This is why certain measures and approaches fail to reach some migrant groups because sexuality and related aspects of life are taboos in their societies of origin or have a different significance. The open, tolerant and emancipated attitude to sex education and family planning which predominates in western societies can lead to conflict with traditional ideas of gender roles, religious beliefs and other moral precepts.

The challenge for sex education is to develop media and devise channels of communication which address people with migration experience and in particular young people – in a culturally sensitive way, without losing sight of the general objectives of prevention.

Questions and problems which arise with migrant groups are often linked to:

- differences in gender roles
- differences in communication about sexuality (especially in the parental home and at school)
- a lack of knowledge about sexuality and bodily matters
- different values and significance attached to sexuality, marriage and family
- cultural and religious reservations
- and contradictions between the sexual norms of countries of origin and those of the new society.

A second important purpose of this conference is the question of quality management of measures in the field of sex education. Various procedures and instruments for quality assurance have been introduced. Target-oriented sex
Welcome addresses

Education appropriate to the needs of young people requires scientifically supported foundations. Media and measures in sex education have to address young people in a manner that conforms to age and target group specifics. Besides conveying factual information, such as the means and methods of contraception, the media and measures must also promote skills such as perceptiveness, conflict handling and communication.

The quality assurance of media, measures and concepts is of great importance for effective sex education. When we talk about quality and quality assurance we mean that the media and the measures we employ should be tested for effectiveness. This reflects the aim of creating the best possible sex education measures and media. Planning and choosing approaches to different target groups – and testing whether they are in fact reached by these approaches – are important elements of comprehensive quality assurance. Equally important is the continuous training and qualification of personnel to ensure that those talking to young people about sex education issues are skilled and competent.

The BZgA has a long tradition of quality assurance with regard to its own products. Since 1967, when the BZgA was founded, we have analysed existing conditions, evaluated media and measures, and conducted long-term observation of developments, attitudes and behaviour among the public. The evaluation of individual media has now become a routine process, as has the continuous monitoring of impact indicators in the framework of representative surveys. This tests the effectiveness of measures and campaigns, identifies strengths and weaknesses and enables appropriate changes to be made. All this amounts to a continuous process of quality monitoring and improvement. In drafting sex education concepts, planning new media and developing other projects we deliberately use experts, workshops and market surveys in order to form as realistic an assessment as possible of likely outcomes. Since 1980, regular representative surveys have been conducted in the Federal Republic of Germany on the sexuality of young people. These have provided valuable information on sex education in school and the parental home, on preferences when looking for information, on the need for sex education material, on the sexual behaviour of young people and on attitudes towards contraception. We can now look back on data covering a period of more than 25 years and this enables us to identify trends at an early stage – such as the use of contraceptives during first-time sex – and take them into consideration when developing measures.

At the same time, scientific data enable us to document the successes we achieve in our work. One example: we have been able to show that since 1980 the use of condoms during first-time sexual intercourse has increased for boys from 28% to 66% and for girls from 32% to 71%.

A further important objective is to promote future cooperation – beyond national borders – among those working in the field of sex education. We attach great importance to initiating and strengthening bilateral and multilateral partnerships and other forms of cooperation in Europe. The task now is to develop strategies for actively furthering this level of cooperation.
Everywhere in Europe we see a great diversity of life styles and orientations among young people. We recognize that cultural differences influence the understanding of family, school, education, training, partnership and religion. In this context sex education can be successful only if it is culturally sensitive – and at the same time gender sensitive – and takes adequate account of existing differences in education. In this, it is important to acknowledge resources as well as deficits.

That is why I very much welcome the cooperation between the BZgA and the WHO in this sector. It will contribute both nationally and internationally to achieving progress in sex education which is based on real life circumstances and conditions. Independent of national and cultural differences and the challenges and values they represent, we must jointly develop quality-assured concepts of sexual pedagogies, with the aim of enabling boys and girls to practise responsible attitudes and forms of behaviour towards their own sexuality and sexual health as well as to that of their partners.

Rights can only be applied when they are known. Comprehensive sex education is essential for ensuring that sexual and reproductive rights are recognized by girls and boys, by women and men. This is why the German Federal Government attaches great importance to sex education for young people and why it was anchored in the 1992 legislation on pregnancy and family support. The law calls for concepts of sex education which are tailored to the needs of different age and social groups.

The extensive measures developed and implemented since then by the BZgA on behalf of the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth are predominantly mass media related. They therefore ideally complement and supplement sex education in school and the parental home. Also essential is the provision made by the various organisations and NGOs working in this field. The German government has for many years regarded support for independent bodies as cooperating partners as of immense value and indispensable. This sharing of responsibilities has proved its value in Germany and may serve as good practice for other countries.

The success of German measures has been demonstrated by the current results of a survey carried out by the BZgA in the field of young people and sexuality. Knowledge and use of
contraceptives is at a high level among young people in Germany. Other measurable successes, in international comparison, are the low number of teenage pregnancies and the number of under-age abortions, which have been on the decline in Germany for the last two years.

Sex education, as we understand it, is more than education about biological processes and the use of contraceptives. It is also a matter of imparting relationship values. Essential for this kind of sex education is a societal climate which is sexually tolerant and open towards different lifestyles and values. It is the task of politics to create conditions under which individuals have the freedom they need to make use of these rights.

The results of the recently published survey on pregnancies and abortions among underage women have again underlined the influence of the social situation on how sexuality and family planning are handled, as well as the influence of unequal gender relations. The survey of pregnant women below 18 years, conducted by the BZgA in collaboration with the Pro Familia association, showed that low level of education, unemployment and social disadvantaging significantly increase the likelihood of unwanted pregnancy. It is five times higher for girls at secondary modern schools than for those at grammar schools.

In addition, gender relations which are not based on equality and which are marked by a return to traditional gender roles – both linked to male-dominated sexuality – lead to more unwanted pregnancies, especially for very young girls with sometimes older partners.

Social, education, youth and gender policies are all challenged by this result. If we want to achieve gender equality between boys and girls, we have to shape policies to meet the needs of young people and encourage the corresponding conditions.

The commission on women’s rights that will be held in February next year will deliberately place special emphasis on policies for girls and will also look at the role of boys and men in relation to gender equality challenges. It is a major challenge facing youth policy to take into consideration the different life situations of girls and boys and improve them by targeted policies. This challenge has for years been taken seriously in sex education in Germany in an exemplary manner.

The contradictory expectations which boys feel are imposed on them with regard to their gender role, and which have been expressly described as a challenge once again in the most recent Shell study of young people, were recognized early on in the field of sex education. The BZgA materials that target boys are pioneering in this respect.

Social, educational, youth and equality policies are therefore very closely related to comprehensive sex education. And only jointly conducted efforts focused in the same direction will bring about success.
Youth sex education in a multicultural Europe
As part of the introduction to the main conference theme, four papers were presented. In addition, Dadi Einarsson, representing the European Commission, gave a brief overview of the structural context of activities related to HIV/AIDS and to sexual and reproductive health. The other papers presented were the following:

- Gunta Lazdane, WHO/Europe  
  *Sexual and reproductive health of young people in Europe*  
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- Rita Khamzayeva, IPPF – European Network  
  *A European partnership to promote the sexual and reproductive health and rights of young people*  
  Page 24

- Duarte Vilar, AFP  
  *Challenges of sex education in Portugal*  
  Page 26

- Cornelia Helfferich, Institute for Social Research on Women and Gender  
  *Presentation of synopsis on country-level papers*  
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### 3.1 Gunta Lazdane, Regional Adviser for Reproductive Health and Research, WHO/Regional Office for Europe

**Sexual and reproductive health of young people in Europe**

In many countries of the WHO European Region and globally, taboos and norms about sexuality pose strong barriers to providing information, health services and other forms of support needed by young people to safeguard their sexual and reproductive health. Yet sexual and reproductive behaviours during adolescence have immediate and long-term consequences.

The health behaviours and problems affecting adolescents are unique. Predominant among the factors that contribute to the global burden of disease among young people (as measured by the disability-adjusted life year) are sexually transmitted infections (STIs), HIV, the consequences of unsafe sex, unsafe abortion, and alcohol and drug abuse. Many of these factors are inter-related.

Multiple studies have shown that, among young people, the average age of first sexual intercourse is between 17.5 and 18 years of age. There is some evidence that the age of initiation may be lowering. Compared with the age at first intercourse, the percentage of 15-year-olds who had experienced sexual intercourse showed marked variation according to country and gender (Fig.1).
Adolescent pregnancy is a phenomenon that occurs in all countries and at all levels of society. Approximately 15 million adolescents aged 15-19 become pregnant every year throughout the world. From a public health perspective, this entails significant long-term physical, social, psychological and economic consequences for all involved.

Significant differences exist between the pregnancy rates in various countries in Europe; from a low of 5.39 pregnancies per 1,000 women aged 15-19 in Switzerland to a high of 64.73 pregnancies per 1,000 in the Russian Federation. Examination of pregnancy outcomes reveals that more adolescents choose to terminate their pregnancy than deliver in several countries of the WHO European Region (Fig.2).

Data regarding contraceptive prevalence and STIs in this age group are often missing or unreliable, but it is important to note that up to 80% of people who are HIV-positive in the European Region have not yet turned 30.

WHO policy documents and initiatives

In 2004, the World Health Assembly approved the WHO’s first global strategy on reproductive health: “Reproductive health strategy to accelerate progress towards the attainment of international development goals and targets”.

Five priority aspects of reproductive and sexual health targeted in the strategy are: improving antenatal, delivery, postpartum and newborn care; providing high-quality services for family planning including infertility services; eliminating unsafe abortion; combating STIs including HIV, reproductive tract infections, cervical cancer and other gynaecological morbidities; and promoting sexual health. The document emphasises that “meeting the needs and protecting the rights of 1,200 million adolescents worldwide are essential to safeguard the health of this and future generations”.

Where health services exist, there are many reasons – social, economic and cultural – why peo-
ple nevertheless do not use them, particularly in relation to reproductive and sexual health. The WHO global strategy states that “identifying and overcoming obstacles require working with women, young people, and other community groups to understand better their needs, analyse problems and find acceptable solutions”.

The WHO European Regional Strategy on Sexual and Reproductive Health (SRH) urges member states in the WHO European Region to inform and educate adolescents on all aspects of sexuality and reproduction and assist them in developing the life skills needed to deal with these issues in a satisfactory and responsible manner, and to create supportive legislative and regulatory frameworks to review laws and policies to ensure that they facilitate equitable access to SRH education, information and services.

The WHO European Regional Advisory Panel on Research and Training in Reproductive Health analysed the available data on reproductive health and agreed on the following priorities for 2006–2007:

- maternal and perinatal mortality and morbidity;
- prevention of unwanted pregnancy and ensuring safe abortion;
- improving sexual and reproductive health and rights of young people, also through the provision of youth-friendly health services,
- emphasising the needs of vulnerable and underserved groups;
- promoting the role of the health sector in addressing gender-based violence;
- planning of the family in the new Europe.

There are 53 member states in the WHO European Region, and each of them has at some stage analysed the reproductive health status of the population and agreed on the priorities. The WHO Regional Office for Europe has biennial collaborative agreements with 29 countries, including main areas of work where the country would like to have support from WHO experts.

In recent years, several countries (Belarus, Latvia, Bulgaria, Kazakhstan, Turkey and Ukraine) have put improvement of the sexual and reproductive health of adolescents high on the agenda, developing their national policies in this area or building the capacity of family physicians to provide youth-friendly counselling and services. Different types of activities have taken place with the involvement of WHO experts, from evaluation of the present services for adolescents to training of health professionals in methods of contraception for adolescents.

A large number of European countries are using this set of documents for developing their national strategies and programmes.
International partnership

Most of these activities are carried out in partnership with other international agencies. The United Nations Inter-Agency Group on Young People’s Health, Development and Protection, sub-group on Youth-Friendly Services, held two consultations in Lithuania in 2001 and Bulgaria in 2003. Here the different governments and other stakeholders from the Baltic states, the Russian Federation and south-eastern Europe agreed that Youth-Friendly Services should be integrated into government services using existing resources. They decided that a multi-stakeholder partnership between government, young people, media, civil society and international institutions should promote this initiative.

Another partnership has resulted in the joint project “A European partnership to promote the sexual and reproductive health and rights of young people” (2005-2007), supported by the European Commission and implemented by the International Planned Parenthood Federation (IPPF) European Network, the WHO Regional Office for Europe and Lund University (Sweden).

Many of the projects and activities going on in the European Region and beyond have been highlighted in the European Magazine for Sexual and Reproductive Health Entre Nous, which has been published by the United Nations Population Fund and the WHO Regional Office for Europe since 1982.

The WHO is initiating and supporting research on sexual and reproductive health in 39 countries, some of them in the European Region. Sexual attitudes, risk behaviours and their determinants in young people are being studied in Croatia, Poland and Turkey.

Several WHO Collaborating Centres in Europe work in the field of the sexual and reproductive health of young people, having an impact on improving sex education (Bundeszentrale für gesundheitliche Aufklärung in Germany), the quality of health services by training health professionals (the Netherlands School of Public Health and the Department of Public Health at the Hacettepe University Medical Faculty in Turkey) or the analysis of sexual and reproductive health of young migrants, refugees and asylum-seekers (the International Centre for Reproductive Health at Ghent University).
Conclusions

Sexual and reproductive health is a key element of a healthy life. In order to ensure that adolescents in Europe have the ability to achieve good health, society needs to ensure that the required tools are provided. We must provide information and education in a timely and appropriate manner, recognizing the importance of peer education, family and friends. We must educate on both the positive and the negative sides of sexual and reproductive health. We need to provide life skills and choices. We need to provide and ensure access to youth-friendly services. Perhaps most importantly, we need to provide a safe and supportive environment, working towards the elimination of poverty, gender inequality, coercion and violence, and ensuring that basic needs are met.

It is clear that the goals proposed by the WHO European Regional Strategy on Sexual and Reproductive Health, of reducing unwanted pregnancies, unsafe abortions and STIs, educating adolescents on reproduction and sexuality and providing access to youth-friendly services, are of utmost priority. Working towards achieving these goals in Europe is a continuous process. Commitment to achieving these goals in Europe ensures a healthy future not only for adolescents, but also for the entire European Region.

References:


2. WHO Regional Office for Europe, 2007, www.euro.who.int/reproductivehealth


7. http://www.euro.who.int/entrenous

Abstract

The International Planned Parenthood Federation European Network (IPPF EN), Lund University and the WHO Regional Office for Europe, have formed a partnership in order to promote the sexual and reproductive health and rights (SRHR) of youth across Europe.

This project aims to provide an overall picture of the patterns and trends across the region in order to:

■ promote evidence-based good practice in sexuality education for young people (in both formal and non-formal sectors) across Europe;

■ promote harmonisation of public health policies to support young people’s sexual and reproductive health and rights across the countries of Europe;

■ promote better cooperation between agencies (mainly health and education) with responsibility for young people’s sexual health and rights and

■ develop new and innovative ways to reach young people with information and services.

The development of a sexuality education reference guide aims to systematically and coherently bring together all the information currently available, thus allowing for comparisons between countries to be easily made. The guide offers the ability to make unbiased arguments for comprehensive sexuality education in schools, and will also enable anyone interested to quickly draw on what’s happening, and what’s working, in neighbouring countries in order to strengthen these arguments.

The Lund University, in close cooperation with IPPF member associations, conducted quantitative and qualitative researches in 26 countries that were involved in this project, providing comparative information on the main trends in young people’s SRHR in Europe.

Following the recommendation that governments should develop high quality national policies on sexual and reproductive health, the project produced a policy framework for adolescent SRHR in which representatives of the EU and member associations were regularly consulted.

Since active participation of young people in all aspects of the project is critical to its success, a Regional Youth Committee, consisting of one young person from each of the participating member associations guarantees a continuous participation of young people in the project.
General information on the organisation

International Planned Parenthood Federation (IPPF)
IPPF is the strongest global voice safeguarding sexual and reproductive health and rights for people everywhere. Today, as these important choices and freedoms are seriously threatened, we are needed now more than ever.

The IPPF European Network is one of IPPF’s six regions. With 40 member associations in as many countries, IPPF European Network increases support for and access to sexual and reproductive health services and rights throughout Europe and Central Asia.

Mission statement
To advance the basic human right of all people to make free and informed choices in their sexual and reproductive lives; to fight for the accessibility to high quality information, education and health services regarding sexuality and sexual identities, conception, contraception, safe abortion, and sexually transmitted infection, including HIV/AIDS.

Key references and links


- http://www.ippfen.org
- http://www.ippf.org
3.3 Duarte Vilar

Challenges of sex education in Portugal

Abstract

The presentation will approach two types of challenges: the challenge to create sex education policies and the innovation challenges for the professionals involved in the promotion of sex education activities.

Sex education may be seen as a component of the educational, health and youth policies and as an ensemble of education methodologies and techniques directed to specific and different target groups.

On the subject of sex education policies, the history of sex education in Portugal is a clear picture of the progress achieved but also of the difficulties and the resistance to designing and implementing a sex education policy. It also clearly shows the high reversibility of these politics.

Social actors, social needs and political contexts influenced this history. Teenage pregnancy, abortions and AIDS prevention have been the main justification for those who promote legislation and policies. Moral fears and conservative lobbying have been two of the main obstacles to sex education development. These arguments – in favour and against sex education – will be analysed in the presentation.

In Portugal, we have, for the moment, a clear legislation on school sex education and health involvement in this process: the laws 3/84 and 120/99 and the dispatches 52/85 and 259/2000. However, the practical implementation of such legislation effectively depends on the political contexts and on the political perspectives of the political personnel linked to this subject.

In fact, there is still a need for clarification of different aspects of sex education policies. The lack of clarity, especially in the area of the values and moral framework of sex education, constitutes one of the current main obstacles to a broader and faster development of sex education programmes in Portugal.

Other kinds of obstacle are linked to the perception that health promotion and sex education are secondary components for schools mainly devoted to academic success or for health services devoted primarily to cure rather than prevention. Therefore we usually lack resources allocated to this educational area.

Turning now to the second type of challenge, times change and sex education needs may also change. Therefore, there is a permanent challenge to check our constituencies’ problems and needs, as well as to innovate on contents and...
Youth sex education in a multicultural Europe

approaches, namely on the gender and multicultural aspects. Finally, we also have the challenge of the promotion of research on sex education, namely the research on the effectiveness of sex education programmes as well on the perceptions of sex education and the evaluation of sex education by the different target groups involved in the programmes.

General information on the organisation

APF is the main Portuguese NGO on Sexual and Reproductive Health Promotion. Set up in 1967, APF is the Portuguese member of IPPF and it is organised in seven regional branches that promote field activities all over the country.

Until the Eighties, the main goal of APF was the integration of Family Planning health care in the health services. During the Eighties, APF pioneered sex education programmes for schools, teachers training, Youth Friendly Services and training for health professionals. Since then, APF has been a technical reference point on these areas. Another important area of activities has been the production and dissemination of sex education materials directed to various target groups.

As an NGO, APF has an important involvement in the advocacy for Sexual and Reproductive Rights: in the 70’s APF advocated for family planning and reproductive rights; since the 1980’s APF has been advocating for youth services and school sex education; currently APF is also advocating access to safe and legal abortion as well as a major international involvement of the Portuguese state in the Cairo Conference’s commitments.

Currently, APF covers all the range of possible activities on Sexual and Reproductive Health.

Key references and links

- http://www.apf.pt
General information on youth sex education in each country – including best practice and innovative tools and approaches – was gathered by a questionnaire which was completed by respondents in each country. Questionnaires addressed:

- the national framework for youth sex education
- main features and state of youth sex education
- the target group: multicultural approaches to youth sex education
- approaches and communication strategies
- and quality management.

In comparing the countries it should be pointed out that there are common goals and a different context of policies and history in each country – as a development over time a convergence of strategies can be observed. A short summary of the current situation will be given concerning the main topics of this conference, which are: addressing specific needs, the life skills approach and quality assurance. Finally a conclusion is drawn. The synopsis can be read in full length as an appendix to the collection of papers. Detailed information on sex education in 16 countries in the country reports can be found there, too.

Common goals

All countries share common goals as outlined in the WHO regional strategy on sexual and reproductive health, i.e. attention to equality, participation of those to be served, respect for internationally recognized human rights principles, awareness of diversity and training of health workers in reproductive health and human sexuality.

Different context: policies and history

The ways to approach the goals are necessarily different. We could trace the differences in the way youth sex education is implemented and how it works back to differences in the economic situation of countries, in the ‘structures and cultures of welfare regimes’, in traditions and roles of family, as well as to differences in the rapidity of transformation and social change. These differences bring about different challenges and contribute to a broad range of ideas, experiments and solutions for these challenges in each country. Sometimes a specific trait of youth sex education is rooted not in an elaborated, deliberate concept, but rather in a specific national constellation of policy institutions – e.g.
if there are different ministries responsible for HIV/AIDS prevention and for sexual and reproductive health – or, as another example, if dealing with multicultural perspectives is determined by the specific pathways and profiles of migration in each country.

The classification system by Esping-Andersen is widely used in comparing welfare regimes in Europe. It differentiates between conservative, neo-liberal and social-democratic models. We discussed whether there might be a similar classification of the organisation of sex education in European countries. Transferring the basic idea, the classification system of welfare regimes helped us to understand in a more systematic way differences related to the historically based configuration of actors such as government, NGOs, families, education and medicine in the field of sex education. In addition, a classification has to include further aspects such as the rapidity of transformation processes as well as traditions of family and sexuality values, gender relations, religion and the types of migration.

Convergence

Despite the different contexts there is a development of convergence in many aspects. Examples are the professionalisation of services, the implementation of training programmes for professionals and experts and the development of standards, guidelines and concepts of quality.

I am sure that this conference contributes to convergence, too, because it provides an opportunity to learn from one another and to discuss whether practice in another country in a similar situation might help to master the challenges in our own national context.

Addressing specific needs

One of the important topics at this conference is the multicultural perspective. In general, the question arises as to how to handle diversity due to different cultural backgrounds. In summarising the country-level papers the range of diversity is discussed for instance in relation to young people with disabilities, differing sexual orientations or socially disadvantaged groups.

Problems of migrant groups are dependent not only on different cultural backgrounds, but also on social disadvantages, poor living conditions and stigmatisation. Each country is aware of the different needs of vulnerable groups with regard to tackling social and gender inequalities and to opening up services and programmes for diverse migrant populations. There are many strategies which are expected or have already proved to be useful in gaining access to vulnerable groups and dealing with the diversity of perspectives – strategies such as training programmes in multicultural skills, materials to stimulate multicultural communication and dialogue, or community programmes. Often the challenge is to deal with the tension of integration on the one hand, and the focus on difference on the other.

Life skills approach

Promoting life skills is, like empowerment, a more deep-rooted and general approach. The target is to enable boys and girls to deal with aspects of sexuality and reproduction in a satisfactory and responsible way and to master difficulties in personal development as a precondition to making healthy choices. Not only sexual and reproductive health, but many other preventive measures may be based on a life skills approach, such as drug prevention, health promotion, prevention of deviant behaviour and violence. In some programmes many other topics are addressed apart from sexual and reproductive health, such as nutrition, safety, environment, family life and relationships. Thus the life skills approach needs integrative programmes, overall concepts and cooperation, even though youth sex education has to promote life skills especially in relation to one’s own body and to handling gender relations. In the strategic perspective specialisation might sometimes be easier to implement. In some countries the label “health” opens doors: in other countries this label means restrictions and a pathological perspective contrary to the idea of personal growth.
Ensuring quality

All countries underline the necessity of quality assurance in sex education but almost no country is satisfied with the current state of quality management. A specific interest was expressed in exchanging information on quality management. The quality of sex education is managed by defining standards and criteria for quality, by developing guidelines and materials, and by providing training for professionals.

Another contribution to quality assurance is providing quality-tested teaching materials, quality management manuals or databases to serve as a knowledge pool for teachers. In some countries in-service training for teachers is obligatory, in a bid to improve their knowledge and professional skills.

Only a few country-level papers refer to the explicit definition of criteria and standards as part of a coherent concept of quality management. In some countries special organisations or institutions such as expert centres are assigned the task of developing instruments for evaluation and quality management and supporting local programme coordinators.

To summarise, the most highly elaborated concepts of quality management are found in countries which have the financial resources to fund the development of standards and evaluation tools, and have a longer tradition of sex education. All the more important is it, therefore, to share knowledge and to transfer experience to others.

Conclusion

The country-level papers encompass knowledge and a wealth of experience in sex education. Sharing this knowledge and building networks will not only help every country to attain the goal of high-quality sex education for young people but will also accelerate the process of convergence, while at the same time respecting the differences due to the specific situation and history of each country.
3.5 Dadi Einarsson, Directorate – General for Health and Consumer Protection, European Commission

The European Commission Initiative to set up a sexual and reproductive health working group at European level


Several structures have been set up as part of the work on HIV/AIDS. Within SANCO an HIV/AIDS Task Force has been established with officials from six of the seven units of the Public Health Directorate. Within the Task Force, two of us have HIV/AIDS as our main task. Work on sexual and reproductive health is also part of our remit. For consultation with other Commission services an Interservice group on HIV/AIDS in Europe has been established with fourteen DGs. For external consultation two main groups have been established. The HIV/AIDS Think Tank is a group of governmental representatives from Member States, Candidate and EEA Countries.

In addition Belarus, Moldova, Russia, Switzerland and Ukraine are invited as observers, together with relevant international organisations, EU agencies and representatives of civil society. The HIV/AIDS Civil Society Forum is a group of 30 member organisations from all over Europe and includes all main aspects of HIV/AIDS civil society work in Europe. In addition to formal members a few additional organisations are invited as observers. The Forum is linked with the Think Tank. In terms of the work on sexual and reproductive health, the HIV/AIDS work is focused on prevention of both HIV/AIDS and other STIs and as such addresses the negative aspects of sexual health. In our view the next step, now that we have a policy in place on HIV/AIDS, is to focus some efforts on to positive aspects.

In order to identify what the role of the Commission could be, SANCO recently established a working group on sexual and reproductive health in Europe which is independent of the HIV/AIDS structures. The group, consisting of governmental representatives of 25 Member States of the European Union, has just started its work, so we do not yet know what issues will be identified or how we will take those issues forward. But the Commission is interested in exploring the possibility of increasing its activities with regard to the positive aspects of sexual and reproductive health in Europe.
Quality management in sex education
4.1 Eckhard Schroll, Federal Centre for Health Education (BZgA)

**Quality management in practice**

Let me preface my remarks with one point. The individual stages of the quality management of our measures, together with the development and implementation of the various procedures involved, take time: time to develop and improve, in order to work successfully, since quality management itself must also be subject to quality assurance. This is the premise that I would like to establish, before describing the individual steps in greater detail.

With the help of a specific practical example I intend to show just how important quality assurance is for effectively and efficiently achieving objectives in target groups.

The development and implementation of BZgA measures is accompanied by various quality assurance procedures. Examinations are conducted in every phase of development to test whether the target objectives can be achieved efficiently. These tests cover four phases:

1. **Analysis**
2. **Conception**
3. **Implementation**
4. **Transfer**

I would like to illustrate these phases using the example of the sex education brochure for boys and young men entitled “Wie geht’s? Wie stehts?” (How are things?)

**Situational analysis: studies, expert workshops, market surveys**

We distinguish between unsystematic and systematic procedures:

- **Unsystematic procedures** include expert conversations, discussions, seminars and conferences;
- **Systematic procedures** include, for example, market surveys and empiric and qualitative studies.

Unsystematic procedures, such as consulting experts (of various professions) and talking to young people, result in a special closeness to the target group.

The first step was to organise a national conference to bring together all the well-known academic experts and practitioners in Germany.
The title of the conference was “Der Mann im Kinde” (The Man in the Child). The principle points of emphasis of the conference were established in workshops involving numerous key people and experts. They were:

- problem awareness among boys/young men;
- how they handled information deficits;
- how boys/young men assessed the information provision;
- their interests and concerns;
- and the diversity of youth cultures.

It became clear that information provision achieves its goal only if it is accepted by boys/young men. Deficits in previous provision which boys/young men would like to see changed were clearly identified, such as very “female” approaches (e.g. I have a problem; how can I deal with it?) or female contact persons in personal communication situations.

We learned that it is especially difficult to address boys/young men directly about their bodies and contraception behaviour.

We learned that boys/young men hardly use counselling centres because the counselling available seemed “female” to them.

We learned that boys/young men basically “know everything” in any case.

These findings, which were still somewhat unsystematic, were made use of qualitatively and empirically as the basis of our search for deficits and causes:

- Qualitatively, in that boys/young men were asked about their bodily awareness and their self-image:

  We learned that boys/young men describe themselves as basically “in charge, genuine and normal” and either fail to take account of or reject anything that could counter this image. So any approach that sets out from the idea that the person addressed has “a problem” – in other words is not “normal” and able – will tend to be rejected. In contrast, approaches which make men more able, more in charge, tend to be accepted as a basis for action. Problems are then seen as tasks which a man has to fulfil, and not “problems” to be solved from a position of inadequacy. This approach offers enormous potential for sex education. As long as sex education measures avoid attributing shortcomings, their effect is to reinforce life skills.

- Empirical research forms the second scientific foundation. At intervals of several years, we have conducted an empirical study of youth sexuality between the ages of 14 and 17. This study has now celebrated its 25th anniversary. This time-series analysis has given us a monitoring instrument for providing data on sexual behaviour, behaviour regarding information, their deficits and their causes.

  On the basis of these studies, we can reach concrete decisions about the approaches to be adopted in addressing boys/young men and about the specific areas of deficit to be addressed. The latest study has shown that around 35 % of boys have no one at home to whom they can go for sex education. Boys are worse educated on sexual matters and often have no other male whom they can talk to outside the family home. They frequently resort to commercial sources of information, which do not usually meet the necessary quality criteria.
In terms of support for boys and young men, we were able to recognize that there is a lack of widely available, skill-raising provision specifically for boys.

**CONCEPT: definition of goals with goal indicators**

The aim must be to convey the central issues of sex education to boys in such a way that they are able to accept the messages and incorporate them in their particular ideas of life. This includes:

- providing information about bodily changes and male fertility;
- providing answers to specific questions and uncertainties;
- reducing the normality pressure ("I am normal, I have to be normal") and communicating the fact that bodily development varies considerably and people differ widely;
- reducing myths about the male body, while still emphasising its specialness;
- conveying a positive feeling about the body;
- indicating that sexuality can be learned and that solution procedures are part of this.

**Measures for achieving goals**

These must succeed in reaching boys/young men. Language, the text composition, layout and design (incl. use of colour) must be boy-oriented, and the handling of the product must comply with the way boys/young men come to terms with life. Boys must be given the feeling that the measures are not about coping with problems but about strengthening their resources.

Boys still prefer media which take their competence, their being “in charge”, as a given and offer “tricks”, as it were, to make them even more competent. So the principle emphasis had to be on fast and independent acquisition of knowledge. The choice fell to a print medium that could discreetly help put boys in the knowledge transfer situation. For boys to be able to maintain their self-image in front of other boys, they need to uphold the appearance of “being in charge” and be able to expand their knowledge as discreetly as possible. The product was therefore given a pocket format, so it could be carried around without advertising the user’s weaknesses. With contents divided into short, concise chapters that can be read independently of one another, boys/young men can easily find the information which interests them at their particular age (13–24 years). Nationally recognized doctors, teachers and writers contributed to the formulation of the individual statements (an important quality management procedure in this phase).

**Intervention plan**

The product was to be presented by the editorial staff of the leading periodicals for boys/young men and made available for ordering, so as to inform them as quickly as possible through positive advertising. Multiplicators and actors who work with boys in a teaching role should also be informed in order to promote distribution.

**Implementation: stages, goal achievement, programme conclusion**

The first step was to inform all the experts working in this field about the new medium and to ask them if they needed any help in using it. Following their clear approval, the concept was finalised and made available to practitioners. The BZgA’s www.loveline.de website on sex education for young people (currently the second most frequently visited of the BZgA’s 29 Internet sites, with 50,000 young users per month) included excerpts from the new medium to advertise its availability and the subjects tackled. The aim was for a brochure meeting high demand and for it to register strongly in the next study on youth sexuality as a brochure that was accepted by the target group, to establish that a considerable number of boys/young men would refer to this sort of information if they had no one they could talk to directly or if they still had questions.
Success check: pre-test, evaluation, scientific monitoring

The brochure then passed into the pre-test procedure, in which a number of extracts were tested on young people (separate readings were conducted with a well-known children's writer in order to test levels of comprehensibility and interest arousal). Following the publication of the first edition the brochure was evaluated. Here are four significant findings:

- the format and the title were considered just right by 75% of the boys/young men;
- the text seemed too long;
- the boys/young men got more involved with the brochure once they had actually started reading it (85% of all readers);
- most boys/young men said they already knew everything in the brochure but nearly all of them wanted to recommend it to their friends. (!)

Since November 2000 more than 750,000 brochures have been ordered, most by young people themselves (for purposes of comparison: there are around 350,000 boys/young men of each age in the age range living in Germany).

The brochure could now be further optimised on the basis of the data collected:

- the amount of text was reduced by 10%;
- the questions were adjusted according to the wishes of the boys/young men;
- more pictures were included to make up for the reduced text;
- subjects that were not at the forefront of the young people's interest but were nevertheless relevant in prevention terms were incorporated in other chapters.

So the evaluation led directly to the optimisation of the brochure. “Wie geht’s? Wie steht’s?” remains today the only non-commercial brochure offering comprehensive sex education for boys in the German-speaking world. This is corroborated by the fact that numerous enquiries have been received from Switzerland, Austria and Northern Italy.

To help the quality assurance of this one measure contribute to the quality assurance of all health promotion measures, we passed on the results internally to the Quality Assurance Project Group. This group discusses all health promotion procedures and develops standards which are then used for the development of similar measures.

In addition, via documentations of specialist congresses and conferences and via a specialist journal, “Forum Sexualaufklärung und Familienplanung” (The Forum for Sex Education and Family Planning) we have been able to feed the experience gained into the national debate.

Internationally our experience gains wider currency through participating in the EuroHealthNet and as a WHO Collaborating Centre, as here at this conference.

This transfer can also lead to concrete projects, which I would specifically like to mention here:

- the BZgA’s “Loveline” CD-Rom (the precursor of the website of the same name) has been issued in Poland and is similarly being produced in Portugal;
- the experience and knowledge gained on the development of health promotion for boys/young men has been collated by the WHO in the form of an international survey.

The conditions, limitations and possibilities which must be taken into account when products are transferred to other countries would constitute a further task for international networking.

I would like to see more learning experiences like this taking place and perhaps we shall succeed at this conference in establishing the initial contacts to this end.
4.2 Forum: quality management in practice

In order to give participants the opportunity to share project experience, research results and challenges from the regions, a forum was organized which was structured in five parallel thematic working groups on the following topics:

- Youth sex education for ethnic minorities
- Working with parents / working with peers
- Evidence-based research on sex education in school
- Capacity building
- Life skills as an integrative approach.

Here now are brief summaries introducing the thematic fields, followed by abstracts of the presentations.

Youth sex education for ethnic minorities

Members of the group looked at “youth sex education for ethnic minorities” in basically two dimensions: firstly, the question was addressed as to whether ethnic minorities have specific needs and how they could be met.

Secondly, the issue of diversity in sex education was discussed; do mainstream campaigns and activities have a different impact on different groups of people? What is the knowledge base on these issues? How could the current approaches be improved?

The following presentations were held:

- Marina Costa, PLANes, Switzerland
  Love is (not) love .................................... Page 40

- Paulien van Haastrecht, Rutgers Nisso Group, The Netherlands
  Dealing with diversity: experiences in the Netherlands .................. Page 42

- Priscilla Nkwenti, Black Health Agency, United Kingdom
  Black & minority ethnic young people and sex education – some models of practice ............................................. Page 44

- Sigrid Weiser, Pro Familia, Germany
  Rights-based sexuality education in a pluralistic (multicultural) society ........... Page 46

Working with parents/working with peers

In the second group “working with parents and peers”, questions of access to, integration of and ways of approaching parents and peers were elaborated.

- Dudu Sonmezciçek, Association for a New Education, Germany
  Addressing parents of different ethnic communities .......................... Page 48

- David Kesterton, Family Planning Association, United Kingdom
  Speakeasy – helping parents talk with their children about sex and relationships . Page 50

- Mane Davtyan, Family and Health Pan Armenian Association, Armenia
  Peer education: Success story from Armenia ................................... Page 52
Evidence-based research on sex education in school

By focusing on sex education in schools the lack of training of teachers and the quality of training materials were important subjects. The effectiveness of sex education was also debated.

■ Jeffrey Lazarus, WHO, Denmark
  A SAFE approach to sex education in Europe ........................................ Page 54

■ Agneta Nilsson, National Agency for School Improvement, Sweden
  Quality assessment of the education in sexuality and interpersonal relations in Sweden, 1999 and 2005 ............................................................. Page 56

■ Minna Nikula, National Research and Development Centre for Welfare and Health, Finland
  What does school sex education matter? Adolescent’s sexual behaviour during the past decade in Finland ................................................................. Page 58

Capacity Building

Capacity building is important in sex education. Capacity building integrates different target groups: 1. youth, 2. professions (implementers), 3. organizations, policy makers and technical experts who develop and design sex education programmes.

■ Telidja Klai, Sensoa, Belgium
  The “Good Lovers” concept and the implementation in the educational interactive exposition on sexuality and relations, the Good Lovers.carrousel ........ Page 60

■ Aysen Bulut, IKGV, Turkey
  Supporting health promotion for adolescents through training of teachers in Turkey ................................................................. Page 62

■ Natalya R. Kerimova, Medical Institute Kyrgyzstan
  Improving reproductive and sexual health of the young people in Kyrgyzstan . . . Page 65

■ Pavel Krotin and Tatiana Kozhukhovskaya, Juventa, Russia
  Realization of sex and relationship education programmes among the teenagers of St. Petersburg .................................................. Page 68
Life skills – an integrative approach?

Life skills are adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life. The concept has been developed and promoted by WHO. The various presentations focused on life skills development in the field of youth sex education. In particular, projects with relevant experiences were presented.

- Gunta Lazdane, WHO/Europe
  The concept of integrative life skills .................................................. Page 70

- Urooj Arshad, Advocates for Youth, United States
  Young women of color initiative at advocates for youth: Models for
  youth & community empowerment ..................................................... Page 72

- Anina Chileva, National Centre for Public Health Protection, Bulgaria
  “Alphabet for you and me” – an answer to the sexual and reproductive health
  needs of teenagers in Bulgaria ........................................................... Page 74

- Stefanie Amann, Federal Centre for Health Education BzgA, Germany
  “Nose, Tummy and Bottom” Children’s Song Tour. A nationwide body-
  experience and sex-education initiative in kindergarten ....................... Page 76
Abstract

The NGO Lust and Frust (L&F), a specialised centre for sex education in Zurich, is affiliated to PLANeS, the Swiss Foundation for Sexual and Reproductive health. The objective of its work is the provision of sex education in schools in Zurich, the biggest Swiss city, with a population of approximately 300,000 inhabitants; 35–40% of the population are from a migrant background (non-Swiss passport holders). L&F addresses young people of Swiss and non-Swiss ethnic origin who are studying, learning and working in the area. The non-Swiss group of people lives in two parallel worlds with different values and norms. The following examples demonstrate the context and its challenges:

- Family and social culture of host country: in conflict (within and outside the family, i.e. family culture and social culture in Europe). The definition and understanding of sexuality, love, etc. may be different for young people of different ethnic background and gender. For example, for a Swiss girl: “Love is when my friend understands me.” And for her boyfriend: “Love is when she gives me the sex I want.”

- Cultural and biological differences: children of same age but different ethnic background may differ considerably in biological development and mental preoccupation. For example, two 11-year old girls from different cultural background (Asian, African) may be best friends but concerned about different things: “Love is when I can play with my dolls” (small girl of Asian ethnic background without puberty signs), and: “Love is when nobody laughs about me” (tall girl of African ethnic origin in the middle of puberty).

These divergences and inherent conflicts have to be taken into consideration when working with young people. They are a starting point for an open and respectful dialogue among and with youth, creating more profound understanding of differences and respect for otherness. The L&F specialised centre also offers open and anonymous consultation for adolescents on issues concerning sexual health. In addition, training and courses for (future) teachers and students are offered.

Lesson learned: religion, family structures, ethnic, cultural and social backgrounds determine attitude and behaviour.
How should sex education take place in this area of tension?

- Young people should determine themselves if and how far they want sex education – and how much.
- Provide young people with access to information in respect of human rights.
- Choose appropriate tools (books, brochures, pictures) and appropriate language and methods regarding age and culture.
- Do not moralise.

General information on the organisation

Lust and Frust (L&F) Specialised Centre for Sex Education Zurich, provides:

- Open consultation in sex health for young people (anonymous);
- Sexual-pedagogical events for school classes;
- Training for teachers and other persons involved in youth care;
- Training courses for future teachers.

L&F is affiliated to NGO PLANeS

PLANEs Swiss Foundation for Sexual and Reproductive health

- Promotes a positive sex education based on the guidelines of sexual and reproductive health;
- Supports sex education in schools provided both by teachers and external well trained professionals;
- Promotes quality criteria for the services provided according to the guidelines of other professional organisations (WHO, IPPF).

Key references and links

Lust & Frust
Fachstelle für Sexualpädagogik
Langstrasse 21, 8004 Zürich, Switzerland
T 044 299 30 44, F 044 299 30 59
info@lustundfrust.ch
http://www.lustundfrust.ch

PLANeS
Swiss Foundation for Sexual and Reproductive Health
Executive Director: Anita Coting
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info@plan-s.ch
http://www.plan-s.ch
Dealing with diversity issues is a necessity in sexuality education. Health promotion theory and evidence teaches us that we – as health promoters – can only be effective when dealing with the important features of a group in relation to a specific health issue. Diversity has many dimensions, like gender, age, sexual orientation, mental and physical ability versus disability and issues linked with the multicultural society. The presentation focused on youth in relation to the latter dimension: the multicultural society. How to address ethnic minority groups in the best way? Quite evidently, there is not one solution to all problems. Sexual health promotion in a multicultural society means that we need to find answers to the following questions:

- Are there any specific health (promotion) issues for different ethnic groups that we need to deal with (abortion, teenage pregnancy, coercion, level of knowledge, attitude towards homosexuality)?
- How do members of ethnic groups regard themselves (primarily as members of society at large or as members of a specific ethnic group)?
- Do we need to choose a specific approach (or focus on a general approach via mass media and schools)?
- Do we need to address specific cultural issues (like male/female circumcision, purity or virginity)?
- If there are specific cultural issues, do we need to communicate them exclusively with the cultural groups concerned (or should we discuss an issue like FGM – Female Genital Mutilation - in schools as well?)

The centre decided to balance between a general approach and a targeted approach for specific ethnic and age groups. The advantages of a general approach: reaching high numbers, applying in many contexts. The advantages of a targeted approach: addressing concerns with a specific focus that is tailor-made to meet the needs of the audience.

Examples for youth specific approaches in the Netherlands, including youth participation as a strategic approach:

- Intercultural/multicultural aspects in general sex education programmes for schools (Long Live Love).
- Specific additional education programmes for schools (educational packages on female circumcision, lover boys, unplanned pregnancy).
- Gender specific approaches, especially for girls (Girls’ Talk, Girls’ Choice).
Internet-approaches: sexuality education via specific and general websites for ethnic minorities ("youXme", community websites, Internet game on virginity).

- Theatre and role-play.
- Support of adults (ethnic health promoters, support of parents).

Lesson learned: in youth sex education and work with migrant and minority ethnic communities it was observed that some issues are of importance to all groups, whereas some issues differ. A more in-depth analysis and knowledge about the background and situation of the respective target groups is required in order to meet their needs with specific approaches and services. For example, the new-comers in each group differ considerably from second and third generation immigrants, as do communities from the newly migrating countries of Eastern Europe.

**General information on the organisation**

Rutgers Nisso Groep, the Dutch expert centre on sexuality, dedicates itself to promoting sexual and reproductive health, both in the Netherlands and in other countries. Clear, reliable information on sexuality is important in this respect.

Rutgers Nisso Groep contributes to the improvement of education, prevention, counselling and policy by gathering and disseminating knowledge. We do this by conducting scientific research and developing practical and applicable services and products for various target groups, such as teaching packages, websites, books and brochures. Furthermore, the Rutgers Nisso Groep fulfils other tasks such as organising the disciplinary education courses for first-time youth sex offenders, or training for health care professionals.

Rutgers Nisso Groep stands for equal sexual treatment, the protection and improvement of sexual and reproductive health and rights, as well as the emancipation of special groups.

**Key references and links**

- http://www.rng.nl
- http://www.youthincentives.nl
- http://www.youxme.nl
- http://www.seksuelevorming.nl
- http://www.seksualiteit.nl (as of January 1st 2006)
Priscilla Nkwenti

Black & minority ethnic young people and sex education – some models of practice

Abstract

The demographic situation in London and the big cities in the Mid-West of England reflects a high percentage of migrant population groups of Black African origin. One in 11 of the population is of African and Black Caribbean origin.

The NGO Black Health Agency (BHA) has been in existence for 16 years. Starting with HIV/AIDS work it expanded to working with young people in 1999, particularly addressing sexual health issues. Initially, the organisation took a medical approach in response to the high prevalence of sexually transmitted infections (STIs) among men of black ethnic origin. Subsequently, outreach to community level was initiated to obtain more information about knowledge, attitudes and behaviour (KAB) regarding sexuality among black communities. The findings of this survey were used to design services which meet the needs of the target groups in order to improve access to health services and information and ultimately health outcomes.

The following is a brief overview of the services provided by BHA: client services, development services, policy development, patient and public involvement, consultancies and trainings.

Examples of work

Project Jeena (http://www.jeshar.org.uk): The sexual health website for young people in Greater Manchester was developed in partnership with the University of Manchester based on the input and recommendations of young people.

- Shift from disease focus to focus on well being and positive attitudes towards sexuality.
- Including a programme on employment and education: the programme aims at offering new professional and educational perspectives for young black people who are usually disadvantaged and forced to work in low-paid, unstable working conditions. This supplementary programme on employment aims at addressing issues like lack of perspective for young black people, unemployment issues, low skill/low paid jobs, and strives to offer opportunities for apprenticeships in white-collar jobs.
- Programme addressing relationships, pregnancy and parenting (in view of life-style issues which are a public health burden in the UK, like binge-drinking, drugs, and stereotypical male behaviour patterns).
Specific mention was made of Black Health Agency’s research with unaccompanied young asylum-seekers: “The Sexual Health Needs of Young Asylum Seekers and Refugees in Manchester: An Action Research Report” (2006) by Doris Mangara and Lilian Mtiga, which looked at access to local sexual health services by this group.

**General information on the organisation**

Black Health Agency aims to improve the lives and health of Black and Minority Ethnic and other marginalised communities. BHA provides a wide range of health-related initiatives and services, locally, regionally and nationally in the UK. Client-orientated services consist of:

- **African Aids Helpline** (Free, confidential, multilingual service for Africans living in England). The helpline number is 0800 0967 500.
- **Arise HIV Support Services** (Support and welfare advice for Black & Minority Ethnic communities living in Greater Manchester).
- **Routes Project**, which provides support for families with children aged 5-13 newly arrived in the UK and living in Manchester, many from refugee and asylum-seeking communities.
- **Sahara Project**, which provides support for refugee and asylum-seeking communities in Manchester on mental health issues.

**Key references and links**

Black Health Agency annual report 2005-06 (to obtain a copy, contact BHA at the above address).

Sources for presentation include:


“Protective and risk factors for early sexual activity and contraception use amongst Black and Minorities Ethnic adolescents in East London”, funded by the Teenage Pregnancy Unit, Department for Education and Skills and Department of Health, Russell Viner, Helen Roberts et al.
Sigrid Weiser

Rights-based sexuality education in a pluralistic (multicultural) society.

Abstract

Pro Familia is the leading non-governmental provider of sex education in Germany. Annually an average of 390,000 clients are reached, 190,000 of them via sex education programmes in schools.

Context Germany: 19% of the population have an immigrant background (the projection for 2010 being 40% of the population with an immigrant background). In numbers this corresponds to an estimated 6-8 million of the population who hold a non-German passport. An analysis of the context of migrant communities in Germany reveals that the majority come from Turkey and increasingly from Eastern Europe. A general challenge faced by migrants in Germany is that they encounter discrimination in access to services, jobs and education. A new women’s movement among immigrant communities has been successful in raising awareness about gender issues, violence and gender discrimination as important problems among immigrant communities.

Diversity is often seen as a threat rather than an opportunity. However, Pro Familia, is making efforts in promoting diversity as a strength of modern western society. In the face of diversity, it is important to identify commonalities, like a common language which allows communication across different backgrounds. Pro Familia aims at the enhancement of understanding about human rights and their relevance and importance for sexual and reproductive health and well-being. For the organisation, human rights, as a universal concept agreed upon by the international community of states, is seen as the common denominator.

Poverty and access to services and information are issues that Pro Familia addresses in the context of its human rights work. Based on the premise that only those who know their rights can claim them, sex education is seen as an important contribution to a broader education on human rights and principles of democracy.

Pro Familia recommends that the rights-based approach to sexual and reproductive health is more strongly integrated into youth sex education, because “only those who know their rights can claim their rights”.

Rights-based sexuality education is based on SRHR research. It also covers information and research from migrants’ countries of origin as well as European developments and history. It should enhance the understanding of the universal validity of human rights in all cultures.

Pro familia – Bundesverband e.V.

Stresemannallee 3
60596 Frankfurt
Germany

Pro familia is a founder member of the International Planned Parenthood Federation (IPPF)
Rights-based sexuality education provides human rights education as well as sexual and reproductive rights education. The programmes provide not only information, but also historical and social views and integrate systematically young immigrant’s experiences into the programmes. The methods take into account the fact that providing information about sexual and reproductive rights is not enough; instead, these rights must be perceptible and tangible.

Rights-based sexuality education will also aim at forming alliances with women’s rights and human rights NGO-projects, immigrants’ and youth organisations, health-service providers and decision-makers in order to combat social inequality and poverty.

**General information on the organisation**

Pro Familia is the leading non-governmental service and consumer organisation for sexual and reproductive health and rights in Germany. Founded in 1952, it is a charity with a federal structure and politically and religiously independent.

Pro Familia provides a full array of professional services of highest quality. Consumer needs and rights are put in the centre of all Pro Familia activities. Throughout Germany 1,200 Pro Familia social and medical professionals provide services in 170 counselling clinics as well as integrated counselling, sterilisation and abortion services in five specialised centres. Each year Pro Familia reaches some 200,000 clients with counselling, and 185,000 young women and men with sexuality education. Furthermore, Pro Familia offers online counselling (20,000 enquiries annually) and information (about 1 million visitors annually) as well as an automatic telephone service on post-contraception in different languages. Pro Familia also provides services for specific target groups such as adolescents, immigrants, older women and men, and women and men with physical and mental handicaps.

**Key references and links**

- [http://www.profamilia.de](http://www.profamilia.de)
- [http://www.ippfen.org](http://www.ippfen.org)
Abstract

14 Turkish-German (bilingual) letters for migrant parents

For migrants, living in Germany means living in or with at least two cultural patterns: a daily trip between different languages, experiences and customs which often represents a balancing act between probably contradictory values and norms. This often causes uncertainties in child education: familiar patterns do not fit in with the new situation; new patterns are still new and not yet a matter of practice.

In 14 Turkish-German “Letters for Parents” (Elternbriefe) the Arbeitskreis Neue Erziehung addressed these and other questions of migrant parents. The concept and the contents of the Turkish-German letters were developed in dialogue with parents and in cooperation with a large circle of experts (mostly of Turkish origin) and deal with the story of an immigrant family. The letters were written by a children’s book author in Turkish and translated into German. To find and address the topics that were most important for the Turkish families, we conducted more than 1,000 interviews (incl. 100 in-depth interviews). The questions of parents are answered without attempting to make up their minds for them. The Elternbriefe aim at supporting parents in their day-to-day duties as parents in a society which has a different history and understanding of education. In order to enable parents to deal with both patterns of education for the good of their child, the main characteristic of the Elternbriefe is to remind parents of their own resources and potentials, namely living in or with two (or more) cultures, and to activate them. The portrayal of the small family and its experiences on an average day already achieved a very positive reaction after the third letter. A large majority agreed with the educational stance and methods advocated by the letters. The acceptance of the letters is also submitted to a constant evaluation.

In 1997–2001 the Centre for Turkish Studies at the University of Essen conducted two surveys about the educational attitudes of migrant Turkish parents and the reception of our Turkish-German letters for parents. In this period these types of written materials met with a general approval of more than 85%. More than 50% of the participants agreed with the educational attitudes communicated by Hülya, one of the protagonists in the story. The narrative style of the bilingual Letters for Parents fits with the Turkish tradition of oral history. So more than 60% of those parents who received these letters had read them to the end.
By now more than 700,000 Turkish-German Letters for Parents have been distributed all over Germany.

The Turkish-German Letters for Parents can be used not only in parental education but also in terms of intercultural dialogue and in further vocational training.

Quality management in developing educational media for parents of Turkish origin

- Identification of the target group via surveys, interviews and workshops
- Identification of needs (Ask the parents first!) via telephone, interviews, workshops and experts’ reports
- How to get hold of parents? - Initiating and facilitating intercultural networking, mobilising Turkish mass-media and developing educational material for the target group
- Bilingual “Letters for Parents” developed in dialogue with parents and experts; written in Turkish and translated into German
- Quality standards consider the migration experience and the contradictions arising from migrants’ minority status; they are resource-oriented and aim at empowering parents
- Evaluation (surveys in 1998 and 2001)
- Achievements: Production of a series of 9 Turkish-German "parent-letters" for preschool age and 5 for school age; in total 700,000 parent-letters distributed
- Development and implementation of training programmes on elementary and pre-school education and media-competency (Internet...)

General information on the organisation

Arbeitskreis Neue Erziehung e.V. (“Association for a New Education”, ANE) was founded by parents and teachers in Berlin in 1946.

Arbeitskreis Neue Erziehung e. V. focusses on democratic values in education, such as mutual respect, tolerance and the ability to balance different interests. Given these essentials ANE supports parents – regardless of their economical, social, religious or ethnic background. Our mission is to enhance the idea of a democratic, intercultural education, based on children’s rights.

“With parents for parents” we aim to enter into a dialogue with parents and organisations committed to the future of children. ANE is known over the Elternbriefe (letters to parents in German and Turkish), BEN - a database service, intercultural counselling and training.

Key references and links

- Web: http://www.ane.de
- Internetportal: http://www.aktiv-fuer-kinder.de
- Database service: http://www.ben-elternnetz.de

For Subscription: please click http://www.ane.de
send us an E-mail: sonmezcicek@ane.de; ane@ane.de
or give us a ring: (030) 25 90 06-44 /41

Youth Sex Education in a Multicultural Europe

49
Abstract

The UK government is over half way through a 10-year strategy to halve the under-18 conception rate. For some time there has been evidence that a significant factor contributing to teenage pregnancy may be the ease of discussion between children and parents in the home (Wellings et al., 1999). Good communication with parents is associated with a delay in the age of first intercourse and can improve the acceptability and use of contraception. It has also been shown that the way sexual issues are discussed with children is equally as important as what is said. If parents are able to discuss sexual matters with their children in a comfortable manner, it may help their children in discussing these with their partners and eventually with their own children (Walker, 2004). Despite this evidence, there has been relatively little emphasis on systematic support for parents who often feel poorly equipped to do this.

Speakeasy courses offer a non-threatening, group-based opportunity for parents to learn together and acquire the confidence and skills they need to talk to their children about sex, relationships and growing up. The courses, which last about eight weeks are designed to be fun and relaxed, providing an atmosphere where parents can learn together from their own experiences and receive accurate information on a range of sexual health and development matters. Courses are accessed through local community centres, health projects, parent support centres or schools. Creative methods used within the groups include collage, role play and games as well as more traditional written work. Learning is made as accessible as possible for those who will benefit.

Subjects covered include:
- Physical and emotional changes at puberty
- Sex education in the context of family life and age-appropriate information
- Identifying and responding to the needs of children
- Explored societal and cultural attitudes towards sex and sexuality as it relates to children
- Contraception and STIs
- Sex and relationships education in schools
- Child protection strategies.

Evidence of learning is produced for each of these learning outcomes and accreditation comes through a nationally recognised provider of adult education awards. For parents who have little or no qualifications since leaving school, this may

David Kesterton
Speakeasy - helping parents talk with their children about sex and relationships
also provide a step towards further learning. Parents complete a portfolio, which they keep as an information resource to use in the home. Accreditation has provided an additional motivation for parents as well as guaranteeing quality and consistency.

Since 2002, over 2,000 parents have directly benefited from Speakeasy and over 500 professionals who work with parents have also received higher-level training. These staff come from a wide range of backgrounds, including school-based parent support workers, health promotion, and those working with looked-after children; altogether reaching approximately 7,000 more parents. Wider beneficiaries include partners, children and family members. Over 20,000 people have benefited from this work to date. Evaluations indicate sustained benefits for parents for several years following the course (Sheriff and Coleman, 2006 and ongoing). Through IPPF Europe, fpa UK has also trained staff from member associations in Russia, Albania, Bosnia Herzegovina, Lithuania, Ireland and Belgium to deliver work to parents following the Speakeasy model.

“Talking about Sex is still a taboo. Being open is important. Children should know about these things. Speakeasy has made a huge difference to my confidence in talking about this” – parent on Speakeasy course.

General information on the organisation

fpa is the only registered charity working to create a society with positive and open attitudes to sex. We believe everyone has the right to make informed choices about sexual health. Everyday we work to ensure that anyone can get the high quality information and services they need by:

- Running courses and groups including the Speakeasy programme for parents;
- Producing a wide range of publications and resources;
- Running a helpline and information service;
- Offering a library and information service;
- Campaigning to make sexual health a priority public health issue.

Key references and links


Find out more about Speakeasy
http://www.fpa.org.uk/about/projects/index.htm
Abstract

For more than 10 years, the “For Family and Health” Pan-Armenian Association has been working on improving the health of all families and individuals in Armenia with a special focus on young people. In cooperation with UN agencies, the Armenian government and local and international organisations it has been running peer education programmes since 1999.

The goals of the organisation in relation to young people have been to inform and educate young people about their SRHR, empower them, build a network throughout the country and improve availability and access to youth friendly SRH services.

Today we have a Peer Education Network which covers all the regions of Armenia and is a part of the international Youth-PEER Network. We have the following peer education activities: training, face-to-face consultations, formal and informal meetings, forums, mass-media activities, etc. In addition, peer education, “training of trainers” and other training programmes, targeting parents, teachers, medical workers and other groups are implemented.

With the help of peer educators we do assessment of health facilities on youth-friendly services and are in the process of implementing such an approach.

Coming to our results and achievements, I should mention the following: more than 400 young people have basic knowledge, communication and counselling skills in Youth Sexuality and SRHR issues and act as peer educators in this field; around 30,000 young people have improved their awareness, knowledge and skills on prevention of unwanted pregnancy, abortion and STIs, HIV/AIDS, safer sexual behaviour among young people, and 32 youth-friendly services.

Mane Davtyan

“Peer education: a success story from Armenia”
General information on the organisation

The “For Family and Health” Pan-Armenian Association is a non-governmental organisation which has the mission to contribute to the improvement of the health and well being of all families and individuals throughout the Republic of Armenia and in the Armenian diaspora through advocacy for sexual and reproductive health and rights for all, provision of the appropriate information, education, counselling, health care and referral.

The PAFHA was established in 1995 by a group of Armenian volunteers, who have a vision that our society is enriched by healthy, wealthy, and happy families and individuals. Since 1999 the PAFHA has been a member of the International Planned Parenthood Federation – European Network (IPPF–EN), which contributed significantly to the institutional development of the organisation. And in 2005 it passed accreditation.

It has branches in all regions of the Republic of Armenia, as well as two subsidiary companies: “Artavazd Publishing Network Ltd.” and “Youth Vernissage Ltd.”, which have been created in support of the programmatic activities and institutional capacity building of the PAFHA.

The specific target population consists of adolescents, youth and older people of reproductive age, including marginalised populations such as indigent, refugee, displaced persons, national and other minorities.

Key references and links

- http://www.armfha.com
- http://www.youthpeer.org
Jeffrey V. Lazarus

The SAFE approach to sex education in Europe

Abstract

In early 2003, with the tenth anniversary of the International Conference on Population and Development around the corner, Lund University, the International Planned Parenthood Federation (IPPF) European Network and the WHO Regional Office for Europe embarked on an ambitious examination of young people’s sexual and reproductive health and rights in the European Union (EU). The arrival of ten new member states to the EU raised questions as to the differences in health status between countries and their approaches to sexual and reproductive health. The resulting three-year tripartite project, which adopted the name SAFE (Sexual Awareness for Europe), seeks to provide an overall picture of the region’s sexual and reproductive health patterns and trends among young people, and carry out a series of activities to enable the development of innovative ways to reach this group and improve public policy.

In this presentation I look specifically at sexuality education among young Europeans and the approach employed in an initial multi-level analysis of how certain national factors may affect sexual and reproductive health. Little did we know when we began just how scarce current, comparable data were. Not only were most countries unable to provide hard numbers for the prevalence of contraceptive use, for instance, but they could not even estimate it. There was a similar lack of data on STIs and the status and content of sexuality education.

Multi-level research in Europe

The SAFE project research draws on HBSC survey data to provide comparative information on trends in young people’s sexual and reproductive health. Ultimately, 18 countries and sub-regions from the enlarged EU fit our inclusion criteria. The study goal was to determine which factors have the most impact on contraceptive use among a nation’s young people. We focused on socially vulnerable groups, as defined by specific risk behaviours or lifestyle factors [e.g. coercive behaviour (reported as those who bully others), or young people who drink or smoke regularly] and their sexual and reproductive health status. Contraceptive use was used as a proxy for health status, since there is a high inverse correlation between such use and the prevalence of STIs and unwanted pregnancies. The national variables examined included socioeconomic level, presence of adequate sexuality education and primary religion. In the enlarged EU, this study should contribute to the making of better-
informed national health policies for young people and to a more nuanced debate on EU health policy programming.

**Ecological approaches in the European context**

Ecological models can be especially useful in studying sexuality education and its impact on sexual and reproductive health. According to such models, behaviours are influenced by intrapersonal, social, cultural and physical environment variables. These variables play a critical role in determining population health. Some of the most promising interventions are therefore directed at elements of this larger context.

Yet ecological approaches have been slow to influence public health practice in addressing risk behaviours. Researchers and policy-makers often fail to acknowledge the relevance of the environment in which sexuality education or condom promotion programmes are implemented. The prevailing approach has been to help young people cope with risk environments by trying to change their attitudes and behaviours, for instance by promoting sexual abstinence or the use of contraception.

Across Europe, key stakeholders – such as parents, religious leaders, politicians and the mass media – have a tremendous impact on these issues. However, without up-to-date, accurate information, it will be impossible to know how well we are doing or where we are failing. In the enlarged EU, this study should contribute to the making of better-informed national health policies for young people and to a more nuanced debate on EU health policy programming.

### Key references and links

Abstract

Sex education was introduced in Swedish schools in 1955 – 50 years ago. The thrust of Swedish policy on sexual matters has changed over the past three decades – from the affirmation of sexuality in the Seventies to the emphasis on sexually transmitted infections in the Eighties and the attack on sexist language, sexual violence and the lack of gender equality in the Nineties. The theme in the Nineties prompted the Government in spring 1999 to commission a quality assessment by the National Agency for Education on how education in sexuality and personal relationships is undertaken in schools, “not least in the context of gender equality”. Thirteen inspectors visited 80 schools, 51 9-year compulsory schools and 29 upper secondary schools.

Perspectives

A questionnaire was prepared for the purpose and the inspectors adopted its criteria and perspectives. The quality of the teaching was assessed by relating the results of the inspection to four perspectives.

1. Gender equality perspective (Does the school provide a supportive environment that further good relationships between boys and girls? Are conceptions of male/female sexuality illuminated? Is teaching in sexuality and personal relationships characterised by an awareness of gender?)

2. Risk/promotive perspective (Are sexuality and relationships – including matters to do with homosexuality – addressed in terms of risks rather than support? What balance is struck between providing support and admonishment?)

3. Pupil/adult perspective (Does the teaching start from adult perceptions or from the experience and needs of the pupils? Are the pupils in a position to influence planning, implementation, follow-up and evaluation?)

4. Learning perspective – reflection on information? (What is the balance between factual knowledge and opportunities for reflection? Do the pupils have a chance of processing their feelings and considering matters to do with sexuality and personal relationships?)
5. Governing perspective (Does the head teacher, who is responsible, govern the sex education in such a way that all children in the school get an equal education? Does she/he create a learning organisation and give opportunities for training courses for teachers? Does the head teacher follow up the results of the evaluation?)

Results – A follow-up study, autumn 2005
School leaders were chosen in 20 of the 80 schools previously investigated, which represented the three groups. I wanted to know what had happened after this quality assessment and if the school had moved from group 3 to group 2 or from group 2 to group 1 etc.

Results
A lot had happened in some of schools, but in some group 3 schools nothing had changed, which the head teacher was very open about. Other problems or processes had to come first, before you could do anything about sex education. In some of the compulsory schools (group 2) the head teacher had taken the initiative to send all the staff on training courses and to build up a learning organisation within the school. The pupils in these schools could now get equal sex education. Several of the upper secondary schools had chosen to integrate sex education in a course called “Life Knowledge” during the first and second year (in some even in the third year). These courses were very popular but the pupils had very little discussion of issues of sexuality in different subjects such as social sciences, history, languages etc. In the interviews the head teachers said that the most difficult part was to integrate sexuality, gender issues etc. in different subjects, which is specially articulated in the Swedish Curriculum.

General information on the organisation
Swedish National Agency for School Improvement.
The agency supports municipalities and schools in the development of their activities for attaining the national goals laid down in the curricula, syllabuses etc., working with analyses, policy intelligence monitoring and the dissemination of research.

Key references and links
http://www.skolutveckling.se (among publications: “The best thing in life is getting to know what others think…” A summary of a quality assessment of sex education in 80 Swedish schools. The article of the follow-up study in 2005 is unfortunately just available in Swedish.)
Minna Nikula

What does school sex education matter? Adolescents’ sexual behaviour during the past decade in Finland.

Abstract

Background:
The prevalence of pregnancies and abortions as well as of chlamydia infection among adolescents has been lower in Finland than in other Scandinavian and most European countries. The school health system including sex education has often been declared to be a corner stone of these positive reproductive and sexual health indicators. Due to the economic recession, municipalities cut down resources for school sex education and health services during 1994–2004. The aim of this presentation is to reveal the possible effects of this development on the adolescent’s sexual behaviour and health in Finland.

Methods:
The school health survey has been conducted yearly since 1996, covering up to 80 % of all the students of 8th and 9th grades and 90% of all the municipalities, with a response rate of 90%. A classroom questionnaire has been applied with questions on life and school environment, health, health behaviour and knowledge.

Results:
The proportion of students of the 9th grade who reported having experienced sexual intercourse, as well as frequency of intercourse and number of partners, increased among men and women by 4–10 % from 1996 to 2003. On the other hand, protective behaviour did not increase; the proportion of those not using any contraception or using a pill increased, while those using a condom decreased. Contraception increased from the less effective method of preventing sexually transmitted diseases to the more effective in terms of unwanted pregnancies.

Conclusions:
The positive trend in sexual behaviour as well as health outcomes started to deteriorate in the mid-1990s in Finland. Several factors are considered to have contributed to this downward trend, for example, changes in the social context for young people as well as the media environment that young people are exposed to. A few years prior to this decline, there was a cut back of the resources for school health services including sex education. Some years later, the follow-up
studies revealed a wide variation in the amount and quality of school sex education between teachers, schools and municipalities. The long-term comparison of the school health survey results support the conclusion that a decline in the resources has had a negative influence on young people’s sexual behaviour and health outcomes. Since 2004 school health education including sex education has become a compulsory subject for all 7th–12th graders in Finland. This new act initiated an on-going review process of materials, teacher-training, quality measures etc. for youth sex education.

General information on the organisation

STAKES is an expert agency whose key functions are research, development and statistics.

STAKES’ statutory function is to monitor and evaluate activities and developments in social welfare and health care, to produce and acquire information and expertise at national and international level and to make relevant information and expertise available to users. Among other things, STAKES engages in developing new models for organising social and health services, good practices for promoting well-being and health, and expertise and tools for implementing good practices. STAKES acts as a statistical authority in the field of social welfare and health care. Statistics are compiled concerning various topics, including social and health services, alcohol and drugs, and social and health expenditure.

Key references and links

■ http://www.stakes.fi
Abstract

In 2000 the Forum Youth and Sexuality (a network of Sensoa) developed the “Good Lovers” concept. This concept on sexual and relational education is evidence-based (based on Intervention Mapping, a health promotion model) and holistic. According to this concept sexual and relational education must aim for young people and children to develop into adults who can integrate sexuality and relationships positively into their life. In striving for this aim, three key objectives are pursued. The first objective includes guidance of sexual development. The second objective involves the development of a sexual and relational morality achieving happiness in harmony with others. The third objective involves the ability to take responsibility for oneself and others. More specifically, it focuses on the prevention of sexual risk behaviour and therefore the prevention of HIV, other sexually transmitted infections, unexpected pregnancies and sexual abuse. All actors concerned are to be involved within sexual and relational education. More specifically, parents, peers, the school (teachers, special teachers and student guidance counselors...), experts (social workers, youth workers, prevention workers...) and the media all have an important role to play.

Out of the “Good Lovers” concept several projects were developed. One example of this implementation is the Good Lovers carrousel, an initiative of Sensoa and SSL Healthcare. The Good Lovers carrousel is an interactive exposition on sexuality and relations for young people from 13 to 17 years old. One exposition is located in De wereld van Kina, an educational nature museum in the city of Ghent; the other identical exposition is located in the Open Learning House, an educational exposition house in the city of Antwerp. The exposition connects entirely to the environment of young people. Myths on sexuality, relations and gender roles, tips on seducing, sex in language use, first aid at sex and relations and physical changes are just some of the subjects raised. Moreover, sexually transmitted infections, unexpected pregnancy and contraceptives are taken into consideration. More difficult topics such as undesirable intimacies, new partnership modes and sexual abuse are also treated with all respect and with all discretion. The complete subject matter of sexuality and relations is constructed in the form of an enormous carrousel consisting of eight little rooms where a maximum of two to three people can disappear behind a little door. In each of the rooms a different topic is raised. Each of the topics is treated in an interactive way.
Next to the exposition the video “Wegwijs in de seks”, a nice animation film concerning sexuality, is shown. On the relation bed or the relation benches, with further information on partnership modes, people can take a break and look at the funny but very valuable film. Beside the film element, there is also a computer element. On the PCs one can explore the SeXplorer (an Mja product), an interactive CD-Rom concerning sexuality. Visitors also have the opportunity to take with them (free) information materials on sexuality and relations. The brochures for young people “Boekse vol Goesting” and “Den Vrijen Courrant” and the parent guidance brochure “Guide for parents, communication with youth on sexuality and relations” are some of the examples of free information materials for visitors. For teachers and other educators a Good Lovers educational package has been developed. This package allows teachers and other educators to work in advance of and/or after the visit with their students on the topics of sexuality and relations. The educational package consists of an educational working map, 20 brochures for youth “Een Lief”, the interactive CD-ROM SeXplorer and the animation film “Wegwijs in de seks”. The exposition was evaluated by young people as comprehensive, clear, funny, innovative, great, not controversial, important, useful and instructive. Intermediaries evaluated this project as important, clear and useful. They considered the Good lovers exposition as an example of good practice. As a follow-up to the Good Lovers exposition, Sensoa in collaboration with De wereld van Kina created the interactive exposition “k Zag 2 Beren...” on relations and sexuality for children from 3 to 12 years old. The “Good Lovers” and “k Zag 2 Beren...” interactive expositions give parents, teachers, student guidance counsellors, other educators, social workers, prevention workers, youth workers… and peers the opportunity and a very good reason to communicate with youth on sexuality and relations.

General information on the organisation

Sensoa is the Flemish service and expert centre on sexual health and HIV. The strategy of Sensoa is determined by five target programmes: (1) the Youth and their Parents programme; (2) the Adults programme, focusing on young adults and the elderly, (3) the Homosexuals, Lesbians and Bisexuals programme, contributing to safe sexual attitudes and the sexual health of male homosexuals, lesbians and bisexuals; (4) the Migrants programme, making sexual health services sensitive to cultural diversity and accessible for people from any culture; and (5) the Living with HIV programme, focusing on sexuality and relationships, fear and depression, employment, stigma and discrimination. Within all programmes five core themes are applied in work plans and concrete actions: (1) contraception; (2) prevention of STI; (3) prevention of HIV; (4) prevention of sexual abuse; and (5) improvement of the quality of life for people with HIV. Sensoa works at international level by advocating for sexual health, HIV and AIDS in policy and programme development cooperation and full implementation of international agreements. Sensoa is a member of the International Planned Parenthood Federation, Aids Action Europe, European Aids Treatment Group and Aids and Mobility. Sensoa is an independent non-profit organisation, recognised and supported by the Flemish government.

Key references and links

Website of Sensoa: www.sensoa.be
Exposition Good Lovers: http://www.sensoa.be/3_5_8.php
Exposition “k Zag 2 Beren...”: http://www.sensoa.be/3_5_7.php
Talk about Sex campaign: http://www.sensoa.be/en/3_5_1.php

Intervention Mapping
Planning Health promotion programs: An Intervention Mapping Approach.
San Francisco: Jossey-Bass, A Wiley Imprint
Supporting health promotion for adolescence through training of teachers in Turkey

Abstract

Within the framework of UNFPA’s Second Country Program, the Foundation started the training of human resources within the educational system for sexual health education. These activities continued with new components under the Third Country Program of UNFPA (2001–2004) with the Ministry of National Education (MoNE). Although activities for teacher training were the main component of this new project, it also tried to achieve another important objective, the integration of “comprehensive adolescent health topics” including sexual education into the MoNE education curriculum.

The situation analysis was undertaken at the beginning of the project period. The report that was prepared and shared with the related agencies included a description of all adolescent and youth activities, researches and studies undertaken by various institutions and researchers in Turkey, and results of focus group discussions among various youth groups.

The members of the Scientific Committee, who were selected from various organisations, discussed the objectives of the Adolescent Health Education and agreed on the following topics: a healthy start in life (including reproductive health issues), healthy physical development, healthy psychological-emotional-social development, balanced and adequate nutrition, the establishment of positive relationships, protecting health from outside harmful effects, and awareness of and accessibility to health services. The members worked on the details of the curriculum prepared by the experts. In the meantime, the Ministry’s Committee chair and members held several meetings to advocate the revision and integration of adolescent health topics into the existing school curricula and these activities are ongoing.

One of the main objectives of the project was to improve existing teachers’ capacity to provide comprehensive health education for adolescents. “Training the teachers” in this project aimed at sensitising 400 teachers from 4 provinces to change in adolescence and its effects on life. The programme was designed and implemented to provide adequate information in two days with the support of educational materials. The programme consisted of the following topics: a comprehensive sexual and reproductive health approach: an overview of sexuality, adolescent development, values, adolescent education,
changes in adolescence, sexual intimacy, adolescent psychology and safe behaviour development, safe sex, hygiene, protection against harmful substances, and counselling contact centres. The curriculum for the in-service and pre-service training of teachers and the modules were prepared with the support of Istanbul University’s Institute of Child Health.

The important achievement of the project was developing sexual health education courses for teacher candidates for educational faculties. With the approval of the Higher Educational Council, educational faculties were invited to attend the programme.

With the approval from Higher Educational Council, educational faculties were invited to attend the pre-service program.

The training of trainer’s (ToT) course was designed to be six full days and the participants, who were academic staff of the universities, were invited to Istanbul in five different periods for a total of 81 academicians. The training team, which was experienced in inter-active training methodology, was composed of multi-disciplinary trainers (sociology, psychology, medicine, education) from the various institutions. ToT activities were held along with reference book and training module materials in the above topics and also methodology for sexual health education, an overview of gender problems, value building, population policies, sexuality and violence, and the decision-making process.

Since the beginning of the programme, trainers from 26 schools underwent the training course. By the end of the project period, there are now 17 faculties in total which opened sexual health education courses in their universities in 11 provinces. The programme, which is open to any branch of candidate teachers, and a volunteer selected graduate course with 2 ECTS has been part of the curriculum. However due to the limited number of trained academic staff, not all of the teacher candidates who wanted to complete the course have so far been able to do so.

The project activities were evaluated in several phases and disseminated to the related stakeholders: evaluation of 1) graduates who currently work as teachers; 2) training activities held in faculties; 3) teachers receiving in-service training. It was found that, nearly 30,000 students, teachers and parents have benefited from the project activities. More than 5,000 teacher candidates have undergone the sexual health education course and the numbers of graduate teachers will be cumulated every year. According to the results of the evaluation activities, the assumption could be made that at least half of the trained teachers would be in charge of supporting sexual health education as extra-curricular activities in schools, whatever official curriculum currently existed. Hence, it is good to know that MoNE has already accepted a curriculum block under the heading of “Health Culture” and many suggestions from the project have been taken into account.

General information on the organisation

HRDF is a leading non-profit, non-governmental and autonomous organisation in Turkey. Established in 1988, HRDF’s mission is to work to promote population and development education, information, training and services, as well as the empowerment of human resources with a special emphasis on vulnerable groups, especially women, youth and children. HRDF has been one of the internationally accredited executing agencies of UNFPA since 1997 and has had a special consultative NGO status with the UN Economic and Social Council since 2002. HRDF has been a member of the National AIDS Commission of Turkey since its establishment; a member of the Gender and Children Team established by the United Nations High Commissioner for Refugees (UNHCR) in 2002; and a member of the National Task Force for Combating Human Trafficking established in 2002.
HRDF has developed, executed, implemented, and also participated in a number of projects and activities at national and international levels, such as STIs & HIV/AIDS training and Information, Education and Communication (IEC) activities, community development, community-based health services, development of technical training materials and provision of training for service providers, specifically SRH training programmes for adolescents; development of models of quality and accessible RH service provision for university young people; programmes for supporting refugees, asylum-seekers and victims of human trafficking; promoting children’s rights and improving the socio-economic status of women. Through these projects and activities, HRDF has accumulated substantial experience and know-how in project development, implementation and assessment, and also partnership and coordination skills with various international organisations, and has served 400,000 women, 30,000 health service providers, 8,000 immigrants and refugees and more than 250 victims of human trafficking.

Key references and links

- http://www.ikgv.org/ing_index.html (HRDF main page)
- http://www.ikgv.org/uni_hizmet_birimi.htm (youth Turkish)
- http://www.ikgv.org/trainingpro.htm (youth English)

Ministry of National Education Web pages on Youth Health
- http://sdb.meb.gov.tr/ (main page Turkish)
Quality management in sex education

Natalia Kerimova

Improving reproductive and sex health of the young people in Kyrgyzstan.

Abstract

Challenges: 32,3 % of young people have sexual experience before age 15; 46,7 % do not use contraceptives; 70-85 % of pregnancies among young girls end with abortions; 50 % of young people have sexual experience before marriage. Due to social norms and high levels of poverty young people have a lack of access to social services and information, especially girls. High levels of unemployment among young people. High levels of labour migration among young people.

National culture in relation to the problems in the area of HIV/AIDS: Discussion of sexuality is traditionally limited. The woman is traditionally blamed for the “bad” and should not reveal her sexuality. The man can insist on sex even if the women does not want it. Homosexuality and related topics are taboo. Kidnapping for marriage.

Government policy: The second Manas Health Care document adopted with good RH focus on youth RH. The national strategy on reproductive health is underway. The state programme on HIV/AIDS and prevention of social and economic after-effects for 2006-2010. Adoption of the laws on domestic violence, gender equality, prevention of HIV/AIDS. The law on RH is under the revision.

Characters/Networks: National peer education network. 6 NGOs. WHO,UNFPA, USAID support. 78 TOT and 43 trainers aged 14-25. Peer education reached more than 500 children and adolescents.

The outcome is being realised through: baseline study on KAP (survey on HIV); support in the development of national standards on peer education. Adaptation of WHO and testing of the “stepping stones” module on sex education for young people; support in establishing new or strengthening existing Youth Friendly Centres; youth summer camp; public information, IEC focused on youth and high-risk behaviour groups; BCC and peer-to-peer counselling for high-risk groups and youth; TOT on peer education; development and broadcast of national radio/TV programmes, video/radio spots for young people on RH/HIV; strengthening training centre in MoE and Ministry of Labour Social Protection and MoH on ASRH and gender; building partnerships with the international and civil society organisations on YPSRH.

Peer education. The peer education network in Kyrgyzstan consists of six major organisations. All work nationally. There are 78 peer educators and 43 trainers in the country, varying in age from 14–25. All receive at least some basic train-
ing. Target population: youth in general, high-risk groups (poor, young, vulnerable). Location: organisations are national, though have their provincial branches.

The second approach, aimed at providing technical support to the Government, including the country coordination mechanism for the Global Fund to Fight AIDS, Tuberculosis and Malaria, will be achieved through: (a) technical assistance to the country coordination mechanism; (b) support coordination of prevention of HIV through sexual transmission. The third major intervention involves support for implementing the national policy on preventing mother-to-child transmission of HIV, which will be realised through: (a) publication of national guidelines on vertical HIV transmission; (b) training on vertical transmission for health service providers.

**Constraints:** Poor economic and social protection which restricts access to adequate medical services; limited access to adequate information on sexual health because of taboos which restrict the free discussion of sex and drugs and also the lack of youth-oriented materials containing key information; inadequate legal protection. Political leadership of the Islamic community is also backing the promotion of reproductive health in the Islamic society. Ongoing institutional restructuring has led to frequent rotation of officials in ministries and leading state institutions. The evaluation of the national programme is conducted by the state institutions and does not involve grass-roots organisations. Indicators for monitoring and evaluating prevention programmes are very ambitious and should be re-developed for better programme coordination.

**Strategic interventions for the future:** Scaling up of peer education including support of Youth Friendly services; involving religious leaders in family planning; support for the Ministry of Health’s programme on Mother-to-Child HIV Transmission Prevention (MTCHTP).

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**General information on the organisation**

This organisation is the education-methodical establishment of the Ministry of Health Care of the Kyrgyz Republic.

The targets:

- Promotion and career enhancing of doctors, pharmacists, workers with medical and pharmaceutical education, teachers of medical establishments and heads of health service centres in order to acquire profound theoretical knowledge and practical skills.
- Preparing specialists on family medicine.
- Rendering first medico-sanitary aid to the population on the family principle.
- Providing highly qualified consultation aid to the population.
- Constantly perfecting the quality of the postgraduate education of medical workers and pharmacists.
- Creation of manuals and booklets for doctors and pharmacists.
- Carrying out the scientific research work, which helps to solve the tasks of medical science and the Public Health Care Service.
Key references and links

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Abstract

Questioning teachers and pupils of St. Petersburg schools (2003–2005) showed that at schools there are no unified programmes and unified methods of carrying out preventive work with pupils in the field of healthy lifestyle promotion and reproductive health issues.

The level of senior school pupils’ requirements for reliable information on sex and relationship issues and the prevention of unwanted pregnancies, STI and HIV is very high. Among the most frequent topics proposed by senior school pupils for discussion are the following: “Interpersonal relationships”, “Physiological changes in Puberty”, “Contraception methods” and “STI/HIV”. From this point of view, an obvious direction of YC’s activities would seem to be the development of YC’s network in the city and providing sex and relationship educational programmes.

Currently there are 16 youth clinics operating in different parts of St Petersburg. The main spheres of activity are the following: prevention of STI, HIV, unwanted pregnancies via providing preventive examination and contraception counselling; diagnosis and treatment of reproductive health diseases; socio-psychological support; holding of lectures, seminars and training courses to promote a healthy lifestyle and to realise programmes in sex and relationship education; publication of information materials and interaction with social and other institutions.

The work of training public instructors (volunteers) from among the leaders of senior school pupils and students as one of the activities of the youth clinics is especially important, as it provided the solution to several problems at once: getting knowledge and skills in safe sexual behaviour for themselves; the spread of the acquired knowledge among peers; involving young people in active public life of the society; organisation of teenagers’ spare time. For the 1998–2005 period, the movement of volunteers in St. Petersburg has been created through involving teenagers in training according to the principle of “peers teaching peers” (or “from peer to peer”) in the field of healthy lifestyle promotion.

Up to the present moment, 378 volunteers from Juventa and from the district youth clinics have been trained in accordance with WHO recommendations. In the framework of different international projects the system of additional education has been developed: there are academic courses of postgraduate studies for school teachers and youth clinic employees of St. Petersburg.
General information on the organisation

Juventa, the St. Petersburg consultive and diagnostic centre for the reproductive health of teenagers, was opened in 1993 on the basis of a juvenile gynaecological department functioning since 1991. Functioning under the City Health Committee, Juventa pioneered the broader concept of youth-friendly services in Russia. Juventa is the first health clinic in RF to provide sexual and reproductive health services exclusively for adolescents under 18 years old. Inspired by the youth consultations network in Sweden and Brooks clinic in the UK, Juventa now logs nearly 220,000 visits every year.

Key references and links

- http://www.teen-info.ru
Abstract

The WHO promotes life skills programmes as a means to develop skills among young people that lead to healthy lifestyle choices. Life skills include thinking skills, social skills and negotiation skills. The following skills are considered to be essential:

- Ability to communicate, including listening, building empathy, assertiveness and negotiation
- Ability to make decisions and think critically and creatively
- Ability to manage emotions and stress
- Ability to build self-esteem
- Ability to resist peer pressure

A life skills education approach does not focus only on transmitting knowledge, but also aims at shaping attitudes and developing personal skills. It is therefore important to create opportunities for youth to acquire such skills. Most common are the following activities: working in groups, brainstorming, role-playing, story telling, debating and audiovisual activities.

Regarding life skills education programmes in the field of sexual and reproductive health, a number of positive results could be observed. The programmes were particularly effective in

- Delaying the age of sexual debut,
- Increase of condom use,
- Decreasing the number of partners.

Lessons learned from programmes promoting life skills can be summarised as follows:

- **Participants**: Programmes should be target-group specific and therefore appropriate to the age, sexual experience and culture; they should also focus on risks; finally, programmes should respect young people and encourage mutual learning.
- **Content**: Information provided must be accurate and relevant for promoting healthy behaviour; personal issues should be clarified.
- **Processes**: The involvement of youth, parents, community members and policy leaders in the development and implementation of programmes seems to be crucial; programmes should be organised on a regular basis and in coordination with other relevant activities.
- **Environment**: Safe and supportive; should meet special needs of young people in crisis situations
- **Outcomes**: Research on the outcomes of such programmes should be undertaken; continuous monitoring and evaluation activities are highly recommended
General information on the organisation

The WHO is a special organisation of the United Nations. Founded in 1948, it deals principally with public health and international health questions in all regions of the world. The headquarters of this world organisation is in Geneva.

There are also six continental regional offices, which all develop their own programmes and action focuses to match the health needs of the regions. The WHO Regional Office for Europe (WHO/EURO) is located in Copenhagen, Denmark.

Key references and links

- Website of the WHO Department of Reproductive Health and Research: http://www.who.int/reproductive-health
- http://www.who.int/school_youth_health/media/en/sch_skills4health_03.pdf
Abstract

Young women of color living in the United States (US) have significantly higher rates (than their white counterparts) for HIV, sexually transmitted infections (STIs) and unintended pregnancies. There are many societal and institutional barriers that prevent these young women from accessing appropriate health services and living healthy lives. Negative cultural images and self image resulting in low self esteem, poverty, institutional racism and a lack of culturally and linguistically appropriate health services are some of the factors that result in young women of color being at higher risk for negative health outcomes.

Programs that effectively address the needs of young women of color have some of the following programmatic pieces:

- Focus on the assets of youth participants and on the needs of the whole person.
- Provide peer support to change peer norms.
- Aim at skills-building (communication, assertiveness, negotiation).
- Incorporate comprehensive sexuality education, including information on both contraception and abstinence.

- Provide culturally appropriate information and services/ HIV and STI information within a cultural context.
- Provide youth-friendly, confidential access to contraceptive services and methods, HIV testing and treatment.
- Provide accurate information and age-appropriate services that focus on behaviors.
- Offer gender-specific opportunities and services.
- Involve parents, community members, and youth (youth-adult partnerships) in planning and implementation.

Advocates for Youth have two programs for young women of color that incorporate the above mentioned components:

**Young Women of Color Leadership Council:**

Due to the alarming rates of HIV and AIDS among young women of color, the Young Women of Color Leadership Council was started to promote HIV prevention among this at-risk population and build youth leaders. The Young Women of Color Leadership Council currently consists of twenty women from all across the U.S. who have come together to prevent the spread of HIV in their communities, especially...
among other young women of color. They are advocating for the inclusion of young women of color in HIV prevention programs so they will become involved in fighting HIV in their respective communities.

My Sistahs:
My Sistahs is a Web site (www.mysistahs.org) created by and for young women of color to provide information and offer support on sexual and reproductive health issues through education and advocacy. Through monthly features, message boards, and online peer education young women receive information on activism, culture, sexual health, and other issues that are important to them. Through these initiatives, Advocates for Youth has been successful in providing culturally competent programming to the young women of color as well as developing their leadership and capacity to create and sustain long-term positive change in their communities.

General information on the organisation


Who We Are: Established in 1980 as the Center for Population Options, Advocates for Youth champions efforts to help young people make informed and responsible decisions about their reproductive and sexual health. Advocates believes it can best serve the field by boldly advocating for a more positive and realistic approach to adolescent sexual health.

What We Believe: Advocates for Youth envisions a society that views sexuality as normal and healthy and treats young people as a valuable resource. The core values of Rights, Respect, Responsibility® (3Rs) animate this vision.

Key references and links

- [http://www.advocatesforyouth.org](http://www.advocatesforyouth.org) is a Website for youth, parents, educators, health professionals, and youth-serving professionals. Visit www.advocatesforyouth.org to sign up for Advocates’ monthly e-mail newsletter.
- [http://www.ambientejoven.org](http://www.ambientejoven.org) is a Spanish-language Web site for Latino/a gay, lesbian, bi-sexual, transgender, and questioning (GLBTQ) youth, featuring sexual and reproductive health and other Latino GLBTQ issues.
- [http://www.mysistahs.org](http://www.mysistahs.org) is a Web site created by and for young women of color to provide information and offer support on sexual and reproductive health issues through education and advocacy. MySistahs has a staff of trained peer educators to answer questions from young women of color around the country.
- [http://www.themediaproject.com](http://www.themediaproject.com) assists the entertainment industry to place accurate sexual health information and responsible sexual health images on television.
- [http://www.youthresource.com](http://www.youthresource.com) is a Web site by and for GLBTQ young people addressing sexual health issues, coming out, sexual orientation and gender identity, and youth activism. YouthResource also offers online message boards, monthly chats, and a staff of online peer educators to answer questions on various topics.
- Youth Activist Network Visit [http://www.advocatesforyouth.org/yan](http://www.advocatesforyouth.org/yan) to join today and get involved in our campaigns.
Abstract

The “Alphabet for you and for me” educational package has been developed by a multi-disciplinary team of medical specialists, psychologists and sexologists, appointed by the Bulgarian Minister of Health within the framework of BUL00/R1, “Strengthening of the National Programme of Sexual and Reproductive Health”. The project has been implemented by the Ministry of Health and the National Centre of Public Health Protection with the support of UNFPA Bulgaria.

The educational package includes a teachers’ manual, individual tasks for students and a booklet for parents. The package is aimed at supporting teachers and other school specialists, conducting life skills based sexual and reproductive health education in elective subjects in fifth to eighth school grades.

The philosophy of the programme is based on the bio-psycho-social model of human sexuality. The educational approach is experiential teaching and learning, directed towards building knowledge, attitudes and skills, including life skills, for responsible sexual behaviour and the prevention of risky behaviour. The students’ needs and expectations had been investigated by organising 12 focus groups in four different school grades before developing the programme.


Setting up the programme and creating the manual have become possible thanks to the efforts of more than 30 teachers, engaged in implementing the programme through elective subjects on sexual education in 17 pilot schools in the country. They have given an extremely valuable feedback to the authors of the different chapters and topics.
The booklet for parents has been written by Emilian Kroumov. It is based on the materials of the other authors of the manual in order to give an opportunity to parents to get familiar with the entire sexual and reproductive health programme. The booklet is tailored to answer some important parental questions.

Individual tasks for students have been designed and organized by Elena Teolova. They include cases and exercises, developed by the authors of different topics and sessions.

The authorial team considers the “Alphabet for you and for me” educational package to be a contemporary and timely answer to clearly declared youth needs for life skills based sexual and reproductive health education in Bulgarian schools.

Key words: health education, sexual and reproductive health, experiential learning, interactive methods of education, human relationships, communication, feelings, gender roles, intimacy, HIV prevention, responsible behaviour

General information on the organisation

NCPHP is an expert and consultative body to the Ministry of Health and it assists other governmental bodies, municipal authorities and non-governmental organisations in their efforts in the field of public health, health promotion, disease prevention, analysis of health care systems and models, and health policy development and implementation. NCPHP realizes applied research activities and works on capacity building in health care and other branches. It also provides technical assistance to the health administration, the whole health network and the education system. We offer training and capacity building in all the areas of our expertise. Experts of the National Centre are in the working groups, planning national health strategies, programmes and standards in the field of public health. NCPHP is involved in international cooperation with EU, WHO, NATO, UNDP, FAO, UNFPA, UNICEF, UNAIDS etc. The activities of NCPHP are focused on environmental health; occupational health; foods and nutrition; child and schoolchildren’s health; communications; behaviour of the health organisation; health promotion and disease prevention.

NCPHP has long-term experience in the field of international and national health programmes.

Key references and links

Kolb, D. A. Experiential learning. Prentice-hall, 1984


Raths, Louis E., Merrittall Harmin, and Sidney B. Simon. Values and Teaching: Working with Values in the Classroom. Columbus, Ohio, 1966


Steinberg, Laurence, Adolescence. 1993

http://www.aidsprogram.bg
http://www.youthpeer.org/cabout.asp
"Nose, Tummy and Bottom" is a nationwide initiative from the BZgA to promote friendly sex-education at pre-school age, consisting of three communicative elements that are closely related to one another:

- The musical “The tale of Nose, Tummy and Bottom”
- The Kindergarten Box “Discover, Look and Feel!”
- Accompanying training for educators, counsellors and other key persons

The starting point was that there is very little conceptual basis for sex-education in kindergarten, there are few materials for the pre-school age group and nursery school teachers have a great need for initial and in-service training in this field.

The project goals:

- Publication and presentation of the Kindergarten Box
- Motivation and qualification of people involved in education to implement sex education in kindergarten
- Promotion of regional structures and local networking

The primary target group are children aged 4 to 6, counsellors and nursery school heads and nursery school teachers and – very important for implementing this topic as an integral part of health education – the decision-makers at state level such as ministries, associations, interest groups and public bodies.

"The Tale of Nose, Tummy and Bottom" is a play with music and animation which has been performed since 2004 all over Germany. Its purpose is to get teachers interested in the topic. The Kindergarten Box contains factual information, media, games and a variety of method-related ideas to talk about important issues such as explanation and awareness of the Body, gender roles and identity, feelings, setting boundaries, sensory experience and also conception, pregnancy and birth. All topics, games and media are interrelated and offer a wide range of possible uses. The training and provision of the Kindergarten Box give nursery teachers the opportunity and the necessary skills to integrate sex education into their programmes. Up to now the project has been implemented in 7 fed-
eral states and in over 50 towns and districts. It has reached more than 50,000 children and around 11,000 nursery school teachers. The strategy of cooperation is highly effective in promoting acceptance of the measures.

The BZgA framework concept for sex education is based on a comprehensive definition of sexuality in line with the WHO definition of 1994: “Human sexuality is a natural part of human development through every phase of life and includes physical, psychological and social components.”

The development of sexuality begins at birth. The major turning points in individual personality development lie in childhood and youth. Effective sex education is thus necessary long before puberty.

General information on the organisation

The Federal Centre for Health Education (BZgA) is a government organisation working within the portfolio of the Federal Ministry of Health. Additionally, the Department for Sex Education and Family Planning of the BZgA is technically supervised by the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth. The BZgA is by law assigned to implement sex education in close cooperation with all family counselling institutions and other organisations in the field. The BZgA develops national concepts in the field of sex education and family planning, launches national campaigns and publishes information materials for different target groups. Materials are supplied free of charge to individuals, as well as to educational institutions and organisations providing services in the field of health and reproductive health, youth, family and family planning. The BZgA also provides training and conferences for professionals and coordinates research and surveys in the field of sexuality, reproductive health and family planning. The BZgA has been designated as a WHO Collaborating Centre for Reproductive Health.

Key references and links

- http://www.bzga.de
- http://www.sexualaufklaerung.de
- http://www.kinderliedertour.de
- http://www.loveline.de
- http://www.schwanger-info.de
- http://www.familienplanung.de
Transferability of youth sex education and activities in the European region
Transferability was an important agenda at the conference. There was an intense search for answers to the following questions: What has to be taken into account when it comes to an exchange of cultures? What can be learnt from one another? What is applicable to one’s own country?

5.1 Sóley S. Bender, University of Iceland

Sexuality education: cultural sensitivity and transferability

The purpose of this chapter is to explore what may be of importance for the development of sex education programmes (SEPs) to be culturally sensitive and what elements of SEPs can be transferred from one culture to another. Sex education needs to be meaningful to young people of different cultural backgrounds. A three-step process is considered important to provide culturally sensitive sex education.

First, it is necessary to know about different cultural beliefs and values in the society of different cultural groups which relate to sexuality. Secondly, it is essential to know how young people with different cultural backgrounds think about sexuality. Thirdly, the teacher needs to build on these two steps in order to provide culturally sensitive sex education in class. To convey information in an efficient way the teacher also needs to be committed and connected to young people.

What will be explored especially is the second step which involves the attitudes and beliefs of young people towards sexuality issues. It has been emphasized that young people need to be involved in the process of developing and also of implementing SEPs. They need to contribute their ideas as to where they obtain information about sex education, how they think about sexuality issues, what they want to learn about these issues and how the teaching should take place. They are the consumers of the education and best know what interests them. Qualitative studies have especially been found to be of importance for providing in-depth information from young people for the development of programmes. A focus group method has frequently been used for this purpose. The elements which are considered of importance for the applicability of SEPs from other cultures and which may contribute to their effectiveness are their theoretical background, the framework of the programme and its evaluation. These elements will be explained.

Introduction

The provision of sex education is an important contribution to the sexual well-being of young people. Sex education varies considerably from country to country, ranging from the almost non-existent to the quite comprehensive. When there is limited provision of sex education an evaluation needs to take place regarding the development of a local programme or the application of a programme or some essential elements of effective programmes. Frequently, the necessary resources are lacking in order to develop...
Limited information was found concerning the systematic evaluation of applying and transferring health promotion programmes from one setting to another (Wang, Moss and Hiller, 2005). Wang and co-workers suggest that if a programme is to be considered for use in another setting its applicability and transferability need to be evaluated. They clarified their understanding of the concepts of applicability and transferability since these concepts have had different meanings in the literature. They suggest that applicability of a programme involves the process. It is the degree to which an intervention process can be implemented in another location. Transferability according to Wang et al (2005) is the extent to which the measured effectiveness of the intended intervention can be achieved in another place. In other words if a programme has been found to be successful in one place it may not be successful in another setting. An evaluation could provide information of the possible problems regarding applicability and transferability of the programme.

Local evaluation

What are highlighted here are three issues. These are the aims of the programme, the cultural context and the way the programme is provided. Before considering the possibility of developing or applying a programme it is important to clarify what the sex educational programme is supposed to achieve. The outcomes of the sex education programme need to be clear. The aims may be to improve knowledge of sexuality, to change attitudes, and to improve communication with partners and parents. The stated aims are then compared with the aims of the programme under consideration for feasibility of application.

However, when considering the applicability of a programme it is not enough to clarify the aims. Several other issues need to be evaluated but only a few are mentioned here (Wang et al, 2005). What needs to be considered is the cultural context in terms of understanding both the culture of the society and the perspectives of young people. Furthermore, the competence of the teacher providing sex education is of importance.

It may turn out to be necessary to find out about the culture of the country of origin and the local country by getting to know the different cultural beliefs and values regarding sexuality issues of the various cultural groups which exist in the society. In different cultures, many different cultural norms can exist (Lambert and Wood, 2005; Wagoner, 1994). People in African American and Latino communities may, for instance, deny the threat of HIV and AIDS and some may regard AIDS as a punishment from God for immoral behaviour. Others may see homosexuality as immoral, unnatural and sinful (Wagoner, 1994).

Cultural sensitivity is an important element for the effectiveness of a programme. If a programme consider the different values and beliefs of different cultural groups then it may not have the intended effects. The cultural sensitivity of sex education programmes is therefore paramount in multicultural contemporary societies.

Also, sexuality education needs to be meaningful to young people of different cultural backgrounds. Therefore, the attitudes of young people need to be explored (Mathews, Everett, Binedell and Steinberg, 1995; Wagoner, 1994). It is necessary to know what and how young people are thinking about sexuality issues. They are the consumers of sex education and best know what they need to know. It may be necessary to do a focus group study consisting of young people and find out about their beliefs, values and general thoughts about sexuality issues, their concerns about sexuality and the sexual concepts they are using. Qualitative studies such as focus groups have especially been found to be of importance for providing in-depth information from young people for the development of programmes (Bender, 2003). In Iceland, several focus group studies have been conducted among adolescents attending school which have shown that there is a need for several changes regarding sex education – or instance by emphasizing more emotional issues. Adolescents want sex education...
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To be informative and to empower them as sexual beings but not to make them scared of sexually transmitted infections or unplanned pregnancy (Arnadottir, Gudmundsdottir, Jonasdottir and Johannesdottir, 2002; Haraldsson and Skulason, 2006; Johannsdottir, Gudjonsdottir and Eyjolfsdottir, 2000). Through interviews it is possible to understand their sexual world better and such information may change the focus of sex education. Sex education has to be meaningful to young people if they are to relate to what is being said. The concepts used need to make sense to them. If it is not possible to do a study among young people their views may need to be explored in class by a competent teacher who is flexible towards differences. Group work in class may turn out to be successful in obtaining information about the different views of young people. A committed teacher who is connected to young people may find this much easier to do. In order to be more effective in providing culturally sensitive sex education the teacher needs to be familiar with the cultural norms in the society and the perspectives of young people and base his of her teaching on this knowledge. The provision of sex education is much dependent on the training of the teacher.

When applying an SEP to another culture a cultural analysis needs to take place of the programme of origin and of the new setting. When the programme, Human Sexuality Values and Choices, developed by Search Institute in Minneapolis in the United States, was applied and implemented in Iceland in 1991, several changes needed to be made regarding the cultural context (Bender, Juliusdottir, Kristinsson and Jonsdottir, 2004). The process of translating the programme took into consideration several cultural differences. A multidisciplinary group of people participated in the evaluation process. A videotape came with the programme which was subtitled in Icelandic. The video had many cultural messages which were beforehand considered to be culturally insensitive. However, there was neither the willingness nor understanding on the part of the health or education authorities at that time to make an Icelandic video. The video turned out not to have the intended effects.

The essential elements

Under certain circumstances it may not be feasible to apply a programme. However there may be some essential elements of a programme which can be applied. When applying programmes certain elements are of importance concerning their effectiveness. Three important elements are considered here but there are many more which have been found to contribute to the effectiveness of programmes, such as clear messages, the duration of the programme and addressing social pressures on sexual behavior (Kirby, 2001).

The three elements which are considered here, which all relate in one way or another to the effectiveness of programmes, are the theoretical background, the framework of the programme and the evaluation of programmes. The theoretical approach gives guidance as to what needs to be highlighted in an SEP. It provides a certain structural framework. For example, there may be a need to focus on skill building in order to increase the awareness of adolescents regarding the potential consequences of sexual activity. Some theories on which sex education programmes have often been based are, for instance, the “health belief” model, the “stages of change” model and the “social learning” theory (Brindis and Davis, 1998). The “health belief” model promotes the evaluation of benefits and costs involved in risk behaviour. Before an adolescent girl or boy can take active self-protective steps they must believe that if they have intercourse the girl may become pregnant or the boy may make her pregnant (susceptibility). They must also recognize that it is more important for them to use contraception than to have a child.

The “stages of change” model, as the name indicates, refers to a certain sequence of readiness before people can change their behaviour. It is the awareness of the potential consequences of sexual activity and of the importance of moving towards preventive behavior. The “social learning” theory is based on the assumption that adolescents change their behaviour when they acquire knowledge, skills and beliefs through interactions with others in their environment. It is therefore important for adolescents to have strong role models.

A videotape came with the programme which was subtitled in Icelandic. The video had many cultural messages which were beforehand considered to be culturally insensitive. However, there was neither the willingness nor understanding on the part of the health or education authorities at that time to make an Icelandic video. The video turned out not to have the intended effects.
The framework of the programme refers here to certain elements such as the teaching methods used and training students in certain skills such as communication skills (Kirby, 2001). Using a variety of teaching methods both in and out of class which actively involve students – for instance participating in group work – may contribute to the greater success of the programme. Group work instead of just a lecture provides the opportunity to discuss sexual issues and students get to know the views of others and their sexual language. Also, when the programme is focused on developing certain skills such as communication skills, this may contribute to more effective communication when it comes to verbalising the use of contraceptive methods in a real-life situation. The final element, which is considered important with regard to the effectiveness of programmes, is the evaluation of the programme before it is implemented. It is important to know if it can achieve the intended outcomes of the programme of origin. Questionnaires, which have been developed for the evaluation of the original programme, can be considered for local applicability. In Iceland the questionnaire used for the evaluation of the Human Sexuality Values and Choices programme in the United States, was applied to measure the effectiveness of the Icelandic version of the programme. The questionnaire was translated and new questions were added (Axelsdottir et al, 1990). The study took place before the programme was implemented in all schools of grades 8–10 in Iceland in 1991.

Summary

Limited literature is available about the systematic evaluation of applicability and transferability of health promotion programmes and less evidence seems to exist regarding sex education programmes. In many countries there may not be the necessary resources to develop a new programme and it can therefore be more feasible to apply a programme which has been developed elsewhere. However, applying a programme is also a resource-demanding process. For the purpose of applying a programme in a new setting a local evaluation is suggested which takes into account the aims, the cultural context and the capacity of the teachers to provide the programme. Many other issues may also be of importance, as Wang et al (2005) have pointed out. If a programme cannot be applied, certain evidence-based elements of effective programmes have been suggested.

References:


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5.2 Transferring tools and approaches to different countries and cultures: three examples

After the introduction on cultural sensitivity and transferability by Sóley S. Bender the following three examples were presented as successfully transferred tools and approaches:

■ Beate Lausberg, BZgA, Germany
  Transfer of “Join-in circuit”, a participatory instrument of HIV/AIDS prevention, from Germany to Russia .......................................................... Page 84

■ Inge Baumgarten, GTZ, Germany
  Young people’s questions about sexuality and HIV/AIDS and their answers: The question-answer booklets ............................................... Page 86

■ Maria Vazquez, Spanish Federation of Family Planning
  Sexual education for youth. The FPFE experience ........................................ Page 88

The results of the discussion following the presentations were captured in a mind map. The results of the mind map have been integrated into chapter 6: Outcomes of the conference.
AIDS prevention for Young People in 5 steps:

The “Join-in Circuit” (JIC) is an interactive educational methodology combining games, role play, discussion and an exhibition. Developed and scientifically tested by Germany’s Federal Centre for Health Education (BZgA) the JIC has continuously proven its success over the last 15 years. With the help of partners in Ethiopia, El Salvador, Mongolia, Mozambique and the Russian Federation, the BZgA and the GTZ have adapted the German JIC to different cultural backgrounds and needs.

In order to develop and try out adaptations for particular countries, in 2003 the BZgA and GTZ created the pilot scheme “Transfer of the BZgA’s Join-in Circuit for Development Collaboration”. The aim was to answer the following questions:

1. How can the BZgA’s Join-in Circuit concept be used successfully in other countries?
2. What recommendations for adaptations to specific countries can be made on the basis of the German experience of the project?
3. What quality standards are essential in adapting the concept to ensure that the relevant “country circuits” can be used for the medium to long term and that they are sustainable?

The BZgA in collaboration with the GTZ has developed a service package which consists of the following:

- A handbook available in German and English which provides a practical introduction for anyone planning a country-specific or regional adaptation of the Join-in Circuit.
- An associated film which illustrates the BZgA’s German Join-in Circuit and its “country variants” in Ethiopia, El Salvador, Mongolia, Mozambique and the Russian Federation.
- A brochure with a summary of the most important data of the pilot scheme.

With this service the BZgA and GTZ aim to motivate other countries to develop and use “their” Join-in Circuit.
General information on the organisation

BZgA - The Federal Centre for Health Education

The express task of the Federal Centre for Health Education is to develop and implement educational strategies, in partnership with other bodies, thus promoting human health, in which communication and a multimedia approach are indispensable.

The BZgA works in the field of aids prevention and sex education in Germany.

Key references and links

- http://www.bzga.de
- Article in the BZgA Forum International 2-2006: The BZgA Join-in Circuit in operation worldwide!
- http://www.gib-aids-keine-chance.de/aktionen/mp-aids-weltweit/infomaterial.php, link to the manual of the Join-in Circuit, the “Mitmach Parcours”
Abstract

Young people are among the most important target groups for HIV prevention programmes because they are many, and they tend to take risks. The number of young people is increasing globally, both in absolute terms and in relation to other age groups.

An important proportion of young people are sexually active, often with changing partners, and thereby exposed to the risk of unwanted pregnancy, contracting sexually transmitted infections (STIs), or infecting themselves with HIV. Yet the HIV epidemic can only be halted when we succeed in changing young peoples’ behaviour by providing them with the knowledge, skills and attitudes they need in order to be able to protect themselves. Equally, all eight millennium development goals cannot be achieved without directing attention to the reproductive health of young people.

Basic knowledge on HIV transmission and prevention is nowadays widespread. Interestingly, HIV/AIDS information material produced for young people often takes a purely educational, knowledge-oriented and biomedical perspective. However, the questions that are in young people’s minds are often ignored: questions on puberty, relationships, love, and sexuality.

In this presentation, an experience of developing sex education material is presented that meets the needs of young people. The concept was first developed in Tanzania and has been adapted in various other contexts in over 17 countries in Africa, Asia and Europe. The approach is new in so far as it follows in a systematic and rigorous manner a number of consecutive steps, involving young people and youth experts throughout the production process. The outcome of the process is a set of question-answer booklets which have met with great appreciation, acceptance and demand by young people, educators and parents alike.

The lessons learned are: that it is essential and rewarding to involve young people throughout the production of education material; that the material should take a broader perspective of young people’s concerns related to reproductive health; that it is important to consider the sexual health and reproductive rights of young people; and that education materials should be sensitive to the needs and concerns of young people.
health and sexuality, including but not restricted to HIV/AIDS; that particularly in the beginning a lead role by government structures is not necessarily appropriate and helpful, as they tend to avoid controversial issues; but that creating alliances, with government and international organisations, often contributes to making the process a viable one.

General information on the organisation

The Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH/German Agency for Technical Cooperation is an international cooperation enterprise for sustainable development with worldwide operations. It provides solutions for political, economic, ecological and social development in a globalised world. Its corporate objective is to improve people’s living conditions on a sustainable basis. The GTZ mainly works for the German Federal Government, the German Federal Ministry for Economic Cooperation and Development (BMZ).

http://www.bmz.de

The sector programme “Population dynamics, sexual and reproductive health and rights” has been commissioned by the German ministry to support the integration of sexual and reproductive health in its development cooperation policies and programmes. The promotion of a rights-based approach and the linkage between HIV/AIDS and SRH policies and programmes are key features of its strategy.

http://www.gtz.de

Key references and links

Regina Goergen et al. Responding to what young people really want to know - developing Question and Answer Booklets on Sexuality, HIV and AIDS with young people. GTZ: Eschborn, 2006


The question-answer booklets different language versions are available for download at:

http://www.gtz.de
(www.gtz.de/de/themen/soziale-entwicklung/gesundheit-bevoelkerung/10631.htm)
http://www.evaplan.org (English, French)
http://www.unicef.org/magic/bank/youthhealth.html (Russian)
Abstract

The Federation’s experience and expertise in sexual education have been consolidated for years. The interventions are addressed to cover the unmet needs for the public health and education administration.

As main programs, FPFE has developed the Youth Programme since 1990 through 3 Youth Centres in Spain, focusing on the specific needs of young people, who are particularly vulnerable to unwanted pregnancies and transmission of STI/AIDS. The average age of introduction to sex among Spanish youngsters has decreased to 16 years and 40% of young people between 15 and 24 admit to having been exposed to some kind of risk in their relationships, while 14.8% admit the full risk of unwanted pregnancies. This programme is based on confidentiality, anonymity and immediate attention to facilitate access to its services and improve sexual health, as well as to emphasize prevention by applying the SRH care criteria, established by the WHO and the recommendations of the 1994 ICPD Action Programme. The programme provides several types of care: direct, counselling, educational activities, telephone advice and online consultations.

The programme on Adolescent Pregnancy Prevention, which aims to inform and train parents on SRH, with the objective of promoting healthy attitudes and decreasing risky sexual conduct by adolescents. Sexual Education in Schools, at 1st and 2nd level, considers the following criteria: ongoing basis, appropriateness to context, at least 5 sessions, qualified professionals, integral approach and participative methodology, standardised materials, and evaluation pre and post intervention.

In all programmes, FPFE face the task of adaptation to various geographical and autonomous contexts, as key for the transferability of educational models. As the evaluation of sexual education is insufficiently developed in Spain, we consider the need to evaluate the programmes in order to provide evidence for identifying key elements for transferability in other contexts.

A pilot study was initiated in 2005, having as its general objective “To evaluate Sexual Education Intervention Efficacy on Knowledge and Attitude Modification for Students of 2nd Level (16-17 years)”. As specific objectives: determining the intervention influence on new knowledge on contraceptives methods; deter-
mining the intervention influence to modify risky sexual conduct; identifying the main attitudinal characteristics of students towards sexuality; determining the intervention influence on the development of social capacities and the negotiation of sexual intercourse.

**The hypothesis:** Sexual Education Intervention increases by at least 10% higher than the control group the general knowledge on contraceptive methods, protected sexual intercourse, and the percentage of individuals with correct attitudes in relation to sexuality.

**Design:** Communitarian study, quasi-experimental, with 2 groups, Intervention and Control, randomly selected from 2 zones of 3 in Albacete city, taking 2 schools in each one. For the sample of individuals, the study design considers 5% alfa and beta risks, having a final sample of 250 students. As variables: individual characteristics like age, sex, education level of parents and school; and from the questionnaire: main risk behaviours and their number, contraceptive method used and frequency of use, correct answers on contraceptive methods, risk behaviour and sexual conduct. The questionnaire, which had been previously tested, was self-administered prior to intervention, and then one month and six months after intervention. Our preliminary results allow us to provide information on significant data.

As main challenges on transferability related to sexual education in Spain: decentralization, as Spain is a state with 17 + 2 autonomous communities and cities, with a high level of education and health competences, showing different approaches to sexual education. An insufficient development of sexual education in Spanish curricula, which has consequences in terms of transferability, shows a large variety of models, actors and contents and approaches, resulting in difficulties in obtaining scientific evidence. A high dispersion of the evaluation of experience calls for greater effort to improve this area.

**General information on the organisation**

The Spanish Federation of Family Planning, FPFE, was created in 1987. As a Federation, its members are associations; 8 Family Planning Associations in 8 autonomous communities in Spain: Catalonia, Basque Country, Galicia, Castile and León, Castile La Mancha, Madrid, Extremadura and Andalusia.

The FPFE Strategic Plan for 2002-2006 defined the mission as follows: an NGO that promotes the right of all people to make decisions about their sexual and reproductive lives and apply these decisions as autonomous individuals. To do this, it carries out social and political actions which, from a gender perspective, facilitate the full development of women and men and ensure access to care, education and information on public and good quality sexual and reproductive health.

FPFE has 3 main objectives:

1. To increase awareness in society and among public authorities to adopt necessary measures to guarantee the sexual and reproductive health and rights of people, both at the national and international level;
1. To achieve an increased implementation and presence in society, consolidating the FPFE as a reference in sexual and reproductive health and rights.
1. To promote actions such as programmes, projects, activities and services aimed at covering identified needs in sexual and reproductive rights.

http://www.fpfe.org
Key references and links


González B. “Sexualidad y género”. Dpto. de psicología social. Universidad de Sevilla http://www.us.es


La educación de las niñas y los niños. Derecho a la información y a la educación. http://www.fpfe.org
Transferability of youth sex education and activities in the European region
Outcomes of the conference
Outcomes of the conference

During the conference, communication played a crucial role: representatives from 26 different countries, from national and international, non-governmental and governmental organisations came together for the first time to assess and discuss current issues and the development of youth sex education in the European Region. Researchers, technical experts, strategic planners, project managers and field workers shared their working experience and described the given framework in their respective countries.

Similarities and differences were discovered and sometimes general conclusions could be drawn. In general, the conference provided a very good opportunity for getting to know experts and their institutions in the region, finding inspiration from a huge variety of presentations and displayed material and identifying issues and opportunities for networking and joint activities in the future. Therefore, the conference constituted a milestone for future collaboration. With regard to content, interesting discussions were held in working groups and the plenary sessions. These discussions were not always result-oriented; they aimed rather at learning from one another, changing perspectives, generating ideas and developing a common ground of understanding. Key issues, conclusions and results produced in this process are summarised in the following:

**National efforts compared with international standards: intensification of research needed**

During the conference, many organisations had the opportunity to present their concepts and strategies for sex education, including quality management, as well as selected campaigns, projects, tools and media. The diversity of presentations made it clear that a huge variety of approaches to sex education exist, that national frameworks differ considerably and that priority issues in one country can be completely neglected in another. It was therefore really interesting to get to know innovative and new ideas from other organisations and to compare one’s own work with that of others.

However, it became clear that more research is necessary, together with the development of internationally agreed indicators for sex education; these could then provide a scientific basis for measuring national and regional achievements. So far, only medical indicators, such as the number of teenage pregnancies or the HIV prevalence rate, are used. Social indicators, such as the sexual well-being of young people, are ignored or neglected. It was also recognized that the level of scientific research on sex education is still insufficient because research is often seen as an “extra” and not as an essential part of sex education programmes; funding for research, therefore, often constitutes a problem. In general, a combination of quantitative (standardised questionnaires) and qualitative research methods (focus group discussions, interviews and others) should be used in order to obtain valid and diverse information on the subject.

**Collaboration strengthened**

Organising the conference strengthened the collaboration between the Federal Centre for Health Education and the WHO Regional Office for Europe. In addition, other WHO Collaborating Centres involved in sex education in Europe were invited with the specific purpose of assessing the potential for closer cooperation. This potential was acknowledged and concrete activities will be developed within the framework of the collaboration centres’ work plans. The conference also provided the opportunity to identify existing sources of knowledge and expertise in the region and explore opportunities for partnerships and future collaboration. Finally, a more formal network could be established on the basis of contacts made at the conference.
With regard to research, the most important requirements are as follows:

- Development of clear medical and non-medical indicators (including indicators for human well-being) with clear instructions on how to measure these indicators;
- Increase of qualitative research on the well-being of young people and their (unmet) needs;
- Improvement of impact assessments taking the specific goals of a sex education programme into account; the comparability of findings should also be enhanced and best practices could then be identified;
- Increase of funding for high quality research.

In order to meet these demands, the following steps are suggested:

- Setting up a task force of core experts to develop internationally agreed indicators for sex education. The BZgA could lead the process in close collaboration with the International Centre for Reproductive Health of the University of Ghent, Belgium, and the contribution of other partners.
- Setting up a task force to lobby for research projects and funds at European level. Here the WHO could take the lead.
- Establishing a network of sex education experts and researchers aimed at collecting and disseminating information on research activities and available results.

Governments should promote sex education with clear policies, legal frameworks and adequate budgets

Experts in sex education face very different working conditions as far as their legal and political frameworks and the allocation of resources are concerned. Participants made it clear that the government’s policy on sex education and on sexual and reproductive health in general is crucial for their work. A supportive government sets clear guidelines for compulsory sex education in schools, creates legal opportunities for advisory services and support, and respects the sexual and reproductive rights of all members of the society.

However, governments change and sometimes many years of work and effort are overthrown by conservative reforms. They can be perceived as a step backward. In such cases, strong advocacy work is needed to return to a more open debate and attitude at both the political and the societal level. Results of evidence-based research, showing the benefits of sex education in terms of the health, welfare and general well-being of young people, are thus important and may help to convince policymakers to create favourable conditions for efficient youth sex education.

Apart from governments and their institutions, NGOs play an important role in national sex education. While the co-operation between governmental and non-governmental organisations is quite fruitful in countries where they complement each other, examples of a more difficult relationship were also given. NGO representatives reported that they are overburdened with work and that they lack financial and personnel resources as well as networking opportunities. In many cases they also have to face resistance, organised by conservative, so-called “pro life” groups. Sometimes these groups are able to attract disproportionate attention and influence both public opinion and politicians. This can lead to a situation where specific services needed are only provided by NGOs who, at the same time, are confronted with very difficult working conditions.
Outcomes of the conference

Sex education as a lifelong process: is there a “too early” for sex education?

Learning about sex and relationships is part of a lifelong learning process which starts in the early years of a child's life. Today, there is evidence that open communication from an early age is one of the most effective measures for preventing poor sexual health including unplanned early pregnancy and sexually transmitted disease. Since puberty also starts earlier today, it is very important that children get the appropriate information about body changes in time; for instance, the average age of first intercourse can be raised through effective sex education.

Thus it is advisable to start with sex education, including the promotion of life skills, at an early age. It is however debatable as to what age would be appropriate.

As an example for sex education for children aged 4–6, the Federal Centre for Health Education in Germany presented its concept and the relevant tools for implementing sex education in the kindergarten. They provide various materials for children and teachers. The aim is to create awareness of the body, gender roles and identity, and to encourage children to talk about their feelings and to identify and set boundaries for their personal well-being. The curriculum focuses on positive aspects like friendship, family, tenderness and love, and informs the children about conception, pregnancy and birth. Children are encouraged to ask questions based on their personal needs for information.

In many countries, sex education does not yet start that early. It is however clear that sex education must be target-group specific and therefore take the age and development stage of the children into account. Participants were very interested in further exploring the potential and specific demands of sex education for children at pre-school age, and requested another conference dedicated to this topic.

What are the capacities of sex education in the different settings?

School, family and community agencies (religious groups, youth organisations, sporting groups etc.) all have a part to play in education in general and in sexual and reproductive health education in particular. Ideally, children and young people have access to different sources of information, which take into account the specific needs of the various age groups. It is therefore important to produce high quality material for both the formal and the informal settings.

Another aspect discussed was whether teachers in sex education need a specific background and qualifications and how minimum requirements could be defined. In fact, teaching staff in schools and NGOs, other experts in the field, peers, parents and other family members do in practice teach sex education in their various settings. However, there is a tendency to leave the task of sex education to schools. But schools also constitute a very particular setting and the question should be asked as to whether school teachers
are the best people to deliver sex education. Is it probable that more informal settings, such as youth centres, would be more appropriate? This point needs more investigation and reflection. However, teachers of sex education should participate in a training-of-trainers programme; these programmes must be designed according to the desired profile of teachers in sex education. The profile must still be clarified. Systematic capacity building should be an integral part of quality management in sex education.

What do teachers have to know and to notice when they deliver sex education? What is important for them? Sexuality is a private topic and to speak about it does not mean to talk about facts but about values and experiences. This requires special skills. The following skills have been listed as important:

- good communication skills
- knowledge of basic biological facts
- an anthropological view of sexuality
- an open mind
- knowledge about the social environment of the pupils
- training skills
- being comfortable with the topic.

For teacher-training courses, the following guidelines should be respected:

- Sex education should not be problem-oriented but positive;
- Teachers should have a realistic view of sex education;
- They should apply no pressure, and not expect too much;
- Self-reflection on one’s own sexuality is very necessary for teaching this subject.

The following ideas were voiced for improving sex education given by teachers:

- a sex education diploma for teachers with personal training
- a national conference annually for teachers
- developing basic standards for teaching sex education
- developing a curriculum for sex education in schools
- networking
- brainstorming for a curriculum for teacher education and training.

**Promoting sex education at home: working with parents**

Parents are at the front line when it comes to supporting sex and relationship education for young people. However, they often lack confidence and the knowledge they need to respond to questions or initiate conversations.

As children grow and enter puberty, they may become more resistant to or embarrassed about entering into an open dialogue with their parents. It is widely agreed that age-appropriate conversations need to begin before school age. This sets the foundation for questions asked by older children that require more explanation.

The cultural and religious situations of parents greatly affect what is seen as appropriate or acceptable. In many traditional and religious communities the parents’ view is that this is “something we do not talk about”.

Parents are of crucial importance in SRE but have been overlooked as they may not be easy to work with. Accessing groups of parents in itself may be difficult where there is no tradition of organised parent support programmes. Established programmes such as Speakeasy (UK) have benefitted from a policy context where parenting education is now well supported and funded. This programme has been successfully shared via IPPF EN with colleagues in Albania, Russia, Bosnia Herzegovina and Lithuania. Parents have evaluated the work very strongly.

One successful approach to motivate and reward parents for completing a learning programme has been the use of a recognized award (accreditation). Parents on the UK Speakeasy programme can use the award to access further college-based learning. This makes it particularly valuable for parents with no qualifications who
The increasingly sexualised messages in the media that cross all borders put growing pressure on children at an earlier age, further reinforcing the importance of parents taking a pro-active role in talking about such messages.

Given that families are complex systems where members grow, change and learn from one another, the right kind of learning resources (information-based, learning-based) can help the family to learn together.

Peer education: a successful approach

Creating the possibility of peer education is the most effective way to reach and deliver correct information to young people. Peer education is particularly appropriate for vulnerable groups who feel more comfortable and open when educated by peers. However, in many places peer education has not yet been institutionalised.

It is also advisable to encourage parents and young people to participate in the development and implementation of peer education programmes. What is still lacking is a concept for multicultural peer education for young people and parents. Networking and coordination in this field should be strengthened; the BZgA, WHO and UNFPA should take the lead.

Competing for attention

Young people get a lot of sex-related information and in fact many experience sexuality first via electronic media. At the same time, teaching and learning materials for sex education are often still very wordy and worthy (didactic), although there are attempts to use interactive and peer-based methodologies.

Both commercial products and educational material on sex clearly have some effect on changing behaviour. Research, including market re-search, and commentaries focus on whether or not this means more sex, different sex practices, sex at a younger age and commercial sex. Abuse, violence and degradation are also associated with exposure to some types of material.

In view of what might be considered an free-market in information where external control is hard to envisage, the desired state is one in which young people themselves are helped to acquire and use the media-literacy skills necessary to work their way through the information to which they are exposed.

At the same time, sex educators must themselves accomodate the new information and communication technologies (ICT) with which young people are familiar. They can do this by providing attractive yet serious websites on sex and also by infiltrating popular sites with sound information. This latter is particularly relevant with respect to dating and cruising sites and to highly interactive chat rooms and messenger services.
Confident use of explicit imagery in the electronic media and in didactic materials is also necessary. Too often, sex education is subject to internal censorship which diminishes the ability to compete for attention in a saturated information market.

An affordable and straightforward step would be for sex educators to choose realistic messages and media. For these to be right for each group, sex educators can start being more aware of and catering for specific groups; market segmentation is common among the vendors of commercial sexual information and more formal educationalists can learn from them.

Creating space for young people to address critical issues

For sex education to be successful it is decisive that it takes place in a confidential way and in a social atmosphere that is experienced as pleasant by target groups. This could be an anonymous atmosphere such as is provided in Austria by “Love tours”: two buses are used to provide information material to students at school on an anonymous basis. Creating a pleasant atmosphere for young people also entails certain particularities being taken into account. For instance it might be advisable not to talk about condoms or biological aspects, as was reported from England. Or to have so called “desire houses” where young people go for one week and have projects about sexuality, as practised in Denmark.

Communication via an Internet community like the German “Loveline” project also represents a tried and tested tool.

Humor and fun are important success factors as well. The enthusiasm of people who work in sex education programmes is important for their success. The emphasis should not only be in the risks or problems of young people but also on their skills and capacities (the positive sides).

Acceptable, simple and understandable messages should be used to reach target groups. The use of images in sex education is also crucial.

Youth participation: a priority issue

The participation of the youth target group was much discussed since it is vital to include young people and their needs in the whole process. Their involvement in planning, implementation and the actual work is crucial. Sex education programmes should perceive them as decision-makers and empower them. This means not only educating them but enabling them to make their own issues central to their decisions.

Educators and programmes have to use the language of young people and talk to them on a confidential basis. A further success factor in working with young people is the involvement of opinion leaders and parents – and here, too, the choice of language is important. Don’t forget the parents. Be open and transparent and involve them at a very early stage of the process

Addressing diversity: gender and ethnicity

A central issue during the conference was the question of how to address boys in sex education, since sexual and reproductive health services have difficulty reaching boys and men.

Traditionally, sexual and reproductive health issues have been considered the domain of women. The unintentional result of this is that most services for family planning and sexual health are almost exclusively staffed by women, with the exception of some male gynaecologists and researchers. The consequence is that too much responsibility regarding sexual and reproductive health is put on women’s shoulders. This situation is unsatisfactory for both men and women. Men and boys are also stuck in traditional masculinity models – involving decisiveness, energy, and vigour, and also being in control and stoical. This results in problems in dealing with more feminine issues such as emotional issues and feelings, and this leads to a greater vulnerability. Organisations working in the field of sexual and reproductive health have to take these issues into account and employ hegemonic models of masculinity and femininity.
In the existing socialisation processes, boys miss the rites of passage. How does a boy change into a grown up man? To do this in a healthy way it is important to have “good” male role models. There are no new socialisation processes for boys. In the long term the development of a better adapted, new male identity (as well as a female identity) seem to be important goals. A new concept or model of masculinity should become part of the socialisation of boys and girls, first of all in the education of children.

In the short term there is a need to collect reliable data on the needs of men and boys regarding sexual and reproductive health. They should be offered the possibility to ask questions and to talk about these concerns with peers and/or professionals. This means that thought has to be given to what needs to change in the existing services in order to reach boys and men better. A realistic first step would be to distribute printed material, like the new BZgA booklet (“Wie geht’s – wie steht’s?”).

Migrant groups
The core conflict (regardless of ethnic origin) of many migrant groups is the divergence between the family context and the public context. In the migration situation, children and adolescents are closely linked to their families, who offer them a stable environment and uphold the culture of origin with its values and norms. This specific value of the family in the context of living in a foreign or new country indicates the necessity for youth sex education strategies to addresses and reaches out to the parents as well.

Thus working with families is an important precondition for successful sex education. This is true in particular for families of migrant groups, since migrant young people are often confronted with cultural gaps between internal family values and the external societal context. How sex education in families and in public institutions relate to each other is a subject in need of closer examination. While working with migrant groups it may be helpful to use material from the countries of origin if possible.

In youth sex education and work with migrant and minority ethnic communities it was observed that some issues are of importance to all groups, whereas some issues differ. A more in-depth analysis and greater knowledge about the background and situation of the respective target groups are required in order to meet their needs with specific approaches and services. For example, new-comers in these groups differ considerably from second and third generation immigrants.

Working with migrant groups means that specific cultural topics must be identified, (e.g. circumcision, virginity) and a reference framework has to be integrated into the process of education (addressing them as members of society or as members of a specific ethnic group).

When working with ethnic minorities there is often a lack of data and knowledge since it is difficult to reach them for purposes of sex education and empirical research (e.g. Chinese girls in the UK or Surinamese men in NL). Research has to be culturally sensitive, which means, it has to help towards understanding perspectives and norms beyond those of the dominant culture in a country. There is a lack of research on historically “new” young migrants, on female genital mutilation, and on the sexual behaviour of specific migrant groups. A proposal for QM was the implementation of a database concerning the needs of ethnic minorities.
When developing sex education programmes for specific vulnerable groups (for example African American women or Latin American women) attention has to be paid to their economic, social, cultural and gender barriers, since they are mostly confronted with discrimination and they lack access to good (expensive) contraceptives or sexual health services.

One of the challenges in youth sex education in ethnic minorities is access to disadvantaged groups with a low educational background and the choice of a “common language”. To ensure quality, it might be particularly helpful in working with ethnic minorities to organise focus groups within the target groups to find out what information is lacking. The participation of ethnic minority young people is a way of making sure that the topics, frameworks and approaches fit to the needs of the groups.

There are broad differences according to biological and/or social development and situation within groups of ethnic minorities, even in the same age group. This is a special challenge for QM. The programmes should be adapted in a flexible way to the different needs of the individuals within a group. So there is no quality-tested standardised approach, but rather experience is to be collected in a data pool of practical application or implementation knowledge, to show how the tools and approaches in their various forms work for the individuals of certain groups. In the case of migrant groups, simply developing sex education programmes is not enough; what is required is investment in advocacy and policymaking.

Quality management in sex education: a major challenge

Sex education needs a sensitive approach encompassing the overall political, economic, social and cultural contexts which contribute to the specific sexual climate in which sex education takes place. Various attitudes exist within this specific sexual climate, which are determined by possible religious and political opposition.

A “best practice” from Finland may illustrate different sexual climates: in Finland education packages (including written materials and a condom) have been sent by post to all 16-year-olds since 1989. There is almost no opposition to this. This may be the only country in the world to do this.

Sex education is often reduced to biological issues to the neglect of a holistic view comprising societal skills, relationships, feelings and self esteem. Sex education should not be narrowed to just medical information but used to create space to talk about values and sexuality. Sex education can be used as an “opener” to approach other important issues related to it, like violence, forced marriage, virginity, rape, abuse, gender structures and equality.

Quality management should not be restricted to evaluation, but should include the whole process of planning, obtaining tools and materials of high quality and impact assessment.

In addition, sex education should be guided by theoretical considerations and empirical research findings, thus making it scientifically grounded. This implies that technical experts and researchers engage in a dialogue and recognize their respective know-how and needs. Technical experts, for example, should use research evidence when developing new approaches and programmes; and they should
also design them to be compatible with monitoring and evaluation processes. For instance, data on behavioral or attitudinal change can only be collected after a minimum of 4–5 years; from a researcher’s point of view, short-term projects are therefore not worthwhile. Monitoring the course and effects/outcomes of a sex education programme is necessary during all stages of development, implementation and evaluation. Qualified personnel like teachers or trainers should be involved in the ongoing evaluation and provide their feedback.

Youth sex education should be heterogeneous in its approach. Thus there is a need for specific target group approaches, cultural diversity and gender awareness. This requires knowledge of and research into their specific needs, the particular social situation, cultural and religious beliefs and forms of communication. At the same programmes should be flexible and projects open to adjustment while they are running. Another important element in quality management is a multidisciplinary approach, encompassing working together with young people, parents, teachers, community members, advocacy, policy-makers, medical and psycho-social professionals etc.

In general, it is difficult to measure quality and/or assess quality management practices in the wide range of organisations and programmes. How can impacts be assessed? How can a sex education website be evaluated?

One possible way of assessing quality in sex education is to look at the impact of activities at the target group level. For instance, young people could be asked what they know about sexuality, family planning and other relevant topics and where they got their knowledge from.

In Sweden, a concerted effort has been made to develop a comprehensive tool to evaluate sex education. Five perspectives were adopted:

1. Balance in content: is the perspective focusing on risk or pleasure?
2. Gender awareness: female / male sexuality
3. Balance between pupil / adult perspectives
4. Learning perspective: reflection or receipt of information? Knowledge, reflection and dialogue are the key words.
5. School management’s governance.

Another problem is that there are no nationals standards in many countries (not so in Switzerland where standards are developed). Thus it has been demanded that a standard has to be set up for developing and evaluating sex education programmes with general aims appropriate for general groups (gender, cultural, age, religion, sex orientated, etc.) but also for specific groups.

Transferability: Common grounds and local adaptations

Is there ground for a common approach transcending national and cultural borders? The need was felt for a common framework with minimum standards which would then be adapted to target groups according to age, religion, culture, etc. In order to transfer measures and programmes from one cultural setting to another, trans-cultural thinking and cultural sensibility are important conditions for sustainability. One
A common approach requires adaptation sensitivity; specific approaches are needed for specific groups. It was emphasised that a balance is necessary between the general framework and specific needs and this must be linked to the normative structure of output and input.

It was emphasized, too, that bridges within cultural diversity should be built on the common ground of human rights and that sex education can even be used to build bridges between genders and cultures in an emancipatory way.

With regard to the transferability of projects and programmes it was stressed once more that the participation of young people is another common goal that should be taken seriously. One experience of developing sex education material that meets the needs of young people was provided by the example of the “Question-Answer Booklets” in which the involvement and participation of young people was crucial throughout the process.

Another tool for HIV/AIDS prevention which was developed by BZgA and GTZ (German Agency for Technical Cooperation), the “Join-in Circuit”, was found to be transferable when certain conditions are fulfilled, like the participant-centred moderation methodology and the fact that the actual world in which the target group lives is represented (see chapter 5.2 for further details).

The theme of transferability of projects and strategies in sex education was entered upon at the conference and a common interest in exchange was identified since the barriers are similar – such as, for instance, how to reach target groups. However, many issues remain to be discussed, such as the effectiveness of the various tools and the choice of strategies to be followed.

**Key elements of a sex education concept**

- Jointly creating a societal climate which is friendly and open towards sexuality, different lifestyles and values is the most important prerequisite for successful sex education.

- Sex education has to be an integral component of health promotion; it has to be embedded in life skills approaches and founded on evidence-based research.

- Comprehensive, gender-sensitive, culturally sensitive and age-specific approaches have to be developed and implemented. The specific needs of the migrant population in particular have to be taken into consideration.

- Target-group oriented sex education for young people demands the participation of young people in the initial concept development and in the implementation and evaluation of programmes, measures or media.

- Participation and empowerment of the target-group have to be seen as the most important principle in youth sex education.

- Quality standards of programmes and measures have to be further developed and need to be integrated in the training of professionals.

- Sex education has to be implemented in diverse settings and environments such as kindergartens, schools, family, health services, etc.

- Sex education requires youth-friendly policies at national, regional and local level.
Outcomes of the conference
Conference conclusions and recommendations
The closing part of the conference began with feedback from youth ambassadors from Y-Safe. After this feedback conference host, Elisabeth Pott (BZgA), gave her concluding remarks, which were followed by feedback from Gunta Lazdane (WHO), Rita Khamzayeva (IPPF) and Robert Thomson (UNFPA). In the feedback from the participants the methodological variety and the excellent organisation of the conference were commended.

The following section summarises this closing part of the conference and includes the recommendations drawn from the conference as a whole.

**Promoting networking**

The development of a common concept of sex education takes into consideration the need for more networking on specific topics. There is a strongly felt need for more intense networking of experts from governmental and non-governmental organisations in European countries. Although national conditions vary, many conference participants perceived many common elements in their endeavour to emphasise the importance of sex education at national level. Practical initiatives to contribute to international cooperation and networking include launching a web page on “Sex education in Europe” with and for international experts on sex education (in the framework of the BZgA’s website as a WHO Collaborating Centre), organising meetings on a regular basis, and forming advisory and consultancy networks.

**Promoting the transferability of concepts, practice and policies**

The transfer of programmes, methods and good practice in sex education from one national/cultural context to another calls for adaptability to the realities of particular contexts and principles, such as religion, family structures, gender relations, peer groups, language, individual experiences and methodological guidelines. Transferability should be integrated into quality management and into the evidence-based implementation of approaches and concepts.

**Enhancing knowledge transfer, research and policy development**

The development of quality management in sex education is an important issue which still has to be tackled and which needs further intensified communication among cooperating partners. The WHO can support the process of knowledge transfer through WHO country offices and the regional office via publications (Entre Nous). All participating countries are interested in transferring knowledge and experiences. The BZgA is willing to organise the knowledge transfer process together with the WHO, EU and UNFPA and IPPF. This also includes the dissemination of good practices.

Furthermore, the BZgA together with its partners will actively support the development of standardised indicators for sex education in the European region. BZgA plans to carry out joint research into conceptual and intervention questions in order to increase the quality and effectiveness of sex education. In collaboration with the WHO, the EU Commission and UNFPA, the possibilities of funds and resources will be explored.

It was emphasised that the policy dialogue has to be kept up in Europe. There is a strong need for a common policy in the WHO European region, which includes the development of synergies in the field of sex education.

The next steps:

- A web page will be created and launched in due course (see above).
- The ongoing follow-up of the conference results, networking activities and a joint consultation process will be organised over the next few years.
### Monday, 13\(^{th}\) Nov.

**Arrival**

- 5.00 pm – 7.00 pm: Arrival and registration of participants
- 7.00 pm: Reception and dinner buffet at the Senats Hotel

### Tuesday, 14\(^{th}\) Nov.

**Day 1**

- **9.00 am – 11.00 am**: Opening
  - Keynote speech: Prof Dr Elisabeth Pott, Director, Federal Centre for Health Education (BZgA)
  - Welcome address: Dr Gunta Lazdane, WHO Regional Office for Europe
  - Opening: Gerd Hoofe, State Secretary/Federal Ministry for Family Affairs, Senior Citizens, Women and Youth (BMFSFJ)
  - Introduction of participants (Mirjam Gehrke)

- **11.00 am – 11.30 am**: Coffee break and press conference

**Introductory speeches**

- **11.30 am – 12.00 am**: Sexual and Reproductive Health of Young people in Europe
  - Dr Gunta Lazdane, WHO/Regional Office for Europe

- **12.00 am – 12.30 pm**: European Partnership to promote the Sexual and Reproductive Health and Rights of Young people
  - Rita Khamzayeva, International Planned Parenthood Federation – European Network

- **12.30 pm – 1.00 pm**: Challenges of sex education in Portugal
  - Prof Duarte Vilar, Association for Family Planning, Portugal

- **1.00 pm – 2.30 pm**: Lunch

**Sharing Experience on Youth Sex Education in Europe**

- **2.30 pm – 2.45 pm**: Sex education for youth in Europe: Summary of Country Papers
  - Prof Cornelia Helfferich

- **2.45 pm – 5.30 pm**: World Café: Sex education for Youth in a multicultural Europe
  - Facilitation: Holger Scholz

- **5.30 pm – 6.00 pm**: Market place

- **7.00 pm – open end**: “Cologne by Night”: walk and dinner at traditional brewery house
### Day 2

**Wednesday, 15th Nov.**

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<tr>
<th>Time</th>
<th>Session</th>
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<tr>
<td>8.30 am – 8.45 am</td>
<td>Introduction (Mirjam Gehrke)</td>
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<tr>
<td>8.45 am – 9.15 am</td>
<td><strong>Thematic focus: Quality management in sex education</strong></td>
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<tr>
<td></td>
<td>■ Quality management in Practice</td>
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<tr>
<td></td>
<td>Eckhard Schroll, Federal Centre for Health Education (BZgA), Germany</td>
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<td></td>
<td>■ Promoting quality: setting up a Sexual &amp; Reproductive Health</td>
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<td>working group at European Level</td>
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<td>Dadi Einarsson, European Commission</td>
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#### Parallel Working Groups

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<tr>
<th>Time</th>
<th>Working Group 1: Youth sex education for ethnic minorities</th>
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<tr>
<td>9.30 am – 12.15 am (incl. coffee break)</td>
<td>Chair: Doortje Braeken/Rapporteur: Dr Inge Baumgarten</td>
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<tr>
<td></td>
<td>■ Love is (not) love</td>
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<td></td>
<td>Dr Marina Costa, PLANes, Switzerland</td>
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<td></td>
<td>■ Dealing with diversity: experiences in the Netherlands</td>
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<td></td>
<td>Paulien van Haastrecht, Rutgers Nisso Group, The Netherlands</td>
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<td>■ Black and minority ethnic young people and sex education</td>
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<td>Dr Priscilla Nkwenti, Black Health Agency, United Kingdom</td>
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<td></td>
<td>■ A rights-based approach in sex education for migrant youth</td>
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<td>Sigrid Weiser, pro familia, Germany</td>
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<th>Time</th>
<th>Working Group 2: Working with parents/working with peers</th>
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<tr>
<td>9.30 am – 12.15 am (incl. coffee break)</td>
<td>Chair: Prof Ayse Akin/Rapporteur: David Kesterton</td>
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<tr>
<td></td>
<td>■ Adressing parents of different ethnic communities</td>
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<td>Dudu Sonmezciçek, Association for a New Education, Germany</td>
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<td>■ Speakeasy: helping parents talk with their children about sex and relationships</td>
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<td>David Kesterton, Family Planning Association, UK</td>
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<td>■ Peer education – a success story from Armenia</td>
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<td>Mane Davtyan, ‘For Family and Health’ Pan-Armenian Association, Armenia</td>
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<th>Time</th>
<th>Working Group 3: Sex education in schools</th>
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<td>9.30 am – 12.15 am (incl. coffee break)</td>
<td>Chair: Dr Evert Ketting/Rapporteur: Jeffrey Lazarus</td>
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<td>■ What does school education matter? Adolescents’ sexual behaviour during the past decade in Finland</td>
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<td>Dr Minna Nikula, STAKES, Finland</td>
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<td>Time</td>
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| 9.30 am – 12.15 am (incl. coffee break) | **Working Group 4: Capacity Building**  
Chair: Mara Rubana/Rapporteur: Robert Thomson  
- The "Good Lovers" concept  
  Dr Telidja Klai, SENSOA/Belgium  
- Supporting health promotion for adolescents in Turkey  
  Prof Aysen Bulut, IKGV/Turkey  
- Improving reproductive and sexual health of youth in Kyrgyzstan  
  Natalya R. Kerimova/Medical Institute Kyrgyzstan  
- Realization of sex and relationship education programmes among the Teenagers of St. Petersburg  
  Prof Pavel Krotin, Juventa/Russia |
| 9.30 am – 12.15 am (incl. coffee break) | **Working Group 5: Life skills – an integrative approach**  
Chair: Dr Gunta Lazdane/Rapporteur: Ineke van der Vlugt  
- The concept of integrative life skills: Introduction  
  Dr Gunta Lazdane, WHO/Euro  
- Young women of colour initiatives: models for youth and community empowerment  
  Urooj Arshad, Advocates for Youth/United States  
- "Alphabet for you and me" – an answer to the sexual and reproductive health needs of the teenagers in Bulgaria  
  Anina Chileva/National Centre of Public Health Protection/Bulgaria  
- "Discover, Look, Feel" – a BZgA approach to sex education in kindergarten  
  Stefanie Amann, Federal Centre for Health Education (BZgA), Germany |
| 12.15 am – 1.00 pm | **Plenary: Assuring quality in youth sex education/Discussion of results of group work**  
Facilitation: Mirjam Gehrke |
| 1.00 pm – 2.30 pm | **Lunch** |
| 2.30 pm – 3.00 pm | **Thematic Focus: Transferability of youth sex education programmes and activities in the European Region**  
- Introduction: “sexuality education: cultural sensitivity and transferability”  
  Dr Soley Bender, University of Iceland, Iceland |
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<th>Time</th>
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| 3.00 pm – 3.20 pm | Transfer of the “Join-in circuit”, a participatory instrument of HIV/AIDS prevention, from Germany to Russia  
Beate Lausberg, Federal Centre for Health Education (BZgA), Germany |
| 3.20 pm – 3.40 pm | The question-answer booklets on HIV/AIDS and sexuality  
Dr Inge Baumgarten, GTZ, Germany |
| 3.40 pm – 4.00 pm | Sexual Education at Schools – The Spanish experience of FPFE programmes  
Dr Maria Vazquez/Spanish Federation of Family Planning |
| 4.00 pm – 4.30 pm | Coffee break                                                             |
| 4.30 pm – 5.30 pm | Transferability: Defining criteria and strategies for quality assurance  
(Facilitation: Mirjam Gehrke) |
| 5.30 pm – 6.30 pm | Building Partnerships                                                   |
| 7.30 pm       | Dinner at restaurant Rheinterrassen (Music: Ariane Baumgärtner)          |

**Thursday, 16th Nov.**

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<th>Time</th>
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<tr>
<td>8.30 am – 8.45 am</td>
<td>Introduction (Mirjam Gehrke)</td>
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| 8.45 am – 11.45 am | Open Space: Building and strengthening future collaboration: identification of interests, needs and the way forward  
Facilitation: Mirjam Gehrke and Holger Scholz |

**Closing**

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<th>Time</th>
<th>Session</th>
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| 11.45 am – 12.05 pm | Conference feedback from a youth perspective  
Y-SAFE |
| 12.05 am – 12.20 pm | Concluding remarks: Strengthening youth sex education in a multicultural Europe: The way forward  
Prof Dr Elisabeth Pott, Federal Centre for Health Education (BZgA) |
| 12.20 am – 12.50 pm | Feedback of participants & evaluation                                      |
| 12.50 pm – 1.00 pm | Vote of thanks (WHO/BZgA)                                                 |
| 1.00 pm – 2.30 pm | Lunch and departure                                                       |
Speakers’ profiles

Amann, Stefanie

Stefanie Amann graduated in education studies. She began working as a youth worker with an AIDS Help Organisation, where she stayed for five years. She has also been employed as a lecturer on “Sex education and AIDS prevention” at the Universities of Bochum and Essen (Germany). She joined the Federal Centre for Health Education (BZgA) in 1994 and has since been working in the mass media division of the Sex Education, Contraception and Family Planning Unit.

Arshad, Urooj

Urooj Arshad has had eight years of experience working with marginalised youth including young people of colour and lesbian, gay, bi, transgender and questioning (LGBTQ) youth. She is currently the Programme Manager, Youth of Colour Initiative, at Advocates for Youth. Advocates for Youth champions efforts to help young people make informed and responsible decisions about their reproductive and sexual health. Prior to joining Advocates, Urooj worked for the National Youth Advocacy Coalition, an organisation that advocates for and with LGBTQ youth in an effort to end discrimination against these young people and to ensure their physical and emotional well being.

Baumgarten, Inge (Dr MA)

Inge Baumgarten is policy advisor for sexual and reproductive health/population dynamics at the German Federal Ministry for Economic Cooperation and Development (BMZ). As a staff member of the Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH she held different positions in international development cooperation in sub-Saharan Africa, South Asia and the European region. Her professional experience is in sexual and reproductive health and rights, violence prevention and primary health care. She is a trained Medical and Social Anthropologist (MA, PhD) and has a clinical background in paediatric nursing. Her publications are on gender-based violence, female genital mutilation, violence and injuries in Europe.

Bender, Sóley S. (Dr)

Sóley S. Bender holds a PhD in Health Sciences. Over the years she has worked on various educational, counselling and research projects for the Directorate of Health in the field of sexual and reproductive health. She has been on several committees for the Ministry of Health and Social Security and was an editor of the Icelandic version of the sexuality education curriculum “Human Sexuality Values and Choices”, for 8th-10th grades, which was published in 1991. Her specialised field of work is the sexual and reproductive health of adolescents. Her current position is associate professor at the Faculty of Nursing, University of Iceland.
Bulut, Aysen (Prof Dr MD DPH)  
Aysen Bulut is Head of the Family Health Department of Istanbul University's Institute of Child Health and a member of the Board of the Human Resources Development Foundation and the Child Health Association. She graduated from Hacettepe Medical School and became a Public Health Specialist at the Community Medicine Institute of the same school. She earned certificates from courses on Supervision and Evaluation as Management Tools (CEDPA, Washington DC), Measuring and Evaluating Health and Nutrition Interventions (London University, SHTM), and a Population Studies Diploma from the Institute of Population Studies of the Sociology Department of Exeter University. She became an Associate Professor in 1986 and a Full Professor in 1996 and was employed on the faculty of Hacettepe University from 1976–1986, and has been on the faculty of Istanbul University since 1986. She has also served as a consultant for a number of international organisations in Turkey, Jordan, Azerbaijan, Sultanate of Oman and Swaziland.

Chileva, Anina  
Anina Chileva is a psychologist and a health promotion and health education expert. She holds a senior expert position with the National Centre of Public Health Protection in Bulgaria. She has been working as objective manager for the "Prevention and Control of HIV/AIDS" programme of the Bulgarian Ministry of Health, funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria. Her key areas of interest are: adolescents and youth, reproductive health, IEC, BCC, life-skills based health education, peer education and youth-friendly services approach.

Costa, Marina (Dr)  
Dr Marina Costa is a paediatrician. She founded the first sex counselling services for youth in Zürich, Switzerland. Today, she is head of the specialised social work and AIDS prevention unit “Lust und Frust” (joy and frustration), which she developed in close collaboration with the city council of Zürich and Zürcher Aid. Marina Costa is a member of the Swiss Association of Youth and Health and GYNEA (Schweizerische Arbeitsgemeinschaft für Kinder- und Jugendgynäkologie); she is also a co-founder of SEDES, an umbrella Organisation of institutions working in the field of sex education. As a board member of PLANeS, the Swiss Foundation for Sexual and Reproductive Health, Marina Costa is involved in the promotion and quality assurance of sex education in schools.

Davtyan, Mane  
Mane Davtyan is 23 years old and holds a university degree in philology. Her specialised field of work is peer education on sexual and reproductive health. She is currently working for the “For Family and Health” Pan-Armenian Association (PAFHA).
Einarsson, Dadi
Dadi Einarsson is a policy officer and a member of the HIV/AIDS Task Force of Directorate General Health and Consumer Protection (SANCO) in the European Commission. The Task Force is tasked with the formulation and coordination of EU policy on HIV/AIDS in Europe. He is also responsible for the work of SANCO on sexual and reproductive health.

Helfferich, Cornelia (Prof Dr)
Cornelia Helfferich is a researcher in the field of gender research and teaches sociology at the Sozialwissenschaftliches FrauenForschungInstitut Freiburg, University of Applied sciences, Freiburg. She is also vice-president of the Protestant University of Applied Sciences, Freiburg. Her key areas of interest are sex education, gender-based violence, and family and family planning. Cornelia Helfferich conducted, together with Birgit Heidtke, the Country Papers’ assessment for the BZgA / WHO conference.

Hoofe, Gerd
Gerd Hoofe studied law at the universities of Göttingen and Osnabrück and began his career as a lawyer. In 1985 he joined the municipality of Osnabrück where he gained experience in the fields of social and youth work, finance and controlling, health services, strategic planning and development. In 2005 he became state secretary in the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth.

Kerimova, Natalya (Prof Dr)
Natalia Kerimova is an obstetrician gynaecologist. She is Head of the Obstetrics and Gynaecology Department, and professor in the Kyrgyz State Medical Institute. She carries out all kinds of obstetric gynaecological operations and is also actively involved in training obstetrician gynaecologists and neonatologists and family doctors. Natalia Kerimova is also professor at the Slavic University and Deputy Head of the “Association of Obstetrician Gynaecologists of the Republic”. She is a member of the working group on developing clinical protocols and guidelines for the Republic and a trainer of the programmes on Reproductive Health. She participated in the development of the National Strategy on Reproductive Health and the Strategy on Reproductive Health of Teenagers. She is also an active member of the “Law and reproductive rights” working group.

Kesterton, David
David Kesterton holds a degree in Geography and in Theology. After an early career in the UK government Civil Service, David studied theology and was ordained in the Church of England in 1987, working as a parish minister for 10 years. From 1997 he has held various posts in the not-for-profit sector. These have included a “one stop shop” community-based service for young people and a care team “buddy” service for those living with HIV. Since 2002 David has led the Speakeasy project within fpa UK. David’s interests include the role of parents in communication about sexual health, the relationship of sexuality and spirituality including mainstream religious traditions, community- based education for socially excluded adults, and the role of the not-for-profit sector and faith communities in social care and health promotion services.
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Minna Nikula is currently working as researcher with STAKES, the National Research and Development Centre for Welfare and Health in Finland. Her areas of interest are public health, reproductive and sexual health, research and international development.

**Nilsson, Agneta**  
Agneta Nilsson is a Director of Education at the Swedish National Agency of School Improvement. She has almost 30 years of experience working with community work on sexual and reproductive health. Agneta Nilsson was the principal author of the quality assessments of sexuality education in 1999 and 2005. She has written several books and has been involved in a number of studies.

**Nkwenti, Priscilla (Dr)**  
Priscilla Nkwenti is Chief Executive of the Black Health Agency, which has initiated a number of sexual and other public health services and broadened its activities to addressing inequalities in health provision in areas such as mental health and cancer. The agency is a major player in dealing with health issues as they impact on black, marginalised and other disadvantaged groups. Priscilla Nkwenti was previously vice-chair of the Central Manchester Community Health Council. Her doctorate is in epidemiology. Priscilla Nkwenti was the immediate past chair of the Board of Trafford North Primary Care Trust.

**Pott, Elisabeth (Prof Dr)**  
Elisabeth Pott undertook medical studies at the Universities of Bonn and Kiel. She graduated as a medical doctor and pursued her academic training in surgery. She also specialised in public health. She started her career with the Federal Ministry of Labour and Social Affairs and became Head of the “Health Promotion Unit” at the Ministry of Social Affairs in Lower Saxony. Elisabeth Pott lectured in social medicine at the University of Hanover (Faculty of Medicine) and at the College of Magdeburg. Since 1986 she has been director-general of Germany’s Federal Centre for Health Education, the BZgA.

**Schroll, Eckhard**  
Eckhard Schroll studied Catholic theology and social sciences at the universities of Essen und Münster. He has also obtained a degree in education which qualifies him for teaching at secondary schools. He did his in-service training for teachers in the subject of sex education and AIDS prevention. He has been appointed head of department of the Department of Education at the Brandenburg state Interior Ministry. In 1993 he became head of the sex education unit at the BZgA. Since 2005 he has been head of the Sex Education, Contraception and Family Planning Department of the Federal Centre for Health Education.
Appendices – Speakers’ profiles

Sönmezçiçek, Dudu

Dudu Sönmezçiçek studied English, biology and educational sciences. She has specialised in intercultural education and gained varied experience in this field. She has been employed as a German language teacher at the Goethe Institute and as a social worker for migrant communities. She has also worked as a psycho-social consultant for Turkish women. Since 1996 she has been working with the Arbeitskreis Neue Erziehung e.V. (ANE) in Berlin. She became project leader of the ANE pilot project “Intercultural Parents Work” and is now a member of the editorial staff of the “Letters for Parents” (Elternbriefe), responsible for the bilingual Turkish-German letters.

van Haastrecht, Paulien (MA)

Paulien van Haastrecht is a cultural anthropologist and a health promoter. She is currently working with the Rutgers Nisso Groep, the Dutch expert centre on sexuality, where she holds the position of Development & Implementation Manager. Her key areas of interest are: managing the process of transformation of research-based knowledge into practical and applicable services and products for various target groups, such as teaching packages, websites, books and brochures. She has specific experience in addressing ethnic minority groups and so-called low economic status groups.

Vazquez, Maria (Dr)

Maria Vazquez is an obstetrician gynaecologist and holds a PhD in Preventive Medicine and Public Health. At present she is the executive director of the Spanish Federation of Family Planning, FPFE. Her key areas of interests are migrants and sexual and reproductive health and rights.

Vilar, Duarte (Prof Dr)

Duarte Vilar holds a PhD in Sociology and wrote his thesis on parent-adolescent communication on sexuality. Since 1984 he has been involved in sex education projects and research and has become the coordinator of the Experimental Project On School Sex Education in Portugal (1995-1998; Apf in collaboration with the Ministry of Education and the Ministry of Health). Since 1988 he has been the executive director of Apf – Associação Para O Planeamento Da Família. He is also associate professor at the Lusíada University of Lisbon and the scientific coordinator of the post-graduate course on “Sex Education in Schools and the Community”. Duarte Vilar is the co-author of the official guidelines on school sex education in Portugal, published in 2000.

Weiser, Sigrid

Sigrid Weiser holds a diploma in sociology. She is a project coordinator at the Pro Familia Bundesverband in Germany.
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