

Education on Sexual and Reproductive Health Within the Context of European Policy: A Literature Review

Christiana Kouta, PhD, Msc, Bsc, Dipl.N., RN
 Lecturer, Department of Nursing, School of Health Sciences
 Cyprus University of Technology
Maria Athanasopoulou, MSc, Bsc, RN
 Nurse, General-Lying in Hospital "Elena Venizelou"

ABSTRACT

Introduction: The initiation of sexual activity in early age, the increasing percentages of teenage pregnancies, the abortions, the HIV/AIDS infection and the Sexual Transmitted Diseases (STD's) are some of the factors that have a negative effect on young people's sexual health in contemporary years (UNAIDS, 2004). Sexual and reproductive health is affected and formed through specific cultural frameworks, such as religion and family.

Aim: The aim of this article is the review of the data in Greece and in Cyprus, in relation to sexual and reproductive health and education, in the bases of the European Union policies on this matter.

Methodology: The methodology included the review of research studies and documents referring to the Greek and Cypriot data, related to the sexual and reproductive health and education through the European Union policy. Methods were based on literature review in the data bases of MEDLINE and CINAHL (1990-2009).

Conclusion: The recent methodology of health education does not aim to the plain acquire of knowledge, but it aims to the development of skills intending to the adoption of positive behavior, which advocates and promotes health through the active and synergic learning and experiences. Educators and health professionals through teaching and daily practice have the opportunity to transfer knowledge and reform attitudes and behaviors relatively to the sexual and reproductive health. Both in Greece and in Cyprus, students in secondary education are taught different aspects of sexuality education in the context of their school programs. The European Parliament and the European Council have passed several directives highlighting the necessity of sexuality education, underlying a wide field of knowledge and learning.

Key words: Sexual and reproductive health, education, European policy

Introduction

Worldwide, sexuality education has been and still is a topic very often discussed. It which consists of many dimensions, such as the content, the time frame, the teaching methods, the efficiency of the teachers, the appropriate age to begin and other.

According to the European Directive 1567/ 2003 article 3, teenagers have the right for "...a sufficient access to information, training and... services in relation to sexual and reproductive life...". A multidimensional approach seems to be essential due to the different factors that contribute to the social and personal development for dealing with issues such as HIV/ AIDS and unwanted pregnancies. This approach should not deviate from the existing socio-cultural infrastructure of each country;

neither can ignore the rights and responsibilities of young people regarding sexual and reproductive health matters.

In Europe, 25% of teenagers they are sexually active at age 15 old, while this in the United States comes to 50% (Knerr, 2006; Warren et al, 1998). In Cyprus, the average age for the initiation of sexual activity is 16 years (Youth Organization and Institute of Reproductive Medicine, 2006) and in Greece is about 15-16 years of age (Youth Health Unit, 2009). Today, the initiation of sexual activity at early age, the increasing percentages of teenage pregnancies, the abortions, the HIV/ AIDS and the STD's are some of the factors that negatively influence youth's sexual health (UNAIDS, 2004).

Sexual Health and Education

According to the World Health Organization (WHO, 2002), sexuality is a dominant meaning of human existence throughout life and includes gender roles, sexual orientation, satisfaction, sexual relations and reproduction. Sexual and reproductive health requires a positive approach, characterized by respect for the meaning of sexuality and sexual relationships, as well as the potential for pleasant and safe experiences without coercion, discrimination and violence (WHO, 2002).

Sexuality education, behaviour and sexuality itself (e.g. initiation of sexual intercourse, are formed within a cultural framework of each society and is influenced by social values and religious beliefs (Bonell et al, 2006). Further, family and peers play an essential role in the development and expression of attitudes and beliefs related to sexuality, while research has shown that sexuality education may reduce risky sexual behaviour (Aspy et al, 2006; Wight et al, 2002). In some Scandinavian countries, parents seem to be more mature in openly discussing sexuality issues with their children, rather than in other countries, such as England or Greece. It appears that young people in those countries are more informed and prepared to make mature choices in their sexual life; the initiation of sexual activity is prolonged and they have safer sexual intercourse (McCafferty, 2007).

Sexuality education is not limited in providing knowledge about STD's or contraception; it is a life long learning that includes sexuality the relations and feelings related to the sexual experience. It approaches sexuality as a normal, natural, inseparable and positive part of life and that exist in all stages of development and existence (Kavga- Paltoglou, 2008). Sexuality education should promote the gender equality, self-esteem and respect for sexual and reproductive health rights.

In refer to sexuality education programs Kirby et al (2007) stated that their effectiveness depends on the investigation of educational needs and on their appropriate planning. An effective sexuality education 'course', one can take in account the knowledge, the attitude and the behavior that young people adopt towards different sexual matters, such as sexual relations and contraception (WHO, 2003). In Greece and Cyprus, students in secondary education, are taught some sexuality matters within the context of their school program. In these 'courses' the students are informed and discuss topics like: sexual development, reproduction, contraception interpersonal relations. This "new" knowledge seems to be essential and be a base for young people in order to adopt responsible lifestyle behaviors, ways of thinking and skills in relation to sexual health (Davou and Sourtzi, 2009).

Sexual Education and European Policy Here

The European dimension on education has to be approached in the context of the wider Community educational policy, as a factor that contributes to the development of the Community and the establishment of a uniform European conscience. In practice, the term is directly related to the educational dimension. It is establishment the theoretical framework of the Community's educational policy in the everyday practice at school and health settings. Consequently, the essence of the European dimension has to be correlated to the teaching principles and the pedagogic methods; it has to be combined and integrated within educational curricula; it has to be promoted through books and literature and finally it has to become part of continuous education for teachers and health professionals (Danassis-Afentakis, 2003).

The European Union Directive 1567/ 2003 among other things mentions:

- The freedom of all persons to have access to information, education and services for teenagers.
- The support of health policy and programmes on sexual and reproductive health.
- The continuous provision and availability in low prices of acceptable methods of contraception and protection from STD's, HIV/ AIDS
- The right for safe termination of pregnancy and the opportunity to have counseling before and after.

- The training on family planning.
- The education on gender equality in relation to the sexual relations behavior such as responsibilities.

The European Parliament and the European Council clearly highlighted the necessity of sexuality education and determine a wide leaning framework.

Moore and Rienzo (2000) suggested a more specific context for sexuality education:

1. Human development (e.g. anatomy, physiology, adolescence, body image, sexual identity).
2. Relations (e.g. family, love, marriage, dating).
3. Personal skills, Values (e.g. negotiation, decision-making).
4. Sexual behavior (e.g. masturbation, celibacy, phantasy).
5. Sexual health (e.g. contraception, abortion, violence).
6. Culture and Society (e.g. legislation, religion, mass media).

These suggestions seem to promote a more holistic approach of sexuality education. They combine different parameters, viewing adolescents as a bio- psycho- socio-cultural entity.

European politics gives certain directives, however, it is the discretion of each country in what way and/or degree will be included and applied in the context of their society and culture.

Sexual Education in other countries

Almost in every European country, sexuality education has been introduced in the school programs as an obligatory or an optional 'course'. In the countries that are more progressive, such as Holland and Sweden, sexuality education begins at the nursery school and continues at primary school, while is taught multi-thematically.

It is important to mention that in the educational procedure includes peer education and parent education (Moore, 2000). In England, despite that the sexuality education is applied multi-thematically, it seems there is no holistic and/or systematic teaching approach. Probably, that explains the existence of high percentages of abortions.

Further, the same problems may be seen in other countries, where sexuality education is limited or fragmentary or consciously focused on specific areas/topics. In Romania for example, there is enough theoretical knowledge mainly related to risky behavior. In Russia, education is focused on topics primarily concern the women (e.g. pregnancy, menstruation) and not sexual relations between genders. In some countries the social and religion beliefs create resistance that obstructs and complicates objective education on sexuality (e.g. Poland, Ireland) (Okun, 2000).

Legislation related to the sexual and reproductive health in Greece and in Cyprus

Abortion [EU 2001/2128 (INI)]

In Greece the termination of pregnancy is under the law 1609/86 "Medical termination of pregnancy for the protection of woman's health". Abortion is legal until the 12th week of pregnancy with the consent of the woman. Between the 12th and the 20th week of pregnancy, abortions are allowed only if special medical reasons exist in national health system hospitals. In Cyprus, abortion is permitted under certain circumstances (e.g. medical reasons; Abortion law 1986, article 169A). In the public hospitals is more difficult to be performed, mainly due to socio-cultural reasons and stigmatization. In cases of rapes, the police is obliged to have a medical (forensic) report a long with a medical testimonial. Abortion is forbidden by the Greek-Orthodox Church.

Public Health [EU 2001/2128 (INI)]

In Cyprus there is no official public health service of immediate help and support for young people, regarding their sexual and reproductive health. Family Planning

Association is very active; however is a non-governmental organization. In Greece, Family Planning is recognized as a civil right in the national health system by the law 1397/83, in which it is defined that is the exclusive responsible institution for providing such services (Sourtzi, 2006).

Sexuality Education [EU 89/C 3/01; 2001/2128 (INI)]

In Cyprus, there is no legal or obligatory form of sexuality education, however it does exist in health education programs since 1992. In Greece, health education was legally established at primary and secondary education: "In primary and secondary educational institutions, health education programs are implemented, that consist of the curriculum and include specific teaching material and activities, are applied..." (article 7, law 2817/ FEK 78/14-3-2000). The health education curricula have been approved by the corresponding departments of the Pedagogic Institute and are implemented in the schools with a Minister decision 2/6006/7-II-2001 and FI.2/818/78436/GI/25-7-2002 Circulars and the G2/43520/FEK/543/T. B/ 1-5-2002.

Conclusion

Adolescents' education and training on sexual health, target at shaping a safer and healthier behavior; using appropriate teaching methods, providing knowledge and awareness regarding sexual behavior and practice. The recent methodology of health education is not consisted of simply providing informing and knowledge, but it refers to the development of skills for adopting positive lifestyle and behaviour that advocate and promotes health. Health education is practiced by scientists regardless their specialization, on the bases that they have comprehend its fundamental meanings and principles (Kalokairinou and Sourtzi, 2005).

Sexuality education in its wider meaning raises the issue of access to the special youth services (information and service) and especially deprived communities/groups regarding sexual and reproductive health rights.

Abortion has not yet been legalized in many countries. Even where is permitted, the administrative formalities create

an obstacle for many women. In some cases in many countries, very strict time limit exists for the termination of pregnancies and consequently this particular right is of no value in practice. It seems extremely important to ensure the right and possibility of proving information and referral to young people to the appropriate support services, when is necessary. Consequently, those involved with sexuality education become a pressure group for the creation of such structures.

Educators and health professional through teaching role and everyday practice, have the opportunity to shape attitudes and behaviors. It is necessary to adopt a comprehensive strategy within the educational and health care system, through continuous education programs.

Sexuality education programs consist of scheduled activities based on the needs assessment, the experiences and the potential risks for the young people that are referring to. They intend to the reinforcement of positive forms of behavior and the prevention from influences or changes that

imply an unhealthy life style. The programmes are based on different theories (educational, sociological, health) aiming at the formation and the alteration of behavior. Relatively to the sexuality education, the teaching of mechanisms avoiding psychological pressure by social or other factors is of prime importance (Danassis-Afentakis, 2000).

The modernization of books, the awareness and the acquirement of skills of the teachers and health professionals are essential. Sexuality education presupposes continuous, evolutionary and responsible information, beginning at the first years of one's life and demands an interdisciplinary

collaboration in the educational system and in the wider community (Vidaliaki et al., 1990).

The ultimate target of sexuality education is the promotion of sexual and reproductive health, especially of youth, and the prevention of unwanted pregnancies with all the psycho-social and physiological effects they may result in. Taking advantage the possibility of prevention, this consists the safest method. Young people with knowledge, self confidence and positive sexual choices, promote their sexual and reproductive health today and in the future (Danassis-Afentakis, 2003).

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