

## CONFERENCE REPORT

**Young People and Sexual Health:  
Reducing Risky Behaviour through Education and Empowerment**

23 September 2014, Brussel

Report by: Karen 't Hooft

*"Governments must implement national policies and programmes that ensure all adolescents and young people have access to comprehensive and integrated sexual and reproductive health services, regardless of age or marital status, that respect our privacy, confidentiality and human rights"*

- UNECE Regional Youth Conference Call to Action, May 2013



### Background

Sexual health is an integral part of overall health and well-being. Sexual health and sexually transmitted infections remain a significant public health problem in Europe, with untreated STIs potentially leading to serious short and long-term consequences for individuals. Young people are at particular risk of poor sexual health and relatively high rates of STIs. According to the European Centre for Disease Control (ECDC), chlamydia is the most frequently reported sexually transmitted infection in Europe, with 73% of the cases being found in young people. Thus, a sexual health STI/HIV prevention strategy in Europe will have an important role to play in preventing harm from such infections and diseases. Much progress has been made in Europe - both to provide sexual education, and to reduce teenage pregnancies and sexually transmitted infections. However, it can remain difficult for practitioners to



interact with young people and adolescents in an effective manner. As such, there is a need to raise awareness and provide easily accessible actions through both formal and informal channels and youth-friendly sexual health services. Young people need the knowledge and skills to make informed decisions about their sexuality and lifestyle, with Comprehensive Sexual Health Education, community-based activities and active youth participation being recognised as successful strategies. Youth involvement must be at the heart of the sexual education process through a safe and positive approach towards sexual health and STIs awareness. Recently, the internet and social media have emerged as important tools in promoting sexual health and well-being, and as a result there is a need for professionals to learn how to use these new tools in an effective manner. At policy level, the World Health Organisation contributes enormously through its European Regional Strategy on Sexual and Reproductive Health aimed at reforming existing services at national level. Member States, along with EU institutions and international organisations, are building on the progress made by working for a better synergy in collecting and monitoring data. The ECDC is also attempting to tackle sexual health problems by implementing surveillance systems such as the European Surveillance System (TESSy). This international symposium provided an opportunity for participants to examine and discuss sexual health related challenges and assess the progress made so far in tackling sexual health issues. This conference was organized by Public Policy Exchange.

### Important Themes

The following are themes important to Share-Net. Please briefly comment on if/how each of them was addressed.

#### **1. Integration of SRHR and HIV/AIDS**

The conference was about comprehensive sexuality education in which SRHR and HIV prevention is completely integrated. All presentations and discussions referred to CSE addressing the prevention of HIV infection and STI and unwanted pregnancies, and much more (also psychological, social, cultural and interactive aspects). Isabel (European Commission) shared that the focus on the EC is more on HIV surveillance and prevention than on sexual health and rights. The EC has a commitment, but it remains a restricted division: they are unable to enter the field of



CSE and rights, which is an issue with different countries and their different approaches.

## **2. Sexuality**

Most programs that were discussed included addressing sexuality issues, see below the report of the presentations. However, the EC does not see this field as part of their competence. As Isabel indicated: mostly participants from converted countries attended the conference (the Netherlands, Denmark, Sweden, Belgium) who are able to address sexuality in their programs, while participants from not-converted countries did not attend.

## **3. Integration of SRHR and HIV/AIDS in Health Systems**

Integration of CSE into the health systems in countries is an issue in many African countries, however, this was not discussed at the conference - as most participants had a focus on their national CSE programs that have been integrated into school curricula.

### **Recommendations**

*How should Share-Net should follow-up on this conference?*

Share-Net is organizing an expert meeting on CSE on October 16, so it was useful to see some current issues for debate which can be included in the discussions of October 16. For example: why do we need CSE? how to evaluate CSE programs (three different types of research needed), what are results when evaluating CSE programs, etc.?

*Would you recommend attending again in the future?* No, there was too little focus on developing country and the problems and challenges re. CSE (implementation) faced there. It was a good place for networking, meeting people from WHO and UNFPA, potential new members (healthefoundation) and other experts. It was useful to hear some of the discussions, however, the focus of the presentations and mostly discussions were on programs in developed countries in which CSE is integrated into school curricula already.

### **Additional Comments:**

See summary presentations and discussions below.



*Isabel De la Mata - European Commission*

Sexual Health is not considered by the EC as their competence but as an issue for EU member states themselves. However, it is seen that the number of STIs is increasing in EU member states and young people are disproportionately affected, due to limited access to SRH services and lack of CSE amongst others. Isabel: *"We have a real problem here"*.

EC is working in the fields of HIV surveillance and effective HIV prevention for which there is an action plan: however, this has to be implemented by member states as the EC has no instrument for implementation. Their support consists of 44 co-funding actions: of in total 50 million EUR. The EC has a commitment, but it remains a restricted division: they are unable to enter the field of CSE and rights, which is an issue with different countries and their different approaches. Isabel highlighted that changing behavior is challenging. It is not working to tell young people to use a condom when they want to have sex. This is confirmed by experience with tobacco. Her presentation can be found attached.

Evert: EC important funding mechanism for sexual health. Isabel: there is a call for proposal once per year, which is actually finished next week. Proposals including sexuality education are immediately rejected but when including prevention it will be considered. SE is not EU competence. The new program is called the 3<sup>rd</sup> health program and consists of four parts - health systems, prevention and promotion, etc. When I look at the list of participants: we are meeting here with the converted. We need to make sure



that participants from other countries are included in our discussions.

*Minou Friele - BzGA and Evert Ketting - Nijmegen*

Minou discussed the Standards for Sexuality Education in Europe and guidance for implementation on behalf of European expert group on sexuality education, released in 2010. How do you develop a CSE program and implement it subsequently? Evert presented about CSE implementation and evaluation of results.

Minou: why do we need CSE? Sexuality is part of human being, and people have a right to be informed. Informal sexual education is inadequate for modern society if only provided informally (for example by parents, media, peers etc.) as these sources are not reliable. CSE is aiming to improve body awareness and knowledge, awareness of sexual identity and gender roles, teaching life skills re. contraceptives etc, creating supportive environment. Minou mentioned that CSE should start in early childhood (from birth). She shared the principles of CSE ad agreed by the European expert group.

Why European Standards? Many countries are concerned with rates of unintended pregnancies and STIs among young people. Standards aim at high quality SE and a positive approach, rights to comprehensive and correct information, reducing negative outcomes, provide teachers and parents with a framework. Minou showed the SE Matrix Minou for different age groups. Minou discussed the different information, skills and attitudes per age group.

Guidance for implementation: also include who should be involved at what stage, seizing opportunities and meeting challenges. Different aspects should be taken into account looking at the different developments that take place.

Her presentation can be found attached.

Evert: Evaluation of Sexuality Education. We call it holistic sexuality education instead of comprehensive education. US evaluation dominance in the UNESCO Review of 2009: 47 studies (of which 11 abstinence only) out of 87. European experience is hardly visible (only 11 studies), even though CSE started in Europe. Studies mostly described

short term outcomes, while it are long-term programs. Mostly comparing before and after and not looking at what is happening during implementation. Mostly looking at STI rates, unintended pregnancies, but there is much more to look at and not only public health (also psychological, social, cultural and interactive aspects). Looking at behaviour intentions: do you intend to use a condom when you will have sex? You are asking young people, who might not have had sex yet.

Three types of research needed: programme evaluation (how well is it designed including Positive approach: not only warning.), implementation/process evaluation and outcome/impact evaluation (currently, most studies look at this type of research). HSE is about enabling people to deal with the challenges of life, not changing young people. Difficult to measure if SE is actually preventing unintended pregnancies: Time lag is simply too long.

His presentation can be found attached.

Michelle Hindin: maybe not evaluating on changing behaviour but look at it as a human rights program. She is raising this question as there is a lot of pressure on showing results.

Jo Reinders: What do we like to see as an outcome from the SE programs? The theory of education is pointing towards responsible behaviours. People make it too narrow and are only looking at condoms use for example. But it is much more: for example coping with emotions, self-confidence, etc. We should define a certain outcome that shows if young people and their communities are happy. There are many influences on young people (school, family, friends, etc.) and mostly out of school. What can schools do? Jo disagrees that you cannot evaluate intentions, I disagree you cannot evaluate SE programs. Evert: But this should be age adapted. You cannot ask an 8 year old if he intends to use a condom.

Danish women: we have been implementing CSE for years. Now we see that unintended pregnancies and chlamydia rates are actually going down. But how can we show and prove the link? We want to use this for our advocacy. We had a



current shift in the objectives of our programs: from teaching objectives to learning objectives.

Paulien (Rutgers): What is the difference between holistic and comprehensive? Why talk about holistic. Evert: There is no definition for comprehensive sexuality education so this includes also abstinence plus programs.

#### *Michelle Hindin - WHO Reproductive Health Adolescents*

Assessing the global situation: there are high rates of teenage pregnancy (especially in Southern Africa) and high rates of early marriage, for example in Bangladesh. While on the other hand, there is also a high level of self-reported use of modern contraceptives: condoms. But, we know that these condoms are not being used correct and not consistent. There is a high level of unmet needs among adolescents women, especially in Africa. DHS does not include the young adolescents but start at the age of 15, resulting in unreliable numbers. Moreover, surveys are done every 5 years, which is not very frequent and therefore it is difficult to monitor.

The FP2020 is an initiative started by Melinda Gates in order to increase contraceptive use. One part is monitoring: using mobile phones, local interviewers (women) are going to households and asking questions, including about health services in selective countries, Ghana, Kenya, Nigeria, Uganda, Indonesia, India, Burkina Faso, and done every year. Mobile phone platform is challenging especially the cloud. It is difficult to get results from adolescents re. sexual behaviour as this relies on self-reported data on issues that are often taboo. Boys tend report more sex, girls tend to report less sex. In many situations women do not report abortion at all, while interviewing pregnant women they report higher level of abortion (as they know that the abortion did not lead to infertility). Findings indicate that the current levels of knowledge of contraceptives is very high, however, this is just awareness. Many reported to use oral contraceptives but this appears to be contraceptive use only on the day of the sexual intercourse: inaccurate use of contraceptives. We could have more comprehensive surveys and include younger people. And we should use newer methods to collect the data.



What is WHO doing - guidelines and tool development: evidence based. Ensuring human rights in the provision of contraceptive info and services - march 2014. Preventing Early pregnancy and poor reproductive outcomes. WHO is not delivering CSE at scale. Michelle mentioned upcoming WHO research to improve information and knowledge for adolescents (AHEAD, ARMIDILLO).

Her presentation can be found attached.

*Tamar Khomasuridze - UNFPA*

UNFPA Eastern Europe and Central Asia (Istanbul regional office) is providing support to 18 countries. Priority and mandate UNFPA: post 2015 agenda, clearly underlines health and adolescent wellbeing. UNFPA strategy on adolescents and youth: together with member states and civil society clearly defined strategies. Preventing early pregnancies is the number 1 high level priority as h there are high abortion rates reported.

In some Balkan countries, contraceptive use is as low as 10%. One of the underlying causes is low awareness on SRH issues. Some progress is being made, but not re. adolescents birth rate: these numbers exceed 40%. There are also some positive changes re. abortion rate among young women. However, we are aware that the data might not be correct, the rates will probably be higher.

HIV in EECA region: incidence is on the raise (only part in the world). Cervical Incidence: mortality is nvery high. Roma women do not know about protection. On the other hand, this region is full of opportunities, but diversity is not easy to address. UNFPA has an integrated approach to address adolescents and youth: promoting CSE, improving access to SRH services, reaching out marginalized and disadvantage adolescents and youth, etc.

Her presentation can be found attached.

Question: are sexual minorities included in WHO and UNFPA? What can we do to get correct data? WHO and EU trying to include sexual minorities and their access to services. But it is difficult, sometimes even impossible to get all countries to agree.

WHO: we see a true provider - client problem, which has also to do with attitude: why are you having sex? Let's get



the bible and pray for this. When collecting data it helps to explain to the young women why the data is collected.

*Antonina Radeva, Ivy Miltiadou - IPPF*

Bringing experience of young people themselves. Youth adult partnerships, youth policy, YSAFE Network. YSAFE is a project of IPPF and member organisations. Communication strategies for social media. I love being a girl: <http://iheartbeingagirl.blogspot.nl/> .

Youth has decision making power within IPPF: 20% young people in governing boards. YSAFE SC has voting rights at the IPPF EN Regional Council.

Safe I and II projects: finished and closed. Publications and guides are used by members to promote youth SRHR. Developed reference guide on SE in Europe.

Their presentations can be found attached.