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OSPEDALE MAGGIORE POLICLINICO



Regione
Lombardia
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Comune
di Milano
Politiche Sociali e
Cultura della Salute



UNIVERSITÀ DEGLI STUDI
DI MILANO
DMU e Scienze Biomediche "Città studi"
Sezione di Medicina Legale

Sexual Health Education: an overview across UE Countries



**With particular reference to education, affectivity and sexuality
among adolescents**

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Sexual Health Education: an overview across UE Countries



A WORLD CHANGING

GLOBALISATION, IMMIGRATION, INTERNET, AIDS,
SEXUAL REVOLUTION...

YOUNG PEOPLE (AND YOUNG WOMEN ABOVE ALL)
HAVE MORE OPPORTUNITIES, MORE INDIPENDENCE,
MORE INSTRUCTION,...
AND MORE CHALLENGES!!!

THE TRANSITION FROM CHILDHOOD TO ADULTHOOD
TAKE LONGER...ADOLESCENCE !!!

WITH (SEXUAL) RELATIONSHIP BEGINNING
BEFORE MARRIAGE!!!

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THE EUROPEAN SITUATION ...

- FIRST SEXUAL RELATIONSHIP
at 15-18 YEAR-OLD
 - THE OBSERVED DECLINE IN AGE OF FIRST
HAVING SEX IS SLOWING DOWN
 - BUT GENDER GAP IS NARROWING
(GIRLS INITIATING EARLIER THAN BEFORE)
 - AND YOUTH SEXUAL BEHAVIOURS ARE
CONVERGING ACROSS INDUSTRIALIZED
COUNTRIES

(Avery et al. 2007)

COUNTRY	AGE AT FIRST INTERCOURSE
Iceland	15.7
Germany	16.2
Austria	16.3
Netherlands	16.4
Sweden	16.4
Denmark	16.5
Finland	16.5
Norway	16.5
United Kingdom	16.7
Bulgaria	17.1
France	17.1
Belgium	17.2
TFM Macedonia*	17.2
Slovenia	17.2
Hungary	17.3
Switzerland	17.3
Czech Republic	17.5
Ireland	17.5
Croatia	17.6
Italy	17.6
Spain	17.7
Greece	17.8
Poland	17.9
Slovakia	18.0

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- **CONTRACEPTION**

INCREASED USED OF CONTRACEPTION AMONG 15 YEAR-OLDS at their first sexual intercourse.

- **CONDOM (65% Sweden vs 89% Spain), increased since 1990s (even if this is less substantial in UK)**
- **CONTRACEPTIVE PILLS (4% Spain vs 52% Netherlands, use more likely in western Europe)**

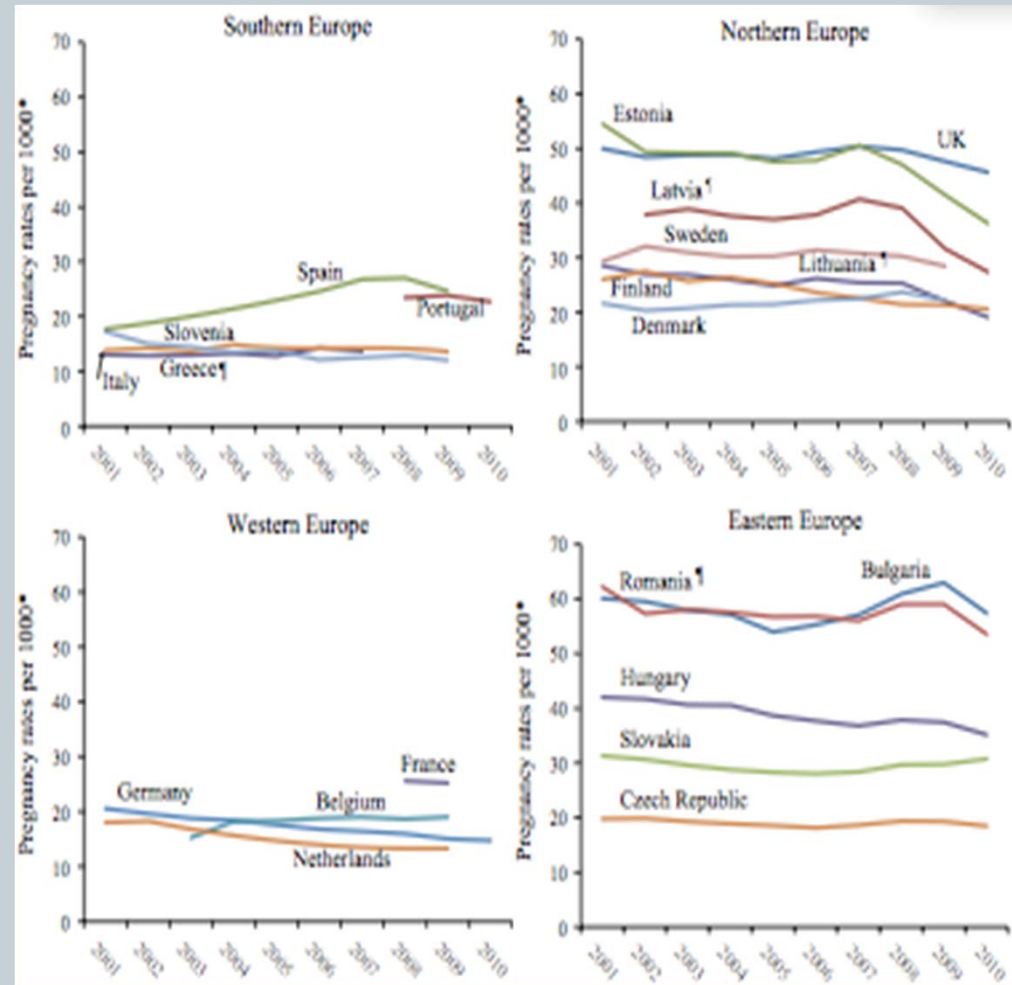
**(Snapshot of the health of young people in Europe, WHO
2009)**

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- **ADOLESCENT PREGNANCY**

- Average rate of 27,8/1000 in 2009 (12.1/1000 adolescent in Slovenia versus 62.3/1000 in Bulgaria), slightly decreased in all UE in last 20 years
- Most are unintended, ending in induced abortion

(Part et al. 2013)

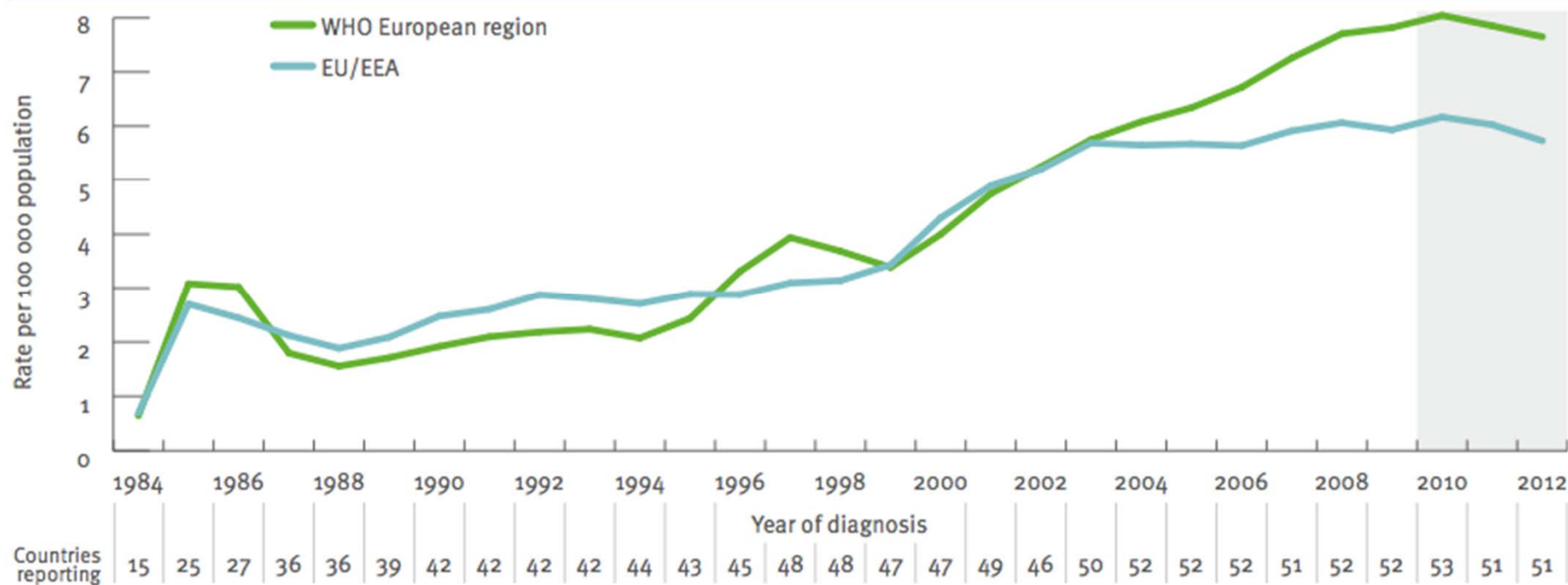


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	Teenage live births			Teenage legally induced abortions			Teenage pregnancies		
	<i>n</i> ^b	Rate per 1000	% among all live births	<i>n</i> ^c	Rate per 1000	% among all induced abortions	<i>n</i> ^d	Rate per 1000	Abortion ratio, %
Northern Europe									
Denmark	922	5.5	1.5	2830	16.7	17.0	3752	22.2	75
Estonia	851	20.4	5.4	875	21.0	11.6	1726	41.5	51
Finland	1387	8.5	2.3	2101	12.8	20.2	3488	21.3	60
Ireland	2218	16.3	3.0	0 ^g	0.0 ^g	NA	NA	NA	NA
Latvia	1534	20.8	7.1	800 ^h	10.9 ^h	9.0 ^h	2334 ^h	31.7 ^h	34 ^h
Lithuania	2041	16.9	5.6	630 ^h	5.2 ^h	7.9 ^h	2671 ^h	22.1 ^h	24 ^h
Sweden	1829	5.9	1.6	7007	22.5	18.7	8836	28.4	79
United Kingdom ^e	48372	25.1	6.1	43301	22.5	21.4	91673	47.6	47
Average		14.9	4.1		16.0 ^f	15.1 ^f		30.7 ^f	
Eastern Europe									
Bulgaria	9787	46.7	12.1	3414	16.3	10.1	13201	62.9	26
The Czech Republic	3599	11.8	3.0	2282	7.5	9.3	5881	19.3	39
Hungary	5784	19.5	6.0	5337	18.0	12.4	11121	37.5	48
Poland	20451	16.3	4.9	42 ^g	0.0 ^g	NA	NA	NA	NA
Romania	25456	39.5	11.4	12574 ^h	19.5 ^h	10.8 ^h	38030 ^h	59.0 ^h	33 ^h
Slovakia	3987	21.8	6.5	1460	8.0	8.1	5447	29.7	27
Average		25.9	7.3		13.8 ^f	10.1 ^f		41.7 ^f	
Southern Europe									
Cyprus	167	6.0	1.7	na	na	na	na	na	na
Greece	3219	11.6	2.7	728 ^h	2.6 ^h	4.5 ^h	3857 ^h	13.7 ^h	19 ^h
Italy	9800	6.8	1.7	9839	6.8	8.6	19639	13.6	50
Malta	275	20.2	6.6	0 ^g	0.0 ^g	NA	NA	NA	NA
Portugal	4284	15.3	4.3	2391	8.5	12.2	6675	23.9	36
Slovenia	283	5.4	1.3	346	6.6	7.4	629	12.1	55
Spain	13100	12.0	2.7	13967	12.7	12.5	27067	24.7	52
Average		11.0	3.0		7.5 ^f	9.1 ^f		17.6 ^f	
Western Europe									
Austria	2537	10.4	3.3	na	na	na	na	na	na
Belgium	3403	10.7	2.7	2674	8.4	14.2	6077	19.0	44
France	18845	9.9	2.4	29004	15.2	13.9	47849	25.2	60
Germany	19447	9.1	2.9	12883	5.9	11.6	32330	15.1	39
Luxembourg	101	7.0	1.8	na	na	na	na	na	na
The Netherlands	2636	5.3	1.4	3965	8.0	14.0	6601	13.3	60
Average		8.7	2.4		9.4	13.4		18.2	
Total EU	206315	15.0	4.2	158450	12.2 ^f	12.0 ^f		27.8 ^f	

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- **SEXUALLY TRANSMITTED INFECTIONS**
 - **HIV: Diagnosis in UE 2012, 29381 (5.8/100000), 10.6 % percentage aged 15-24 years**



(HIV/AIDS surveillance in Europe 2012)

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- **SEXUALLY TRANSMITTED INFECTIONS (2009)**
 - Chlamydia: 185/100000 (75% among 15-24 years, doubled in last 10 years and underestimated)
 - Gonorrhoea: 9.7/100000, 44% among 15-24 years
 - Syphilis: 4.5/100000, 17% among 15-24 years

(European Center for Disease Prevention and Control, ECDC 2011)

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At the beginning of the third millennium,
ADOLESCENT having SEX earlier and with multiple
partner before marriage, with both RISK for unintended
pregnancies and sexually transmitted infections,
Together with increasing awareness on the themes of
SEXUAL VIOLENCE,

**RAISED THE NEED FOR SEXUAL HEALTH
EDUCATION**

OTHER THAN FAMILY AND FRIENDS

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Sexual Health Education History in Europe:

- 1955 Born in Sweden, became compulsory in all schools
- 70s-90s introduced progressively in other European countries (1968 Germany, 1970 Austria, 1970s Holland and Swiss-not compulsory, 90s before in France and Great Britain, and later in South Europe)
- Diffused, after the end of Communism, also in Eastern and Central Europe.
- 2003 introduced in Ireland
- 2010 European Region of OMS and BZgA, Standard for Sexual Education in Europe

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‘SEXUALITY’ and ‘SEXUAL HEALTH’ and as the WORKING DEFINITION of OMS

“SEXUALITY...a central aspect of being human throughout life encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors.”

(WHO, 2006a)

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“SEXUAL HEALTH...a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.”

(WHO, 2006a)

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For a long time, interventions emphasized the medical aspects of sex and reproduction, being centred on prevention of risk related to sexual activity.

Today, although having a basic understanding of human biology is still considered crucial, programs have evolved to include a broader range of topics.

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Three basic approaches emerged:

1) **ABSTINENCE ONLY APPROACH**, focused primarily in promoting abstinence outside of marriage on moral as well as public health grounds.

NOT PROVEN TO BE EFFECTIVE!!!

2) **COMPREHENSIVE APPROACH**, prevention oriented, comprehending abstinence as a possible choice, but giving attention also to practice safe sex avoiding risk-related to sexual activity.

FIGHTING FALSE MYTH as *'woman cannot get pregnant the first time she had sexual intercourse or if she had sex standing'!!!!*

(Underhill K, et al. MBJ 2007)

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3) **OLISTIC APPROACH**: embrace a more positive attitude toward adolescent sexuality in the wider perspective of personal growth, based on the premises that young people are ‘rights-holders’ and are entitled to information and education as well as to express and enjoy sexuality. These programs are concerned in reducing misinformations, but they are less focused on behaviour and more on **AFFECTIVITY**, empowering young people to make informed decisions about their own lives and health.

EFFECTIVE!!

(Unesco 2009)



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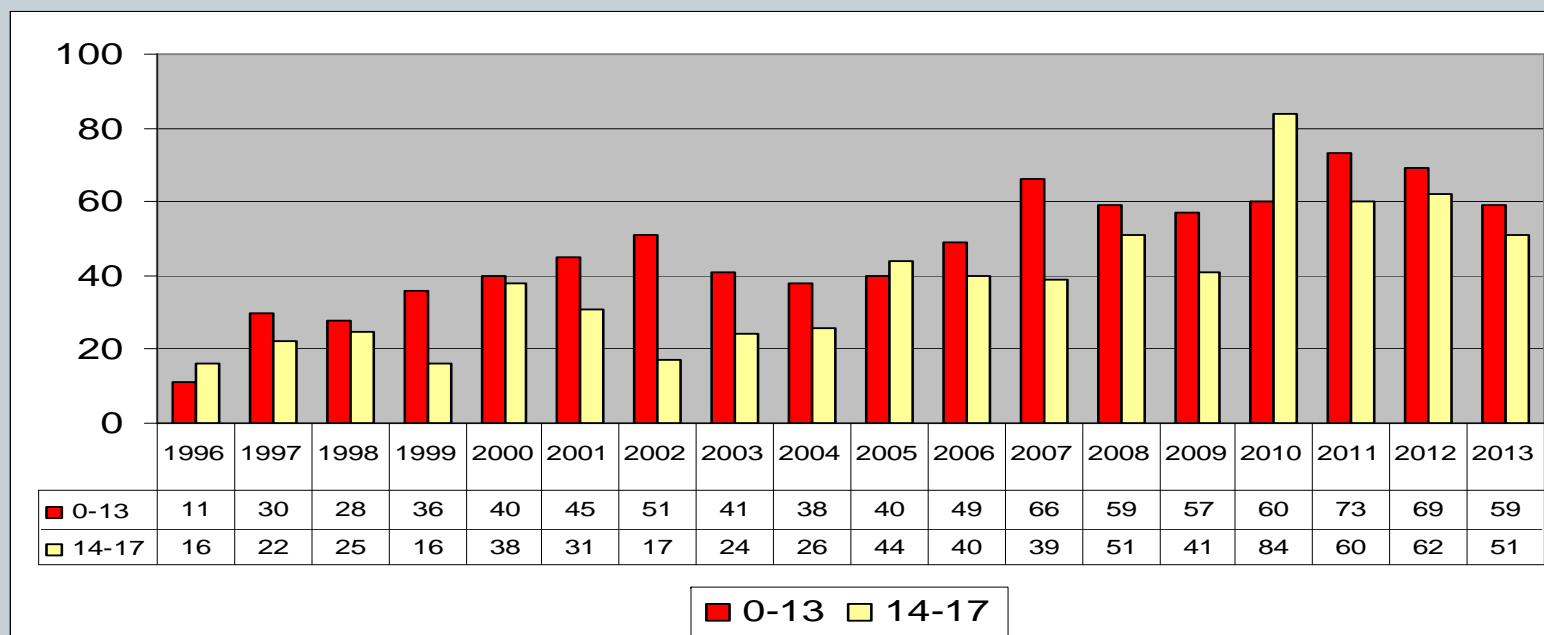


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Sexual Violence against 0-18 year-old 1996-2013.
Data from SVSeD, Fondazione IRCCS Cà Granda,
Ospedale Maggiore Policlinico, Milano



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OLISTIC SEXUAL HEALTH EDUCATION ...AND PREVENTION!

**A BETTER WORLD IS REALLY POSSIBLE IF PARENTS
AND SCHOOL**

***(WITH ADEQUATE SEXUAL HEALTH
EDUCATION PROGRAMMES)***

**WILL TEACH CHILDREN A POSITIVE ATTITUDE
TOWARDS SEXUALITY, WITH A CLEAR SENSE OF
LIMITS, TOLERANCE FOR FRUSTRATION, RESPECT FOR
DIFFERENCES AND... 'L'AMOR CORTESE'.**