

Sexuality Education (SE)

Sexuality education involves learning about sex, sexuality, emotions, relationships, sexual health and ourselves. The term 'sexuality education' represents learning about sex and relationships in various settings including home, community, school and other educational settings.

We believe that it is vitally important to educate people about sex and relationships, in a way that will ensure their ability to make informed choices and protect their own as well as others' physical, mental and emotional health while expressing their sexuality.

In relation to Sexuality Education, we believe and acknowledge the following:

1. That sexuality education is a lifelong learning process, based on the acquisition of knowledge and skills and the development of positive values and attitudes.
2. That sexuality education originates from a variety of sources, both informal and formal.
3. That the responsibility for sexuality education of children and young people should be shared between parents and professionals, including teachers, youth workers, and health professionals.
4. That SE should be provided within a holistic context of emotional and social development.
5. That all children and young people have the right to comprehensive SE.
6. That children learn about sexuality and relationships from an early age. We believe that formal SE should begin at nursery school, and that SE should be compulsory within the National School Curriculum in both primary and secondary schools.
7. That school-based SE curriculum should be developed taking into consideration findings from research conducted among youth on both the international as well as the local level.
8. That school-based SE policy and practice should be developed using evidence of effectiveness from successful SE programs in Europe and elsewhere, and be consistent with Human Rights principles.
9. That SE should help to equip young people to enjoy sex and relationships that are based on qualities such as mutual respect, trust, negotiation and enjoyment, and be consistent with Human Rights principles.
10. That SE should value all people equally.
11. That SE should recognise and appreciate the value and diversity of different types of families.
12. That teachers, school principals, and professionals should have meaningful cooperation with students and youth groups, parents, and organisations that specialise in Sexual and Reproductive Health and Rights such as the Cyprus Family Planning Association (CFPA), in formulating SE programmes. It is of great importance that those involved in the delivery of SE must recognise that children and young people learn in a variety of ways, and that a variety of teaching methods and resources should be applied, to meet the range of needs of all young people, including young people in marginalized groups.
13. That all those involved professionally in the delivery of SE should have undergone training by professionals on the subject, using empirically supported methodologies.
14. That SE should respect individual differences and beliefs of each person, and remain free from any ideologies, religious, or cultural biases, either of the context where it takes place, or of the professional from whom it is provided.

Sexuality has an impact on people for all of their lives. Children and young people learn about sex and relationships from both formal and informal sources. These sources include family, friends, the media, school and other educational settings, youth clubs and health professionals. These sources vary in the accuracy of the information which they provide, and many young people fail to obtain the information that they need about sex, relationships, contraception methods and Sexually Transmitted Infections (STIs). Inadequate SE and lack of opportunities to discuss and develop a correct understanding of relationships and sex can have a serious impact on the decisions children and young people will make in their lives, or the experiences they will have during their lives. This affects themselves, as well as their families and society.

International empirical evidence indicate that Comprehensive Sexuality Education that starts from an early age, reduces the risk for unwanted pregnancies, HIV/AIDS, and STIs, and promotes healthy sexual development, as well as satisfaction in young people's relationships^{1,2}. As a result, numerous academic and professional associations^{3,4}, as well as youth groups⁵, have issued repeated declarations and positions in favour of Comprehensive Sexuality Education programmes for adolescents and young people.

Effective SE should strive for a balance between the development of attitudes, such as accepting diversity, tolerance, and candour about sex, skills, such as negotiation, communication, assertiveness, caring for oneself and for others, interpersonal skills, emotion regulation skills, problem solving and decision making skills, and knowledge, on topics such as adolescence, sexual functioning, including biological aspects, fertility and reproduction, contraception and STIs, sexual orientation, and sexuality.

According to studies recently conducted in Cyprus, disconcerting ignorance and serious gaps are noted among young people on Sexual and Reproductive Health issues⁶. Empirical evidence available so far present a conservative patriarchal culture⁷, where stereotypes, prejudice, and homophobia⁸, due to lack of knowledge, are prevalent. Young people themselves rate the existing sources and services on Sexual and Reproductive Health and Rights (SRHR) issues as inadequate, and consider the SE they receive from their schools and their environment unsatisfactory⁹.

We therefore call for the legal mandate for mandatory and empirically supported Comprehensive Sexuality Education. Given that the situation regarding SRHR in Cyprus has not been adequately studied, we stress the imperativeness of conducting studies to investigate young people's attitude and knowledge on SRHR, and correlated psychosocial parameters, and to assess, with measurable results, the effectiveness of any prevention and intervention efforts on issues of SE. We also call for mechanisms of mandatory and systematic recording and monitoring of sexual health indices to be put in place, that will, in parallel, function as indicators for the effectiveness of SE programs.

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2 Eisenberg, M., Bernat, D., Bearinger, L., Resnick, M. (2008). Support for Comprehensive Sexuality Education: Perspectives from Parents of School-Age Youth *Journal of Adolescent Health*, Volume 42, (4), 352-359.

3 American Academy of Pediatrics - Committee on Psychosocial Aspects of Child and Family Health and Committee on Adolescence (2001). Sexuality Education for Children and Adolescents. *Pediatrics*, 108 (2), 498-502.

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4 American Psychological Association (2005). Resolution in favor of Empirically Supported Sex Education and HIV Prevention Programs for Adolescents. http://www.apa.org/releases/sexed_resolution.pdf

5 European Youth Charter for Sexual and Reproductive Health and Rights (2008).

http://www.asssu.eu/sites/rodina.zaedno.net/files/u8/OR_SEXUAL_AND_REPRODUCTIVE_HEALTH_AND_RIGHTS.pdf

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- 6 Οργανισμός Νεολαίας Κύπρου & Ινστιτούτο Αναπαραγωγικής Ιατρικής Κύπρου (2006). Υγεία στις Διαφυλικές Σχέσεις και τη Σεξουαλικότητα
- 7 Kouta, C., Tolma, E.L. (2008). Sexuality, sexual and reproductive health: an exploration of the knowledge, attitudes and beliefs of the Greek-Cypriot adolescents. *Promotion & Education*, 15: 24-31
- 8 Danish Institute for Human Rights (2009). The social situation concerning homophobia and discrimination on grounds of sexual orientation in Cyprus. http://www.fra.europa.eu/fraWebsite/attachments/FRA-hdgso-part2-NR_CY.pdf
- 9 Lesta, S., Lazarus, J., Essen B. (2008). Young Cypriots on sex education: sources and adequacy of information received on sexuality issues. *Sex Education: Sexuality, Society and Learning*, 1472-0825, 8 (2), 237 – 246.