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FRAMEWORK FOR COMPREHENSIVE SEXUALITY EDUCATION

HERA - HEALTH EDUCATION AND RESEARCH ASSOCIATION SKOPJE, **2010**

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SUMMARY

This Framework proposes principles and provides guidelines for the introduction of appropriate curricula for comprehensive sexuality education. This document is aimed at decision makers and should be utilized in the development and implementation of comprehensive sexuality education in the Republic of Macedonia.

MACEDONIA NEEDS TO INTRODUCE SEXUALITY EDUCATION DUE TO THE FOLLOWING FACTS:

- The levels of information and use of modern contraceptive methods is low; only 1.6% of young girls between the ages of 15 and 19 have said they use oral contraception, while only 34.8% of young people report having used a condom during their most recent sexual intercourse
- The rates of teenage pregnancies, as well as of abortions in this age group, are several times higher than those in the EU overall
- It is estimated that there is a trend in the Republic of Macedonia of an increase of the sexually transmitted infections (STI's) among young people, especially of Chlamydia and HPV (human papilloma virus)
- The age of occurrence of cervical cancer is reducing as a consequence of HPV infections
- There is an increase in the number of young couples facing infertility, often caused by the effects of untreated sexually transmitted infection (STI's)
- The situation with regards to violence and intolerance amongst young people is a source for concern
- Gender stereotypes and gender inequality in Macedonia still cause great concern
- Access to adequate information regarding sexual and reproductive health and sexuality within the existing curricula is insufficient

EXAMPLES FROM MANY COUNTRIES IN THE WORLD HAVE SHOWN THAT COMPREHENSIVE SEXUALITY EDUCATION CAN BE A SUCCESSFUL TOOL FOR PREVENTION OF THE ABOVEMENTIONED CONDITIONS BECAUSE IT CONTRIBUTES TO:

- delay in the commencement of sexual activity
- increasing the ability to make informed decisions and overcoming prejudices
- increase in the use of contraceptives and condoms amongst sexually active adolescents
- reduction of the number of partners in children and young people
- improving their sexual and reproductive health, as well as general health

- more responsible sexual behaviour in the future
- developing positive and healthy attitudes and values.

COMPREHENSIVE SEXUALITY EDUCATION SHALL BE SUCCESSFUL ONLY IF IT ENCOMPASSES ALL THE TOPICS AND IMPLEMENT ALL THE PRINCIPLES STATED IN THE FRAMEWORK FOR COMPREHENSIVE SEXUALITY EDUCATION. SUCCESSFUL SEXUALITY EDUCATION SHALL ENABLE YOUNG PEOPLE TO:

1. acquire relevant knowledge and develop skills on how to preserve and enhance their sexual and reproductive health
2. acquire interdisciplinary knowledge enabling students to develop critical and in-depth comprehension of the various biological, social, cultural and political phenomena
3. be informed about their sexual and reproductive rights, help expose myths and stereotypes;
4. develop decision making and communication skills, as well as learning when and where to seek help
5. develop positive attitudes and values on sexuality, respect differences, respect themselves and others, not to judge and to have a sense of responsibility
6. be well prepared for having satisfying sexual and emotional relationships and relations, devoid of violence and abuse of the other and of oneself.

THERE IS AN EVER INCREASING DEBATE IN THE PUBLIC, BUT ALSO AMONG THE EXPERTS, ABOUT THE NEED TO INTRODUCE COMPREHENSIVE SEXUALITY EDUCATION. THE FOLLOWING NATIONAL DOCUMENTS RECOMMEND THE INTRODUCTION OF SEXUALITY EDUCATION:

- National Adolescent Health Strategy, 2008-2015
- National Strategy on Safe Motherhood, 2010
- Draft National Strategy on Sexual and Reproductive Health, 2010
- Conclusion of the Parliamentary Commission for Equal Opportunities, 2009
- National Action Plan for Gender Equality, 2007-2011

THE WORKING GROUP COMPRISED OF PROFESSIONAL REPRESENTATIVES OF 23 RELEVANT MINISTRIES, HEALTH, EDUCATIONAL AND SOCIAL INSTITUTION, AS WELL AS CIVIC ORGANISATIONS RECOMMENDS:

- The Ministry of Education and Science, the Ministry of Labour and Social Policy, and the Ministry of Health, on the basis of this document and the existing national policies stated in this document, to prepare information on the need for introduction of sexuality education and to present it to the Government of the Republic of Macedonia.
- The Bureau for Development of Education, in accordance with the guidelines for the introduction of sexuality education, to establish a working group to develop the curriculum.

FRAMEWORK FOR COMPREHENSIVE SEXUALITY EDUCATION

1.
THE AIM OF THIS DOCUMENT

The aim of this document is to work towards improving access to information concerning sexual and reproductive health as part of the school programme in the Republic of Macedonia through a consultative process involving relevant institutions and civic sector representatives.

This document presents justifications and principles, and provides guidelines for the design of appropriate curricula for comprehensive sexuality education.

Consequently, this document is aimed at decision makers and should be utilized in the development and implementation of comprehensive sexuality education in the Republic of Macedonia.

2.

SITUATIONAL ANALYSIS AND JUSTIFICATION OF THE NEED FOR SEXUALITY EDUCATION IN MACEDONIA

A complex mix of factors makes young people vulnerable with regards to their sexual and reproductive health: different perception of risks, sexualisation of media and society, existence of sexual myths and prejudices, gender stereotypes and homophobia, lack of social support from the family and community, new epidemiological risks and insufficient access to timely and comprehensive information. Many of the issues and consequences related to risky sexual behaviour are preventable and their impact can be reduced if timely access to sexual and reproductive health related information is provided, as well as access to relevant services.

2.1 SEXUAL AND REPRODUCTIVE HEALTH OF ADOLESCENTS

There is no sufficient relevant data available in the Republic of Macedonia regarding the sexual behaviour and sexual and reproductive health of adolescents. Mostly, this is due to the fact that most illnesses are not subject to mandatory reporting (some STI's, such as Chlamydia), while those do are not properly reported (teenage pregnancy, abortions), nor are they classified according to age.

SEXUAL BEHAVIOUR

Majority of the data on adolescent sexual behaviour comes from various surveys, according to which, 32% of adolescents (40% of boys and 21% of girls) are sexually active by the age of 19. The average age of commencing sexual activities for girls is 16.7 years, while for boys it is 15.5 years of age[1]. However, there are indicators which point to a rapid lowering of the age when sexual relations are entered into. At the same time, young people show elements of risky sexual behaviour – in addition to the decreasing age of commencing sexual activity, they also have more partners without using adequate contraception and condoms as protection against unplanned pregnancy and sexually transmitted infections (STIs)[2]. The levels of information and use of modern contraceptive methods is low; only 1.6% of young girls between the ages of 15 and 19 have said they use oral contraception[3], while only 34.8% of young people report having used a condom during their most recent sexual intercourse[4]. On the other hand, the age of entering into marriage is increasing (on average, 25 years for women and 27 years for men), as well as the age when the first child is born, which prolongs the period of pre-marital sexual activity as well as the potential for risky sexual behaviour, or occurrence of unplanned pregnancy or contracting of STI's. .

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1 Quantitative Study: Access to services for SRH among the high school population in 4 capitals in the Balkans. International Center for Reproductive Health, 2004.
2 Mladenovich, B. Knowledge, attitudes and actions related to the use of contraceptives amongst high school students in the City of Skopje, 2007 (master's thesis).
3 Quantitative Study: Access to services for SRH among the high school population in 4 capitals in the Balkans. International Center for Reproductive Health, 2004.
4 Report on Bio-behavioural study of youth and the population at highest risk of HIV infection in the Republic of Macedonia. Ministry of Health and State Health Protection Institute,2006.

RISKY SEXUAL BEHAVIOUR IMPLICATIONS

Teenage pregnancy and early parenthood are fast becoming major public health and social issues due to the increasing number of implications for the mothers, their babies and society at large. 85% of teenage pregnancies are unplanned and 80% end in abortion Pregnancy and birth related complications are the main cause of mortality in girls between the ages of 15 and 19. The rates of teenage pregnancies, as well as of abortions in this age group, are several times higher than those in the EU overall. Infant mortality is five times higher amongst infants of mothers between the ages of 14-19 than amongst those of mothers between the ages of 20-24; similarly, perinatal morbidity is more frequent when mothers are younger[5].

In 2008, of all the births in the Republic of Macedonia, 6.7% were by mothers aged 18 or under, amounting to 1,610 women giving birth aged 18 or under, while the specific fertility rate in the 15-19 age group was 20.1 in 2008. The number of registered live born babies born to mothers under 15 years of age has been rising and, in 2009, it amounted to 33 (in 2008 it was 24).

It is estimated that there is a trend in the Republic of Macedonia of an increase in the number of young people affected with sexually transmitted infections, especially Chlamydia and HPV (human papilloma virus)[6]. The age of occurrence of cervical cancer is reducing as a consequence of HPV infections[7], while at the same time there is an increase in the number of young couples facing infertility, often caused by the effects of untreated STI's (pelvic inflammatory disease).

In addition to the implications for physical health, early unplanned pregnancy, early parenthood and the consequences of some STIs, result - for many girls and their partners - in disruption to their education, reduced opportunities for quality education and lower competitiveness in the labour market. In turn, these may lead to higher levels of economic dependency, poverty and dependency on social welfare, social isolation from their peers, lower self-esteem, as well as fear of an unknown future.

The family of adolescents dealing with early and unplanned pregnancy and early parenthood are facing psychological and emotional suffering, as well as increased financial burdens resulting from the care for an extended family. Risky sexual behaviour comes at a high cost for the community in the form of direct and indirect health care expenses to deal with issues and implications related to teenage pregnancy, loss of human potential, increased welfare costs, reduced productivity of an inadequately educated work force, dealing with health issues such as effects of abortions, sterility, carcinoma, diagnosing and treatment of STI's and related consequences[8].

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5 Botting M, Rosato M, and Wood R. Teenage mothers and the health of their children. Population trends, 1998. NEEDS A FULL REFERENCE

6 Draft document of the Strategy for Sexual and Reproductive Health in the Republic of Macedonia.. Ministry of health, Skopje 2009

7 Lucheska, Irena.. Policies and practices for primary prevention and early detection of cervical cancer in Macedonia.H.E.R.A., Skopje 2010.

8 Maynard R.A. The study, the context, and the findings in brief. Kids having kids: Economic costs, and social consequences of teen pregnancy. Urban Institute Press, 1997

Hoberaft JN, Kiernan KE. Childhood poverty, early motherhood and adult social exclusion, Case Paper, London Center for analysis of social exclusion, London School of Economics, 1999

2.2. VIOLENCE

There is increasing occurrence of the commercialisation of sexual activity amongst young people, as well as more frequent exposure to sexual coercion and violence. Furthermore, various additional studies have indicated the presence of sexual harassment by peers among primary school students in Macedonia. Most often, victims of sustained and multiple sexual harassment - for example, unwanted touching with sexual connotations - are girls[9].

The Global School-Based Student Health Survey conducted by UNICEF and IPH reported, in the section on *Bullying in schools*, indicates that: "Overall, ten percent of students were bullied on one or more days during the past 30 days. The share was the same for male and female students"[10]. This study investigated violence in primary schools, and reported that, of the 46 countries included in this study, Macedonia was ranked very highly, in fifth place. The report says "With regards to participating in fights, the study has shown a high percentage of students, 15% of girls and 40% of boys, are taking part in fights"[11]. The main causes of violence stated were jealousy in 41.8% of cases and hate/revenge in 42.8%.

2.3 GENDER

Gender stereotypes and gender inequality in Macedonia still cause great concern. There is a high prevalence of family violence, with women being considerably more likely to be the victims. One in two women in Macedonia is a victim of violence by men in the form of control over movement, jealousy and possessiveness, as well being the subject of emotional and psychological suffering. The second most frequent form of psychological violence involves the dominance of the man and the inferior position of the woman in the family; for example, expressed by the phrase "his word (the man's) should be the last" (28%). One in four women (25.6%) has reported that her husband/partner treats her poorly or is excessively jealous (23.5%). Furthermore, studies show that one in five women is a victim of physical violence, with one in ten being a victim of sexual violence. Traditional values - that is, the high premium put on the privacy of patriarchal values in the marriage and the family - are identified as the main cause for the occurrence of family violence in the country[12].

2.4 HUMAN RIGHTS

Research that has been conducted over the last few years has shown that there is a high level of lack of respect for the human rights of citizens, as well as a poor level of awareness and recognition of discrimination. Especially notable is violation of the human rights of marginalized communities, which is continuously accompanied by discrimination, stigmatization and social exclusion[13]. Negative indicators have also been registered with regards to the level of tolerance in Macedonian society[14].

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9 Study of the initial situation with violence in primary schools, UNICEF, Bureau for Education Development, Algorithm Center. 2009.
10 GLOBAL School-Based Student Health Survey : 2007/2008 : Macedonia / (editors and authors: Fimka Tozija et al.). Skopje : State Health Protection Institute, 2008.
11 Study of the initial situation with violence in primary schools, UNICEF, Bureau for Education Development, Algorithm Center. 2009
12 ESE. Life in the Shadows. ESE, Skopje 2008
13 Trajanoski Zharko. Report on the sexual and health rights of marginalised communities 2009. Coalition of sexual and health rights of marginalised communities, Skopje 2009
14 Klekovski Sasho and Krzhalovski Aleksandar. Confidence in the civic society. MCMC, Skopje 2007; Klekovski Sasho. Attitude towards traditional/secular values. MCMC, Skopje 2009; Simoska Emilija et al. How inclusive is Macedonian society?. FIOOM, Skopje, Skopje 2009

2.5 ACCESS TO INFORMATION

Young people are facing increasing pressures regarding sex and sexuality, and are surrounded by conflicting messages and norms. On the one hand, many media present sexuality as a desired activity which as a determinant for young people's social adjustment while, on the other hand, sexuality is strongly linked to a sense of guilt and fear of condemnation and negative physical outcomes. Peer influence and pressure is one of the most powerful factors influencing young people's sexual behaviour. Much of the information about sex and sexuality is received through their friends and peers and, consequently, many decisions regarding their sexual behaviour are affected by this information. Such information, for the most part, is inaccurate and partial, and reinforces existing myths, misconceptions and stereotypes.

Young people frequently report feeling insufficiently involved in the debate concerning their own needs and problems and report feeling misunderstood, which leads them too often to forego the possibility of seeking help when needed and/or results in lack of motivation or passivity in their decision making.

Generally speaking, access for youth to sexual and reproductive health information is inadequate. The most frequent sources of information are in fact unprofessional sources – peers and some of the mass media, while professional people and institutions - such as health workers and school teachers - are seldom utilised for this purpose. This is why young people very often receive inaccurate information and have many false ideas. Research has demonstrated that just a small proportion of young people have comprehensive knowledge of how to protect themselves against unplanned pregnancy and STIs, including HIV/AIDS[15], as well as when and where to seek the services and help to maintain their sexual and reproductive health. A great number of young people (50%[16]) express the need for more information regarding the use of contraception, especially oral contraception, immediate contraceptives and dual protection[17].

Adolescents enter their reproductive period insufficiently prepared with knowledge and skills to preserve their sexual and reproductive health. Society faces a choice: either to let young people find out on their own partial and often inaccurate information received from their peers, mass media and the internet, or to provide them with relevant, timely and age-appropriate information based on compliance with universal humanistic values and human rights. Comprehensive sexuality education will enable them to acquire knowledge and develop skills prior to becoming sexually active and may help them significantly to exercise their own choices regarding sexual activity (including the choice to abstain) and to be capable of recognizing and resisting coercion, as well as being able to protect themselves against unwanted pregnancy and STIs.

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15 According to the report from the Report on Bio-behavioural study of youth and the population at highest risk of HIV infection in the Republic of Macedonia. Ministry of Health and State Health Protection Institute,2006 only 21% of young people have comprehensive information on HIV/AIDS. On the other hand , according to the Quantitative study of the knowledge of high school students in the City of Skopje concerning HIV/AIDS and their attitudes towards SRH education approaches only 16% of young people have comprehensive information on HIV/AIDS. Both studies were conducted in accordance with the 5 main indicators of UNAIDS for the measurement of the level of knowledge in young people of ages 15 to 24

16 Quantitative Study: Access to services for SRH among the high school population in 4 capitals in the Balkans., 2004, International Center for Reproductive Health

17 Simultaneous use of condom in combination with modern contraceptives (e.g. oral contraception, coil)

2.6 EXISTING CURRICULA

In Macedonia, there is no special subject taught for sexuality education as part of the school curriculum, either as a compulsory or an optional subject. Further, there is a lack of sufficient information on topics in the area of sexuality education as part of individual school subjects which cover content relevant to the area. One positive exception which could be highlighted is the syllabus for the "Life Skills" subject which covers part of the components of sexuality education in primary schools. However, it has to be pointed out that this is a regular subject which is taught during homeroom classes, based on the principle of selection of the topics which the teachers will cover with the students. Bearing in mind the cultural context, there is a great risk that most teachers will avoid the topics which are related to sexuality, thereby leading to partial or non-existent coverage of these contents.

Further, a recent analysis[18] of the environment, contents and illustrative material in the textbooks, as well as the primary school teaching processes seen from a gender perspective, points to the fact that there are still significant flaws within the educational process. The findings of a study[19] which surveyed the contents of text books for Macedonian language, Nature and Society, as well as History for primary education, indicate that gender stereotyping is still present in education.

The assessment of the needs and availability of information related to sexuality and reproductive health[20] has determined that: "Information on the topics that are covered is frequently scant, insufficient, and sometimes inaccurate. Furthermore, most of the information is not comprehensive, whereby far more emphasis is put on the bio-medicinal aspects of sexual and reproductive health, with a lack or complete exclusion of the psycho-social aspect of sexuality. Not only is there no harmonized approach to the manner in which information is conveyed on a certain topic in the syllabus, but quite often the same topic can be presented with conflicting values in the same text-book. Some of the teaching materials promote negative stereotypes (e.g. regarding sexual difference, hormonal contraception, etc.) and negative attitudes towards love and sexuality.

The curriculum does not enable the acquisition through its contents of tolerant attitudes, nor the development of skills for safe sexual behaviour and protection of the sexual health and sexual rights of young people."

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18 Child-Friendly School:Situational analysis. UNICEF, 2007

19 Kenig,Nikolina. The unbearable lightness of gender stereotyping: Analysis of the text-books for Macedonian language, History and Nature and Society for primary education. Annual Proceedings of the Faculty of Philosophy No. 62, University St. Cyril and Methodius, Skopje 2005

20 Love only after classes – Assessment of the need and availability of information related to sexual and reproductive health. H.E.R.A., Skopje 2010.

3.

WHAT IS COMPREHENSIVE SEXUALITY EDUCATION?

The working definition of sexual health adopted by the World Health Organisation is, as follows: *Sexual health is a state of physical, emotional, mental and social well-being. in relation to sexuality. 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.*

Furthermore, the WHO definition of sexuality is: *"Sexuality is a central aspect of being human throughout life and 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, ethical, legal, historical, religious and spiritual factors."*

In accordance with this, comprehensive sexuality education is a continuous process of knowledge acquisition, development of skills, attitudes and values regarding identity, relationships and intimacy, as well as sexuality in general. Sexuality education should not be considered as an isolated approach, but as an important, holistic and complex component of a broader initiative aimed at improving the health and welfare of children and young people.

Comprehensive sexuality education entails encompassing an overall system of values, thereby enabling children and young people to exercise their sexual and reproductive rights and to make mature and informed decisions concerning their sexuality and health. This should include all the available relevant information being provided to young people enabling them to make the choice best suited to them. Furthermore, the range of views deriving from traditional, cultural and/or religious value systems should be taken into account through suitable coverage.

The comprehensive sexuality education does not refer only to the biological aspects of sexuality, prevention of diseases and pregnancy. It also includes all culturological, psycho-social and emotional aspects of sexuality, including pleasure and sexual diversity as the basis for the development of a healthy and tolerant young person.

It is generally accepted that comprehensive sexuality education should be available to all, but that it should also be flexible and structured according to the age and development levels of children and young people.

4.

OBJECTIVES OF COMPREHENSIVE SEXUALITY EDUCATION

COMPREHENSIVE SEXUALITY EDUCATION SHOULD ENABLE YOUNG PEOPLE TO:

1. acquire relevant knowledge and develop skills on how to preserve and enhance their sexual and reproductive health

2. acquire interdisciplinary knowledge enabling students to develop critical and in-depth comprehension of the various biological, social, cultural and political phenomena

3. be informed about their sexual and reproductive rights, help expose myths and stereotypes;

4. develop decision making and communication skills, as well as learning when and where to seek help

5. develop positive attitudes and values on sexuality, respect differences, respect themselves and others, not to judge and to have a sense of responsibility

6. be well prepared for having satisfying sexual and emotional relationships and relations, devoid of violence and abuse of the other and of oneself.

4.1 THE IMPACT OF COMPREHENSIVE SEXUALITY EDUCATION

For decades, sexuality education has been a controversial issue due to the fear that increased information and knowledge would entice young people to engage in earlier and increased sexual activity. However, experiences from countries with sexuality education in schools[21], as well as the results of numerous studies, have shown generally positive outcomes[22].

COMPREHENSIVE SEXUALITY EDUCATION, BESIDES INCREASING KNOWLEDGE, CAN ALSO CONTRIBUTE TO:

- delay in the commencement of sexual activity
- increasing the ability to make informed decisions and overcoming prejudices
- increase in the use of contraceptives and condoms amongst sexually active adolescents
- reduction of the number of partners in children and young people
- improving their sexual and reproductive health, as well as general health
- more responsible sexual behaviour in the future
- developing positive attitudes and values[23].

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21 Baldo M, Aggleton P, and Slutkin G. Sex education does not lead to earlier or increased sexual activity in youth. Geneva, Switzerland: World Health Organization, Global Program on AIDS, 1993.
22 International Technical Guidance on Sexuality Education UNESCO, 2009
23 Kirby D Impact of Sex and HIV Education Programmes on Sexual Behaviours of Youth in the Developing and Developed Countries. Family Health International, 2006.

A NUMBER OF MAJOR INTERNATIONAL HEALTH AND EDUCATIONAL ORGANISATIONS HAVE CALLED FOR INCREASED COMPREHENSIVE SEXUALITY EDUCATION, AS PROVEN BY THE FOLLOWING DOCUMENTS:

- International Technical Guidance on Sexuality Education UN Educational, Scientific and Cultural Organisation (UNESCO), 2009
- Standards for Sexuality Education in Europe, WHO – Regional Office for Europe and the Federal Centre for Health Education (BZgA), 2010
- Framework for Comprehensive Sexuality Education, International Federation for Planned Parenthood, London 2006
- Report of the UN Special Rapporteur for the right to education, 65th Session, 2010

4.2 REASONS TO INVEST IN ADOLESCENT HEALTH

INVESTING IN THE HEALTH OF ADOLESCENTS BRINGS HEALTH AND ECONOMIC BENEFITS TO THEM AND TO SOCIETY IN GENERAL.

CURRENT AND FUTURE SOURCE OF HUMAN CAPITAL.

Adolescents (10-19 years of age) constitute 20% of the world population (1.2 billion) and represent an enormous current and future potential for energy and progress. In the Republic of Macedonia, based on the last census, young people between the ages of 10-24 account for 24.6% of the overall population, while adolescents (10-19 years of age) for 16%, which is also a significant percentage of the population.

REDUCTION OF DEATH AND DISEASES IN THE ADOLESCENT AGE GROUP

It is estimated that 1.7 million young people die every year in the world, mostly for reasons that are preventable: injuries, violence, complications related to pregnancy and delivery. Life style-related diseases are responsible for 58.4% of causes of morbidity and 68.4% of mortalities globally.

REDUCTION OF DISEASES IN THEIR FURTHER LIFE

Adolescence is a period of forming life styles and habits that will determine health further on in life. According to WHO estimates, 70% of adult premature deaths come as a consequence of habits formed during adolescence[24].

INVESTING IN THE ECONOMIC PROSPERITY OF THE COUNTRY

If you do not invest in adolescent health, you put into question all previous investments in the health and education of children. Furthermore, this also puts into question the future economic and social development of countries[25].

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24 WHO. Orientation Programme on Adolescent Health-Care Providers. Meaning of adolescence and its implications for public health. World Health Organization, Geneva, 2004

25 The World Bank Group. Investing in Young Lives. The role of reproductive health: Why invest in young people? The World Bank. 1998

4.2.1 PROMOTION OF SOCIAL EQUALITY AND SOCIAL JUSTICE

THERE IS A NEED TO ADDRESS THE SPECIFIC NEEDS OF ADOLESCENTS, DUE TO THE FOLLOWING FACTS:

- Health issues of adolescents are *qualitatively* different than those of adults. They have to deal with puberty, rapid emotional development, growing independence and a wide range of possibilities
- Adolescents are a *heterogeneous group* of young people living in different conditions and having different needs
- *Breaking the vicious cycle of poverty*. Poverty lies at the root of poor adolescent health by lessening the role of protective factors[26].
- *Gender inequality and gender discrimination* can affect the health of adolescents, especially in areas where teenage marriages are part of the traditional norms, while "machismo" can expose young boys to the risk of injury, violence and STI's[27].

4.2.2 PROMOTION OF HUMAN RIGHTS

PROTECTION OF THE RIGHTS OF ADOLESCENTS ENABLES COUNTRIES TO MEET THE OBLIGATIONS THAT THEY HAVE UNDERTAKEN WITH THE SIGNING OF INTERNATIONAL AGREEMENTS, SUCH AS:

- *The UN Convention on the Rights of the Child*, to which the Republic of Macedonia has been a signatory from 1991 and which states that: children (18 years of age and under) have " the right to privacy when receiving health services" (Article 16), "the right to timely information" (Article 13), "the right to enjoy the highest attainable standard of health services" (Article 24) , "the right to ask, receive and be provided with information which will help them to improve their health" (Article 13); "the right to be spared from all forms of physical and mental abuse (Article 19) and all forms of sexual exploitation" (Article 34); "the right to participate in decision making and conducting of interventions affecting their lives"[28].
- *Convention on the Elimination of All Forms of Discrimination Against Women* (CEDAW): women during their reproductive period have the right to access to health care services, including those related to family planning.(Article 12); "need for special care for women from rural areas, especially to provide them access to adequate health care facilities, including information, counselling and services in family planning (Article 14)." (the Republic of Macedonia is a signatory as of 1993)[29].
- *Committee on the Rights of the Child*, General Commentary 4, 2003
- *Committee on the Rights of the Child, Observation Conclusions: FY Republic of Macedonia. 2000*.
- Action Program – International Conference on Population and Development held in Cairo,

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26 United Nations Population Fund (UNFPA). The case for investing in young people as part of a national poverty reduction strategy. New York: UNFPA. 2005.
27 Hoberaft JN, Kiernan KE. Childhood poverty, early motherhood and adult social exclusion, Case Paper, London Center for analysis of social exclusion, London School of Economics, 1999
28 UNICEF. Implementation Handbook of The Convention on the Rights of the Child, 1998, page 9.
29 United Nations General Assembly. The Convention on the Elimination of All Forms of Discrimination against Women

1994 organised by the UN Population Fund (UNFPA).
- International Covenant on Economic, Social and Cultural Rights, UN Committee on Economic, Social and Cultural Rights, 1976
- UN Convention on the Rights of Persons with Disabilities. 2006

4.2.3 CONTRIBUTING TO THE ACHIEVEMENT OF THE UNITED NATIONS MILLENNIUM DEVELOPMENT GOALS

Creation of conditions for enhancing the sexual and reproductive health of young people will lead to the achievement of gender equality (Goal 3), reducing maternal mortality (Goal 5) and reducing the rate of HIV/AIDS infected persons (Goal 6).

4.3 ADOLESCENT HEALTH IS A STRATEGIC AREA OF VARIOUS NATIONAL STRATEGIES RECOMMENDING THE INTRODUCTION OF SEXUALITY EDUCATION:

- National Adolescent Health Strategy, 2008-2015
- National Strategy on Safe Motherhood, 2010
- Draft National Strategy on Sexual and Reproductive Health, 2010
- Conclusion of the Parliamentary Commission for Equal Opportunities, 2009
- National Action Plan for Gender Equality, 2007-2011

5.

WHEN SHOULD SEXUALITY EDUCATION START?

Sexuality education understood as a lifelong learning process should start in early childhood, continue through the period of adolescence, as well throughout the entire life. In the recently published *Standards for sexuality education in Europe* by the World Health Organisation, it is recommended to start sexuality education from the very moment of birth[30].

As part of the educational process, it is important to take into account the fact that children should be introduced to and prepared for the specific changes related to their sexual development before they actually occur (for example: girls should be informed about menstruation before they experience it for the first time; they should be instructed how to protect themselves against unplanned pregnancy and STI's before they commence with sexual activity, etc.) It is important to point out that it is necessary to adapt, also, the types of information and method of its delivery to the age, developmental capacities of children, as well as to their needs.

That is why, in accordance with the infrastructural and human resource capacities of the educational system in Macedonia, comprehensive sexuality education should start as early as possible in primary schools.

30 Standards for Sexuality Education in Europe. WHO Regional Office for Europe and BZgA, 2010

6.

WHAT AREAS AND TOPICS SHOULD BE COVERED?

FOR THE PURPOSE OF A SUCCESSFUL IMPLEMENTATION OF COMPREHENSIVE SEXUALITY EDUCATION, THE FOLLOWING TOPICS SHOULD BE COVERED, WHICH SHOULD BE ADAPTED TO THE AGE AND DEVELOPMENTAL CAPACITIES OF CHILDREN:

1.SEXUAL AND REPRODUCTIVE HEALTH

- Anatomical and physiological aspects
- Sexually transmitted infections and HIV and their prevention
- Family planning (contraception and protection against unplanned and unwanted pregnancy)
- Safe motherhood (pregnancy, birth and nursing of the child)

2.GENDER

- Gender roles and characteristics
- Stereotypes and inequality
- Consequences of gender inequality
- Perceptions of masculinity and femininity in the family, community and society
- Dynamic and changeable gender values and norms
- Parenthood

3.CIVIC ASPECTS

- Sexual rights and their accomplishment
- Private and public aspects of sexuality
- Self-awareness of decisions made
- Legal aspects: international and national legislation
- Legal protection mechanisms
- Information, health care and support services
- Participation in developing and adopting policies and programs
- Life with HIV

4.PLEASURE

- Emotions
- Love
- Understanding sexual relation as pleasure, without coercion and violence

- First sexual experience
- Masturbation

5.VIOLENCE
- Types and manifestation of violence and its consequences
- Traditional norms and myths
- Prevention and recognition of sexual harassment and abuse
- Protection and support services

6.RELATIONSHIPS AND RELATIONS
- Communication skills and conflict resolution skills
- Various relations (family, marriage, romantic relations, friendship, sexual relations)
- Decision making (possible impact of peer pressure, media, alcohol and narcotics)
- Intimacy (including non-sexual forms of expression)
- Recognising violent and involuntary relations
- Power and its manifestations
- Parenthood (motherhood and fatherhood)

7.DIVERSITY
- Understanding diverse individual and collective value systems
- Positive values related to sexual identity
- Recognising discrimination and homophobia and their impact on health development
- Negative effects of discrimination and how to deal with it

7.

MAIN GUIDELINES FOR CURRICULUM DESIGN FOR SUCCESSFUL COMPREHENSIVE SEXUALITY EDUCATION

When designing the curriculum for comprehensive sexuality education it is important to take into account the guidelines provided below and to comply with the basic didactic principles in the implementation of the program contents in the education process. These guidelines are in accordance with the principles of the National Education Development Program of the Republic of Macedonia 2005-2015, and the Nine Year Education Concept from 2007.

PROVISION OF INFORMATION

- Provide clear, specific, up-to-date and relevant information for all given areas (Section 5)
- Provide information on issues young people would like to know
- Provide information about, and clear links to, existing sexual and reproductive health services
- Inform about the consequences of ignorance, prejudice, homophobia and discrimination

SKILL DEVELOPMENT – SEXUALITY EDUCATION WILL ENSURE THAT STUDENTS ACQUIRE:

- Practical, communication and social skills
- Skills to make independent decisions, as well as skill to cope with peer pressure and avoid risky behaviour
- Ensure development of skills for protection of sexual and reproductive health
- Skills for non-violent conflict resolution

DEVELOPING ATTITUDES AND VALUES – SEXUALITY EDUCATION WILL ENSURE THAT STUDENTS

- Develop and nurture positive attitude towards sexuality
- Enable the understanding of the values of different ethnic, social, cultural and religious systems
- Enable the recognizing and respecting of sexual diversity

- Ensure gender sensitive and gender transformative values and attitudes
- Enabling the recognizing of the right of choice and the rights of others
- Building awareness that all rights carry responsibilities and that each decision has its consequences
- Develop awareness that prejudices, homophobia, discrimination and violence are harmful and unacceptable
- Develop critical awareness about value systems represented in the media and among peers
- Building an awareness that sexual intimacy involves strong emotions and because of that, it is necessary to respect the attitudes, feelings and the body of the other

8.

MAIN PRINCIPLES FOR IMPLEMENTATION OF COMPREHENSIVE SEXUALITY EDUCATION

- To start before young people enter into puberty
- To be in accordance with the needs and developing capacities and abilities of young people
- To be continuous, because SE is a life-long process
- To correspond with the reality in which young people live
- To provide adequate information for all students, including those that come from different cultural and religious systems, those with diverse sexualities, those who are marginalized and those with physical, psychological and emotional disabilities
- To have clear objectives and boundaries taking into account protection of children
- To involve young people in the curriculum development process
- To promote civic activism in young people
- To include civic organisations in the development and implementation of the program
- To involve various experts from the fields of natural, social sciences and humanities
- To involve parents and teachers in the curriculum development process
- To comply with the right to privacy and confidentiality
- To ensure systemic implementation in the curricula for primary and secondary education, including extra-curricular activities
- To ensure training for the teaching staff and provide adequate teaching manuals for carrying out the education
- To have a monitoring and evaluation system – including the involvement of young people - for the implementation, monitoring of results and necessary improvements
- To ensure that there are school policies in place to protect staff delivering the programmes so that they feel confident to address issues openly and honestly
- To ensure that outside speakers are familiar with the school's programme and policies and that they agree to work within this context

RECOMMENDATIONS

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The Ministry of Education and Science, the Ministry of Labour and Social Policy,and the Ministry of Health, on the basis of this document and the existing national policies stated in this document, to prepare information on the need for introduction of sexuality education and to present it to the Government of the Republic of Macedonia.

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The Bureau for Development of Education, in accordance with the guidelines for the introduction of sexuality education, to establish a working group to develop the curriculum.