

Young People's Sexual and Reproductive Health and Rights in Central and Eastern European, Balkan, and Western European Countries.

Sexual education provides young people with the invaluable ability to protect themselves, to make informed decisions about their health, and to exercise their sexual and reproductive rights. In the twenty seven countries of Central and Eastern Europe (CEE), comprehensive and compulsive sexual education and youth friendly sexual health services are largely unavailable. This has led to a severe lack of sexual health knowledge, including information on HIV/AIDS; lower rates of contraceptive use; and increasing teen pregnancy and abortion rates. Many countries in Western Europe, such as the Netherlands and Sweden, have more open attitudes about sexuality. They treat sexual health as both a health issue and a human rights issue instead of as a moral or ideological one. Sexual education is comprehensive and mandatory, and youth friendly services are widely available. This has led to a greater ability among young people to exercise their SRHR, significantly higher contraceptive use, and drastically lower rates of teen pregnancy and abortion, all of which are goals for countries in the CEE region.

ASTRA Youth, a network of Youth sexual and reproductive health and rights (SRHR) advocates in the CEE and Balkan regions, addresses the status of youth SRHR in Youth's Voice. Youth's Voice is a research report detailing young people's knowledge of and attitudes towards SRHR in their home countries. Participating countries include Armenia, Bulgaria, Croatia, Cyprus, Georgia, Lithuania, Macedonia, Poland, Serbia and Montenegro, and Slovakia. ASTRA Youth collected its data by administering quantitative surveys with closed-ended questions translated into the participants' native language. The survey asked respondents about their knowledge on sexual and reproductive health, attitudes regarding sexual and reproductive health, and the role of parents, church, and school in sexual education. Each country then submitted a report analyzing the surveys, providing further information on SRHR, and recommending changes to improve the SRHR of the country's youth.

The countries overwhelmingly reported a severe lack of sexual education. Sexual education is not compulsive or comprehensive. When participants were asked if their school has sexual education lessons, only 24.2% of all participants answered "Yes". An astounding 71.2% answered "No" and 4.6% claimed that they "Do not know". This statistic worsens when we examined some of the countries individually. In Armenia, only 11.8% of respondents claim that there is sexual education in their school while 88.2% claim there isn't. Moreover, only 8% of respondents from Macedonia report that there is sexual education in their school while 86% say there isn't and 6% do not know (Chrusciel, 63).

However, young people want to be knowledgeable; they want sexual education. When respondents were asked if they thought that school should have an active role in sexual education, 76.9% said "Yes", 16.5% answered "No", and 6.8% "Do not know". Macedonia, the country with the fewest number of respondents who reported having sexual education in their schools, has the highest percentage (96.5%) of young people who think that schools should play an active role in sexual education (Chrusciel, 65). In general, 54.7% of participants believe that sexual education should begin in primary school, 36.3% in high school, and 9% in preschool (Chrusciel, 66). What do young people want to learn? 43.1% of girls are eager to learn about STIs, genital cancer, and breast cancer. 37.5% would like more information on contraception and 36.1% would like to learn more about sexual abuse. Boys are most interested in learning about STIs (38.5%). They also seek more knowledge about genital cancer (32.7%), contraception (30.2%), and infertility (29.8%) (Chrusciel, 69). Countries in the CEE and Balkan regions are not providing young people with the information they want and believe they should have.

To supplement these statistics, each country submitted a report detailing its sexual education. None of the countries reported that there were comprehensive and compulsive sexual education programs in schools. Croatia's report discusses how sexual education is incorporated into the first six grades in the nature curriculum and in the biology curriculum for eighth graders. In practice, however, students usually only receive three lessons. Moreover, sexual education is very much influenced by the Catholic Church. It teaches that sex should only occur during marriage and that abortion is murder, but fails to teach about contraception, STIs, access to abortion, and sexual orientation. Moreover, the Catholic Church spoke out against MEMOAIDS, a program that SRHR NGOs implemented to address the lack of sexual education in schools and teach adolescents about safer sex. The Catholic Church's condemnation influenced the success of MEMOAIDS, causing the number of schools interested in teacher training through this program from 80% to 50%. The sexual education that the Catholic Church prefers is Teen Star. Not only does this program not provide comprehensive education, but it is sexist and homophobic. Most importantly, Teen Star receives government support through the Ministry of Science, Education, and Sport (MSES) (Chrusciel, 24).

The Catholic Church in Poland has also strongly influenced sexual education. The program in Poland is called Preparation for Family Life. According to Preparation for Family Life, sex should only occur in marriage as a means of procreation. The program addresses both natural and modern methods of contraception, but shows an overwhelming bias towards natural contraception. Modern methods are portrayed as harmful, and using modern methods such as condoms or hormonal pills is a "denial of true love." Furthermore, the program claims abortion and homosexuality to be sinful and masturbation to be abnormal and harmful. The program fills young people with misinformation, and does not enable them to make responsible and informed decisions regarding their health (Chrusciel, 44-5).

Despite these conservative programs, some governments are making progress. Bulgaria, Cyprus, and Serbia and Montenegro are launching pilot sexual education programs to test their effectiveness. If these programs are successful, the governments may implement them in all schools in the future (Chrusciel; 20, 28, 50). In Croatia, NGOs and the media have pressured the MSES to develop a commission to evaluate sexual education programs. The commission recognized that change was necessary, but has yet to propose a new health education program which will include sexuality education (Chrusciel, 24). In most countries, NGOs provide some sort of sexual education services in schools, and sometimes this education is even supported by or in collaboration with the government. Although this demonstrates progress, it isn't enough. Sexual education needs to reach everyone.

In addition to not being able to depend on comprehensive sexual education from school, many young people in the CEE and Balkan countries do not have youth friendly sexual health services available to them. Cost and lack of government support are significant barriers to young people (Chrusciel, 32). The Georgian government does not support family planning services and has no specialized services for young people. Poland's health insurance does not cover most oral contraceptives, especially those with lower hormonal dosages which are more appropriate for young people (Chrusciel45-6). With the exception of sterilization in Cyprus, Cyprian, Bulgarian, and Lithuanian health insurance does not cover contraception. In Macedonia and Poland, condoms are especially expensive for young people and the government does not provide any form of subsidization (Chrusciel; 37, 46).

Confidentiality and privacy also prevent young people from accessing sexual health services. Croatia, Macedonia, Poland, Serbia and Montenegro, and Bulgaria require that a girl under a certain age obtain parental consent in order to undergo an abortion (Chrusciel; 21, 25, 42, 46, 50). Young women in Poland have difficulty obtaining hormonal contraception because doctors are often unwilling to write prescriptions for them due to their age (Chrusciel, 46). This attitude towards contraception has created shame and embarrassment among women in Poland. 36% of Polish respondents reported feeling ashamed to ask a pharmacist for contraception in a 2002 study entitled *Contraception: Accessibility and Obstacles in the Usage of Contraceptives* (Polska).

Due to various governments' lack of involvement in youth friendly services, many NGOs have developed programs and sexual health services targeted towards youth. The Family Planning Association (FPA) in Cyprus offers contraceptive services, gynecological consultations, family planning and sexuality services as well as a free hotline for young people. This hotline provides guidance on SRHR issues (Chrusciel, 29). Peer Net Bulgaria, which is funded by UNFPA, was established in 2000 to provide peer education on SRHR issues. The peer educators work with doctors, psychologists, teachers, and school counselors, etc. (Chrusciel, 21). Serbia and Montenegro has the Youth Yugoslav Association Against AIDS (JAZAS) which works in schools as well as with the media and government on youth issues (Chrusciel, 50). Although these NGOs, among others, provide very valuable services, they cannot reach everyone. The government needs to take a significant role in youth services and sexual education.

Of utmost importance to sexual education, youth friendly services, and SRHR is the HIV/AIDS crisis. HIV/AIDS in the CEE and Balkan regions is becoming an increasingly significant problem. While HIV/AIDS rates are relatively low, the number of new cases increases each year. Poland and Serbia and Montenegro report that their HIV/AIDS awareness and prevention programs need significant improvement. Serbia and Montenegro has had HIV/AIDS programs for the past seven years, but 25% of 9-18 year olds still report that they have no real information (Chrusciel; 47, 51). Croatia's program, Scaling Up National HIV/AIDS Response, aims to promote responsible sexual activity among young people, decrease HIV/AIDS among high risk groups, and better the HIV/AIDS surveillance system (Chrusciel, 26). While this is an improvement over Poland and Serbia and Montenegro, governments need to do more to give young people the tools to protect themselves.

The governments of Sweden and the Netherlands do just that. In both the Netherlands and Sweden, sexual education is mandatory. In the Netherlands, more than half of primary schools and

almost all secondary schools provide sexual education. Although neither country has a set national curriculum, each country provides specific guidelines and goals for individual schools to achieve (Blankenstein; Dutch Ministry of Culture, Education, and Science; 70; Danielsson; 23-4). Schools then choose how to meet those goals. In practice, sexual education is very comprehensive and extends above and beyond the recommended guidelines. Sex education in the Netherlands focuses on biology and contraception, STIs, sexuality, attitudes, communication, and negotiation skills (Alford). Sweden has very similar foci as well (Danielsson, 23). In both countries, teachers use a more interactive approach when teaching sexual education. Instead of simply lecturing, they provide a forum for dialogue between teacher and student and among students themselves. Moreover, many Swedish schools choose to host visitors from NGOs such as the Swedish Association for Sexuality and Family Planning (RFSU) or individual classes visit local youth clinics themselves (Danielsson, 24). Because sexual education in these countries is so comprehensive, a majority of 16-25 year old Swedes report that they get the best information on sexuality, contraceptives, and STIs from schools (Danielsson, 27).

Moreover, Sweden and the Netherlands provide youth friendly sexual health services. Sweden's services are particularly impressive. There are publicly funded youth clinics staffed by doctors and midwives located in local communities. NGO clinics such as RFSU are also available. Nearly all youth clinics offer information and counseling on sexuality, relationships, safer sex, and contraception. Since contraception, maternal and child healthcare, and STI prevention, testing, and treatment are free for anyone, cost is not a barrier to young people accessing sexual health services. The youth clinics guarantee that they will maintain confidentiality, even if someone under the consensual age for intercourse is seeking contraception. Not only are youth clinics geographically accessible, but they also have hours that fit young people's schedules. They are opened during the afternoons and evenings as well as during school holidays (Danielsson, 31-5). Moreover, if a youth clinic is unavailable, public hospitals offer the same services (Danielsson, 30).

Compulsive and comprehensive sexual education along with widely accessible youth friendly services have given Swedish and Dutch young people the knowledge and ability to make informed decisions regarding their rights and health. Statistics show that young people use this knowledge. 85% of Dutch young people use some form of modern contraception upon their first experience with sexual intercourse (Alford). In Poland, 22.3% of participants didn't use contraception and an additional 22.3% used the withdrawal method, meaning that almost half of respondents did not use a reliable form of modern contraception during their first sexual intercourse (Chrusciel, 46). Only about one third of teens in Serbia and Montenegro and one half of 16-24 year olds in Lithuania use some form of contraception (Chrusciel; 50, 37, . In Georgia, 74% of women of reproductive age have never used contraception (Chrusciel, 33).

Because Dutch and Swedish teens are more likely to use contraception, they also have lower pregnancy, birth, and abortion rates. The pregnancy rate for 15-19 year old Dutch girls is 14.1 per 1,000 (Alford). For Swedish girls, this statistic is about 25 pregnancies per 1,000 girls (Danielsson, 8). In Georgia, pregnancy in girls under the age of 20 has drastically increased over the past 30 years from 28.4% to 47.8% (Chrusciel, 34). For 15-19 year olds in the Netherlands, the birth rate is 5.5 per 1,000, and in Sweden, this figure is around 6 births per 1,000 girls (Alford; Danielson, 8). In Lithuania and Armenia, the figures are 22 and 50 births per 1,000 girls, respectively (Chrusciel; 37, 16). Georgia has very daunting abortion statistics. Since so many people do not use contraception, abortion is the main method of fertility control. The total induced abortion rate is 3.7 abortions per woman (Chrusciel, 32-3) . Sweden and the Netherlands fare significantly better in this category. The abortion rate for girls between the ages of 15 and 19 in Sweden is just under 20 abortions per 1,000 girls (Chrusciel, 8). In the Netherlands, this number is even lower with 8.6 abortions per 1,000 girls (Alford).

In addition to asking participants about their sexual practices, the survey also asked young people about their SRHR knowledge. The results highlight how important sexual education is. 52% of Polish participants and 73.6% of participants from Lithuania do not recognize that Chlamydia is a sexually transmitted infection (Chrusciel, 56). In Macedonia, 39% of boys thought that two condoms would make sex safer (Chrusciel, 40). 43.4% of Lithuanian participants think that contraceptive pills protect against both the transmission of STIs and pregnancy while 62% of Slovakian respondents think the same about the diaphragm (Chrusciel, 56). 61.2% of Georgian respondents and 38.8% of all participants do not know that it is possible for a woman to become pregnant during menstruation (Chrusciel, 56). Furthermore, 36.1% of boys and 47.8% of girls think that fertilization of the ovum takes place in the fallopian tubes (Chrusciel, 54). The youth of CEE and Balkan countries lacks serious knowledge that affects their health and well-being.

To address this lack of knowledge and education and to empower young people to exercise their SRHR, NGOs from CEE and Balkan countries have offered recommendations to governments,

societies, NGOs, families, individuals, and the media to improve the situation for young people. The recommendations vary from country to country although all countries agree that the government needs to step in and create a nationwide comprehensive and compulsive sexual education program. Most countries also suggest publicly funded and widely accessible youth friendly sexual and reproductive health services. Many countries would also like to eliminate discrimination on the basis of age, gender, and sexual orientation. Macedonian NGOs would like to develop educational campaigns about HIV/AIDS, drugs, and contraception in addition to implementing a condom awareness program (Chrusciel, 43). Polish NGOs would like its youth to be more politically active (Chrusciel, 48). Georgian NGOs would like to accurately collect and publish data on violations of women's reproductive rights each year (Chrusciel, 35). Bulgarian NGOs aim to enlarge their already existing Peer Network (Chrusciel, 22).

NGOs believe that these recommendations, among many others, will significantly improve the state of young people's sexual and reproductive health and rights in CEE and Balkan countries. Young people deserve to be armed with information that will allow them to make educated decisions about their health and rights. They also need youth friendly services that will better enable them to use their knowledge to its fullest capacity. The combination of comprehensive and compulsive sexual education as well as more youth friendly services will increase contraceptive use, ultimately resulting in lower pregnancy, birth, and abortion rates, as is the case in the Netherlands and Sweden. Governments need to start recognizing that young people are going to have sex, and instead of teaching abstinence, they need to teach safer sex so that young people can prevent themselves from contracting STIs, including HIV/AIDS. It's time for governments to start recognizing young people rights, and giving young people the appropriate tools necessary for exercising those rights.

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