Comprehensive Sexuality Education material available in Cyprus, Norway and Europe.

EEA Project: 'I'M SET!' – Implementing Mandatory Sexuality Education for Teens in Cyprus

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Notes

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Sexuality is a central part of being human. If we accept this premise put forth by the World Health Organization (WHO, 2010), the further rationale for the necessity of Comprehensive Sexuality Education (CSE) makes entire sense – that is, informal sexuality education is inadequate for modern society, young people are exposed to information from a variety of incorrect sources and there is a need to promote sexual health. Children and young people need to know about sexuality in terms of both risk and enrichment, in order to develop a positive and responsible attitude towards it. In this way, they will be enabled to behave responsibly not only towards themselves, but also towards others in the societies they live in (WHO, 2010).

By accepting human sexuality as an integral aspect of being human, and essential for achieving health, we can formulate effective prevention and health promotion programs, such as Comprehensive Sexuality Education (CSE). According to the International Planned Parenthood Federation (IPPF, 2006) Comprehensive Sexuality Education is "…a human rights based approach aiming at equipping young people with the knowledge, skills, attitudes, and values required to make informed decisions and enjoy their sexuality physically, emotionally, individually, and in their relationships. It approaches sexuality holistically and within the frame of emotional and social development". Formalized sexuality education, especially in school, is well placed to reach a majority of children and young people. In order for CSE to be successful information is needed on: gender, sexual and reproductive health and HIV, sexual and reproductive rights and sexual identity, enjoyment, pleasure, violence, diversity, relationships.

CSE must correspond both to the needs and the level of maturity of the target group and enable young people to:

- Develop life skills such as critical thinking, communication, dialogue, self-development, and decision making skills.
- Cultivate positive attitudes and values, such as respect for themselves and others, self-esteem, and acceptance of diversity.
- Have access to valid information on Sexual and Reproductive Health and Rights (SRHR).

CSE is a young people's right safeguarded by International Treaties and Conventions including the Convention on the Elimination of All Forms of Discrimination Against Women – CEDAW), the Convention on the Rights of the Child – CRC, the Covenant on Economic, Social and Cultural Rights – CESCR and the ICPD Programme of Action (IPPF EN, 2006).

CSE is important because it equips young people with skills that enable them to make informed choices and contributes to eliminating myths and stereotypes about sexuality. It is also necessary both for the prevention of sexism and discrimination against women, Lesbians, Gay, Bisexuals and Transsexuals (LGBT) or HIV positive people and the prevention of attitudes that lead to gender-based violence, sexual violence, and abuse.

Young people in Cyprus, Europe, and the World face several forms of gender discrimination including gender-based violence, fulfilment of traditional gender roles, limitations in family planning choices and discrimination due to sexual orientation (YouAct, 2008). Sexually Transmitted Infections (STIs) continue to be a serious threat against public health among young people all over Europe and especially for the age group 15 - 24 (Dehne & Reidner, 2005). STIs including HIV/AIDS affect young people disproportionally, causing additional long-term or permanent complications such as sterility and various forms of cancer while increasing the economic, physical, and psychological burden on both people and the health systems (YouAct, 2008).

CSE opens a necessary channel of dialogue on sexuality issues since it seems that young people who have open communication with their parents or a caring adult – such as an educational counsellor – are better prepared to communicate honestly and openly about their sexuality, emotions, and fears and are less likely to engage in risky behaviours (IPPF EN, 2006). CSE can help young people acquire knowledge, skills, and life attitudes that will enable them to make informed choices now and in the future, enhance their independence and self-esteem and experience their sexuality and relationships positively and with pleasure.

A data survey (Kirby, Laris &Rolleri, 2005) on sexuality education programs has shown that there are significant international data suggesting that CSE in schools is effective in reducing risky sexual behaviours and contrary to concerns expressed by some, CSE in schools does not lead to the increase of sexual activity or early engagement in sexual

activity and is not relevant to the increase of unsafe behaviour (Kirby, 2000). On the contrary, the data indicate that the implementation of CSE programs have led to either delaying engaging in sexual activity or reducing the number of sex partners among young people. In addition, it was shown that CSE improves significantly the level of knowledge on the risks and values/attitudes of sexuality and improves the effectiveness with which a person negotiates sex, preventive methods, and contraception (Kirby, 2001). In addition, CSE is linked to improved communication between partners but also between children and parents. In conclusion, data indicate that CSE leads to more healthy behaviours (IPPF EN, 2006).

Educational policies impact directly young people's access to information necessary for making informed choices and to means that enable them to implement those choices. Such policy is crucial in safeguarding young people's fundamental rights that include:

- The right to comprehensive information, education, and sexual and reproductive health services.
- The right to participate as active citizens and express their views.
- The right to make their own choices free from exploitation, coercion, and physical or emotional abuse.

These rights are provided for in international agreements and conventions including the WHO World and European Regional Strategy on Sexual and Reproductive Health[1]. In addition, the human rights based approach of safeguarding young people's SRHR is reflected in the Council of Europe Parliamentary Assembly Resolution 1399(2004) [1] for a European Strategy for the promotion of SRHR (CoE, 2004) and the European Parliament Resolution on Sexual and Reproductive Health and Rights (2001/2128 (INI) that was adopted after a report by MEP Anne Van Lanker on Sexual and Reproductive Health and Rights (June 2002) A50223/2002 (European Parliament, 2002).

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1 Other international agreements call for the prevention of unwanted pregnancy and the establishment of reproductive health and family planning services that respond to women's needs: Fourth World Conference on Women's Action Platform of the United Nations Organization 83 (1), 93, 99, 106 (c, e, I, k, g), 122; IPPF Action Programme 7.14(β), 7.38, 7.41, 7.44(1), 8.12, 8.25, World Summit on Social Development, Declaration 2(b), 5(d), Programme 7, 36(b, h), 37(d), 39(e), 70, 73 (c), (b);Convention on the Elimination of all Forms of Discrimination against Women 12, 14.2(b)

The inclusion of CSE in the Curriculum of Schools is a decision of strategic importance for the implementation of young people's right to information. The recent Educational Reform in Cyprus (Ministry of Education, 2010) has brought about several changes in the Mandatory Education Curriculum on all educational levels and in particular several sexuality topics are now covered by the Health Education subject, when they were not covered before. In Primary Education (ages 6-11) concepts and topics of Sexual and Reproductive Health are included in Health Education in the chapter *Creating and Improving the Social Self*. In the Secondary Education SRH topics are interdisciplinary and covered in Biology and Health Education. Health Education attendance is mandatory for all students except for the last two years of high school. Students in the 5th and 6th form of high school (ages 16/17) may take as optional the Family Education subject taught in the framework of Home Economics. Alone however, the inclusion of the CSE in the mandatory school curriculum of a country is not enough. Adequate and up-to-date teaching materials, as well as teacher training, are necessary, along with adequate legislation and political support from key stakeholders.

Review of CSE Teaching Materials in Cyprus, Norway and other European Countries

Initially, the authors freely brainstormed around potential topics that might be included in the literature review, and it was agreed that the following topics should be included in the review.

1. Material on sexual bullying
2. Material on opposition, in particular, the abstinence promotion movement and why it doesn't work
3. Material on Eating disorders/body image disorders
4. Material on Gender Equality
5. Material on Gender Based Violence
6. Material on Law and Ethics
7. Material on Sex and Mass Media
8. Material on Access to Information
9. Material on Teacher's competence, training needs / school administration support
10. Material on Teacher's views and attitudes/ public opinion

11. Material on Sexual harassment and sexual abuse

12. Material on Sexual orientation

13. Material on Emotional management

These topics would be included if material around these topics indeed existed. Therefore, comprehensive searches of scientific databases, including Googlescholar, and EBSCO Discovery Service using key words 'sexuality education teaching material' and variations of such (for example, adding specific search terms such as 'Norway', 'Cyprus', 'Europe', 'school based' 'adolescent' 'comprehensive') were conducted, yielding massive results (152,027 articles). After narrowing down the period of our literature review (1994 - 2014), results narrowed to 24,738 articles, requiring that we narrow our search even more by using terms to denote the age group we are working with (12 to 15 yrs, or junior high) so that we could disqualify all irrelevant articles, etc. In the end, we were able to include the following topics as relevant, recent, scientific material for each of the topics was found, the number of which is marked in parenthesis. Only peer reviewed articles in the English language, published in international scientific journals, not older than 20 years, were included.

1. Teacher Preparation (4)

2. Health Education Curriculum Cyprus (3)

3. Resources and Teaching Materials (2)

4. Mainstreaming diversity (2)

5. Norway Sexuality Education Curriculum and Material (3)

6. European Approaches (11)

7. World Health Organization (WHO) material on CSE (3)

8. Sexual Citizenship including Sexual Rights (2)

9. UN position and resources (3)

10. Puberty (2)

11. Impact of Sexuality education on specific outcomes (2)

12. Gender (9)

13. Media & Culture (3)

14. Pleasure & Desire (5)

15. Opposition (7)

16. Barriers to CSE (3)

17. IPPF & Partners (7)

Thus, a total of 71 articles were reviewed by the authors, separated amongst the author team based upon each member's particular expertise.

Children's rights and sexual citizenship

Sexual and reproductive rights are an integral component of children's rights originates directly from a number of articles included in the UN Convention on the Rights of the Child (UNCRC, 1989). Paul Hunt (2004)[2], the UN Special Rapporteur on the right to health, wrote that he had no doubt that the correct understanding of fundamental human rights principles, as well as existing human rights norms, leads ineluctably to the recognition of sexual rights as human rights. Sexual rights include the right of all persons to express their sexual orientation, with due regard for the well-being and rights of others, without fear of persecution, denial of liberty or social interference. Diversity is a fundamental characteristic of sexuality (UNESCO, 2009b).

The United Nations Convention on the Rights of the Child (CRC) have most actively asserted positions on legal standards in support of non-discrimination and equal protection for diverse sexual identities and non-traditional sexualities. The CRC recognizes children as holders of many essential rights but ensuring the rights of children requires a review of the national legislative and institutional frameworks and launch participatory processes likely to involve all stakeholders and especially children and mobilize all resources available.

In general, the contents of sexual rights, the right to sexual health and the right to reproductive health are obviously and directly related to several articles of the CRC. The CRC provides that all children have the right to life and development (article 6), access to information aimed at the promotion of their mental and physical health (article 13 and 17), and that states have the obligation to develop preventive health care, guidance for parents and family planning education and services (article 24). It also provides that children have the right to education that will help them develop their personality, talents and mental and physical abilities (article 29). The articles mentioned above should be implemented under the governance of the general principles of CRC, non-discrimination

(article 2), child's best interest (article 3), life and development (article 6) and children's participation (article 12) which further support and encompass the sexual and reproductive rights. This statement can be further understood through the analysis given in several general comments published by the UN Committee on the Rights of the Child (Committee).

The particular threat to children's right to life and development posed by HIV/AIDS is addressed in the Committee's General Comment No. 3 (UNCRC, 2003) on "HIV/AIDS and the rights of the child": *"Children have the right not to have their lives arbitrarily taken, as well as to benefit from economic and social policies that will allow them to survive into adulthood and develop in the broadest sense of the word. State obligation to realize the right to life, survival and development also highlights the need to give careful attention to sexuality as well as to the behaviors and lifestyles of children, even if they do not conform with what society determines to be acceptable under prevailing cultural norms for a particular age group. In this regard, the female child is often subject to harmful traditional practices, such as early and/or forced marriage, which violate her rights and make her more vulnerable to HIV infection, including because such practices often interrupt access to education and information. Effective prevention programmes are only those that acknowledge the realities of the lives of adolescents, while addressing sexuality by ensuring equal access to appropriate information, life skills, and to preventive measures."* According to Kirby (1995) effective educational programmes concerning sexuality education promote clear reinforcement of individual values and group norms appropriate to the age and experience of the pupils and provide opportunities to practice communication and negotiation skills to increase confidence. As in all areas of education, sexual education must be adapted to different age groups and cultures and in addition, teaching strategies must be differentiated and flexible to meet the differing needs of female and male students (Munoz, 2010).

In General Comment No. 4 (UNCRC, 2003) on "Adolescent health and development in the context of the Convention on the Rights of the Child", the Committee on the Rights of the Child proposes: *"In light of articles 3, 17 and 24 of the Convention, States Parties should provide adolescents with access to sexual and reproductive information, including on family planning and contraceptives, the dangers of early pregnancy, the prevention of HIV/AIDS and the prevention and treatment of sexually transmitted*

diseases (STDs). In addition, States Parties should ensure that they have access to appropriate information, regardless of their marital status and whether their parents or guardians consent. It is essential to find proper means and methods of providing information that is adequate and sensitive to the particularities and specific rights of adolescent girls and boys". According to Kirby (1995) effective educational programmes *include a* variety of interactive teaching methods designed to encourage the participants to personalize the information.

In General Comment No. 7 (UNCRC, 2005) on "Implementing child rights in early childhood", the Committee notes: *"States Parties must ensure that the institutions, services and facilities responsible for early childhood conform to quality standards, particularly in the areas of health and safety, and that staff possess the appropriate psychosocial qualities and are suitable, sufficiently numerous and well trained. Provision of services appropriate to the circumstances, age and individuality of young children requires that all staff be trained to work with this age group…". It is essential that they have sound, up-to date theoretical and practical understanding about children's rights and development...; that they adopt appropriate child-centered care practices, curricula and pedagogies; and that they have access to specialist professional resources and support, including a supervisory and monitoring system for public and private programmes, institutions and services."* According to Kirby (1995) effective educational programmes provide effective training for individuals implementing the programme.

Furthermore, the Committee in General Comment No 7 reminds States Parties (and others concerned) that *"the right to survival and development can only be implemented in a holistic manner, through the enforcement of all the other provisions of the Convention, including rights to health, adequate nutrition, social security, an adequate standard of living, a healthy and safe environment, education and play (arts. 24 27, 28, 29 and 31), as well as through respect for the responsibilities of parents and the provision of assistance and quality services (arts. 5 and 18). From an early age, children should themselves be included in activities promoting good nutrition and a healthy and disease-preventing lifestyle."*

Sexual and reproductive rights are clearly encompassed within the children's rights mentioned above, but have also a strong connection with other provisions of the CRC that are interrelated and complementary. It is evident that narrow health interventions

alone are inadequate to achieve meaningful and sustainable progress in the areas of sexual and reproductive health. Interests related to sexual and reproductive health can therefore be protected, not only on the basis of the right to health, but through several specific human rights. This asserts that a human rights-based approach views health holistically and not in terms of isolated pathologies.

As the Special Rapporteur on the right to health has recognized while health is critical to sexual rights, not all sexual rights fall within health rights (Miller 2009). Human rights can ensure that, when men or women or trans persons are hurt, abused, exploited, or suffer discrimination, they have equal and equitable remedies available to them and viable options for a range of ways to live. Rights cannot protect us, however, from jealousy, broken hearts or failed marriages. This comment support the case for advancing sexual rights through a new approach: to focus on the right to participate and the notion of 'sexual citizenship' as ways to promote sexual rights and, more broadly, a politics of global and sexual justice. In conclusion, any effort to clarify and deepen conceptual understanding of sexual rights as human rights is a deeply political project. It is political both because of the importance and sensitivity of sexuality and sexual issues, and because this work will help to refashion the relationship between individuals and the state.

Therefore, the use of the term 'sexuality education' should refer to a comprehensive, rights-based approach, which seeks to equip young people not only with the essential knowledge, but also with the skills, attitudes and values they need in order to determine and enjoy their sexuality, both physically and emotionally, and individually as well as in relationships (Loeber et al, 2010). Goldman (2006), states that the term 'sexuality' education properly denotes the broad biological, psychological and social sense of human sexuality. Thus, the term 'sexual citizenship' usefully reminds us that public life is an important domain of rights, including sexual rights. This is an understanding that members of society need to contribute to the meanings their society gives to sexual activity. It is through participation in making meaning, including through rights of expression, association, and assembly, that "citizens", including marginalized people and members of minorities, can influence and enrich law and policy. Stressing the ability and right of all persons and especially children, regardless of sexuality, to participate in creating the legal, political and cultural context that determines the meaning of their

sexual activity would assist in developing a conceptual framework that could re-formulate the state's interest in keeping sexuality private.

International human rights law famously allows restrictions of expression, association and assembly in certain circumstances, including on grounds of public morality, to protect the rights of others. A similar set of justifications permit states to limit privacy rights, taking account of necessity, proportionality and protection of the rights of others, as well as public morality. Accordingly, an expanded notion of sexual citizenship might help us to re-calibrate the 'rules of civility', as Robert Post terms them, which mediate the boundaries between public and private, and which locally, on grounds of morality, have been so stubborn an obstruction to the diversity of sexual expression.

Sexual citizenship according to Illes (2011) can make three important contributions to the advancement of sexuality education; first, the model can lead to greater acceptance of the idea of sexuality education by challenging conservative notions about children and sexuality, which are at the root of the classic objections to sexuality education; second, it can help shape the content of sexuality education by eliciting parallels between civic participation and sexuality education and finally, by emphasizing how sexuality education can address some of the social phenomena underlying the spread of STIs, the model can be used to facilitate the incorporation of sexuality education into public health agendas. From a citizenship perspective, education must not only prepare pupils for a future profession, but also for participation in the community (citizenship) and must contribute to personal development (Ten Dam & Volman, 2007).

As derived from the above "sexuality education" and "sexual citizenship" are primarily a matter of policy - social and educational policy. Sexuality education has been both a consideration and a concern since the appearance of adolescence on the social science and policy stage and its form and content dictated by the moral, ideological, and theoretical trends of the day (Bay-Cheng, 2003). Considering that school is still the primary source of sexual health information and young people have their first sexual experiences while they are still attending school, the setting is even more important as an opportunity to provide education about sexual and reproductive health (UNESCO, 2009). Since the Republic of Cyprus provides information to adolescents mostly through the educational system which under the national law provides free public education to children up to age 18, it is crucial to design and implement an effective and

comprehensive intervention. Considering that the central aim of education ought to be, according to liberal theorists, the development of the child's autonomy and critical thinking, acquiring the skills and disposition to make well-informed choices about how to govern one's life is essential for living well within a liberal state, and it would seem that this is exactly the value that ought to guide a sexuality education curriculum (McAvoy, 2013).

Illes (2011) wonders how is it possible for a child to be a sexual citizen, given that most western states do not think of children as citizens, but rather as potential citizens. Indeed, In General Comment No. 12 (UNCRC, 2009) "The right of the child to be heard" the Committee notes: "*Article 12 of the Convention establishes the right of every child to freely express her or his views, in all matters affecting her or him, and the subsequent right for those views to be given due weight, according to the child's age and maturity. This right imposes a clear legal obligation on States parties to recognize this right and ensure its implementation by listening to the views of the child and according them due weight.(para 15) (...)States parties must ensure conditions for expressing views that account for the child's individual and social situation and an environment in which the child feels (para 23) (...) The realization of the right of the child to express her or his views requires that the child be informed about the matters, options and possible decisions to be taken and their consequences by those who are responsible for hearing the child, and by the child's parents or guardian (para 25).*

Promoting greater acceptance of sexuality education, by defining sexuality as a form of civic engagement, sexual citizenship can help remold the content of sexuality education to reflect a key aspect of citizenship: participation (Illes, 2011). The sexual citizenship model recognizes that sexuality education is a form of participation that is only effective when it aims to cultivate the sexual autonomy of children (Illes, 2011). Comprehensive, timely and evidence-based programmes of puberty/sexuality education promote participative and productive citizenship values (Goldman, 2012). In sum, sexual citizenship is helpful in re-thinking and re-affirming that the aim of sexuality education is to cultivate awareness and self-sufficiency in young people, so that they can be free to explore their sexuality without engaging in high-risk sexual behavior (Illes, 2011). The UNCRC (1989) provides that all children and young people have the right to access information aimed at the promotion of their mental and physical health (article 13 and

17), and that states have the obligation to develop preventive health care, guidance for parents and family planning education and services (article 24). They have the right to education that will help them develop their personality, talents and mental and physical abilities (article 29).

With respect to the content of education, in its General Comment No. 3 on HIV/AIDS and the rights of the child, the Committee on the Rights of the Child explains that in compliance with "the rights to health and information […] children should have the right to access adequate information related to HIV/AIDS prevention and care", including "through formal channels (e.g. through educational opportunities […])". It also refers to the provision of "life skills" education within schools, including on sexuality, underlining that "States parties must ensure that children have the ability to acquire the knowledge and skills to protect themselves and others as they begin to express their sexuality".

In its General Comment No. 4 on "Adolescent health and development", the Committee, referring to the right to education, underlines the need to "initiate and support measures, attitudes and activities that promote healthy behavior by including relevant topics in school curricula" and also that "(i) is the obligation of States parties to ensure that all adolescent girls and boys, both in and out of school, are provided with and not denied, accurate and appropriate information", including related to sexual behaviors. Also, in its General Comment 1, the Committee on the Rights of the Child emphasizes a broad understanding of education to encompass the provision of certain life skills needed to "develop a healthy lifestyle, good social relationships and responsibility, critical thinking, creative talents, and other abilities which give children the tools needed to pursue their options in life." It redefines sexuality as a positive mean of social engagement and recognizes that denying children adequate preparation for their sexual lives is doing them a great disservice. Consequently, the model (sexual citizenship) prompts adults to explore (if not accept) the idea that children are sexual beings, so that they can be taught about sex on a more equal footing (Illes, 2011).

Therefore, effective and comprehensive sexuality education can provide young people with age appropriate, culturally relevant and scientifically correct information. It includes structured opportunities for young people to explore their attitudes and values, and to practice the skills they need to be able to make informed decisions about their sexual lives (UNESCO, 2009). In order to be comprehensive, sexual education must provide

the tools needed for decision-making in relation to a sexuality corresponding to the lifestyle which each human being chooses in the context of his or her situation (Munoz, 2010).   By challenging assumptions and misconceptions underlying the traditional discourse on youth and sex, sexual citizenship can prompt all stakeholders in the sexuality education debate to re-examine the matter of adolescent sexuality through the lens of citizenship (Illes, 2011).

Sexuality education is the process of acquiring information and forming attitudes and beliefs about sex, sexual identity, relationships and intimacy. It aims at reducing the risks of potentially negative outcomes from sexual behavior but is not limited to the health topics. The skills young people develop as part of sexuality education are linked to more general life-skills. Being able to communicate, listen, negotiate with others, ask for and identify sources of help and advice, are useful life-skills which can be applied to sexual relationships. Effective sexuality education develops young people's skills in negotiation, decision making, assertion and listening. Other important skills include being able to recognize pressure from other people and to resist it dealing with and challenging prejudice, and being able to seek help from adults - including parents, care givers and professionals - through the family, community and health and welfare services.

Examining collectively the American school-based sexuality education (SBSE) Bay-Cheng (2003) found three primary factors emerge from the pool of objections: (1) there is a preoccupation with the negative outcomes and consequences associated with teen sex, to the exclusion of any discussion of the positive aspects of sexuality, and the capacities of adolescents to successfully manage their sexuality; (2) the working definitions and prescribed norms of adolescent sexuality are narrow and exclusionary; (3) much of SBSE fails to address the interplay among gender, race, class, and sexuality, while simultaneously propagating sexist, racist, and classist notions of sexuality. Furthermore Bay-Cheng (2003) states that the neglect of social context, the narrow definition of adolescent sexuality, and the overwhelming preoccupation with the dangers and deficits associated with teen sex are themes that have endured in the public conception of adolescent sexuality as well as in formulated responses to it.

Sexuality education is a human rights issue as it impacts general health, adaptation to environment, quality of life and helps to live optimally by choice. It would not be an

exaggeration to state that the right to life includes the right to sexuality education as well as reproductive rights. Hence, it is a human right which needs to be enshrined. Sexuality education is a basic requirement as lack of information and/or knowledge related to sexual anatomy, its functioning, and other related details can endanger human life and health (Kuman & Kumar, 2011). The 1994 Cairo International Conference on Population and Development (ICPD) *Programme of Action,* under the objective to achieve universal access to quality education outlines that "*full attention should be given to the promotion of mutually respectful and equitable gender relations and particularly to meeting the educational and service needs of adolescents to enable them to deal in a positive and responsible way with their sexuality", taking into account the rights of the child to access to information, privacy, confidentiality, respect and informed consent, and in line with the rights recognized in the Convention on the Rights of the Child*" (UNESCO, 2009).

In conclusion, any effort to clarify and deepen conceptual understanding of sexual rights as human rights is a deeply political project. It is political both because of the importance and sensitivity of sexuality and sexual issues, and because this work will help to refashion the relationship between individuals and the state. Rights-based programming on sexuality has become a cornerstone of sexual rights work, because it provides tools for analyzing the material or structural and political conditions under which rights can be met effectively. A human rights-based approach requires and consists of a holistic and integrated approach. Sexual and reproductive health policy and programmes must incorporate comprehensive information and services but in order to do that. The UN Committee on General Comment No5[3] has recommended that states parties undertake comprehensive studies to assess the nature and extent of adolescent health problems. Such studies involve the full participation of adolescents, and be used as a basis to formulate adolescent health policies and programs with particular attention to reproductive and/or sexual health.

Teacher's preparation and training

 Research on professional preparation/training of teachers shows that it is immensely important for the delivery of Comprehensive Sexuality Education. However, despite its

importance, teacher's preparation and training on Sexuality Education in countries like Cyprus proves to be inadequate. The Sexuality Information and Education Council of the United States (SIECUS), refers to these issues and supports the position that sexuality education should be taught by well prepared and trained teachers.

The United States of America have formed a national task force called the Sexuality Information and Education Council of the United States (SIECUS) which is responsible for the study of adolescent sexuality. SIECUS has formed the Guidelines for Comprehensive Sexuality Education: Kindergarten Through 12th Grade. These guidelines include key points as human development, relationships, personal skills, sexual behavior, sexual health, and society and culture, abstinence, dating and relationships, marriage and commitment, human growth and development, condom use and effectiveness, risks associated with multiple partners, sexual identity and orientation, the influence of families, media, and social/cultural on behavior, and the impact of peer influence or support on sexual decision making. SIECUS also supports that any sexuality education program to be successful should be a part of a comprehensive health education program, should be taught by well training teachers, involve the community, focus on all youth and have a variety of teaching methods and be learner-centred, like individual discussions, role plays, demonstrations, individual and group research, group exercises, and homework assignments in order to address the diverse needs and expectations of the students (National Guidelines Task Force, 2007; Berger, 2008).

Teachers' training is one of the important elements of the successful implementation of a sexuality educational program since research conducted in the US,   provides evidence supporting that Health Education teachers with a professional training taught some key sexuality topics more often thus supporting the need for professional training and development of the health education teachers regarding sexuality education (Rhodes, 2013). Higher training level of teachers is associated with a higher understanding of the importance of Health Education, Reproduction and Sex Education and a higher level or association between the teacher's conceptions and the indicators which promote healthy sexuality in all components (Burger, 2008). Teachers' conception and religious convictions are found to be interfering with the delivery of a

sexuality education lesson and thus again a professional training for teachers is import and in order to overcome these barriers (Burger, 2008). Inclusion seen under the stance of participation and marginalization in relation to race, class, gender and sexuality Booth and Ainscow (1998) is closely related to sexuality education.

The Cypriot Educational System is focused on implementing the concept of inclusion by infusing the development of curricula and the general educational policies in order to provide "education for all" where each and every child can develop and thrive according to their abilities and regardless of their differences (Angelides, et. al., 2006; Rhodes et. al., 2013). Inclusive education concerns all stakeholders, pupils, teachers and parents. Teacher's education for the implementation of an inclusive education is an important part of the equation since it is multiphase and multilevel process (university training, in service training, practical experience and lifelong learning) thus creating a gap between theory and practice in the whole school approach.

Research evidence supports that there are certain barriers in university training which prevent student teachers in Cyprus from providing an inclusive education. These barriers are: the university curriculums that do not include the teaching of the notion of inclusive education but they refer to it in an indirect way through the terms of 'special needs', 'equity', 'democracy' and 'equal rights', the notion of inclusive education is not common amongst all institutions finally the two levels of cultures between the school, where students do their practical training, and the university culture (Angelides, et. al., 2006). Besides the above proof for the need of professional training for teachers in order to deliver a high level health education – sexuality education lesson, research evidence regarding the teachers' views of their training, initial and in-service, on health education in Cyprus describes it as inadequate (Apostolidou & Fontana, 2003).

Gender Equality and teaching sexuality education

Gender equality is an integral part of human rights and it means equal empowerment and participation for both men and women in all spheres of public and private life (Council of Europe, 2007a). This implies that both sexes are entitled to equal in rights and dignity.

As with all human rights, gender equality must be constantly fought for protected and encouraged. Despite significant progress that has been made in terms of gender

equality, traditional gender stereotypes remain deeply rooted in European culture and manifest themselves in daily practice and as a result equality between women and men is far from being a reality. On the 25th anniversary of the adoption of the Convention to Eliminate All Forms of Discrimination against Women (CEDAW), the UN Committee for CEDAW announced that no country in the world has achieved full equality between men and women in law and in practice. The Deputy Secretary – General Louis Frechette asserted that women are still "significantly under-represented in public life" and still suffer from violence and sexual harassment in their daily lives, reports UN News Service (Council of Europe, 2007b).

Like in most European Countries, Cyprus face a lot of obstacles concerning gender equality since men and women have unequal opportunities in many levels of society. Cypriot society remains highly patriarchal as identified by number of studies that point out the subordinate status of women as well as the prevalence of rigid gender roles which contribute to maintaining this conservative gender role (Vassiliadou, 2004; MIGS, 2011). Despite an impressive legal framework on gender equality, women are still lagging behind men in all spheres: Women are critically underrepresented in public and political decision making; there is a very wide gender-pay-gap with women dominating lower paid and part-time positions; women still disproportionately bear the responsibility of taking care of children and other dependents; they report lower rates of health and wellbeing; and are at greater risk of poverty regardless of age or social group (MIGS, 2011). Inequality faced by women is both a cause and a consequence of violence against women. While women's inequality creates the conditions for violence against women, it also has a direct impact on women's health, their ability to work and generate an independent income, their access to education and life-long learning, to adequate housing and to physical safety and autonomy.

Indisputably many institutions of society (media, family, schools and leisure centres) are responsible for maintaining inequality by reinforcing traditional gender stereotypes. In contemporary Cypriot society conservatism and taboos still exist and gender differences are apparent, with different expectations, roles and even a code of ethics among males and females (Kouta-Nicolaou, 2003). Therefore spreading awareness in promoting gender equality among youth is very critical.

Despite its importance gender is not a central consideration in many aspects of formal and non-formal education and has long been neglected in European youth work, youth policy and specifically in education (Council of Europe, 2007b). Unless legislation and policies are accompanied by comprehensive strategies, beginning with awareness-raising programmes for all stakeholders in the education system: policymakers, ministry personnel, school authorities, teachers, parents and pupils, success in the elimination of gender stereotyping may be limited.

Therefore, education on gender can be positive force for creating gender equality in modern society. Working on gender issues with young people will contribute to preventing human rights violations (that includes all forms of gender based violence) and will strengthen human rights education. By reducing gender stereotypes, gender education will assists children in building a genuine civic equality where males and females will live in relationships of cooperation and in mutual respect (Council of Europe, 2007a). Therefore educators should be knowledgeable about gender issues and gender in-equality, and have the competencies to address them to youth in order to create gender awareness and to contribute to gender equality. Consequently the implementation of a Comprehensive Sexuality Education is crucial in the Educational System in Cyprus.

At an institutional level, the educational system including schools, teachers' unions, and ministries of education can play an important role in addressing gender-based violence among adolescents but also in preventing violence in later life. School is a critical component of young people's lives, being one of the main contexts where gender socialisation takes place and where attitudes towards one-self and others are shaped and reinforced. During adolescence especially, young people begin forming their values and expectations in relation to romantic relationships.

According to the Council of Europe's Task Force to Combat Violence against Women activity report (2008) studies across European countries show that 'one-fifth to one quarter of all women have experienced physical violence at least once during their adult lives and more than one-tenth have suffered sexual violence involving the use of force. Moreover, about 12%-15% of all women have been in a relationship of domestic abuse after the age of 16 and many more continue to suffer physical and sexual violence once they are separated from the perpetrator. Therefore prevention strategies are very crucial

to be addressed as early as possible as the above figures suggest that patterns of violence and victimization may develop in early adolescence.

Countries that have taken several initiatives in applying preventive programs had positive impact on adolescence life. Based on several examples, preventive programs are vital to ensuring young people have the opportunity to explore the impact of 'rigid' gender norms on their identities and behaviour and to develop the knowledge, skills and attitudes which will enable them to form healthy relationships based on equality and respect. In recognition of this, the European Parliament has called on the Commission and Member States to embark on strategies to prevent gender-based violence through targeted education initiatives in both schools and non-formal education settings (European Parliament, 2009).

In particular, preventive programmes for school children that address the issues of domestic violence have an established history in the US and Canada (Hague, Kelly & Mullender, 2001). In the UK, even though the initiation of those programs is more recent, reports have shown their successfulness. According to Bell & Stanley (2006), concerning the responses of young people to a Healthy Relationships education programme on domestic violence, the program was successful since it managed to enhance pupils understanding of domestic violence up to one year after delivery. The Healthy Relationships School programmes were addressed on a pilot basis to 85 pupils of Year 8 in a secondary school in an area with high rates in exclusion in UK. It was designed to help young people recognise domestic violence with the goal of avoiding such abuse in future relationships. The aim was to focus on positive behaviour in relationships, exploring issues of gender, power and inequality.

The programme included a play followed by a series of weekly workshops and discussion groups, and focused on encouraging explorations of similarities and differences between boys and girls, with some emphasis on how gender is constructed. Pupils completed questionnaires immediately before and after the programme and one year after the programme had finished. The evaluation of this pilot programmes provided clear evidence that pupils had developed their understanding of domestic violence to view that violence located in the family and this increased awareness was sustained over time. The enhancement of awareness and understanding is a significant achievement as it allows young people to identify personal experiences of abusive

relationships (Bell & Stanley 2006). By the end of the programme, there was evidence that some young people had explored inequality, power and control in abusive relationships and the emotional impact of domestic violence for those experiencing it. Some young people were able to demonstrate that they had developed positive ideas about 'healthy relationships', encompassing values of equality, negotiation and respect. Hague, Kelly & Mullender (2001) argue that a gendered understanding of domestic violence is essential to the mainstreaming of educational approaches. The finding that boys were less enthusiastic than girls about autonomy for women in relationships emphasizes the need for a strong focus on gender in the design and delivery of the programme. Results from this study suggest that 'girl power" needs to be deconstructed and carefully analysed for the purposes of healthy relationships programmes and also in relation to the cultural values. Similarly future programmes need to emphasize responsibilities and caring in relationships in order to balance messages about rights (Bell & Stanley, 2006).

Indisputably, traditional gender stereotypes can hurt boys and girls. When the ways in which gender relations have privileged men as the centre of rationality and normality were examined, it may come as no surprise that it has taken quite a while for masculinity to be understood as a process of gender construction rather than just a way of describing how men are (Council of Europe, 2007b). From childhood males are bombarded with powerful messages about what it means to be a man. Most boys learn to act in a particular way, displaying aggressive forms of masculine behaviours and avoiding behaviours that may be considered effeminate. Boys, for example, are more likely to receive positive feedback if they play with toy cars or tools whereas for girls there is generally a lot more emphasis on playing with dolls and looking after their personal appearance.

The work in relation to young men and masculinities that has been undertaken has demonstrated that both school and sexual relationships are key sites for the performance and construction of masculinity (Limmer, 2010). The pivotal role that school plays in terms of young men constructing their masculinity, either by embracing the institution or opposing it, makes it a particularly challenging context in which to explore an issue as sensitive and nuanced as sexual health and sexuality (Nayak and Kehily 1996; Swain 2006). In terms of schools and SRE, Limmer (2010) suggested that

"addressing masculinities directly should be a priority for future Sexual Relationship Education". He conducted a research in order to study the role of the school in the construction of masculinity, both in terms of engagement with the institution and in terms of opposition not only to the institution but to the notion of study and academia more broadly and how masculinity is mediated by social exclusion and poor engagement. The study was conducted through focus group discussions and interviews carried out with 45 young men in UK. Results show that for those young men that were engaged in school, it provided the opportunity to construct masculinity through achievement, through the gaining of status within institution and through sporting and other extra-curricular achievement. For these young men, masculinity constructed through fighting and sexual adventurism represented a marginal masculinity (Connel & Messerschmidt 2005) but saw the masculinity that they were constructing within school as being superior. According to his findings young men are often positioned as the problem- the problem in terms of their sexism and homophobia, the problem in terms of their treatment of young women and the problem as the reluctant recipients of currents services and information. It suggests that at the heart of this problem is masculinity and it is only through directly engaging with and challenging current approved sexualised masculinity progress can be made.

Furthermore, the necessity that schools must better address the harmful constructions of masculinity is emphasized (Keddie, 2009). On her research Keddie (2009) focuses on how issues of sexual harassment are located within prevailing contemporary western educational contexts that position boys as "victims" of feminism and "girl-friendly" schooling. By opposing to the popular notion that girls no longer face problems in relation to their schooling, the paper explores issues of masculinity and schooling and foregrounds the voices of four, 14-year-old girls (Grade 8) from Tasmania, and Australia who detail their disturbing experiences of sexual harassment. The girls' stories highlight some of the ways that sexual harassment is reinforced and normalized in schools. This girls stories are not isolated they simply add further credence to the gravity of a serious and enduring problem that prevails despite decades of feminist educational reform and long-term institution of sexual harassment policies in schools. The broader environment has served to deny or dilute the continuing realities of sex-based and gender-based harassment in schools. This environment is more favourable to supporting the discourses of masculine entitlement that reinforce sexual harassment as an effective

resource for boys to access power over their female peers and teachers (Robinson, 2000). Concluding, the necessity in eliminating these issues from the current dominant equity debates and the urgency of better addressing this problem at schools is highlighted. Teachers are also called to practice acts against the grain of broader anti – feminist and performative school culture to transform the masculinities of entitlement that contribute to these unacceptable behaviours. Therefore it is very important that educators recognize their own gender stereotypes and reflect on whether their teaching methods, language and interaction with boys and girls reflect the gender equality they are striving to convey (Council of Europe, 2007a).

In addition, another important and empowering preventive program that has proven to be effective in increasing young people's knowledge and understanding about gender norms and gender-based violence is the European project "*Youth4Youth: Empowering Young People in Preventing Gender-based Violence through Peer Education"* , funded by the Daphne III program of the European Commission (MIGS, 2013). Within the framework of the project a number of peer education training workshops were implemented in both public and private secondary education schools in Cyprus, Greece, Italy, Lithuania, and Spain. The project specifically aimed to prevent and combat gender-based violence among adolescents by developing and promoting the peer education methodology as a tool to empower young people to become actively involved in developing an environment free from violence for themselves as well as for their peers. The Youth4Youth programme targeted young people aged 15-18 years old and reached over 350 students across Europe that took part in the awareness-raising and training sessions, 200 of whom volunteered to become peer educators and successfully delivered training to over 1000 of their peers in their respective schools.

According to the evaluation of the program conducted in Cyprus, students claimed that the trainings had an unequivocal effect in enhancing their awareness and knowledge of issues related to Gender Based Violence (MIGS, 2013). They claimed that after the training they were more adept to recognize if their relationships are healthy and also understand if their own behaviour may become unhealthy. As the participants mentioned that throughout the workshops it was the first time that they were able to recognize incidences that in the past they would have considered as 'normal' or 'natural' as incidences of abuse. After the trainings, students were able to recognize

psychological abuse and to exhibit much less tolerance. Most importantly, participants have learnt to recognize acts of gendered violence in their own behaviour and others', identifying not only how their own behaviours may become abusive but also how they may be perpetuating GBV by their attitudes and stances and also they feel more ready to take action and to protect themselves. Furthermore, participants claimed to be in a better position to identify and dispel common myths about violence.

 However, taking into consideration that psychological abuse is the most common form of abuse in young people's relationships (romantic and others) it was crucial for the students to make the important realization that psychological abuse is indeed present in their relationships and that it does carry some serious repercussions. This important realization actually constitutes the first step towards young people's empowerment, encouraging their active intervention in protecting themselves and others. It appears that young participants tend to focus more on the impact that the abuse may have on the person experiencing it rather than the underlying causes. Clearly, there is a need for placing more emphasis in providing further clarity in what constitutes Gender Based Violence and helping participants distinguish between impact and causality. Perhaps a theoretical representation of gender inequalities and how these are influenced by hierarchies of power could have been more impactful in enhancing young people's understanding of gendered violence. In addition, as young people do tend to confuse GBV as something that takes place only between women and men, it is important to further emphasize how GBV can take place within the sexes, directed by girls towards other girls and by boys to other boys (MIGS, 2013).

Teenage pregnancy is another issue that is of a great concern for young people. Many teenage girls who become pregnant decide to leave the formal education system due to lack of support. According to Lall (2007) girls who are forced out of the mainstream education system because they are pregnant may be left disaffected from society with poor future employment and life prospects. This happens due to the fact that most new initiatives focus on health issues and not education, thereby not delivering the kind of results that could have been expected (Lall, 2007). Despite policy changes, pregnant teenagers and teenage mothers still leave school because of inflexible school structure and the lack of extra help and support. The "invisibility" of pregnant girls' and schoolgirl mothers' difficulties has serious consequences in terms of their ability to access help

and education. While the problem seems to have been recognised, the fact that education, or rather the lack of education, received is central to the problem does not seem to have been understood. Part of the problem is the lack of joined-up thinking between prevention strategies and schemes that might help those who are already pregnant. Examples of good practice such as the Bristol unit could and should be used by the government to help girls who have opted out (Lall, 2007).

Evidence of high quality research (Fletcher, Harden, Brunton, Oakley & Bonnel, 2007) illustrates the potential of two approaches to address determinants of teenage pregnancy resulting in disaffection and low expectations. Therefore two important approaches that play a significant role in reducing teenagers pregnancy and promoting young people's sexual health: are school ethos interventions, which aim to facilitate a positive and inclusive school – ethos, strengthen school relationships and reduce disaffection and targeted intensive youth work interventions, which aim to promote positive expectations, vocational readiness and self-esteem through vocational and life-skills education, volunteering and work experience (Flether et al., 2007). In fact results of qualitative research in the UK show that, when young people are happy with their school and their opportunities in the future, they are less likely to engage in risky behaviours (Harden et al., 2006).

Media and Culture

Media play a significant role in providing many of the resources which we use to think about gender and gender related issues: about what it means to be a woman or a man, about gender roles in the public and private spheres, sexuality, parenthood and what we consider to be (or not to be), natural, normal, acceptable, desirable and possible in relation to these aspects of our lives (MIGS, 2005).

The media is a powerful tool for awareness raising and preventing domestic violence. It can play a critical role in challenging those gender norms and attitudes that perpetuate gender inequality and violence against women. Despite this, the media has largely been ignored by governments and NGOs alike in initiatives to combat domestic violence. The media in Cyprus largely portrays women in ways that support gender inequality and that reinforce negative gender stereotypes (MIGS, 2005). This is particularly true when reporting issues related to violence against women. Most journalists and media professionals are not gender aware and often promote and perpetuate gross gender

stereotyping and common myths associated with violence (MIGS, 2005). In the media for example, women predominantly appear as objects of action, as victims and as caretakers, whereas men are usually portrayed as creative, strong, clever, and full of initiative. While the media highlights a man's power and achievements, a woman, even an accomplished one, is usually first evaluated by her appearance. The media preserve and transmit stereotypes about men and women.

Sexuality education and media literacy have increasingly been presented as important factors in the way young people develop sexual knowledge and form mature sexual identities (Attwood & Smith, 2011). Reports that young people were being sexualized by culture were big news in a range of policy reports, books and in the press (Attwood & Smith, 2011). As Buckingham & Bragg (2004) show, young people engage actively and critically with the media and with ideas about sex. Despite the context of heightened concern about young people's sexual cultures, the study of young people's engagements with sexual issues remains as relatively unexplored area. Research in this area face a lot of difficulties because of ingrained cultural taboos on discussing sex (Attwood & Smith, 2011).

Cultural analysis traces the ways that meanings, values and experiences are constructed and framed in institutions, media and other forms of communication artefacts and the practices of everyday life. "Sexual cultures" include the many ways that sexual knowledge is constructed, how sexual values and norms are struggled over, how sex is depicted, talked about and done (Attwood & Smith, 2011). In examining the views of television producers from around the world on the way sex is and should be represented in 'quality' television, researchers found that despite their perception that commercial mass media are thoroughly sexualized, sex continues to be something of a taboo in quality television produced for young people and although these professionals see themselves as responsible for providing a 'healthy' view of sex there are clear limits to what they feel able to do (Attwood & Smith, 2011).

The increase in exposure to sexually explicit material has been cited as a significant fact influencing adolescent sexuality and health (Bale, 2011). Concerns about the negative impact of this material are increasingly noticeable within policy, professional groups, and the media, while little research has been conducted within this area. The role and impact of the media in shaping young people's sexuality and sexual behaviours have

become the focus of debates, consultations, think tanks, educational programmes and publications in the UK. Claire Curtis-Thomas (MP), who commissioned a report looking at sexually explicit publications such as "Nuts, loaded" and "the Daily Sport" in 2008, and described its goal as being to fill the gaps that exist in the current guidelines for displaying such material, concluded that their content 'encourages young men to regard women merely as sex objects' (Jakubowicz & McClelland 2008).

Young people are entitled to good and comprehensive information and education about consumer, media and sexual practices, but this will only be effective if it engages with young people and their interests, interrogates what is held to be 'normal', 'natural' and 'healthy' in terms of cultural practices and age-appropriate behaviour, is ethical rather than moralistic, and is based on a commitment to young people's rights and to the broader notion of sexual rights (Attwood & Smith, 2011).

Even though the research that has been conducted up to now does not adequately explain the impact of sexualized culture, it tends to influence health and social policy. The emphasis is on the negative impact of media on sexuality in terms that the media can serve as a 'super' peer for young people, glamorising and normalizing often unhealthy behaviour (Brown et al. 2006). Bale (2011) conducting research to explore young people's perspectives of sexuality, sexual identity and health within the context of sexualized culture, examined how young people discuss these issues, and, argues that the relationship between sexualized culture and the sexual health of young people may be best understood in terms of competency and considered within a pleasure and rights based definition of sexual health. The young people who participated in the study described the media as influencing young people's behaviour, especially young children – "making them have sex too early".

The notion of media exposure is central to a discourse of sexual risk and harm and concerning the relationship between sexualized culture and young people, is commonly understood to signify the bombardment of young people with sexualized material. Moreover many young people claim that they actively seek out sexual texts including pornography in different ways and different reasons; including satisfying curiosity, facilitating masturbation and relieving boredom. Also other reported accessing such material in order to increase their knowledge, skills and confidence in relation to sexual practices and their sexual experiences; and others in order to misbehave or oppose

censorship. It's important to note that the participants demonstrated a high degree of anxiety and naivety about sex. This anxiety is not helped by what young people described as the inadequacy of a sexuality education system, which never included discussions about media representations and which did not equip them with the confidence to be able to make decisions when encountering their first sexual activity. Bale (2011) concludes that although sexual health policy has made it legitimate for us to discuss the sexual health of young people, recent health literature and policy, as illustrated fails to consider the complex ways in which young people engage with the media and the potential for an increasingly visible sexual culture that might help young people to develop a broad range of sexual competencies and to navigate and function in an increasingly complex and diverse media and social world.

Recently there has been growing concern about the sexualisation of children and more specific the effects of commercial marketing and media in this respect. At the study conducted in Scotland by Bragg, Buckingham, Russel & Willet (2011), research attempted to explore the prevalence and distribution of apparently 'sexualized' goods' (clothing's and toys rather than media) in Scottish shops and on the perspectives and experiences of Scottish parents and children. The most striking result of the research is the lack of any consistent definition of sexualisation itself both within the public debate and in the academic research literature. Its seems that different people are likely to have very different views about what counts as 'sexualized' and also research fail to distinguish between material that is "sexualized" as opposed to "sexual" in nature. And the same happened when they attempt to identify and impose "good role models" or notions of "healthy" sexuality. The Papadopoulos (2010) report presents an extensive list of recommendations for the restriction and regulation of sexual material in media and other products likely to be encountered by children; and makes proposals for forms of education that are equivalent to counter-indoctrination. Therefore education in consumer or media literacy is a potentially valuable strategy. Sexuality and sexual knowledge are crucial dimensions in the contemporary western definition of childhood and adulthood, and in maintaining the boundaries between them. This debate brings into focus much broader concerns about children's knowledge and understanding about what constitutes good or bad parenting about male and female sexuality and about the relations between social class, sexuality and taste.

Pleasure and Desire

Pleasure and desire have been important components of researchers' vision for sexuality education for over 20 years, a trend inspired by Michelle Fine's seminal paper, *Sexuality, Schooling and Adolescent Females: The Missing Discourse of Desire* (Rasmussen, 2012). Researchers in sexuality education have written a lot about the value of pleasure and desire in sexuality education and the need for a clearer focus on desire and pleasure within this context (Rasmussen, 2012).

Positive reasons for engaging in sex in most countries are embedded within the context of stable relationships including marriage and reproduction. Within some religious faith, the only legitimate reason for engaging in sex, at least for women, is for reproduction. In yet other parts of the world, premarital sexual activity can serve as a means of demonstrating fertility, in terms that potential future partners can be reassured that a marriage will produce children (Ingham, 2005).

The role of pleasure in sexual development is normally not acknowledged in most countries and, consequently, does not feature in SRE programs or their evaluations. In fact sexual activity is an act to be regulated and controlled. Within religious and cultural contexts where sex has limited and specifically defined functions, enjoyment is not included as part of the process.

While it may be unacceptable in most cultures to suggest that teaching young people how to achieve sexual pleasure is valuable, there are increasing indications from developing and developed countries, that public health outcomes may benefit from a greater acceptance of positive sexual experiences. Ingham (2005) suggests on that if young people are enabled to feel more relaxed and comfort about their own bodies, and about bodily pleasures, this will enable them with greater ability to communicate wishes to others and to be less 'pressured' into unwanted sexual relationships.

As pointed out 26 years ago by Fine (1988), one of the key areas omitted from the SRE is anything to do with desire. Her emphasis was on the lack of recognition of female desire in much writing on sexuality issues and education. According to Fine (1988) public schools can no longer afford to maintain silence around a discourse of desire. She argues that:

"The absence of a discourse of desire, combined with the lack of analysis of the language of victimization, may actually retard the development of sexual subjectivity and responsibility in students". Those most "at risk" of victimization through pregnancy, disease, violence, or harassment-all female students, low-income females in particular, and non-heterosexual males-are those most likely to be victimized by the absence of critical conversation in public schools…Public schools constitute a sphere in which young women could be offered access to a language and experience of empowerment... "Well educated" young women could breathe life into positions of social critique and experience entitlement rather than victimization; autonomy rather than terror (p.49-50).

She argues that in order to understand the sexual subjectivities of young women more completely, educators need to reconstruct schooling as an empowering context in which we listen to and work with the meanings and experiences of gender and sexuality revealed by the adolescents themselves. When we refuse that responsibility, we prohibit an education which adolescents wholly need and deserve (Fine, 1988). School is the place where much of the (within and between) gender power battles are played out. By recognizing that young people spend 30% of their day in classrooms; they are one of the most important places for talk, learning and building skills. Schools are precisely the places where young people can be engaged in safe, critical talk about bodies, sexuality, relationships, violence, contraception, abortion, disability rights, LGBT struggles, gender equality and sexuality as a human right. Young people need to develop skills for finding key pieces of information and resources and to build trusting relations with peers, adults, and professionals (Fine & McClelland, 2006).

Within the context of human right framework, Fine & McClelland (2006) outline what they call "thick desire". Thick desire is one in which young women are encouraged to: "imagine as sexual beings capable of pleasure and cautious about burden without carrying the undue burden of social, medical and reproductive consequences" (Rasmussen, 2012). In advocating school as places in which thick desire could and should flourish, Fine & McClelland (2006) argue that young people need to be taught: " skills to express political and sexual activity…in order to undertake critical analysis, trusting conversation, and help-seeking and finally to negotiate risk and pursue pleasure". In conclusion, Rasmussen, (2012), argues that the politics that adhere to

thick desire may be constructed as part of a broader political movement supportive of comprehensive sexuality education.

Conclusions

Resources on teaching sexuality education in a comprehensive and holistic manner do exist, for all ages and for all settings. These tools need to be modified to suit the needs of the particular target group and country. Emphasis is placed on interactivity and pleasure so that traditional teaching methods are generally less effective when teaching sexuality education. If the following seven essential components of are present, sexuality education will be effective.

1. gender,
2. sexual and reproductive health and rights and HIV/AIDS (including information about services and clinics),
3. sexual citizenship,
4. pleasure,
5. violence,
6. diversity and
7. relationships.

Sexuality Education programs that include the above have been demonstrated to help reduce risky behaviors, delay engaging in sexual activity, increase knowledge and skills, improve communication. Sexuality Education is a preventative tool against gender based violence, bullying and sexual abuse of children; through sexuality education, children develop awareness around their rights to be free from violence, coercion and to have healthy relationships, and they develop the skills for building healthy relationships. Children do not automatically know how to recognize, identify and resist violence/abuse; as a matter of fact, violence may be normalized, as children's role models are contemporary adults, who are often the perpetrators of violence. Thus, in contemporary society children must be empowered through awareness and developing their own competencies through school based sexuality education, which has been shown to be effective in the prevention of gender based violence, sexual abuse, STI's including HIV/AIDS, unwanted pregnancy and risky health behaviors.

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