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**Bundeszentrale
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Aufklärung**

General Concept for Sexuality Education

of the Federal Centre for Health Education
in collaboration with the federal states

- Basic assumptions and starting point
- Task
- Goals
- Cooperation partners
- Target groups
- Strategic communication approach
- Main topic areas
- Actions

General Concept

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The General Concept for Sexuality Education was developed and adopted in 1994 by the Federal-State Coordination Circle, with the participation of the following federal states: Baden-Württemberg, Bavaria, Berlin, Brandenburg, Bremen, Hamburg, Hessen, Lower Saxony, Mecklenburg-Vorpommern, North Rhine-Westphalia, Rhineland-Palatinate, Saarland, Saxony, Saxony-Anhalt, Thuringia and Schleswig-Holstein.

In 2016, it was updated and revised by the Federal-State Coordination Circle, with the participation of all federal states.

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Basic assumptions and starting point

Sexuality is an existential, fundamental human need and a central element of an individual's identity and the development of his/her personality. Sexuality has both biological and psychosocial/emotional dimensions. Sexuality is made up of a wide range of positive aspects, including tenderness, a feeling of security, desire and satisfaction. Individuals live and experience their sexuality in different ways, depending on their age and life situation.

Sexuality education in the broader sense covers both information about biological facts and methods of contraception and support and capacity building in the development of attitudes and behaviour related to sexuality. Sexuality education is embedded in a complex network of diverse individual and societal standards and values. Holistic sexuality education must reach individuals at an emotional level, taking into account various aspects of relationships, life situations, lifestyles, values and the ethical context. Plans for action in the area of sexuality education, based on internationally recognized human rights and the Basic Law of the Federal Republic of Germany, must embrace this diversity of attitudes, potential behaviours and lifestyles in order, ultimately, to work sustainably for health at the personal and individual level.

Sexuality education can succeed only if sexuality is seen as an integral part of health.

There is a steadily increasing amount of sex in the media. This gives the impression that communication about sexuality has become more open and less taboo in our society. In reality, however, many people find it difficult to talk about sexuality with their partners or children. They shy away from addressing questions or problems arising in this context.

In Germany, both adults and adolescents know a great deal about bodily functions, the basic facts of conception and effective methods of contraception. Moreover, the low rate of teenage pregnancy indicates that adolescents are highly competent in practising contraception. Sexuality education which is based on scientific fact and promotes skills and positive attitudes to sexuality is one of the reasons for this success.

People of all ages experience their sexuality. Sexuality education appropriate to the age and stage of development of the learner therefore extends throughout the life course. Sexuality education is never fixed; it adapts to the needs and the real lives of its various target groups. These needs and these lives are constantly changing, because of social or economic change, for example.

Sexuality education is a legally and a socially imposed task which must be restarted from the beginning for every new generation. A wide range of actors take on this task at various levels. These include the ministries of education of the federal states (Länder), each of which issues guidelines on sexuality education for schools in that state; teachers (who actually deliver sexuality education to children and adolescents); counselling centres (as points of contact for all questions about the family, sexuality and pregnancy); physicians (for consultation on medical issues); and the Federal Centre for Health Education. This ensures wide-ranging exchanges and discussion about sexuality education, leading to the joint development and implementation of concepts.

In particular, it is generally agreed at both federal and state level that sexuality education must be evidence-based and quality-assured and that the action taken must be regularly evaluated.

Parents play a large part in the provision of sexuality education for children and adolescents. Mothers and fathers are important as people to talk to about bodies, sexuality and contraception. Parents generally want to take on the tasks involved in bringing up their children, which includes talking to them about sexuality. However, in everyday life they often come across barriers to communication. Different types of support are therefore needed to help parents to talk openly about sexuality in an atmosphere of trust.

Task

The Pregnancy Conflict Law (Schwangerschaftskonfliktgesetz – SchKG) of 27 July 1992 (German Federal Law Gazette (BGBl) I, p. 1398), as recently amended in article 14, section 1 of the Law of 20 October 2015 (BGBl. I, p. 1722)¹ assigns the following responsibilities to the Federal Centre for Health Education:

(1) The Federal Centre for Health Education, which is responsible for provision of health information and education, shall draw up concepts for sexuality education with the participation of the federal states and in collaboration with representatives of family counselling services from all sponsoring agencies in the interests of preventive health care and the prevention and resolution of pregnancy conflicts; these shall be adapted to the various age groups and the groups of persons concerned;

(1a) In accordance with subsection (1), the Federal Centre for Health Education shall compile information material on living with a mentally or physically disabled child and the life of people with a mental or physical disability. The information material shall make reference to the legal right to psychosocial counselling under section 2 and include the contact addresses of counselling services, disability associations and associations for parents of disabled children.

The physician shall provide the pregnant woman with this information material during counselling under section 2a, subsection 1.

¹ The Federal Ministry of Justice and Consumer Protection (<http://www.bmjv.de>) makes legislation available online [in German] in the “Service” section of its website. The Law on Assistance to Avoid and Cope with Conflicts in Pregnancy (Gesetz zur Vermeidung und Bewältigung von Schwangerschaftskonflikten – Pregnancy Conflict Law) is available at: <https://www.gesetze-im-internet.de/beratungsg/BJNR113980992.html> (accessed 21 November 2016).

(2) In pursuit of the objectives referred to in subsection (1), the Federal Centre for Health Education shall disseminate nationally uniform educational material in which methods of contraception and types of contraceptive are comprehensively described.

(3) The educational material shall be provided free of charge to individuals on demand, as teaching and information material to schools and vocational training facilities, counselling services, gynaecologists, physicians, medical facilities which perform prenatal diagnostics, midwives and human geneticists, and to all youth work and education institutions.

According to the Law, sexuality education must be of a comprehensive design and address the widest possible range of age and target groups. It must, accordingly, do more than merely convey information about biological processes and contraceptive techniques. It must have an emotional appeal and take account of diversity in aspects of relationships, lifestyles, life situations and human-rights-based values.

With reference to the purpose of preventive health care, sexuality is an integral part of physical and psychological health, and sexuality education and family planning/controlled conception are thus an integral part of health education.

In addition to targeted educational support, the resolution of conflicts in the family, in a relationship or during pregnancy also requires the provision of appropriately qualified counselling at family, marriage, sex and pregnancy-conflict counselling centres. Sexuality education can provide support in these contexts. With reference to the task of preventing pregnancy conflicts, the role of sexuality education is primarily to contribute to the prevention of unwanted pregnancies.

Goals

Sexuality education, according to section 1 of the 1992 Law, is geared to the purpose of preventive health care as described in the Law, and to the avoidance/resolution of pregnancy conflicts, and its primary goal is to enable the general population and specific target groups to deal with all aspects of sexuality in a holistic manner which shows responsibility to the self and to the partner and promotes good health.

A basic acceptance of sexuality education measures is required in order to achieve this goal in respect of both end-beneficiaries and multipliers.

These measures contribute to a social climate which is open to diverse

- lifestyles
- sexual orientations
- attitudes
- values

and which also

- encourages autonomous and confident communication
- promotes psychosocial support.

This extensive task necessitates the improved coordination of content and interdisciplinary cooperation, particularly among those professionally involved in the education of children and adolescents. The results should, in particular, be consistently reflected in the sexuality education activities offered by the various institutions.

Sexuality education measures are based on health promotion principles. These principles, inspired by the World Health Organization (WHO) *Ottawa Charter for Health Promotion*² and the concept of “salutogenesis”,³ state that health promotion measures are not prescriptive, but should emphasize the strengthening of the individual’s own resources and skills. Against this background, they reflect the fact that sexuality education also addresses personal and intimate aspects of attitudes and behaviour in this sensitive and sometimes taboo-ridden area. Moreover, sexuality education measures are also intended to impart scientifically correct information and increase motivation for health-conscious action, thereby promoting life-skills.

The purpose of preventive health care, as defined in the 1992 Act, is primarily fulfilled through:

Information about

- bodily processes related to sexuality
- individual sexual development, finding a personal identity, gender roles, finding a partner, and relationships
- the shaping, and the positive health effects, of a full sexual life
- pregnancy and prenatal life, diverse sexual lifestyles/life plans
- the proper use of contraceptives
- sexually transmitted infections (STI) – risks and routes of transmission
- sexual and reproductive health and rights.

2 WHO makes basic documents available online in the “Publications” section of its website. The English and German versions of the Ottawa Charter are available at: <http://www.euro.who.int/en/publications/policy-documents/ottawa-charter-for-health-promotion,-1986> [accessed 31 January 2017].

3 The Israeli-American medical sociologist Aaron Antonovsky (1923-1994) coined the term “salutogenesis” in the 1970s. According to the salutogenesis model, health should be seen as a process rather than a state. Further information available at: www.salutogenese-dachverband.de [accessed 31 January 2017].

Motivation to

- use contraception methods autonomously for protection against unwanted pregnancy
- use the options for protection against sexually transmitted infections
- acknowledge the responsibility for contraception on the part of both partners
- consciously and autonomously shape one's own sexuality, relationships and partnerships
- accept diverse sexual lifestyles/life plans.

Promotion of competence by

- developing communication- und action skills in the areas of partnership, family planning, sexuality and contraception, protection against sexually transmitted infections
- promoting a healthy body image and self-esteem and establishing boundaries for intimacy and distance
- developing one's capacity for perception, reflection and conflict resolution, particularly as a basis for preventing sexualized violence.

The purpose of conflict avoidance, as defined in the 1992 Act, is primarily fulfilled through:

Information about

- methods of contraception and their proper use
- family planning.

Motivation to

- use some type of contraceptive
- be active in one's personal family planning.

Promotion of competence by

- developing communication skills between partners on the subject of contraception and the desire to have children
- developing communication and action skills for conflicts arising from the possible consequences of sexual interaction
- dealing with the role of parents (mother/father roles), which includes discussing both sides, i.e. the positive and negative aspects of being parents, mothers and fathers, as a contribution to developing a personal standpoint on the issue.

The purpose of conflict avoidance/minimization, as defined in the 1992 Act, is primarily fulfilled through:

Information about

- assistance and support options in the case of a planned pregnancy
- counselling options and assistance in the case of an unwanted pregnancy
- living with a mentally or physically disabled child.

Motivation to

- use counselling and support services, particularly when conflicts arise.

Promotion of competence by

- developing the ability to seek help actively
- helping to strengthen self-confidence in dealing with and confronting differences of opinion and dealing with conflicts
- encouraging conflict and action skills in dealing with the social environment.

Cooperation partners

The Federal Centre for Health Education (BZgA) collaborates - as stipulated by its legal mandate – with the federal states and sponsoring counselling agencies. It also works with national and international professional institutions and associations, and acts as the collaborating centre for sexual and reproductive health of the World Health Organization (WHO). Persons who have demonstrated their expertise in theoretical and practical work will also be enlisted for programme development and implementation.

Target groups

Sexuality education measures are particularly effective when they are adapted to match the needs of various target groups (e.g. people of various ages, both genders and various cultural backgrounds, or people with cognitive or physical disabilities). The target groups for the various measures can be divided into:

1. People being educated about sexuality

Sexuality is a part of personality development and a developing lifestyle, starting from birth. The essential foundations for the development of the personality are laid in childhood and adolescence.

Sexuality education begins even at this early stage and continues into adulthood. Particular emphasis should be placed on the transfer of information and the promotion of attitudes and skills in children and adolescents. Sexuality education must be appropriate to the age and stage of development and reflect the life situation of the learner.

2. People who educate others about sexuality

Multipliers are one group of agents responsible for sexuality education for children and adolescents. Multipliers include parents, but also, for example, professional multipliers in kindergartens, schools and public youth work establishments. Their role in sexuality education for children and adolescents is derived from their legal mandate to contribute to education and upbringing, which includes education about sexuality and applies both within the family and in institutions such as kindergartens and schools.

Strategic communication approach

Sexuality education measures include both mass and individual communication approaches for educating the end-beneficiaries and measures to improve the qualifications of professional multipliers.

Various target-group-oriented media must be integrated in a media mix, i.e. a set of mutually complementary measures. This ensures that as many people as possible are reached by targeted messages and content which meet their needs.

The mass media draw attention to particular subjects, highlight specific aspects, impart basic information and motivate people to address the subject.

Mass media include:

- audiovisual media (e.g. TV and cinema spots)
- print media (e.g. advertisements and brochures)
- digital media (e.g. websites and portals).

Individual communication measures – e.g. regional, target-group-specific discussion events and, for example, supervised exhibitions – reinforce the momentum and incentives created by the mass media, encourage people to address the subject or think about it more intensively and also provide an opportunity to go into specific issues in more depth. They personalize the subjects and thus initiate intense communication.

Qualified multipliers are needed in the contact environments of the target groups being addressed, in order to create a wide and diverse range of personal communication. If multipliers are to fulfil their function of transferring information, activities such as organized exchanges of information and qualification enhancement must be arranged for them. Motivation and ongoing support for multipliers in the form of structural reinforcement measures will also be required.

Main topic areas

The main subject areas to be covered in the education are derived from the goals, target groups and communication strategy. Some examples are listed below, but they should be regularly updated:

- body awareness
- sexuality
- sexual identity, gender identities
- contraception
- family planning and pregnancy
- prenatal diagnostics
- relationships and feelings
- HIV/STI
- psychosexual development of the personality
- sexuality at times of social change
- reflection on gender relations and gender roles
- communication about sexuality, friendship, love, partnership, commitment, responsibility towards oneself and one's partner
- using pornography

- sex work/prostitution
- sexualized violence
- sexual abuse
- counselling, support and help in conflicts (pregnancy conflicts, unwanted childlessness, reproductive medicine)
- information on the health and welfare system
- biological, psychosocial and emotional dimensions of sexuality.

Actions

The actions are essentially geared to the target groups described in section 5 above and include, in addition to media and event-related measures, the preliminary scientific work and corresponding evaluations.

These actions, classified below by target group, must be mutually and internally compatible, i.e. the approach must include mass communication, individual communication and training elements, and the actions must lend themselves to being grouped into media and programme sets.

Measures and media for end-beneficiaries

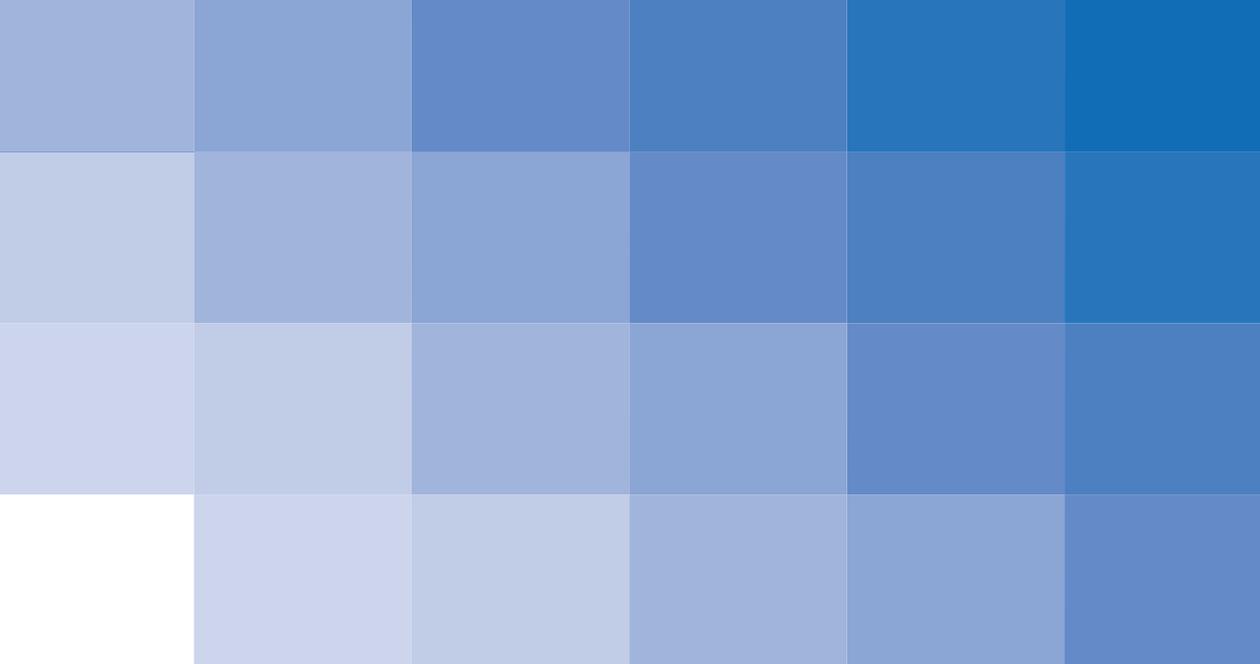
- children
- adolescents and young adults
- parents and other carers
- professional multipliers

basically comprise print media and audiovisual media for use in mass and individual communication programmes, and also personal communication measures in the form of discussion events for exchanges and discussion in specific locations and situations.

Measures and media for multipliers

- families, peer groups
- professionals working in social welfare, health and education and child and youth services

basically comprise working aids and media sets for work with the target groups and qualification enhancement programmes.



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