



WHO Kollaborationszentrum
für sexuelle und reproduktive Gesundheit



WHO Regional Office for Europe and Federal
Centre for Health Education (BZgA), Germany

Evaluation of sexuality education a critical reflection

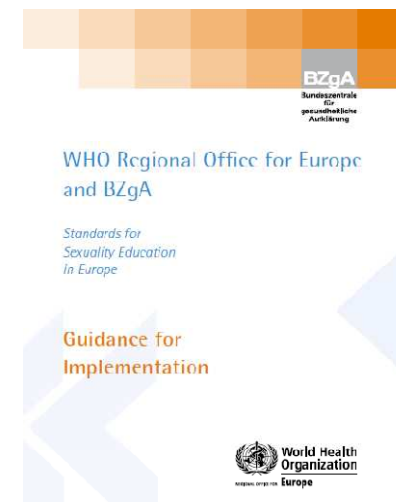
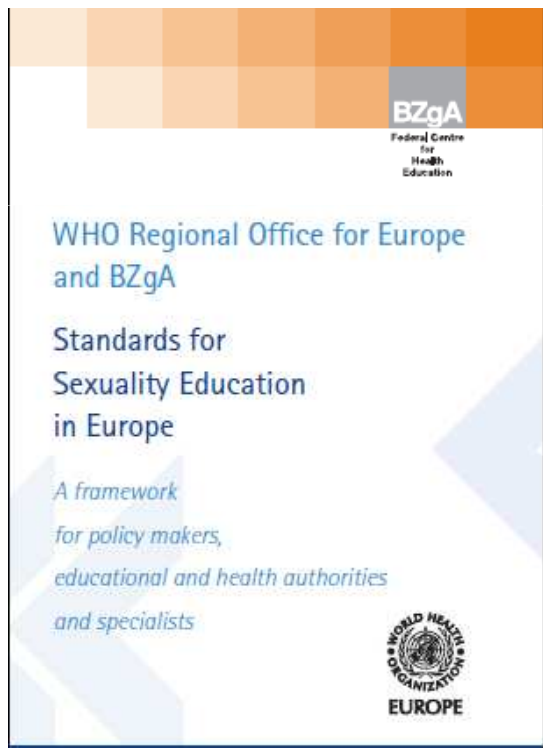
Evert Ketting

on behalf of the European Expert Group on Sexuality Education

European Expert Group on Sexuality Education



Publications by European Expert Group on Sexuality Education



Evaluation of Holistic Sexuality Education: a European Expert Group consensus statement

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(submitted for publication)**

Definition Holistic Sexuality Education

“Learning about the cognitive, emotional, social, interactive and physical aspects of sexuality. Sexuality education starts early in childhood and progresses through adolescence and adulthood. It aims at supporting and protecting sexual development. It gradually equips and empowers children and young people with information, skills and positive values to understand and enjoy their sexuality, have safe and fulfilling relationships and take responsibility for their own and other people’s sexual health and well-being.”
(WHO Regional Office for Europe/BZgA, 2010:20.)

Core characteristics of HSE

- Long-term; spread out over several school years
- Not an “intervention”, but a learning process
- Starts from a holistic concept of (sexual) well-being; more than public health
- Rooted in pedagogical and educational theory, not in behavioural change theory
- Does not aim at “changing”, but at “enabling” young people
- “Sex-positive”: satisfactory sexual life
- Based on a human rights

Evaluation studies of sexuality education: where is Europe?

UNESCO (2009) review of 87 studies:

- US: 47 studies (+ 11 “abstinence-only” studies)
- Developing countries: 29 studies
- Other developed countries: 11 studies (most from UK)

Conclusion: European (continental) experience hardly visible

Why is European experience invisible?

- Unusual to evaluate “impact” of entire school curricula (compare biology, gymnastics or poetry)
- Very difficult to assess *behavioural impact* of entire school curricula
- Evaluation studies (few) mostly published internally, in national languages, and only used for national purposes
- HSE curricula are often at national scale: no “control group” of non-disposed.

Abstinence-only education: absent in Europe



Current evaluation practice: what's wrong?

- Dominance of short-term outcomes
- Implementation shortcomings hardly addressed
- Strong focus on public health impact *only*
- *Positive* impact on sexuality virtually absent, whereas *satisfactory sexual life* is the core variable
- “Behavioural intentions” as success criteria, but that “behaviour” takes place (many) years later
- Dominance of (c)RCT to demonstrate causality: often not appropriate

Estonia – SE programme

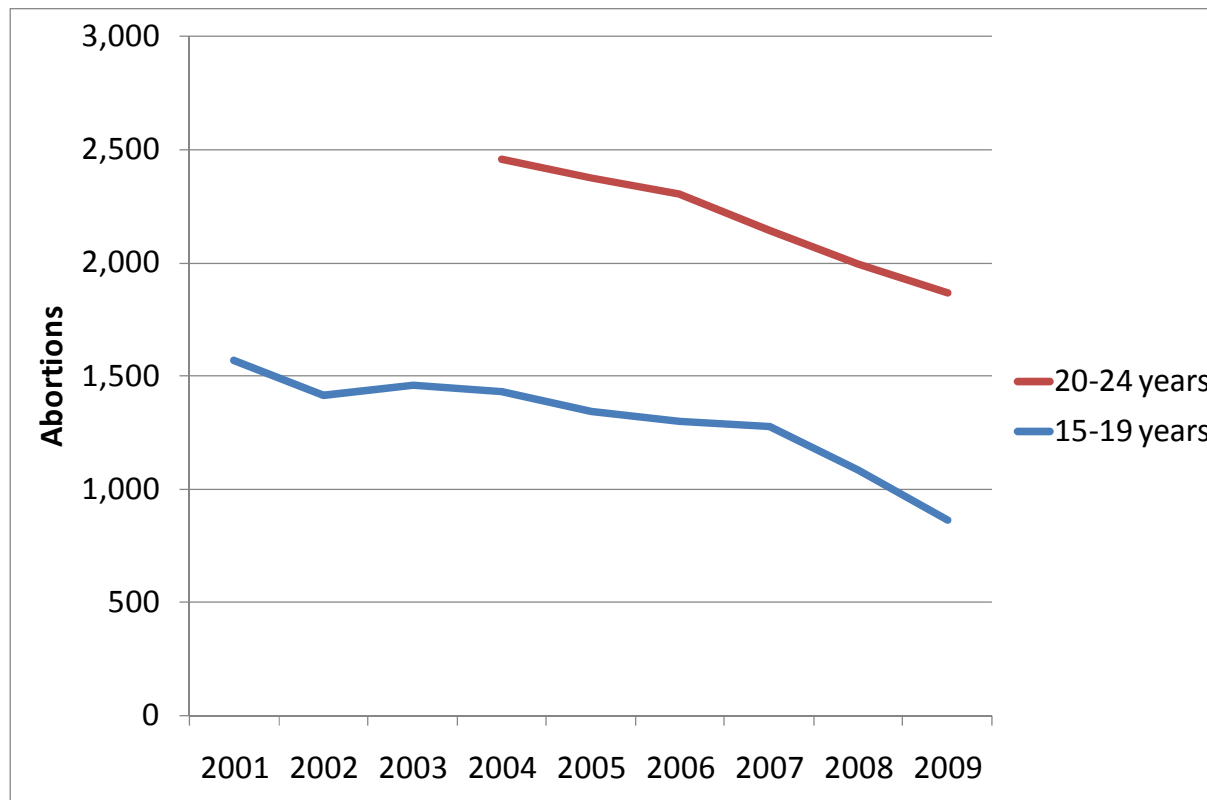
- Started in 1997, updated twice
- Integrated intra-curricular programme
- Fully scaled-up, country-wide programme
 - 382 basic schools, 28,000 students in 2009
- Age group SE: 11 – 14 years
 - Entire programme: 7-14/16 years
- Duration: spread over 3 years / 35 lessons

Measuring impact of SE in Estonia

- Impossible to conduct (c)RCT: no control group & impossible to make a “pre-intervention” assessment
- Instead: time series analyses, based on surveys & national registries (births, abortions, HIV, STIs)
- 12 studies/surveys, implemented 1994-2007
- *Limitation:* Impact SE cannot be separated from impact youth-friendly services (developed simultaneously)

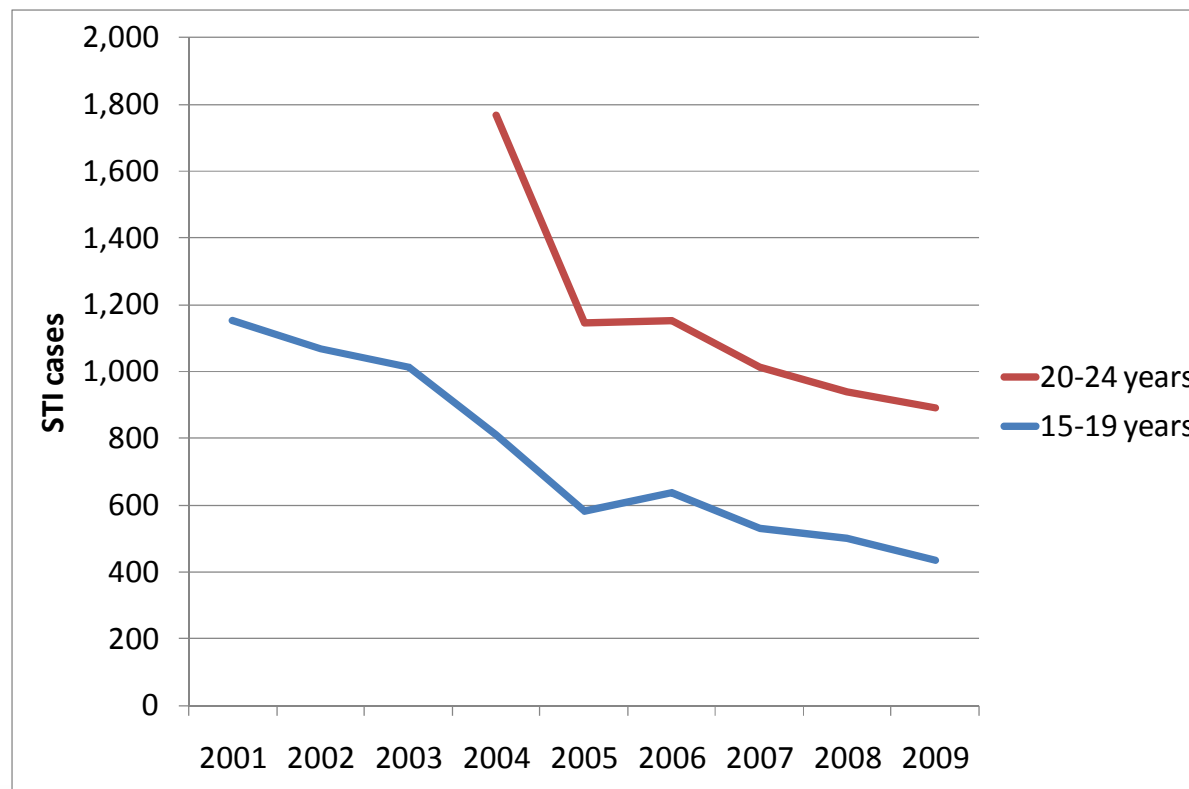
Trends in impact indicators (1)

Abortions 2001-2009



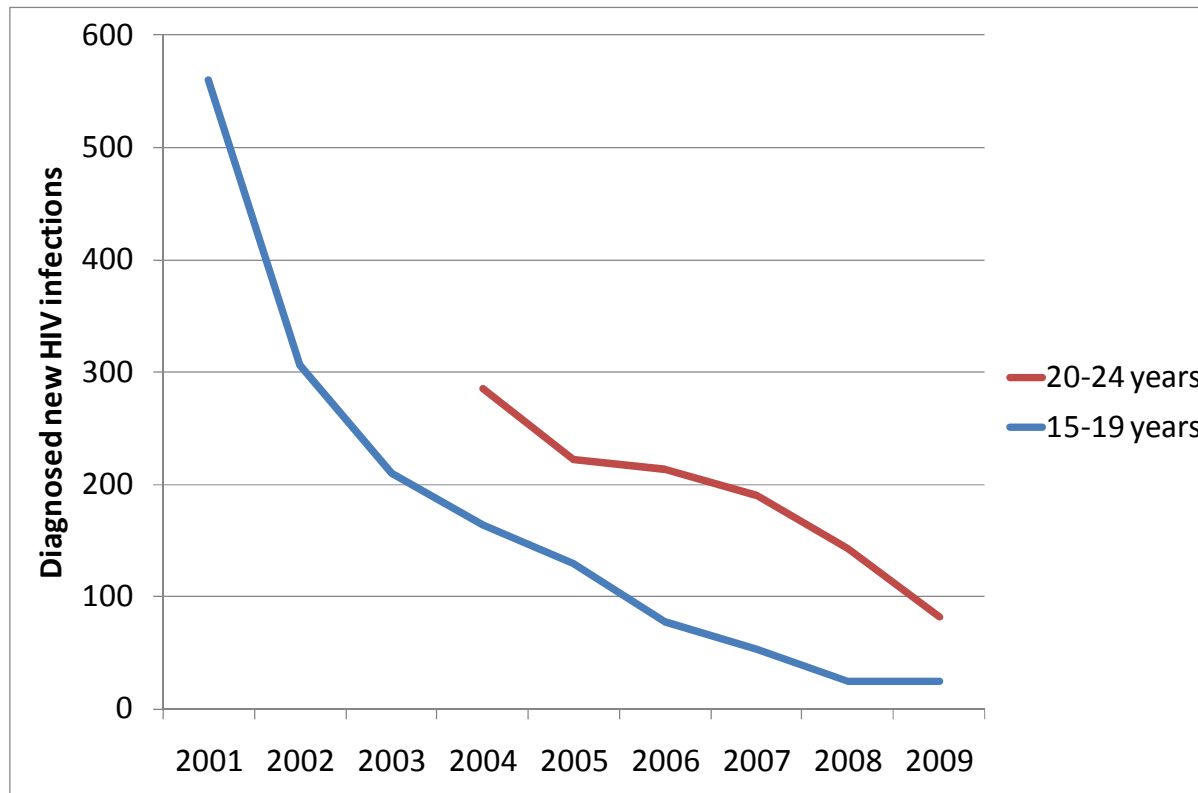
Trends in impact indicators (2)

Diagnosed STIs 2001-2009



Trends in impact indicators (3)

Diagnosed HIV-infections 2001-2009



Thanks for your attention!

