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AMIR HODZIC

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SYSTEMATIC SEXUALITY EDUCATION IN CROATIAN SCHOOLS: RECOMMENDATIONS AND A PROPOSAL FOR SEXUAL HEALTH EDUCATION PILOT PROGRAM

SUMMARY: *This paper is a result of research undertaken as part of my International Policy Fellowship Project (2002-2003). The paper aims to provide framework for policy makers to promote the integration of systematic and comprehensive sexuality education (SE) in Croatian school curricula, as well as to facilitate experimental implementation of school-based sexual health education, by offering a draft proposal for a pilot program. The paper's introductory section gives a systematic account of the key issues and concerns regarding (school-based) SE on the basis of evaluation studies carried out during the last 30 years world over. Following that, the paper refers to recent local research findings to portray a current situation concerning Croatian adolescents' psychosexual development and their sexual health concerns. In addition, an overview of SE related contents in the existing national curriculum for compulsory education is provided, and present programs, resources and initiatives coming from outside the formal education system are documented. The next section summarizes insights from the case studies of Sweden and the Netherlands, as two internationally recognized examples of 'best practices' in the area of school-based SE. The final portion of the paper puts forward specific recommendations for the adequate integration of systematic and comprehensive SE in Croatian school curricula, and outlines the structure of an experimental gender-based sexual health education program.*

Key words: *Sexuality education, schools, sexual health, adolescent sexuality, gender perspective, Croatia*.

1. INTRODUCTION: Whereas a major part of the contemporary international research in the field of school-based sexuality education (SE) focuses on the consequences - effects and impacts - of one or another implemented SE program, this paper is positioned at 'the starting point', and should be viewed as a reference frame for the carrying out of the 'SE project' in Croatian schools. In addition, recommended policy measures - including a proposal for an experimental (pilot) gender-based sexual health education program - meet the directives of the National Policy for the Promotion of Gender Equality 2001-2005 (***, 2001a) and the National Program of Activities for the Young 2003-2008 (***, 2002a). Working Plans and Implementation Programs of both these documents, adopted by the Croatian Parliament, oblige relevant governmental bodies that within set time-periods develop and implement school-based educational program(s) in the areas of 'sexually transmitted infections (STIs) including HIV/AIDS', 'reproductive health', 'gender equality and sexuality', 'sexuality', and 'sexual and reproductive health'; the specific phrase depending on the particular policy sector and its focus.

This paper's position builds upon the understanding of SE as formal, systematic and comprehensive (school-based) educational work that addresses the wider concept of human sexuality, and is based on cognitive and affective learning, as well as on the development of behavioral and communication skills (***, 1996; ***, 2001b; ***, 2001c; Harrison, 2000;

Forrest & Kanabus, 2002; Lenderyou, 1994; Trudell, 1995). At the level of global policy development and expertise in the area of sexual and reproductive health and rights, a clear consensus exists, and a strong message is given through international documents and treaties, that school-based SE is no longer an option to be debated, but rather 'one of the best investments a society can make' in promoting, attaining and maintaining sexual health of its (young) people. Moreover, SE programs in schools are recognized as an important educational strategy - 'a building block' - for the promotion of sexual and reproductive health that many health care professionals and researchers have studied and recommended, including the meta-analysis commissioned by the World Health Organization (WHO) and the Joint United Nations Program on HIV/AIDS (UNAIDS) (***, 1997; Grunseit et al, 1997). The collected and reviewed international evidence show that young people who are satisfactorily informed about sexual matters behave in a more protective and responsible way, and are less likely to be exposed to sexual risks than their sexually-ignorant peers. Especially informative for program planners are meta-analyses that synthesize findings from various peer-reviewed evaluation studies of SE programs conducted in the last 30 years the world over. On the basis of these analyses (***, 1997; ***, 2000a; Jacobs & Wolf, 1995; Finger, Lapetina & Pribila, 2002; Grunseit et al, 1997; Kirby et al, 1994; Kirby, 2000; Kirby, 2001) it can be affirmed that SE programs:

* have proven ability to increase knowledge about reproduction, pregnancy, STIs, and prevention methods;
* do not promote earlier or increased sexual activity in young people and can lead to increased safer sex practices, such as use of condoms and contraceptives;
* show promise for influencing sexual attitudes, skills and behaviors, and for reducing rates of unintended pregnancy.

Furthermore, the significant body of scientifically evaluated SE 'success stories' in general, and their school-based versions in particular (Scandinavian countries, and the Netherlands, to name the European 'best practices'), provides common - and universally agreed upon - essential components of the successful SE that should form the foundation of any future programs. These elements include:

* focus on a small number of specific behavioral goals (e.g. consistent condom use) and give a clear message ('I have safe sex or no sex!');
* start before the onset of sexual activity;
* have a theoretical framework proven to change behavior;
* focus on active learning through experiential activities and the use of real-life situations (e.g. role-playing);
* incorporate goals, teaching method and materials appropriate to major developmental stages of a target group;
* provide basic, accurate information on sexual risks and protection methods;
* encourage openness in communicating about sex;
* address social and cultural influences and pressures on sexual behavior (e.g. media, peer culture);
* incorporate practice of communication, negotiation skills, and autonomous decision making (e.g. 'how to say no');

* encourage adoption of values and attitudes that strengthen self-esteem and support responsible behavior;
* deploy motivated and trained teachers (educators).

In spite of these proven insights, there are still wide disagreements - at the individual country/cultural level - about the objectives and contents of school-based SE, and even the rejections of comprehensive SE programs on the grounds of 'family morals' and/or 'religious values'. While it is true that, in general, the primary sexual socialization takes place within a family environment, it is also factual that many (Croatian) parents are reluctant to discuss sexuality with their children. Whether because of the sensitive nature of the subject, or whether for reasons of being more and more absent from home, parents often do not sufficiently fulfill their role of basic sex educators. Accordingly, schooling (compulsory education in particular) has emerged as a major opening for the systematic support of young people's psychosexual development. Given a high participation rate (98% in compulsory and 63% in secondary education (***, 2001e)), schools in Croatia are the ideal setting for providing comprehensive SE to the population at large.

An adequate assistance to youth's progress to sexually healthy adulthood should involve not only giving accurate information about this multi-dimensional component of human life, but should also approach young people's affective domain and provide them with opportunities to explore their sexual attitudes, and develop their own values and insights concerning sexuality, identity, relationships, and intimacy. Besides this 'facts and reflection' perspective, any aspiring SE program should - as its developmental axis - incorporate adolescents' point of view, as well as the principles of health promotion and gender equality. Furthermore, comprehensive SE entails helping young people to develop interpersonal skills, including communication, assertiveness, negotiation, and decision-making, as the necessities for pleasurable, safe, and responsible sexual relationships. However, any further country-specific program and curriculum developments should be culturally sensitive and appropriate, and should incorporate a given social and cultural context of (adolescents') sexual behavior and practices.

2. CURRENT SITUATION IN CROATIA: With reference to the Republic of Croatia, this implies taking into consideration a fact that the traditional notions of gender and sexuality, as a part-and-parcel of the general Catholic moralistic backdrop, are still active in the formation of young people's beliefs and values about women, men, and sexual relationships. On the other hand, the snapshot of the sexual reality of Croatian adolescents shows that every third secondary school student is sexually experienced, and that not more than half of them use condoms (inconsistently), regardless of current negative epidemiological tendencies and the spread of 'new STIs', such as Chlamydia and Humane Papillae Virus (HPV). In relation to the social context of adolescent sexuality, this picture further reveals the reflection of wider gender-based structures and relations of inequality that - reproduced through socialization, the media, and peer-culture norms, and embodied in gender double standards - often present obstacles to efficient communication, and responsible decision-making about safer sexual behavior and practices. This is evident in results from a recent research on the gender dimension of adolescents' sexual attitudes and behavior (Hodžic & Bijelic, 2003). The overall findings point to a need for a gender sensitive SE that should critically approach existing gender double standards on (adolescent)

sexuality, which, by supporting sexual vulnerability of girls and certain risk behaviors of boys, have a direct influence on young people's sexual and reproductive health. The results are intended to inform the ways in which SE program should address gender norms and behaviors in order to raise awareness among youth about how gendered attitudes and expectations affect risk sexual behavior, but also to stress young people's ability to protect themselves from unsafe sex. In addition, we must not overlook homophobic, and even violent reactions towards different sexual preferences that also constitute a part of the social milieu in which the psychosexual growth and development of Croatian young men and women takes place.

While it is obvious that there is a strong objective need for a systematic and nation-wide response to the current state of adolescent sexual health, young people themselves, as key beneficiaries of school-based programs, also believe that SE should be implemented in school curricula. Adolescents would like SE classes to 'be more like a conversation, with everyone participating', and would expect to learn 'about sexual intercourse as something natural and normal', but also to address peer-pressure ('everybody is doing it'), and discuss emotions as 'girls often don't know the difference between physical attraction and being in love', and 'young men are often 'closed' and don't discuss their own emotions'. These claims are not adequately reflected in current national curricula for primary (compulsory) school education, as relevant SE contents are fragmentarily included in the Nature curriculum for the first six grades (age 6(7)-11(12)), and in the biology curriculum for the 8th grade (age 13-14) (***, 1999). The actual implementation usually means one to three 45-minutes lessons (lectures) throughout compulsory schooling, primarily focused on the transmission of basic factual knowledge about human bodies and the reproductive dimension of human sexuality (***, 2000b; ***, 2001d). On the other hand, a syllabus for Catholic religious education in primary school designates seventeen (!) hours during the last three grades (age 11(12)-13(14)) for education on the issues of sexuality (***, 1998). However, being restricted to the understandings of sexuality in terms of marriage and reproduction, and excluding accurate information on the issues such as condoms, contraception, abortion, and sexual orientation, SE as a part of religious education does not respond to the actual concerns of Croatian adolescents.

In the situation where there is no systematic and comprehensive SE program in Croatian schools at the national level, a couple of non-governmental organizations (NGOs) and public health institutions provide important, but insufficient for the population at large, support to young people's psychosexual development, and assistance to their sexual and reproductive health concerns. However, knowledge and experience gained through these programs, conducted outside the formal curricula, needs to be properly considered when developing an appropriate model of school-based SE to be integrated in the compulsory education national curriculum. This task is a part of the project 'Evaluation of Syllabi and Development of Curriculum Model for Compulsory Education in Croatia' (2002-2004), conducted by the Center for Educational Research and Development (CERD). An additional, informal support to the incorporation of SE in the curriculum is provided by the group of fifteen experts (sociologists, psychologists, medical doctors, educators) joined around the 'Initiative for the implementation of school-based sexuality education' started in May 2002.

3. INTERNATIONAL 'BEST PRACTICES': The 'lessons learned' from the case studies of Swedish and Dutch school-based SE practices offer valuable guidelines for (Croatian) program developers and policy makers. In the scenario, as in Sweden, where SE provision is regulated by the 'common' social values and educational goals of the national framework curriculum, and SE is implemented in schools as a cross-curricular subject area, it is crucial to provide precise and explicit guidelines regarding principal teacher's responsibility in this matter. Moreover, it is vital to formulate a specific SE policy at the level of each school in order to ensure that positive, systematic and comprehensive approach to sexuality is provided, and not only that its biological aspects and risks are addressed. Swedish experiences reaffirm that the permanent evaluation and improvement of curriculum, teaching materials, and didactic instructions for educators is a necessity for any effective school-based SE program.

On the other hand, the confirmed efficiency of SE in Dutch schools results from the successful implementation of programs grounded in theory and research, which integrate prevention lessons within more comprehensive sexuality curriculum, and are tailored to the needs of a particular (secondary) school. Therefore, it is not sufficient that, to be effective, school-based SE should be mandated at the national level, and included in the curriculum as an interdisciplinary knowledge area, but it should also involve an additional sexual health program, focused on concerns specific to a given social/cultural context and/or target group. In that way, systematic and comprehensive cross-curricular schoolwork on sexuality issues would be reinforced and focused through the program that is adopted to local concerns, and which promotes the aspects of sexual health that are detected as priorities for that particular community/society.

4. POLICY RECOMMENDATIONS: In relation to Croatian SE prospects, and in the light of ongoing curricular changes, and approaching broader educational modifications at the national level, it seems it is the right time to push forward the initiative for a school-based (experimental) program, and to place SE on the agenda of both relevant sectors: primary and secondary education and public health. In order to promote sexual health of Croatian youth, following programmatic measures are recommended:

* Complete and finalize the experimental program on sexual health, using the draft proposal provided in the Appendix of this paper, and additionally utilizing expert resources and capacities within the Initiative for the Implementation of School-Based Sexuality Education.
* Implement and evaluate the experimental program using a 'pretest-and-posttest-control-group' design (in 10-15 primary 'experimental' schools, with the corresponding number of 'control' schools, selected using 'stratified random sample').
* Simultaneously develop national guidelines for comprehensive SE as a part of the project 'Evaluation of Syllabi and Development of Curriculum Model for Compulsory Education in Croatia' conducted by CERD.
* Ensure that the national guidelines include all following components:

- *value framework* (consider the fundamental values of the Croatian society such as personal freedom and integrity, democracy, and human rights);
- *educational approaches* (refer to interdisciplinarity, 'facts and reflection', 'individualization' and 'normalization', health promotion, gender equality, and young people's perspective);

- *goals* (link the promotion of sexual health to the overall aims of the Croatian schooling);
- *objectives* (address the spheres of knowledge, values, attitudes, and skills);
- *description of key-concepts* (include the notions of sexuality, sexual health, relationships, identity and gender);
- *overview of contents* (indicate main themes and topics correspondingly to main developmental stages, and respect the principle of vertical and spiral curriculum programming);
- *cross-curricular organization and implementation* (identify teaching subjects that incorporate SE contents, assign responsibility for managing the interdisciplinary provision of SE at the school level, and provide implementation directions that are explicit, meaningful, and relevant);
- *time allocation* (assure that appropriate number of class-periods is assigned for SE lessons (5-12 one-class periods per school year);
- *teaching methods* (focus on (small group) discussions, skill practice, role-play, case studies, and other interactive activities, as well as on the issue of mixed and single sex groups);
- *educational materials* (provide the overview of recommended and available resources);
- *sensitive issues* (give specific advice on the teaching of homosexuality, abortion and sexual violence);
  o *monitoring and review arrangements* (emphasize the importance of ongoing needs assessments and evaluations, and propose useful tools);
- *in-service teacher training* (suggest a model for permanent in-service teacher training in sexual health, gender sensitivity, interactive teaching methods, and include a model for peer-educators as well);
- *working with parents* (explain the level of their information and involvement through support groups and/or workshops);
- *specific matters* (discuss the issues of individual advice, confidentiality, and the legal situation);
  o *example of a SE policy statement to be developed at the school level* (stress a need for formulated and written-down distinct goals, work schedules, and teaching assignments within each school).

* Make certain that curricula for both primary and secondary school subjects identified as containing SE contents include learning outcomes that refer directly to the objectives stated in the national guidelines.
* Assure that the provision of SE course or sexual health program is mandated as a part of all secondary school curricula.
* Develop a framework for a national sexual health strategy.
* Improve multi-sectoral collaboration on sexual health issues between schools, NGOs, and public health centers at the local level, and with youth counseling centers within the healthcare system at the county level.

While it is true that it would require at least the formal support of the MoES to realize the proposed actions, it is also evident that most Croatian young people, teachers and educators, as well as many NGOs, scholars, and experts (including a few governmental representatives) working in the area of sexual health (education) encourage the insertion of SE in school

curricula. This policy paper and a related research study intend to further galvanize existing capacities (primarily the Initiative for the Implementation of School-Based Sexuality Education), and to provide justification, and assist in lobbying for the funds needed to start with the implementation and evaluation of the pilot program, and the development of the national guidelines. Moreover, it is considered necessary to develop a national sexual health strategy that would proclaim the essentiality of sexual well-being for one's overall health, and affirm the measures needed to supply young people with sexual literacy as a precondition for pleasurable, safe, and happy sexual life.

APPENDIX
GENDER-BASED SEXUAL HEALTH EDUCATIONAL PROGRAM - DRAFT PROPOSAL

*** Rationale**: Today, sexual well-being of Croatian youth is put at risk by the spread of STI's (Chlamidya and HPV), the inconsistent use of condoms, and the unequal gender distribution of sexual rights and responsibilities. Moreover, psychosexual development of Croatian adolescents takes place within the society characterized by confronting and often gender-discriminative sexual values, and messages coming form the media and the Catholic Church. In addition, the concerns of (gender-based) sexual violence, and homophobic attitudes and violent reactions demand an urgent spread of sexual literacy of the (young) population at large. Still, there are no visible efforts and initiatives coming from the national level to improve sexual health of young women and men by employing gender-sensitive educational programs within schools.

*** Basic Principles**: The program's underlying values are linked to adolescents' sexual and reproductive health rights, and ethical principles that emphasize personal freedom and integrity, tolerance, respect, cooperation, responsibility, and gender equality. The program is developed on the basis of reviewed international achievements and best 'practices' in the field of (school-based) sexual health education, utilizing theoretical models of behavioral change ('health belief model', 'social learning theory', 'theory of reasoned action'), as well as taking into account local research insights on gender-based norms and stereotypes that can lead to increased sexual health risks. Central teaching principles are active participation and social modeling.

*** Aims**: To attain and maintain young people's capacity and freedom to express their sexuality in a positive manner, and to enjoy relationships based on mutual respect and responsibility, without discrimination, harassment, and manipulation, and free of any abuse; to promote safer and responsible sexual behavior and practices by providing the needed knowledge, resources and skills; to support young people's psychosexual development and to ensure that they have the ability to accept and respect their own and others' sexuality, as well as the capacity for establishing caring, supportive, non-coercive, and mutually pleasurable and satisfying intimate and sexual relationships.

*** Objectives**: To enable responsible decision-making about one's sexuality; to promote and strengthen pupils' self-esteem, as well as their self-confidence and self-efficacy regarding condom use and the refusal of unprotected sex; to promote and to establish pupils' positive attitudes to sexuality in general, and positive norms towards safer sex and condom use in

particular; to develop and enhance pupils' practical skills in personal relationships, namely communication, assertiveness, active listening, expressing and discussing emotions, problem-solving, peer-refusal, and negotiation and decision-making about safer sex practices and condom use; to provide a clear understanding on the concept of 'gender', and to explore the influence of gender stereotypes on adolescent sexuality and sexual health in general, and the impact of unequal gender power relations on condom use and safer sex behavior especially; to develop pupils' critical awareness of messages about gender, appearance (body image), and sexuality within the media and elsewhere (family, school, peer groups); to clarify values, challenge gender norms, and examine gender double standards regarding adolescent sexual experience and its acceptability, motives for sex, peer culture, and the ability to negotiate safer sex practices and condom use; to foster the development of gender roles and identities that promote respectful, responsible and equitable (sexual and personal) relationships; to create an learning environment where pupils could ask questions and discuss sexual matters without embarrassment in order to explore and assess their sexual values and attitudes, and in that way develop their own, autonomous and informed insights in the matters of sexuality.

*** Learning Outcomes/Attainment Targets**: After participating in the program pupils will: develop positive values and attitudes towards sexuality that will guide their decisions and behavior; recognize the complexity of social, cultural, and moral issues surrounding sexual matters, and be able to form a view of their own; develop skills to communicate effectively; be able to develop and manage satisfactory interpersonal relationships; understand the concept of 'gender', recognize gender stereotypes, and identify aspects of these stereotypes that are related to sexuality and sexual health; develop a critical awareness of messages about gender, appearance, relationships, and sexuality within the media and elsewhere; consider the importance of respecting difference in relation to gender and sexuality; develop skills in order to resist peer pressure and gender stereotyping; develop skills in order to avoid being pressurized into having unwanted or unprotected sex; explore reasons for having sex; understand that sex involves emotions, and should involve a sense of respect for one's own and other's bodies, feelings, decisions, and rights; consider the benefits of sexual behavior within a committed relationship; understand the reasons for having protected sex and be able to make informed and responsible decisions; have sufficient information and skills to protect themselves and, if they have one, their partner, from unintended and unwanted conceptions, and STIs, including HIV.

*** Target Group**: School-going adolescents in the key-stage 3 of compulsory education (grades 7 - 9, age range 12(13)-14(15)).

*** Developmental Messages**: Sexuality, and sexual feelings and desires are a natural and healthy part of life. The sexual response system differs from the reproductive system. Love is not the same as sexual involvement or attraction. Loving relationships of many types are important throughout life. Sexual relationships can be more fulfilling in a loving relationship. Dating enables people to experience and learn about other people, about companionship and intimacy, about romantic and sexual feelings and expressions, and about what it is to be in a loving relationship. People's image of their bodies affects feelings and behaviors. Physical appearance is only one factor that attracts one person to another. The size and shape of one's penis, or vagina, or breasts do not affect reproductive ability or the ability to be a sexual partner. The media, including pornography, usually do not portray sexuality realistically, and often present an

unrealistic image of what it means to be female or male, and how men and women behave in loving and sexual relationships. Talking openly about sexuality enhances relationships. Gender norms and stereotypes (about communication (on sexual matters)) could present barriers to the effective sharing of information, feelings and attitudes. Some people display gender double standards with regard to sexual practices and behaviors. Gender role stereotypes are harmful to both men and women, and accepting them can limit one's life. Assertiveness means communicating one's feelings and needs, while respecting the right of others. Being assertive in sexual situations may be difficult. Young people who date need to learn to negotiate decisions about sexual behavior and limits. Values guide a person's behavior, and influence one's decision-making. Being responsible in making decisions about sexuality is important as those decisions usually affect other people too. Sexual intercourse is not a way to achieve adulthood. A person has the right to refuse any sexual behavior. Being sexual with another person usually involves many different sexual behaviors (kissing, touching, caressing, massaging ...), not only oral, vaginal, or anal intercourse. Sexual fantasies are common, and many of them involve behaviors not actually acted upon in real life. Masturbation is one way of expressing one's sexuality, and also may be an important part of a couple's sexual relationship. Individuals are responsible for their own sexual pleasure. Many pleasurable sexual behaviors (including the use of sex toys), which do not involve exposure to semen, vaginal fluids, or blood, do not put a person at risk of STIs/HIV or unintended pregnancy. Contraception enables people to have sexual intercourse and avoid an unwanted pregnancy. Talking to one's partner about using contraception is important. When a (young) woman becomes pregnant and chooses not to have a child, she has the option of having a legal abortion. Having an abortion rarely interferes with a woman's ability to become pregnant or give birth in future. Abortion is not a method of contraception. Proper use of condoms, as individual preventive behavior, can help to prevent both pregnancy and STIs, including HIV infection. People can find creative and sensual ways of integrating condom use into their sexual relationship. The only sure way to know if someone is infected with STI/HIV is from medical testing. (Compiled on the basis of *Guidelines for Comprehensive Sexuality Education: Kindergarten - 12th Grade /Second Edition/* (SIECUS, 1996).)

*** Main Themes and Educational Topics**: Interpersonal Relationships (attraction, emotions, sexual identity and orientation, friendship, (falling in) love, dating, breaking up); Sexual Intimacy and Sexual Behavior (sexual fantasies, feelings, and desires, sexual arousal and response (sexual pleasure, orgasm), kissing, masturbation, abstinence, foreplay, first sexual intercourse); Social Influence (gender (sex/gender difference, gender roles and identities, gender stereotypes, norms and double standards), media (pornography), peer groups, body image); Personal Skills (values, communication, active listening, assertiveness, emotional literacy, negotiation, decision-making, problem-solving, peer-refusal, correct condom use); Sexual Health (STIs/HIV prevention, contraception, abortion, sexual violence (date-rape), seeking help and locating services).

*** Duration**: 12 one-class periods (six 90-minutes units) per school year.

*** Implementation in School**: As an 'elective module' (or a 'special' Health education course) during a two months period (suggested pace: one educational unit (90 minutes) per week)

*** Working Methods**: Interactive and participatory teaching techniques including role-plays, skill practice, small groups, games, brainstorms, quizzes, value continuum, and case studies, and aiming to provide pupils with an opportunity to practice skills and discuss situation that they find significant and realistic. Whereas the program is designed to be implemented with mixed-sex groups, work on some issues (e.g. masturbation) could require a more flexible and supportive response, a combination of single sex (initiating discussion) and mixed groups.

*** Training of Teachers**: 3-4 day training on gender-awareness, sexual health issues, and interactive learning methods. (The existing resources and capacities within non-governmental sector should be utilized (Center for Education and Counseling of Women (CESI) and Forum for Freedom in Education (FFE), as well as the network of peer-educators (Children Hospital Zagreb). The future program for continuous education of sexual health educators needs to be developed and implemented in a co-operation with reproductive health counseling centers within the healthcare system at the county level.)

*** Materials and Resources**: Teacher manuals: 'Sex and Gender Under Magnifying Glass' (CESI, 2000), 'AIDS Education' and 'Human Sexuality' (FFE, 2001). Peer-education manual: 'MEMOAIDS: Youth Educating Youth About AIDS' (Children Hospital Zagreb, 2000). Adolescent-friendly booklet: 'You Have the Right to Know: Sexuality and Reproductive Health from A to Z' (Cesar, Bijelic, & Hodžic, 2002). Internet website: 'SEZAM: Sexuality Education For Youth (URL: http://www.sezam-hr.net). Additional readings: 'Teenagers' Sexuality' (Claussener-Petit, 2002), 'Sex: How? Why? What?: The Teenager's Guide' (Goldman, 2002), 'This Needs to be Known!: Answers to Sensitive Questions for Girls and Boys from 13 to 17 Years' (Ortner, 2002). (An ad-hoc commission, consisting of the program development team, the authors of the existing SE resources, and the representatives of young people, should design a specific program material.)

*** Cross-Curricular Links**: Clear guidelines need to be developed to ensure that the issues of personal responsibility, assertiveness, decision-making, and self-esteem are continuously addressed in prospective health education during the whole compulsory schooling. In addition, it is needed to develop precise knowledge standards for relevant educational contents included in the subjects of natural science and society (grades 1-6) and biology (grades 7-8), in order to make certain that accurate information about sexuality is provided. This means supplying young people with basic, scientifically proven, and intelligible facts on human growth and development, puberty, human reproduction, anatomy, physiology, pregnancy, childbirth, sexual identity and orientation, contraception, abortion, and STIs including HIV/AIDS. (In this way, and respecting the principle of vertical and spiral curriculum programming, pupils should acquire the needed knowledge base that is not provided by this program. However, the program should involve a short knowledge 'test' focusing on basic facts regarding the issues of STIs/HIV, the efficiency of particular prevention method, as well as contraception.) On the other hand, a strong gender educational component of this sexual health program should be adequately supported throughout the national curriculum, and in the accordance with the directives of the National Policy for the Promotion of Gender Equality. Furthermore, the program's specific objectives are closely linked to the overall goals of compulsory education such as the promotion of pupils' self-confidence and self-esteem, and the development of their communication and problem-solving skills, and their capacities for tolerance, cooperation, and other aspects of social competence.

*** Sensitive Issues**: The value-laden issues such as homosexuality and abortion should be addressed having in mind that some pupils might have been raised in rather strong religious teaching and tradition of Catholicism that does not fully accept human sexuality and struggle with many issues related to reproduction. In spite of that, relevant policy and educational guidelines should assure that homophobic attitudes do not go unchallenged, and that abortion is seen in the context of women's rights to exercise control over their own bodies. Moreover, educators should take into account that while one's religious values can play an important role in sexual decision-making, inner-conflicts relating to religious values may also arise during adolescent psychosexual development. On the other hand, it is also true that some (young) people believe that some religious views are not personally relevant. In addition, adequate school and healthcare networks should be established to provide support and assistance in case there are young people who wish to talk about their specific sexual-related problems (e.g. sexual identity/orientation, sexual abuse) outside of classroom discussions.

*** Monitoring and Evaluation/Quality Assessment**: The implementation of the program will be monitored by means of structured teacher self-reports. The efficacy of the implementation procedure will be assessed at the school level, through structured interviews and/or focus group discussions and/or a questionnaire targeting teachers, pupils, and principal teachers. The effectiveness of the educational component of the program will be measured at the pupil level using a quasi-experimental 'pre-test, post-test, control group' research design. The output indicators to be researched include knowledge (about STIs, prevention methods, contraception), attitudes (towards consistent condom use and the refusal of unprotected sex), risk appraisal, social influence (gender norms and stereotypes, peer culture norms), intentions and self-efficacy (regarding consistent condom use and the refusal of unprotected sex). Having in mind the age range of the target group, the program's impact on pupils' sexual behavior should be assessed as a part of longitudinal trails. (While this program is framed within the context of starting relationships and the first intercourse, a similar educational model for senior secondary school students should be developed with focus on promoting consistent condom use in the context of steady relationships, and refusing unprotected sex in casual encounters.

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ENDNOTES:

1. The key international declarations and treaties ratified by the Republic of Croatia that provide a justification for program actions to include sexual and reproductive health issues, as well as gender equality perspective, within formal schooling for young people, include: the International Covenant on Civil and Political Rights; the Convention on the Rights of the Child; the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW); as well as the Action Plans of the 1994 United Nations International Conference on Population & Development (UN ICPD, Cairo), and the 1995 UN Fourth World Conference on Women (Beijing) and their five-year follow up conferences in 1999 (ICPD +5, The Hague) and 2000 (Beijing +5, New York) (***, 1994; ***, 2000b; ***, 2001d; ***, 2002b).
2. For the Swedish example see Nilsson & Sandstrom (2001), and for the Dutch one Schaalma et al (1996).
3. This refers to the number of the topics to be covered rather than the number of levels on which the same message is conveyed.
4. The most controversial issues are abortion, homosexuality, and, as it is the case in the USA, even plain condoms.
5. Recent research data suggests that today young people in Croatia tend to start sexual life earlier than five years ago. The mean age of first experiencing sexual intercourse dropped from 17.1 for girls and 16.7 for boys to 15.7 and 15 respectively (Hodžic & Bijelic, 2003; Štulhofer, Jureša & Mamula, 1999).
6. Data from research studies conducted during the last five years show that 30-42% of young people did not use any contraceptives during the first sexual intercourse, and that 34-44% of them regularly use condoms (Hiršl-Hecej, Šikanic-Duganic & Dobravc-Poljak, 1998; Hodžic & Bijelic, 2003; Štulhofer, Jureša & Mamula, 1999; 2000).
7. According to data from the Student Health Center in Zagreb, around 15-20% of sexually active young women is infected with Chlamydia, and 10-12% with HP virus.
8. In other words, it is important to explain the proper way to use a condom, but it is also vital to question the reactions of a peer-group to a 16-year old girl carrying a condom, as well as to address possible gender-based obstacles to condom use.
9. Educational programs on sexual health should provide a possibility for an open discussion between young men and women, encourage visualization of the other gender's perspective, and strengthen communication skills in order to facilitate better understandings between girls and boys. Moreover, SE programs for boys should additionally develop the expression and articulation of emotions ('emotional literacy'), whereas for girls, it is needed to design

educational activities orientated to strengthen assertive behaviors, and to support clear and confident expression of one's own needs and wants in relation to sexuality.

10. Any upcoming national school-based SE program have to be sensitive to different sexual choices in order to develop needed tolerance to sexual minorities, which during 2002 became a significantly more visible part of Croatian society (see Juras & Mazin, 2003).
11. Research data indicates that more than 80% of pupils and students support the idea of school-based SE, as well as more than 70% of their parents (Štulhofer, Jureša & Mamula, 1999; 2000).
12. Young people's words quoted in this paper are part of transcribed Focus Group Discussions (FGD) conducted as part of the International Policy Fellowship (IPF) research project *Introducing the Education on Gender Equality and Sexuality in the Croatian Schools' Curriculum: Designing the Pilot Program* (URL: http://www.policy.hu/hodzic/).
13. This 'compulsory elective' subject, (re)introduced in Croatian schools twelve years ago, is attended by a large majority of pupils, as during primary education there is no adequate alternative to its Catholic version. Secondary school students can choose between (Catholic) religious education and ethics.
14. Ideologically, this is in line with (ineffective) 'abstinence-only' programs teaching that 'sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects'.
15. Or as young people say: 'We know that religion tells us one thing, but real life is something else. Sexuality isn't a matter of church, these /sexuality issues/ are our problems, and we have to talk about them.'
16. Center for Education and Counseling of Women (CESI), as a part of 'Building Gender Awareness' program, during the last for years has targeted 5000 young people and 200 professionals through various educational activities (workshops, peer-education, in-service teacher training, lectures), and developed a manual for educators (Hodžic, Bijelic & Cesar, 2000), and a booklet (Cesar, Bijelic & Hodžic, 2002) and an Internet website for adolescent-friendly SE (URL: http://www.sezam-hr.net). Forum for Freedom in Education (FFE) is active in the field of in-service teacher training in the area of health education including sexual and reproductive health. FFE also developed two educational manuals for teachers, on *Human Sexuality* and *AIDS Education* (Flaherty-Zonis, 2001a; 2001b).
17. The Reproductive Health Department of the Children Hospital in Zagreb runs peer-education program 'Youth to Youth', and has published a peer-education manual for school-based HIV/AIDS prevention program (Dobravc-Poljak, 2000).
18. The project's overall objective is to develop an analytical basis for the curricular changes, and its results are expected to serve policy makers in decision-making on the implementation of the national curriculum reform.
19. The experts represent the following institutions and organizations: CERD, CESI, FFE, the Croatian Bureau for Public Health, the School of Public Health 'Andrija Štampar', the Government Bureau for the Protection of Motherhood, Family and Youth, Student Health Center, the Department of Sociology and the Department of Pedagogy at the Faculty of Philosophy, Center Against Sexual Violence, the Reproductive Health Department of Children Hospital, and the Clinic for Women's Diseases and Childbirth.
20. In July 2002, after the meeting of the Initiative's members with the Minister of Education and Sport, the representative of the Bureau for the Advancement of Education was appointed to the Initiative.

21. For a more detailed overview and analysis of the history and contemporary SE practice internationally, see Hodžic & Štulhofer (2002).
22. *Sexuality Education and Gender Equality in School Curricula in Croatia: Arguments and Recommendations* (URL: http://www.policy.hu/hodzic/).
23. The MoES and the Government Bureau for the Protection of Motherhood, Family and Youth should be approached at the local level, and additionally, UNICEF, International Planned Parenthood Federation European Network (IPPF EN), and Sexuality Information and Education Council of the United States (SIECUS) at the international level.