



Policy Paper

Sexuality Education and Emotional Wellbeing of the Youth in Cyprus: What is the Impact?



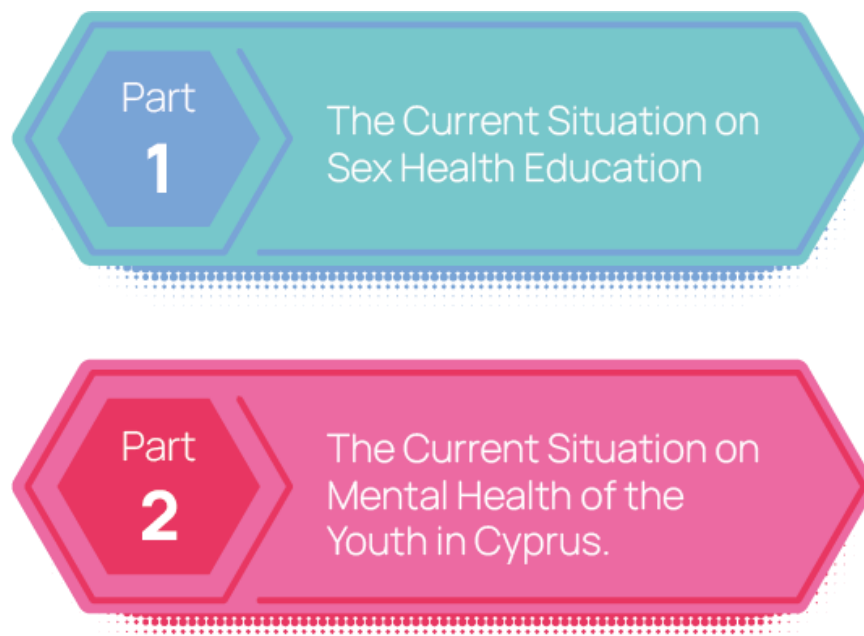
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Sexuality Education and Emotional Wellbeing of the Youth in Cyprus: What is the Impact?

*The current policy paper is divided in two main parts: the current situation on Sex Health Education and the current situation on Mental Health of the Youth in Cyprus. It provides an overview of the impact of good quality sexuality education on the health and wellbeing of young people in Cyprus. The examples in this paper are derived from the findings and experiences of the SAFE-Youth project: a project that during the last two years of its implementation (September 2020 – August 2022) approached around **more than 4500 individuals** via the website, and **more than 500 individuals** through the workshops and pilot implementations.*

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About the SAFE-Youth Project

28% of young people aged 16-29 are at risk of social exclusion in the EU.

This lies in the fact that they might enter the process of social inclusion at different points in their lives and move toward both poles – either marginalization or achievement of autonomy – depending on their choices, support, and opportunities. Developing essential socio-emotional life skills may act as a protective factor for the youth's empowerment, especially in regards to their sexual behaviour, mental health, quality of life and wellbeing.

Sexuality Education responds to this challenge by empowering youth workers to provide young people with the knowledge, skills and efficacy to make informed decisions about their sexuality, well-being and lifestyle, as to feel more included in their social environment, be more confident about who they are and become active citizens.

Youth workers can respond and facilitate this developmental phase by empowering young people on a personal and social level. According to the National Occupational Standards for Youth Work 2008, youth work enables young people to develop holistically – their voice, influence, and place in society – and reach their full potential: an aspect that the formal educational system cannot achieve solely.

SAFE YOUTH empowers youth workers to act as 'first-aiders' on sexuality education, mental health and wellbeing topics, when interacting and connecting with youth.

The project objectives are to:

Educate and support youth workers and trainers' acquisition of sexuality education, mental health, resilience and wellbeing competences;

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Empower the development of attitudes of self-respect and self-value of youth target groups;

Increase knowledge and awareness of youth workers and young people regarding social inclusion, sexuality education, mental health, resilience and wellbeing issues building on European values;

Increase knowledge and awareness of youth workers and young people regarding social inclusion, sexuality education, mental health, resilience and wellbeing issues building on European values;

Stimulate youth workers to connect, engage and empower youth to challenge the social taboos and stereotypes, building more inclusive social environments;

Contribute to practice policy development regarding sexuality education and validation and recognition of youth work at national and EU levels.

The current situation: Sex Health Education in Cyprus

Introducing the Health Education Curriculum in public schools in 2012 has been an important step in ensuring the right to sexuality education. The content of the Curriculum is scientifically documented, theoretically grounded and includes all dimensions of health. In elementary school, topics related to sex education are covered in the Health Education/Life Education course, mainly in the thematic sub-section of Family Planning, Sexuality and Reproductive Health, offered in the 2nd, 3rd, and 6th grades.

In secondary education/high school, sex education is approached in Home Economics and Biology courses. Relevant modules are covered only in the biology course (compulsory in the 1st grade and optional in the 2nd and 3rd grade) and in the optional Family Education course. Secondary Technical Education does not cover sexuality education. It is important to note that since children with special educational needs do not follow an Analytical Program but an individual personalized program, many of them do not have access to sexuality education.



According to the publication “Analysis of the Current Situation: Sexual and Reproductive Health and Rights of Adolescents in Cyprus”¹ published by the Cyprus Family Planning Association in 2015, sex education is not effectively implemented. Adolescents lack knowledge and skills in conception, contraception, sexual health, sexual violence, sexual rights, and gender.

As the Commissioner for the Protection of Children's Rights notes in her report²:

“

As regards the information that children receive today in the context of compulsory education, the children themselves report that the Life Education course included in the New Analytical Programs of the Ministry of Education and Culture, at the Secondary Education level, is not taught sufficiently, not even regularly. On the contrary, according to all the children, it is delivered piecemeal, insufficiently and by inadequately trained staff.

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Inadequate implementation of sexuality education means that young people lack accurate, accessible, and holistic information on sexual health and rights, as well as the necessary knowledge and skills to make responsible decisions about their health and wellbeing and develop healthy and equal relationships.

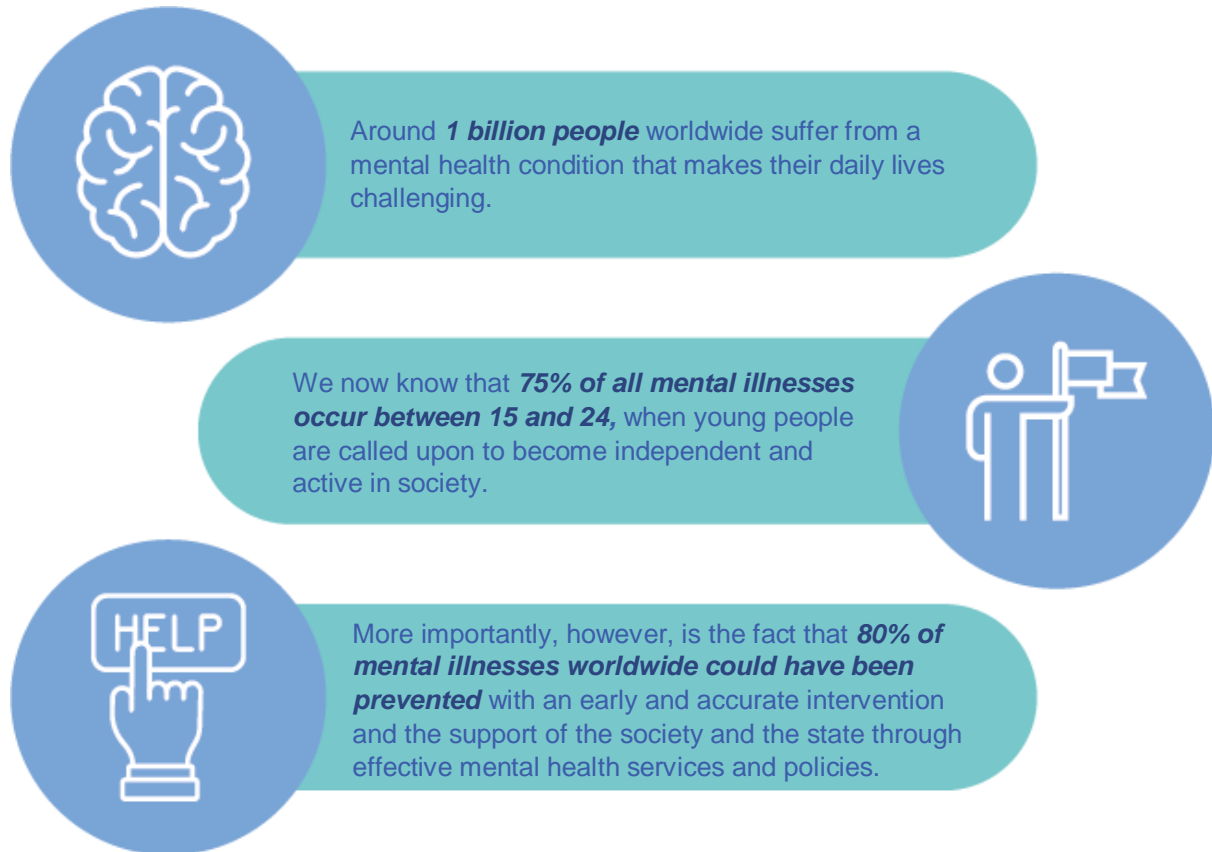
Research shows that when sex education is offered early, it can reduce the risk of unwanted pregnancies and sexually transmitted infections and promote healthy sexuality development and relationship satisfaction among young people³.

Recommendations:

- Inclusion of sexuality education (as a compulsory course) at all levels of education – from Kindergarten to High School - as well as for students attending special schools and special units;
- Introduction of a new sexuality education curriculum, covering topics such as sexuality and mental health, wellbeing, reproductive health, consent, body, assertivity, mutual respect etc;
- Systematic and mandatory training and support of all educational staff at all levels in matters of sexuality education, openness to talk about sex even in a young age, taboos elimination;
- Design and implementation of a monitoring and evaluation system to assess the performance of all the success indicators of the Health Education Program, as well as the the implementation of educational programs;
- Organization of informative and educational programs for parents;
- Research on the needs of children and young people concerning sexuality and reproductive rights and services;
- Support of the Ministry of Education to non-profit organizations that are active in developing and applying sex education in schools and youth clubs.

The current situation: Youth's Mental Health

Young people's mental health is perhaps the biggest challenge at both state and societal levels that the relevant stakeholders are called upon to manage, especially after the Covid-19 pandemic.



Recommendations:

- Enrichment of the GHS with services and programmes related to mental health prevention and not just treatment of mental illness;
- Establishment of Social Welfare and Prevention programs aimed at reducing delinquent/criminal behavior, forms of violence, addictions and suicidal behavior of youth in society;
- Promotion of systematic and daily extracurricular clubs and activities in the fields of sport, music and art;
- Development and implementation of systematic and ongoing educational programmes for parents on how to manage and empower mental health at home;
- Provision of systematic and ongoing professional training programmes for teachers at all levels of education on mental health promotion and management in schools;
- Restructure of the way schools operate and promotion of a healthier place of education and learning by
 - introducing more interactive activities for the delivery of the lesson, involving movement, dialogue and interaction in the classroom;

- adapting the way lessons are assessed (use of assignments, presentations, volunteering, community service, practical work, etc.);
- restructuring the curriculum, as the syllabus high volume seems to be the main source of stress for students;
- reducing the number of students per classroom;
- applying more creative ways of teaching (abolition of the teacher-centred model and promotion of a circular learning model);
- appointing permanent psychologists per school and free in-school services;
- introducing a mental health first aid course in secondary schools;
- establishing a Mental Health Day to provide information and organize activities on empowerment, anti-stigma and awareness-raising on mental illness among young people;
- Organization of seminars by youth workers to inform the leadership team of each school and the teachers about the role of youth workers (twice a year per school);
- Establishment of a Youth Space Initiation
 - tender for finding/designing a space by the community authorities of each community;
 - provision of logistical infrastructure;
 - accessible spaces and activities for all people (disabled, languages, etc.);
 - Adequate number of Youth Clubs staffed by population-based officers (in collaboration with existing youth centres);

References

- ¹Cyprus Family Planning Association (CFPA). (2015). Situation Analysis: Sexual and Reproductive Health and Rights (SRHR) of Adolescents in Cyprus. Nicosia, Cyprus.
- ² Memorandum of the Commissioner, in the discussion of the topic 'The implementation of Sexuality Education in the context of the New Analytical Programs of the Ministry of Education and Culture' at the meeting of the Parliamentary Committee on Health, 07/02/2015.
- ³Mullen, P.D., Ramirez, G., Strouse, D., Hedges, L.V., Sogolow, E. (2002). Meta-analysis of the effects of behavioral HIV prevention interventions on the sexual risk behavior of sexually experienced adolescents in controlled studies in the United States. *Journal of Acquired Immune Deficiency Syndromes: JAIDS*. 30 Suppl 1: S94-S105.