

## Module 2: Evidence based approaches to sexuality education for adolescents - Adolescent health and development with a particular focus on sexual and reproductive health - Assignment

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### **Introduction**

In 1994, Lithuania has signed the declaration of United Nations International Conference on Population and Development (ICPD) (5-13 September 1994 Cairo, Egypt). According to it, Lithuanian Government has taken responsibility to improve reproductive health, accessibility to all family planning methods, and quality of services (1). However, in Lithuanian Health Program (one of the main documents of national health policy) reproductive & sexual education was not mentioned (2). Moreover, National Health Board (the board functions as an advisory body for the Parliament and the Government of Lithuania) refused to adopt principles of WHO European Regional Strategy on Sexual and Reproductive Health in Lithuanian national strategy (3). In spite of that, Lithuanian Ministry of Education and Science initiated a study of the need of training program on preparation for family life and sexuality education. This study revealed the need of such training program for adolescents in Lithuanian schools (4). The Ministry of Education and Science approved the program in 2007 (5). However, still many schools delay the implementation of the program in the training curriculum. Moreover, still many discussions are going on about the appropriateness of the adolescent program (6).

### **Problems**

1. *Religious and traditional attitudes.* There are all the time strong disagreements between reproductive health organizations (Lithuanian AIDS center, Lithuanian Family Planning center) and Lithuanian Roman Catholic church authorities. Both agree on the need of sexuality education. However, there are strong disagreements on the content of this program. Religious authorities argue for the more conservative sexuality education program (strong emphasis on virginity, natural family planning methods, etc.). Meanwhile, non-governmental organizations stand for more liberal programs.
2. *Lack of competence of teachers.* There are strong doubts regarding the competence of teachers. In order to solve this problem, many projects have been organized in Lithuania. I had a big pleasure to take part in one of them (link: <http://www.baltichealthtrain.ut.ee/>).
3. *Concerns from parents.* Parents are afraid that sexuality education can have a negative impact on their children and can lead to early sex. However, research from around the world clearly indicates that sexuality education rarely, if ever, leads to early sexual initiation. Sexuality education can lead to later and more responsible sexual behavior or may have no discernible impact on sexual behavior (7).
4. *Absence of multisectoral teamwork.* According to UNESCO recommendations (7), the success of sexuality education programs will depend on the collaboration of young

people, parents and teachers. However, in Lithuania only few schools have strong communities. Still in many training institutions there is a significant segregation between these partners. This problem was mentioned by the study initiated by Lithuanian Ministry of Education and Science (4).

5. *Lack of training materials.* There are no training materials and textbooks in Lithuanian language; sexuality education is based on old textbooks, old knowledge, and old teaching-methods.

## Suggestions

As it was mentioned before, Lithuanian Ministry of Education and Research has approved the sexuality education program for schoolchildren. However, this program is implemented only in a few schools. One of the main reasons is the lack of competent teachers. There are few solutions to this problem:

1. Training of teachers. In 2007 there was a project BalticHealthTrain aiming to increase teacher's knowledge and competence in this field. However, only very limited number of teachers had the possibility to participate in this training. There are plans to organize more training courses in the future. I want to stress that a considerable part of teachers think that sexuality education can lead to early start of sexual life. It is very important to dispel this myth.
2. Involvement of public health specialists. According to Lithuanian legal acts, every school should have a public health specialist. These specialists are responsible for organization of health promoting activities in school and health education. In my understanding, they could be teachers in sexuality education. I am sure that they have necessary knowledge and skills for this task.

## References

1. Bulotaite E., Kuliesyte E. (2005) Reproductive rights in Denmark, Finland, Sweden, and Lithuania. Senoja, Vilnius. (in Lithuanian)
2. Ministry of Health (1997) Lithuanian Health Program. Vilnius. (in Lithuanian)
3. National Health Board (2005) The report of activity of National Health Board, 2004. Lietuvos Respublikos Seimas, Vilnius. (in Lithuanian)
4. Ministry of Education and Science (2008) Results from the study on the needs of training program on preparation for family life and sexuality education. Ministry of Education and Science, Vilnius. (in Lithuanian)
5. Ministry of Education and Science (2007) Law on approvement of training program on preparation for family life and sexuality education. *State News*, **19-740**. (in Lithuanian)
6. Obeleniene B. (2009) The assessment of educational content of comprehensive school following the principles of chastity and moral sexual education. *Soter* **30**, 97-114. (in Lithuanian)

7. UNESCO (2009) International Technical Guidance on Sexuality Education. Volume I. The rationale for sexuality education. UNESCO, Paris.