

Professor Claas Wegner, Caroline Seide and Carolin Zehne work at the Department of Biology Didactics, Bielefeld University, Germany.

For communication, please email: [carolin\\_zehne@web.de](mailto:carolin_zehne@web.de)

## Claas Wegner, Caroline Seide and Carolin Zehne

### Sexuality Education in Germany - Example of a Comprehensive, Learner-Centered Teaching Unit

Sexuality education in German schools is diverse and makes use of many “approaches, forms, pedagogies, and resources” (Ponzetti, 2015, p. 2). When looking at the literature dealing with the topic, there are generally three terms that can be identified: the label 'sex education' is rather restrictive, as it only puts a focus on biological aspects of human sexuality, such as birth or anatomy of sexual organs. 'Sex and relationships education', on the other hand, conceptualizes “the subject matter within sexual relationships and interaction” (Ponzetti, 2015, p. 2). 'Sexual health education' approaches the topic from the perspective of public health, in which sexuality is primarily seen as a risky behaviour with potentially negative outcomes (Ponzetti, 2015, p. 2). In the context of this paper, the term 'sexuality education' will be used, as it includes all aspects previously mentioned, taking into account the diversity of human sexuality. Kirby, Alter and Scales (1979), mention several goals for sexuality education, which should:

- provide accurate information about sexuality
- facilitate insights into personal sexual behaviour
- reduce fears and anxieties about personal developments and feelings
- encourage more informed, responsible, and successful decision making
- encourage students to question, explore, and assess their sexual attitudes
- develop more tolerant attitudes toward the sexual behaviour of others
- facilitate communication about sexuality with parents and others

- develop skills for the management of sexual problems
- facilitate rewarding sexual expression
- integrate sex into a balanced and purposeful pattern of living
- create satisfying interpersonal relationships (Kirby, Alter and Scales, 1979, p. 3-4 in Bruess and Greenberg, 2004, p. 16)

Quality sexuality education should further include “honestly looking at issues” (Bruess and Greenberg, 2004, p. 18) and being realistic in the way “what can and should be covered” (Bruess and Greenberg, 2004, p. 18). Good sexuality education programmes also recognize the importance of non-verbal communication in sexuality education. These programmes should always convey accurate information with regards to sexuality and should be based on the learners' needs. In addition to that, sexuality education needs to be seen and treated as something different from sexual counselling, as it involves larger groups and does not specifically target individual problems (Bruess and Greenberg, 2004, p. 18-19). Effective programmes thus have the potential to reduce misinformation and increase correct knowledge at the same time. They strengthen positive attitudes and values and increase skills to make informed decisions, as well as communication with parents (UNESCO, 2009, p. 3).

Schools in particular have the potential to reach many young people and can thus provide an “appropriate structure” (UNESCO, 2009, p. 3), i.e. a framework for an adequate curriculum. The goal is to establish a safe feeling for students within a “protective and enabling environment”

(UNESCO, 2009, p. 11), in which they feel respected and valued.

## Sexuality Education in Europe and Germany

Sexuality education in Europe has the longest history when looking at a global scale (Carroll, 2015, p. 194). The age at which students are introduced to the topic varies greatly among countries, as does the curricular setting. It is mostly associated with biology which in turn means that the focus tends to be on the physical aspect of sexuality. Apart from the subject, which builds the basis for the implementation of sexuality education in a particular country, the education on the part of the teachers also influences its content (WHO, 2010, p. 14).

Generally, three types of sexuality education can be found within the European context: a) abstinence-only, b) comprehensive, and c) holistic.

Abstinence-only programmes see abstinence from sexual behaviour outside marriage as the only correct and moral option. Sexual activity is only tolerated within the context of marriage.

Within the framework of comprehensive sexuality education, sexuality is viewed as a normal, healthy, and natural way of life. It is value-based and lets students explore their own views, giving them a chance to develop as individual human beings. Comprehensive sexuality education covers a wide range of topics, and does not only focus on biological aspects of human sexuality (Alford, 2001).

Holistic approaches involve a "wider perspective of personal growth and development" (WHO, 2010, p. 15), whereas the other two are rather concerned with behavioural results. Sexuality education in Europe tends to be mainly based on holistic approaches (WHO, 2010, p. 15), which makes it "personal growth oriented" (Carroll, 2015, p. 194) rather than prevention oriented (Carroll, 2015, p. 194).

In Germany, sexuality education has been mandatory since 1968 (Carroll, 2015, p. 194). There are several institutions responsible for sexuality education in the country which act on different organizational levels. The Federal Centre for Health Education (Bundeszentrale für gesundheitliche Aufklärung, BZgA) develops concepts and assesses the quality of programmes. It provides the framework for federal states,

which have to implement sexuality education on their own terms. Like many other countries in Europe, Germany bases its methodology on a holistic approach, which not only covers rather biological-related topics, but also encourages people to develop self- and partner-responsible attitudes. Sexuality education is intended "to support the development of a self-determined identity, of a personal value system and of a personal life perspective" (Bockschmidt and Heßling, 2015, p. 21). Within the country, there are different levels which ensure access to sexuality-related information. On the government level, the Federal Center for Health Education is responsible for setting the framework for sexuality education, which serves as a basis for individual states. It also provides free information material for all kinds of institutions. Sexuality education falls under the authority of each federal state, such as deciding on the beginning of teaching it and its implementation in the curriculum. The emphasis of individual topics varies between states at the community level, while governmental and non-governmental organizations are responsible for further provision of information and counselling (Brockschmidt and Heßling, 2015, p. 21)

The study youth sexuality (2015), by the BZgA, has been conducted regularly since 1980 and investigates adolescents' behaviour and attitudes towards sexuality, contraception, and sex education. The study found that, in the case of Germany school-related sexuality education, it is now provided nationwide and is independent of sex or social background. For adolescents, the school they attend is the most important source of "basic information", especially for boys. School-related sexuality education seems particularly relevant for younger children, since the importance of school providing information decreases with the students' age (Heßling and Bode, 2015, p. 6).

These findings show how important an adequate sexuality education methodology in school is for the development of adolescents. The following will describe a teaching unit at a secondary school which was designed for students aged 11 to 13.

## Teaching Unit

As the term sexuality covers many different areas, the teaching unit was composed of several

smaller units dealing with one particular aspect at a time. The topics involved:

- language and sexuality
- puberty
- anatomy and function of sexual organs
- menstruation
- hygiene
- pregnancy and birth
- contraception (project week)

The way each of these subunits was approached in the context of the unit will be explained in the following sections.

Before actually starting with the unit, the students' parents were invited to school for presentations about the course outline and an opportunity to ask any questions.

Students were made aware of aspects of language and sexuality in the first introductory lesson of the unit. As there are many different layers of language which deal with sexuality, students had to be made aware that some phrases are not suitable to be used within the school setting. It had to be made clear what kind of language will be used in the classroom when dealing with the topic.

Before starting with the actual unit, rules were worked out for the classroom and classroom interaction. These involved the fact that nobody is forced into saying something, participating in certain tasks is not mandatory, laughing is allowed, however never making fun of others. The aim of the first lesson was to work out different layers of language related to sexuality and by that making students more confident when talking about the topic. For this, students had to describe drawings related to sexuality, describe sexual organs in their own words and assign the categories "words I do like" or "words I do not like" individually on a work sheet. One of the words the students found had to be written on a card anonymously. All cards were then collected at the front desk and were assigned to different categories of language displayed on the board by all students. It was pointed out here that, for talking about sexuality in class, both colloquial language and biological terminology can be used.

Also an anonymous question box was introduced in the first lesson, where students got the chance to leave questions anonymously after each lesson which were discussed in a specific lesson (explained below).

## Puberty

During the second lesson of the unit, students worked out what kind of changes occur for girls and boys during puberty. They approached the task in small groups, which were determined randomly to ensure relatively heterogeneous groups in terms of sexes, since boys might not know as much about changes for girls and vice versa. Within the groups, there were different tasks assigned to individual members to make the group work more efficient (see table 1).

Table 1. Individual role/tasks within one group

Role	Tasks
"test person"	Willing to lay down on the ground and let fellow students draw around body for labeling of changes as a part of the task
Material keeper	Responsible for enough material and space, continues working with the others afterwards
Leader of the experiment	Guides the conversation and pays attention to time
Protocol keeper	Brings all ideas gathered onto paper

Students could then pick a gender and describe changes during puberty with the help of a self-drawn silhouette of one of their fellow students. It is important to note that nobody was forced into being the test person. After the task had been completed by individual groups, results were collected with the whole class and written down on worksheets.

## Menstruation cycle

For dealing with menstruation/the menstrual cycle, students worked in groups again. Cards describing embarrassing situations related to the topic were distributed to groups, on which they had to find a solution to the problem given. A student of each group read out their solution. This was intended to enhance the students' empathy and to give them confidence when talking about embarrassing situations, as well as paying attention to the rules for conversations set up prior to the unit. Further, students worked with a menstruation calendar to improve their communicative skills. The topic was then picked up in the following lesson to discuss the processes during menstruation.

## Hygiene

For introducing the topic hygiene, students were shown a culture medium which they had touched the lesson before to make them aware of the existence of microorganisms. Most of the

lesson regarding this topic was taken up by a smelling test, in which students' experienced the individuality of their senses when they had to judge 10 different smells on a questionnaire. After the experiment, coordinate systems were hung up on the board on which students had to classify their hygienic behaviour. This way, students learned to reflect on their own hygiene. The coordinate systems on the board were then used to lead over to an overview of adequate hygienic behaviour.

### **Pregnancy**

For the topic of pregnancy, a short movie excerpt dealing with the developmental steps within pregnancy was shown. During the 10-minute clip, students had to fill out a worksheet in order to focus on the content. In the second phase of the lesson, students worked on an amniotic sac model, from which they could draw conclusions for the real world. For the experiment, small groups of five students a) put a raw egg into a beaker and b) put a raw egg in a bag filled with water and then put it into the beaker; then both beakers had to be shaken. This way they could deduce the purpose and function of the amniotic sac.

### **Project week**

During the four-day project week, students visited several consulting centres and non-governmental organizations (NGOs) in order to be more familiar with the available additional support for sexuality-related issues.

In addition, students had to create a video advertisement either dealing with condoms or the contraceptive pill. Apart from the two topics there were no rules for shooting the short film. The finished films were presented in class. Towards the end of the teaching unit, the questions from the question box were discussed and answered in single-sex groups. While the boys were supervised by a male teacher, a female teacher joined the group of the girls. Both groups had further meetings in different rooms, since some questions were specifically related to individual genders. To answer the questions, each student picked one from the table and tried to answer it. It was then discussed in the group so that all students felt the questions were/had been sufficiently answered.

### **Discussion**

The teaching unit was positively evaluated by teachers, parents, and students. Throughout the

unit, students were quite engaged and interested in the topic and made very frequent use of the question box. Some of them even asked the teacher personal questions right after lessons. Overall, students were focused during the sessions. Due to the 60-minute lessons, experiments and group work worked well and did not have to be split up. Results for the tasks worked out by the students were satisfying: for the smelling experiment and advertisement in the context of the project week, students even asked whether they could do something similar again.

During the discussion of questions from the question box towards the end of the lesson, a very intimate and personal atmosphere could be created due to the homogeneous groups in terms of genders and their spatial separation. Students felt free to share their experiences and concerns. Also in connection with the approach chosen to answer the question, this led to a very personal conversation among students with hardly any involvement on the part of the teacher.

In some lessons, building students' competences were neglected to some extent, as there was a tendency to focus more on theoretical aspects of sexuality education.

Reflecting on the positive experiences for teachers and students alike, the idea of the teaching unit could help to underpin the value of quality sexuality education which actively involves learners and help them shape and build their personality and sexual awareness.

### **References**

- Alford, S. 2001. Sex Education Programs: Definitions & Point-by-Point Comparison. *Advocates for Youth*. Accessed 28 July 2016. <http://www.advocatesforyouth.org/publications/publications-a-z/655-sex-education-programs-definitions-and-point-by-point-comparison?tmpl=component&print=1&layout=default&page>
- Brockschmidt, L. and Heßling, A. 2015, Sexuality Education in Germany: an effective intervention to support the sexual and reproductive health of people across the lifespan, *Entre Nous*, 82, 21-22. Accessed 28 July 2016. [http://www.euro.who.int/\\_data/assets/pdf\\_file/0018/292203/Sexuality-education-in-Germany.pdf?ua=1](http://www.euro.who.int/_data/assets/pdf_file/0018/292203/Sexuality-education-in-Germany.pdf?ua=1)
- Bruess, C.E. and Greenberg, J.S. 2004. *Sexuality Education: Theory and Practice*, Sudbur, MA, Jones and Bartlett Publishing.
- Carroll, J.L. 201., *Sexuality Now: Embracing Diversity*, Boston, MA, Cengage Learning.
- Heßling, A. and Bode, H. 2015. *Jugendsexualität- die Perspektive der 14-25 jährigen [Youth Sexuality- the perspective of 14 to 25 year olds]*, Cologne, Bundeszentrale für gesundheitliche Aufklärung.
- Kirby, D., Alter, J. and Scales, P. 1979. Executive summary, in *An analysis of U.S. sex education programs and evaluation methods*, Atlanta, U.S. Department of Health, Education, and Welfare.

Ponzetti, J.J. 2015. Sexuality Education: Yesterday, Today, and Tomorrow, in J.J. Ponzetti (ed.): *Evidence-based Approaches to Sexuality Education: A Global Perspective*, pp.1-16, New York, Routledge.

WHO Regional Office for Europe and BZgA. 2010. *Standards for Sexuality Education in Europe: a framework for policy makers, educational and health authorities and specialists*. Cologne, Federal Centre for Health Education, BZgA. Accessed 28 July 2016.

[http://www.oif.ac.at/fileadmin/OEIF/andere\\_Publikationen/WHO\\_BZgA\\_Standards.pdf](http://www.oif.ac.at/fileadmin/OEIF/andere_Publikationen/WHO_BZgA_Standards.pdf)

United Nations Educational, Scientific and Cultural Organization. 2009. *International Technical Guidance on Sexuality Education. An evidence- informed approach for schools, teachers and health educators*. Accessed 28 July 2016.

<http://unesdoc.unesco.org/images/0018/001832/183281e.pdf>

## Education and Health

The journal, published by SHEU since 1983, is aimed at those involved with education and health who are concerned with the health and wellbeing of young people. Readership is worldwide and in the UK include: primary; secondary and further education teachers; university staff and health-care professionals working in education and health settings. The journal is online and open access, continues the proud tradition of independent publishing and offers an eclectic mix of articles. Contact the [Editor](#)

## Education and Health Archive

Each issue of the journal is available via the archive. There are several simple indices that help to identify articles by keywords; year/issue number; author surname and article title. It can be seen that some contributors have had a number of articles published and there are a range of topics that have been covered over the years. Sometimes a contributor will update their article or develop points raised by another contributor. The pages on the website, that have been provided for the Education and Health journal, usually have the highest number of 'reads' across all pages on this Internet site.

## SHEU

Schools and Students Health Education Unit

The specialist provider of reliable local survey data for schools and colleges and recognised nationally since 1977

*"The (SHEU survey) helped us to prioritise where we needed to be in terms of PSHE education. We delivered assemblies based on the evidence as well as curriculum development, and dealt with whole school issues – particularly in regard to pastoral care. The answers received to the question on the survey Who are you most likely to approach if you needed help worried staff as teacher was not a popular answer. Subsequently the staff asked themselves why this had happened and what needed to be done to address the issue. There was more emphasis on wider aspects of PSHE education delivery, which needed more attention. To summarise, the (SHEU survey) allows the PSHE department to assess the impact of teaching and learning and modify future lessons accordingly. It allows our school to look at whole school issues such as the extent to which the pastoral care system is meeting the needs of our pupils. It helps us to do need analysis of our pupils. It helps to provide important evidence for SEF / the extent to which we are meeting wellbeing indicators / National Healthy School standards."* Secondary School Head

For more details please visit <http://sheu.org.uk>