Country Papers

Assessment and report by Cornelia Helfferich and Birgit Heidtke

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Cologne, October 2006
1 Country Profile: Selected Data

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2003 Value</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population (million)</td>
<td>2,3</td>
<td>WHO European Health Report 2005</td>
</tr>
<tr>
<td>GDP per capita (US $)</td>
<td>4,771</td>
<td>UNDP Human Development Report 2005</td>
</tr>
<tr>
<td>Human Development Index (HDI)*</td>
<td>0,836</td>
<td>UNAIDS 2006 Report on the Global AIDS Epidemic</td>
</tr>
<tr>
<td>Adult literacy rate (% ages 15 and above)</td>
<td>99,7</td>
<td>WHO European Health for All Database</td>
</tr>
<tr>
<td>Youth literacy rate (% ages 15 to 24)</td>
<td>99,7</td>
<td>UNICEF Innocenti Research Centre: Child Poverty in Rich Countries 2005</td>
</tr>
<tr>
<td>Female literacy rate (% ages 15 and above)</td>
<td>99,7</td>
<td>WHO HBSC Study 2001/2002</td>
</tr>
<tr>
<td>Life expectancy at birth</td>
<td>71,0</td>
<td></td>
</tr>
<tr>
<td>Adults aged 15 to 49 HIV prevalence rate</td>
<td>0,8/0,6</td>
<td>WHO European Health Report 2005</td>
</tr>
<tr>
<td>Total fertility rate</td>
<td>1,1</td>
<td>WHO European Health Report 2005</td>
</tr>
<tr>
<td>Maternal mortality rate (per 100,000 live births) (WHO estimate)</td>
<td>61</td>
<td>UNICEF Innocenti Research Centre: Child Poverty in Rich Countries 2005</td>
</tr>
<tr>
<td>Abortions per 1000 live births</td>
<td>674.18</td>
<td>WHO European Health Report 2005</td>
</tr>
<tr>
<td>Population under age 15 (% of total)</td>
<td>15,1</td>
<td>WHO European Health Report 2005</td>
</tr>
<tr>
<td>Children living in relative poverty (in %)</td>
<td>n. a.</td>
<td></td>
</tr>
<tr>
<td>Expected years of schooling</td>
<td>13,3</td>
<td>WHO European Health Report 2005</td>
</tr>
<tr>
<td>% of all live births to mothers age under 20 years</td>
<td>9,31</td>
<td>UNAIDS 2006 Report on the Global AIDS Epidemic</td>
</tr>
<tr>
<td>Use of contraception during last sexual intercourse (% of 15 year-old)</td>
<td>84,0 girls</td>
<td>WHO European Health Report 2005</td>
</tr>
<tr>
<td></td>
<td>86,9 boys</td>
<td>WHO European Health Report 2005</td>
</tr>
</tbody>
</table>

2 National Framework and Key Actors of Youth Sex Education

Legal Basis

The legal basis for youth sex education in Latvia is the Law of Sexual and Reproductive Health. The objective of the law is to decree legal relations in order to protect the sexual and reproductive health of the population. Section 6 of the law states the reproductive and sexual rights and responsibilities of everyone, e.g. the right to receive suitable information about sexual and reproductive health.

Health Policy and Strategies

In its target No. 4, Latvia’s Strategy of Public Health aims at the Health of Schoolchildren and Teenagers: by 2010, all schoolchildren and teenagers should be significantly healthier and better able to fulfil personal and social responsibilities for their health and well-being. In particular, this objective comprises:

The development of schoolchildren’s and teenagers’ life skills, and improvement of their ability to make healthy choices,

A major reduction in young people’s use of illicit drugs, tobacco or alcohol,

A reduction of child and teenage pregnancies by at least 20%.

At the same time, Chapter 3 of Latvia’s Mother and Child Health Care Strategy refers to Health Care Provided for Infants, Children and Teenagers, particularly to:

The development of education programmes for teenagers that address the physical, mental and psycho-emotional development of a person, sexual and reproductive health, the role of the family, abortion and its impact on women’s health, the importance of contraception, etc.,

The active involvement of professionals in health care, social care and social rehabilitation in tackling the sexual abuse of children, children addicted to alcohol, drugs or toxic substances, and children living in deprived families.

National Budget for Youth Sex Education

Expenses for the promotion of sexual and reproductive health are covered by the national health care budget. However, there is no accounted item for sex education, as the respective budget is independently planned by every institution involved. In 2006, for example, the budget of the Health Promotion State Agency amounts to € 854,086, of which expenses for the Reproductive Health Programme account for about € 21,500. The HIV/AIDS prevention centres’ budget for campaigns, booklets and posters in 2005 amounted to € 32,077.

Governmental Institutions and Agencies

Different ministries and government bodies are assigned in the field of youth sex education:

Ministry of Health
and its bodies:
  Health Promotion Agency
  AIDS Prevention Centre

Ministry of Education and Science

Ministry of Children and Family Affairs

Ministry of Welfare
The most important government institutions for the implementation of youth sex education in Latvia’s public health strategy are:

Republikas Izglitibas un zinatnes ministrija (Ministry of Education and Science)
www.izm.gov.lv

AIDS Profilakses centrs (AIDS Prevention Centres)
www.aids.gov.lv

Veselības Veicināšanas Valsts Aģentūra (Health Promotion State Agency)
www.vvva.gov.lv

Narkoloģijas valsts aģentūra (Narcology State Agency)
www.narco.gov.lv

Selected Non-Governmental Organisations and Other Actors

A wide range of NGOs and non-governmental services in the area of family planning, health and health promotion, as well as youth organisations and Youth-Friendly Services, take an active part in youth sex education. Their work is funded by local public budgets, international programmes of UNDP and the WHO’s regular budget.

Important NGOs in the field are:

Papardes zieds. Association for Family Planning and Sexual Health
www.papardeszieds.lv

Jauniešiem draudzīgie ārsti. Youth-Friendly Doctors (part of Papardes zieds)
www.jaunc.lv

In Latvia, peer education is exclusively carried out by NGOs. Peer education as an approach to youth sex education was started in 1996 by *Papardes zieds* and *Youth Against AIDS*. Currently, 18 NGOs are involved in peer education.
4 Settings of Youth
Sex Education

Youth sex education is provided in schools, by health services, social services and specific counselling services on HIV/AIDS. Thus, schoolteachers, health professionals and social workers are involved. Sex education is also implemented at universities and vocational training institutions, where it is part of the studies of future teachers, social workers, community workers, school psychologists and physicians.

Schools, universities and vocational training institutions address the widest range of issues, while health services focus on biological and medical aspects. Providing knowledge on domestic violence is a special field of social services. Vocational training institutions and universities also examine the issue of trafficking in human beings.

Subject of sex education addressed by setting

<table>
<thead>
<tr>
<th>Subject</th>
<th>School</th>
<th>Health services</th>
<th>HIV/AIDS Counselling</th>
<th>Social Services</th>
<th>Universities/Vocational Training Institutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biological knowledge and body awareness</td>
<td>✔️</td>
<td>✔️</td>
<td></td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Sex</td>
<td>✔️</td>
<td>✔️</td>
<td></td>
<td></td>
<td>✔️</td>
</tr>
<tr>
<td>Pregnancy and birth</td>
<td>✔️</td>
<td>✔️</td>
<td></td>
<td></td>
<td>✔️</td>
</tr>
<tr>
<td>Contraception</td>
<td>✔️</td>
<td>✔️</td>
<td></td>
<td></td>
<td>✔️</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>✔️</td>
<td>✔️</td>
<td></td>
<td></td>
<td>✔️</td>
</tr>
<tr>
<td>STIs</td>
<td>✔️</td>
<td>✔️</td>
<td></td>
<td></td>
<td>✔️</td>
</tr>
<tr>
<td>Love, marriage, partnership</td>
<td>✔️</td>
<td>✔️</td>
<td></td>
<td></td>
<td>✔️</td>
</tr>
<tr>
<td>Sexual orientation</td>
<td>✔️</td>
<td>✔️</td>
<td></td>
<td></td>
<td>✔️</td>
</tr>
<tr>
<td>Abortion</td>
<td>✔️</td>
<td>✔️</td>
<td></td>
<td></td>
<td>✔️</td>
</tr>
<tr>
<td>Sexual violence/abuse</td>
<td>✔️</td>
<td>✔️</td>
<td></td>
<td></td>
<td>✔️</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>✔️</td>
<td>✔️</td>
<td></td>
<td></td>
<td>✔️</td>
</tr>
<tr>
<td>Trafficking in human beings</td>
<td>✔️</td>
<td>✔️</td>
<td></td>
<td></td>
<td>✔️</td>
</tr>
</tbody>
</table>
Special Focus: School

Youth sex education is part of the school curriculum. It is provided in primary education for the age group of 7-10 and in secondary education for the age group of 11-18. Since 2005, sex education has been a compulsory part of school health education in the context of social education for grades 5 and 8 (Health Education Curriculum for elementary school, decreed by the Ministry of Education and Science in 2001). In secondary education (grades 9 to 12), health and sex education is a voluntary subject.

5 Approaches, Strategies and Challenges of Youth Sex Education

Strategies of Access to Sex Education

Important communication strategies frequently used are:

- Radio and TV
- Print media (booklets and outdoor posters)
- School sex education
- Vocational and in-service training
- Conferences and meetings

Occasionally used communication strategies are:

- Face-to-face communication
- Campaigns
- Peer education

Only rarely used communication strategies are:

- Internet information and online counselling
- Helplines
- Community action

Implementation of the “Life Skills” Approach in Youth Sex Education

In Latvia, health education in general and sex education are based on a life skills approach. The life skills approach was introduced to sex education in several steps.

In 2001, teaching material addressed to persons involved in school sex education was developed in order to mediate the approach. In 2003, a set of methodological material was developed – a Latvian adaptation of the UNDP handbook for teachers About Intimacy for Adolescents and Manual on class activities. Handbook and manual were then tested among teachers of the WHO/HPS network in Latvia. In 2003 and 2004, further education courses for teachers of health, sports, social education and biology were organised.

The results of the project are presented in the publication: “Life Skills-Based Sexual and Reproductive Education, HIV/AIDS Prevention - Survey and Analysis of the Evaluation. 2005”.

Programmes to Approach Parents

The National Health Promotion State Agency provides training programmes for professionals working with parents in outpatient clinics, health centres, parent clubs, etc. These “parents’ classes” focus on new and expectant parents. They deal with the interests and needs of parents themselves, as well as with sex education in the family. Topics are the development of sexuality, partnership and family life, intimacy, role and behaviour models of boys and girls, how to deal with tricky questions, etc. Different interactive methods, such as group discussions, role-playing and situation-based tasks, are used in these programmes.
Project of Best Practice

An innovative approach is the project *HIV/AIDS Prevention at Orphanages, Boarding and Vocational Schools*. This UNDP-funded project was carried out in 2005 in the framework of the project HIV/AIDS prevention for young women. One outcome of this project was the development of methodological material for teachers. The material aims to assist teachers in

- Providing students with simple but scientific information about STIs and HIV/AIDS,
- Developing students’ life skills in order to enable healthy decisions,
- Strengthening students’ awareness of themselves and their own health.

The material is suitable for working with teenagers in the age group 13-18.

3-day seminars with school team-teachers, school psychologists, social workers and students’ representatives provided important input during the development of these materials. Especially the participation of students turned out to be very productive, because both sides had the opportunity to become acquainted with controversial points of view and to discuss different problems concerning sexuality.

Specific Challenges

In general, society has an open attitude towards sex education. However, religious representatives, in Latvia particularly of the Catholic Church, demonstrate a negative attitude towards sexuality issues in the context of health education.

Prejudice against sex education still exists among teachers and parents in the middle-age generation. As middle-age teachers did not receive adequate sex education themselves, they encounter some difficulties in putting sex education at school into good practice. To meet this situation, sex education is part of further training programmes for teachers of health, sports, social education and biology.

6 Quality management

The *Life Skills-Based Sexual and Reproductive Education, HIV/AIDS Prevention* project was evaluated in 2005. One part of the research focused on teachers who participated in the project. Questionnaires were distributed to 328 teachers from 140 schools representing all regions of Latvia. The aim of the survey was to evaluate the materials developed in the project – a handbook for teachers and a manual for class activities. The second approach of the research covered 1,083 young people from grade 9; about half of them (557 pupils) were from schools that participated in the project, the others (526 pupils) were from non-project schools. The aim of the student survey was to assess and compare knowledge and satisfaction with the life skills-based health education on HIV/AIDS between schools involved and not involved in the project. The material was reported as being understandable and useful for health education classes.

It is state of the art to discuss all methodological and teaching materials for health and sex education with teachers in the field, partly in methodological seminars or in focus group interviews.

To ensure the quality standards of school health and sex education, all teachers involved have to improve their knowledge and professional skills at in-service training every three years.
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References / Further Reading

For handbooks and manuals in Latvian and Russian, see:
http://www.undp.lv/?object_id=364&section=1

Published online: