

Comprehensive sexuality education in Croatia

**Overview and the
context**

Introduction

Youth aged 14-19 are receiving, on a daily basis, dozens of confusing, conflict and, sometimes, wrong information about their sexuality and gender. **Research papers and reports are showing that the integration of comprehensive sexuality education inside the school curriculum makes a significant difference in children in youth's lives, regarding decisions about their body, life, developing positive attitudes about themselves and people that surround them.**¹ Some countries have already introduced some education on proposed topics, but at the same time, those teachings are often not comprehensive and are abstinence-only programs. Sexuality education, in the meantime, became the controversy of the contemporary society, is often discussed in the media, political spheres and religion.

The right to comprehensive sexuality education is integrated into internationally recognized agreements that are urging the states parties to **guarantee the comprehensive protection of health, well-being, and dignity of each citizen. The core document on human rights, The Universal Declaration of Human Rights² in its Article 26, paragraph 2 says: "Education shall be directed to the full development of the human personality and to the strengthening of respect for human rights and fundamental freedoms..."**, meaning, every state is under an obligation to provide the above said to every young person living in the state.

The aim of this publication is to emphasize the importance of implementation of the comprehensive sexuality education in schools in the Republic of Croatia. While keeping in mind the deep division in the society that accompanies this topic, but also the rise of the conservative forces that are trying to promote personal and religious ideas, we have to open up the debate about the problem. It is essential to provide education that will help the youth to make a responsible decision, but as well build the society of peace and tolerance. Croatia is still fighting religious, cultural and historical dogmas that are very active in stopping the youths right to comprehensive sexuality education and that are trying to implement deficient programs that are not based on facts and figures, but on religious grounds.

¹ EMERGING EVIDENCE, LESSONS AND PRACTICE IN COMPREHENSIVE SEXUALITY EDUCATION (2015)

² UNIVERSAL DECLARATION ON HUMAN RIGHTS

Where is the comprehensive sexuality education in Croatia in 2016?

It's not available. As Aleksandra Stulhofer says, a sociologist and expert on youth sexuality: "There is no systematic sexuality education in Croatian schools, nor it ever existed in the history of Croatian education system. There are just fragments of information, usually in biology and religion classes or as lectures that are organized by the good will of the school directors or some professors, in which the school doctor or a gynecologist talks about reproductive health. A small number of adolescents, during their four-year long high school education, finds out something about human sexuality and that is usually a one-time thing. The content is delivered exclusively as information and does not affect the behavior. It happens that there is a mention of human sexuality during religious classes, but solely regarding religious dogma about the acceptance of sexuality inside a matrimony."³

According to Marty Klein, PHD, a well-known therapeutic and sexual educator from the USA, the obstacles that are on the way to achieving sexual literacy in Croatia are: wrong information - per instance, like the one that girls do not masturbate or that pornography, promotes sexual crimes; false beliefs - per instance that people who masturbate while married do not love their partners or that the ones who like oral sex are not all right; religious teachings - per instance, that God hates certain sexual behaviours or that the ones that start being sexually active before the marriage immoral; fear of diversities that declare homosexuality as "infective", and sexual education as a way of promotion of sexual activity and the belief that sex is a bad thing and that information on sexuality are dangerous.⁴

More than 80 percent of youth and more than 70 percent of their parents are supportive of the idea of the CSE.⁵ Although the "Health education" is integrated into the school curriculum, the fact is that the education on sexuality and responsible sexual behavior is rarely implemented. The most common source of information for a large number of youth the Internet or interaction with their peers. The latest national survey on comprehensive sexuality education shows that 83,8 percent of youth think that the CSE should be integrated into the Croatian schools. All of the proposed topics of the CSE conducted from the UNESCO's International Guidelines on Sexuality Education are rated as important, while the youth consider the issues of the sexually transmitted diseases and ways of protection, pregnancy, and parenting, as well as sexual harassment and abuse in adolescent relation-

³ MATICA HRVATSKA, VIJENAC 287 (2005)

⁴ VLAH N. SEXUAL EDUCATION IN SCHOOLS: WRONG INFORMATION IS HIDING NUMEROUS DANGERS / SPOLNI ODGOJ U ŠKOLAMA: NETOČNE INFORMACIJE KRIJU BROJNE OPASNOSTI NARODNI ZDRAVSTVENI LIST, BROJ 616-617/2011

⁵ SEKSUALNA PERMISSIVNOST, EGALITARNOST I ODGOVORNOST: LONGITUDINALNO ISTRAŽIVANJE SEKSUALNOSTI U KASNOJ ADOLESCENCIJI, 1998–2003. (ŠTULHOFER, JUREŠA I MAMULA, 1999; 2000; 2004)

ships of particular importance. The vast majority of youth is considering that this sort of program should be integrated into the formal education.⁶

According to some researches conducted in Croatia, the average age for the initiation of sex for girls is 17 years old and for boys is 16 years. Around one fifth of the fifteen-year-olds in Croatia has sexual intercourses, respectively 26 percent of boys and 13 percent of girls.⁷

Research from the 2005 “Sexuality of youth in Croatia”⁸ from 2005 shows that there is a significant increase in youth sexual activity about 1972. “While in 1972, only one third of girls aged 18 or 19 had sexual experience, 2005 the same experience presents two third of the respondents.” Every fifth sexually active fifteen-year-old male didn’t use any protection during his last intercourse. Part of the interviewees says that they use less safe methods, like counting the fertile days or coitus interruptus. **In 2010 as much as 30 percent of youth aged from 18 to 25 years stated that they didn’t use preservatives during their first sexual intercourse, while during their last intercourse, 45 percent of them didn’t use that kind of protection and only 20 percent stated that they use condoms regularly.**⁹ It is evident how the fragments that the youth have the opportunity to hear, and are related to biology and reproduction, is not providing sufficient knowledge for making proper and responsible decisions.

Comprehensive sexuality education: a short overview

It’s interesting that the first ideas about comprehensive sexuality education emerged in the USA as early as the end of the 19th century. At the time, some massive health campaign appeared, and they aimed to “regulate sexuality” and emphasize the importance of low-risk which should have decreased the epidemics of cholera and syphilis. The National Association for Education started with the promotion of education on sexuality as an important part of the national school curricula in 1892.¹⁰

During the Yugoslavian time, in the 1960s, sex education was experimentally introduced to a couple of schools in the capital of Croatia, the City of Zagreb. One hour per week was located on that topic. The first textbook was published in 1965, while the teachers got their manual in 1973.¹¹ The subject “Sexual upbringing” was far from

⁶ STAVOVI O CJELOVITOJ SEKSUALNOJ EDUKACIJI U HRVATSKIM ŠKOLAMA (MODRIĆ, ŠOH I ŠTULHOFER, 2011).

⁷ PONAŠANJE U VEZI SA ZDRAVLJEM U DJECE ŠKOLSKE DOBI 2009/2010, HZJZ

⁸ SEKSUALNOST MLADIH U HRVATSKOJ (A. ŠTULHOFER ET AL, 2005.)

⁹ CHANGES IN HUMAN IMMUNODEFICIENCY VIRUS AND SEXUALLY TRANSMITTED INFECTIONS-RELATED SEXUAL RISK TAKING AMONG YOUNG CROATIAN ADULTS: 2005 AND 2010 POPULATION-BASED SURVEYS (LANDRIPET I SUR, 2011.)

¹⁰ HISTORY OF SEX ED, ADVOCATES FOR YOUTH (2010.)

¹¹ VOXFEMINAE (2016.)

progressive, but the fact that the children had the chance to listen about the topics that are “sensitive” in 2016 Croatian society is hugely significant. First graders were attending a class called “My mother gave birth to me.” From second to fourth grade, the subject covered themes like physical development, differences between sexes, conception, and menstruation. Fifth and sixth grade were oriented towards the psychosomatic characteristics of puberty and the position of a child within a family, while the seventh grade covered “Gratifications of instincts” and “Biological and social needs of a person.” Children in the last class of their elementary school education were listening about love, giving birth, marriage, family, sexually transmitted infections and contraception. Although the interest for this kind of education was pretty high, in the end the topics got integrated in other school subjects.

After Croatia had become an independent country, the topic of the CSE got actual again - but in a slightly different edition. **Namely, as the Republic of Croatia started building its national identity on its strong relation to Catholic church from the very beginning, the first attempts of introducing the CSE was based on a program called TeenSTAR. TeenSTAR was launched by a nun Hanna Klaus, the director of a Center for natural family planning from Washington, USA.** The program is based on workshops and lectures about sexuality that was based on Catholic teachings about sexuality and the “theology of a body” by the Pope John Paul II. Listed teachings are promoting abstinence before marriage and the Billings method (a natural method of family planning) as the only safe contraception method, and originated the youth to “... get delighted, on a personal level, when they deliberate human sexuality in the light of Christian and general human values and get developed towards the true maturity and capability for pure love.”¹²

The named program got recommended in 1997 by the National Catechetical Office of the Bishop Conference and got verified by the Ministry of Science, Education, and Sport. Ombudsperson for Gender Equality and Ombudsperson for Children received some complaints from the civil society which are saying that the program violates the Constitution and laws of the Republic of Croatia; to be more precise - Law on Gender Equality, Law on Same-sex Marriages and the Convention on the right of the child.¹³

For comparison, Denmark introduced CSE in 1970. Therefore, a decade after Yugoslavia. But, what differences western countries from the local context is the fact that they are conducting the CSE continually for the last 46 years. Sweden, on the other hand, introduced CSE programs in 1956. Netherlands and Belgium have CSE integrated into the school curriculum and is mandatory on every level of the Educational system. Because of the systematical implementation of quality, science-based comprehensive sexuality education, countries like Netherlands and Belgium have

¹² TEENSTAR

¹³ STAVOVI O CJELOVITOJ SEKSUALNOJ EDUKACIJI U HRVATSKIM ŠKOLAMA: REZULTATI NACIONALNOG ISTRAŽIVANJA MLADIH (MODRIĆ, ŠOH, ŠTULHOFER, 2011.)

the lowest underage pregnancy rates, abortions, homophobic excesses and gender discrimination.¹⁴

There were two sex education programs in Croatia in the mid-2000s, the earlier mentioned TEENSTAR and MEMOAIDS that functioned as a peer program which aims was to prevent HIV/AIDS. The program was supported by the Ministry of Science, Education, and Sport, but was sharply criticized by the Croatian Bishops Conference which caused a drastic decrease in interest for its implementation.¹⁵

In the next couple of years, nor the TEENSTAR, nor the MEMOAIDS got the support from the commission of the Ministry of Science, Education, and Sport, an idea about a more broad program of Health Education emerged. In 2008 an attempt of an implementation of a program of sexual education that would have been based on TEENSTAR ideas happened, under the initiative of GROZD (NGO that promotes conservative values), but it was rejected.

UNESCO delivered International Technical Guidance on Sexuality Education in 2009 to the Ministry of Science, Education, and Sport. Considering the high level of involvement of religion in bringing the secular regulations in Croatia, certain groups came after topics as abortion as masturbation in a very timely manner, not keeping in mind that the same document discusses issues like the decrease of AIDS and HIV infections, decrease of unwanted pregnancies and abortions, as well as learning about emotional and moral sides of sexuality.

The last attempt of the introduction of the CSE as a part of the Health Education happened in 2013, but it failed since the Constitutional Court banned the whole Curriculum, and because of the Module 4 that covered the topics of sex and gender equality and responsible sex behavior. The procedure was started by the non-governmental organization Grozd and Reforma, HSP 1861 (political party) and citizens that demanded the withdrawal of the decision of the then-Minister of Education, Science, and Sport, Željko Jovanović (Social-democrats).

Although part of the public opposed the idea of the implementation of any education on sexuality and gender equality, a part of the Health Education does cover those topics and has a convenient name Sex/gender equality and responsible sexual behavior. Health Education is implemented during Class hours by the class teachers. Croatian Education and Teacher Training Agency issued a manual for teachers, professors and professional associates for elementary and high-school. The manuals are issued as paper, and they are accessible via web pages of the same agency. The teachers, professors, and professional associates didn't attend any systematical education for the implementation of the program. The topics of the module Sex/gender equality and responsible sexual behavior for high-school education are listed in the table below.

¹⁴ SEKSUALNI ODGOJ U HRVATSKIM ŠKOLAMA — SEKSUALNA REVOLUCIJA ILI KULTURALNA EVOLUCIJA (PETROVIĆ, 2012)

¹⁵ STAVOVI O CJELOVITOJ SEKSUALNOJ EDUKACIJI U HRVATSKIM ŠKOLAMA: REZULTATI NACIONALNOG ISTRAŽIVANJA MLADIH (MODRIĆ, ŠOH, ŠTULHOFER, 2011.)

GRADE	CONTENT	NUMBER OF HOURS ALLOCATED PER YEAR
1.	Development of skills needed for responsible sexual behaviour I	2
1.	Emotions and communication in a relationship	1
1.	Media representation of sexuality	1
2.	Development of skills needed for responsible sexual behaviour II	2
2.	Sex/gender violence and violence in relationships	2
3.	Sexual rights and stereotypes	1
3.	Sexual health and the most common sexual problems of youth	1
3.	Marriage, parenting, and family	1
3.	Stigmatization and discrimination of sexual minorities	2
4.	There are no hours allocated to the topic of "Stigmatization and discrimination of sexual minorities" in the 4th grade of high-school	

TABLE 1 - DISPLAY OF CONTENT OF THE MODULE SEX/GENDER EQUALITY AND RESPONSIBLE SEXUAL BEHAVIOR WITHIN THE HEALTH EDUCATION IN HIGH-SCHOOLS

International documents that are governing the right to comprehensive sexuality education

Young people's access to CSE is grounded in internationally recognized human rights, which require governments to guarantee the overall protection of health, well-being and dignity, as per the Universal Declaration on Human Rights, and specifically to guarantee the provision of unbiased, scientifically accurate sexuality education. These rights are protected by internationally ratified treaties, and lack of access to SRH education remains a barrier to complying with the obligations to ensure the rights to life, health, non-discrimination and information, a view that has been supported by the Statements of the Committee on the Rights of the Child, the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) Committee, and the Committee on Economic, Social and Cultural Rights. The commitment of individual states to realizing these rights has been reaffirmed by the international community, in particular the Commission on Population and Development (CPD), which – in its resolutions 2009/12 and 2012/13 – called on governments to provide young people with comprehensive education on human sexuality, SRH and gender equality. Young people's access to CSE is grounded in internationally recognized human rights, which require

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According to the definition of the recognition of right to comprehensive sexuality education given by UNESCO, here are the paragraphs of the documents that govern the scope of comprehensive sexuality education:

ICPD (1994) para 7.47: Governments, in collaboration with non-governmental organizations, are urged to meet the special needs of adolescents and to establish appropriate programmes to respond to those needs. Such programmes should include support mechanisms for the education and counselling of adolescents in the areas of gender relations and equality, violence against adolescents, responsible sexual behaviour, responsible family-planning practice, family life, reproductive health, sexually transmitted diseases, HIV infection and AIDS prevention. Programmes for the prevention and treatment of sexual abuse and incest and other reproductive health services should be provided. Such programmes should provide information to adolescents and make a conscious effort to strengthen positive social and cultural values. Sexually active adolescents will require special family-planning information, counselling and services, and those who become pregnant will require special support from their families and community during pregnancy and early child care. Adolescents must be fully involved in the planning, implementation and evaluation of such information and services with proper regard for parental guidance and responsibilities.

ICPD+5 (1999) para 35(b): Include at all levels, as appropriate, of formal and non-formal schooling, education about population and health issues, including sexual and reproductive health issues, in order to further implement the Programme of Action in terms of promoting the well-being of adolescents, enhancing gender equality and equity as well as responsible sexual behaviour, protecting them from early and unwanted pregnancy, sexually transmitted diseases including HIV/AIDS, and sexual

¹⁶ EMERGING EVIDENCE, LESSONS AND PRACTICE IN COMPREHENSIVE SEXUALITY EDUCATION (2015)

abuse, incest and violence. Ensure the active involvement and participation of parents, youth, community leaders and organizations for the sustainability, increased coverage and effectiveness of such programmes.

ICPD +5 (1999) para 73(c): Develop at national and other levels, as appropriate, action plans for adolescents and youth, based on gender equity and equality, that cover education, professional and vocational training and income-generating opportunities. Such programmes should include support mechanisms for the education and counselling of adolescents in the areas of gender relations and equality, violence against adolescents, responsible sexual behaviour, responsible family planning practices, family life, reproductive health, sexually transmitted diseases, HIV infection and AIDS prevention (Programme of Action, para. 7.47). Adolescents and youth themselves should be fully involved in the design and implementation of such information and services, with proper regard for parental guidance and responsibilities. Special attention should be devoted to vulnerable and disadvantaged youth.

Beijing+5 (2000) para 79(f): Design and implement programmes with the full involvement of adolescents, as appropriate, to provide them with education, information and appropriate, specific, user-friendly and accessible services, without discrimination, to address effectively their reproductive and sexual health needs, taking into account their right to privacy, confidentiality, respect and informed consent, and the responsibilities, rights and duties of parents and legal guardians to provide in a manner consistent with the evolving capacities of the child appropriate direction and guidance in the exercise by the child of the rights recognized in the Convention on the Rights of the Child, 15 in conformity with the Convention on the Elimination of Discrimination against Women and ensuring that in all actions concerning children, the best interests of the child are a primary consideration. These programmes should, inter alia, build adolescent girls' self-esteem and help them take responsibility for their own lives; promote gender equality and responsible sexual behaviour; raise awareness about, prevent and treat sexually transmitted infections, including HIV/AIDS and sexual violence and abuse; and counsel adolescents on avoiding unwanted and early pregnancies;

World Program of Action on Youth, para 56. The response of societies to the reproductive health needs of adolescents should be based on information that helps them attain a level of maturity required to make responsible decisions. In particular, information and services should be made available to adolescents to help them understand their sexuality and protect them from unwanted pregnancies, sexually transmitted diseases and the subsequent risk of infertility. This should be combined with the education of young men to respect women's self-determination and to share responsibility with women in matters of sexuality and reproduction.

CPD 2012 para 26: Calls upon Governments, with the full involvement of young people and with the support of the international community, to give full attention to

meeting the reproductive health-service, information and education needs of young people, with full respect for their privacy and confidentiality, free of discrimination, and to provide them with evidence-based comprehensive education on human sexuality, sexual and reproductive health, human rights and gender equality to enable them to deal in a positive and responsible way with their sexuality.

CEDAW - Convention on Elimination of All Forms of Discrimination Against Women was put into effect on September the 3rd 1981 as a global and comprehensive legally binding international agreement. It was adopted by more than 185 states members of the UN, respectively more than 90 percent of UN members, Croatia included. CEDAW is a legally binding international instrument and is controlled by an international supervisory mechanism: The Committee on the Elimination of Discrimination against Women. The Committee takes into consideration different reports that are given by the state members to review the process of implementation of the Convention. Croatia submitted its fourth and fifth combined report in 2015. Article 12 of the Convention says "States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning." Those measures are not defined, but they should make health services accessible to both women and men, including the ones that are oriented towards family planning. The Committee, furthermore, recommends implementation of education about sexual and reproductive health and the accessibility of contraception and family planning services as a responsibility of both partners.

Results of the project's research

We've conducted a small questionnaire, to explore young people's ways of informing about sexuality. It was comprised of twelve questions: some of them were open-type questions (e.g. "Where do you inform about sexuality?"), and others closed-type, where participants had to circle one of the offered answers (e.g. "Do you learn about sexuality in your school?").

Some of the high-school students who participated in the research were filling out a paper form questionnaire (students of the school of economics Mijo Mirković Rijeka and students of Podmurvice students' center), while others were filling out an online survey (students of the construction-technical school in Rijeka). Surveys were being filled out by students voluntarily and individually. There were 330 participants, out of which 180 female and 148 male students, aged 14 to 17. Regarding the question about whether they learn about sexuality in their schools, 43% of them answered positively and 17% wasn't sure. 80% of students think that school program doesn't include enough sexuality-related topics, while 65% of them think that information about sexuality they gain in schools are not sufficient for making responsible deci-

sions. 74% of students consider that more sexuality-related topics should be implemented in the school program. Also, 43% of students would like to have a possibility of informing about sexuality using extracurricular activities.

Most of the students inform themselves about sex on the internet portals (27%), then in school (14%) and through discussions with their parents (13%). 12% of students say they don't inform themselves at all. And even 7% get informed about sex via pornographic contents, where there are statistically more boys than girls.

Students talk about sex mostly with their friends (42%) and parents (23%), and fewer with their sexual partners (7%), teachers (6%) or others (8%). 14% of students who participated in this survey say that don't talk about sex with other persons.

Conclusion

By taking the aforementioned considerations into account, we can conclude that a comprehensive sexual education is needed in the educational system and it is crucial that its implementation is done on a higher level than the present one. Apart from the implementation of the comprehensive sexual education, it is necessary to educate lecturers and professors so that they could convey information based on science and facts, as opposed to dogmas and beliefs.

Global research confirms that the stated programs postpone the age when teenagers first become sexually active, reduce the frequency of sexual activity, reduce the number of sexual partners and increase the usage of condoms and other contraceptives. Furthermore, it is important to emphasize that young people who are educated about sexuality through integrated programs based on scientific facts tend to engage in sexual activities later and less frequently than their peers. Various programs integrating racial, cultural, and socioeconomic conditions are carried out worldwide. Data from the National Survey of Family Growth state that young people aged 15 to 19, who had participated in adequate sexual education programs, exhibited 50% less chance of unwanted pregnancy than young people who had participated in programs promoting abstinence.

The organization Advocates for Youth conducted an in-depth study aiming to compile a list of efficient programs proven to be successful. They had identified 26 programs in total, in which sexual education was present as at least one component. Other programs were based on early interventions. Out of 23 efficient programs of comprehensive sexual education, 14 programs showed statistically relevant shifts in the age of first sexual encounters; 13 programs exhibited statistically significant deviations in the number of teen pregnancies, HIV, or other sexually transmitted diseases; 14 programs are focused on prompting sexually active young people towards

using condoms; 9 programs induced a higher usage of other contraceptives; 13 programs actively reduced the number of sexual partners among young people or/and pointed out the importance of monogamy in relationships; 10 programs helped sexually active young people to reduce the influence of unprotected sex on their lives.

In the Republic of Croatia, there are only three youth centers with an available gynecologist established by the Institute of Public Health within the school-based health care. They are placed in the City of Zagreb, Primorsko-goranska county and Koпрivničko-križevačka county. However, young people are often not properly informed about the existing centers considering the insufficient promotion of these services.

According to the results of our research, about 43% of the pupils would like to have a possibility of getting information about sexuality-related topics through extracurricular programs. Furthermore, 80% of the pupils think the school programs do not cover all the information they would like to know about sexuality-related topics. It is time for the state to take the youth and their needs into account, and to start working on fulfilling their educational needs in order to establish a gender-equal society.

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