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FACTORS AND INDICATORS IN THE SEXUAL LITERACY OF THAI ADOLESCENTS

องค์ประกอบและตัวบ่งชี้ความฉลาดทางเพศ สำหรับวัยรุ่นไทย

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Abstract

This is a study on the evaluation of the f the key factors and indicators in the sexual literacy of Thai adolescents. Key indicators of sexual literacy for Thai adolescents will lead to the development of learning sex education framework for adolescents. The specific aims of this study were: 1. To review the documents and related literature; 2. To scientifically verify and confirm pertinent information with adequately assessing the suitability of key factors by are the heads of the group of health education and physical education teaching ; 3. To summarize the key factors of sexual literacy in Thai adolescents which consisted of five(5) elements: 1) Knowledge of sex, 2) Access to information on sex, 3) Coping ability concerning sex, 4) Self-management ability about sex and 5) Application of knowledge and information about sex.

Keywords: 1. factors and indicators of sexual literacy, 2. Thai adolescents

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ผู้ช่วยศาสตราจารย์ ดร. ประจำสาขาวิชาครุศาสตร์อุตสหกรรม คณะครุศาสตร์อุตสาหกรรมและเทคโนโลยี สถาบันเทคโนโลยีพระจอมเกล้าเจ้าคุณทหารลาดกระบัง

บทคัดย่อ

การวิจัยครั้งนี้เป็นการศึกษาองค์ประกอบและตัวบ่งชี้ความฉลาดทางเพศในระยะที่ 1 ของการพัฒนาตัวบ่งชี้ความฉลาดเพศของวัยรุ่นไทย อันจะนำไปสู่การพัฒนาการเรียนรู้เพศศาสตรศึกษาสำหรับวัยรุ่น วัตถุประสงค์ในการศึกษาครั้งนี้เพื่อองค์ประกอบและตัวบ่งชี้ความฉลาดทางเพศ โดยมีขั้นตอนการศึกษาดังนี้ 1. การทบทวนเอกสารและวรรณกรรมที่เกี่ยวข้อง 2. การตรวจสอบและยืนยันข้อมูลด้วยประเมินความเหมาะสมขององค์ประกอบและตัวบ่งชี้ความฉลาดทางเพศโดยหัวหน้ากลุ่มสาระการเรียนรู้สุขศึกษาและพลศึกษา 3. การสรุปโครงสร้างองค์ประกอบความฉลาดทางเพศของวัยรุ่นไทย ประกอบด้วย 5 องค์ประกอบหลัก ดังนี้ 1) ความรู้ความเข้าใจเรื่องเพศ 2) การเข้าถึงสารสนเทศเรื่องเพศ 3) ความสามารถในการเผชิญปัญหาเรื่องเพศ 4) ความสามารถในการจัดการตนเองเกี่ยวกับเรื่องเพศ และ 5) การประยุกต์ใช้ความรู้และข้อมูลสารสนเทศเรื่องเพศ

คำสำคัญ : 1. องค์ประกอบและตัวบ่งชี้ความฉลาดทางเพศ, 2. วัยรุ่นไทย

Introduction

Sex is life-long learning which needs knowledge and reliable information from concerned sectors of the government, specifically the Ministry of Education. Sexuality should merely be regarded scientifically but also considers how each society views this based on cultural values, moral principles, social culture, and faiths. (Wilaluck Purattipak, et al, 2017)

The current focus in sexual literacy is on preventing and solving sexual problems that occurred in society, especially HIV infection and adolescent pregnancy. Data from the United Nations Educational, Scientific and Cultural Organization (UNESCO, 2555) has positively identified crucial issues in sex education and sexual well-being among adolescents. They learn about sex, and contraception from their friends or elicit incorrect information from the internet. Children are exposed to inappropriate dressing, vulgar languages and sexually explicit behaviorson TV andthe internet. Thishas led to children engaging inrisky sexual practices,resulting in unwanted pregnancies and HIV and other sexually transmitted diseases infections. More and more children are either the victims of sex crimes or even the potential perpetrators of sex crimes. Moreover, the government's social expenditure to adequately treat patients after illegal abortions amounts to at least 300 million baht a year.

The research of the Academic Network for Observation and Happiness of the Community (Mahidol University Institute for Population and Social Research, 2001), entitled "Knowledge about sex: Thai children aged 9-18 years, in Bangkok, Chiang Mai, Khon Kaen, Songkhla, and Chonburi," found that most of the samples typically

learn information about sex from newspapers, programs in radio or television. The study also found females got information on sexuality through readings while males are more interested in watching porn on the internet. Male and female respondents have gained more knowledge about sex as the age increases. Interestingly, 63.3% did not know about birth control – 41.5% of the females and 27.9% were males. In addition, more than half of the 64.3% did not know how to prevent sexually transmitted infection. Thirty-eight percent of the females know more about the prevention of sexually transmitted infection than males with 32.9%. These statistics are consistent with other Asian countries for the age group, 15 – 19-year-olds. Thailand presently has approximately five million in this age group. In a survey of 5 million Asian youths aged between 15 and 19, it was shown that 1.25 million were sexually active. The pregnancy rate is 360 per day. The survey found that most lack proper ante-natal care, resulting in premature births, and below 1% infant mortality rate, according to the Center for Disease Control and Prevention (CDC), 2016.

Despite the campaign, practical understanding of using condoms and reliable contraception, the study found the level of knowledge is related to their ability to take care of their health. but found that the rate of pregnancy and HIV infection in the adolescents also increased. (Ladda pookkong, 2015 : 1)

Developing the concept of sexual learning into sex education becomes a daunting challenge. To improve the management of sex education to innovative concepts applicable to the 21st-century learning, it needs modifying the learner's skill wherein she/he can comprehend it anywhere. When Paulo Freire expanded the essence of literacy not only to reading, writing or calculating the numbers but also understanding the stories of the world (UNESCO. 2005: 152) The United Nations Educational, Scientific and Cultural Organization has attached more meaning of literacy which is tobeableto: identify, understand, interpret, cre ate, communicate, to compute, printed and writing material. However, factors and indicators in sexual education in Thai adolescents have not been identified before, therefore this research was undertaken to produce elements of literacy and carefully examine the consistency of the model with the empirical data.

Properly identifying the contributing factors in the sexual education among the Thai adolescents will help the teachers, academicians, public health officers and people whose work is related to sexuality in the development and improvement of the sex education curriculum and literacy program in the context of Thai society.

The aims of research were:

1) To find out the factors and indicators of sexual literacy in Thai adolescents

2) To evaluate the suitability a factor and indicators of sexual literacy adolescents in Thai

MATERIALS AND METHODS

The researchers examined and evaluated the structure of the factor and indicator of sexual literacy as follows:

1. Population and sample

The research was conducted at the Secondary Educational Service Area, Department of Local Administration and Office of the Private Education Commission in 2017 with a population of 4,839. The samples are the heads of the group of health education and physical education teaching at the high school level in Secondary Educational Service Area, Department of Local Administration and Office of the Private Education Commission in 2017 (2560) with 750 people chosen from two-stage random sampling.

There 750 respondents were selected using Statistical Sampling Methods as follows:

Step 1. Random 10 Provinces by using the drawing from different regions are North, Northeast, Central Region, Southern, Bangkok Metropolitan Region.

Step 2. Random Heads of Health Education and Physical Education, each affiliated with 5 students in each school from each province by using drawing, the sample in the research of each affiliation was 250, the total number of 750 which 750 questionnaires were completed (100%).

2. Research tools

The tools used in this research were questionnaires containing personal information such as sex, education, work experience, and affiliation. A 5 level Rating Scale was used to determine the appropriateness of indicators of sexual literacy consists of 5 elements: 1) Knowledge about sex 2) Access to information about sex 3) Coping ability about sex 4) self-management ability about sex and 5) Application of knowledge and information about sex. The research tools were evaluated for content validity by five (5) experts on sex, Psychology, and Measurement and Assessment. The Index of consistency is between 0.8– 1.00, Discrimination between 0.243 - 0.844 and Confidence is 0.93.

3. Data Collection

3.1 The researchers asked for a letter of support from the Graduate Studies Faculty of Industrial and Technology Education King Mongkut's Institute of Technology Ladkrabang sufficiently indicating the synthesis factors and indicators of sexual literacy for adolescents from the concept and theories, which was sent to the experts who carefully assessed the tools used in the research. The researchers contacted the experts for assistance and set an appointment for the check the consistency of elements and indicators.

3.2 The researchers adjusted the composition and indicators of sexual literacy for adolescents with both questionnaires assessing elements and indicators rated in a 5 Scale level in order to evaluate the appropriateness of elements and indicators of sexual literacy.

3.3 The researchers carefully examined 750 copies of answered questionnaires. They verified the integrity of the questionnaires and analyze the data. All the personal information provided by the respondents is confidential and used solely for the purpose of the study.

4. Data Analysis

Analysis of descriptive statistics include Mean and Standard Deviation

5. Conclude the structure of a factor of sexual literacy adolescent in Thai

The researchers used the examined information to create a model of theory of sexual literacy in Thai adolescents.

Results

The meaning of sexual literacy

The study concluded that the meaning of sexual literacy is a person’s ability to understand, analytical thinking, evaluate and make decision about sex, to communicate between sex, self-management ability about sex, chase and apply information about sex for preventing and avoiding when face sexual problem which consist of five (5) elements as follow:

1) Knowledge about sex means knowledge and understanding of information and content on sexual development, sexual health, love and relationships. And prevention and avoidance of sexual harassment.

2) Access to information about sex means ability to know the source, know and find information by using keywords and can use the media ethically. Identify information from opinion from the facts. And compare various information.

3) Coping ability about sex means the ability to use knowledge and information about sex in the critical thinking and decision-making to prevent and resolve situations or problems about sex, as well as the ability to negotiate and rejection.

4) Self-management ability about sex means the ability to target planning on how to behave the planned and rethinking of the way that behave in terms of sex to preventing illness and self-control. In illness, it is a process of self-change that leads to proper sexual health behaviors.

5) Application of knowledge and information about sex means ability to take care of sexual health, surveillance Sexual Health, Observing sexually transmitted diseases and AIDS, to have love properly, sexual orientation, creating and maintaining relationships, preventing and avoiding sexual abuse and asking for help when sexual harassment.

Table 1 Results of factor and indicator suitability assessment, knowledge about sex

Indicator	Mean	S.D.	Propriety level
1.1 Describe the changes in the reproductive system of adolescents.	3.52	0.82	very appropriate
1.2 Describe the function of the reproductive system.	3.69	0.93	very appropriate
1.3 Describes how to take care of sexual hygiene.	3.57	0.83	very appropriate
1.4 Describe the prevention of pregnancy in adolescents.	3.58	0.84	very appropriate
1.5 Describe about sexually transmitted diseases and AIDS.	3.52	0.97	very appropriate
1.6 Describe the love and the composition of love.	3.56	0.84	very appropriate
1.7 Describe how to deal with disappointed love.	3.88	0.77	very appropriate
1.8 Describe how to create and maintain good relationships.	3.56	.75	very appropriate
1.9 Describe the importance of sexual rights of yourselves and others.	3.42	0.71	moderately appropriate
1.10 Describe sexual harassment.	3.46	0.74	moderately appropriate
1.11 Describe sexual harassment laws.	3.66	0.81	very appropriate
Average	**3.58**	**0.50**	**very appropriate**

Table 1 shows the results of factor and indicator suitability assessment, knowledge about sex. Overall, the mean was very appropriate (Mean = 3.58). This also indicates that the respondents can describe how to deal with disappointed love (Mean = 3.88). It is also an indication that the respondents can describe the function of the reproductive system (Mean = 3.69). Lastly, this indicates that the respondents can describe the importance of sexual rights of yourselves and others (Mean = 3.42).

Table 2 Results of factor and indicator suitability assessment, access to information about sex.

Indicator	Mean	S.D.	Propriety level
2.1 Know the source of information about valid sex	3.59	0.75	very appropriate
2.2 you can search for information about sex from a data source	3.62	0.78	very appropriate
2.3 You can use keyword about sex to search	3.73	0.81	very appropriate
2.4 You can search for information about ethical sex	3.75	0.77	very appropriate
Average	**3.67**	**0.58**	**very appropriate**

Table 2 shows the results of factor and indicator suitability assessment, access to information about sex. Overall, the mean was very appropriate (Mean = 3.67). This also indicates that the respondents can search for information about ethical sex (Mean = 3.75). It is also an indication that the respondents can use keyword about sex to search (Mean = 3.73). Lastly, this indicates that the respondents know the source of information about valid sex (Mean = 3.59)

Table 3 Results of factor and indicator suitability assessment, coping ability about sex

Indicator	Mean	S.D.	Propriety level
3.1 You can think critically in situations of sexuality.	3.61	0.79	very appropriate
3.2 Can be decided on various sexual situations.	3.68	0.80	very appropriate
3.4 Can be negotiated to avoid situations that would lead to sexual intercourse or	3.72	0.80	very appropriate

sexual harassment. 3.4 Can be refused to avoid situations that can lead to sexual intercourse	3.64	0.84	very appropriate
Average	**3.66**	**0.62**	**very appropriate**

Table 3 shows the results of factor and indicator suitability assessment, coping ability about sex. Overall, the mean was very appropriate (Mean = 3.66). This also indicates that the respondents can be negotiated to avoid situations that would lead to sexual intercourse or sexual harassment (Mean = 3.72). It is also an indication that the respondents can be decided on various sexual situations (Mean = 3.68). Lastly, this indicates that the respondents can think critically in situations of sexuality (Mean = 3.61).

Table 4 Results indicator suitability assessment, self-management ability about sex

Indicator	Mean	S.D.	Propriety level
4.1 Can be targeted to practice in order to have good sexual health.	3.53	0.80	very appropriate
4.2 Can plan to behave in order to appropriate healthy sex	3.62	0.80	very appropriate
4.3 Can be implemented as planned in the practice of sexual health	3.68	0.82	very appropriate
4.4 Can review and adjust how to behave in order to have a valid sexual health.	3.58	0.77	very appropriate
Average	3.60	0.62	**very appropriate**

Table 4 shows the results of the factor and indicator suitability assessment, self-management ability about sex. Altogether, the mean was very appropriate (Mean = 3.60). This also indicates that the respondents can be implemented as planned in the practice of sexual health (Mean = 3.68). It is also an indication that the respondents can plan to behave in order to appropriate healthy sex (Mean = 3.62). Lastly, this indicates that the respondents can be targeted to practice in order to have good sexual health (Mean = 3.53).

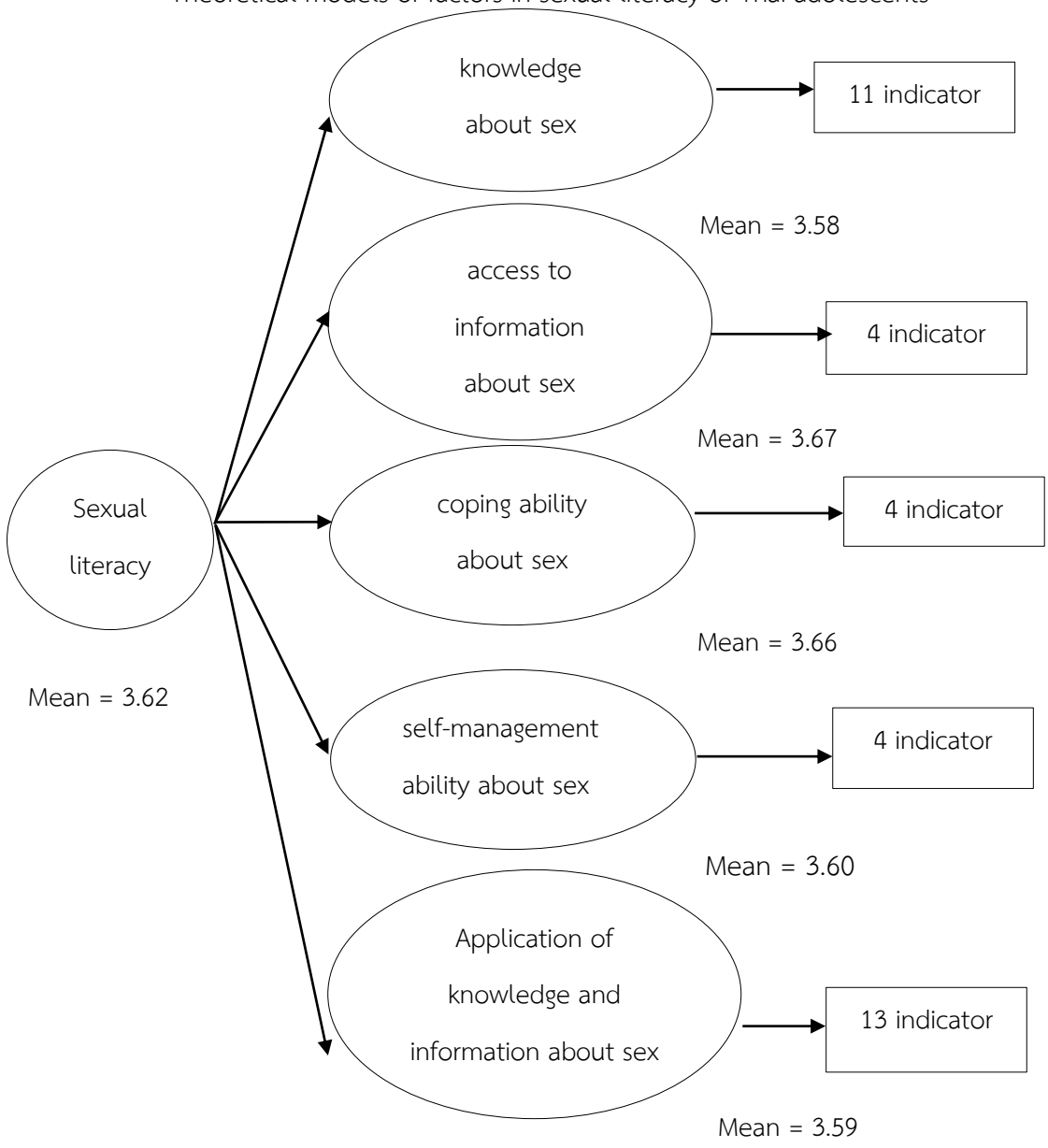
Table 5 Results of factor and indicator suitability assessment, Application of knowledge and information about sex

Indicator	Mean	S.D.	Propriety level
5.1 Describe how to maintain the cleanliness of the sexual organs and body.	3.61	0.77	very appropriate
5.2 You can observe the deformation of the body and sexual organs preliminary.	3.62	0.79	very appropriate
5.3 Can observe the symptoms of sexually transmitted diseases and AIDS.	3.71	0.86	very appropriate
5.4 Can plan your love.	3.67	0.80	very appropriate
5.5 Can express love properly to your own lovers	3.64	0.79	very appropriate
5.6 Can show good behavior between opposite sex properly	3.66	0.80	very appropriate
5.7 Can show good behavior between couples properly.	3.51	0.83	very appropriate
5.8 Can create sexual relationships properly.	3.54	0.76	very appropriate
5.9 Can maintain the relationship between sex properly.	3.57	0.76	very appropriate
5.10 Can be careful of sexual predicaments in society	3.52	0.77	very appropriate
5.11 Can inform when to go home and where to go to parents or guardians.	3.55	0.79	very appropriate
5.12 Know to get medical services	3.55	0.81	very appropriate
5.13 Know to request litigation	3.54	0.83	very appropriate
Average	3.59	0.55	**very appropriate**

Table 5 shows the results of factor and indicator suitability assessment, and the application of knowledge and information about sex. Overall, the mean was very appropriate (Mean = 3.59). This also indicates that the respondents can observe the symptoms of sexually transmitted diseases and AIDS (Mean = 3.71). It is also an indication that the respondents can plan your love (Mean = 3.67). Lastly, this indicates that the respondents can show good behavior between couples properly (Mean = 3.51).

Figure 1

Theoretical models of factors in sexual literacy of Thai adolescents



DISCUSSION

This research is about the factors in the sexual literacy of Thai adolescents to be able to create a theoretical and conceptual framework in accordance United Nations Educational, Scientific and Cultural Organization (UNESCO) guidelines. It aims to develop the sex education in the Thai context. The five (5) elements in the sexual literacy of the Thai adolescents are: 1) Knowledge about sex 2) Access to information about sex 3) Coping ability about sex 4) self-management ability about sex and 5) Application of knowledge and information about sex.

Knowledge about sex. It is the first factor of sexual literacy in Thai adolescents. Several literature reviews found that the knowledge is important for sexual literacy. Knowledge about sex consist of reproductive system, hygiene, love, relationship and sexual harassment which are consistent with the factors of knowledge about sex education of SIECUS (2004) and WHO (2010 : 33-50) where a person with a good knowledge of sex knew his or her rights. Knowledge about sexual or reproductive health will help adolescents understand and their roles and responsibilities, including Family Planning. However, sex literacy varies from ages, and must consider the readiness of each person. This will reduce sexual problems and social problems. (Suchat Somprayun and Wannee Somprayun, 2003). Knowledge about sex especially sexual and reproductive health can change the practice and attitudes of the adolescents towards sexual intercourse (Bennett, S.E; & Assefi, N. 2005). If an adolescent has a good knowledge of sex, it will help him or her to select appropriate male or female friend. (Champion, J.D; et al. 2013).

Access to information about sex. The adolescents gain access to information but do not reflect sexual literacy. The respondents obtain the information about sexual literacy because of their own liking. Most adolescents get information from the internet and television, and less information from academic articles or magazines about health. From the study of the relationship between access to information about sex andtheethical search for sexuality wi th the classification of opinion from the facts are related to other factors which found to be related tothe capability to encounter sexual problems,selfmanagement ability about sex an d application of knowledge and information about sex so adolescent can search well. The resp ondents possess a high levelof knowledge about sex orthe ability to use the keyword to searc h information concerning sex,coping ability about sex andapplication information about sex ver ywellwhich reflects themoderntechnologythathas become anecessarytool. The advancement of development has led totheapparentriseofessential knowledge thatdevelops adolescents' se xual literacy.

However, the ethical information will make the adolescents aware of what is appropriate and inappropriate, but behaviors must be reviewed while educating them. They utilize technology freely, but they need to develop good attitudes and values otherwise, it would result in risky sexual behaviors. (Wananya Kaewkaewpan, 2017)

Coping ability about sex remains acriticalfactor.Thefindingsshowadolescents possess knowledge about coping ability in sex which resulted ina high levelof understanding about acc ess to information about sex,selfmanagement ability about sex and application of knowledgea nd information about sex. When comparedwith concept of sex education of Siesus(Siesus,2004 :42-
49),itwas found that sex education needcoping ability about sex so adolescent can communica te, decide, confirm and refuse whichconsistenta factor of knowledge about sex in coping ability about sex which consists ofcritical thinkingabout sex,decisionmakingandsolvingsexualsituation, negotiation when persuaded to exhibit riskybehaviorand refusing tobe persuaded to have sex.

Self-management ability about sex is an important factor in a sexual literacy model. Respondents can recognize their behavior and sexual conditionwhich can be assessed t hroughthe changes that occur and perform appropriateactivitiesfor theprotection and control r eproductive health,they can alsoevaluateand modify sexual health behaviors, in order to prop erly control sexual health behavior. The health intelligence gained from the transmission or the participant develops the ability to become a healthful person in managing his or her healthcondition. (Edwards,Wood,Davies; &Edwards. 2012). The success of people comes from k nowing,planning,and practicing,by selfmanagement whichremainthe key to success because people whohavethe ability to selfmanagement will have selfcontrol,discipline, selfempowerme nt anddemonstrateamoresuperiorselfdirected ability (Marshall. JohnC; &Bob McHardy. 1999). W orldHealthOrganization determines thatthe elements that make a person capableof selfmanag ement appropriately which are life skills and life management behaviorsare related tothe level of success factors include thefactorofgood health and positive emotion (Freund; & Baltes. 199 8) while selfmanagement is a factor ofsexualliteracyto control andchangerisk factor according t o theconcept of Nutbeam D. (Nutbeam D.2008) which reflects offthe disease. In cases where p eople are health literate, it will affect their health and management. It is consistent with the concept ofEdwardsand team (Edwards M.,Wood,Davies; &EdwardsA.2012) which said that s elf-management skill is a factor of sexual literacy to health decision making and self-management.

Application of knowledge and information about sex is a factor in model of sexual literacy which is related to knowledge about sex, access to information, coping ability, and self-management. To be able to apply the information on sexual literacy, adolescents have knowledge in sexual development, sexual health, love, relationship, protection and avoid sexual harassment including good attitude and good value in sexual education, sexual

behavior, prevention of sexually transmitted diseases and AIDS and prevention of pregnancy. Access to information about sex includes information from data source, know and can use the keyword about sex to search ethical sexual information, identifying the sources of information from the facts and comparison of data from various sources. In addition, it is related to the coping ability about sex in negotiation, declination, critical thinking and decision making to protect and solve situation about sex. Knowledge about sex in application of information is the same process with sexual literacy concept of Sorensen and team (Sorensen, K; et al., 2012: 1-13) which present that application of information in health for health care is a factor because learning will be effective only when knowledge is used in everyday life.

References

Bennett, S.E; & Assefi, N. (2005). School-Based Teenage Pregnancy Prevention Programs: a Systematic Review of Randomized Controlled Trials. *Journal of Adolescent Health*. 36: 72 – 81

Centers for Disease Control and Prevention. (2016). Sexual risk behavior guidelines & resources. [Cited 2016 May 12]. Available from: http://www.cdc.gov/healthyyouth/sexualbehaviors/strategies.htm

Champion, J.D; et al. (2013). Sexual Risk Behaviour and STI Health Literacy Among Ethnic Minority Adolescent Woman. Applied Nuring Research. 26: 204 – 209

Edwards, Wood, Davies; & Edwards. (2012). The development of health literacy in patients with a long-term health condition: the health literacy pathway model. BMC Pubic Health.

Insttute for Population and Social Research. (2011). Healthy Thai People 2011 : HIA Development Mechanism of Health Public Policy. Nakhon Pathom : Mahidol University.

Ladda pookkong. (2558). "Reducing Anxiety of HIV Patients Through Through Presentation of Model Samutsakhon Hospital" **Veridian E - Journal, Silpakorn University** , 3, 3: 329 - 346.

Marshall. John C; & Bob McHardy. (1999). Principle oc Self-Mamagement. Cannada: Selection Testing Consultants International Ltd.

Nutbeam, D. (2008). The Evolving Concept of Health Literacy. Social Science & Medicine; 67: 2072 – 2078

SIECUS. (2004). Guidelines for Comprehensive Sexuality Education: Kindergarten-12thGrade third edition. SIECUS; USA.

Sorensen, K; et al. (2012) Health Literacy and Public Health: A systematic Review and Integration of Definitions and Models. *BMC Public Health*. 12(80): 1-13

Suchat Somprayun and Wannee Somprayun. (2003). Sex Education. No 4. Bangkok: Thaiwattanapanit.

UNESCO. (2005). Education for All Literacy for Life. Paris: United Nation Educational

Wananya Kaewkaewpan. (2017). "Family Relationships with Problem of Delinquency in Adolescence" **Veridian E - Journal, Silpakorn University** , 10, 1 : 361 – 371.

Wilaluck Purattipak,et al. (2017). “Guidelines on providing sex education from parents to their teenage children in Phranakhon Si Ayutthaya province” **Veridian E – Journal, Silpakorn University** , 10, 2 : 927 - 937.

WHO. (2004). Key Issues in the Implementation of the Programme for Adolescent Sexual and Reproductive Health. Department of Child and Adolescent Health and Development. Geneva: WHO.

WHO. (2010). WHO Regional Office for Europe and BZgA Standards for SexualityEducation in Europe. Federal Centre for Standards for Health Education. Cologne: WHO