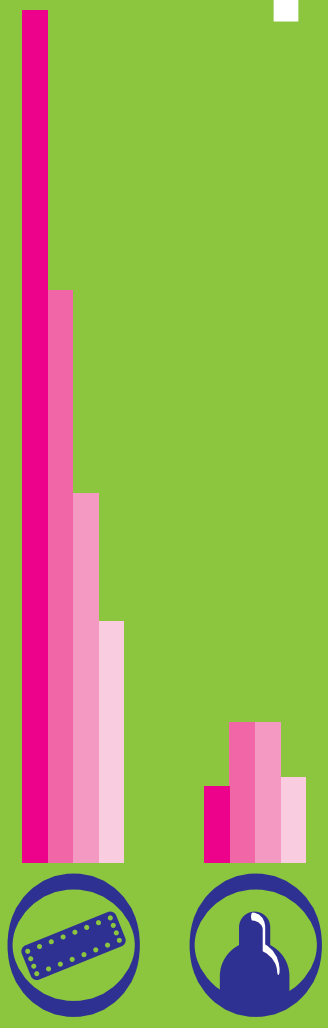
Rutgers Nisso groep

Sexual and reproductive health

the Netherlands in international perspective



Sexual and reproductive health

the Netherlands in international perspective

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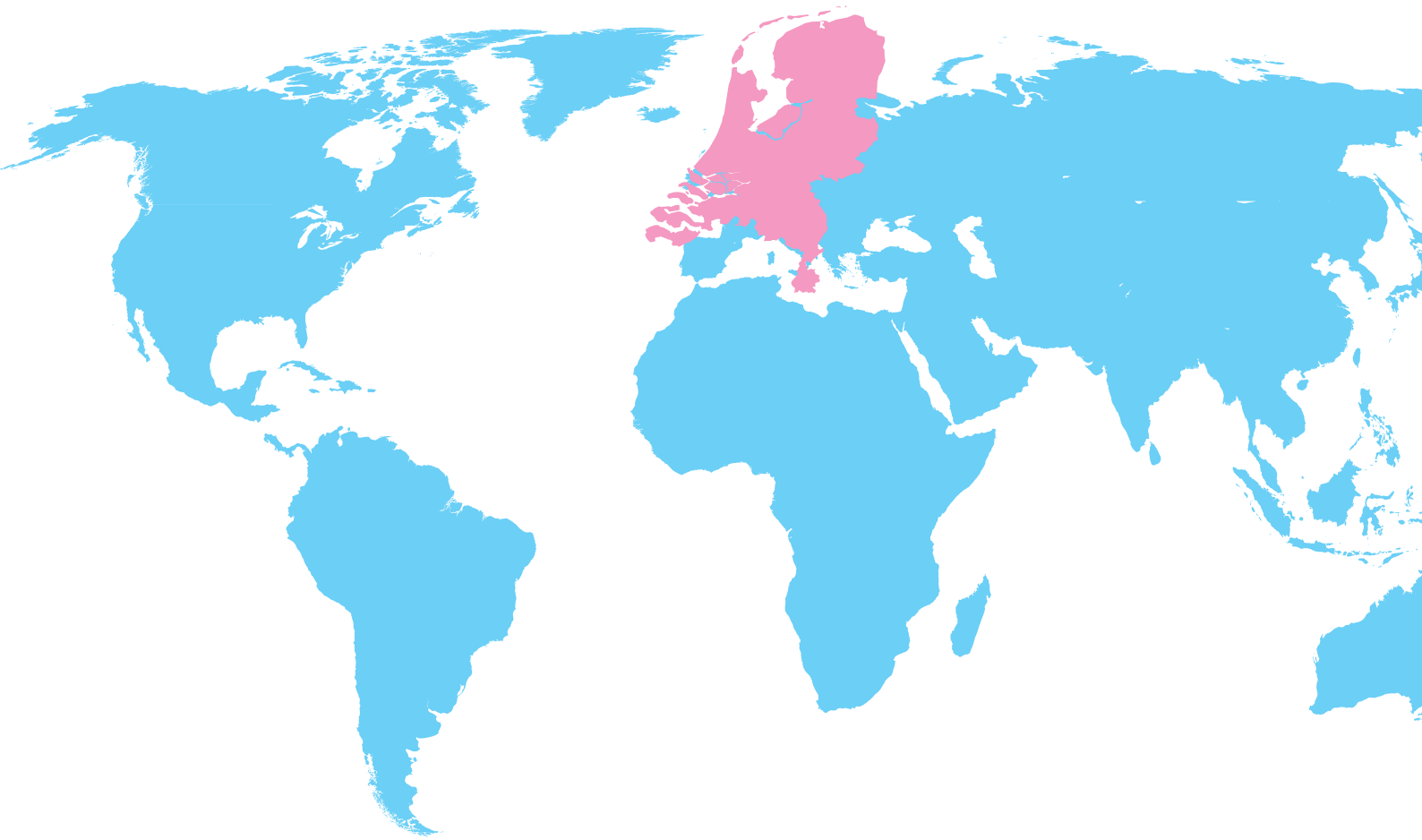


Introduction

The Netherlands is doing well where sexual and reproductive health is concerned. Its percentages relating to abortions, teenage pregnancies and sexually transmitted infections are among the lowest in the world. Openness towards sexuality and access to sexual health care for everyone are important factors behind these successes. Although in our country, too, this open and positive attitude towards sexuality is not shared by everyone, much has been achieved compared to other countries with regard to legislation and health services in the area of sexual and reproductive health and rights.

Rutgers Nisso Groep has played an important role in the promotion of sexual and reproductive health and sexual rights in the Netherlands. By gathering and sharing knowledge, expertise and reliable information on sexuality we focus on the improvement of education, prevention, and policy. Our long-standing expertise finds its origin in the 19th century, when Dr. Johannes Rutgers, a general practitioner, organised the very first consultations on birth control.

Rutgers Nisso Groep is eager to share its expertise with other countries. For example, we support organisations in the area of sexual health and birth control in developing countries and we work together with other member organisations of the International Planned Parenthood Federation (IPPF). Our activities are mainly focused on conducting research, developing interventions, advocacy, and capacity building. In order to strengthen our international activities Rutgers Nisso Groep will merge with the World Population Foundation (WPF) as of 15 June 2010. For over twenty years, this foundation has been working on improving sexual and reproductive health and rights in developing countries.

This booklet is published in particular for professionals abroad who are working on the sexual and reproductive health and rights of people in their respective countries. It gives a survey of the main and most striking Dutch figures in the areas of sexual climate, sexual behaviour, birth control, reproductive health, and sexual violence, besides the figures known from other countries. We truly hope the booklet will be a source of knowledge and inspiration to you. Should you know anyone else who may be interested in this survey you can refer them to our international website: www.rutgersnissogroep.org. There you will also find more information on Rutgers Nisso Groep and our international (collaboration) projects.

Dianda Veldman
Managing Director

1 Sexual experiences

Sex is important to people, it contributes to their general feeling of well-being. In the Netherlands two in three people are satisfied with their sex lives, but there is still room for improvement.

Satisfied or not?

All over the world sexual well-being is important to people's general well-being. When it comes to satisfaction with one's sex life, the world can roughly be divided into three groups of countries.[1] In the first group, consisting of the Western European countries[2], countries with a Western culture[3], South Africa and Mexico, people attach a moderate importance to sex and they show a high degree of sexual well-being. The second group includes Mediterranean[4] and some Asian countries[5]. People in those countries perceive sex as an important aspect of their general life and are moderately satisfied with their sex lives. The populations of the third group[6], - China, Indonesia, Japan, Taiwan and Thailand - attach the least importance to sex and are the least satisfied with their sex lives.

People are least satisfied with their sex lives in the Asian countries China, Indonesia, Japan, Taiwan and Thailand

Men display higher levels of satisfaction

A similarity between all countries is that men generally experience more sexual well-being than women.[1] In addition, people's satisfaction with their sex lives has been shown to increase in proportion with their good health and amount of physical activity. Furthermore, the frequency of sexual contact and the duration of foreplay have a positive effect on a satisfying sex life.

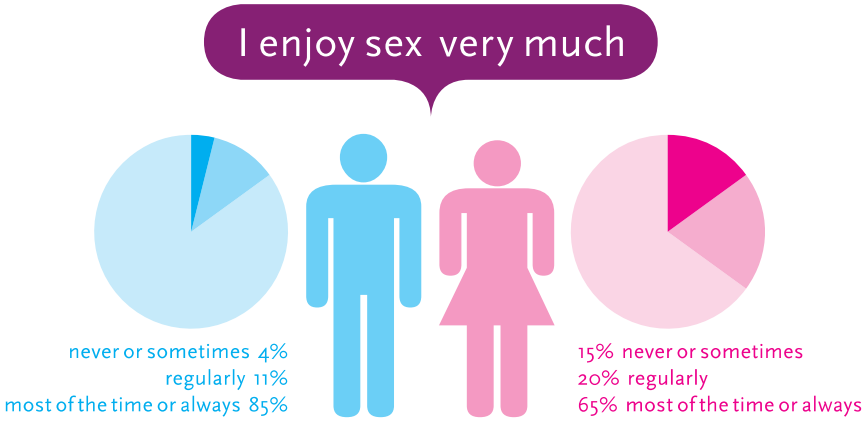
Is sex important?

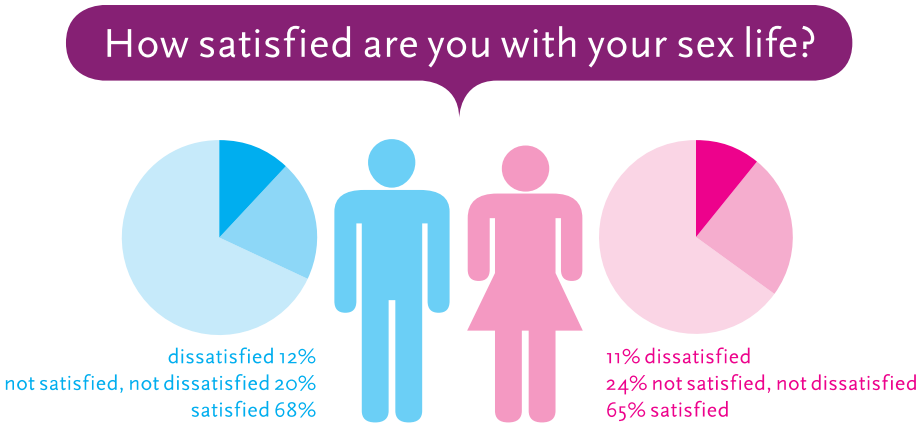
Dutch men and women both find sex important. But men clearly find it more important than women: 76% of men and 52% of women say they find sex very important.[7] Men and women think differently about which aspect of sexuality is most important: 28% of men against 14% of women feel that sexual pleasure is most important about sex. Intimacy is more important to women: 30% of women against 17% of men. More than half of men and women agree that sexual pleasure and intimacy are equally important.

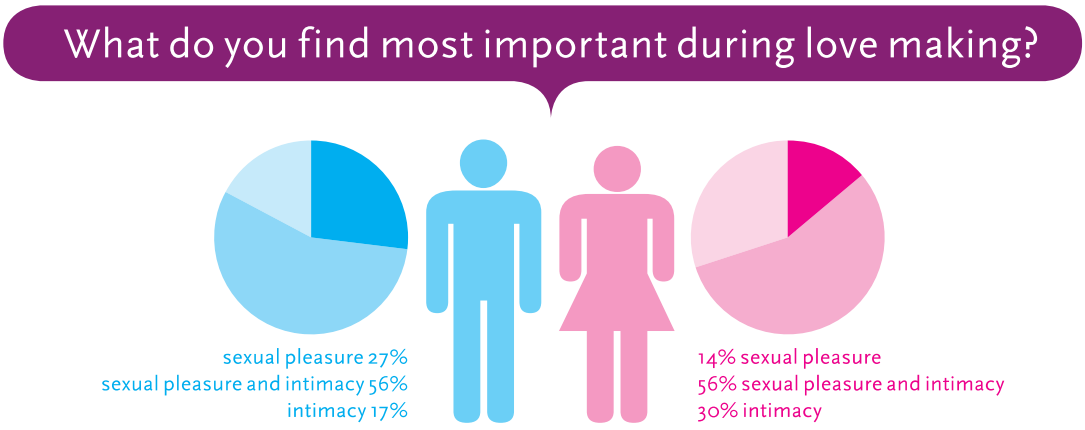
Number of sexual partners

One third of the Dutch population has engaged in sexual activities with two or fewer partners during their lives, 45% have had three to ten sexual partners, and 22% have had more than ten partners.[7] Eighty-one percent of men and 94% of women say they have had one or no sexual partner in the previous six months. Men are more likely than women to have more than one sexual partner in their lives: 19% of men against 6% of women have had two or more sexual partners in

Sex is experienced differently between the sexes







the previous six months. Taken over their entire lifetime, 15% of men and 6% of women have had over 20 sexual partners.

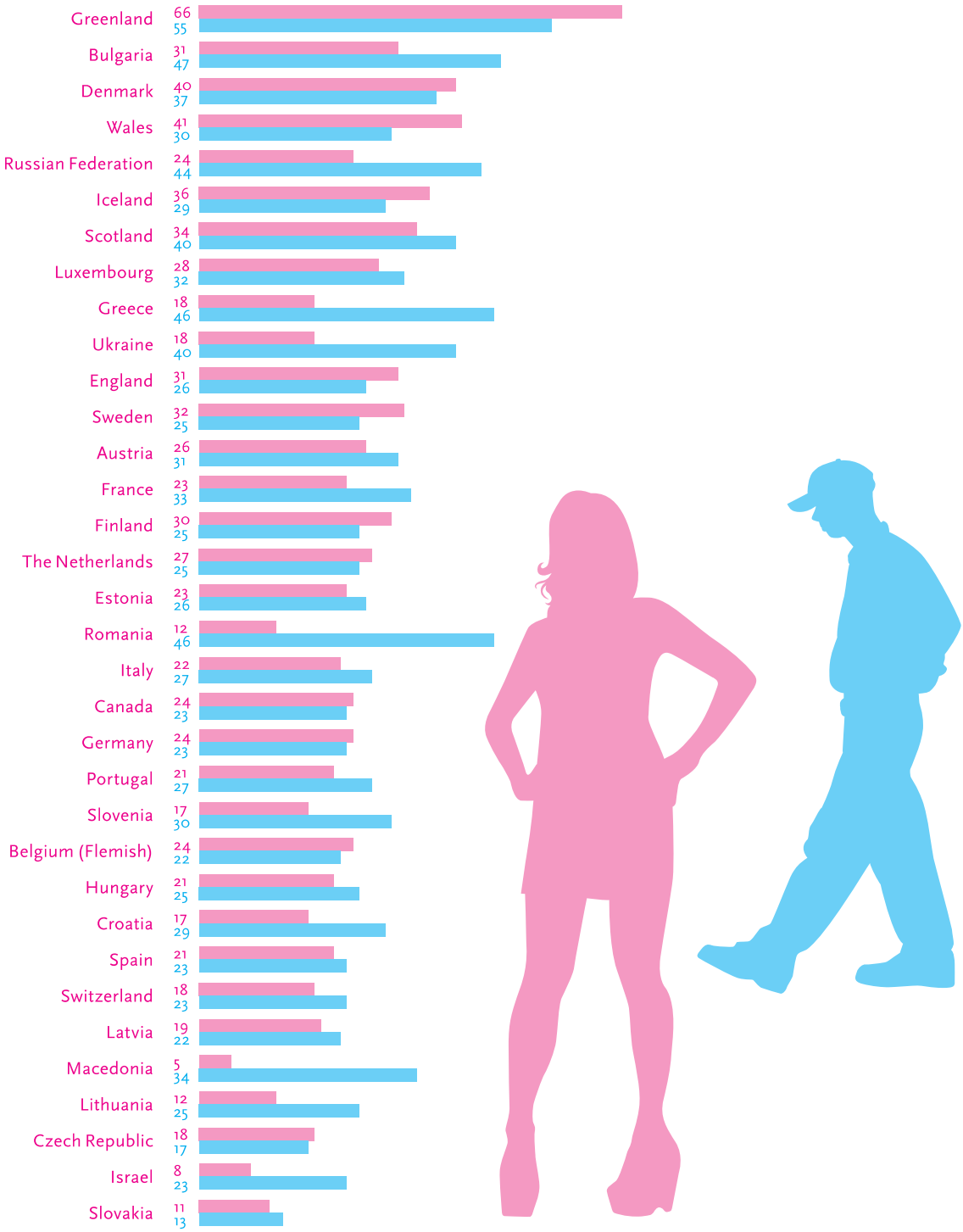
Satisfying sex lives

The majority of the Dutch feel positive about their sex lives: more than two out of three people say they are (very) satisfied.[7]

Still, most people see room for improvement. Only 44% say they are never disappointed with their sex lives. More than half of men and about two in five women would like to have sex more often. Only 1.5% of both men and women feel they have sex too often.

Percentage who had sexual intercourse

Girls and boys aged 15 in Europe



Sexual well-being

Though Dutch men and women are in general equally satisfied with their sex lives, their experience of sexuality differs. While 85% of men almost always really enjoy having sex, this is only true for 65% of women.[7] One in seven women says she never or only sometimes enjoys having sex. More men than women feel really comfortable after sex (87% of men against 76% of women) and feel that sex relaxes them (87% of men against 75% of women).

Sex among teenagers

When comparing the amount of sexual experience of 15-year-olds in European countries, it appears that girls in Northern European countries are more likely to have had intercourse at that age.[8] There is no strong geographic pattern apparent for boys. Compared with other Western countries, Dutch teenagers have an average amount of sexual experience. At the age of 15, about one third of the girls and one quarter of the boys have had sex.[7,8] By the time Dutch teenagers are 17 to 18 years old, almost twice as many have had sex.[7] Experience with anal sex is much less common: about one in ten of both boys and girls of 17 to 18 years old have had anal sex.

Dutch 15-year-olds have more experience with sexual intercourse than 15-year-olds in Southern countries, such as Mali (girls: 29%, boys: 6%), Malawi (girls: 21%, boys: 14%), Tanzania (girls: 16%, boys: 9%), and Rwanda (girls: 3%, boys: 3%).[9] Both in Southern countries and in the Netherlands, girls of 15 are more experienced than their male counterparts.[7,9] This difference appears to be much more pronounced in Southern countries.

The majority of Dutch people feel positive about their sex lives

2 Pregnant or not?

Young Dutch people practise safe sex more than young people in other European countries. This means that there are relatively few teenage pregnancies in the Netherlands. Even though many women find it difficult to use the contraceptive pill correctly, it is by far the most popular contraceptive method.

36% of Dutch women take the pill

Contraceptives in the Netherlands

Contraceptives are widely used in the Netherlands, both by young people and adults. The worldwide average of women in a relationship who make use of a contraceptive method is six in ten against eight in ten women in the Netherlands.[10] The use of contraceptives is slightly more common in the Netherlands than in North America, Latin America, Asia and Europe where about seven in ten women use contraceptives. In Oceania, only half of all women in a relationship use contraceptives, and in Africa, the proportion of women who use contraception is merely a third.

Which method?

In the Netherlands the contraceptive pill is the most popular contraceptive.[7] No less than 36% of women between the ages of 15 and 49 are on the pill. Within this age group, 9% use an intra-uterine device (IUD), 11,6% use condoms, 6% are sterilised and 8% have a sterilised partner. 5% of these women opt for the so-called 'Double Dutch method': both pill and condom.[11] The choice for a specific method strongly depends on age. Naturally older women in particular opt for sterilisation. The duration of the relationship also plays a role: women with a steady partner more often opt for the pill (32%-44%) than women with no partner or casual partners (23%).

Differences between continents

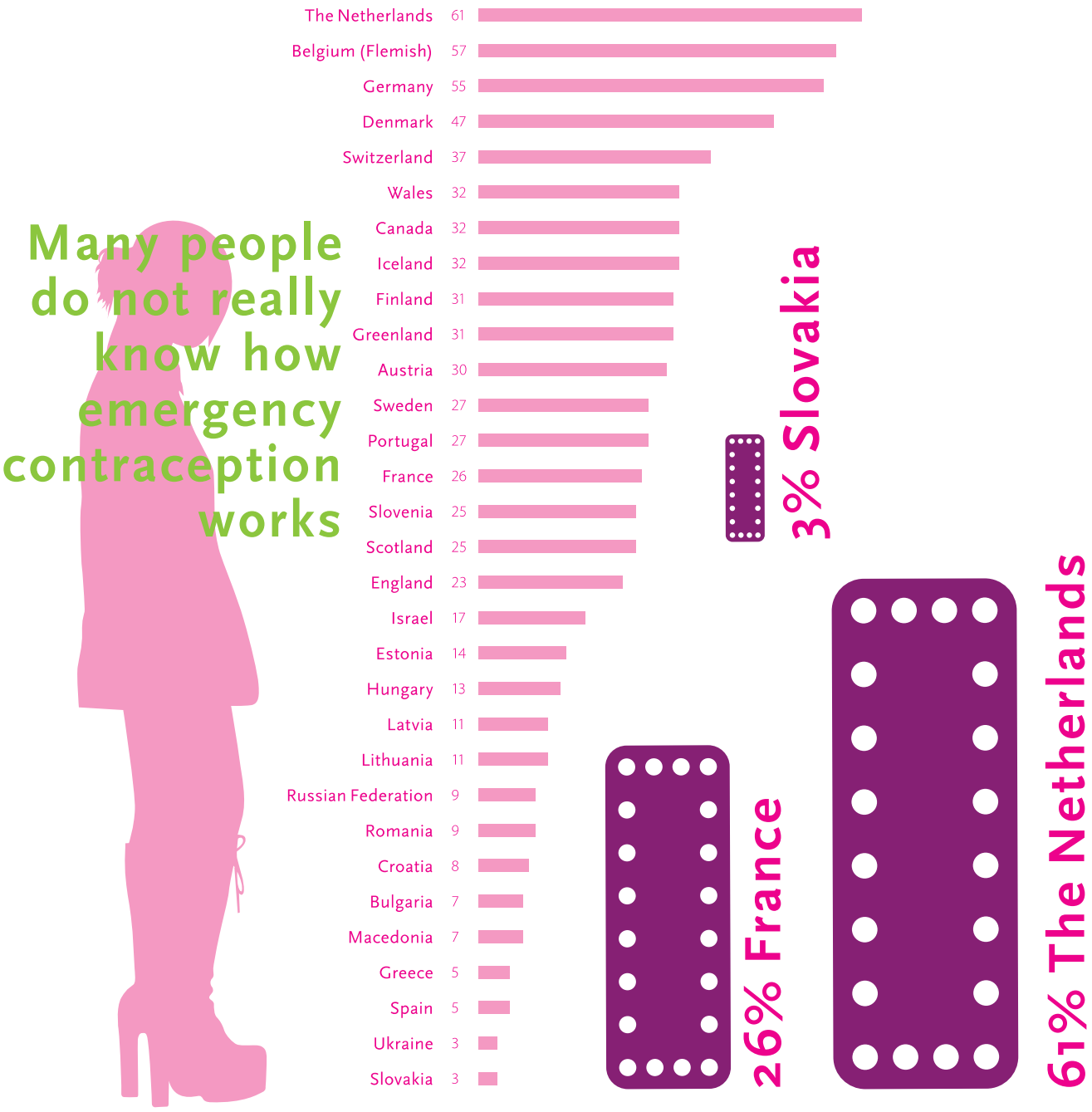
The selected contraceptive method differs per continent. In Europe and Africa the contraceptive pill is the method of choice (Europe: 19%, Africa: 7%).[10] In Europe the IUD is the second contraceptive of choice (14%), while in Africa women prefer an injection (6%) over an IUD (4%).
In North America, Latin America and Oceania the three most popular contraceptive methods are sterilisation (North America: 33%, Latin America: 30%, Oceania: 19%), the pill (North America: 18%, Oceania: 18%, Latin America: 16%) and condoms (North America: 12%, Oceania: 8%, Latin America: 7%). In Asia, too, sterilisation is the most popular contraceptive method (27%), followed by the IUD (20%). Only few women are on the pill (6%).

Young people have safe sex

Young Dutch people do not have sex at a younger age than young people in other European countries, however they do have safer sex. The Netherlands has the highest percentage of 15-year-old in Europe who used contraceptives the last time they had sex (pill, condom or a different method), namely 97% of the girls and 92% of the boys.[12] Of the other European countries France (92%) and Austria (92%) score the highest, and Estonia (78%) and Poland (73%) the lowest.

Percentage using contraceptive pill

Girls aged 15 during last sexual intercourse



Few teenage pregnancies

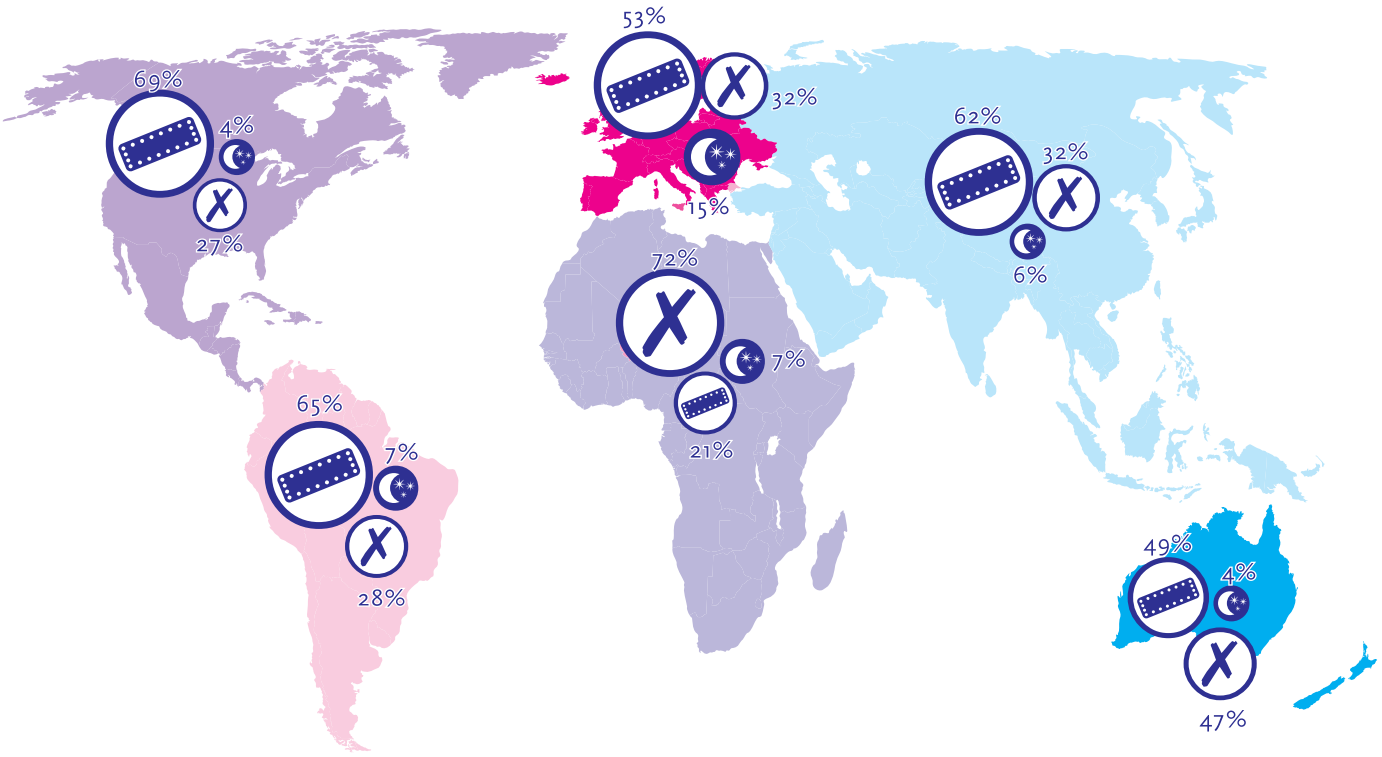
The use of contraceptives by young people in the Netherlands is effective: they have safe sex, which translates into a low number of teenage pregnancies. In 2007 only 11.3 in 1000 Dutch girls between the ages of 15 and 19 became pregnant.[13] Since having children as a teenager has many negative effects on their health and socio-economic opportunities[14,15,16,17] the percentage of teenage pregnancies is considered an important indicator of a population's sexual health. The number of pregnant teenagers in the Netherlands small in comparison with for example Belgium (17 in 1000), Germany (19), Norway (26), Sweden (30), England (60) and the USA (65).[18]

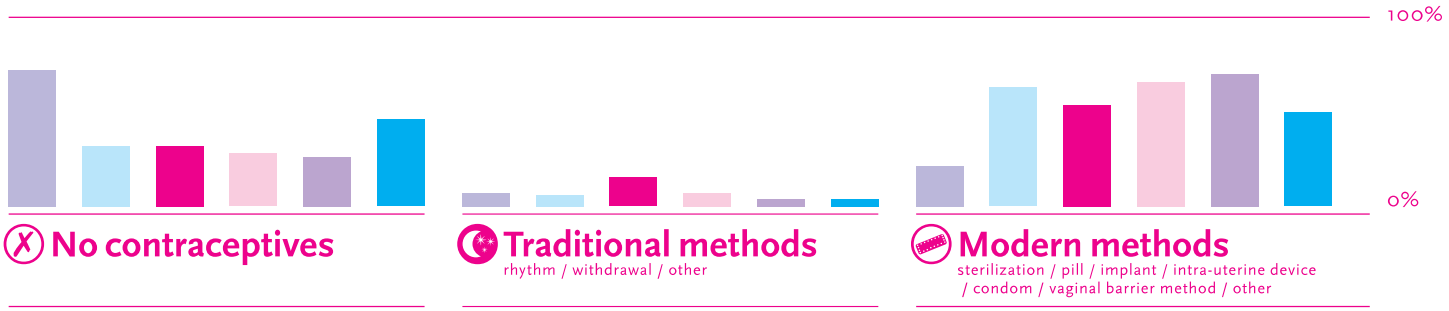
Risk of unwanted pregnancy

In the Netherlands 31% of women do not use contraceptives.[7] They are mainly women who do not have sex or are

Percentage using contraception

Women aged 15-49, married or in union





infertile. A small group of 3% of all women in their fertile years runs a risk of unwanted pregnancy by not using contraceptives. The reasons they give for this are possible side effects (4%) or the fact that they consider them unhealthy (4%). One percent of women say that contraceptives are not allowed by their faith.

Problems related to the use of contraceptives

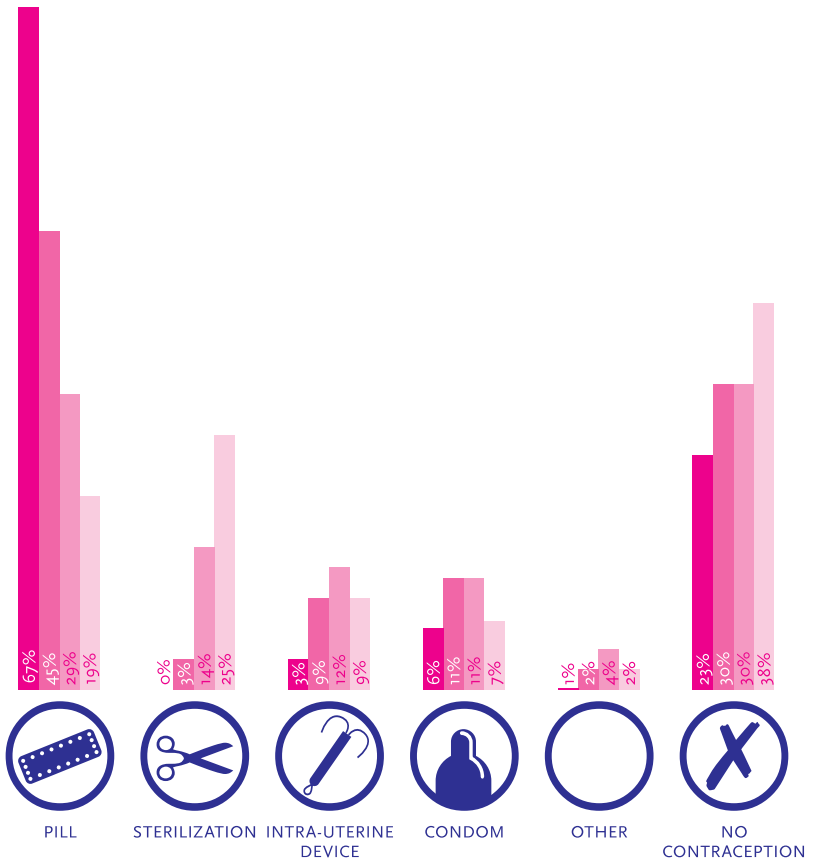
Sometimes things go wrong with the use of contraceptives in the Netherlands. About one third of the Dutch women who had an abortion in 2007 used the pill during the six months prior to the conception, another 30% used a condom.[13] Only 67% of women think the method they use is easy.[7] One in ten women even say it is 'very difficult' to use contraceptives properly. Twenty percent of men and 31% of women say sometimes things go wrong when using contraceptives. This applies particularly to the pill: 59% of birth control pill users say they forget to take it now and then. Sometimes women run a risk of pregnancy by forgetting to take it several times per month (7%). The use of condoms sometimes creates problems for 17% of men and 14% of women.

Unplanned but wanted

The failing use of contraceptives leads in some instances to unplanned pregnancies. In 2008, about one in six Dutch women report having had an

Usage of contraception

Dutch women aged 18-45 (2008)



unplanned pregnancy at some point in their life.[7] This does not mean that these pregnancies are all unwanted. The great majority of the unplanned pregnancies are eventually wanted by the women (68%) and somewhat less than half of the pregnancies are also wanted by the men (45%).

A quarter of Dutch women are sometimes concerned about the risk of unwanted pregnancy

Torn condom

Pregnancy occurs in spite of consequent use of contraceptives, and each method has its specific risks. About half of all Dutch women who had an abortion in 2007 and reported they had used condoms say that a torn condom caused the pregnancy.[13] Furthermore, about one third say they did not use a condom during the intercourse that led to the unplanned pregnancy. About half of birth control pill users took the pill in the six months prior to the intercourse, but no longer in the period they had intercourse. Almost one third says that the pill failed.

Emergency contraception

In order to reduce the risk of unwanted pregnancy after unsafe sex emergency contraception is available for everyone in the Netherlands without prescription. It can be bought at a chemist's or pharmacy. It is affordable: only very few people think emergency contraception is too expensive.[7] Still, only slightly over half of the women say they intend to use emergency contraception if necessary. Many people, with both high and low levels of education, turn out to be ill-informed about the use of emergency contraception and its workings. For example, over half of the women who would not chose to use emergency contraception after unsafe sex say they do not want to terminate a pregnancy. This

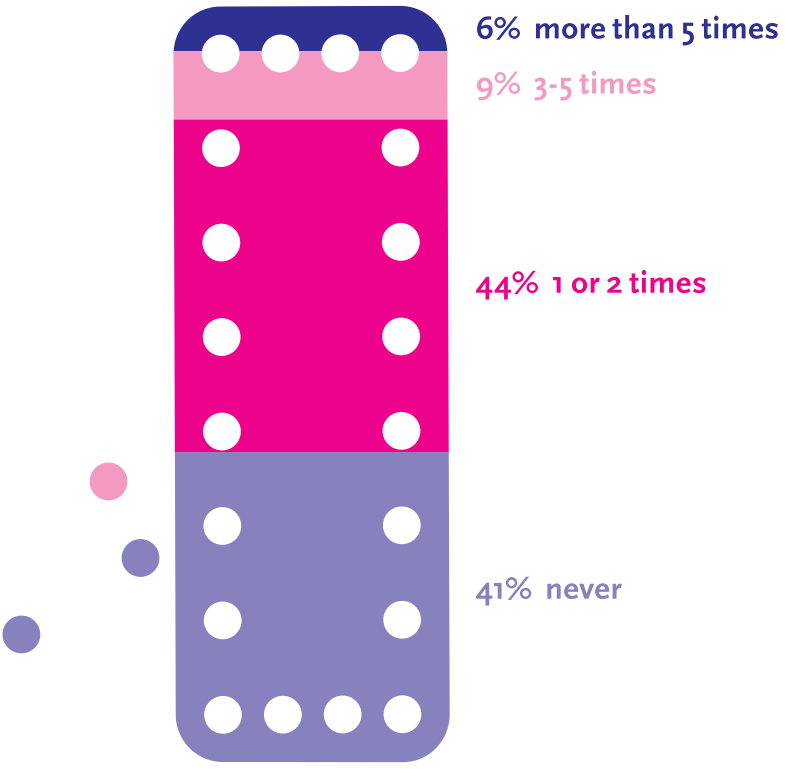
concern is based on confusing the morning-after pill with an abortion pill. In fact, emergency contraception does not end a pregnancy, but prevents women from becoming pregnant. Another important reason that keeps people from using emergency contraception is their optimism: 22% believe the chance of actual conception is very small.

Concerns about pregnancy

Although the use of contraceptives has its problems, most people in the Netherlands generally do not worry much about the risk they run. Ten percent of men and 25% of women occasionally worry about the possibility of an unwanted pregnancy.[7]

Percentage women that forgot to take the pill

In the past six months



3 Pregnancy, childbirth and abortion

Maternal and child mortality rates say a lot about a country's development level. The differences between Europe and Africa are considerable.

Worldwide maternal mortality rates

Maternal and child mortality rates are important data as they are indicators of a country's development level. The differences between developed countries (especially Europe) on the one hand and Africa on the other are therefore considerable. (Note that the WHO-regions differ from the regions as they are normally defined, which makes the numbers difficult to compare with statistics from other institutions.) In developed countries the maternal mortality rate lies at an average of 9 in 100,000 women as compared to 450 in developing countries.[19] The maternal mortality rate is by far the highest in Africa[2] (900) and the lowest in Europe[21] (27).[22] The other regions lie between this range: America[23]: 99 per 100,000 women, Western Pacific region[24]: 82, Eastern Mediterranean region[25]: 420, Southeast Asia[26]: 450.

Worldwide child mortality rates

The number of children who die before their fifth birthday in 2007 was lowest in Europe and America.[22] In Europe the mortality rate is 15 in 1,000 live births, in America 19. Africa has the highest child mortality rate with 145 per 1,000 live births. The Western Pacific region (22), Southeast Asia (65) and the Eastern Mediterranean region (82) lie in between.

How healthy?

By international standards the Netherlands is doing well when it comes to the health of mothers and their children. However, this picture is far less positive when compared to Western European countries[27] alone. The number of children who die before their fifth birthday in the Netherlands is well above the European[28] average (the Netherlands: 5 in 1,000; Europe: 2 to 14 in 1,000).[22] However, 17 out of 22 Western European countries have a lower mortality rate of children younger than five than the Netherlands. Only the UK and Malta do worse, with 6 children in a thousand who die before their fifth birthday. The maternal mortality ratio[29] in the Netherlands is 6 in 100,000 live births: slightly less than in most European countries and slightly more than in most Western European countries.

Older mothers

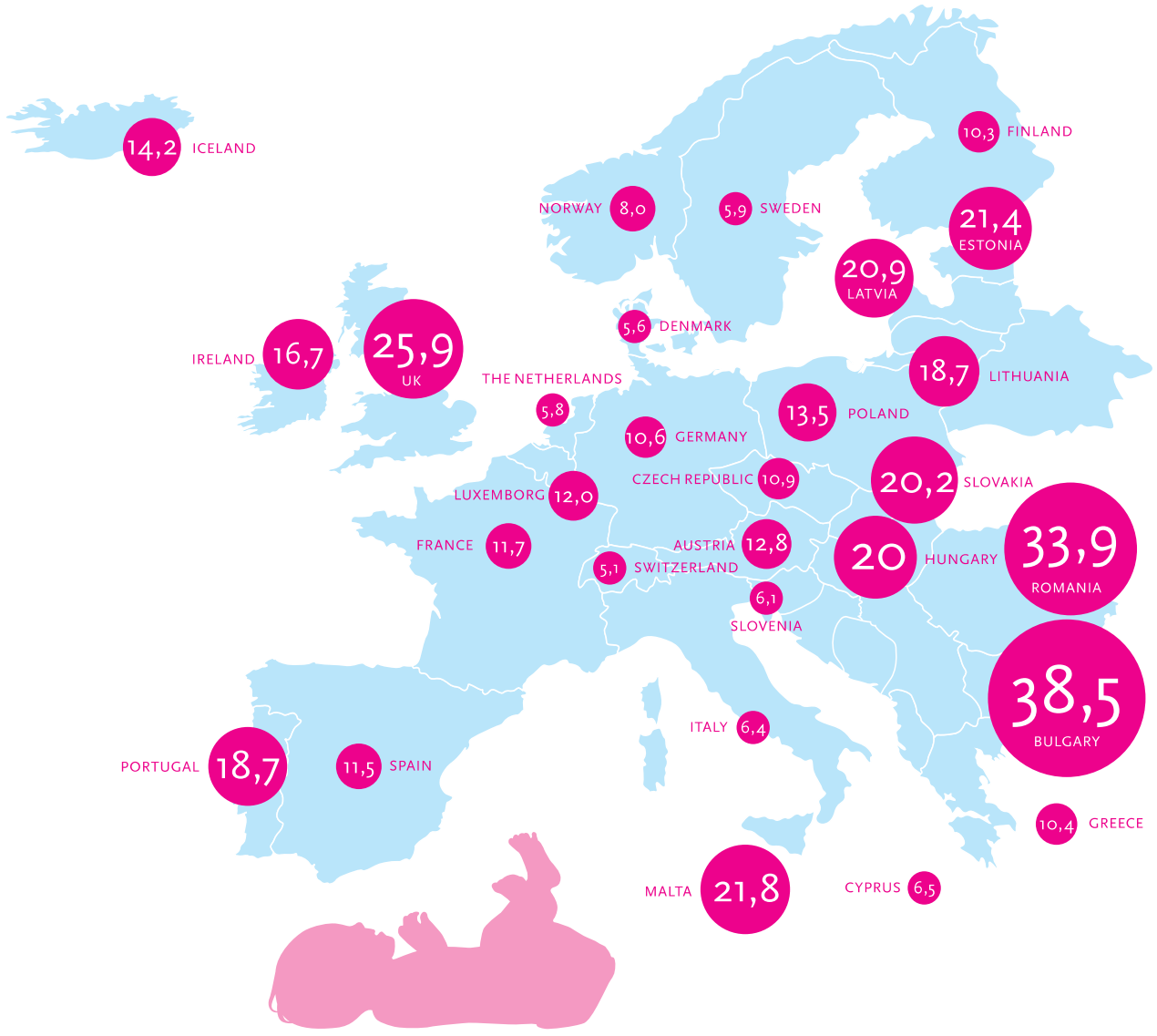
In 2007 Dutch mothers were on average 31 years of age when they gave birth,[30] slightly older than in most European countries.[31] In the Netherlands women have an average of 1.7 children. Worldwide, women in Africa have the greatest average number of children (5.1), women in Europe and the Western Pacific Region have the smallest number of children (Europe: 1.6; WPR: 1.8).[22] Other regions lie in between (America: 2.2, Southeast Asia: 2.7, Eastern Mediterranean region: 3.4).

Teenage mothers

The Netherlands has one of the lowest rates of teenage mothers in Europe.[32] Bulgary and Romania have the highest rate in Europe, but also the UK has a comparatively high figure. Figures produced nationally confirm this: the number of teenage mothers declined in the period 2002-2007 by a quarter.[17]

Number of live births

Per 1,000 girls aged 15-19 in Europe (2005)

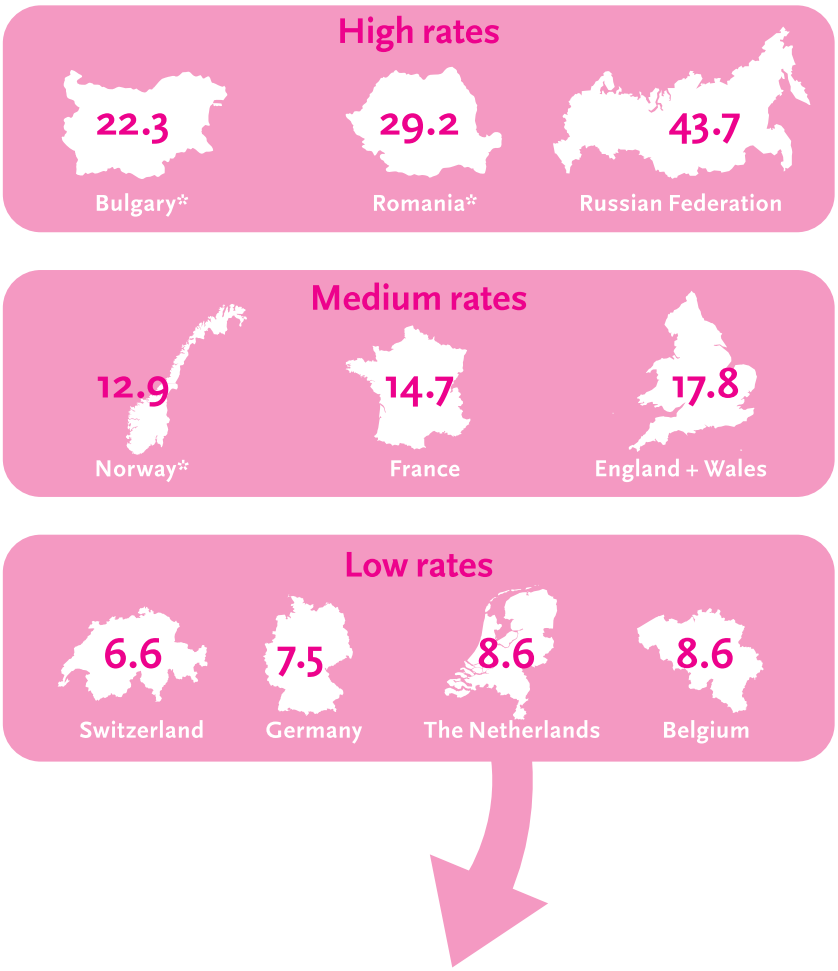


Bulgary	38,5
Romania	33,9
United Kingdom	25,9
Malta	21,8
Estonia	21,4
Latvia	20,9
Slovakia	20,2
Hungary	20,0
Lithuania	18,7
Portugal	18,7
Ireland	16,7
Iceland	14,2
Poland	13,5
Austria	12,8
Luxembourg	12,0
France	11,7
Spain	11,5
Czech Republic	10,9
Germany	10,6
Greece	10,4
Finland	10,3
Norway	8,0
Cyprus	6,5
Italy	6,4
Slovenia	6,1
Sweden	5,9
The Netherlands	5,8
Denmark	5,6
Switzerland	5,1

The number of teenage mothers in the Netherlands lies far below the average

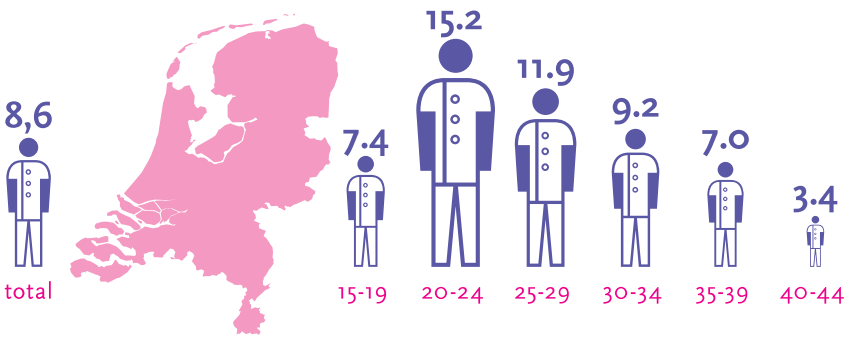
Abortion rate in Europe

Per 1,000 women aged 15-44 (* = women aged 15-49)



Abortion rate in the Netherlands

Per 1,000 women aged 15-44 in 2007



The Western Pacific region has the lowest number of teenage mothers in the world: each year, 11 in 1,000 teenage girls become a mother.[22] The largest number of teenage mothers by far live in Africa (117 in 1,000 girls). In Europe, the average lies at 24 per 1,000 girls, in the Eastern Mediterranean region at 35, in Southeast Asia at 56, and in America at 61 per 1,000 girls.

The lowest abortion rate

The abortion rate[33] in the Netherlands is one of the lowest in Europe.[34] In 2007, 8.6 per 1,000 women of fertile age (15-44 years) performed an abortion. Of all pregnant Dutch women 13% opted for an abortion and 87% carried the baby full-term.[13] In 2005 the Eastern European countries showed the highest abortion rates (Russia: 43.7 per 1,000, Rumania: 29.2, Hungary: 26.8). But also Sweden (20 per 1,000) and the United States (19 per 1,000) have high abortion rates.[34] Countries with a low abortion rate include Ireland (5.9), Switzerland (6.6) and Germany (7.5).
In the Netherlands, most abortions (85%) are performed within 12 weeks of pregnancy. Most abortions were performed on women between the ages of 20 and 24: 26% of pregnant women in this age bracket opt for an abortion.

Abortion among teenagers

In 2008 the number of teenage mothers in the Netherlands, Sweden and Denmark lay far below the European average.[35] Where the Netherlands is concerned, this is not only explained by the accessibility of abortion, but also by the low number of teenagers that become pregnant in the first place (14,3 in 1,000 in 2007).[18] This does not apply to Sweden, where the number of teenagers that become pregnant is estimated to be twice as high. In Sweden, about 80% of pregnant teenagers choose to have an abortion. In the Netherlands, 64% choose abortion.

The abortion rate in the Netherlands is among the lowest in Europe

This proportion is high in comparison to other countries, such as the USA (34%), Belgium (45%) England (41%) and Germany (37%). The fact that relatively many pregnant teenagers in the Netherlands opt for an abortion is an indication of the accessibility of abortion care. It also shows that abortion is accepted among young people in Dutch society.

Women from abroad come to the Netherlands for an abortion

Nowadays abortion is allowed in almost all EU countries. Except for Malta and Ireland they all have an abortion act in place. Still, many women from other European countries come to the Netherlands to have an abortion. In 2007 the number was 4,469.[34] These women from abroad account for 14% of all abortions carried out in the country. Women opted for the Netherlands because the maximum term for abortions is shorter in their own country. Therefore, most foreign women who come to the Netherlands are in an advanced stage of pregnancy. However, there also are other reasons related to a less liberal legislation or less accessible abortion care. The large number of women who come to the Netherlands can be seen as an indication of the good quality and accessibility of its abortion care.

More than one abortion

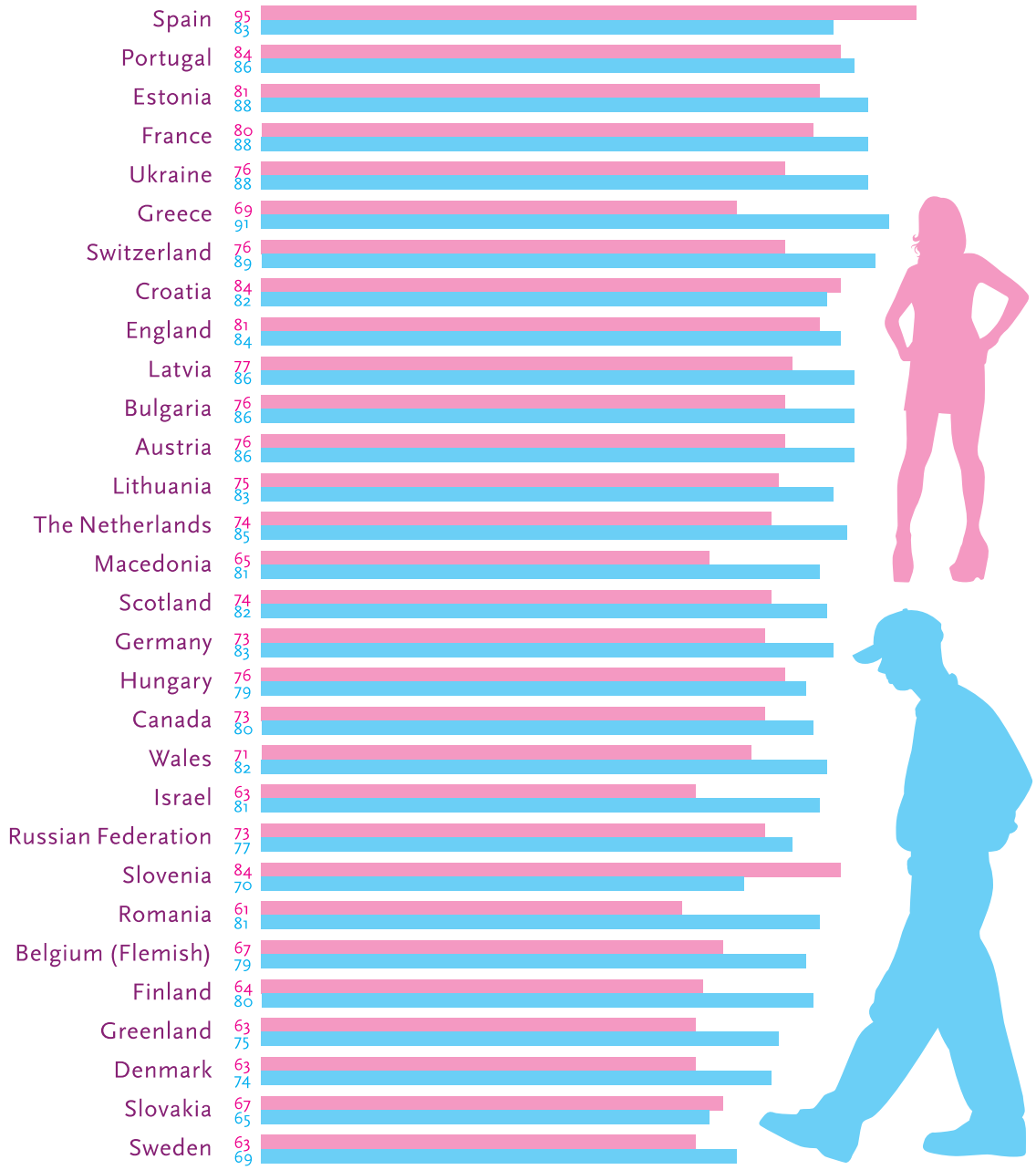
Many women have several abortions in their lives. Of the women who have an abortion, about a quarter has had one abortion before, 7% had two abortions and 4% had three or more abortions.[34]

In 2007, 13% of all pregnant Dutch women opted for abortion

4 Sexually Transmitted Infections and HIV

Dutch people are generally well-informed about the risks of having sex without a condom. However, the Dutch don't always use a condom having sex with casual partners.

Percentage 15-year-olds who used a condom at last sexual intercourse



Many people over the age of 55 have unsafe sex with casual partners

Condom use in the Netherlands

The use of condoms is considered the most effective preventive means against sexually transmitted infections (STIs) such as HIV, syphilis or chlamydia. Dutch people are generally well-informed about the risks of having sex without a condom.[7] However, that does not keep a substantial group from running risks more or less consciously. Young people in particular are a risk group.

Young people and condoms

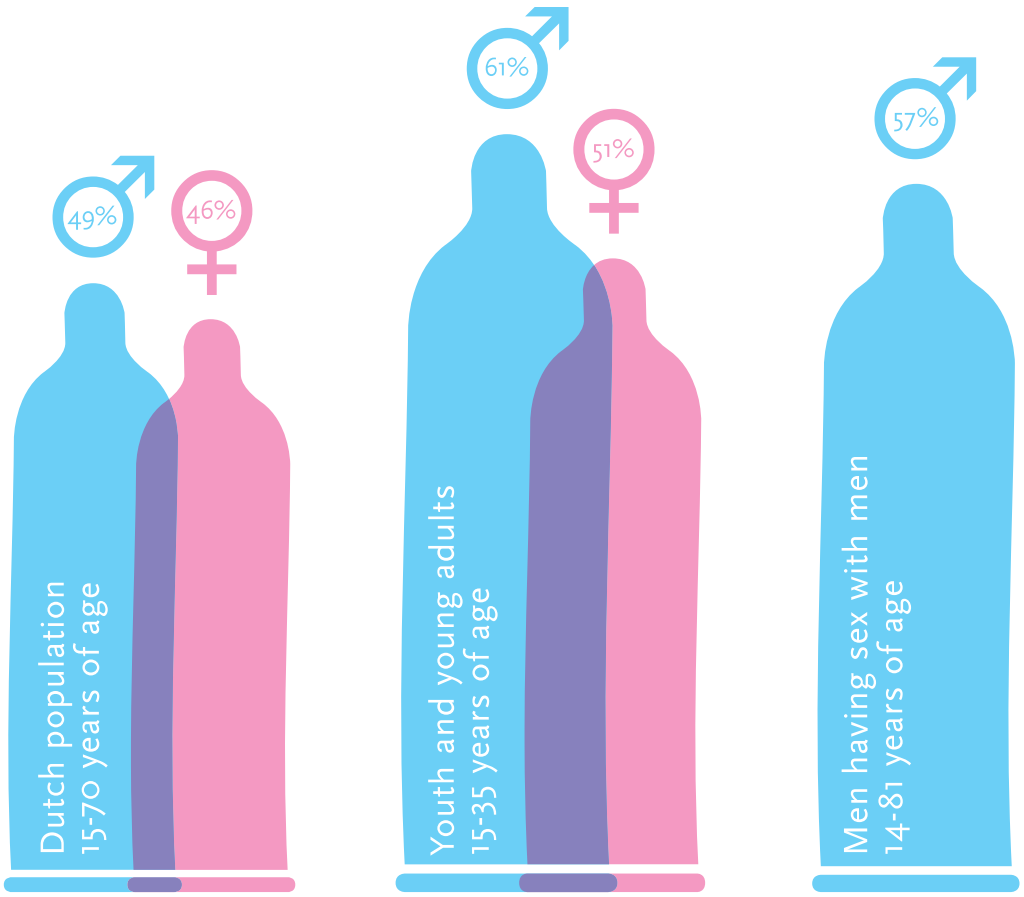
On the face of it things seem to be going well with the use of condoms among young Dutch people. Most 15-year-olds say they used a condom the last time they had sex.[34] A different picture emerges from the figures relating to condom use in the previous six months. These show that only one third of boys (33%) and one quarter of girls (26%) always use a condom when having sex with casual partners.[7] Young people do not often get tested: only 7% of boys had a test in the past year against 9% of girls.

The over 55s: high risk

It is not only the young who take risks in the Netherlands. Many people over the age of 55 have unsafe sex as well. No less than 64% of men and 54% of women do not always use a condom during sex with casual partners.[7] The level of education plays a role in safe sex: 64% of women and 51% of men with a high level of education always use a condom, as compared to 37% of women and 40% of men with a low level of education. In addition older people get tested less often

Consistent condom use during intercourse with casual partners

In past six months in the Netherlands



Most STIs are transmitted during sex between two men

than young people: 7% of men and 2% of women aged 55 and over got tested in the previous year as compared to 9% for both men and women of all ages.

An increased risk

Most STIs in the Netherlands are transmitted through sex between two men. In 2008, 81% of people newly diagnosed with HIV at the STI clinics were men who have sex with men.[37] Yet only about a third of this group always protect themselves by using a condom during sex with casual partners.[38] However, relatively many of these men get tested for STIs: 38% took such a test in the previous year.

The importance of condoms underestimated

Many people underestimate the risk they run of contracting an STI. For example, almost a third of Dutch men and 15% of women with casual partners think they do not need to use condoms if the woman is on the pill.[7] Even if people are aware of the importance of using condoms, this knowledge is often not applied in practice. The majority of the interviewees trusts that condoms will be used during sex with casual partners, even if the other does not broach the subject (women: 83%, men: 82%). Both men (83%) and women (86%) also think that the use of condoms will not be a problem even if they haven't had sex with this particular person before. These percentages decline if the circumstances become more difficult. For example, if alcohol or drugs are used (women: 45%; men: 45%), or if they have been seeing each other for a few months (women: 57%; men: 50%). Only one in five gets tested before they stop using condoms.

STI tests

In the Netherlands 9% of the population got tested for STIs in 2008.[7] Over one third of people have had an STI test at some point in time (33% of men and 37% of women). The Dutch usually get tested because they have had unsafe sex, are starting a new relationship, or no longer want to use condoms with their steady partner.

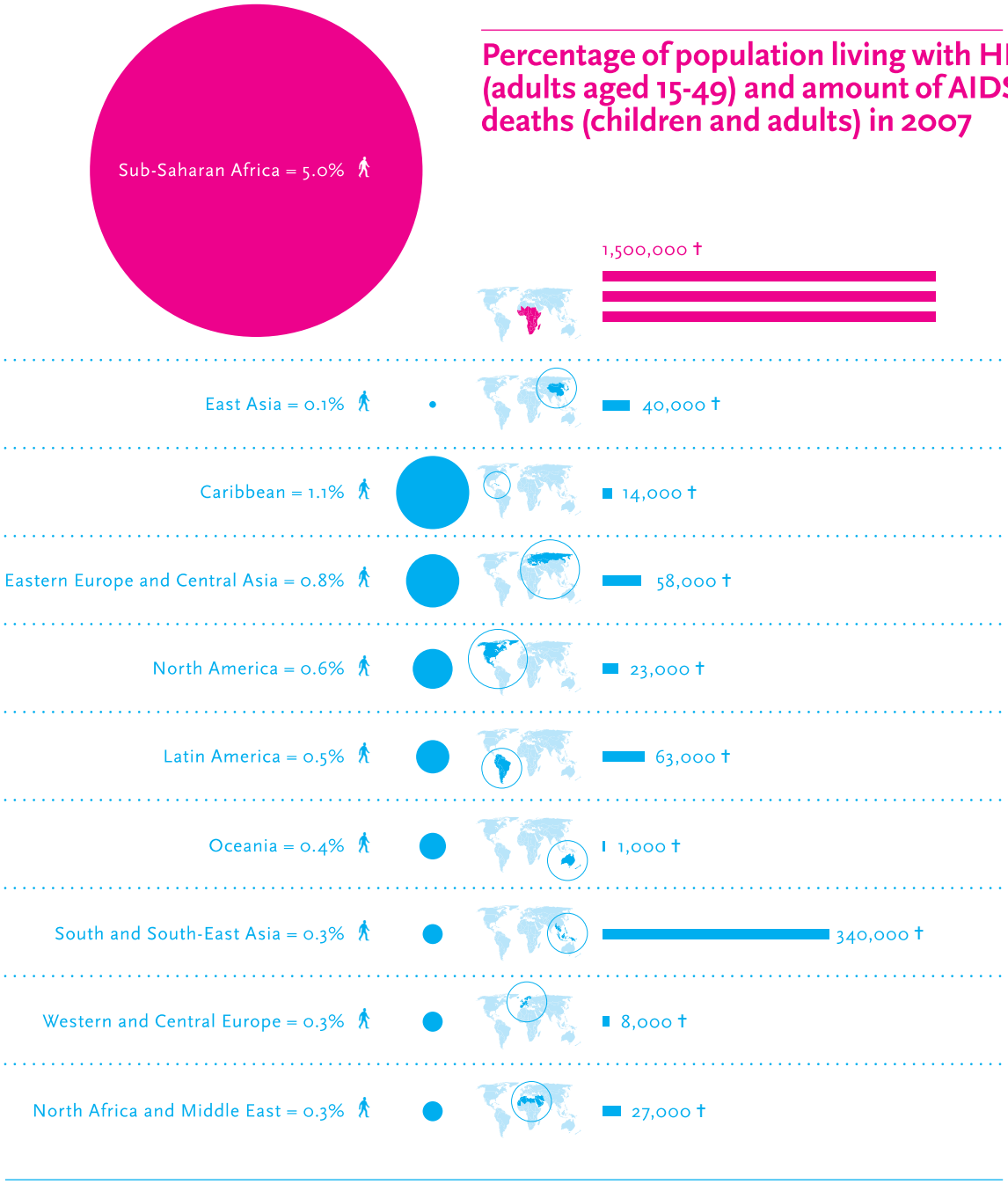
The European situation: test or no test?

The test behaviour in the WHO regions Western Europe and Central Europe differs greatly per country. The number of people who got tested for HIV in 2007 varies from 1 in 1,000 in Greece to 119 in 1,000 in Kazakhstan.[39] As in Greece, only few people get tested in Georgia (3.9) and Bosnia and Herzegovina (4.4). After Kazakhstan the highest test ratio is observed in San Marino (118) and Austria (94). The proportion of people who get tested is much higher in Western Europe than in Eastern Europe.

STIs in the Netherlands

Chlamydia is the most frequently diagnosed bacterial STI in the Netherlands.[37] In 2008, 9,403 cases of chlamydia were diagnosed. Eleven percent of all conducted tests were positive. Fifty-two percent of the cases involved women, 36% were heterosexual men, and 17% were men who have sex with men. Over half of all cases of chlamydia are diagnosed in young heterosexual people between the ages of 20 and 25 and in men who have sex with men between the ages of 30 and 39. With 1,964 cases in 2008 gonorrhoea takes second place of the most frequently occurring STIs. Most cases of gonorrhoea were diagnosed among men who have sex with men (56%). The incidence of gonorrhoea among heterosexual men (21%) and women (23%) is significantly lower. In 2008, 599 people were tested positive for syphilis. In 90% of the cases they were men who have sex with men.

Percentage of population living with HIV (adults aged 15-49) and amount of AIDS deaths (children and adults) in 2007



The prevalence of HIV and AIDS

Worldwide the prevalence[40] of HIV is estimated at 0.8%.[41] This percentage is 6.25 times as high in Sub-Saharan Africa. The lowest percentage of people with HIV is found in Eastern Asia: 0.1%. In the other regions the prevalence is at least 0.3%. The incidence[42] of HIV-positive people in Western Europe in 2007 was many times higher than in Central Europe (77 per million inhabitants against 10 per million inhabitants).[43] In most countries in Western Europe this figure lay between 0.1% and 0.4% in 2007. The prevalence in the Netherlands is estimated to be 0.2%.

In 2007, 3,568 people in Western Europe were diagnosed with AIDS (10 per million) compared to 541 in Central Europe (3 per million). In the Netherlands 15,538 people were registered as HIV-positive in 2008.[37] The rate of newly diagnosed cases of AIDS in the Netherlands is estimated at 14.7 per million in 2007.

Worldwide the number of HIV-infected individuals is equally spread among men and women

Women and men

The number of HIV-infected people is spread equally between men and women at the world level.[41] It is striking that in Sub-Saharan Africa the HIV prevalence is higher among women than among men. In all other regions on the other hand, more men are infected with HIV.

AIDS deaths

In 2008 103 people with HIV/AIDS died in the Netherlands.[37] In 2007, 936 people who were diagnosed with AIDS died in Western Europe against 271 in Central Europe.[39] The number of people who die of AIDS in Sub-Saharan Africa is more than 2.5 times as high as it is in Asia, Europe, Oceania and America taken together.[41]

Infection with HIV

In Central Europe HIV is most likely to be transmitted through heterosexual contact, followed by men having sex with men.[39] In Western Europe HIV is transmitted most often by sex between men, but heterosexual contact is a risk factor as well. Other sources of infection, such as mother-child infections or blood transfusions occur only very rarely. In 2008 in the Netherlands the main source of infection for men was sex between men (79%); for women it was heterosexual contact (93%).[37]

Knowledge about HIV/AIDS

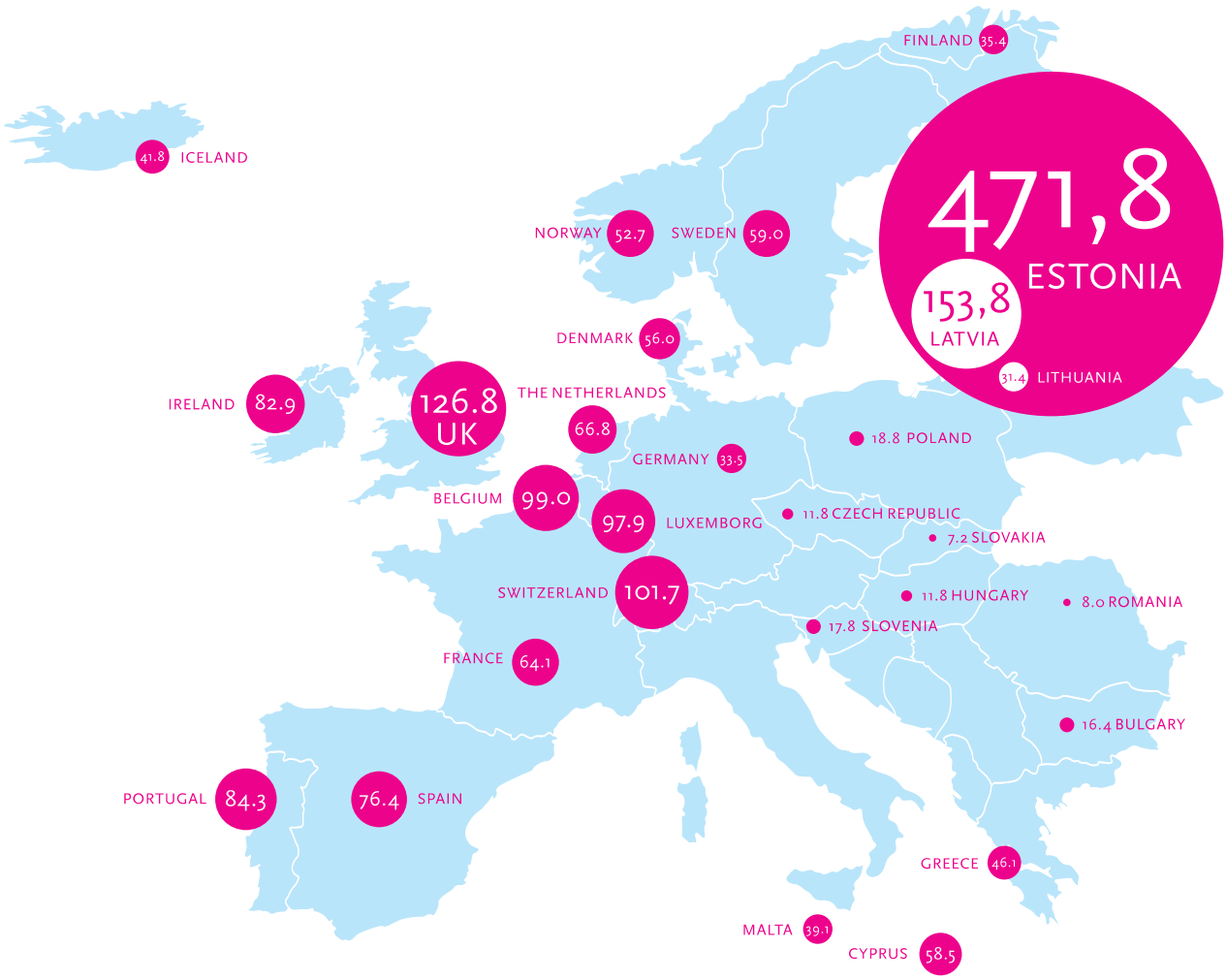
There is still quite some work to be done when it comes to providing information about HIV and AIDS. Worldwide 38% of women and 40% of men between the ages of 15 and 24 have a proper and comprehensive knowledge about HIV/AIDS and how to prevent infection.[44] Estimates are that only 55% of young women and 70% of young men know that condoms offer effective protection against HIV. This percentage is still far below the objective of 95% in 2010, which was formulated in the 'Declaration of Commitment on HIV/AIDS' in 2001.

Access to medicines

One important advance in the prevention of HIV infections is the improved access to antiviral medicines. After the introduction of these medicines the number of new AIDS diagnoses and the number of people who die of AIDS in Europe was drastically reduced. In low-income and average-income countries, too, the access to antiretroviral medicines has been considerably improved.[44] Meanwhile approximately three million people are treated with these medicines.

Newly-infected people in Europe in 2007

Per million population



Estonia	471.8
Latvia	153.8
United Kingdom	126.8
Switzerland	101.7
Belgium	99.0
Luxembourg	97.9
Portugal	84.3
Ireland	82.9
Spain	76.4
The Netherlands	66.8
France	64.1
Sweden	59.0
Cyprus	58.5
Denmark	56.0
Norway	52.7
Greece	46.1
Iceland	41.8
Malta	39.1
Finland	35.4
Germany	33.5
Lithuania	31.4
Poland	18.8
Slovenia	17.8
Bulgaria	16.4
Hungary	11.8
Czech Republic	11.8
Romania	8.0
Slovakia	7.2

5 Homosexuality and bisexuality

One in ten Europeans has difficulty with the idea that their neighbour is gay. In the Netherlands, more people identify themselves as homosexual or bisexual than in other countries.

Homosexuality and bisexuality

It is debatable whether homosexuality and bisexuality occur more frequently in the Netherlands or whether the Dutch are just more open about it because of the tolerant climate. The percentage of men and women who say they are homosexual (4% of men, 3% of women) is higher in the Netherlands than in other countries, as is the percentage of men (3%) and women (3%) who say they are bisexual.[46] In Australia the percentage of homosexuals is twice as low as in the Netherlands, and that of bisexuals three times as low. The percentage of men who have had same sex partners is four times as low in Australia as in the Netherlands; among women this percentage is seven times as low. In the United Kingdom this percentage is twice as low for both men and women when compared with the Netherlands.

Slightly less than half of all Europeans (44%) are in favour of same-sex marriages

Acceptance in Europe

Homosexuality is still not widely accepted in Europe. One in ten Europeans (11%) has difficulty with the idea that their neighbour is gay.[47] Slightly less than half of Europeans (44%) are in favour of same-sex marriage. Eastern Europeans are generally more negative about homosexuality than Western Europeans. In Western Europe 50% to 60% of people support same-sex marriage; in Eastern Europe this holds for 10% to 20%. Adoption by homosexuals is a sensitive issue: merely one third of Europeans (31%) is in favour of adoption by gay couples. In Western Europe, 30 to 40% of the population feel that homosexuals should have the same rights as heterosexuals, against 10 to 15% of Eastern Europeans. The highest rates of opposition to adoption by homosexuals and same-sex marriage are found in Greece (adoption: 84%, marriage: 89%), Latvia (adoption: 84%, marriage: 89%), and Poland (adoption: 76%, marriage: 89%).

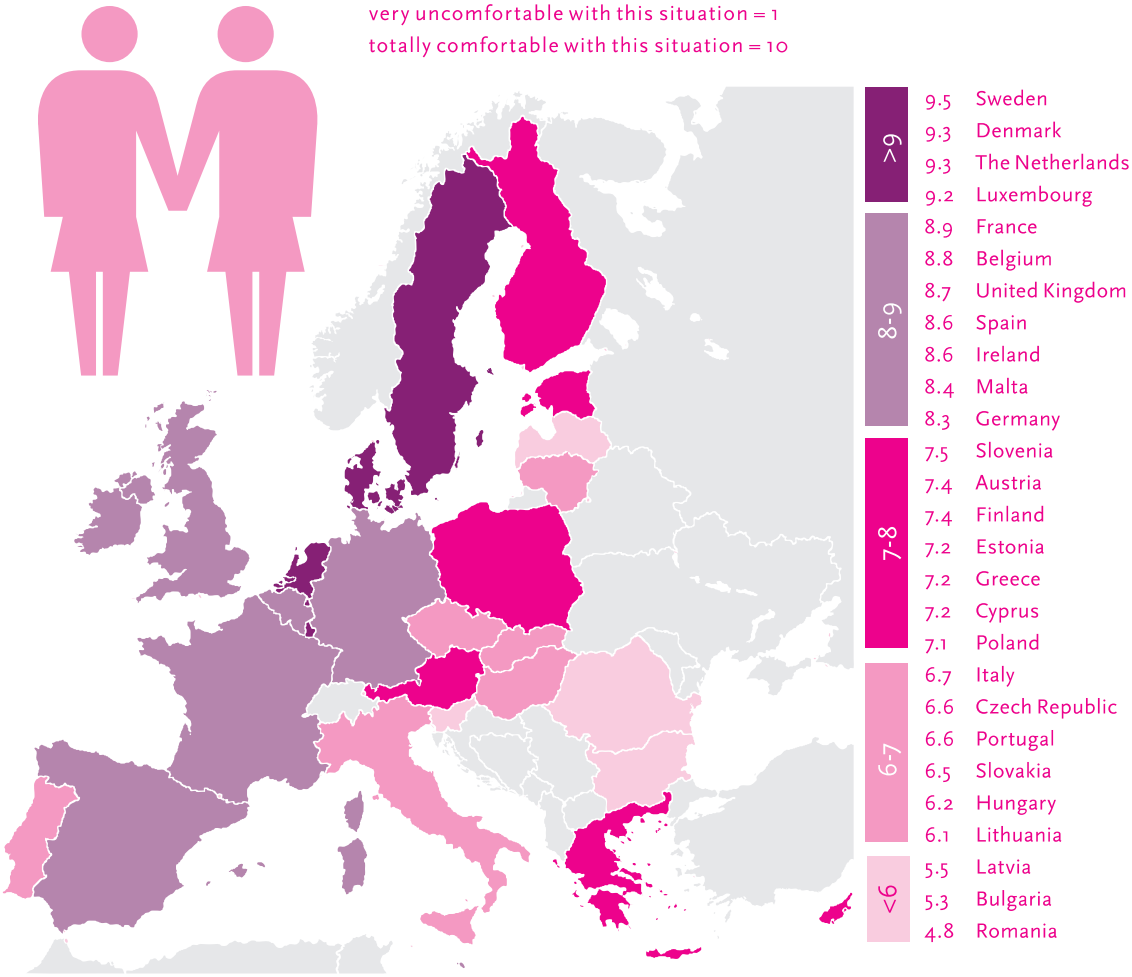
Acceptance in the Netherlands

In comparison with other European countries, homosexuality is relatively widely accepted in the Netherlands. In 2006 almost 70% of the Dutch thought that homosexuals 'should just live their lives' and that homosexuals and heterosexuals should have equal rights.[48] Furthermore, 91% are comfortable with the idea of having a gay neighbour, 82% support same-sex marriage, and 69% think adoption by gay couples is acceptable.[47]

Anti-gay

About 12% of people in the Netherlands have a negative attitude towards homosexuality.[48] This group consists in particular of people who are very

Are you comfortable having a homosexual as a neighbour?



religious. Within this group, 48% can be considered having a negative attitude towards homosexuals. People with a low level of education are also more likely to have a negative attitude towards homosexuality (22%). Slightly more men than women are negative towards homosexuals (women: 12%, men: 17%).

In the Netherlands, same-sex marriage is accepted by 82%

Acceptance of bisexuals

Only little is known about the situation of bisexuals. They are often placed in the same category as homosexuals. Still there are indications that bisexuals differ in the way in which they experience and express their sexual identity. Bisexuals stay 'in the closet' more often than homosexuals.[46] The percentage of mothers who know about the sexual orientation of their child is 81% for homosexuals, and 35% for bisexuals.

Bisexuals have more difficulty accepting their sexual preference than homosexuals. One in ten of all gay men says that they would rather be heterosexual, whereas this applies to two in ten bisexual men. However, bisexuals are confronted with negative reactions less often than homosexuals.

Homosexuality: not yet completely accepted

Legislation

Eighteen EU countries[49] have a government body that deals with combating discrimination on account of sexual orientation.[47] In thirteen EU countries[50] the dissemination of hate, violence or discrimination on account of sexual orientation has been made punishable. Nine of these countries[51] and Finland impose more severe sanctions if homophobia was a motivation for committing a criminal act. In 13 EU countries[52] nothing about sexual orientation has been laid down in the law.

Hate crimes

Hate crime toward homo-, bisexual or transgender persons is any criminal offence that is committed because of connection of the victim to a homo-, bisexual or transgender group.[47] Hate crimes comprise both physical violence and mental cruelty, such as threats, intimidation, verbal abuse, and systematic harassment.[53] In the Netherlands about one quarter of gay men and one fifth of lesbians are often confronted with negative reactions.[46] In Italy half of men and one third of women report some kind of violence, and in Slovenia, half of homosexuals, lesbians and bisexuals.[47]

In the whole of Europe, including the Netherlands, verbal abuse is the most frequently occurring hate crime. In the Netherlands 33% of reported incidents concern verbal abuse, but 28% of incidents involve physical violence as well.[53] In Denmark four in ten homosexuals, lesbians and bisexuals say they have been the victim of verbal abuse at least once; over one in ten have been the victim of physical violence at least once.[47] In Poland about one in five homosexuals, lesbians and bisexuals has been victim of physical violence on account of sexual inclination in the past two years. Of this group, four in ten people have been confronted with three or more of such incidents.

Violence by men in particular

In Europe and the Netherlands offences on account of homosexual orientation are mainly committed by men.[47,53] The offenders are usually unknown to the victim.[47] In the Netherlands incidents mostly take place in public spaces (32%) or in the immediate living environment (26%), but gay meeting places are targets as well (23%). Incidents in a private setting are experienced especially by lesbians and bisexual women. Homosexual and bisexual women are more often than men confronted with sexual assaults or threats of sexual violence.

Reporting to the police

Many homosexuals, lesbians and bisexuals are reluctant to report hate crimes for fear of homophobic reactions of the police.[47] In the United Kingdom the percentage who report a hate crime is estimated to be 23%; in Poland this estimate is no higher than 15%. In Estonia 25% of people who reported a hate crime feel they are treated with hostility. Some refrain completely from admitting to being homosexual or lesbian. Others say they have to deal with violence and discrimination so many times that they regard the incidents as a normal part of their lives. In the Netherlands 150 offences prompted by the sexual identity of the victim were reported to the police in the first six months of 2008.[53]

To solve the problem of underreporting the authorities in various European countries are currently considering the possibility of filing anonymously.[3] This means that offenders cannot always be prosecuted, but it does enable realistic estimates of the nature and scope of violence on account of sexual identity.

Discrimination in the workplace

Discrimination in the workplace of homosexuals who are open about their sexual orientation often occurs in Europe. In Hungary one third of homosexuals who are openly gay say they experience discrimination; in Denmark 40%, and in the United Kingdom 52%.[47] In the United Kingdom 20% of homosexuals and bisexuals fall victim to bullying at work. In the Netherlands open discrimination is relatively infrequent: only 1.4 to 3.5% regularly experience discrimination on account of their sexual preference.[54] Discrimination can only take place if someone's sexual preference is out in the open. However, there are indications that keeping one's sexual preference a secret can create problems as well.[55,56] Within Europe, an estimated 42% of homosexuals, lesbians and bisexuals stay in the closet at work.[47]

6 Transgenders

Transvestites and transsexuals form part of the group of 'transgenders' who do not feel or behave as belonging to the gender they were born with. The discrimination and exclusion of transgenders occurs frequently, including at work.

Transgender defined

Transgenders are people who were born as a man or a woman, but do not feel as such, and/or who behave as people of the opposite sex.[57] Three groups of transgenders can be distinguished. Transvestites wear clothes of the opposite sex and often find this sexually arousing. Their gender identity corresponds with their biological gender. Transgenderists have an ambivalent gender identity and are dissatisfied with at least one of their sexual characteristics. The gender identity of transsexuals is the opposite of their biological gender; they have a strong aversion to their sexual characteristics. A partial sex reassignment is an option for some transgenders, but sex reassignment is usually necessary for transsexuals.

How many transgenders are there?

Little research has been conducted into the situation of transgenders. Therefore, estimates of the number of transgenders vary widely and fall into a range from one in 1100 to one in 20.[58] Of all Dutch men and women 0.5% feel considerably more being of the opposite sex than of their own sex.[46] The chance of a child turning out to be transsexual later in life is estimated to be at least 1 in 3,500 for boys and 1 in 6,200 for girls.[59]

Sex reassignment

European countries differ greatly in the extent to which sex reassignment is accessible and affordable. For example, in many countries hormone treatment is reimbursed, but hair removal is not (this is the case in the Netherlands), or then only sometimes.[58] Many countries have complex conditions for adapting birth certificates. For example, in the Netherlands it is possible to have one's birth gender on a birth certificate changed by the court, provided the person in question can prove they are no longer able to conceive or to give birth to children.[60] In the United Kingdom and Spain the courts only require a mental health evaluation showing the person has gender dysphoria and a period of two years living permanently in the new gender role.[58]

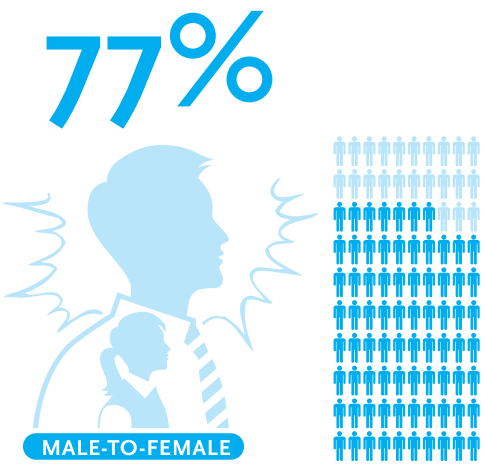
Of all Dutch men and women 0.5% feel more being of the opposite sex

Discrimination

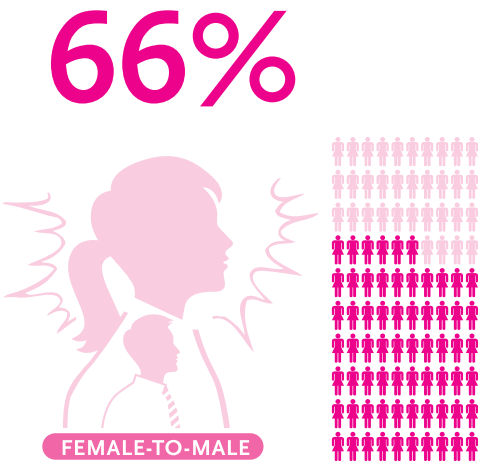
In Europe transgenders appear to suffer more from discrimination and exclusion than homosexuals, lesbians and bisexuals.[47] Seventy-three percent of European experts in the area of discrimination and identity think that transgenders are barely accepted in their countries, if at all; 40% think this applies to homosexuals. Transgenders themselves indicate the same. Swedish research shows that 41% of transgenders experienced hostile behaviour in a period

Negative experiences of transgenders during work

Transgenders are those whose gender identity does not agree with their sex at birth and/or those whose gender expression deviates from the social and cultural characteristics of their sex.



77% of MF transgenders (transgender born as a man) experienced discrimination or harassment at work in past six months



66% of FM transgenders (transgender born as a woman) experienced discrimination or harassment at work in past six months

of three months, against 30% of homosexuals; 12% of these transgenders reported repeated violence in comparison to 6% of the homosexuals.

Work-related problems

Many transgenders are faced with problems at the workplace and in job interviews. They are unemployed (Spain: 54%) or feel forced to change jobs on account of their transgender identity (UK: 21-23%).[47] Those who have work are often secretive about their transgender identity (Finland: transgender: 34%, homosexuals and bisexuals 17%), or else suffer much discrimination (UK: 53%). In practice, anti-discrimination laws do not often offer protection against this.

In the Netherlands an estimated one in ten transgenders is looking for work.[57] Of those who have a job, 37% chose to tell, no one at work about their gender identity, whereas in 36% of the cases, almost everyone at work knows about it. One quarter of the transgenders who are open about their gender identity say they have been treated negatively at work. One in ten transgenders has been threatened with dismissal, denied a promotion, or relieved from a task on account of their transgenderism. Over 17% of transgenders have considered quitting their jobs on account of their transgenderism in the past year.

Many transgenders encounter problems at work and in job interviews

Women are more sympathetic

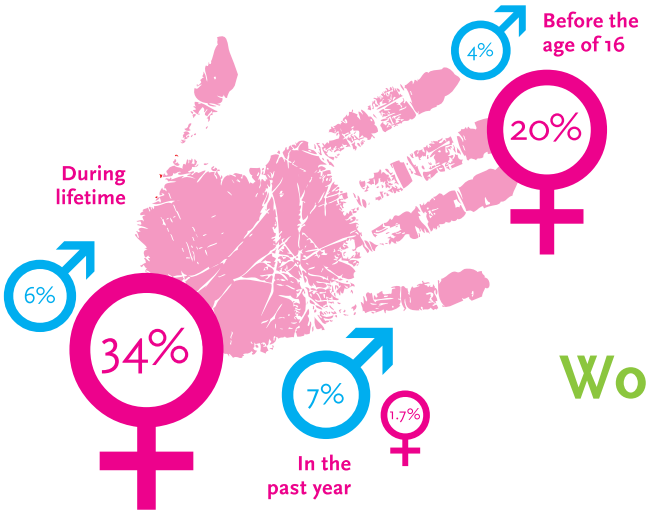
Transgenders who are in their real life experience, usually enjoy more acceptance than rejection from both male and female colleagues.[57] However, female colleagues generally show more sympathy and interest for transgenders during their real life experience[61] than male colleagues.

7 Sexual violence

There is a high incidence of sexual violence worldwide. Women fall victim to it more frequently than men, but men are also confronted with it. What do the numbers say?

Experiences of sexual violence

Women and men 15-70 years of age



Worldwide there is a high incidence of sexual violence

Worldwide sexual abuse

There is a high incidence of sexual violence worldwide. Sexual violence[62] is a broad term, which varies from undesired sexual innuendos to rape. The victims are generally women; in most cases, the offenders are their partners. The percentage of women over the age of 15 who have ever been forced into sexual acts by their partners differs greatly: from 6% in Japan, Serbia, Montenegro and the Philippines to 59% in Ethiopia. In most countries the percentage of women who are forced into sexual acts by their partners lies above 5%.

Coercion into sexual acts by people other than one's partner occurs less frequently, but still very often. Estimates for this range from 1% of women over the age of 15 in Ethiopia and Bangladesh to 31% of women over the age of 15 in Costa Rica.

There is also a high incidence of coercion into sexual acts by people other than one's partner among women in the Czech Republic (25%) and Denmark (23%).

Sexual violence in the Netherlands

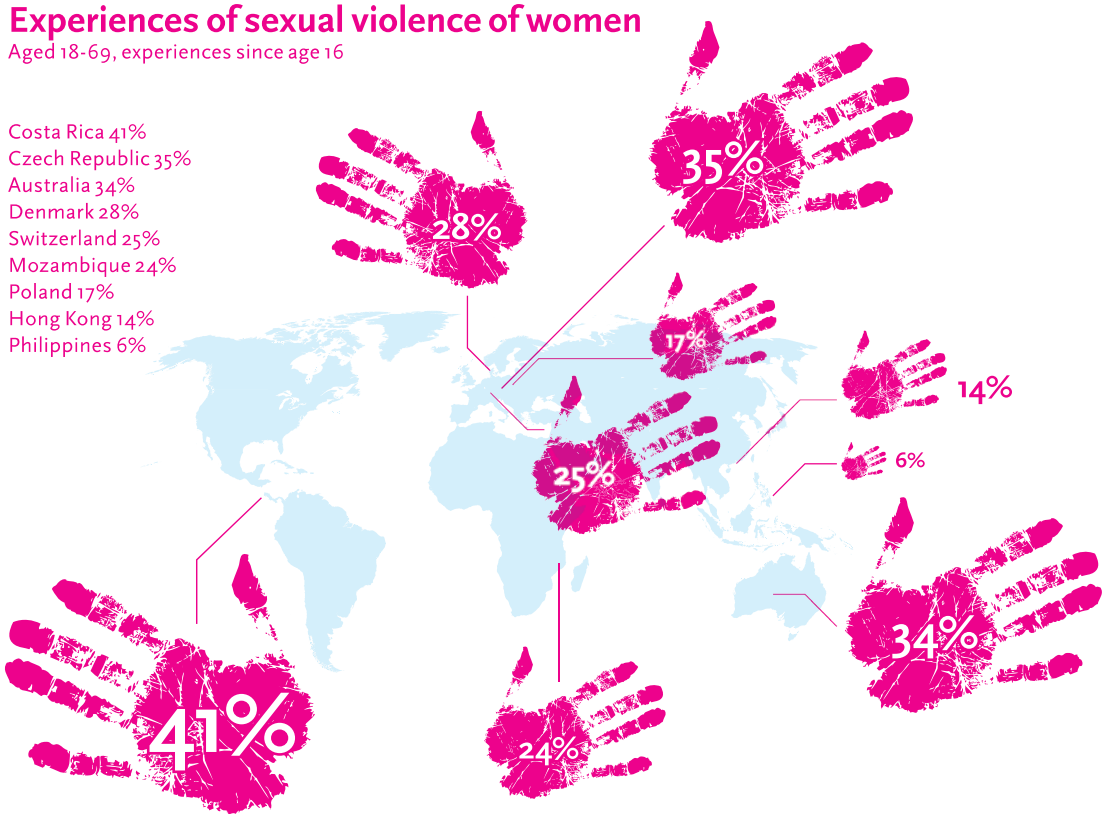
A cautious estimate shows that at least a third of Dutch women and one in twenty Dutch men have been confronted with sexual violence.[46] On the basis of a more realistic estimate these percentages even rise to 56% of women and 21% of men. Therefore, women fall victim to sexual violence much more often, but the percentage of male victims is still substantial.

Both Dutch women and men are frequently confronted with being touched or grabbed against their will (women: 44%, men: 13%). They are also often

Experiences of sexual violence of women

Aged 18-69, experiences since age 16

Costa Rica 41%
Czech Republic 35%
Australia 34%
Denmark 28%
Switzerland 25%
Mozambique 24%
Poland 17%
Hong Kong 14%
Philippines 6%



confronted with being shown breasts, buttocks or genitals against their will (women: 29%, men: 11%). Twelve percent of women against 3% of men have at some point been the victim of rape. Another 17% of women and 3% of men have fallen victim to attempted rape.

The sexual abuse of young people

The percentage of girls under the age of 15 who are forced into sexual acts varies strongly per country. It is hardly ever reported in Bangladesh, if at all, while in Namibia one fifth of all girls say they have been confronted with sexual abuse.[63,64] In most countries at least 5% of girls say they were forced into their first sexual contact. In Bangladesh and Peru this figure even rises to nearly one quarter of all girls. In Japan, Serbia and Montenegro this is hardly ever reported. In Brazil (60%), Peru (50%) and Namibia (47%) the offender is often a relative, but in Japan (70%), Thailand (49%), Serbia and Montenegro (39%) and Samoa (33%) girls are more often abused by unknown persons.

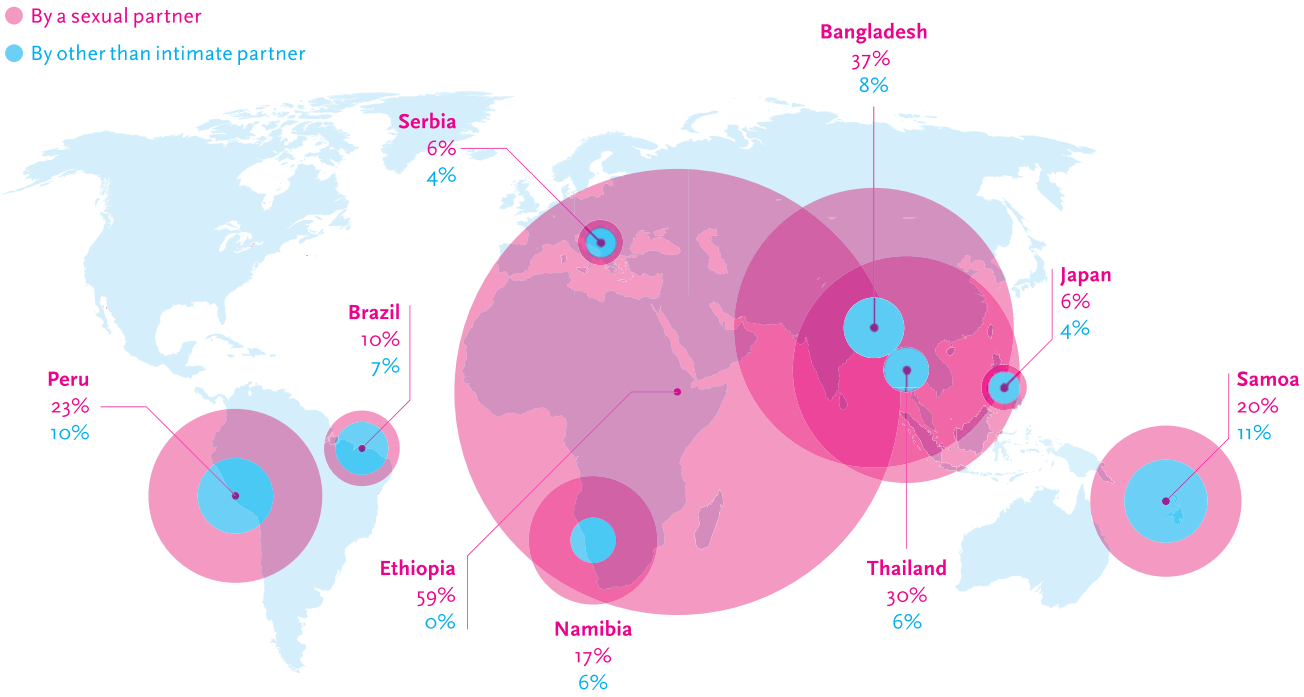
About one in five Dutch women and four in one hundred Dutch men have experienced sexual violence before the age of 16.[46] Among young people the most frequently occurring form of sexual violence is -just as it is for adults- being touched or grabbed against their will (girls: 23%, boys: 6%). About 16% of girls and 5% of boys fall victim to someone who shows their breasts, buttocks or genitals against their will. The same percentages apply to being groped under one's clothing against one's will.

Sexual harassment

Sexual harassment varies from making sexist remarks to threatening with retaliation if the other refuses to perform sexual acts. Sexual harassment at work occurs very frequently, particularly in organisations that employ more men than women and in organisations that have a masculine culture.[65] In Western European countries an estimated 30% to 50% of women and 10% of men have been confronted with sexual harassment at some point.

Usually sexual harassment is committed by a colleague or a supervisor. In professions where people have contact with clients or patients the sexual

Prevalence (%) of sexual violence in urban areas



Women are confronted with sexual violence much more often than men. However, the percentage of male victims is also substantial

harassment is often committed by clients and patients.[66] Young women who are single or divorced run a greater risk of falling victim to sexual harassment.

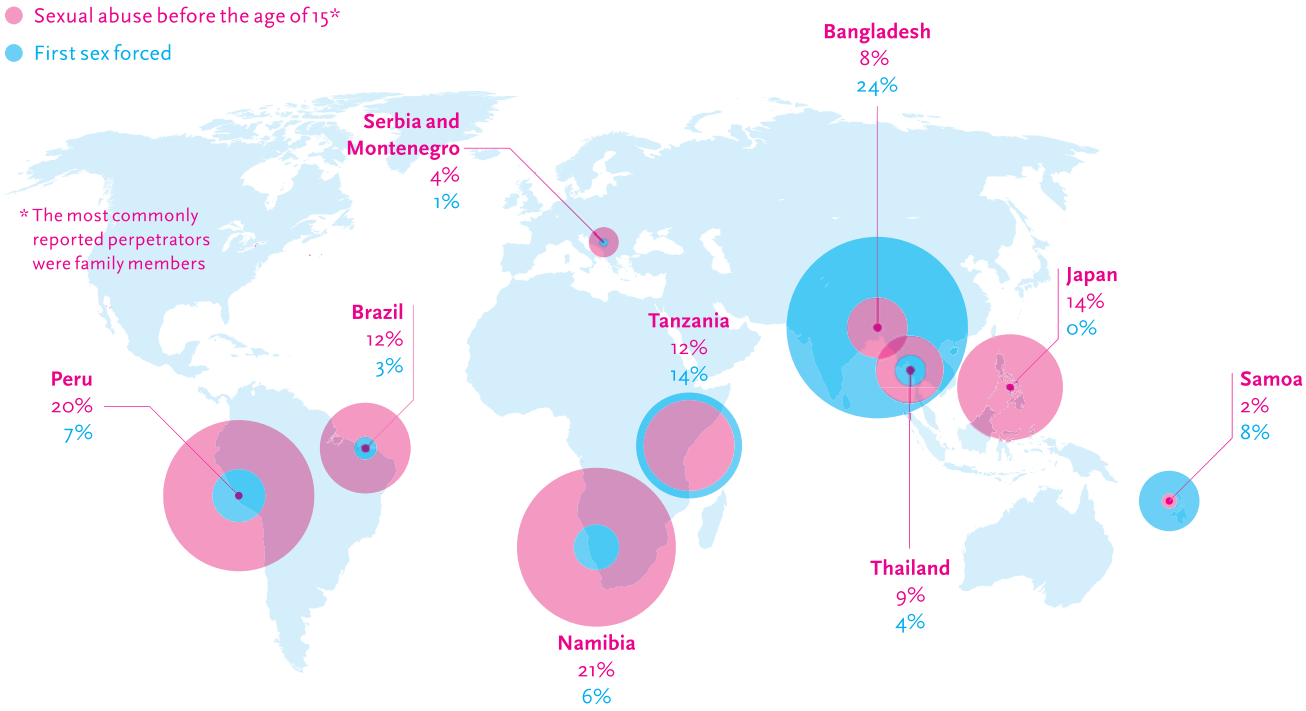
The offenders

With regard to sexual violence against women the offenders are almost always men (99%).[46] Men fall victim to both women (40%) and men (58%). The majority of the offenders are known to the victim (female victims: 73%, male victims: 69%). With regard to female victims the offenders are mainly partners or ex-partners (23%), someone from the neighbourhood (11%) or a casual acquaintance (10%).
With regard to girls under the age of 16 the offender is mainly someone from the neighbourhood (16%) or a relative other than their father, mother or brother (12%). Male victims are most frequently molested by someone from the neighbourhood (12%), a male/female friend (8%) or a casual acquaintance (8%). With regard to boys under the age of 16 the offender is also often someone from the neighbourhood (20%), but a fellow student is also frequently mentioned (13%).

Reporting to the police

Only few of the people who are the victim of sexual violence report this to the police in the Netherlands: 16% of women against 6% of men.[46] Police and judicial authorities estimate that only about 11% of sexual offences are reported to the police.[67] According to the police, less than 2% of the population were victim of a

Prevalence (%) of sexual abuse in childhood and forced first sexual experience in urban areas



In Western European countries 30% to 50% of women and 10% of men have been sexually intimidated at some point

sexual offence in 2008.[68] The majority of victims feel it is not necessary to involve the police, because the matter has already been solved (32%), or because they think the incident is not important enough (27%), or else is not a police matter (17%). A considerable percentage feel powerless: 10% think that going to the police would not help anyway. Finally, 2% of victims want to avoid retaliation. Other reasons for going or not going to the police are feelings of guilt or shame[69], or loyalty to the offender.

The Dutch context

The Netherlands is often noted for its remarkably positive sexual health outcomes related to teenage pregnancies, birth, abortion and sexually transmitted infections (STIs). Its abortion rate for the adult female population has also long been among the lowest worldwide. The use of both the condom and the pill is markedly wide-spread among young people in the Netherlands.

In trying to explain these positive findings for the Netherlands, people are often prompt to refer to the positive, tolerant, and open attitude of the Dutch towards sexuality. The qualification 'pragmatic' also seems to apply. The tolerant and pragmatic attitude of the Dutch towards sexuality can be recognised first of all on the legal level, for instance in the country's policies towards commercial sex. The Netherlands is one of only a few countries with a system of legalised prostitution. In addition, the Netherlands was one of the first countries to legalise gay marriage. The population of the Netherlands invariably shows low scores on negative attitudes towards homosexuality when compared to the population of other countries. A tolerant and pragmatic attitude may, more broadly, also be recognised in the country's policies in other sensitive areas such as drugs or euthanasia. There is growing international interest in this Dutch liberal pragmatism, particularly in relation to drugs and sexuality, not in the least because there is evidence that it works.

Furthermore, there are various facilities and services that form a comprehensive basis for good sexual and reproductive public health.

7 Accomplishments

1. Contraceptive measures

Contraceptives and abortion services are widely available. The morning-after pill can be acquired over the counter and is, just as the regular contraceptive pill, IUD, contraceptive patch and contraceptive ring, automatically reimbursed by basic health insurance for women under 21 years of age (although specifications in insurance's stipulations often require a financial contribution of one's own). Older women may be reimbursed in part or in full for these items if they have additional insurance coverage. The same applies to sterilisation.

2. Abortion

Abortion has long been legalised until 24 weeks of pregnancy. Abortion services are widely available, paid by the Ministry of Health, and of high quality. Procedures are such that the women's choice for abortion is made carefully and freely. Abortion rates are adequately monitored by the Netherlands Health Care Inspectorate in cooperation with the abortion clinics and Rutgers Nisso Groep.

3. Sexual health care

Sexual health care related to sexual function or dysfunction, sexual identity, intimate relationships, or sexual problems in relation to chronic illness and handicap is automatically reimbursed when delivered by qualified sexologists upon referral by the GP, or when delivered in specialised hospital settings. Sexual health care by other health care professionals may be reimbursed under an appropriate additional insurance coverage. A system of adequate registration of health care needs related

to sexual and reproductive problems has been developed and is increasingly implemented in health care settings in collaboration with Rutgers Nisso Groep.

4. Sexual violence

Health care for victims of sexual violence is delivered by specialised social workers (although this has recently been mainstreamed) and in mental health care settings. Payment for this is fully covered by legal measures or health insurances. Prevention of sexual violence is increasingly included in in-school and out-school sex education. Legal measures may include the imposition on adolescent first offenders of an educational programme, focused on attitudes and skills aimed at preventing a repetition of the offence. These mandatory educational programmes for young sex offenders are delivered by Rutgers Nisso Groep.

5. Youth-friendly services

Specialised, youth-friendly, low threshold sexual health care was widely available in the 1970s and 1980s in the so-called 'Rutgershuizen' (Rutgers Houses). A period of limited budgets for such services followed. Fortunately, better insight has now moved the government to strengthen such services once again. A start was recently made by granting Municipal Health Services a national budget up to 3.5 million euros per year to make such services available to young people under the age of 25. Young people can now receive for free one or two 20-minute sessions with a specialised nurse or doctor, supervised by qualified sexologists, at various centres, coordinated by eight appointed Municipal Health Services. In addition, an interactive, demand-oriented website (www.sense.info) specifically tailored to sexuality related questions and the problems of young people, has recently been developed and made available.

6. STIs

STI tests can be obtained from the GP or in specialised clinics. They are mostly covered by basic insurance or free of charge, and may also be obtained anonymously. Municipalities are responsible for additional measures such as adequate prevention, screening, monitoring, and partner notification. Treatment for those infected is covered by the basic health insurance. Testing for HIV is free of charge as well, and can also be obtained by those without a residence permit, and without the test results affecting one's residence or asylum procedures. Again, municipalities are responsible for adequate prevention as well as comprehensive health care responses for those infected. Monitoring of STI and HIV related health care is carried out by the Netherlands Health Care Inspectorate in collaboration with the RIVM (National Institute for Public Health and Environment).

7. Sexuality education

Sexuality education is implemented in many secondary schools, although there is no compulsory legal framework for it. This is why some, particularly faith-based, schools have the possibility to refuse to implement sex education, a possibility that they do indeed make use of. Elsewhere, programmes are usually comprehensive, often evidence-based and regularly updated. Dutch sexuality education emerges from an understanding that young people are curious about sexuality and that they have a right to accurate and comprehensive information about sexual health so that they can make well-informed choices about sexuality and relationships. Printed materials are characterised by clear, direct, age-appropriate language in attractive designs[70]. The leading message is: If you are going to have sex, do it safely. Homosexuality is included as a topic in school-based sex education by

many, but not all teachers.
Complementary to the education targeting adolescents, primary schools are increasingly considered for sex education. The desirability, feasibility and effectiveness of structural sex education in primary schools is presently under investigation.
In addition to school-based sex education, a variety of programmes is being carried out in non-school settings such as youth care contexts or community centres. Such programmes focus, for instance, on specific themes, such as the sexual empowerment of girls or the prevention of sexual aggression, or else serve groups with relatively high sexual health care needs, such as migrant groups and/or lower educated groups. The newly developed interventions include coordinated peer-education and use of the 'new' media such as internet forums and YouTube. Rutgers Nisso Groep is an important player in this field of sex-related intervention development and accompanying evaluatory research. Also, national media campaigns promoting safer sex are held every year. A national media campaign promoting responsible sexual behaviour more broadly is presently being developed.

7 Challenges

In spite of what has been accomplished in the field of sexual health, many challenges remain, as much in the Netherlands as in other countries.

1. Decline in Dutch sexual health

Around the change of the century, a marked deterioration took place with regard to teenage pregnancies and abortion rates. Whereas the Netherlands had long been number one with respect to abortion figures, several countries (Belgium, Switzerland and Germany) sometimes showed lower rates during the last decade. It seems that at one point, sexual health was considered self-evident, a matter of fact. Following the dialectics of progress, policies and investments in sexual health declined, with all the negative consequences we witnessed of late. Presently, attempts are being made to restore the former situation and once again improve services, especially those for young people and specific at-risk groups.

2. New generations in a changing society

What has become obvious from this experience, and should always be remembered in health care, is that there are always new generations of young people in need of education and provisions. Moreover, the lifestyles, attitudes and needs of new generations are different. For sexual health care to adequately target young people's needs, societal developments such as increasing access to new media and increasing availability of sexually explicit material in an increasingly sexualised (youth) culture, should be adequately studied and reckoned with in health care responses. Health care and illness prevention are unavoidably in need of ongoing development.

3. Immigrant groups

The changing demographic composition of the population also provides challenges. The Netherlands, like many other countries in the world, is faced with increasing immigration numbers. Adequate health care for immigrant groups must be closely tailored to specific needs and highly culturally sensitive. It also often needs to be delivered through different channels, and in other languages than Dutch. In addition, sexual health knowledge and sex-related attitudes are often not as favourable or positive among immigrant groups. Because of these and

other factors, the needs of immigrant groups in sexual and reproductive health are met less well than they are among the indigenous population. These differences can to a large extent be explained by relatively low educational levels among immigrant groups.

4. Other vulnerable groups

The lower educated population of Dutch origin is also more at risk of ill-health and more in need of adequate health care responses. Other vulnerable groups are, for instance, the chronically ill and the disabled. Likewise, the Netherlands may be heaven on earth for homosexual people when compared to many other countries, but the country is definitely not free from discrimination against those with non-heterosexual orientations. All too often homosexuals in the Netherlands still experience hate crimes, negative social responses and minority stress. Transgenders and transsexuals are more invisible still and their position in Dutch diversity policies is marginal to say the least.

5. Prevention and health care

It is not only specific groups that are at risk. The general sexual health and health care situation among the Dutch population still leaves much to be desired. The incidence of sexually transmitted infections invariably calls for intensive preventive and curative measures. The incidence and prevalence of sexual coercion and violence are invariably high, both among the adult population and adolescents. Traditional, gender-typical attitudes, behaviours, power imbalances, and double standards related to sexuality are alive and kicking in the Netherlands, as they are elsewhere. Health responses to victims of sexual violence are, although improved over recent years, still noted for their dissatisfying quality, disappointing effectiveness and lack of coordination. Generally speaking, many professionals in both education and health care, still lack appropriate knowledge and skills to adequately address sexuality.

6. Unmet health care

All in all, an unmet health care need in a variety of sexual and reproductive health areas has been noted among the Dutch population as a whole. A population study conducted by Rutgers Nisso Groep in 2006[46] estimated that about one million people out of an adult population of about 16 million had been in at least some need of sexual health care in that year and had not received it. Lack of courage is an important reason for not getting the sexual health care one wants, but reasons related to the care system itself were also mentioned, such as the costs associated with it, the often long waiting lists, or, as was especially reported by women, not being able to find the right counsellors.

7. Political agenda

Although there is reason indeed to consider the Netherlands as a guiding country in the area of sexual and reproductive health and rights, there are still clearly many both permanent and ever-new challenges to be met here as well. The present government is rather supportive of policies, research, measures and provisions to meet these challenges, but new governments may not be as sexual health-minded. Therefore, Rutgers Nisso Groep always advocates putting and keeping sexual health on the political agenda. What we have learned from the past and elsewhere is that sexual health is never fully or absolutely accomplished but in constant need of proper and renewed attention. In that sense, the Dutch context is no different from other ones.

Rutgers Nisso Groep

Dutch Expert Centre on Sexuality

Our guidelines

Rutgers Nisso Groep is the Dutch expert centre on sexuality. The international work of Rutgers Nisso Groep is, generally speaking, guided by the commitments made at the International Conference on Population and Development (ICPD) in Cairo in 1994 and, to a lesser extent, by the Millennium Development Goals (MDGs) formulated by the world leaders in the United Nations Millennium Declaration in 2000. Amongst the MDGs, it is specifically the goal added to MDG5 in 2007, explicating the striving for access to reproductive health care for all by 2015, which guides our work. It is based on the firm conviction that attainment of the MDGs as well as social and economic global development more generally, is inconceivable without devoting adequate attention to sexual and reproductive health and rights.

Addressing sexual and reproductive health and rights is central to the empowerment of women and girls which, in turn, is considered to be the number one effective policy in promoting development, health and education. Sexuality and reproduction related problems also forestall social and economic development as they make up a substantial part of the global burden of disease. Eighteen percent of the loss of healthy life years of the general population worldwide is explained by sexual and reproductive problems[72]. Unsafe sex is preceded by underweight only in the top ten most important factors for ill-health[73]. Pregnancy related morbidity and sexually transmitted infections are the primary and secondary reasons for health loss among women[74] and this even excluding HIV/AIDS. Both are often associated with sexual violence, especially among adolescent girls.

Thus, there is a strong relationship between social and economic global development on the one hand, and sexuality, reproduction and population, the fight against sexual and gender-based violence, and respect for the sexual and reproductive rights of all women and men on the other. This is not least about respecting the sexual and reproductive rights of young people, whose sexuality is often denied and whose need for sexual and reproductive health services is notably ill-catered to in many places around the world.

Our international work

The international political community is still relatively inactive in the field of SRHR. To a certain extent, this inactivity can be traced back to a persistent and deep-seated undervaluation of women by many actors in the field and of the pivotal role women play in social and economic development. In addition, the discomfort felt by many of the world's leaders and development specialists about sexuality as a theme, not in the least when connected to young people, prevents adequate sexual health policies from being developed and implemented. One additional reason why sexual health is not adequately addressed may be the confusion surrounding the exact definition of sexual and reproductive health, as it is not only about illness, but also about well-being more broadly, quality of life and human rights[74].

In this context, Rutgers Nisso Groep aims to play a role as an organisation that puts sexual health on relevant agendas and contributes to achieving the recognition of sexual and reproductive health and rights for all. Our goal is to support underprivileged and vulnerable people

(not in the least women, young people, and vulnerable groups such as non-heterosexuals, disabled people, or sex workers) in their fight against negative, discriminatory sexual norms and practices, in claiming their rights, and in attaining access to adequate sexual and reproductive health education, supplies, and services. We value a so-called 'Dutch approach' and address sexuality from a positive, rights-based, liberal, and pragmatic perspective. Cooperation with local counterparts, the proper exchange of knowledge and good practice, and the participation of target groups are highly valued aspects in our work. Towards this end, we are advocates for sexual and reproductive health and rights at various levels, conduct (desk top, epidemiological, exploratory, or evaluative) research and disseminate knowledge, systematically develop and implement a range of (educational) methods and materials, and run capacity building cooperation with various organisations and (research) institutes in the developing world.

At present, our main international programme is called Youth Incentives. We have actually only recently (in 2009) started to expand our international activities beyond that, both in terms of counterparts, target groups, themes, and areas around the world as well as in terms of financing and donors. To start with, priorities have been set regarding the investigation of collaborative possibilities in Eastern Europe as well as the strengthening of our international research network and activities. As of 15 June 2010, Rutgers Nisso Groep will work with the World Population Foundation (WPF) as one (merged) actor in the international area of sexual and reproductive health and rights.

Our national work

Nationally, too, Rutgers Nisso Groep still has a lot to do. The Netherlands has long been a guiding country with respect to rights, freedom, and health services. It had and still has relatively favourable figures with regard to STIs, teenage pregnancies, unwanted pregnancies, and abortions. However, the Netherlands is no longer the world leader in these, due in particular to its continuously changing society. This means that a good provision of information and the preservation of health services are also necessary nowadays. Monitoring by means of epidemiological research is crucial; a finger must be kept on the pulse at all times. Furthermore, the provision of good information must be given a continuous impulse by means of effective interventions. Everyone in the Netherlands deserves access to it. As risks and opportunities are not equally distributed, the more vulnerable groups in particular deserve extra attention. The protection of sexual rights also remains of topical interest.

First of all, young people deserve extra attention. They have the right to a healthy sexual and relational development and to good information and health services in an ever-changing society. Furthermore, men and women still do not have an equal position in the framework of sexuality. Women are still seen too often as sex objects and have to deal more often with sexual violence. Rutgers Nisso Groep also puts in more effort for groups in society that are vulnerable because of their social position, discrimination, insufficient knowledge, or clashes between the standards of their social groups and those of Dutch society. Such vulnerable groups include newcomers and immigrants, people with a poor socioeconomic background, people who are bisexual or homosexual, refugees, victims of human trafficking, and people with a chronic illness or disability (mental or physical).

Examples of our work

Youth Incentives

The international programme of Rutgers Nisso Groep, Youth Incentives, increases awareness regarding the sexual health, needs and rights of young people and gender equality in developing countries such as Bangladesh, Malawi, Rwanda, Tanzania and Mali. Youth Incentives develops innovative approaches and promotes best practices.

Stimulating sexual education in primary schools

Through the annual 'Spring Fever Week' project Rutgers Nisso Groep, together with the Municipal Health Services, stimulates primary schools to give lessons in relationships and sexuality. These lessons not only deal with physical changes and reproduction, but also with the differences between boys and girls, being in love, sexuality on the Internet, homosexuality, social convention and sexual abuse, geared towards the children's age and their perception of their environment.

On-line help to victims of sexual violence

Young people between the ages of 14 and 23 who have been faced with sexual violence or negative sexual experiences and are suffering mentally because of it, can follow counselling sessions on the Internet. Rutgers Nisso Groep developed this online therapy in collaboration with psychologists. This modern form of psychological counselling is easily accessible and fits in with the adolescents' perception of their environment.

Interventions aimed at vulnerable groups

Vulnerable groups such as low-educated boys and girls from ethnic minorities benefit from more intensive counselling in their sexual development. For example, for low-educated girls in particular Rutgers Nisso Groep developed 'Girls' Talk', an intensive group counselling programme, and 'Girls' Choice', a board game. The 'Boys R Us' game was created for boys.

Another example of promoting the sexual health of young people of different ethnic descent is the creation of the website No Taboos, within an Internet community for ethnic minorities.

Study into sexualisation in the media

Rutgers Nisso Groep has participated in the study into the effect of gender stereotypes of young people in the media. Apparently, young people are confirmed by the media in the traditional gender stereotypes with respect to sexuality and relationships. Whether watching these images coincides with young people's ideas and their (sexual) behaviour strongly depends on the extent to which young people find these images realistic or relevant. This study included a survey and group interviews and was commissioned by the Ministry of Education.

Monitoring

The national situation related to sexual health, in particular issues related to contraception, STI/HIV prevention, and sexual violence, are monitored in epidemiological population studies as commissioned by the Ministry of Health and carried out by Rutgers Nisso Groep.

International Planned Parenthood Federation (IPPF)

"I have a vision of a day when every child that is born is welcome, when men and women are equal, and sexuality is an expression of intimacy, pleasure and tenderness."

Elise Ottesen-Jensen, IPPF founder 1933

Rutgers Nisso Groep is a member association of International Planned Parenthood Federation (IPPF), a world-wide service provider and important advocate of sexual and reproductive health for everybody. IPPF was founded over fifty years ago by brave and angry activists. Today, IPPF is a global movement of organisations committed to relieving the burden of sexual and reproductive ill-health by providing high-quality information and services, and advocating much needed change. IPPF's network is active in 180 countries and consists of a worldwide network of national associations that dedicate themselves to the sexual and reproductive health and rights of women, men, young people, families and nations.

Good sexual and reproductive health, and the freedom to plan the timing and size of one's family, are basic human rights. They are also recognised as being key elements in the reduction of global poverty. Access to good sexual and reproductive health services, including family planning, is one of the single most effective ways to improve individual and collective health and well-being.

In 2008, IPPF served over 30 million people, mostly people in low human development index countries who are poor, marginalised or socially excluded due to their gender, age, marital status, lifestyle or location. For this reason, IPPF strives to give a voice to the disenfranchised, through advocacy efforts to raise public, political and financial support for sexual and reproductive health at the national and international levels.

The longstanding relationship between Rutgers Nisso Groep and IPPF is an outstanding example of cooperation and shared learning. Since 2005, Rutgers Nisso Groep's 'Youth Incentives Fund,' with technical support from IPPF, has been working to foster the positive Dutch approach to sexual and reproductive health and rights, and to young people, with partners in Tanzania, Bangladesh, Malawi, Mali and Rwanda.

Notes

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24 WHO West Pacific Region: Cambodia, China, Laos, Malaysia (also covers Brunei Darussalam, Singapore), Mongolia, Papua New Guinea, Philippines, Samoa (also covers American Samoa, Niue, Cook Islands, Tokelau, SOUTH PACIFIC (also

covers Fiji, French Polynesia, New Caledonia, Kiribati, Marshall Islands, Micronesia, Nauru, New Zealand, Palau, Solomon Islands, Tonga, Tuvalu), Commonwealth Northern, Mariana Islands, Vanuatu, Vietnam

25 WHO Eastern Mediterranean Region: Afghanistan, Djibouti, Egypt, Iran (Islamic Republic of), Iraq, Jordan, Lebanon, Libyan Arab Jamahiriya, Morocco, Oman, Pakistan, Saudi Arabia, Somalia, Sudan, Syrian Arab Republic, Tunisia, Yemen

26 WHO South-East Asia Region: Bangladesh, Bhutan, DPR Korea, Timor-Leste, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand

27 Western European countries: Andorra, Austria, Denmark, Germany, Iceland, Ireland, Israel, Greece, Spain, France, Luxembourg, Netherlands, Portugal, Finland, United Kingdom, Iceland, Italy, Liechtenstein, Norway, Sweden, Switzerland, Malta, Belgium

28 European countries: Andorra, Austria, Denmark, Germany, Iceland, Ireland, Israel, Greece, Spain, France, Luxembourg, Netherlands, Portugal, Finland, United Kingdom, Iceland, Italy, Liechtenstein, Norway, Sweden, Switzerland, Malta, Belgium, Bosnia and Herzegovina, Bulgaria, Czech Republic, Cyprus, Hungary, Romania, Slovenia, Slovakia, Croatia, the Former Yugoslav Republic of Macedonia, Poland

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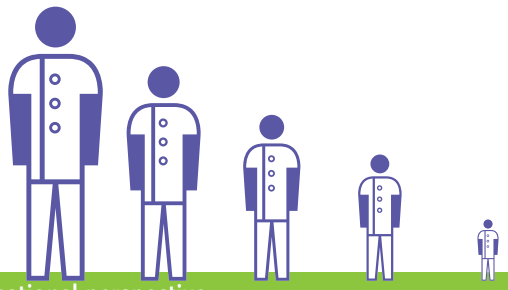

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