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The publication was developed within the framework of the Erasmus+ project *Sexual and reproductive health and rights for young refugees – best practices and lessons learned within the European Region* by the German Federal Institute of Public Health (BIÖG), the Serbian NGO Novosadski Humanitarni Centar and the Turkish NGO Türkiye Aile Sağlığı ve Planlaması Vakfı with support from Milena Wegelin, School of Health Professions, Bern University of Applied Science BFH, Switzerland.

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August 2025



**Co-funded by
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Abbreviations

BIÖG	Bundesinstitut für öffentliche Gesundheit (German Federal Institute of Public Health)
CSE	Comprehensive Sexuality Education
NSHC	Novi Sad Humanitarian Centre
LGBTIQ	Lesbian, Gay, Bisexual, Transgender, Intersex, and Queer
SGBV	Sexual and Gender-Based Violence
SRHR	Sexual and Reproductive Health and Rights
SDG	Sustainable Development Goals
TAPV	Turkish Family Health and Planning Foundation
UNFPA	United Nations Population Fund
WHO	World Health Organisation
COE	Council of Europe
UNHCR	UN Refugee Agency

Glossary

Comprehensive Sexuality Education (CSE)

A rights-based and age-appropriate approach to teaching about sexuality, relationships, gender, and reproduction. CSE provides non-judgmental information to help individuals develop knowledge, skills, and values to make informed decisions about their sexual and reproductive health.

Cultural racism

A form of racism based on the belief that some cultures are superior to others. Unlike biological racism, it focuses on cultural traits and practices to justify inequality, exclusion, or discrimination. Cultural racism can manifest through media, policy, and institutional practices.

Culture sensitivity

An awareness and respect for cultural differences, including values, beliefs, and practices. Cultural sensitivity involves adapting communication and approaches to be respectful and effective within different cultural contexts, especially in education, healthcare, and humanitarian work.

Out-of-school education

Any form of structured learning that occurs outside of the formal school system. This can include community-based programs, online learning, vocational training, and informal education. Out-of-school education is especially important for marginalised or displaced populations.

Participatory approach

A method of involving individuals or communities directly in the planning, decision-making, and implementation of programs or policies that affect them. It emphasizes empowerment, collaboration, and shared responsibility, ensuring that interventions are more relevant and sustainable.

Peer-to-peer

An approach where individuals of similar age, status, or experience share knowledge, support, or resources with each other. In education and advocacy, peer-to-peer methods are often used because people may feel more comfortable learning from or confiding in their peers.

Sexual and Reproductive Health and Rights (SRHR)

A broad concept encompassing the right to access accurate information and services related to sexual and reproductive health. It includes the right to make informed choices about one's body, relationships, and reproductive life, free from coercion, discrimination, and violence.

Sexual and Gender-based Violence (SGBV)

Any act of violence that is directed at an individual based on their sex or gender. This includes physical, sexual, psychological, and economic abuse. SGBV disproportionately affects women and girls but can impact people of all genders.

Unaccompanied asylum seekers

Children or young people under the age of 18 who have fled their country of origin and are seeking asylum in another country without the presence of a parent or legal guardian. They are considered highly vulnerable and in need of special protection.

1. Introduction

In 2015, due to humanitarian crises, the number of refugees in Europe increased significantly. At that time, many European countries took in a large number of underage refugees, most of whom are now teenagers or young adults. Many of them have come to Europe without family and therefore missing a main reference group from which they would usually obtain information about sexuality and related topics. When it comes to sexual and reproductive health and rights (SRHR) and comprehensive sexuality education (CSE), there is often a lack of awareness of the needs of young people with a refugee background, and too little dialogue between stakeholders. This results in a lack of tailored concepts and materials at health institutions meant to serve these youth populations. In addition, varied cultural backgrounds can lead to sexual topics being stigmatized, kept in secrecy, or shrouded in myths. Therefore, low-threshold access to evidence-based information is important to promote health literacy and maintain sexual and reproductive health. This information supports refugee youth in navigating their sexuality with greater awareness and care.

With this in mind, BIÖG, the German Federal Institute for Public Health, launched a two-year Erasmus+ project with partner countries Türkiye and Serbia. Titled “Sexual and Reproductive Health and Rights for Young Refugees – Best Practice and Lessons Learned”, the project ran from autumn 2023- summer 2025. Its main objective was to encourage European countries to promote CSE for young refugees and establish suitable services. In project partner countries Serbia and Türkiye, the project was represented by NGOs Novi Sad Humanitarian Centre (NSHC) and Turkish Family Health and Planning Foundation (TAPV) respectively, and supported by –the United Nations Population Fund (UNFPA) country offices.

In every project country, a national meeting with all relevant stakeholders in the field of youth work, health work, education and integration work, as well as members of the communities took place in May 2024. The meetings offered first insights into current national situations and a platform for exchanging good practice examples and lessons learned. Subsequently, a trans-national online meeting took place where the results of the national meetings were shared and compared with each other. Based on these findings, an international exchange meeting on sexuality education for young refugees was organized in Istanbul with experts from across Europe. This publication summarizes the outcomes of the Erasmus+ project and aims to contribute to improving sexual and reproductive health for young refugees in in the EU.

1.1. Aims of this publication

The Erasmus+ project focuses on strengthening the health skills of adolescents and young adults with a refugee background through comprehensive sexuality education (CSE) in the EU region.

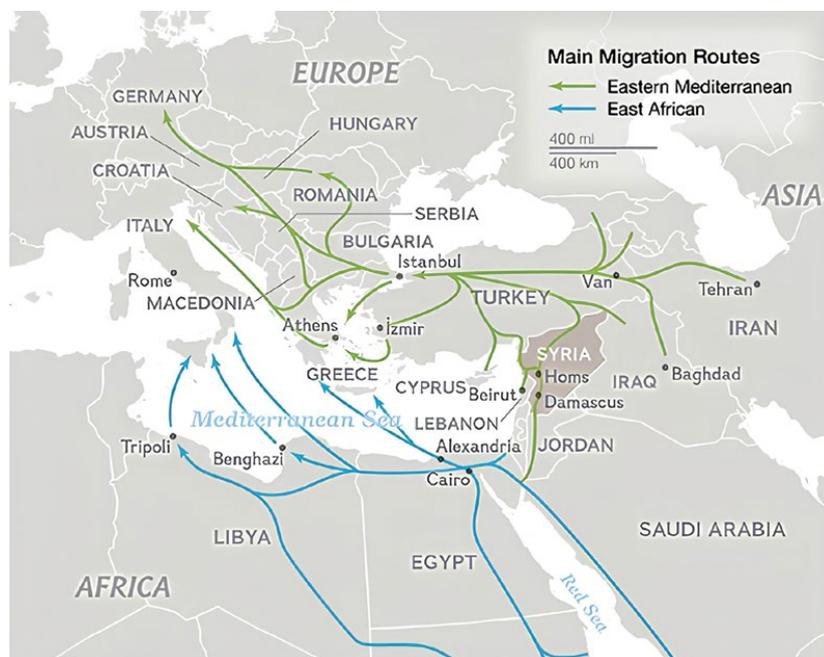


The project sought to achieve this through the following objectives:

- Raise awareness of the importance of this issue in youth work, state institutions, and non-governmental organisations, which should encourage them to take action within the European Union
- Develop an understanding of the status quo on SRHR for young refugees, identifying needs and barriers, through a comprehensive literature review
- Record, collect and make accessible CSE methods, services, and tools for action for young refugees at national and transnational levels.
- Networking, knowledge exchange, and data sharing at national, trans- and international levels.

The project draws on experiences from a variety of settings. Türkiye is a transit country that also hosts refugees. Serbia is primarily a transit country, whereas Germany is usually a destination country. Despite their differences and the various challenges each country faces, national stakeholders can learn from each other's experiences in this international project setting.

Eastern Mediterranean Route



Ng Staff

Sources: Missing Migrants Project, International Organization For Migration; Unhcr; I-Map Regional Mixed Migration Secretariat

(Fig. 1: <https://weblog.iom.int/worlds-congested-human-migration-routes-5-maps>)

| 1.2. Presentation of project partners and country information

The following section introduces the three project partners and outlines the situation regarding refugees in each country, with the aim of illustrating the different contexts of host and transit countries.

— 1.2.1 German Federal Institute for Public Health, Germany



The German Federal Institute for Public Health (BIÖG) is an institution within the portfolio of the Federal Ministry of Health (BMG). It emerged from the Federal Centre for Health Education (BZgA), which has been supporting people in staying healthy and avoiding health risks since 1967. According to the Pregnancy Conflict Act (SchKG), BIÖG is mandated to develop concepts and materials for sexuality education and family planning. This mandate is implemented in cooperation with the federal states and representatives of all providers of pregnancy (conflict) counselling centres. The goal is to develop nationwide, standardized measures and make them available free of charge, thereby strengthening health literacy. Since 2003 BIÖG hosts the WHO collaborating center for sexual and reproductive health for Europe and Central Asia, with the focus on CSE (<https://whocc.bioeg.de/en>). In 2016, BIÖG launched the website Zanzu (<https://www.zanzu.de/en/>) together with Sensoa, the Flemish expert center for sexual health. Zanzu provides simple and clear information on sexual and reproductive health in 14 languages, thus facilitating communication on these topics. Since 2014, the InfoService Migration, Flight and Health, the information portal of the BIÖG <https://infodienst.bioeg.de/migration-flucht-und-gesundheit/> is active for knowledge transfer in the field of migration, flight and health, collects various information, contact details for help desks, publications around health related to migration and escape. Many BIÖG information materials on sexual and reproductive health are available in several languages.

Country Situation:

Germany is a country of immigration. Approximately 30% of the population has a migration background, and the country is a popular destination for immigrants, both within the EU and internationally. As of December 2024, there were approximately 1.6 million people living in Germany who had received refugee protection status. About 30% were minors. Approximately 63% of them had lived in Germany for more than six years. Currently (as of December 2024) there are around 3.4 million "people still seeking protection" living in Germany. Most applications are from Syria, Afghanistan, and Iraq. At the moment, there are also increased numbers from Ukraine and Türkiye.

Asylum seekers and refugees receive free health services according to § 4 and § 6 of the Asylum Seekers' Benefits Act during the first 18 months of their stay in Germany. This includes treatment for acute pain and services that alleviate or improve illnesses and their consequences. Refugees are also entitled to care during pregnancy and childbirth. However, according to experts, the current level of care is often inadequate and can lead to under-, over-, or inadequate medical care. Providing psychosocial care for refugees is also often difficult. There is a lack of treatment facilities and interpreters who are trained to meet the needs of the target group.¹

¹ Federal Government Commissioner for Migration, Refugees and Integration: <https://www.integrationsbeauftragte.de/ib-de/integrationsarbeit-in-den-bereichen/gesellschaft-und-teilhabe/gesundheitsversorgung-von-fluechtlingen-1865506#:~:text=Asylsuchende%20und%20Gefl%C3%BChtete%20erhalten%20Gesundheitsleistungen%20nach%20%C2%A7.und%20Geburt%20sowie%20Impfungen%20stehen%20Gefl%C3%BChteten%20offen>

Refugee children and young people in Germany have the right to attend school as soon as they are assigned to a municipality and their residence permit is granted. Compulsory schooling begins six months after arrival and applies regardless of their prospects of staying. In reality, language barriers often arise.

— 1.2.2 Turkish Family Health and Planning Foundation, Türkiye

Turkish Family Health and Planning Foundation (TAPV), founded in 1985 by a group of business people, academics, representatives of workers' and employers' organisations, is one of the oldest and leading national CSOs in Türkiye working on SRHR. TAPV works on building the capacity of individuals in the field of sexual health, reproductive health rights, life skills, human rights, and communication skills. The vision of the Foundation is to promote sustainable and equitable development of Türkiye. TAPV has received numerous awards including 1994 United Nations Population Award and The Population Institute Global Media Award (1995, 2001). Since 2017, TAPV has been an implementation partner of UNFPA Türkiye.



Country Situation²:

Since 2014, Türkiye has been managing the world's largest population of persons under temporary and international protection. Türkiye has a proud history of hosting refugees. International protection applicants and status holders in the country include various nationalities, with the largest populations coming from Syria, Afghanistan, Iraq and Iran.

As of 6 June 2024, the number of Syrians under temporary protection was around 3.1 million, almost half of whom are children and around 48% are women and girls. Nearly 99% of Syrians under temporary protection live in urban and rural areas across Türkiye's 81 provinces, with around one percent residing in the seven remaining Temporary Accommodation Centers.

In addition, Türkiye hosts approximately 178,000 international protection applicants and status holders from other countries.

There were considerable strides made by the Government of Türkiye and education sector partners in reducing the number and proportion of out-of-school children under temporary and international protection since the onset of the Syria crisis. To ensure that the most vulnerable children under temporary and international protection realize their right to quality education and learning, education sector partners continue to provide complementary services.

The overall health response and the provision of health care to Syrians under temporary protection and international protection applicants and status holders is led by the Ministry of Health (MoH) Türkiye. The Law on Foreigners and International Protection regulates the access of Syrians under temporary protection, international protection applicants and status holders (jointly referred to as foreigners) to health care on the same basis as Turkish nationals, with the MoH overseeing provision through local hospitals, Migrant Health Centers and units that operate as part of the Turkish Community Health Center.

² 3RP Türkiye Chapter 2023-2025; Directorate General of Migration Management of the Ministry of Interior of the Republic of Türkiye



— 1.2.3 Novi Sad Humanitarian Centre, Serbia

The Novi Sad Humanitarian Centre (NSHC) is a non-profit, charitable organisation founded in 1998 that works towards the creation of a humane society. It achieves this by providing support to vulnerable groups, encouraging activism, promoting health, and conducting research and education. In its early years, NSHC focused on addressing the needs of refugees and internally displaced persons who sought refuge in Serbia during the wars in the former Yugoslavia. Over time, the organisation has expanded its efforts to support various marginalised and vulnerable groups.

NSHC offers psycho-social, humanitarian, educational, and other forms of support to refugees and migrants, the Roma population, children and youth, the elderly, and others. In the field of health promotion, NSHC educates and informs young people about mental and reproductive health.

Country Situation:

In 2015, Serbia became a major transit country for over 920,000 refugees and migrants, primarily from Syria, Iraq, and Afghanistan, traveling towards Western Europe. Serbia was part of the Western Balkans route, a key pathway for migrants heading from Greece to Hungary and Croatia, and eventually further into Western Europe. The closure of the Hungarian border in March 2016, along with the EU-Türkiye Statement, significantly reduced the flow of migrants through Serbia, leaving many stranded.

Since then, the situation has evolved into a more contained, though still challenging, presence of refugees and migrants seeking asylum or onward movement. Serbia's location continues to make it a key transit point, connecting to several EU member states. Migration patterns have shifted due to increased security measures and border controls, but the country still experiences a notable migrant presence. While some migrants seek asylum in Serbia, most spend only a short time in the country—often just a few days—before continuing their journey. In 2024, there was an 82% reduction in the number of migrants passing through compared to the previous year, with 18,865 people registered in Serbian reception and asylum centres.³

Young refugees in Serbia face various challenges, including the risk of smuggling, human trafficking, abuse, sexual harassment, exploitation, and trafficking—particularly those traveling through informal channels. In 2024, unaccompanied children and youth made up around 9% of total arrivals in Serbia. The majority were boys, aged 16-17 on average, and primarily from Syria, though also from Afghanistan, Egypt, and other countries.⁴

Several NGOs in Serbia offer services for migrants focusing on legal aid, shelter, medical assistance, and psychosocial support. Some provide safe spaces for women, social activities, and information on the prevention of gender-based violence. Given that sexuality education in Serbia is not yet standardized or widespread in the curriculum, there are only a limited number of project-based activities addressing this topic in work with young migrants.

³ <https://europa.rs/migrantski-tok-kroz-srbiju-smanjen-za-82/?lang=en#:~:text=In%202024%2C%20a%20significant%20decrease%20in%20migrants,compared%20to%20106%2C742%20people%20the%20previous%20year> (accessed on 26.6.2025)

⁴ <https://www.unhcr.org/rs/en/unaccompanied-children-and-youth> (accessed on 26.6.2025)

2. Whom and what are we talking about

| 2.1 Refugee situation in Europe

The refugee situation in Europe has been a significant humanitarian and political issue, particularly since the mid-2010s. It intensified during the year 2015, when over a million people, primarily fleeing conflict, persecution, and poverty in countries like Syria, Afghanistan, Iraq, and Eritrea, sought asylum in European Union (EU) member states. Many arrived via dangerous sea crossings across the Mediterranean or through land routes in Southeast Europe. Since then, the numbers of new arrivals have fluctuated, influenced by factors like changing conflict dynamics, EU agreements with transit countries (notably the EU-Türkiye deal in 2016), and harsher migration policies.



The war in Ukraine, now entering its fourth year, has triggered the largest displacement crisis in Europe since World War II, prompting a regional refugee response of unprecedented scale. Since the Russian Federation's full-scale invasion in February 2022, over 6.8 million refugees from Ukraine have been recorded globally, with the overwhelming majority of 92% seeking safety in Europe (UNHCR Regional Refugee Response Plan 2025-2026, n. d.).

Some countries, such as Germany and Sweden, accepted large numbers of refugees, while others implemented strict border controls or refused to participate in EU relocation schemes. On the European and national level, ongoing challenges related to integration, legal processes, and ensuring safe and humane treatment for refugees and asylum seekers across Europe. By the end of 2023, Europe hosted 13 million refugees and 1.4 million people had applied for asylum (UNHCR Europe Figures at a Glance, n. d.), with young refugees forming a significant proportion of this group. In recent years, the situation of young refugees in Europe has increasingly come to the attention of politicians and experts, with their specific needs and corresponding support measures being discussed (COE Young Refugees, n. d.). This is particularly crucial because, in contrast to common misconceptions, a significant percentage of refugees are young people.

| 2.2 Young and adolescent refugee youth

The World Health Organisation (WHO) defines adolescents as persons aged 10–19 years (WHO adolescent health, n.d.). However, research concerning this age group often extends to include people aged 10–24 years, who are defined as 'adolescent and young adult' (WHO Adolescent and young adult health, n.d.). Young people undergo an intense period of physical, cognitive, emotional and social development, setting them apart from children and adults. This rapid development results in new behaviors, which can have an impact on short- and long-term health outcomes, requiring a tailored health care approach.



For this Erasmus+ project, the decision was made to focus on young refugees aged up to 25.

Adolescents and young people constitute a significant proportion of refugees arriving in Europe. According to Eurostat data, 234,670 first-time asylum applicants were under 18 years old in 2024. This group of refugees represented 25.7% of the total number of first-time asylum applicants in 2024. Furthermore, unaccompanied minors accounted for 15.9 % of the group of refugees younger than 18 years (EUAA, 2025). In light of this, it is important to acknowledge that a striking feature of the recent humanitarian crisis in Europe is the large number of migrant children and young people who are displaced, either in transit or settled in European countries, or missing. While some children travel with their families, many travel alone or with an unrelated adult and are so called 'separated children' (Mason-Jones & Nicholson, 2018). Although young refugees are not a homogeneous group, they are a vulnerable population and, over the past two decades, attention has been paid to addressing their unique health needs as their personal experience of adolescence intersects with their history of forced migration. While young refugees face similar barriers to SRHR as other young people, many of these barriers are exacerbated by the refugee context. The limited number of publications and evidence on interventions highlights the urgent need to invest in and evaluate SRHR interventions in refugee settings.

| 2.3 Comprehensive Sexuality Education

Comprehensive Sexuality Education, according to the “Standards for Sexuality Education in Europe” set by the Federal Centre for Health Education in Germany and the World Health Organisation Regional Office for Europe, is a rights-based, age-appropriate, and holistic approach to sexuality education. The primary goal of CSE is to equip children and young people with the knowledge, skills, attitudes, and values necessary to make informed decisions about their sexual reproductive and emotional lives.

CSE emphasizes more than just health and reproduction, it covers topics such as human development, relationships, consent, gender identity, sexual orientation, values, rights, and sexual pleasure. It promotes mutual respect, equality, and non-discrimination, and it helps learners develop critical thinking and responsibility regarding their own sexual health and well-being. The BIÖG standards advocate for a progressive curriculum structure, meaning education begins in early childhood and builds progressively through adolescence, adapting to the evolving capacities and age of the learner.

The content is structured around eight key areas:

- The human body and human development
- Fertility and reproduction
- Sexuality
- Emotions
- Relationships and lifestyles



- Sexuality, health and well-being
- Sexual and rights
- Social and cultural determinants of sexuality (values/norms)

Overall, CSE is seen not just as a health intervention but as part of broader social and emotional development, aiming to empower young people to lead healthy, safe, and fulfilling lives (*BIÖG WHO-CC, 2010*).

| 2.4 Sexual and Reproductive Health and Rights

Comprehensive Sexuality Education (CSE) and Sexual and Reproductive Health and Rights (SRHR) are deeply interconnected, forming a critical foundation for promoting health, rights, and well-being across the life



course (WHO, 2017). CSE provides individuals with accurate, age-appropriate information and the skills needed to make informed decisions about their bodies, relationships and health. This education empowers them to claim and exercise their sexual rights, for example by giving them access to contraception, maternal health services and protection from gender-based violence and discrimination. Furthermore, by fostering knowledge, attitudes, and values that support equality and consent, CSE serves as a key enabler of SRHR and a powerful tool in advancing gender justice and public health outcomes.

In the context of forced migration, the interlinkage between CSE and SRHR becomes even more urgent and complex. Flight often exposes individuals, particularly women and adolescents, to a heightened risk of sexual and gender-based violence and unintended pregnancies and limits their access to essential SRHR services. In fragile settings, CSE plays a crucial role in equipping displaced populations with the knowledge and skills needed to navigate risks and access care. It is therefore essential to integrate CSE into humanitarian responses to uphold the dignity, autonomy, and health of those affected by forced migration, while ensuring that SRHR is not sidelined in humanitarian or refugee contexts, and that these services are recognized as a vital part of comprehensive support.

By promoting accurate information on sexual and reproductive health, CSE directly supports Sustainable Development Goals (SDG) such as SDG 3 Good Health and Well-being by helping to reduce rates of HIV, unintended pregnancies and gender-based violence. In relation to SDG 4 Quality Education, CSE for young refugees equips them with life skills and promotes respectful relationships. Furthermore, CSE is instrumental in achieving SDG 5 Gender Equality by challenging harmful gender norms, empowering girls and young women, and advocating for their rights and autonomy over their bodies. These connections demonstrate the essential role of CSE in building healthier, more equitable societies aimed by the SDG (Mohammed, 2024).

| 2.5 Sexual and Gender-Based Violence

SRHR and Sexual and Gender-Based Violence (SGBV) are interlinked topics, both are important public health and human rights issues. SGBV includes physical, sexual, psychological and economic violence rooted in gender inequality, and poses a major barrier to achieving SRHR. Survivors of SGBV in situations of forced

migration often have limited access to essential health services, justice and support systems (Hourani 2021). Young refugees are particularly vulnerable to SGBV due to displacement, loss of protective family or community structures, and limited access to services. They often face increased risks of exploitation, early and forced marriage, trafficking, and sexual violence in both transit and host settings.

**STOP
GENDER
VIOLENCE**

When designing and implementing comprehensive sexuality education (CSE) programmes for young people in the context of displacement and migration, it is important to consider this aspect from the outset. SGBV targeted interventions within sexuality education programmes are essential to protect young refugees and uphold their SRHR, while empowering them to reclaim their rights and agency in fragile and often hostile environments.

3. A glimpse of the scientific literature

This section examines the current scientific debate surrounding comprehensive sexuality education (CSE) as well as sexual and reproductive health rights (SRHR) for refugees, paying particular attention to young refugees. It provides insight into recent findings and debates that could inform program implementation.

The scientific literature tends to focus either on SRHR of young people or of refugees as part of a broader population, such as refugees, migrants, and internally displaced people. There is limited information available on SRHR of young refugees, which highlights the need for further investment in scientific research and the evaluation of CSE and SRHR interventions in this context (Tirado et al., 2022). In the following, the authors refer to literature on SRHR and CSE for refugees in general and indicate specific research on refugee youth.

| 3.1 Characteristics of young people with refugee background

Refugees are a highly diverse group in terms of their educational background, cultural background, and social status (Chalmers et al., 2022). Although young refugees are not a homogeneous group, they are a vulnerable population. While their migration journeys and resettlement experiences vary widely, they share



common experiences on the transit routes and the challenges of starting over and integrating into a new society in the host countries. Refugee youth must navigate life in transit or host countries, and the experience of forced migration can affect their ability to exercise power and agency in decisions about their bodies and sexual relationships. Evidence shows that refugee youth often face challenges in accessing SRHR information and services

due to the poor living conditions, inadequate sanitation, and limited access to health services associated with conflict and displacement in addition to the stigma associated with sexual activity at a young age

(Tirado et al. 2022). This, in turn, can increase their risk of poor sexual and reproductive health outcomes. Legal statuses shaped by national immigration and asylum policies significantly influence access to health-care (Egli-Gany et al., 2021; Keygnaert, Guieu, et al., 2014; Nowak et al., 2023). However, in the academic literature on SRHR, there is often confusion and inconsistency in how refugee populations are defined. Terms like ‘refugees,’ ‘asylum seekers,’ ‘migrants,’ and ‘immigrants’ are frequently used interchangeably, even though they represent different legal and social categories. In some cases, asylum seekers are mistakenly labeled as ‘undocumented,’ further blurring these important distinctions (Stirling-Cameron et al., 2024).

Within this population, the vulnerability of young people in refugee settings is exacerbated. As families, communities, and social groups are disrupted in these settings, adolescents may find themselves in high-risk situations and may be forced to take on adult roles within their families and communities (Jennings et al., 2019). Further common characteristics include interrupted or limited formal education, linguistic barriers, and exposure to trauma and loss, which significantly affect their integration trajectories. Psychosocial challenges such as post-traumatic stress, identity negotiation, and social exclusion are prevalent, while access to health care and education remains uneven across host countries (Kien et al., 2019).



| 3.2 Situation of unaccompanied or separated young refugees

Despite being at increased risk of adverse sexual and reproductive health outcomes in crisis situations, separated young people can become invisible because migration is generally considered to be the domain of adults and intact families, rather than lone young people. This renders them subject to structural violence and marginalisation, and their unique needs risk being overlooked (Mason-Jones & Nicholson, 2018). With Europe currently hosting the largest number of separated young people in recent history,

addressing their sexual and reproductive health needs is imperative to alleviate the significant public health burden they represent.

While some refugee children and youth may travel with their families, there are many who travel alone or with an unrelated adult. The unaccompanied and separated children alliance in Europe argues that the more inclusive term ‘separated children’ rather than ‘unaccompanied children’ better reflects the circumstances of young people who find themselves without guardianship and incorporates the social and psychological impact of separation (Alliance CHPA, n.d.).

The average age of unaccompanied or separated refugee minors in Europe predominantly falls within the 14 to 17-year-old range, with a significant concentration among 16- and 17-year-olds. In 2022, over 93% of unaccompanied minors applying for asylum in EU+ countries were aged between 14 and 17, and only about 7% were younger than 14. The demographic profile of these minors is predominantly male and in 2022, girls constituted 7% of all unaccompanied minors in EU+ countries (EUAA, 2022).

This highlights again the importance of access to CSE for refugee youth, especially also for separated young refugees. A study with former unaccompanied asylum-seeking minors in the UK found considerably high

rates of reported sexual mistreatment, much of it perpetrated at the destination where the minors were living. The participants cited their own lack of knowledge regarding the possibility of sexual mistreatment, as well as a lack of understanding of their rights in the host country as the principal factors affecting their vulnerability. In addition, there is a perception that authority figures are not doing enough to protect young people, and that their living situations are putting them in vulnerable situations, such as sharing living spaces with the opposite sex or living with mixed-sex adults, exposing minors to unnecessary dangers (Mason-Jones & Nicholson, 2018). Migration challenges, including navigating the asylum systems of a foreign country, can thus result in young refugees feeling powerless and of being at the mercy of others, which can in turn affect their ability to take care of their sexual and reproductive health needs.

CSE and SRHR for unaccompanied refugees are therefore not just important, they are critical. These young individuals often face heightened vulnerabilities, including exposure to sexual violence, exploitation, and misinformation and lacks about their bodies and rights. Without the support of family or stable guardianship, unaccompanied refugee youth rely heavily on institutional and community systems for guidance and protection (Aibangbee et al., 2024a). CSE may equip them with essential knowledge about consent, reproductive health, personal safety, and respectful relationships. It fosters resilience, autonomy, and the ability to make informed decisions in unfamiliar and often challenging environments (Aibangbee et al., 2023).

| 3.3 Comprehensive Sexual Education for refugee youth

In literature on SRHR and refugee population in general, differences in sexual health education as well as sexual health knowledge was the most commonly reported barrier influencing access to and use of SRH services (Stirling-Cameron et al., 2024). The characteristics of the barriers are multifaceted and are influenced by cultural norms, limited access to accurate information, and reliance on informal sources (Aibangbee et al., 2024b). Studies involving refugee youth and parents often highlighted a disconnect: many parents felt it was culturally inappropriate to discuss sexual health with their children, while young people felt uncomfortable asking questions. One major reason for this gap is that many parents have not received sexuality education themselves and therefore need support before they can guide their children (Stirling-Cameron et al., 2024). However, a study of young refugee women suggests that the young women may be keen to challenge the stigma surrounding sexual health and encourage intergenerational knowledge-sharing (Hawkey et al., 2018). This highlights the importance of ensuring access to CSE for young refugees, particularly given its crucial role in promoting SRHR. Studies have reported that refugees often do not receive any information on how to seek out and navigate SRHR services in their host country, which means they have difficulty locating and accessing care (Baroudi et al., 2022; Stirling-Cameron et al., 2024; Wegelin et al., 2024). It is also important to consider who provides CSE education for young refugees and where it takes place. Healthcare providers are generally seen in the literature as trusted and valuable sources of information (Stirling-Cameron et al., 2024). However, when it comes to SRHR, cultural and social norms play a significant role. Even if young refugees are aware of where to access sexual health information, they don't always use these services. Several barriers can prevent them from doing so, including concerns about confidenti-

ality, feelings of shame or embarrassment, and discomfort discussing sexual health topics (McMichael & Gifford, 2010). Many young adolescents therefore prefer to receive this kind of information in a setting that feels private and comfortable (Korri et al., 2021).

Additionally, in healthcare settings translation services are often unavailable, and the time allocated for counselling is frequently too short (Stirling-Cameron et al., 2024). For these reasons, it's crucial for practitioners to build cultural competence and avoid relying on stereotypes when designing or delivering comprehensive sexuality education programs (Aibangbee et al., 2023; Lau & Rodgers, 2021). Especially in the context of forced migration, the locality of programmes and services plays an important role in terms of their low-threshold nature. This is certainly a point that should be given further thought, for example, scientific literature contains evidence of alternative ways to provide sexuality education outside of the healthcare system. Examples include language classes (Åkerman et al., 2019) and youth theatre projects (Roberts et al., 2017).

| 3.4 Research gaps

There are some key research gaps in the existing literature on refugees and SRHR. Firstly, refugees and asylum seekers with intersecting identities may be at an increased risk of adverse sexual and reproductive health outcomes. While there is limited scientific literature on the SRHR needs of young people and adolescents, even less is known about the needs of other specific groups, such as LGBTIQ+ individuals and those with disabilities. This is largely because most studies of the SRHR experiences of refugees and internally displaced persons lack disaggregated data. This makes it difficult to understand the unique experiences of these populations and challenges to design targeted interventions. Consequently, the specific requirements of these subgroups remain poorly understood, hindering the development of targeted interventions (Stirling-Cameron et al., 2024).



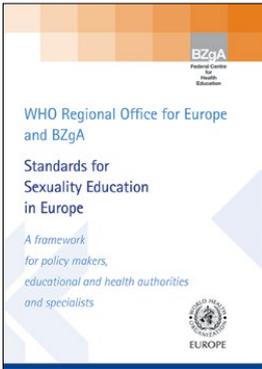
Furthermore, reviews often overlook the importance of country-specific context, grouping low- and middle-income countries (LMICs) and high-income countries (HICs) together even though the context for refugees can differ greatly between them. Also, some reviews describe the experiences of refugees in the Global South using terms such as 'camps', while using the term 'resettlement' when discussing refugees in places such as the EU, the US or Australia (Tirado et al., 2020). This can be misleading, since some scientific standpoints suggest that Europe itself is moving towards a system of camps (Kreichauf, 2018). This can result in pregnant women and new mothers seeking asylum experiencing poor housing quality within direct provision accommodation in Europe: They reported negative health effects and unmet basic needs, including inadequate food, sleep and hygiene conditions (Gewalt et al. 2019). These factors hindered their ability to feel at ease in state-provided facilities and can impede low-threshold access to SRHR (Wegelin et al. 2024).

Gender considerations are often overlooked in research on SRHR. Regarding refugee and migrant men, much of the research focuses on sexually transmitted infections (STIs), with other important aspects of their SRH being largely overlooked (Mengesha et al., 2023; Svensson et al., 2017) and the sexual health needs of young refugees and asylum-seeking men are rarely investigated or addressed as (Tewelde McDonald et al., 2024). When it comes to refugee youth, the needs of young boys are frequently ignored or underrepresented in the scientific literature.

Research gaps identified in the literature are in alignment with the perspective of the experts who participated in the international meeting organized by the project members in November 2024 in Istanbul. At this meeting, the experts called for specific research in the aforementioned areas, pointing out that the situation for young refugees can vary depending on the situation in the transit or host country. This research should aim to inform politicians and institutions on how to build systems that are inclusive and representative. In addition, during the final discussion, it was emphasized that it is necessary to decolonize and diversify the field of SRHR, which remains dominated by white-centric perspectives. Another key take-away was the importance of centring the experiences and leadership of refugees and migrants. The current structure thus must shift toward inclusive, participatory research and decision-making processes across both governmental and non-governmental sectors, ensuring that refugees are not just seen as passive recipients or interpreters, but as active practitioners and contributors. The participants called for comprehensive integration of refugees into policy development and NGO work.

4. Toolkits

At an international level, there are well-known toolkits on Comprehensive Sexuality Education (CSE) and Reproductive Health and Rights (SRHR). These toolkits provide guidelines on what Comprehensive Sexuality Education involves and what factors need to be considered when planning or carrying out projects and aim to equip practitioners (educators, youth workers and health professionals) with appropriate CSE information and teaching strategies. These are generalised instruments that do not usually address the specific conditions and challenges of forced migration. Nevertheless, they provide a framework and basic guidelines for CSE projects, showing what this type of education involves and what needs to be considered during implementation.



Standards for Sexuality Education in Europe

The framework Standards for Sexuality Education in Europe (Standards) presents the concept for holistic sexuality education and includes information on the themes relevant for children and adolescents in the various age groups.

Available in: Albanian, Croatian, Czech, Dutch, English, Estonian, Finnish, French, German, Greek, Italian, Polish, Romanian, Russian, Spanish.

<https://whocc.bioeg.de/en/publications/standards-for-sexuality-education/>



International Technical Guidance on Sexuality Education

This guidance provides evidence-based recommendations for designing, implementing, and monitoring effective CSE programs. It outlines essential topics, learning objectives, and emphasizes a rights-based, gender-sensitive approach.

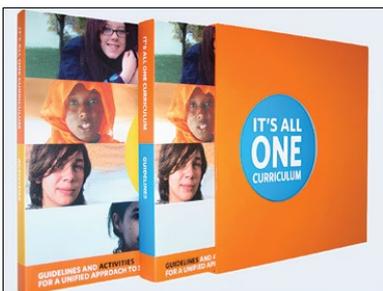
<https://www.unesco.org/en/articles/international-technical-guidance-sexuality-education-evidence-informed-approach>



Inside & Out

This tool enables civil society organisations to assess the quality and comprehensiveness of their CSE programs, focusing on rights-based and gender-sensitive education.

<https://www.ippf.org/resource/inside-and-out-comprehensive-sexuality-education-cse-assessment-tool>



It's all one

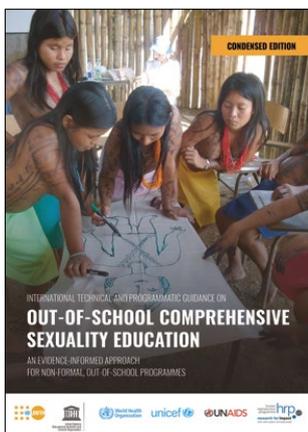
This curriculum offers guidelines and activities for a unified approach to sexuality, gender, HIV, and human rights education. It emphasizes the integration of gender and rights into sexuality and HIV education programs

<https://popcouncil.org/insight/its-all-one-curriculum/>



| 4.1 Out-of-school Comprehensive Sexuality Education

Often young refugees do not have the access to school education in their host country. Therefore, it is important to consider out-of-school CSE for them. The following publication includes guidelines and recommendations:



Out-of-school Comprehensive Sexuality Education

This Guidance complements and refers to the International Technical Guidance on Sexuality Education published in 2018. Informed by evidence and grounded in a human-rights approach, this out-of-school edition provides concrete guidelines and recommendations to ensure that the most vulnerable young people receive information that enables them to develop the knowledge and skills they need to make informed choices about their sexual and reproductive health.

<https://www.unfpa.org/publications/international-technical-and-programmatic-guidance-out-school-comprehensive-sexuality>



Online course ACCESS: Pleasure-based approach

This course is designed for educators who are running CSE sessions for young people. The course supports the International Planned Parenthood Federation (IPPF) CSE curriculum and is divided into two parts. Part 1 aims to help educators develop the confidence and ability to include discussion of sexual pleasure whilst Part 2 provides suggestions of activities that can be used within CSE sessions.

<https://www.open.edu/openlearncreate/course/view.php?id=3764>



Research Programme ACCESS (General Information):

<https://www.migrationyorkshire.org.uk/research-entry/sexual-health-asylum-seekers-and-refugees-handbook-people-working-refugees-and>

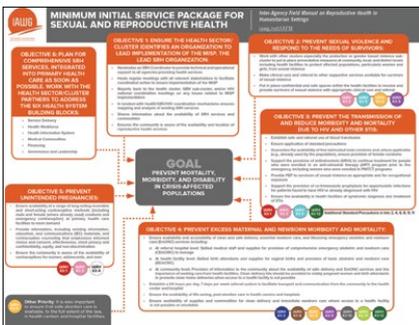
| 4.2 Comprehensive Toolkits



WHO, UNFPA, UNHCR. Inter-Agency Working Group on Reproductive Health in Crisis (IAWG):

Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings issued by the Inter-Agency Working Group on Reproductive Health in Crises (IAWG); Chapter 6: ‘Adolescent Sexual and reproductive Health’ (CSE: p. 129)

<https://iawg.net/resources/adolescent-sexual-and-reproductive-health-asrhtoolkit-for-humanitarian-settings-2020-edition>



UNFPA Minimum Initial Service Package for Sexual and Reproductive Health (MISP):

<https://www.unfpa.org/resources/minimum-initial-service-package-misp-srh-crisis-situations>



| 4.3 National and regional online resources from ERASMUS+ project partners

The project partners in Serbia, Germany, and Türkiye organised national meetings and surveys through which the project collected some online resources on a national and regional level, which are presented in this section.

SERBIA:



‘Protect yourself from human trafficking’

(NGO Ideas); in Serbian, Arabic, and Farsi languages.

‘Protect yourself from human trafficking’ is an informative leaflet intended for migrant children, especially unaccompanied minors. The aim of this leaflet is to provide children with basic information about human trafficking in a visually interesting and associative manner and contribute to their sensitivity to recognize the risks and key features of human trafficking.

<https://ideje.rs/zastiti-se-od-trgovine-ljudima-informacije-za-decu-bez-pratnje>





'Gender Sensitive Policies in the Area of Migration'

(Group 484); in Serbian language

The document describes the unfavorable position of women from Afghanistan, Iran, and Syria in migration, their traditional heritage, cultural context, as well as the geographical and historical circumstances of their countries. It also identifies the key challenges that migrant women face along the way and in transit areas (special attention is paid to the situation in Serbia).

https://www.grupa484.org.rs/h-content/uploads/2023/05/Rodno_senzitivne_politike-grupa-484.pdf

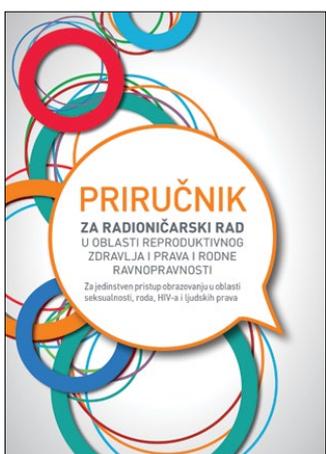


'Sexual and Reproductive Health and Rights of Women in Serbia: Pronatal Policy versus Human Rights'

(NGOs Autonomous Women's Centre, Astra, Group 484)

This document provides an overview of the international framework related to sexual and reproductive health and rights, laws, and public policies in Serbia.

https://www.grupa484.org.rs/h-content/uploads/2022/05/seksualno_i_reproduktivno_zdravlje_i_prava_ena_u_s-grupa-484.pdf



'Workshop Manual in the area of Reproductive Health and Rights and Gender Equality'

(International Working Group on Sexuality and HIV Curriculum) in Serbian

A workshop manual for SRHR and gender equality, including guidelines and activities for a unified approach to education in sexuality, gender, HIV, and human rights.

<https://escrh.eu/wp-content/uploads/2018/11/Manual-SoRi1.octet-stream>





‘Child Asylum Seekers: Education and Prevention of Gender based Violence’

(Asylum Protection Centre); research report in Serbian

This publication is intended for representatives of asylum centres, state institutions, and non-governmental organisations that operate in the fields of migration, education, and social protection, as well as the general public who wish to be informed about the characteristics and needs of asylum-seeking children in Serbia. It should serve as the basis for the establishment and proper functioning of a system that can provide adequate support and appropriate and equal treatment to the children of asylum seekers for their inclusion in the formal education system and prevention of gender-based violence during their stay in the Republic of Serbia.

<https://apc-cza.org/images/publikacije/Deca%20Trazioci%20Azila%20u%20Srbiji.pdf>



‘Gender-Based Violence and Mental Health Protection within the Migrant, Asylum seeking and Refugee Population’

(Asylum Protection Centre, 2019); research report in English

Study report on the position, status, treatment and mechanisms of protection of victims of gender-based, domestic and sexual gender based violence within migrant population in Serbia, including those suffering from mental health disorders within the Serbian asylum and migration context.

<https://apc-cza.org/images/publikacije/Study%202019%20Special%20social%20groups%20protection.pdf>



TÜRKİYE:

TAPV Foundation's Tools in Arabic:



Safe Motherhood; Newborn Babies

<https://www.tapv.org.tr/wp-content/uploads/2022/03/Guvenli-Annelik-Yenidogan-Brosur-AR.pdf>



Safe Motherhood; Sexual Life after Giving Birth

<https://www.tapv.org.tr/wp-content/uploads/2022/03/Guvenli-Annelik-Dogum-sonrasi-Cinsel-Yasam-Brosur-AR.pdf>



Sexuality Education

https://www.tapv.org.tr/wp-content/uploads/2019/06/CINSEL-EGITIM-BROŞÜRÜ_Arapça.pdf





Safe Sexuality

<https://www.tapv.org.tr/wp-content/uploads/2021/04/Guvenli-Cinsellik-Arapca.pdf>



Knowing our Body

https://www.tapv.org.tr/wp-content/uploads/2019/06/BEDENİMİZİ-TANIYALIM_Arapca.pdf



Safe Motherhood

https://www.tapv.org.tr/wp-content/uploads/2019/06/GÜVENLİ-ANNELİK_Arapca.pdf



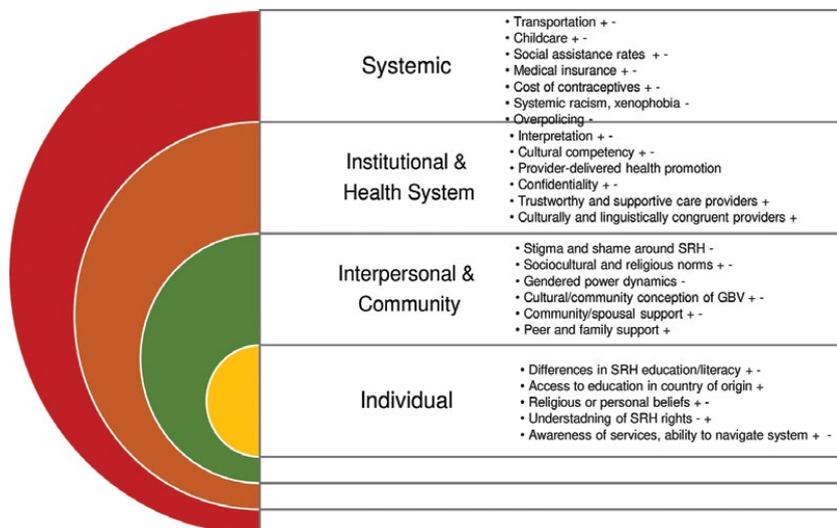
Hygiene and nutrition

https://www.tapv.org.tr/wp-content/uploads/2019/06/TEMİZLİK-VE-BESLENMEK_Arapca.pdf



5. Critical evaluation of scientific literature and its implications for practice

Studies from around the world show clear and consistent evidence that refugees and asylum seekers in high-income countries face unfair and unequal access to sexual health services. These inequalities are caused by a complex **mix of barriers at different levels — including personal, community, institutional, and societal** — that limit their ability to get the services, support, and education they need (Stirling-Cameron et al., 2024).



(Fig: 2 Barriers and facilitators influencing access to services, stratified by individual, community, institutional and systemic factors; Stirling-Cameron et al., 2024) <https://journals.plos.org/plosone/article/figure?id=10.1371/journal.pone.0312746.g002>

Cultural and community stigma and shame surrounding SRH was one of the most prevalent barriers reported across studies, which may also limit knowledge sharing and access to education and services. It is therefore essential for researchers and health service providers to understand socio-cultural constraints which may impede SRH knowledge of refugees, in order to provide culturally safe SRH education and services that are accessible to all irrespective of ethnicity (Metusela et al., 2017).

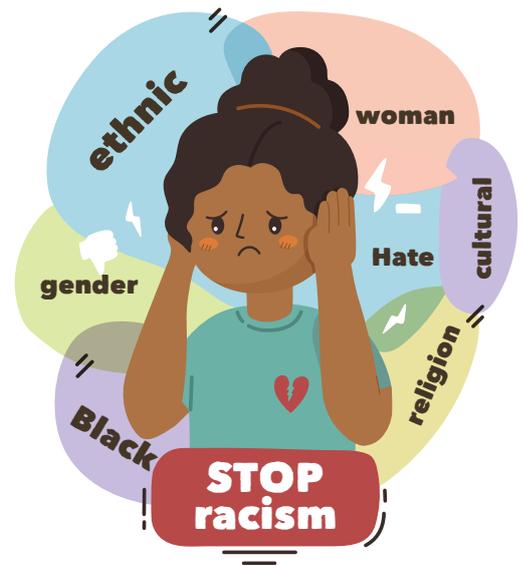
| 5.1 Culture sensitivity

For refugee youth, access to CSE may lead to new insights into SRHR and encourage engagement with these issues. If socio-cultural norms may influence perceptions, access to information may at the same time open opportunities for young refugees to challenge these norms (Svensson et al., 2017). This mechanism should be considered, both in science and in practice. For example, a review of studies on contraceptive care for refugees pointed out that most of these studies relied on overly simplistic and essentialising models of culture which exaggerate differences and fail to capture the complexity and diversity of refugee experiences (Chalmers et al., 2022).

Recommendation: Focusing only on the impact of 'cultural values' or 'traditional beliefs' on contraceptive preferences fails to recognise the extent to which individuals actively negotiate, embrace, resist, and reshape cultural norms. It is therefore important to recognise individuals' agency and avoid culturalization.

| 5.2 Cultural racism

Cultural racism forms a significant barrier to accessing SRHR by embedding discriminatory assumptions about certain cultural or ethnic groups into health systems and practices (Valdez et al., 2023). This form of racism manifests when healthcare providers or institutions perceive refugee cultures as inferior or declare them overly traditional, leading to stereotyping and biased care. For example, refugee women may be wrongly assumed to reject contraception due to their cultural background, resulting in providers withholding information or offering limited options. Cultural racism can also shape programs that ignore the specific SRHR needs of refugee communities, reinforcing marginalization and limiting their access to respectful, inclusive, and effective healthcare (Stirling-Cameron et al., 2024).



A critical discourse analysis of the situation in Sweden shows that dominant public discussions often portray migrants as vulnerable and as ‘the Other’. Even though there is a strong focus on human rights, the deeper structural issues that affect migrants’ SRHR are often overlooked when these issues are discussed or addressed (Amroussia et al., 2022). This points to the need for a closer look at how the idea of vulnerability is used in relation to migrants’ SRHR. It also emphasizes the importance of avoiding stereotypes and ensuring that structural barriers are addressed when working on SRHR issues for migrants.

A systematic review of literature identified discrimination and restrictive policies as key factors that undermine access to SRHR (Egli-Gany et al., 2021). These include an economic crisis, negative public discussions about migration, limited legal rights, complex administrative processes, a lack of resources and financial challenges, poor living and working conditions, and discrimination based on migration status, gender, sex and ethnicity. Unless these factors are addressed in policymaking and planning, the SRHR health of young refugees is at risk. Since the ICPD conference in Cairo in 1994, sexual and reproductive health has been recognised as a human right (A. M. Starrs et al., 2018). Article 7 of the Cairo Protocol explicitly refers to the need for action regarding the specific situation of migrants and internally displaced persons (UNFPA, 1994). It includes overcoming access restrictions due to their structural marginalisation and providing adequate and culturally sensitive care for these groups. Refugees and asylum seekers should be granted the same opportunities as all citizens to take control of their sexual health and sexuality (Keygnaert, Vettenburg, et al., 2014).

Recommendation: When addressing CSE and SRHR with young refugees, it is important to be aware of the existing social stereotypes about this group. It is important to avoid perpetuating these mechanisms of othering in one's own discourse and actions.

| 5.3 Risk focus

Much of the scientific research on the SRHR of refugees tends to focus on risks such as HIV, other sexually transmitted infections, unintended pregnancies, access to contraception, and sexual and gender-based violence (Aibangbee et al., 2024a; Jennings et al., 2019). These issues are certainly critical, especially given the evidence of poor SRH outcomes among refugee populations. It is important to emphasize that sexual and reproductive health is a fundamental part of every person's overall well-being and quality of life. According to the World Health Organisation, SRH is not just about avoiding illness or problems. It's about achieving a state of physical, emotional, mental, and social well-being in relation to all aspects related to sexuality and reproduction, not merely the absence of disease, dysfunction, or infirmity (A. Starrs, 2015). This means that SRHR should go beyond just preventing disease (Landers & Kapadia, 2020). A qualitative study revealed that refugee women were particularly interested in sexual health topics that are not often discussed such as sex, sexual desire and libido, vaginal pain, consent and personal rights (Hawkey et al., 2022). The same may apply to refugee youth.

Recommendation: Health education and programmes for refugee youth also need to support healthy sexuality, relationships, sexual pleasure, and overall well-being. They may consider elements of a pleasure-based approach to CSE, such as the approach initiated by the IPPF online course ACCESS. This approach could also be used with refugee youth.

| 5.4 Participatory approach

This leads to the question of the extent to which the perspective of refugee youth is represented in research and research literature. Current reviews state that there is limited work on the perspective of refugees themselves and even lesser on the perspective of refugee youth (Aibangbee et al., 2024b; Stirling-Cameron et al., 2024; Tirado et al., 2022). There are several reasons why developing a participatory approach to the research and implementation of CSE programmes for refugee youth may be important. Refugee youth can provide valuable insights into the real barriers they face and explain the effects of stigma, language, gender norms and legal status from their standpoint. They can also express their views on the most effective formats for delivering CSE, such as peer-led workshops, digital platforms and art-based methods. Furthermore, strategies can be developed to address sensitive topics such as consent, SGBV, LGBTQ+ issues and menstrual health in the best way possible. A participatory approach helps to build trust between researchers or service providers and the community in reducing perceptions of external control or imposition and as such increase the legitimacy and credibility of the intervention (Cense et al., 2025; Wegelin et al., 2024).

Recommendation: A participatory approach makes CSE programs for refugee youth more ethical and sustainable. It shifts the focus from doing research or programming on young people to doing it with and for *them* - a key principle in both human rights-based and youth-centred frameworks.

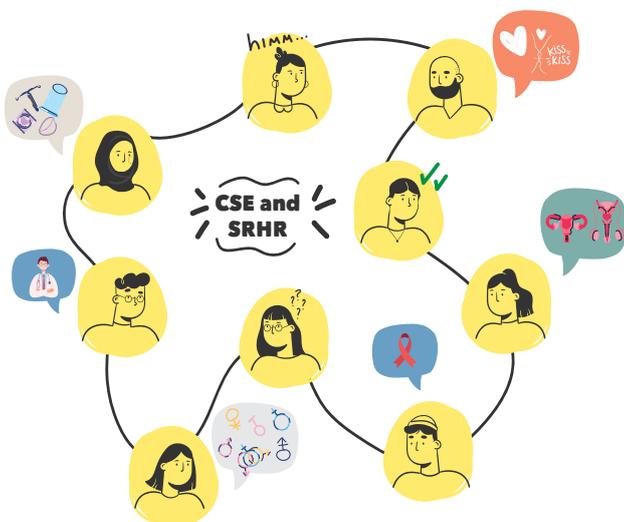


6. Practical examples for (young) refugees

Providing comprehensive sexuality education (CSE) and sexual and reproductive health and rights (SRHR) information to young refugees is an important public health issue in all participating project countries. The aim of this publication is to make the methodological approaches in the field of CSE and SRHR more accessible by providing tools for action at a national and/or transnational level.

The project team collected the methodologies used in practice in their respective countries: Germany, Serbia and Türkiye. A survey was distributed within the three project countries and also at the EU level. Based on the survey results, the project team identified key methodological approaches and illustrated them using good practice examples gathered through the survey. Refugee youth are the target group of some of the presented methodological approaches, while others are aimed at refugees and migrants of different ages.

Many of the projects presented in the report combine several of the approaches in their implementation. Combining these methodologies—in-person workshops, online courses, peer-to-peer approaches, counselling—allows CSE and/or SRHR programs to be more responsive to the diverse needs of young refugees, ensuring education that is not only informative but also empowering and inclusive. The good practices presented in this publication often include extra materials such as leaflets or information brochures. We didn't count these as part of the methodological approach itself, but rather as supporting materials. However, it's important that these materials are available in both the main languages spoken by refugee populations and the national language(s). Furthermore, in today's digital age, online resources are increasingly replacing printed materials. For sensitive topics like SRHR, this can be a safer and more discreet option, especially for refugee youth.



| 6.1 Workshops on CSE and SRHR

Workshops are a commonly used method for CSE among refugee / young refugee populations. They provide structured, interactive sessions where young refugees can learn about topics such as reproductive health, consent, gender equality, and HIV prevention in a safe and controlled environment. Workshops allow facilitators to address misconceptions, use culturally appropriate materials, and adapt content to the local context. However, logistical barriers such as mobility, lack of space, and language differences may be seen as limitations for this approach, necessitating complementary approaches.

Depending on the setting, duration, and number of workshops it is sometimes possible only to focus on certain topics. In general, and if possible, it is recommended to cover all essential areas of CSE as defined in the Standards for Sexuality Education in Europe: the human body and development; fertility and reproduction; sexuality, emotions and relationships; sexuality, health and well-being; sexual rights and values; social and cultural determinants of sexuality (values/norms). A special focus can also be put on the healthcare system, help desks, and services provided to the target group in the country.

To ensure that the workshop is successful and a pleasant experience for all involved, some preliminary considerations are important.

Invitation to the workshop

Experience has shown that transparency is very important when inviting people to a workshop on SRHR. An example invitation could read: "We would like to exchange different experiences and questions about sexual health, pregnancy, and sexuality in Germany and around the world."



Setting

Also, the setting of the workshop is very important:



- Is the place easily accessible?
- Is the workshop location very 'official', institutional, or associated with an unpleasant context?
If so, it would be better to find a neutral location.
- Is childcare available during the workshop?
- Is there going to be translation and if so, for which languages?

This information is also important for the participants and should be included in the invitation.

— 6.1.1 Country examples of outreach to young refugees:

Türkiye: Social Market - Refugees Association

Refugees Association has been conducting comprehensive work since 2014 to address the multidimensional needs of individuals who have left their countries and require international protection. It particularly aims to prevent violations of rights faced by refugee women, children, and youth, and to ensure equal access to services for these groups. Thanks to its strong internal structure, specialized departments, and field experience, the association implements effective projects in areas such as social integration, health, education, and access to the labor market. Its social counselling services include informing individuals about their rights, empowering them, and referring them to the appropriate specialized fields. Additionally, it ensures the rapid and effective delivery of services in interventions aimed at vulnerable groups.

The Sultanbeyli Social Market, supported by the organisation Refugees Association, operates as a food bank system where individuals in need can meet their basic requirements such as food, hygiene, and clothing. Unlike the traditional aid package model, individuals can choose the products they need using a point-based system defined after a social assessment. This system is structured not only to cover basic food items but also special needs such as baby diapers, formula, and personal hygiene products for women, including sanitary pads and wax. In this way, in-kind donations are made directly accessible in accordance with actual needs. The flexibility provided by the Social Market system is especially helpful for women and mothers to meet their own and their children's specific needs, thus improving their quality of life. As addressing physical needs alone is not sufficient for women's empowerment, Refugees Association has developed early childhood education programmes, designed to free up time and space for women providing opportunities for SRHR education.

Webpage: <https://multeciler.org.tr/eng/>



Germany: 'baraka' a place where you can be yourself - rubicon

Since 2005, 'baraka' meetings have been a gathering place for BIPOC, refugees*, people with a migration background or with experiences of racism who identify as lesbian, gay, bi, trans*, inter*, non-binary, or queer. It is a place to exchange ideas and experiences and simply have fun. Psycho-social help is also available, if needed. baraka offers various events and workshops (on topics such as HIV/STD prevention, LGBT*I*Q+, and migration) as well as indoor and outdoor group activities. It also offers initial counselling and, if necessary, referrals to colleagues at rubicon or other organisations. Support is offered in Arabic, English, Farsi, German, Polish, Russian and Spanish. The baraka meeting takes place every Friday.

For invitations, rubicon primarily uses popular social media channels such as Facebook, WhatsApp, and Telegram. Upcoming events, workshops, and open meetings are shared via these channels, thus contributing to building a network of queer refugees. Communication via email is not possible, as access to an account is usually not available. Workshop sessions offered at baraka also cover topics such as registering for an email account and how to write an email.

Since 2017, cases of violence in shelters have been documented through the Report Violence program. And there is a shelter specifically for LGBT*I*Q refugees in Cologne.

Webpage: https://www.queerrefugeeswelcome.de/system/files/2023-12/Rubicon_trans%20refugees%20welcome-english_1.pdf



— 6.1.2 Handout on intercultural & intersectional sexual education / Burgenlandkreis & University Merseburg (Germany)

The "Handreichung zur interkulturellen und intersektionalen Sexuellen Bildung" (engl: 'Handout on intercultural and intersectional sexual education') from the Institut für Angewandte Sexualwissenschaft der Hochschule Merseburg includes four scripts for group workshops. The workshops are part of a comprehensive guide to intercultural and intersectional sexual education focusing on the countries Afghanistan, Eritrea and Syria.

Handout: <https://www.ifas-home.de/wp-content/uploads/2022/08/Bro-Burgenlandkreis-Ansicht-RZ.pdf>



'Down there' – Finding words for genitalia (approximately 20–45 minutes)

This methodology is a language-focused exercise designed to break the silence and reduce shame surrounding the naming of genitalia. It invites participants to reflect on and share terms they know—across any language—for male and female genitalia. Working in small groups, participants collect and display these words on posters or cards, which are then arranged in a visual gallery. This display becomes a springboard for group reflection and analysis. Participants are encouraged to categorize the terms (e.g., medical, colloquial, or offensive), and to discuss what they were taught in childhood versus what they've encountered in the host country. This method encourages critical discussion on language and norms and promotes awareness of respectful and accurate terminology.

Possible introduction to the exercise:

Tell the group that you can imagine that naming genitalia is a topic surrounded by shame or silence around the world. The participants in Germany may already have encountered some terms.

Now, there is the opportunity to gather and write down all the words that the group members think of or have heard before (in any language). The collected words can then be gathered in small groups either on large posters (e.g., flipchart paper) or written on moderation cards. After the groups have had time to collect the words, the posters can either be hung in the middle or on the board, or the moderation cards can be placed next to symbols, in the form of a gallery.

Evaluation possibilities:

The group can first visit the gallery and notice the terms with some amusement. Afterward, the following questions can be used to catalyze conversation:

- What stands out about these collected words?
- Are there differences in terms for male and female body parts?
- Do the terms differ between languages?
- Which terms were you taught as a child?
- Which terms have you heard in Germany?
- Which of these terms are medically correct in Germany? Colloquial? Offensive?

This last question can also be evaluated on the board in a table format:

Term	Male	Female
Medically correct		
Colloquial, everyday language		
Vulgar, offensive		



“Relationship Box” – Values and Norms in Relationships (approximately 60-120 minutes)

Material: Paper and pens

‘The Relationship Box’ is a dynamic and participatory methodology designed to facilitate open discussions about relationships, marriage, and the cultural values and norms that shape them. Suitable for both teenagers and adults, this method promotes self-reflection and intercultural understanding through structured group work. Participants begin by forming small groups, optionally gender-segregated, to identify key qualities that support or harm relationships. These elements are written on individual cards and arranged into a priority pyramid, placing the most important values at the base and less essential ones toward the top.

Once each group has constructed their pyramid, the conversation expands to explore how harmful relationship dynamics, like for example jealousy or control, can be recognized and addressed. This leads into culturally reflective dialogue, encouraging participants to consider whether values are shaped by nationality or individual experience. The method continues with role-play or reflection on initiating romantic interest and managing rejection, addressing questions such as how to approach someone respectfully or how to handle being turned down.

The final phase includes a critical discussion of gender dynamics, particularly around masculinity and the social responses to rejection. This fosters a safe space for analyzing societal pressures and developing empathy. Overall, The Relationship Box methodology promotes dialogue, cultural exchange, emotional intelligence, and critical thinking in a flexible, respectful group setting.



“What is Sex” – The Traffic Light Model (approximately 20–45 minutes)

The Body Traffic Light methodology is an engaging and reflective tool designed to facilitate conversations about consent, boundaries, and sexual self-determination, using child-friendly language and a clear metaphor. Central to the method is a narrative text that explains sexuality through the metaphor of internal traffic lights: green for yes, yellow for unsure, and red for no as corresponds to the head, heart, stomach, and genitals. This metaphor allows participants to explore sensitive topics from a societal and educational perspective, rather than focusing directly on personal experience.

The method begins with participants reading a narrative text, either individually or in groups. They then engage in guided discussions using reflection questions about how children learn about sexuality, how societal norms are formed, and how people can better recognize and communicate their own boundaries and desires. This creates a low-pressure environment in which participants can choose whether to share personal experiences.

The following reflection questions are suitable for group discussions:

- When you read this text, what do you think children (for example, in Germany) are taught about what sex is?
- What are children (for example, in Germany) told about how flirting and relationships work? To what extent are they sensitized to topics as described in the text?
- What did you personally learn as a child about sex, or what were you told about it?
- What needs to happen in society for people to better recognize their own “traffic light” or the “traffic lights” of others?

The approach also addresses legal frameworks, such as Germany’s age-of-consent laws and Sweden’s “Yes Means Yes” legislation, linking personal feelings to broader rights-based and societal contexts. The method encourages critical thinking about norms, consent, and respectful sexual communication, making it especially relevant for educators, parents, and professionals working with young people.

‘Your Opinion, My Opinion’ – Positioning on Values and Norms (approximately 30-60 minutes)

This method uses a physical value scale to encourage participants to reflect on and express their views on sensitive topics related to relationships, gender roles, and sexuality. A “Yes–No” scale is marked on the floor, and participants position themselves along it in response to provocative statements (e.g., ‘Jealousy is part of a good relationship,’ or ‘Whistling after someone is a compliment’). Once in place, participants are invited to explain their stance, discuss differing perspectives, and engage in respectful dialogue. This method promotes critical thinking, empathy, and awareness of social norms, particularly by exposing diverse opinions within the group. The facilitator plays a key role in guiding the discussion, presenting counterpoints, and contextualizing attitudes (e.g., explaining legal implications of sharing intimate photos). It emphasizes that individual comfort and consent are central to interpersonal boundaries and encourages participants to reflect on how behavior is perceived by others. Ultimately, the method fosters open dialogue, challenges stereotypes, and helps participants develop a more nuanced understanding of values and norms in relationships.

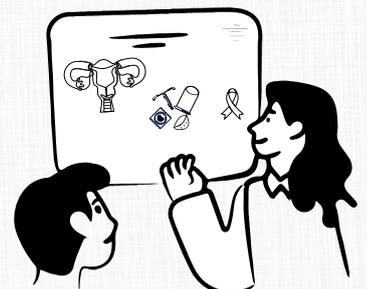


— 6.1.3 Impulse - a workshop concept / AWO Bundesverband e. V. (Germany)

The NGO AWO developed a workshop for young people with refugee or migration backgrounds, which is divided into several steps:

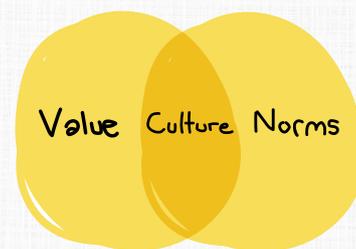
Presentation on sexual and reproductive rights

To provide an overview of the rights of young people, as well as the legal provisions of the Child and Youth Protection Act, a presentation is introduced. This presentation specifically queries the current knowledge level of the youths through several questions and simultaneously provides a foundation with various response options to help find the correct answer during a discussion.



Norms and values circle

The adolescents assign statements about romantic relationships and sexuality to the following positions: 'I think that's good'; 'That's OK'; 'That's not good'; 'That's forbidden'. During the exercise, some statements are translated for better understanding, interpreted and evaluated by the young people and differing opinions are discussed.



After assigning the statements, a reflection on the positions takes place. Topics such as male* identity, trust in romantic relationships, domestic violence, homosexuality, and trans* identities are purposefully addressed and discussed within the group. At the end of the exercise, information about counselling and support services is provided, which can serve as free and anonymous first points of contact for further counselling needs.

Grab Bag

Each participant can blindly take an item from a cloth bag containing various objects related to the topic. Alone or with the help of the group, associations are made regarding which themes, situations, and explanations come to the participant's mind.

'What Happens Next'

Using identification figures created for this project (can be found from page 13 on https://lagjungearbeit.de/files/lag_files/projekte/irgendwie_hier/essen/impulse-1.pdf), participants from intercultural groups or individuals with a migration background, talk about different views and individual ways of life. The pictograms offer the opportunity to address various scenarios and situations related to the characters. Because the figures represent fictional characters, it becomes possible to expand stereotypical gender roles and broaden the perspective on one's own identity. Likewise, the opportunity arises to address non-heteronormative lifestyles through couple constellations.



Group Work:

By choosing identification figures and with the help of the pictograms, different aspects of everyday life can be taken up and discussed. Looking into the future, individual participants or the entire group can determine a possible further course of the story for the figures.

Counselling:

In counselling situations, the figures and pictograms can facilitate the start of a conversation. Describing the story of a person in a similar life situation can make it possible to transfer solutions and alternative developments in the story of the identification figure to one's own everyday life.

Webpage: https://lagjungearbeit.de/files/lag_files/projekte/irgendwie_hier/essen/impulse-1.pdf





— 6.1.4 Liebes-Welten ‘Love Worlds - intercultural course for sexual health’ / AWO Counselling Centre for Family Planning, Pregnancy Conflict (Germany)

The AWO Counselling Centre for Family Planning, Pregnancy Conflicts, and Sexuality Issues is designing Love Worlds, an intercultural sexual health course that contributes to breaking down the taboos surrounding sexuality. In a confidential atmosphere, participants can explore topics such as love, contraception, pregnancy, and sexually transmitted diseases. Trained facilitators who are familiar with the cultural values of the groups facilitate the exchange through an interactive course with four key topics.

The workshop takes place in the Lore Agnes House and includes four stations:

Hello – Çüs!

Arriving – with everything we bring with us – our homes and our stories – our individuality and our dreams.

Body Worlds

Here is space for all questions about the body, contraception, puberty, ... – the participants themselves determine what exactly.

My Worlds

What social influences are we subject to? What role does our religion play for us? What are our norms? What are our boundaries? Do we allow ourselves to be questioned? And: What does this have to do with partner choice and love?

What is acceptable, what is not?

How do we imagine a good relationship? What experiences do we have with relationships? How is our life developing? Also at this station: Everything about sexually transmitted diseases. And finally: A little fun with quiz questions, which can also have serious implications.

The interactive course combines learning and fun through communication and action. Each of the four stations can be adapted to the needs of the participants, considering language, age, and social context differences. Language barriers are overcome through vivid materials and multilingual facilitators trained in dealing with sensitive topics. These facilitators act as bridge builders, finding the right words and images to convey the content. In doing so, they create a trusting atmosphere in which participants can talk more openly about taboos. The cultural and linguistic backgrounds of the participants are considered when addressing topics.



The course lasts three hours. Everyone starts together at the first station, then the group splits up so that small groups of five to seven people can intensively experience the remaining three stations.

The course was originally designed for adults with a migration background who have lived in the city for a longer period. However, due to migration trends, it has been adapted and successfully implemented for newly arrived groups, such as integration courses, lateral entry classes, residential groups, and women's groups for refugees.



<https://www.liebes-welten.de/english-lang>

— 6.1.5 Sexuality Workshops / Pro familia (Germany)

Pro familia developed sexuality education workshops for young adults with a refugee background in accommodation or school structures. The workshops are conducted primarily in German. Translators are also available, if necessary, e.g., into Farsi.

The workshops use illustrative material like a contraceptive kit, which includes different contraceptives which can be touched by the participants, prevention folder, PAOMI models (handmade models of vulvas, uterus and penises for sexual and health education <https://www.paomi.de>), cycle chains to explain the phases of the female cycle, and other 3D models. Sometimes they include visits to a doctor's office or quizzes during the workshop. They also provide vocabulary lists for visits to the gynecologist/



doctor, or pediatrician for young mothers or fathers.

<https://www.profamilia.de/en/>

— 6.1.6 Love Bus - FIRST LOVE MOBIL / Österreichische Gesellschaft für Familienplanung (ÖGF) (Austria)



The Love Bus from The First Love Mobil project, a project from the Österreichische Gesellschaft für Familienplanung (ÖGF) in Austria, employs a workshop methodology centred on gender-segregated, participant-led education. Sessions are led by two trained sexual educators - female educators for girls' groups and male educators for boys' groups - to ensure a comfortable and open atmosphere. The methodology is grounded in principles of confidentiality; educators are bound by professional secrecy, and the absence of caregivers during workshops is strongly recommended to promote open dialogue. This approach acknowledges that young people often feel more at ease discussing sensitive topics like sexuality with external, neutral facilitators. Workshops organized by the Love Bus team typically last three hours, with optional follow-up sessions available. They are adaptable in terms of content and can be held in German, English, French or Turkish.

A key strength of this methodology is its responsiveness to participants' needs: young refugees may themselves choose the focus topics, which might range from anatomy and puberty to relationships, consent, or taboos like masturbation and virginity. Overall, the methodology prioritises safety, adaptability and empowerment, and encourages voluntary participation in the workshops, which is particularly important for refugee youth groups. The workshops are also rights-based, promoting autonomy, equality, and inclusion.



<https://firstlove.at/first-love-mobil/>

— 6.1.7 Structured Psychosocial Support Programme / STL (Türkiye)

The Support to Life Association (STL) in Türkiye utilizes a structured and participatory workshop methodology to deliver its adolescent empowerment programs. The methodology is grounded in two key implementation guides, Adolescent Girls Empowerment Programme Implementation Guide and Adolescent Boys Empowerment Programme Implementation Guide, which provide a framework tailored specifically to the needs of young people. These workshops are designed to be interactive and engaging, making use of diverse educational tools such as posters, information cards, activity-based toys, games, and stationery materials. This hands-on approach supports active learning and helps create a safe space for participants to explore complex topics.



Workshops are conducted weekly, with one or two sessions each week, and span a duration of 4 to 13 weeks. This flexible timeframe allows for in-depth exploration of sensitive and vital issues such as contraception, sexuality and rights, gender-based violence, LGBTQI+ awareness, and human development. The

methodology furthermore emphasizes age and gender sensitivity, with separate groups organized for adolescent girls and boys in two age brackets: 9–13 and 14–18. Importantly, the program is inclusive of both refugee and host community youth, fostering integration and mutual understanding.



<https://www.supporttolife.org/>

Blog posts about the Programme:

<https://www.hayatadestek.org/blog/kategori/cocuk/kiz-cocuklari-guclenir-toplum-degisir/>

<https://www.hayatadestek.org/blog/kategori/cocuk/artik-kizim-korkmuyor-sorumluluk-alabiliyor/>

<https://www.hayatadestek.org/blog/kategori/cocuk/simdi-ne-istedigini-bilen-guclu-bir-kiz-cocuguyum-ben/>

<https://www.hayatadestek.org/blog/kategori/cocuk/kahramanmarasta-guclu-kiz-cocuklari/>

— 6.1.8 Increasing Access of Women and Girls to Reproductive Health Services in the Provinces Affected by the Earthquake / SGGD ASAM (Türkiye)



The methodology of the ASAM-UNFPA projects in Türkiye centres on a comprehensive, integrated, and person-centred approach designed to address the sexual and reproductive health, protection, and psychosocial needs of refugee women, girls, and other marginalised groups, particularly in crisis-affected regions such as Hatay and Adıyaman. The project primarily focused on women and girls, it also integrated male engagement where appropriate, particularly in family planning and STI prevention sessions, to encourage shared responsibility in reproductive health.

The methodology is grounded in community needs assessments. At the core of the project was a three-tiered service structure combining SRH services, protection measures, and psychosocial support under one roof. This structure enabled holistic case management, whereby individuals accessing one type of service were assessed for additional needs and referred accordingly. Services were implemented in Women and Girls Safe Spaces and community centres, which served as secure, accessible, and supportive environments.

A key methodological component was the use of health mediators and interpreters from within refugee communities. Their involvement bridged language and cultural gaps, increasing trust and improving service uptake. Training materials, informational brochures, and interactive CSE workshops were adapted to be age-appropriate, visually accessible, and available in multiple languages (Turkish, Arabic, English), including Braille formats for the visually impaired.

The methodology also prioritized intersectionality, recognizing how gender, age, disability, and legal status intersect to affect access to services. The program deliberately included adolescents (10–18 years old), young adults (18–24 years old), and adults across reproductive stages, as well as individuals with disabilities, regardless of immigration status.

Implementation was strengthened through close collaboration with public health institutions, ensuring strong referral mechanisms and continuity of care. Materials distributed included menstrual hygiene kits, dignity kits, maternity kits and MHM vouchers, complemented by educational sessions to increase knowledge and reduce stigma.



<https://sgdd.org.tr/en/proje/increasing-access-of-women-and-girls-to-reproductive-health-services-in-the-provinces-affected-by-the-earthquake/>

— 6.1.9 Prenatal education programme / Mamamundo (Switzerland)

The Mamamundo Bern project, based in Switzerland, offers a unique, multilingual prenatal education program specifically designed for pregnant women with a migration background. Rooted in a salutogenic and resource-oriented approach, the programme emphasizes health promotion, personal strengths, and emo-

tional well-being. Classes are co-led by a qualified midwife and an intercultural interpreter, ensuring that information is delivered in a linguistically and culturally sensitive manner. This setting helps create a safe and trusting environment where participants can more openly discuss their experiences, questions, and concerns related to pregnancy, childbirth, and early parenting.



The standard format includes six prenatal sessions and one postnatal follow-up, covering topics such as bodily changes during pregnancy, birth preparation, the Swiss healthcare system, infant care, and mental health. The sessions also incorporate gentle movement, breathing, and relaxation exercises that help build body awareness and confidence. Peer exchange is a central element of the methodology, allowing participants to form connections, reduce social isolation, and support one another emotionally. Classes are held in up to 16 different languages, depending on local demand, and are offered in collaboration with hospitals, maternity clinics, social services, and NGOs. The program's focus on cultural sensitivity, accessibility, and empowerment has made it a recognized best-practice model for equitable prenatal care in Switzerland.



www.mamamundo.ch/en

— 6.1.10 Child Friendly Spaces and Empowering Girls and Women / Refugees Assosiation(Türkiye)

In child-friendly spaces, a safe learning environment is provided where children can develop their social, cognitive, and motor skills and support their learning processes. Preschool education promotes creativity in children while also helping them learn to share, cooperate, and communicate. At the same time, it creates a space for mothers to have time for themselves, engage more in social services, and gain opportunities for



economic empowerment. The sexual and reproductive health programme developed for young women is implemented as part of these multidimensional services.

Young Girls: Among the issues which young refugee women face include early marriage, unwanted pregnancy, and dropping out of school. It has been identified that these young girls face great difficulties accessing accurate information and often obtain information from unreliable sources. Their inability to obtain accurate information within their families or social circles puts their health at risk. This gap contributes to the increase in early marriages and pregnancies. As an association, Refugees Assosiation aims to identify the educational needs of these young women and provide them

with an environment where they can access reliable information. To reach young women, the association's database software plays an important role. This software regularly records the educational status, health needs, and other significant information of the beneficiaries, enabling the staff to make fast and accurate

interventions tailored to young women’s needs. Through this database, young girls who meet the educational criteria are selected and invited to be included in the programme.



The programme process consists of educational and informational activities. Seminars on sexual and reproductive health are organized to ensure participants gain accurate knowledge. Additionally, psychological support is provided when necessary.

<https://multeciler.org.tr/eng/>

| 6.2 Counselling approaches for CSE

One-to-one or small group counselling sessions offer a more personalised form of support. This approach is particularly beneficial for young people who have been affected by trauma, sexual violence, or identity-related stigma. Counselling ensures confidentiality, builds trust, and allows tailored guidance that considers the refugee’s background, mental health status, and individual needs. Trained counsellors can also help bridge cultural or familial resistance to sexuality education.



— 6.2.1 Mother and Baby Corner / Novi Sad Humanitarian Centre NSHC (Serbia)



The Mother and Baby Corner (MBC) counselling methodology, implemented by the Novi Sad Humanitarian Centre in Belgrade, Serbia, was developed in response to the humanitarian crisis caused by the influx of refugees and migrants between 2016 and 2019. Aimed primarily at vulnerable women, mothers, and young children, the MBC provided a safe, gender-sensitive safe space where beneficiaries could receive emergency psychological support, rest, and tend to basic hygiene and childcare needs. The Corner also served as an informal counselling environment where women could momentarily relieve themselves of childcare responsibilities and access critical information on CSE, health, hygiene, and available services.

The Mother and Baby Corner offered essential protection and support by serving as a safe, women- and children-only space. Mothers could bathe their babies (often for the first time in days), change both their own and their babies’ clothes, breastfeed in privacy, and receive basic necessities such as clothing, hygiene items, and snacks. Many women, exhausted from travel and hardship and take a brief but meaningful respite from constant childcare duties. For children, the space offered recreational activities with access to toys and the support of engaged staff who facilitated play, drawing, and other creative outlets—helping children relax and process their experiences. This also gave mothers a much-needed chance to rest.

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Emergency psychological counselling was provided by trained psychologists and psychotherapists, offering psychological first aid to mothers and children who may have witnessed or experienced violence. Many mothers, overwhelmed by trauma, had become emotionally distant or unable to care for their children. The intervention focused on immediate emotional support, grounding techniques, strength-based counselling, information sharing, encouragement, and addressing urgent needs.



Additionally, MBC staff delivered health and hygiene information and referred mothers to available medical and protection services in Serbia.

<https://nshc.org.rs/projekti/kutak-za-majke-i-bebe/>

— 6.2.2 Outreach counselling / EMMA Association (Hungary)

The EMMA Association is a woman-centred support initiative targeting refugee women and girls fleeing Ukraine to Hungary, particularly those aged 14–45, with special attention to pregnant or birthing individuals and Hungarian-speaking Roma women from Transcarpathia. Legal immigration status is not a barrier to participation.

The project offers comprehensive case management with a focus on SRHR, addressing mental health, access to prenatal and abortion care, contraception, and administrative assistance. Field workers reach out beneficiaries in shelters and housing near Budapest and Northern Hungary.

Support includes personal accompaniment, healthcare navigation, psycho-social aid, and provision of essential medical and hygiene supplies, including contraceptives. Duration and intensity vary by case – from 3 months for abortion-related support to over a year for pregnancy-related cases. Services are tailored individually and sometimes extend to 18 months, especially in complex cases involving violence or trafficking.

The project also provides education on sexuality, anatomy, menstruation, contraception, and childbirth, primarily through one-on-one sessions, with some group activities for younger age groups.

Though not formally evaluated, the project demonstrates a strong commitment to the holistic care and empowerment of vulnerable refugee women and girls.



<https://emmaegyesulet.hu/>



— 6.2.3 Outreach counselling: Pregnancy and escape / Donum Vitae (Germany)

For this consultation, the combination of helping, benefiting and advising is chosen, the so-called 'Blended Counselling' - networking of different counselling formats.

In 2016, many young women with refugee backgrounds arrived in Germany. Donum Vitae provided outreach counselling in refugee shelters to establish contact with its target group. All advertised positions within the organisation were filled primarily by women. A collaboration with interpreters was established to counteract the overburdened system at the time. Donum Vitae began with basic training in interpreting and translation, training interpreters to build bridges through language.



A mix of methods is used for counselling. A graphic designer designed visual materials specifically for the counselling sessions. Art projects were also initiated, and trauma therapy was offered. In addition to individual counselling, there are also sexual education programmes on the topics of law and protection, contraception, adolescence, basic ethical values, and worldviews.

The central task was outreach counselling. The focus was on pregnant refugee women and their unborn children. They were to receive effective, short-term support through psychosocial counselling and practical life coaching. This provided refugee women and their families with concrete help in the facilities and at their current locations.

This required constant, flexible, creative, and professional action from the counselors. Donum Vitae implemented outreach counselling at 28 locations, created networks, and established interpreter pools. Only with the support of interpreters did the women gain the ability to express their worries, questions, and traumatic experiences, as well as their positive experiences and happiness, in their own language. Thus, the triad of counselor, client, and interpreter developed as a distinct counselling profile. <https://multilanguage.donumvitae.org/en/counselling/>



| 6.3 Online methodologies

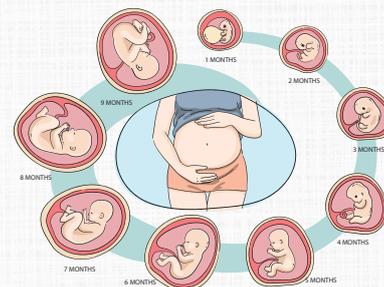
Online tools include mobile apps, e-learning platforms and videos. They are increasingly valuable, especially in settings where in-person education is restricted or unsafe. Digital platforms can offer consistent, youth-friendly, and multilingual CSE and SRHR content, often with interactive features to increase engagement. Access to the internet and digital literacy can be limiting factors, but mobile-first designs and offline capabilities can help extend their reach even in low-resource settings.

— 6.3.1 ZANZU / BIÖG Germany & SENSOA (Belgium)

Zanzu is an innovative web-based platform launched in February 2016 with the support of national and international advisory boards. Designed to improve access to SRHR information, the website targets diverse user groups, including migrants with limited German proficiency, health professionals, educators, and counselling services. The Zanzu methodology addresses three key challenges: the lack of reliable and accessible SRHR information, the need for tailored content suitable for counselling contexts, and the importance of increasing user knowledge to reduce fear and insecurity. Its design reflects a user-centred, culturally adaptable approach, with multilingual accessibility at its core. The platform offers content in over

— 6.3.3 Online birth preparation courses: Migrant Birth Kit / ONEDU (Switzerland)

Birth preparation courses have been a popular and effective educational resource for families in Switzerland for decades, providing guidance on preparing for childbirth and the postpartum period. For a significant number of asylum-seeking families, access to birth preparation courses and midwifery care during pregnancy is severely constrained by linguistic, bureaucratic, and organisational obstacles. The 'Migrant Birth Kit' online childbirth preparation course has been developed to address this gap in provision by offering a flexible and accessible option that can be completed regardless of time or location. The video material produced is being translated into various languages with a view to making the course accessible to as many people as possible and thereby increasing the health literacy of asylum-seeking and migrant families.



This online tool provides video-based information in 17 languages on midwives, the health system, female genital cutting, breastfeeding, the postpartum period, the phases of pregnancy, pregnancy and postnatal yoga, and different types of birth, including hospital birth and alternative birthplaces.

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<https://www.onedu.org/migrant-birth-kit>

— 6.3.4 Youth4Youth / German Network Centre HIV/AIDS and Migration Association for Intercultural Work (VIA) (Germany)



The Youth4Youth website is published by the German Network Centre HIV/AIDS and Migration Association for Intercultural Work (VIA) and primarily aims at adolescents and young people with a refugee or migrant background aged between 14 and 24 who are looking for reliable information on sexual and reproductive health. Young people themselves know best what interests them and which questions are

important to them. This section therefore answers questions that young people have asked themselves by experts.



The website is available in eight languages and is divided into different chapters e.g. 'Girls Q&A', 'Boys Q&A', and also refers to advice centres in Germany. Each Q&A is also divided into several chapters as e.g. menstruation, first time sex, contraception, love, boundaries and others.

<https://www.youth4youth.de/en/youth-4-youth-en/>

— 6.3.5 ICEX - Innovative and Culturally Sensitive Educational Package for Migrants' Sexual Health Education (Germany)

As part of an Erasmus+ project an Innovative and Culturally Sensitive Educational Package for Migrants' Sexual Health Education (ICEX Education) was created. The project partners are the Turku University of

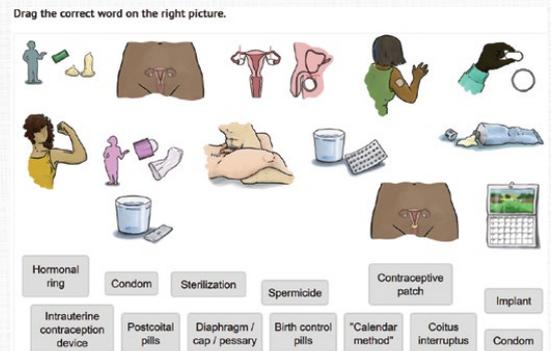
Applied Sciences, Linnasmäki College, Finland, University of West Attica, Greece, KMOP – Education and Innovation Hub, Greece, Escola Superior de Enfermagem de Lisboa, Portugal, APF – Family Planning Association, Portugal, and Estonian Refugee Council.

The ICEX Educational package provides comprehensive and culturally sensitive online sexual health materials for migrants and the professionals who work with them. The materials are also useful for others interested in the topic. Each section contains different topics and instructions on how to use the material. The main topics are anatomy and physiology, sexual function, reproductive health and safe sex, ethics and legality.



Each main chapter has further subsections which are designed to be interactive in nature, including information, pictures and quizzes.

The website is available in six languages <https://icex.turkuamk.fi/educational-package/>



| 6.4 Peer-to-peer methodologies

Peer-to-peer approach harnesses the power of shared experience. Trained refugee youth serve as educators, facilitating discussions and sharing accurate information in culturally resonant ways. This method builds trust, reduces stigma, and promotes leadership within refugee communities. Peer education can be particularly effective in addressing taboo topics and fostering dialogue in a marginalised setting due to harsh immigration policies, though it requires strong support systems and training to ensure the accuracy and consistency of information shared.

— 6.4.1 New Perspectives on Reproductive Choice / Rutgers (Netherlands)

This methodology aimed at understanding and supporting the reproductive health needs and agency of refugees in the Netherlands. Rooted in community engagement, the methodology involved direct collaboration with refugee participants, enabling a bottom-up approach to data collection and capacity-building.



A key element was a study titled 'Having children is like rain, as they say in our region', which explored refugees' reproductive strategies and decision-making processes.

Following this research, Rutgers shifted focus toward implementation by developing a train-the-trainer model. This involved training professionals who work with young refugees and empowering refugees themselves to become educators within their own communities. The participatory nature of the project was reinforced through peer-led training sessions. These efforts were tailored to ad-

dress a broad spectrum of topics including contraception, sexuality and rights, gender equality, fertility, and the socio-cultural determinants of sexual health.

By integrating refugees as both informants and educators, the methodology not only fostered more nuanced understandings of reproductive agency but also built sustainable pathways for knowledge-sharing within migrant communities. The initiative targets refugees from age 16, across all genders and legal statuses, reflecting a commitment to inclusivity and equity in sexual and reproductive health education.



<https://rutgers.nl/onderzoeken/new-perspectives-een-uniek-onderzoek-naar-de-reproductieve-keuzes-van-vluchtelingen/>

— 6.4.2 MY BODY / RFSU (Sweden)

The 'My Body' project, developed by the Swedish Association for Sexuality Education (RFSU), developed online resources. The digital materials are complemented by SRHR glossaries, healthcare navigation maps, and brochures, all designed to demystify complex health systems and empower users to access appropriate care. Importantly, the content is used not only for individual education but also in peer-led discussion groups, ensuring the material is grounded in community dialogue and culturally sensitive delivery. For each thematic SRHR video there are instructions for reflections and peer-to-peer group discussions on the respective page. Peer educators share the participants' linguistic and migration background, which enhances trust and relatability.



This peer-to-peer methodology encourages individuals to form discussion groups to explore topics around bodily autonomy and sexuality through guided conversations based on selected videos. Participants gather friends, colleagues, or neighbors, choose a time and place to meet, and either watch the videos together or individually beforehand. A designated discussion leader facilitates open, inclusive dialogue using suggested questions. The group reflects on the content, shares perspectives, and collaborates to find answers to unresolved questions. Each session concludes with planning for the next meeting, aiming to create a continually supportive and engaging space.



<https://mybody.rfsu.se/en/start-a-discussion-group/>

— 6.4.3 Boys on the Move – UNFPA, UNICEF and Info Park (Serbia)

'Boys on the Move' is a non-formal education program developed by UNFPA and UNICEF to support unaccompanied and separated adolescent boys and young men along migration routes in Eastern Europe. The programme addresses not only life skills but also protection aiming to increase resilience and navigate challenges of migration.



Designed for implementation in transit settings, the program uses a rights-based approach to deliver life skills and CSE, empowering young migrants aged between 10-19 to make informed and healthy decisions in often uncertain and vulnerable circumstances along their migration route. CSE is a core pillar of the Boys on the Move curriculum. The program recognizes that adolescent boys on the move often lack access to reliable sexual and reproductive health information, safe spaces for discussion, and trusted adult guidance. In response, the curriculum includes structured sessions on sexuality, bodily autonomy, consent, relationships, gender-based violence, and access to health services. These sessions are designed to be age-appropriate and trauma-informed, addressing the specific challenges faced by boys who may have experienced violence, coercion, or exploitation.

Key CSE sessions include 'Understanding Sexuality', 'Sex and Relationships', and modules addressing healthy and unhealthy relationship dynamics. The curriculum also introduces concepts of gender equality, respect, and non-violence, equipping participants with the knowledge to recognize and respond to abuse and discrimination. For older adolescents, additional sessions delve deeper into consent, managing sexual feelings, and reporting mechanisms for survivors of violence. The content can be delivered through non-formal sessions in various humanitarian settings and spaces, including on the streets and provisional tents. A number of different actors can also deliver these sessions. The methodology is participatory and learner-centred, using interactive techniques such as role-play, storytelling, group discussions, and scenario-based learning. Facilitators – often peers, community leaders, or trained staff – are trained to create inclusive, safe environments where boys feel respected and heard. Aligned with international CSE standards, Boys on the Move not only educates but fosters resilience, agency, and respect for human rights. It bridges critical information gaps and helps migrant boys navigate complex social and emotional realities, ultimately contributing to their well-being and protection in contexts where traditional education systems often fail to reach them. Boys on the Move is a scalable model that has been rolled out in Greece, Serbia, Bosnia and Herzegovina, and Italy.



<https://eeca.unfpa.org/sites/default/files/pub-pdf/Boys%20on%20the%20move%20English%20-%20Facilitator%20book.pdf> (a trainer's handbook)

https://eeca.unfpa.org/sites/default/files/pub-pdf/7_boys%20on%20the%20move%20brochure.pdf



Country example: combining CSE with sport activities / Info Park (Serbia)

The local NGO Info Park integrated educational workshops with structured sports activities to holistically support the development of adolescent refugee and migrant boys. Organized weekly by Info Park, each session began with workshops based on the official manual, covering critical topics such as human, children’s and refugee rights, emotions, puberty, relationships, self-support, stress management, and money handling. These sessions used interactive methods like games, group work, and presentations to foster engagement and active learning. Participants were guided to understand and navigate emotional changes, particularly during puberty, to recognize high-risk situations, and to build skills for self-help and peer support. Following the workshops, the boys participated in sports activities that require interaction with local children and youth. Initially introduced to promote social inclusion,



these sports sessions quickly proved instrumental in creating a private and trusting environment, where boys felt safe enough to seek personal consultations and ask sensitive questions. This combination of education and physical engagement not only enhances life skills and self-awareness but also fosters adaptability, empowerment, and strong peer networks among participants.



<https://cwsglobal.org/blog/reflections-on-six-years-of-impact-at-infopark/>

<https://eeca.unfpa.org/en/news/young-male-migrants-and-refugees-serbia-learn-critical-life-skills-together>



— 6.4.4 Method material & guide in the work with young newcomers / Transkulturellt Centrum (Sweden)

The project focused on co-designing an educational intervention, including the development of a method guide, to address the sexual and mental health needs of young people with refugee and asylum-seeking backgrounds. This includes both male and female individuals aged 15-25 years, residing in the Stockholm region in Sweden. The educational intervention and guide for participatory approach were based on research conducted by the project team at Karolinska Institute, a literature review, and collaboration with staff at the Transkulturellt Centrum (a knowledge centre on migration and health at Region Stockholm) and designed to ensure inclusion of groups speaking different languages.



The intervention is piloted in two different schools. The modules on the method guide focus on migration, health changing norms, injustice, migration, mental health and lastly rights, relationships and boundaries. Through the method material and its practical exercises, it is possible to lead constructive conversations with young people with migration experience about migration, mental well-being, sexual health and relationships in order to promote the health and well-being of young people.



Webpage in Swedish: Metodmaterial och guide i arbetet med unga nyanlända

<https://www.transkulturelltcentrum.se/folkhalsoarbete/halsokommunikation/metodmaterial-och-guide-i-arbetet-med-unga-nyanlanda>

6.5 Combined Methodologies: Adapting to the Context in Transit or Hosting Countries



'As they reflected on InfoPark's development and history, Ellen and Luciano observed a troubling trend: the transient nature of refugees and migrants is often used as an excuse to neglect their needs and restrict services. They recognized the importance of prioritizing immediate needs and safeguarding the rights and well-being of these individuals.'

(Source : <https://cwsglobal.org/blog/reflections-on-six-years-of-impact-at-infopark/>)

The success and relevance of CSE and SRHR methodologies depend heavily on the context in which they are delivered. For example, projects aimed at refugee youth in transit will have different requirements than those in host countries and additionally, each national setting presents distinct challenges that must inform the design and delivery of CSE and SRHR methodologies.



Transit settings are typically marked by instability, limited access to services, and heightened vulnerability to abuse and trafficking. In such environments, CSE must be pragmatic, mobile, and responsive to the urgent protection needs of youth. Methodologies should focus on risk reduction, education and access to SRH services, often through informal or peer-led mechanisms. Flexibility and rapid adaptability are essential, as youth in transit may move frequently and lack consistent educational opportunities. At a policy level, the transient nature of refugees and migrants should not be used as an excuse to neglect their needs or restrict SRHR services.

In host countries, while there may be more stable situations for refugees than in transit including access to education and health systems, refugee youth often face linguistic barriers and systemic exclusion. CSE methodologies in host countries should be integrative, bridging the values and norms of both refugee and host communities. Furthermore, programs must be sensitive to the dual identities that refugee youth with a longer stay in the host country may navigate. Partnerships with local schools, NGOs, and refugee-led

organisations can help ensure CSE approaches which are empowering and aligned with reducing access barriers to SRHR.

The methodological approaches highlighted in this publication emphasise the importance of meaningful youth participation in all contexts. Designing CSE programmes with refugee youth, rather than just for them, builds trust among the beneficiaries. It is also an ethical imperative to uphold the rights and dignity of refugee youth throughout their journey.

7. Conclusion

In summary, it can be concluded that several initiatives, research, and methods exist in the field of sexuality education for young people with a refugee background in the EU region. At the same time, it became clear that there are still significant gaps in research for this target group, and the goal should be to motivate research institutions to engage in this research area and provide funding.

In the three project countries of Germany, Serbia, and Türkiye, there are already organisations committed to SRHR. However, our national meetings revealed that there is still insufficient networking between the institutions. Many methods and working areas of colleagues from other organisations were often unknown, and the national meetings enabled a transfer of knowledge. Through our research for this publication, we also met many international organisations and were able to learn about additional methods that we want to make accessible across Europe through this project. At the same time, we are aware that there are certainly other great projects whose existence we are still unaware of because they have only been published in the respective national language. Therefore, we would like to encourage everyone to make their methods available, at least in English, if possible.

In addition to sexuality education, healthcare facilities are also an important factor. Our national meetings have shown that raising awareness among healthcare professionals about the issues facing young people with a refugee background is very important. Furthermore, the facilities need to be able to offer translators in several languages and information materials.

The national meetings have also shown that there have been many successful projects for people with refugee backgrounds that had to stop due to funding cuts in recent years. To ensure the sexual and reproductive health of young people with a refugee background, it is essential that such projects are continued and sustained. The ability to control one's own body, sexuality, and productivity are human rights.

In conclusion, it must be noted that further action are required, but we hope that this publication has contributed to the prioritisation of measures for the challenges mentioned.

We would like to thank everyone who has supported this project over the past two years. We also thank everyone who participated in our national and transnational meetings and the international conference in Istanbul and shared their knowledge, which was incorporated into this publication. This project was made possible thanks to EU Erasmus+ funding. We would also like to thank:

United Nations Population Fund (UNFPA); UNICEF; Burgenlandkreis & University Merseburg, AWO Federal Association, AWO Counseling for Family Planning and Pregnancy Conflicts, German Network for HIV/AIDS and Migration, Pro Familia, Donum Vitae, Rubicon and Checkpoint Aidshilfe Freiburg from Germany; Austrian Society for Family Planning (ÖGF); Hayata Destek Derneği (Support to Life, Türkiye); SGDD ASAM (Türkiye); Mülteciler ve Sığınmacılar Yardımlaşma ve Dayanışma Derneği (Refugees Association, Türkiye); organizations Mamamundo and ONEDU from Switzerland; EMMA association from Hungary; Info Park organization from Serbia; Turku University of Applied Sciences and Linnäsmäki College from Finland; University of Western Attica and KMOP - Center for Education and Innovation from Greece; Lisbon School of Nursing and APF Family Planning Association from Portugal; Estonian Refugee Council; Rutgers from the Netherlands; The Swedish Association for Sexuality Education (RFSU) and the organization Transkulturellt Centrum from Sweden, for sharing their methods with us and allowing them to be used for this publication.

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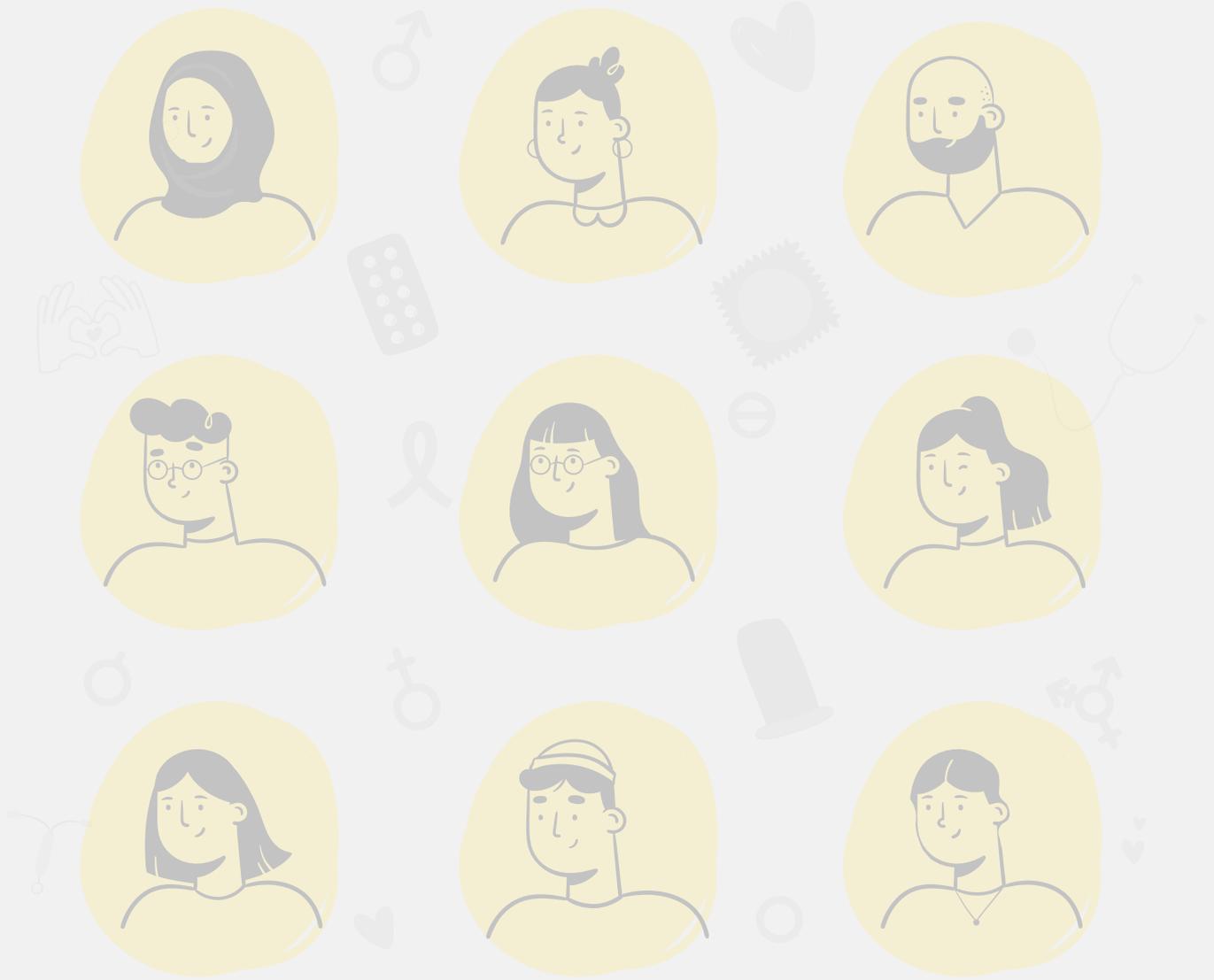
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**Co-funded by
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