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SRHR IN THE NETHERLANDS

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Abstract:

In the Netherlands, several ministries, government commissioners, youth and civil society organisations are working together to promote gender equality. Comprehensive Sexuality Education (CSE) is considered an important part of preventing sexually transgressive behaviour and sexual violence and promoting gender equality. In addition, the social debate is also focusing more attention on the importance of male emancipation. Examples of good practices include a widely supported manifesto for better sexual education and the roll-out of free contraception through the Not Pregnant Now programme, which ensures that all financially vulnerable groups have access to it.

1. The Dutch Context

With the policy vision ([here](#) in Dutch) on sexual health the government underlines the importance of further promoting, protecting and better mapping sexual health in the Netherlands. The Ministry of Public Health, Welfare and Sport (VWS) pursues two strategic goals by which:

- Netherlands citizens are informed to such an extent that they are able to take direction in making choices regarding their sexual health and that they are able to respect the choices of others. The focus here is on pleasurable, voluntary and safe sex, protection against STIs and HIV, and the prevention of sexual violence and unintended pregnancy.
- Dutch people always have access to appropriate, affordable, and high-quality (sexual) health facilities and care. This translates, among other things, into accessible advice, support and protection for questions and problems concerning their sexual health, including STIs and HIV.

The Ministry of Education, Culture and Science is strengthening the emancipation infrastructure by entering strategic partnerships for the next five years with eight civil society alliances. These alliances focus specifically on promoting women's emancipation, gender equality and equity in Dutch society regardless of sexual orientation, gender identity or gender characteristics. Within this, a focal point is promoting the social safety of women and LGBTIQ+ persons by, for example, increasing social acceptance of sexual diversity and gender diversity. This requires attention to groups in which social acceptance is lagging behind, such as closed communities. The starting point for policy implementation is an integrated approach based on cooperation with other ministries responsible for policies on integration,

security, LGBTIQ+ or gender equality and cooperation with other actors around the themes of gender identity, gender equality and sexuality.

In addition, the government is committed to improving the sexual education of young people and enabling healthcare professionals to discuss sexual health and sexuality with their clients or patients. Sexual health promotion is a form of healthy lifestyle promotion, for which municipalities have a great responsibility they are expected to fulfill.

2. Policy debate

It will be possible for family doctors to prescribe the abortion pill without a license. This is contained in the bill passed by the Senate early December. In March, the bill had already been passed by the House of Representatives. The abortion pill can be given to women who have an unwanted pregnancy up to 9 weeks of gestation. Before family doctors are allowed to prescribe the pill, they must undergo mandatory training. The compulsory five-day reflection period for women choosing to have an abortion will disappear. In June the Senate also approved an own-initiative bill allowing women to decide how much time they need to make a decision. Opponents consider the mandatory reflection period necessary for a balance between women's right to self-determination and the rights of unborn life.

In April a government commissioner for sexual transgression and sexual violence was appointed. With the independent government commissioner, the government wants to create awareness and a culture change, as harassment and abuse are not accepted. In addition to driving cultural change, the government commissioner will advise the government on measures needed to combat sexually transgressive behaviour and sexual violence and will. This will require a long-term public debate which started earlier this year. Under the direction of the Minister of Education, Culture and Science (OCW) and the Minister of Social Affairs and Employment (SZW), a National Action Plan will be drawn up to tackle transgressive behaviour and sexual violence. The Commissioner provides solicited and unsolicited advice on this.

Lagging emancipation is a societal problem for which the entire society is responsible. In finding structural solutions, it becomes clear that men's emancipation contributes substantially to the women's movement. In no small part because boys, men and masculinity are part of the solution. Male emancipation therefore plays an important role in comprehensive sexuality education because it highlights other sides, creating a richer picture on SRHR-related topics such as shared responsibility in contraception.

There are few civil society organisations that promote men's emancipation, and more space needs to be established for those dedicated to this. An amendment to the law (transgender law) that would relax the conditions for changing the mention of gender on the birth certificate is pending in the second chamber. Among other things, this will eliminate the expert opinion and allow children under the age of 16 to change their gender registration. With this change, the government wants to contribute to the emancipation of transgender persons.

3. Good practice examples

Below are two relevant good practice of initiatives related to promoting SRHR:

3.1 Manifesto for better sex education

Sex education in schools must improve according to young people, teachers, educational organisations and centres of expertise. For this reason, a manifesto drawn up by nearly 40 youth and civil society organisations has been presented to ministers of the Ministry of Education, Culture and Science (OCW) ([here](#) in Dutch). Since 2012, schools have been required by the core objectives to pay attention to sexuality, including sexual diversity. Schools are free to implement this in their own way, which means that the level of attention to these topics and the content of the lessons differs per school and sometimes per teacher. The manifesto includes recommendations for improvement such as: including sex education, including sexual, gender and sex diversity, in the final attainment levels for upper secondary education. This will ensure that CSE is offered along a continuous curricular line. And on the other hand better instruments for implementation and testing of social safety that explicitly include questions regarding relationships, respectful handling of sexuality, resilience, sexual, gender and sex diversity, prevention of STIs, HIV and unintended pregnancies.

3.2 Sense.info

In addition to parents and sexuality education in schools, *Sense.info* (including the Sense information line) has proven to be an important and well-appreciated channel for young people. The channel supports them in their sexual development. The website is combined with a sense info phone number and sense consultation hours with the municipal health services. Young people can visit the site, call the number or visit a consultation hour for questions regarding sex, contraception, relationships and love, pregnancy and STIs.

Sense.info ([here](#) in English) is a collaboration between the Ministry of Public Health, Welfare and Sport, expertise centers and municipal health service, and healthcare organizations that are spread over eight regions.

4. Transferability aspects

EVARS may be a valuable addition to teachers, parents and educators to provide structural sexual education to young people. In the Netherlands sexuality education among young people is seen as an important means of prevention against amongst others gender-based violence, fighting sexism and promoting equality between sexualities. There is a sufficient amount of recognised effective CSE teaching material that is highly valued by the educational field. However, we have noticed increasing fragmentation of the range of teaching materials. It is important to invest in the further development and structural implementation of recognized teaching materials in order to work effectively with schools and sexual health centers. Stimulate the structural

implementation of quality-approved and recognized interventions and build in a cycle of quality control.

The Ministry of Public Health, Welfare and Sports (VWS), GGH GHOR and Rutgers have joined forces in the national programme Not Pregnant Now (Nu Niet Zwanger). Through this programme, people in vulnerable positions receive customized guidance in making a conscious and well-informed choice about their desire to have children. This leads, amongst other things, to meaningful conversations between clients and professionals about wanting children, sexuality and contraception. The method combines a generic approach with customization. A major success factor is the 'attention officers' who conduct the consultations and are specially trained for this purpose. A second success factor is that the programme is widely supported and is already running in half of the Dutch municipalities. Free contraception will be released through this national program ensuring it becomes available to all people in financially vulnerable situations with the right guidance.

5. Conclusions and recommendations

The Netherlands also has a considerable gender equality challenge ahead including the emancipation of women and LGBTIQ+persons. On a national level cooperation is increasing between the various departments, government commissioners and civil society in order to achieve targets that make SRHR accessible to all. Sexual health centres, parents, schools and websites such as Sense.info contribute to CSE.

A challenge that the Netherlands shares with other European countries is reaching young people. Connecting to young people's online experiences has proven successful. Nevertheless, an attitude change often proves difficult to achieve. Working with interactive platforms that enable interaction between young people on SRHR topics at least facilitates discussing pleasures, boundaries, and consent. Social media campaigns that make room for experts by experience to tell their personal stories have also proven to be successful. The experts speak openly about shame, remorse or other emotions that have led to bad choices. By doing so taboos and rigid gender norms are being broken. An example is the Dutch campaign Generation So...What? ([here](#) in Dutch called Generatie Ja...En?) which is part of the alliance program Act4Respect. This project, in cooperation with young people and professionals, is committed to equal relationships among young people & young adults in which there is no room for physical, sexual or cyber violence. Act4Respect is a collaboration between Atria and Rutgers and COC Netherlands, commissioned by the Ministry of Education, Culture and Science. However, there's still a long way ahead of us in reaching vulnerable and difficult-to-access groups such as (young) people with a migration background and refugee fellow human beings. Fortunately, websites such as Zanzu.be and Zanzu.nl offer a solution. Because its content lowers thresholds for conversations on SRHR between healthcare professionals and clients or patients. We welcome good practices and insights from national programs of EU countries, even if not all objectives have been achieved. And of course, we like to share our insights. Mutual learning makes our shared SRHR task easier to achieve.