



**GUIDE TO YOUNG PEOPLE'S AFFECTIVE AND SEXUAL HEALTH
FOR PROFESSIONALS**



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Introduction

**AFFECTIVE AND SEXUAL HEALTH
IN LUXEMBOURG**





PREAMBLE

For several years now in Luxembourg, the national sexual health strategy has been geared towards implementing an innovative policy and supporting actions based on an approach of promoting affective and sexual health. It is expressed in a global approach with a view to improving the affective, sexual and reproductive health of everyone. It is based on fundamental principles: sexuality must be based on autonomy, satisfaction and safety. It takes into account relations between the sexes and sexualities. It has been decided to build this strategy in close cooperation with the field actors, making it possible to identify major objectives.

DEFINITION OF AFFECTIVE AND SEXUAL HEALTH (ASH)

"Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.

For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled. Sexuality is a central aspect of a human being throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction."



Accessing information about affective and sexual education is done from the youngest age: the WHO matrix sets standards for sexuality education in Europe and takes back up the content as it should be addressed for each age.

THE PROMOTION OF AFFECTIVE AND SEXUAL HEALTH INCLUDES IN PARTICULAR THE FOLLOWING DIMENSIONS:

- Raising awareness and informing about affective and sexual health to address individual and community's respective particularities;
- The transmission of means and tools to implement the knowledge acquired;
- The establishment of a socio-political, educational, economic and regulatory environment conducive to affective and sexual health.

MORE SPECIFICALLY, THE PROMOTION OF AFFECTIVE AND SEXUAL HEALTH:

- Concerns all populations in our society and ensures that the specific needs of each of them are met.
- Is a process that aims to empower populations to take greater control over and improve their own health.
- Contributes generally and specifically to the health and well-being of individuals, to the prevention and reduction of the risks connected with sexuality, to the protection of populations against all forms of violence, including sexual violence, the commercialisation of sex and sexual exploitation, and participates in the fight against stereotypes and prejudices that are the basis of discrimination.
- Also includes a reflection on the psychological, affective, relational, social, cultural and ethical dimensions.
- Must make it possible to approach, in their complexity and diversity, the situations experienced by any person, of any age, in interpersonal, family and social relations.
- Is based on the humanistic values of tolerance and freedom, of self-respect and respect for others, of equality among all persons and on a holistic and positive approach to affective and sexual health.



A brief historical overview

OF THE PROMOTION OF AFFECTIVE AND SEXUAL HEALTH (NON-EXHAUSTIVE)

1967: Opening of the first **Family Planning** CBetween "Planning Familial" in Luxembourg.

1975: First sexual and affective education activities provided by the Planning Familial in Luxembourg (with the Luxembourg army, in factories and on the radio).

1978: Since the 15th of November 1978, Luxembourg has had legislation related to sexual information, the prevention of clandestine abortion and the regulation of termination of pregnancy. The first chapter of this law gives details on preventive and protective measures, including those relating to sexual education. Thus, Luxembourg ensures the right to the voluntary termination of pregnancy, while balancing it by the need to ensure the promotion of affective and sexual health.

1988: The 'Aidsberodung' service of the Luxembourg Red Cross is founded to support people living with AIDS at the end of their life. Having become a national public health player for the prevention and psychosocial care of HIV, hepatitis C and other STIs, the service changed its name to 'HIV Berodung' in 2013.

1994: Ratification of the United Nations Convention on the Rights of the Child and development of sexual and affective education in schools since the 1990s.

2002: Opening of the **GAy and LEsbian Information Centre, CIGALE**.

2005: Development of a guide about affective and sexual health for young people under the coordination of the MISA (with MENJE, HIV-Berodung, Planning Familial) and of an informative flyer on the morning-after pill.



2006: Installation of condom dispensers in secondary schools.

2012: 80% reimbursement of short-acting contraceptives for young women under 25 years of age and the launch of the campaign 'My contraception now more easily accessible than ever'.

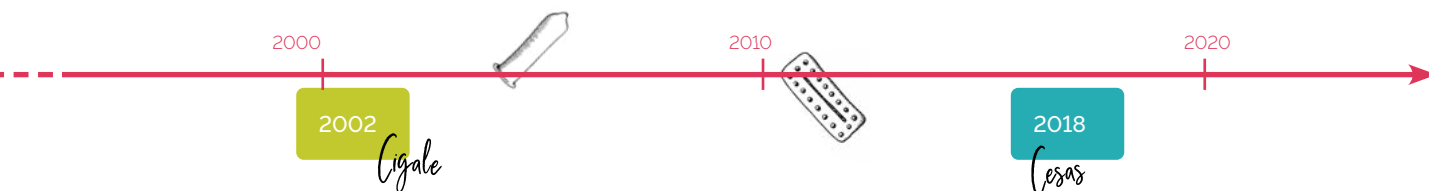


2013: Signing of a common policy on affective and sexual health by the Ministries involved: **Ministry of Health (MISA), Ministry of National Education, Children and Youth (MENJE), Ministry of Equality between Women and Men (MEGA) and Ministry for Family Affairs, Integration and the Greater Region (MIFA)** with the publication of a 2013-2016 national action plan (NAP) drawn up in partnership with field actors in the area of affective and sexual health.

2014: Decision to create a national reference cBetween for the promotion of affective and sexual health by the four ministries involved (Cesas).

2014: Vote of the Chamber of Deputies on the bill amending the Criminal Code and amending the Law of 15th November 1978 on sexual information, the prevention of clandestine abortion and the regulation of the voluntary termination of pregnancy (liberalization of the voluntary termination of pregnancy)





2018: Official inauguration of the National reference center for affective and sexual health promotion (Cesars), extension of the 2013-2016 NAP and preparation of the new NAP ASH.



2018: Launch of the national action plan for the promotion of the rights of lesbian, gay, bisexual, transgender and intersex persons (LGBTI NAP).



2018: Adoption of a new policy of 80% reimbursement of contraceptives for women under 30 years old: adaptation of the leaflet 'My contraception now more easily accessible than ever'.

2019: Launch of the new national action plan for affective and sexual health (NAP ASH).

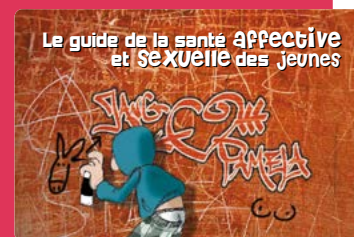
2020: Adoption of a new comprehensive reimbursement policy of contraceptives.



A FEW WORDS ABOUT THE GUIDE

IN 2005, a guide on affective and sexual health of young people was published for the first time on the initiative of the Ministries of Health, National Education, Children and Youth, HIV-Berodung and the Planning Familial; since then it has been translated into German and Portuguese and republished in 2013.

The aim of this brochure was to promote a fulfilling and respectful sexuality among young people and to adopt healthy, risk-free sexual habits in order to avoid unwanted pregnancy and sexually transmitted infections.



SINCE 2019, an inter-ministerial and interdisciplinary working group, bringing together the various players in the field, has been meeting to discuss the adaptation of this guide to today's realities. It quickly became clear that the guide in its encyclopaedic brochure form is used only a little by young people but is rather used by adults (professionals) who are in contact with young people. The idea was therefore to create a non-exhaustive compilation of fact sheets covering a good number of topics connected with affective and sexual health. Each fact sheet in this binder can be used on its own, independently of the others. It is also possible to use them as a chapter, e.g. contraception is a chapter with several fact sheets on different methods of contraception.

Educational fact sheets are currently being developed to supplement this binder.



Additional information

VOCABULARY

You will find a glossary at the end of this guide (*see chapter 6*).

STANDARDS FOR SEXUALITY EDUCATION IN EUROPE

At what age a young person must receive information about affective and sexual health? Please refer to the WHO matrix which define standards for sexual education in Europe in *annex 1, chapter 7*. It takes back up the content as it should be addressed for each age. Note that these standards serve as guidance and may be adapted according to the individual development.

NOTE

Inclusive language is difficult to phrase identically in the 3 languages. It is understood that the pronouns used in this guide are meant to be inclusive beyond the gender binarism they presuppose.

NETWORK CONTACTS

You will find a directory of useful contacts in the appendices.

WE ARE INTERESTED IN YOUR OPINION

If you have any questions about this guide or ideas of what would be useful to help you answer young people's questions, please do not hesitate to contact Cesas or to send back the evaluation sheet available at the end of this guide by e-mail, by post or via the questionnaire online (*see QR Code above*):



8, rue de la Fonderie
L-1531 Luxembourg

Tel: (+352) 285694

letstalkaboutsex@cesas.lu

For additional information:
www.cesas.lu

The working group which produced this document is made up of representatives of the four Ministries who signed the policy on affective and sexual health:

- Ministry of Health
- Ministry of Education, Children and Youth
- Ministry of Equality between Women and Men
- Ministry for Family Affairs, Integration and the Greater Region,

and the members of the associations active in the field:

- Cesas
- HIV Berodung
- Planning Familial
- LGBTIQ+ Centre Cigale
- APEMH.

We would like to thank:

- ECPAT and BEE SECURE for their respective contribution,
- O'YES asbl for providing their STIs illustrations.



LINKS AND INTERNET REFERENCES



When you see this icon on one of the guide's fact sheets, you can find below the links that refer to a website providing more information.

PREAMBLE

1 http://www.who.int/reproductivehealth/publications/sexual_health/defining_sexual_health.pdf



2 <http://sante.public.lu/fr/publications/g/guide-sante-sexuelle-jeunes-fr-de-pt/index.html>



3 <http://sante.public.lu/fr/publications/index.php?q=ma+contraception&%7E=do&from=search>



4 <http://legilux.public.lu/eli/etat/leg/loi/1978/11/15/n1/jo>



5 <http://sante.public.lu/fr/publications/index.php?q=sant%C3%A9+affective+et+sexuelle&%7E=do&from=search>



6 <https://mfamigr.gouvernement.lu/fr/le-ministere/attributions/solidarite/lgbti.html>



7 www.sante.lu



CHAPTER 1

1 <https://sante.public.lu/fr/publications/c/convention-droits-personnes-handicap-protocole-fr-de-en/index.html>





CHAPTER 4

1 <https://plancancer.lu/about/prevention/vaccination-hpv/>



2 **Additional information on the test**
www.aids.lu



3 **Additional information at** www.hpvinfos.lu



<https://www.lecrips-idf.net/professionnels/dossiers-thematiques/papillomavirus-humain-cancers/symptomes-evolution-infectionhvp.htm>



CHAPTER 5

1 <http://sante.public.lu/fr/publications/p/plan-action-national-promotion-sante-affective-sexuelle-2019/index.html>



2 <https://men.public.lu/dam-assets/catalogue-publications/droits-de-lenfant/informations-generales/maltraitance-mineur-fr.pdf>



3 **Additional information about meetings' evolution**
<https://www.bee-secure.lu/fr/publication/applications-et-plateformes-de-rencontres/>



<https://www.bee-secure.lu/fr/publication/impact-des-medias-sur-nos-relations-amoureuses/>



4 **For additional information, see BEE SECURE's report on "L'autoreprésentation en ligne" and their guide on cyberbullying**
<https://www.bee-secure.lu/fr/publication/auto-representation-sur-internet/>



5 <https://www.bee-secure.lu/fr/publication/tu-es-victime-de-cyberharcèlement/>





Chapter 1

**THE HUMAN BEING AT THE HEART
OF AFFECTIVE AND SEXUAL HEALTH**





THE HUMAN BEING AS A SEXUAL BEING

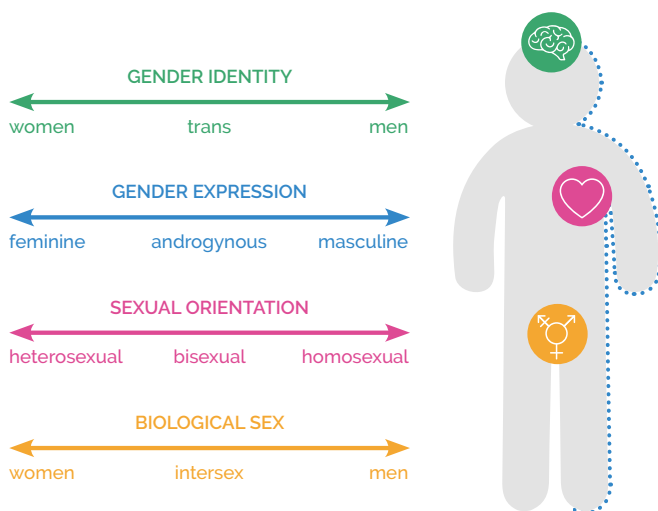
The human being reproduces in a sexual way, by the meeting of two different sexual cells: an ovum and a spermatozoon. As a result of this encounter, each of us started the first two months of our intra-uterine life with undifferentiated genitalia, before they develop. For a long time, it was assumed that it was enough to look between the legs of the new-born child to know its sex and that there were only two possible "sexes": male and female.

Being a boy or a girl is not just about the appearance of the genitals, it is intimately linked to the way you feel and express your gender.

There are many ways, both personal and collective, to feel like a girl or a boy, or sometimes one or the other, or neither, or in-between. In addition, everyone's sexual and affective orientations can change over the course of a lifetime. Everyone should, as they grow older, be able to self-determine and define themselves freely as to their sex and gender.

"Normality" is not simply binarity, "normality" is also diversity. Everyone is unique in their body and in the experience of their sexuality.

From an inclusive perspective, human beings are considered in their entirety, which includes several spheres and constitutes our identity: a full and unique human being!



BIOLOGICAL SEX



A person's biological sex refers to

- to their **primary sexual characteristics**, such as chromosomes, sex organs (internal and external), genital anatomy (reproductive organ) and hormones,
- or to their **secondary sexual characteristics** that appear at puberty (e.g. breasts, facial and pubic hair, muscle mass, size and distribution of adipose tissue (fat)).

A person whose sexual characteristics all correspond to the standard female biological type or the standard male biological type is said to be dyadic.

However, some people are born with a variation in sexual characteristics, which can manifest itself at different levels (chromosomal, anatomical, gonadal or hormonal). Intersex or intersexed people are therefore born with sexual characteristics that do not correspond to the standard binary definitions of male or female bodies. Their bodies and sexual characteristics are healthy and natural variations of the human sexes.

Although intersex people are born with variations in sexual characteristics, not all of them appear at birth, but at different stages of life: the prenatal period, during childhood, puberty or adulthood. Depending on circumstances and body characteristics, some people may not be aware that they are intersexed. Being intersex is much more common than people think. According to some sources, about 2% of babies are born with variations in sexual characteristics.



GENDER IDENTITY



Regardless of a human being's biological sex, every person will develop a gender identity. Gender identity refers to the intimate feeling of belonging to a gender. Gender refers to the roles, status, rights and identities associated with a sex.

The term cisgender refers to persons whose gender identity corresponds to the one usually associated with the gender assigned at birth.

When a person's gender identity does not correspond completely or does not correspond at all to the sex assigned at birth, we talk about a transgender person. Some transgender people wish to have recourse to changes in their bodies in order to adapt their physical appearance to their inner feelings. This is not necessarily or automatically the case for every transgender person.

As with biological sex in the first place, gender identity can also have multiple variations. For example, a person may feel that they belong to one of the two genders, male or female, or they may feel a non-binary gender identity. Non-binary people may, for example, identify between the two genders or feel that they belong to both genders or to no gender at all.

SEXUAL ORIENTATION



Sexual orientation is defined by the sex(es)/gender(s) to which a person's affinities, attractions and desires are directed.

This attraction can take place at different levels:

- it is either a purely physical attraction
- or an affective attraction in a romantic sense
- or both.

There are several sexual orientations. A human being can therefore feel attracted to people of the opposite sex/gender (heterosexuality), to people of the same sex/gender (homosexuality), to two sexes/genders (bisexuality, from a binary perspective), to all sexes and genders including all non-binary people who do not correspond to gender norms (pansexuality) or even feel very little or no need at all to live and share sexuality or love with anyone at all (asexuality).

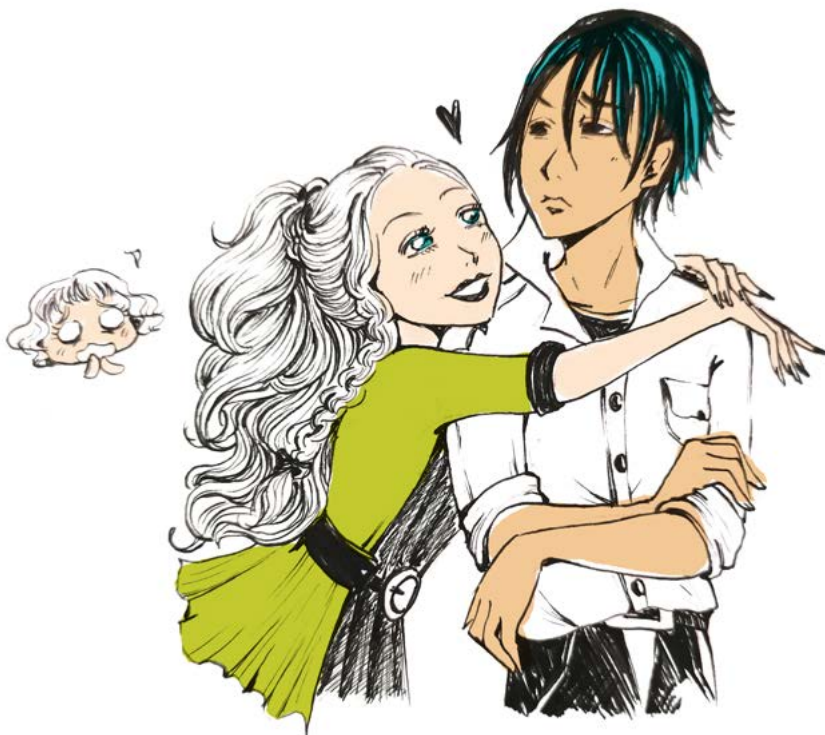
GENDER EXPRESSION



The term gender refers to the way a person lives, presents and communicates in relation to their gender. This can include physical and appearance notions such as body language, gait, voice but also individual choices such as clothing, hairstyle or the use of accessories typically connoted male or female etc.

Gender expression can differ from a person's gender identity and does not in any way reveal a person's sexual orientation. Thus, a woman considered "masculine" based on her behavior or her clothing choices, can perfectly identify as a woman and feel feminine. Likewise, a man perceived as gentle and effeminate may as well have a heterosexual orientation.

THE HUMAN BEING AND AFFECTIVE ASPECTS



WHAT IS EMPATHY?

Empathy is the ability to identify with someone, to feel and share one's emotions; it represents a form of affective understanding of others.

*Being in love,
what does it mean?*

BEING IN LOVE

To love someone is to experience intense attraction and feelings, to respect their values, their choices, their feelings, their personality, their differences.

Being in love is also about sharing time and space - learning to feel that your partner is present in thought, even if he/she is not physically present. There are many ways to show affection towards someone and making love is just one of them.

ATTRACTION/ DESIRE

Attraction refers to the desire (response to cravings, physiological needs) of a human being. Physical attraction most often implies sexual attraction.

The **psycho-affective dimension** of affective and sexual health concerns the mental construction of each individual. It brings into play sensations, emotions and feelings that allow human beings to discover themselves and others. It thus refers to each person's ability to communicate and to relate to others.

WHAT IS A FEELING?



Feelings are **long-lasting** reactions that concern persons **themselves** (in relation to themselves or to others). They refer the person to their perception of the moment ("I feel..."). A feeling can be the extension of an emotion.

Not to be confused with an emotion.

WHAT IS AN EMOTION?



Emotions are strong reactions (**3 to 4 minutes** maximum) to something that comes from the **outside** (people, sensations, experiences, etc.). They allow the body to respond to a stimulus in an adapted way. The 6 basic emotions are: joy, sadness, fear, anger, disgust and surprise.



Sometimes other feelings
get involved.

SHYNESS

Shyness is a feeling of insecurity, a lack of boldness or a lack of ease and confidence in social life and takes the concrete form of a **fear of interacting with others** which can be so intense that it paralyzes the individual. This feeling can create real suffering.

JEALOUSY

Jealousy is what you may feel towards someone who has what you would like to have or the fear of losing someone to someone else. It is therefore a mixture of craving or envy and resentment and can give rise to anger. Excessive jealousy that leads to behaviour such as harassment, insults, threats or spreading false rumours is psychological violence.

SHAME

Shame is the sense of reserve or embarrassment that a person feels when faced with what his/her dignity forbids or prevents him/her from doing, often when faced with situations of a sexual nature.

Good to know

INTIMACY

Intimacy is not a feeling but is connected with the need to have one's own **private** space. Physical intimacy is the intimacy of the body, it is all the parts of the body that one does not wish to show. On the other hand, to be intimate with someone means that one is close to and familiar with that person.

RESPECT

Respect is not a feeling, it is considering the other person as a whole being, a being with rights, it is paying attention to his/her feelings and values, it is accepting his/her differences. Respect should not be confused with tolerance, because the latter does not have the same motives. Unlike respect, it is not incompatible with disdain.

CONSENT

See Chapter 5 – Fact sheet 1 on consent

CONSTRUCTION OF ONESELF, CONSTRUCTION OF STEREOTYPES

To better understand the world, we go through a process of categorisation and comparison in order to understand and distinguish between the things surrounding us. Categorisation is therefore an automatic and natural process.

We categorise people and objects according to the idea that they have the same nature. It is the process of categorisation that presides over **stereotypes**.

However, categorisation is a major process in the construction of "social" identity, which is influenced by the environment, the person's culture, and so on.

WHAT IS PREJUDICE?

Prejudice is an unfavourable perception/judgement of one or more people because of their belonging to a particular group.

Prejudice is the basis for discrimination.

What is a stereotype?

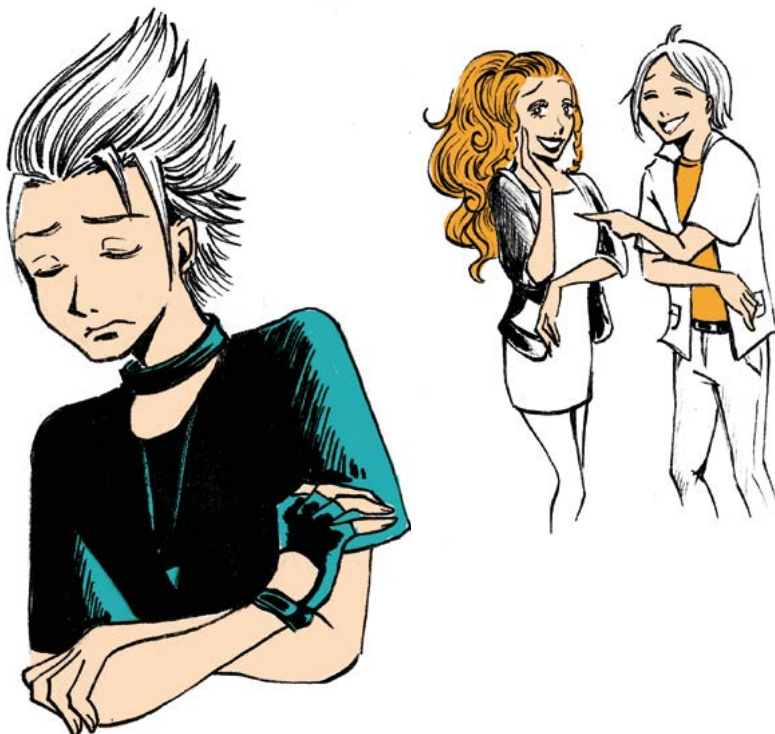
A stereotype is the negative or positive image of a subject within a given frame of reference, as usually accepted and conveyed. The problem is that, beyond categorisation, stereotypes also convey **inaccurate information**.

The threat of stereotyping can occur when persons feel that they may be judged by a stereotype aimed at their group, or fear doing something that might confirm that stereotype. This leads to a decline in their abilities and in their self-confidence.

It is stereotyping that feeds **prejudice**.

WHAT IS DISCRIMINATION?

Discrimination is an action or decision that has the effect of discriminating against/treating someone differently, generally unfavorably because, for example, of their nationality, age or disability. Such reasons are grounds for discrimination and are prohibited by law.



STEREOTYPE

Mental images, beliefs widely shared by a population about certain people. They are formed by generalising the behaviour of a few individuals who are part of that group.

Feeds

PREJUDICE

To "judge in advance", to evaluate a given social group without knowing it, without using personal experiences or objective and in-depth information.

Explains

DISCRIMINATION

Unjustifiable negative behaviour towards a given social group. It consists of treating people who are in a similar situation in a different way.

Examples

SEXISM

Sexism refers to all prejudices or discrimination based on sex or, by extension, on a person's gender. It extends to the concept of gender stereotypes and gender roles, which may include the belief that one sex or gender is intrinsically superior to the other.

In its extreme form, it can encourage sexual harassment, rape or other forms of sexual violence. Sexism also refers to gender discrimination in the form of inequality between men and women.

HOMOPHOBIA AND TRANSPHOBIA

Representations of LGBTIQ+ people based on clichés are widespread. Often tied to caricatured and fixed images, they are both reductive and do not correspond to reality.

This type of stereotype therefore feeds in a way, prejudice, which is ultimately liable to give rise to discriminatory behaviour such as homophobia or transphobia.

Homophobia and transphobia are defined as the set of words, acts and attitudes of hostility, whether openly and admitted or not, towards homosexual and transgender persons or even towards any person who is supposed to be homosexual or transgender.

FROM CHILDHOOD TO ADULthood: BEING AND STAYING TRUE TO ONESELF



Self-esteem, one's body image and how others see us

Regardless of the sex of the young person in transition, all the changes that occur in their body in puberty can make them have an "upset" picture of their body, which can cause them to feel strange.

Many questions may arise: "I don't feel good about myself", "I wish my body would develop differently", "Why do other people's bodies develop faster/slower than mine?"

"CAN I LIKE MYSELF AND ACCEPT MYSELF AS I AM?"

Persons becoming adults will often spend a lot of time in front of the mirror, as if to re-appropriate their body which they no longer recognise and which they have to ease themselves back into. They must learn to like and accept their body, their physical appearance in full metamorphosis.

"WILL PEOPLE LIKE ME AND ACCEPT ME AS I AM?"

The way people see us sometimes becomes so important that complexes and questions may arise about love and acceptance from one's environment.

ADOLESCENCE AND PUBERTY

Adolescence and puberty are two closely related concepts. They mark the transition from child to adult.

Adolescence is accompanied by big physical, psychological, emotional and social transformations. The duration of adolescence varies according to each person. With the production of hormones, puberty marks the beginning of adolescence, with major physical transformations. It is particularly noticeable by the development of sexual characteristics.

The entry into sexuality is both enigmatic and exciting, but it can also be frightening and/or invasive. Young people may be assailed by impulses or sensations that they do not yet fully control, which can sometimes be destabilising.



"Existential" questions

- "Who am I?"
- "What is the meaning of life?"
- "What is my place in the world?"
- "Why is the world the way it is?"
- "What will I become later?"
- ...

Even if these questions are of great concern to young people, they need to be reassured and told: it is perfectly normal to ask oneself existential questions, because they reflect the fact that a person is maturing/growing up and thinking differently. This is part of a person's development.

Young people sometimes feel out of step with the world around them, family, teachers, friends... which can make them feel that no one understands them and, as a result, can lead to a feeling of loneliness.

The same existential questions can have a stimulating effect, by motivating young people, causing them to discover who they really are and to accept themselves as they are, allowing them to find their place in their environment and in society.

RELATIONS WITH ADULTS (PARENTS / TEACHERS)

Relations with adults can sometimes be complicated. Young people feel the need to be more independent, to have more freedom and more responsibilities, to be trusted by adults and to be able to make their own choices. Sometimes young adolescents question how they are being brought up by their parents. They have new role models, idols who make them dream. But they often still need their opinions, their advice and the boundaries that are set for them. Adults represent a role model that young people want both to keep and to reject.

The best way for adults to understand what is happening to young people is ultimately to remember their own adolescence, their own questioning during this transitional phase and their own reactions. It is important to remain calm and available, to the best of one's ability.

Some teenagers may have "teenage crises". There is no need to worry if moments of depression, rage and loneliness happen temporarily and if the young person manages to experience moments of happy, peaceful, positive feelings.

If this is not the case, one must not hesitate to talk about one's concerns with the young person or another trusted person, or even ask for advice (and support) from a professional (see the "Useful addresses" fact sheet).

Despite the possible tensions and emotions, it is necessary to go on communicating with young people and reassuring them.



Diversities

LGBTIQ+ SEXUAL AND GENDER DIVERSITY

Additional insecurities may arise when a young person does not fit in with binary understandings and external expectations. For example, some young people may not be able to identify with their bodies and/or may not necessarily feel attracted to people of the opposite sex/gender.

- The terms **lesbian** (homosexual woman) and **gay** (homosexual man) refer to people who feel love and/or sexual attraction towards people of the same sex.
- **Bisexuality** means that a person can feel love and/or sexual attraction towards people of both sexes (from a binary male-female perspective).
- The term **transgender** refers to people whose gender identity does not correspond completely or does not correspond at all to the sex assigned at birth.
- **Intersex** refers to people who are born with sexual characteristics that do not correspond to the standard binary definitions of male or female bodies (i.e. intersex or intersexed persons). These sexual characteristics are healthy bodily variations.
- **Queer** is used as a collective term and self-identifier for all people who do not conform to a hetero-normative and/or binary gender perspective, yet without always being able or willing to identify with the current LGBTI terminology.
- **Pansexuality** is the sexual orientation characterizing people who can be attracted emotionally and/or sexually by individuals of any sex or gender (binary or not). Here, potential partners are above all perceived and valued as a human being, regardless of the person's sex and/or gender.
- **Asexuality** means the absence of a sexual attraction. There is little or no sexual desire, regardless of the other person's sex/gender. In terms of romanticism, we call it aromanticism. This means that there is very little or no emotional or romantic attraction. Some people are only asexual or aromantic while others are both asexual and aromantic.

Nowadays, it is important to add a "+" at the end of the acronym LGBTIQ in order to promote inclusive openness. This openness can also sometimes be represented by an asterisk (*).

Sexual and gender diversity can be played out at a bodily, identity, affective or behavioural level. Considering all the possible variations and potentials that are known today, it is necessary to start from the idea that a significant number of adolescents may feel part of this diversity or even clearly claim an identity and/or sexuality outside of a purely binary and hetero-normative understanding of the human person.



COMING OUT

Coming out (of the closet) is an expression that refers to the process of recognition, self-acceptance and revelation to one's entourage.

It is therefore at the level of the search for one's identity in relation to one's sex/gender and lived sexuality that LGBTIQ+ people are most often distinguished from heterosexual and cisgender people. Often equated with sexual orientation, coming out can also be related to a person's gender or intersex identity.

Coming out, however, is neither automatic nor an obligation.

Depending on the entourage of LGBTIQ+ adolescents, some people will be able to naturally take on the sexual elements of their identity around the age of puberty in the same way as heterosexual and cisgender adolescents. For others, the discovery of their feelings may be experienced as contrary to what is known or visible to them and may require some work on themselves.

For some LGBTIQ+ people, becoming aware of their sexual orientation or gender identity can be a protracted process. It can happen at different times in their lives. The discovery of sexual orientation mostly occurs around the age of puberty whilst gender identity can manifest itself much earlier.

The different stages of coming out are not clearly defined and separated. Rather, it is an ongoing process that is never quite finished and can include moments of doubt. It is obvious that the coming out process will not be the same for everyone. In fact, the time an LGBTIQ+ person needs to come out depends on so many individual factors. Everyone will have their own way of doing things, so there is no need to compare oneself with others. Each individual discovering his/her sexuality should simply take the time he/she needs.

In order to come out successfully, it is important to have a trustworthy person who listens, because a young LGBTIQ+ without the possibility of communicating his or her worries and anxieties, risks quickly becoming very uncomfortable in his or her own skin.

It is therefore simply necessary and highly recommended to address these issues and make them visible in order to enable a positive development of LGBTIQ+ adolescents who are seeking out their identity.

One must not hesitate to talk about one's concerns or even ask for professional advice (and support) from a professional (*see Chapter 7*).

SEXUALITY AND DISABLED PERSONS

The UN Convention on the Rights of Persons with Disabilities entered into force in 2008 and came into effect in 2011 in Luxembourg. Among other things, it contains articles on access to education and access to information, independent living, equality and non-discrimination.



The promotion of affective and sexual health must provide the means for all to blossom.

Disabled sexuality?

Sexuality is part of every human being, but its association with disability has long generated fears and taboos. It remained obscured by parents, schools and institutions, and there were young people and adults confined to eternal childhood.

These often understandable fears are nowadays more easily overcome through exchanges with other parents and with the help of external expert services.

Fortunately, numerous initiatives from parents' associations, the professional sector and self-help groups have been set up in Luxembourg over the last few decades.

There is no such thing as "disabled sexuality" and issues relating to affective and sexual life often pose a greater problem for parents and carers than for people with special needs themselves.

PHYSICAL DISABILITY AND MENTAL DISABILITY

First of all, it should be noted that affective and sexual life promotion cannot be addressed in the same way with a person living with a physical and/or mental disability as with a person living with a cognitive impairment.

This distinction will make it easier to be able to respect the wishes and expectations of the different beneficiaries and to intervene appropriately to help them in their singularity.

In the case of persons with a cognitive impairment, the question arises of responsibility for their behaviour and consent in general.

They should have full access to relational, affective and sexual pleasures, but also to adequate support which suits their psychological and cognitive specificity and takes into account their limits in taking responsibility for themselves and in relation to others.

Learning to recognise one's desires often requires a great deal of prior work with cognitively impaired people. How can we talk about feelings if we do not know how to name them? How to recognise exactly the needs of a person who often communicates only non-verbally?

The step towards abuse would be quickly taken if one were to equate one's own representations and values to those of people with special needs.



THE ESSENTIAL ROLE OF SEXUAL AND AFFECTIVE EDUCATION

As with every child, the basis for sexual and affective education begins at an early age with learning about the parts of the body, recognition of emotions and feelings and work on self-esteem.

This access to sexual and affective education is paramount and forms an essential basis for helping young people to become not only fulfilled but also knowledgeable, more protected and more confident adults, knowing what is appropriate and allowed where and with whom. Knowing that the risk of sexual abuse in a person with special needs and especially in a person with intellectual disabilities is up to three times higher than in a person without disabilities, subjects such as "my body belongs to me" and "how to recognise my feelings and show my disagreement" are projects to be worked on regularly, starting at an early age.

The onset of puberty in young people with special needs generally starts at the same age as in any other young person*.

However, a distinction will have to be made between the socio-emotional age of the young person and his or her real age, where there is often a very wide difference.

Even if physical changes are taking place, the young person does not understand what is happening to him or her.

All the questions and doubts that young people may feel about the changes in their bodies are often accentuated if they are not given enough time with appropriate (adapted and fun) tools to help explain.

The challenges to promote access for all will be:

- adapting interventions and tools to the particular features of young people with specific needs by operating the necessary distinctions,
- distinguishing between cognitive impairment and its different degrees and physical and mental disability,
- making the content of tools understandable and accessible to all: through adaptation in Braille, in easy to understand language e.g. "leichte Sprache" (simplified German), using mostly pictograms, etc.
- using an adapted means of dissemination (via internet, pocket-flyer).

Some young people with a slight mental handicap will be able to have easier access to the various fact sheets via the internet, which they can use themselves by means of a PC or a laptop.

Other young people will have to rely on the help of their parents and/or child-care or supervising staff.

Adapted tools for sexual and affective education are available in different languages for parents, being the experts for their own child, as well as for teachers and socio-educational staff. Do not hesitate to ask for more information. A large number of children and young people have to rely on you!

*With the exception of some children with gonadal malformations often linked to syndromes where the use of growth hormones, but also sexual hormones, may be advocated in order to trigger the sexual maturity of the reproductive organs.

PUBERTY IN GIRLS



DEFINITION

The word puberty comes from the Latin "pubescere" which means "to become covered with hair". Puberty is the stage that marks the transition from a child's body to an adult's body. It begins with the appearance of primary and secondary sexual characteristics.

The primary sexual characteristics, that is to say, the sexual organs, ovaries and testicles present from birth and at rest during childhood, begin to enter into "activity".

Secondary sexual do not participate directly in the reproductive system and result from the activity of sex hormones at the time of puberty. They manifest themselves in the development of breasts in girls, the appearance of hair on the pubis, under the arms and other parts of the body in all adolescents, voice changes in boys, etc.

The following texts describe puberty in young people for whom all the sexual characteristics correspond to the standard female biological type.

However, we saw in the first fact sheet that some people are born with a variation of sexual characteristics that can be played out at different levels (chromosomal, anatomical, gonadal or hormonal). Accordingly, intersex or intersexed people are born with sexual characteristics that do not fit into the binary definitions of male or female bodies.

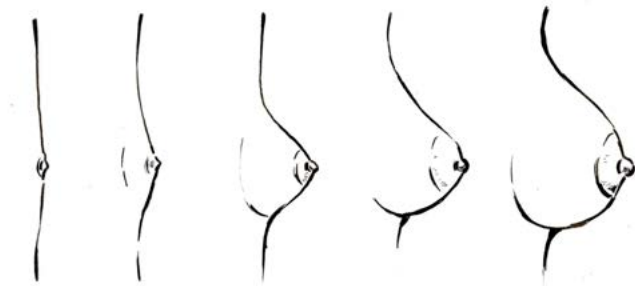
In some young people, intersex may appear in adolescence when their bodies develop unexpectedly. Their bodies and sexual characteristics are healthy and natural variations of the human sexes.

In adolescent girls, puberty is triggered when the ovaries and adrenal glands begin to increase their production of oestrogen and progesterone.

Puberty usually occurs between the ages of 9 and 16 and is characterised in particular by:

- intensified hair growth, especially under the arms and on the pubis,
- changes in the hair: it often becomes greasier,
- the skin of the face becomes less smooth: the appearance of acne is possible,
- the production of sweat increases: young people sweat more,
- breast development,
- rounding of the hips,
- maturation of the eggs in the ovaries,
- transformation of the genitals, etc.

What you can see in the case of women

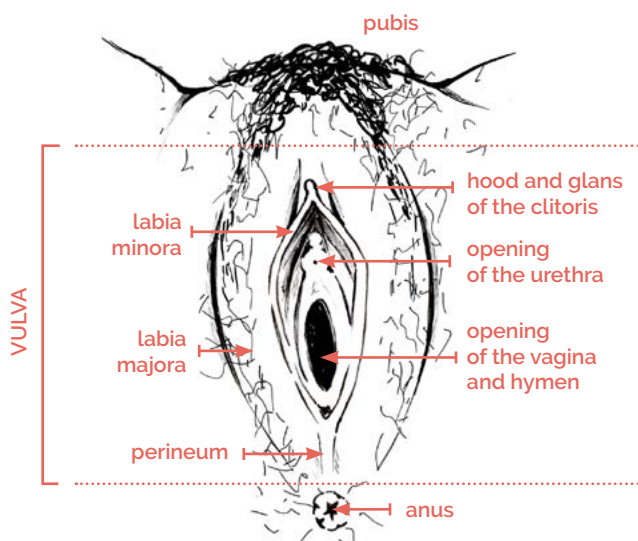


THE BREASTS

The appearance of breasts is not experienced in the same way from one adolescent to another. Some will be proud to look more and more like a woman while others will be rather embarrassed and will try to hide their budding breasts which may be felt as cumbersome.

At the beginning of their formation, a temporary asymmetry may be observed, as they do not grow in the same way. But after a few months, both breasts will be almost the same size. The different stages of breast growth take about three years and will be accompanied by the colouring and enlargement of the areola and nipples. Some hair may appear around the areola (in some young women.)

Breasts come in all shapes and sizes and may be more or less firm. Whether they are large or small, flat or round, pear-shaped or round like an orange, there is no one type of breast that is more normal than the other.



THE VULVA

The vulva: The entire external female genitalia.

The pubis: Body region that covers the pubic bone. It protects the pubic bone during sexual intercourse. The pubis becomes covered with hair at puberty.

Pubic hair: Hairs that form a natural protection against microbes. Some women feel they need to shave to conform to a certain standard. But each woman can decide for herself whether or not she wants to shave her pubic hair.

The labia majora and minora: Also called outer and inner lips, these membranes line the entrance to the vagina. They swell and become engorged with blood during sexual arousal. The labia minora meet at the front to form the hood that protects the clitoris. Their appearance varies greatly from woman to woman. At puberty, the labia majora are covered with hair that can extend into the crack of the buttocks.

The clitoris glans: The only visible part of the clitoris is the clitoral glans which is covered by a little membrane that protects it. Rich in nerve endings, the clitoris is an erectile organ which, like the penis in men, has cavernous bodies, but is much smaller. It is the only organ in the human body entirely dedicated to pleasure.

The urinary orifice (of the urethra): The tiny opening just below the clitoris through which urine flows.

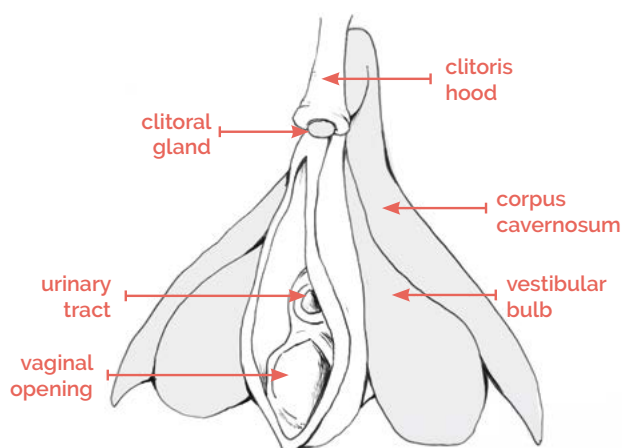
The vaginal orifice: The vagina is the stretchy duct that extends from the vulva to the uterus. The opening of the vagina may be partially covered by a thin, flexible membrane, the hymen, which allows the menstrual flow to pass. From one woman to another, the hymen may look different. It may break or become distended during the first or subsequent sexual relations. Many women do not have a hymen, others have a very elastic one. The presence or not of the hymen, as well as bleeding or not during the first sexual intercourse, is not a symbol of virginity.

The perineum: The muscular area, flat and taut, which connects the base of the vulva to the anus.

The anus: The circular muscle with an orifice for the evacuation of faecal matter from the rectum.

What you cannot see

THE CLITORIS



The clitoris: The clitoris is very sensitive and extends in an inverted V-shape surrounding the vagina and the female urethra. The clitoris plays an important role in a woman's sexual arousal, participating in sexual desire and orgasms. Rich in nerve endings, the clitoris is an erectile organ which, like the penis in men, has cavernous and spongy bodies, which is however smaller.

The vagina: This elastic organ is made of muscles that connects the vulva to the uterus.

The uterus: The uterus is intended to receive the eggs produced by the ovaries. This is where the fertilised egg is implanted and a pregnancy develops. The inner layer thickens and is then evacuated during menstruation.

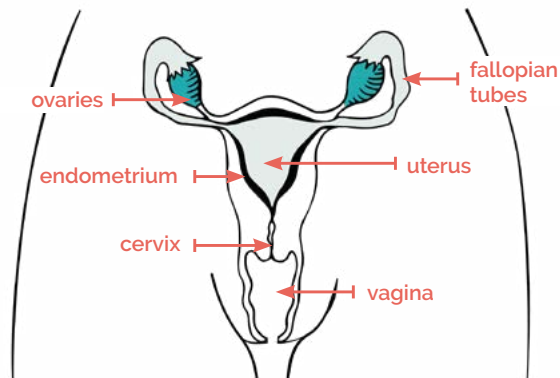
The endometrium: The lining of the uterus. This tissue covers the inner wall of the uterus.

The cervix: It connects the uterus to the vagina through a narrow opening that widens slightly during menstruation and rises during sexual arousal.

The fallopian tubes: These are the two ducts connecting the ovaries to the uterus. They carry the eggs to the uterus. If the egg meets a sperm there, fertilisation is possible.

The ovaries: The ovaries are two glands located on each side of the uterus. They produce sex hormones, oestrogen and progesterone, and bring the eggs to maturity.

THE INTERNAL GENITALIA



At birth, a baby girl has about two million eggs in her ovaries, some of which mature between the beginning of puberty and the menopause.

Periods or menstruation

Menstruation occurs between the ages of 10 and 16, sometimes earlier or later. The menstrual cycle is divided into two consecutive waves of hormones: oestrogen and progesterone. Under the effect of oestrogen, the endometrium thickens in order to accommodate a possible fertilised egg. If there is no implantation, it breaks down and results in what is called period or menstruation. Menstruation lasts an average of 3 to 6 days. It may be accompanied by stomach aches, headaches and/or back pain, fatigue, etc. However, not all women experience these signs.

Contrary to popular belief, menstruation does not clean/purify a woman's body: the blood that had accumulated in the uterus during the cycle to nourish any fertilised egg becomes useless if there has been no fertilisation and is therefore naturally eliminated by the body.

Life goes on normally during periods, the woman can continue to practice all activities as usual and do sports. However, some girls/women may experience pain and discomfort. In case of severe cramps, one must not hesitate to talk to one's family doctor or a gynaecologist (*see Chapter 7*).

Indeed, severe pain during menstruation can be a symptom of **endometriosis**, a chronic, recurrent disease that results in abnormal endometrial cell development outside of the womb. This can impact fertility and cause injury as well as severe pain during menstruation.

THE MENOPAUSE

This cycle will continue to occur monthly until the menopause (*«naturally” without any other external interventions or special medical conditions*) and will be interrupted during pregnancy.

The menopause is the end of a woman's reproductive period, **usually** around the age of 50. It is marked by the cessation of egg production and the production of female hormones, causing menstruation to stop. A menopausal woman will no longer be able to become pregnant but will be able to continue her sexual activity.

HYGIENE DURING MENSTRUATION

Today a wide range of feminine hygiene products are available: sanitary towels, panty liners, tampons, menstrual cups... Each woman can try several products in order to choose the one that suits her best.

During this period of time, personal hygiene is important. The best is to wash at least once a day, but only outside (avoid aggressive soaps): never wash with dirty hands or the inside of the vagina to avoid disturbing the vaginal flora (bacterial and protective flora) and risk vaginitis (infection, inflammation).

The menstrual cycle

The menstrual cycle is calculated from the first day of menstrual bleeding. The length of the menstrual cycle is approximately 28 days, but it can be longer, shorter or completely irregular depending on the woman. The length and abundance of the cycle can be influenced by: stress, emotional problems, fear of pregnancy, illness, travel, etc.

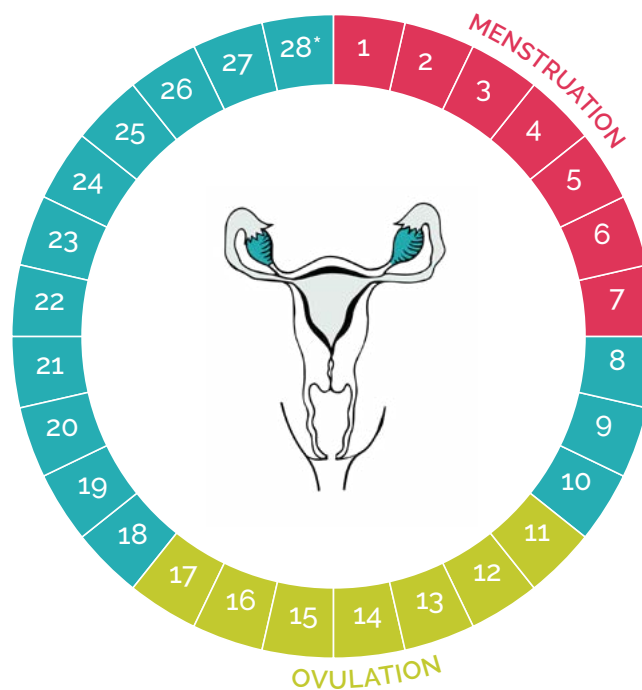
OVULATION (14 days before the next menstruation)

- Production of an egg by the ovary, normally once a month, and about 14 days before the first day of **the next menstruation**.
- The egg passes through the fallopian tube into the uterus. It remains fertilisable for about 24 hours.
- In the event of unprotected sexual intercourse, the egg may meet spermatozoa: fertilisation will take place. It then becomes a fertilised egg cell that will move towards the uterus.
- After ovulation, the mucous membrane (endometrium) thickens to accommodate a possible fertilised egg.

A cycle can be longer or shorter than 28 days (*21 to 36 days on average).

Ovulation occurs 14 days before the next menstruation. Therefore, the time of ovulation cannot be accurately predicted.

Fertile days are determined by the survival time of the spermatozoa in the uterus, which can be as long as 7 days, and of the egg, which can be about one day. Sexual intercourse before ovulation can therefore also lead to pregnancy.



Good to know

WHITE DISCHARGE/VAGINAL DISCHARGE

White discharge is a vaginal secretion varying in amount and frequency that the body naturally produces to moisten and protect the vagina. Some girls/women have a lot of it, others less... It can change in appearance and consistency. However, if these secretions are more abundant, more coloured and accompanied by burning, itching or even bad odours, this may be an infection. If any of these symptoms appear, it is strongly recommended to consult a doctor or gynaecologist (*for useful addresses, see chapter 7*).

FEMALE ERECTION

Thanks to the influx of blood, the clitoris becomes "erect": its head widens, lengthens and becomes more and more sensitive. The clitoris is also an erectile body, with many more nerve endings than the penis (nearly 8,000, compared to 6,000 for the glans).

EJACULATION

Female ejaculation refers to the release of a liquid when a woman approaches orgasm or when orgasm takes place. The release of fluid is very slight for a majority of women, abundant or non-existent for others (young people may have a misleading image of ejaculation that often comes from the images conveyed by pornographic films).

The nature of female ejaculation consists of:

- a secretion of the para-urethral glands. The fluid produced is emitted from two small orifices to the left and right of the urinary meatus.
- a bladder secretion (which is not urine). Erotic stimulation causes a rapid filling of the bladder with a fluid that is close to the composition of sperm, without spermatozoa, ejected through the urethra in varying quantities (up to 100 ml).

SELF-EXAMINATION OF THE BREASTS AS PART OF PREVENTION AGAINST BREAST CANCER

Breast self-examination consists of a set of simple gestures that, practised regularly, will allow a woman to get to know her breasts well. Self-palpation is a positive and important practice to master for all women, allowing them to detect any abnormality.

The examination should be carried out a few days after the end of menstruation, as the breasts are then suppler. Standing in front of a mirror, the woman inspects both breasts. The aim is to look for a change in size, shape, contour of the breasts, to detect redness or any other change in the appearance of the skin, standing in front of a mirror.

Next, the breasts are palpated by making a series of circles from the edge of the breasts to the centre using the three middle fingers. The purpose of this exercise is to look for any lumps, unusual masses or changes in texture. Finally, the woman ends by gently squeezing the nipple to see if a discharge occurs.

Do not hesitate to discuss your concerns with him/her, with a trusted person or even to seek advice (and support) from a healthcare professional (*see chapter 7*).

PUBERTY IN BOYS



DEFINITION

The word puberty comes from the Latin 'pubescere' which means "to become covered with hair". Puberty is the stage that marks the transition from a child's body to an adult's body. It begins with the appearance of primary and secondary sexual characteristics.

The primary sexual characteristics, that is to say, the sexual organs, ovaries and testicles present from birth and at rest during childhood, begin to enter into "activity".

Secondary sexual characteristics do not participate directly in the reproductive system and result from the activity of sex hormones at the time of puberty. They manifest themselves in the development of breasts in girls, the appearance of hair on the pubis, under the arms and other parts of the body in all adolescents, voice changes in boys, etc.

The following texts describe puberty in young people for whom all the sexual characteristics correspond to the standard male biological type.

However, we saw in the first fact sheet that some people are born with a variation of sexual characteristics that can be played out at different levels (chromosomal, anatomical, gonadal or hormonal). Accordingly, intersex or intersexed people are born with sexual characteristics that do not fit into the binary definitions of male or female bodies.

In some young people, intersex may appear in adolescence when their bodies develop unexpectedly. Their bodies and sexual characteristics are healthy and natural variations of the human sexes.

Puberty begins slightly later in young men than in young women, between the ages of 11 and 18. Following the release of a male hormone, testosterone, a large number of changes take place in the body:

- the intensification of hair growth develops on the legs, arms, pubis and armpits,
- a moustache appears, as well as hair on the chin,
- modification of the hair: it becomes greasier,
- the skin of the face becomes less smooth: the appearance of acne is possible,
- sweating increases,
- the voice breaks,
- the penis and testicles increase in size, the first ejaculations appear,
- the muscles develop, etc.

What you can see in the case of men

The penis: The penis extends from the glans to the pubis and contains three set of two cavernous and one spongy bodies, which when aroused, gorge with blood and cause an erection, i.e. a hardening of the penis. The penis is also used to urinate, but only when it is at 'rest'.

The glans: Tip of the penis with a high concentration of nerves and an extreme sensitivity. In circumcised men, the glans is always bare. In other men, it is only visible during erection or when the foreskin is pulled back.

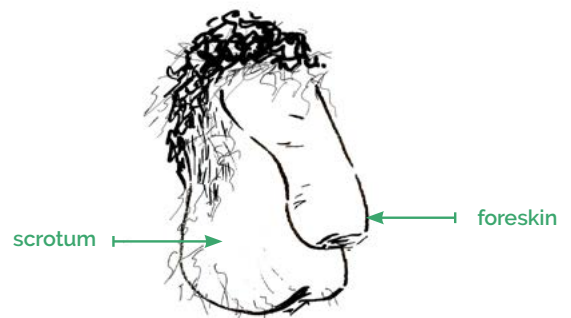
The foreskin: A fold of skin with a high concentration of nerves that surrounds the glans in uncircumcised men.

The urethra opening: The opening at the end of the penis through which urine and semen are expelled.

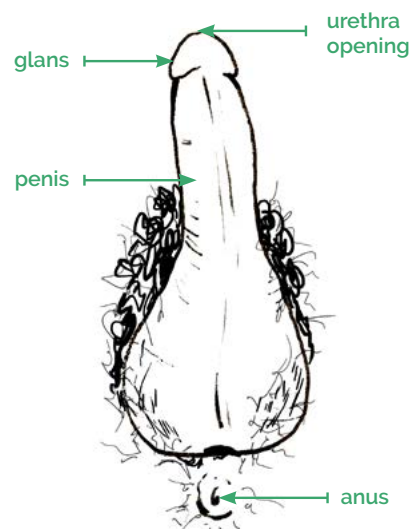
The scrotum: Elastic skin sac suspended under the penis. The scrotum contains the testicles. Its function is to maintain the testicles at their optimal temperature (necessary for spermatogenesis), which is a few degrees lower than if they were inside the body.

The anus: Circular muscle with an opening that allows the evacuation of faecal matter from the rectum, the last segment of the digestive tract connecting the colon to the anus.

PENIS WITHOUT ERECTION



ERECTED PENIS



What you cannot see

The testicles: There are two testicles that produce spermatozoa and testosterone, the male sex hormone.

The epididymis: Spermatozoa are collected from the epididymis where they mature. They are stored there and transported to the vas deferens during ejaculation.

The vas deferens: These are the ejaculatory ducts that run from the epididymis to the seminal vesicles.

The seminal vesicles: They produce seminal fluid, which is the major component of semen. The seminal fluid contains the elements necessary to nourish and transport the spermatozoa during ejaculation.

Cavernous bodies: Composed of erectile tissue that becomes gorged with blood, allowing the penis to become erect and keep erect (remain rigid).

The spongy corpora: Composed of erectile tissue that becomes gorged with blood, allowing the penis to become bigger, as a sponge.

The urethra: A tube that allows the evacuation of urine during urination or semen during ejaculation.

The prostate: Gland that secretes part of the seminal fluid. Prostate stimulation can lead a man to have sexual pleasure.

Good to know

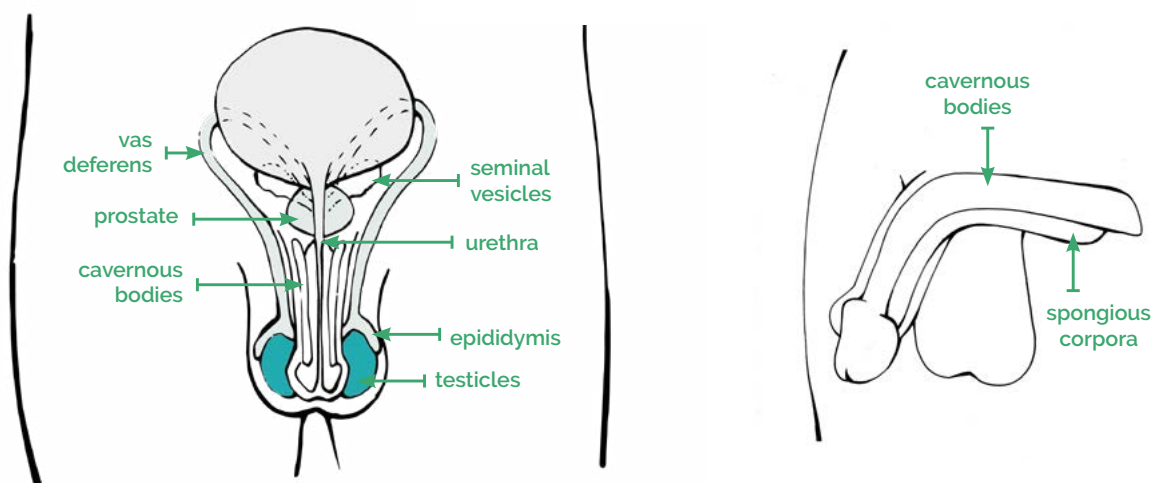
SEMEN AND SPERMATOZOA

Under the effect of the male hormone, testosterone, the testicles produce the reproductive cells, the spermatozoa. This production begins at puberty and continues into old age. Semen, a viscous, transparent and/or more or less whitish liquid, is secreted during ejaculation by several glands. It contains 100 million spermatozoa per millilitre. The sperm can survive for several days inside the partner.

ERECTION

The penis is an organ containing a venous, muscular and cavernous system that can become longer and harder when aroused. At puberty erections are more frequent, sometimes spontaneous and uncontrollable. They are most often related to erotic thoughts. Erections are different depending on individuals and times: the penis is not a machine and the intensity of the erection and the direction of the penis can vary. The erection of the penis allows penetration and ejaculation with the release of sperm.

THE INTERNAL GENITALIA



Good to know (...)

EJACULATION

Ejaculation is a reflex that leads to the expulsion of semen from the erect penis. It is usually (but not necessarily) accompanied by an orgasm. The first ejaculations are a signal that the reproductive organs are now functioning. This is called nocturnal ejaculation, which is a completely natural phenomenon.

PREMATURE EJACULATION

Premature ejaculation occurs when a man ejaculates without meaning to.

In young people in the process of discovering their body and their sexuality, this is completely normal since they are not yet able to control their arousal. Premature ejaculation can often be linked to stress and a lack of self-confidence. Masturbation can help train to identify the period preceding the ejaculatory reflex.

In the case of repeated premature ejaculations, this can always be discussed with a doctor, urologist or psychologist (see chapter 7).

SELF-EXAMINATION OF THE TESTICLES

All boys and men are advised to perform a monthly testicular self-examination to detect any abnormalities or even cancer of the testicles. This self-palpation is preferably done after a hot bath or shower, which allows the scrotum to relax. Facing a mirror, the man observes and checks that there is no swelling of the skin or scrotum. Then, with both hands, index and middle fingers under the testicle, thumb on top, he palpates one testicle after the other. This should be a painless manipulation. If one testicle is slightly larger than the other, this is normal. However, if the difference in size is significant, it is recommended to talk to a doctor. As a general rule, any non-painful lump, any feeling of heaviness in the scrotum or any change in the shape of the testicles should lead to prompt consultation with a doctor or urologist.

CIRCUMCISION

Circumcision involves the removal of the foreskin, the skin that covers the glans of the penis. At birth, this small skin covers the glans, except for a small opening that allows the child to urinate. In most boys, this skin sticks to the glans so that it cannot yet be retracted, i.e. pushed backwards. This shrinking of the foreskin is completely normal at birth and there is no medical indication to perform a circumcision.

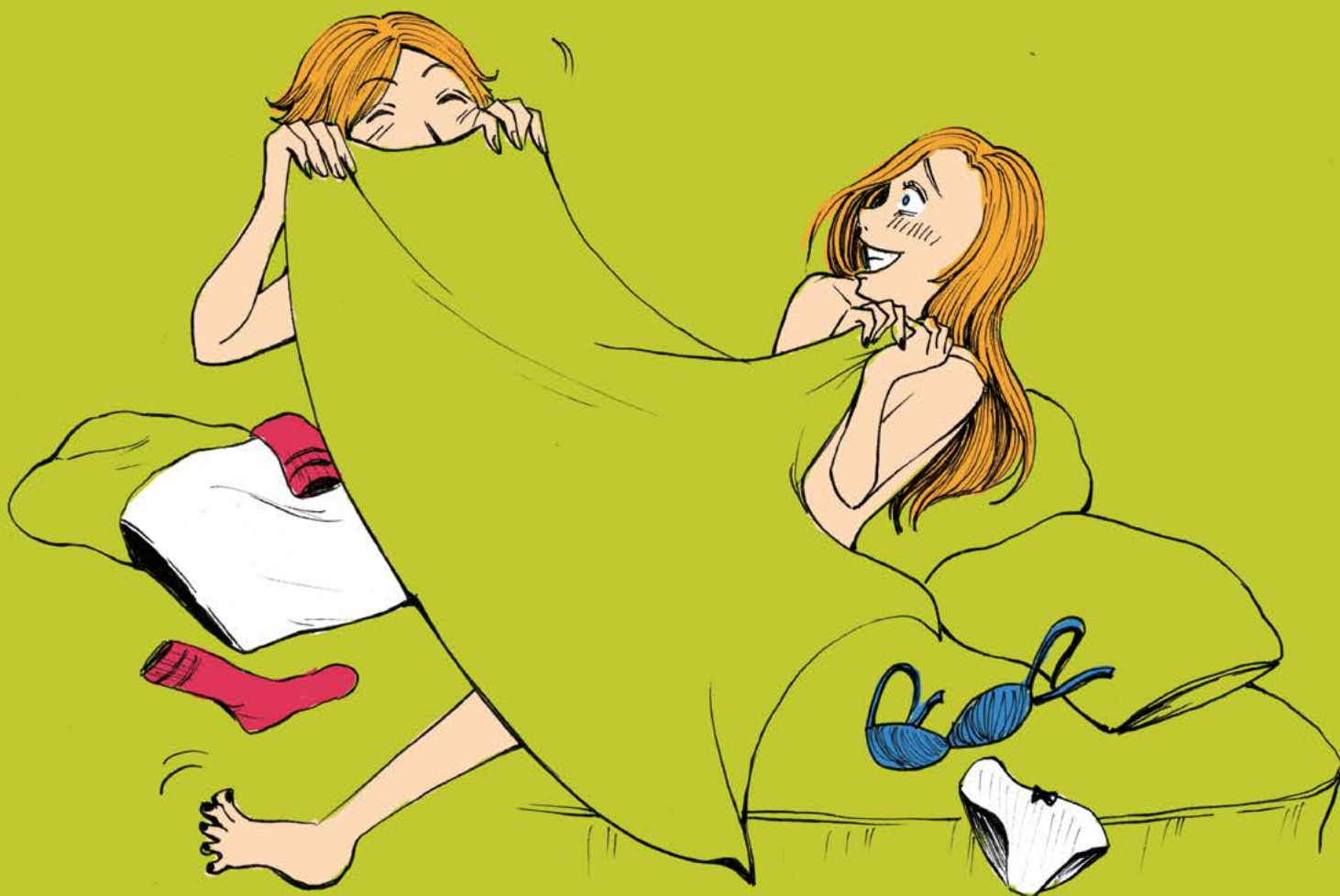
When drawing back the foreskin is difficult, even after trying it at bath time in young children, it may be due to phimosis, a narrowing of the foreskin that prevents effective retraction and therefore proper washing of the glans. Parents can then seek advice from the paediatrician or family doctor or a urologist. Circumcision is sometimes performed on babies or small boys for cultural, religious or other reasons. This ritual may be traumatic and is sometimes associated with hygienist values and increased fertility beliefs.

DOES THE SIZE OF THE PENIS MATTER?

The penis develops until the end of the boy's puberty (around 21 years of age) and its size does not depend on the body size. A penis at rest measures on average between 7 and 10 cm. In erection, it can measure from 10 to 19 cm, although the average, in erection, in adult men is 14.5 cm. The size of an erect penis cannot be deduced from its size at rest as it depends on the amount of blood that can be contained in the corpora cavernosum. Since the penis is not a muscle, there is no way to lengthen it or make it bigger.

A couple's sexual fulfilment has nothing to do with the size of the penis, but with the relationship and the feelings of the partners.

Do not hesitate to discuss their concerns with him/her, with a trusted person or even to seek advice (and support) from a healthcare professional (see chapter 7).



Chapter 2

**LOVE, SEXUALITY AND
AFFECTIVE AND SEXUAL HEALTH**





"LOVE" IN ALL ITS FORMS

And what's love got to do with it?

Love has no universal definition and can be considered as an intense and pleasant feeling that incites beings to get closer, to unite... It "transports" the feelings, the body and the whole being towards the other person or the object of desire. There are a multitude of kinds of love (parental, filial, passionate, platonic love...).

FAMILY LOVE

Family love is a feeling of affection that leads one to love members of one's family, to wish them well and to want to spend time together. However, there is no sexual desire or attraction between these different people.

PLATONIC LOVE

Platonic love is used in everyday language and can be defined as a non-physical relationship.

FRIENDSHIP

Friendship is the reciprocal feeling of affection or sympathy that is not based on kinship or sexual attraction.

BEING IN LOVE

To love someone is to experience intense attraction and feelings, to respect their values, their choices, their feelings, their personality, their differences.

Being in love is also about sharing time and space - learning to feel that one's partner is present in thought, even if he/she is not physically present. There are many ways to show affection towards someone and making love is just one of them.

Love and sexuality are not necessarily linked. You can want to have sexual relations without being in love, you can want someone just sexually. During sexual relations, the most important thing is to have the same desires, the same wishes, at the same time.

Communication is essential

When a young person falls in love, or if he/she is already in love, it is important to communicate with him/her on the basis of a healthy relationship (*see below*).

THE COMPONENTS OF A HEALTHY RELATIONSHIP ARE:

- Respect for oneself and the other person
- Good communication
- Equality between the partners
- Pleasure
- Consent



THE COMPONENTS OF AN UNHEALTHY RELATIONSHIP ARE:

- Control
- Humiliation
- Unpredictability
- Manipulation
- Violence



Talking with the young person about these new feelings that he/she is experiencing will help him/her to understand the potential pitfalls of an encounter and will give him/her the tools to build a strong relationship with the partner of his/her choice later on.

RESPECT

Respect is not a feeling, it is considering the other person as a whole being, a being with rights, it is paying attention to his/her feelings and values, it is accepting his/her differences. Respect should not be confused with tolerance, because the latter does not have the same motives. Unlike respect, it is not incompatible with disdain.



CONSENT



See chapter 5, fact sheet 1 on consent.

In a relationship, one can also be afraid of rejection, non-reciprocity, managing the relationship or even breaking up... All these reasons must **never** justify a non-consensual situation.

BREAKING UP

Breaking up after a love affair can cause immense grief, and perhaps even lead to a great upheaval in one's life. For a young person, a relationship of very short duration can still be a relationship in which he/she had invested a lot of hope. Breaking up after a love affair is a kind of mourning, mourning for a relationship into which one had projected oneself. Like mourning, it involves different stages: shock, denial, depression and acceptance.

WHAT ADVICE SHOULD BE GIVEN TO A YOUNG PERSON WHO WANTS TO BREAK UP?

1. Be courageous, do not avoid discussion.
2. Explain things clearly, be precise.
3. Be direct, non-hurtful.
4. Stick to one's decision despite the other person's reactions.
5. Talk about it to a person of trust or a professional.

SOME ADVICE FOR A YOUNG PERSON WHO HAS JUST SEPARATED:

1. Put words to his/her suffering (sorrow) and acknowledge it. Acknowledging pain is an essential step in **mourning** a relationship.
2. Express all one's emotions and find a friendly and discreet ear. Talking to someone gradually helps a person to calm down. The sadness is still there, but it is less intense.
3. Move forward to regain self-confidence. Another essential step is to regain self-esteem.
4. Set a new goal to achieve. For one's studies or for a sport, for instance.
5. Talk about it to a person of trust or a professional.

In both cases, it will be important to listen to the young person's feelings, to be attentive to his or her emotions.

Do not hesitate to discuss his/her concerns with the young person or another trusted person, or even seek professional advice (and support) (see Chapter 7).



LIVING ONE'S SEXUALITY: FIRST TIMES AND EXPERIENCES

Different sexual practices

MASTURBATION (ALONE OR WITH SOMEONE ELSE)

Masturbation is a **natural sexual practice**. It consists of stimulation, most often caresses (backwards and forward, rubbing, pressure, using hands or an object) of one's own erogenous parts. Masturbation may be accompanied by ejaculation in men, vaginal secretions in women and possibly an orgasm.

This sexual practice contributes to the learning of pleasure. It allows a young person to better know their body and its erogenous zones, to find the gestures or tricks that trigger pleasant sensations and increase sexual excitement.

- Masturbating in a couple is also called petting.
- In case of ejaculation, it is important to make sure that the semen does not come into contact with the vagina to avoid any risk of unwanted pregnancy and sexually transmitted infection.

Masturbation is a practice to be done only if one feels like it and always in an intimate setting, in private (the young person must understand that he/she must not impose it in front of others if they do not agree).

CARESSES, ETC. (FORMERLY KNOWN AS FOREPLAY)

These are all the gestures that are intended to stimulate desire, excite and give pleasure. All these gestures and caresses allow a person to relax, to get closer to their partner, but also and above all to have and give pleasure. Penetration is not obligatory in order to have successful sexual relations.

And it is because it is much more than a simple "preparation" for penetration/the sexual act that these caresses are indeed sexual relations in their own right and allow time to discover oneself/each other.

PENETRATION

Penetration can be vaginal or anal.

ORAL SEX

- Cunnilingus is the action of stimulating the female genitals with the lips and/or tongue.
- Anilingus (rimming) is a sexual practice consisting of oral stimulation of the anus or perineum.
- Fellatio is the act of stimulating the penis with the mouth, lips, tongue.

SEXUAL MAJORITY

16 years old

The age of consent reflects the fact that the law aims to protect minors under the age of 16 from non-consensual sexual relations with adults and therefore defines the age at which it considers that a person is capable of giving "informed consent". Under the age of 16, even if the minor consents, the minor is considered a victim of sexual abuse if the sexual partner is an adult.

The first sexual relations

EACH AT HIS/HER OWN PACE

"Everyone at their own pace!" First sexual relations can take many forms. There are no rules about when, at what age and how to have sex for the first time. First sexual relations are often associated with the loss of virginity. Often it is group pressure that determines what first sexual relations are. The loss of virginity is often imagined as THE most exciting adventure, yet it can become a big disappointment if one is not well prepared. All these reasons must never justify a non-consensual situation (see chapter 5, Fact sheet 1).

THE QUESTION OF VIRGINITY

For centuries, the hymen, a thin, porous and flexible membrane that partially covers the opening of the vagina, was the symbol of virginity. Traditionally, on the wedding night, the bride's hymen would break during vaginal penetration and would sometimes cause bleeding. This was then interpreted by the husband as proof that he was the first to have sex with his wife. Today we know that many women do not have a hymen from birth, others have a very elastic hymen that dilates and remains during penetration (does not tear), and still others have a hymen that resists the first or even subsequent sexual intercourse. It is therefore possible that there is no bleeding during the first intercourse with vaginal penetration, even if the woman has never had sex before. The hymen is therefore not proof of virginity.

Also, to speak of "the first time" or "loss of virginity", when one penetrates or is penetrated by the other's genital organ for the first time, would be to reduce the sexual act to vaginal penetration, without taking into account everything else that is involved in a sexual encounter between two human beings, i.e. caresses, kisses, etc. Thus, would a person who had only had oral or anal sex still be a virgin?

Some girls are afraid to play sports or use a tampon for fear of "losing" that virginity (accidentally tearing the hymen).

Other young people anticipate not being up to it for the first time, not feeling ready, being ridiculed in case of difficulties... The concept of "virginity" is a social construct reflecting the morals of patriarchal societies. Fortunately, it is a concept that evolves over time.

The most important thing is to feel good with your partner, to feel respected and to have good communication. The first sexual relations are different for everyone. Both partners may feel discomfort or pain, but this is often due to the difficulty of letting go, stress, expectations and fears of their first sexual relations.

SOME ADVICE TO GIVE TO YOUNG PEOPLE

If it is a "first time" for both partners, it is important to take one's time, to discover the other's body...

One must not rush things, trust one's partner, find a comfortable place where one is not likely to be surprised, try to stay calm, feel safe, have a contraceptive/protective method at hand, say what one doesn't want, say what one does want (see chapter 5, fact sheet 1 on consent).

Some young people, influenced by the media and/or pornography, may have concerns about their performance during the act. It is therefore important to explain that it is necessary to try to detach oneself from these images/pressures in order to fully experience one's own sexuality.

It is important to reassure young people about their first time because this event does not determine the sexuality they will have afterwards. At the beginning, it is normal to feel one's way, there are no instructions, one has to discover the other person's body (and one's own body). But afterwards, with experience, it will go better and better, so we can talk about first times IN THE PLURAL.

LIVING ONE'S SEXUALITY: THE FIRST WORRIES AND FEELINGS

The first worries

IS MY BODY "NORMAL"?

Regardless of the sex of the young person in transition, all the changes that occur in their body in puberty can make them have an "upset" picture of their body, which can cause them to feel strange.

Many questions may arise: "I don't feel good about myself", "I wish my body would develop differently", "Why do other people's bodies develop faster/slower than mine?"

ARE MY GENITALS "NORMAL"?

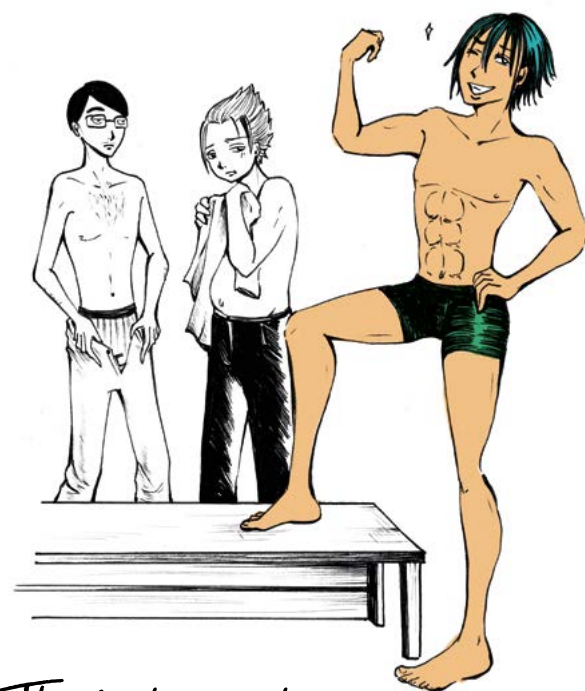
There are no defined norms (no standards), no models for the genitalia. The size of the sexual organ is not the most important thing. It all depends on the position, where each penis shape and size create different sensations. And then there are the caresses that give a lot of pleasure. There are differences for girls too: small and large labia of all shapes, long or round genitalia, clitoris more prominent than others... All shapes are found in nature (see chapter 1, fact sheets 6 and 7).

DOES IT HURT?

Most girls/women wonder if it "hurts" the first time? During the first penetration, the vaginal opening enlarges and if the hymen is intact, it may tear. This may cause a little bleeding and a little pain, but not necessarily.

There may also be pain felt by young people due to "poor preparation" (lack of lubrication, etc.), hence the importance of taking your time and feeling ready.

If the young person never feels pleasure or experiences pain, there may also be a health concern. Advise him/her to consult a doctor, gynaecologist, (see the section on useful addresses).



The first sensations

DESIRE

Desire is a person's conscious and aroused tendency to sexual pleasures.

PLEASURE

Pleasure is a pleasant erotic sensation, in particular during caresses and sex.



In women, the clitoris and the labia of the vulva swell and redden, and the vagina may become wet to facilitate penetration if desired. This biological reflex is natural and does not signify that vaginal penetration is systematic and obligatory.



In men, the penis swells and becomes hard, the tip of the penis (glans) becomes lubricated.

Pleasure is a learning process. It can evolve over time and according to the partners. Discovering one's body, respecting oneself and communicating make for sexual fulfilment.



ORGASM

Orgasm is a physiological response that occurs at the peak of the sexual arousal phase. It is often synonymous with extreme pleasure. Orgasm provides a sense of well-being because oxytocin is released in the body.

In general, biologically, at the moment of orgasm, the heart and breathing speed up and the muscles in the genital area contract.



In women, orgasm is manifested by a dilation of the genitals. The clitoris plays an important role in this.



In men, it is normally, but not necessarily, linked to ejaculation.

Having an orgasm is not as obvious as one may think. Fatigue, stress and drug or alcohol use can have an influence. The absence of an orgasm during the (first) sexual relations is not a cause for concern. It takes time to discover pleasure. Moreover, having an orgasm is not a mandatory condition for living a fulfilling sexuality.

DIFFERENT SEXUAL PRACTICES

- Caresses
- Masturbation
- Penetration can be vaginal or anal
- Cunnilingus is the action of stimulating the female genitals with the lips and/or tongue
- Anilingus (rimming) is a sexual practice consisting of oral stimulation of the anus or perineum
- Fellatio is the act of stimulating the penis with the mouth, lips, tongue

GIVING ONE'S CONSENT

See chapter 5, fact sheet 1 on consent.

IN CONCLUSION, HERE IS THE ADVICE TO GIVE TO YOUNG PERSONS



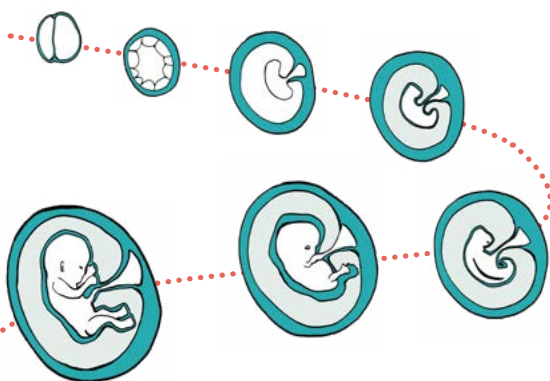
- Really want to. At any time, it is important to have the possibility to change mind, even if feeling ready at the beginning. If it is not wanted to participate in a sexual act, it is not necessary to say no for it to be illegal, a gesture can be enough. Be careful, a consent to sexual activities can only be plainly given by someone aged 16 or more. (see chapter 5, fact sheets 1 and 2).
- Talk about it with the sexual partner involved. Actively telling this/these partner.s one's preference is a like or dislike. The partner cannot guess it. Remain attentive to their own feelings and those of the other person.
- Take time to make sure to avoid being influenced or stressed.
- Have condoms. Make sure of being protected from sexually transmitted infections (condom) and use effective contraception to avoid unwanted pregnancy.
- Practice putting on condoms.
- Have lubricant on hand when needed.
- Feel good with the sexual partner.

PREGNANCY

PREGNANCY

Lasts about 40 weeks (approximately 9 months) during which the embryo and then the foetus develop.

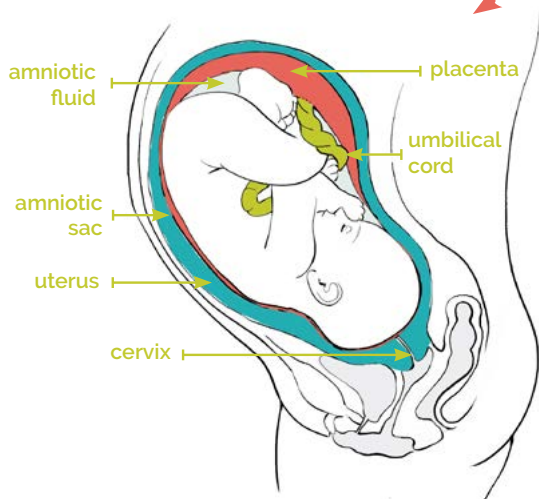
1st trimester: from fertilisation to 14 weeks



2nd trimester: from 15 weeks to 28 weeks



3rd trimester: from 29 weeks until birth



Conception

Pregnancy is the term used when a woman is expecting a baby. Pregnancy in humans lasts about **40 weeks**, or just over 9 months, from the last menstrual period until the birth of the child.

From the encounter between the male gamete and the female gamete to the development of the foetus, the journey is long.

STEP 1

Ovulation: period of the cycle during which the woman is fertile. An ovocyte (egg) is released from the ovary and flows through the fallopian tube.

STEP 2

Fertilisation: the sperm meets and penetrates the ovocyte whose membrane then changes to prevent any other penetration of a sperm.

STEP 3

Fusion: the sperm changes shape and fuses with the ovocyte to create a single cell: the egg.

STEP 4

Cell division: the egg begins by dividing into two cells. Then each cell created also divides and so on at an exponential rate.

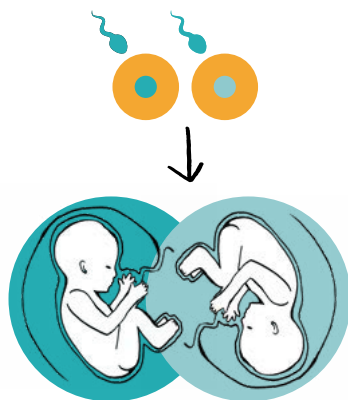
STEP 5

Implantation: about 7 days after fertilisation, the uterine lining has thickened so that the egg can nest there for nine months. At this point, the egg goes to the embryo stage that will develop into a bag, filled with amniotic fluid. The placenta and the umbilical cord will link the mother's body to the embryo.

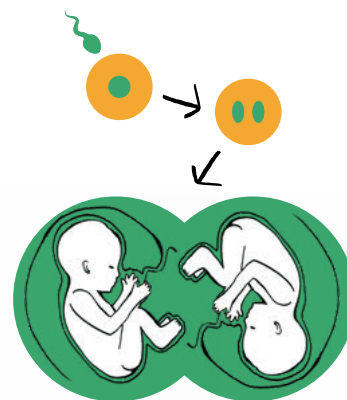
FROM THE 10TH PREGNANCY WEEK on, we will refer to a **foetus**, and this, until delivery, which normally takes place around the 40th week of pregnancy.



Being pregnant



genetically different twins



genetically identical twins

THE MAIN SYMPTOMS OF PREGNANCY

- The absence of one or more menstrual cycles.
- The breasts become firmer, larger and may become painful to the touch.
- Nausea or vomiting may occur after a few weeks.
- Tiredness, especially in the first three months.

These are only the first signs; other changes will appear. But beware, some contraceptives – especially the pill and the implant – can cause similar symptoms. So, to be sure, there's only one solution: take a pregnancy test.

MULTIPLE PREGNANCY

The most common multiple birth is that of twins (two children). There are several kinds of twins.

The dizygotic twins:

The most common variety of twins are dizygotic twins also known as "non-identical twins".

During monthly ovulation, it happens occasionally that more than an egg is released. In cases of dizygotic twins, **two different ovocytes** (eggs) are fertilised simultaneously by **two different sperm**.

Dizygotic twins implant themselves separately and they develop their own membranes independently (own placenta, etc.). Therefore, they can be of same or different sex and physically different.

Monozygotic twins:

The second variety of twins, originating from a single egg, are monozygotic twins, also known as "identical twins".

In most cases, there is **only one egg and one sperm**. The egg formed this way, then divides into two embryos occupying the same placenta, etc. but which will be in separate amniotic sacs.


The twins will be of the same sex, perfectly identical and have the same genetic profile.

Birth of non-identical twins can happen more frequently in women following treatments for fertility. Indeed, hormones administered are intended to stimulate ovulation, which can result in the release of multiple eggs.



THE DIFFERENT PREGNANCY TESTS

Several **urine tests** are available on the market. In some cases, they simply consist of an absorbent rod that must be held under the urine stream. In other cases, the urine must first be collected in a small container. The absorbent rod is then dipped into the container.

The result may appear as coloured lines. Other tests will form a  if you are pregnant. Lastly, some tests use a digital display to show the result.

Most urine tests can detect pregnancy from the day on which your next period is expected. If the test is performed earlier, it is more difficult to detect HCG, as it is only present in small amounts in the urine. The human chorionic gonadotropin hormone (hCG) is a hormone produced during pregnancy, more specifically by the embryo shortly after conception.

The best time to take a urine pregnancy test and get a reliable result, however, would be 1 or 2 weeks after the date on which your menstrual period is expected.

Because of the higher concentration of HCG in the blood, **blood tests** prescribed by a doctor usually detect pregnancy sooner than urine tests. A blood test can detect whether a woman is pregnant 8 to 10 days after fertilisation.

DENIAL OF PREGNANCY

Denial of pregnancy is one form of negation of pregnancy. Denial is the non-recognition of a pregnancy beyond the first three months which can last until delivery. The uterus extends parallel to the spine instead of tilting forward and the foetus adopts an upright position, in a uterus that remains upright near the spine. Adolescent girls are the population where this risk is greatest.

Many factors can mislead the pregnant woman and those around her, as well as health professionals:

- The very frequent persistence of menstruation.
- No (or very moderate) increase in abdominal girth.
- Stable weight or even weight loss.
- Reduction in the usual symptoms of pregnancy.

THE ULTRASOUND

Ultrasound is an imaging technique using ultrasound, with an ultrasound system consisting of a probe (usually placed on the stomach) and a monitor to view (on screen) images of the pregnancy. An ultrasound is offered from the first trimester.

This exam allows to know the age of the pregnancy, to find out if there is more than one embryo; see most organs; detect anomalies and intervene if needed; etc.



What to do if the pregnancy test is positive?

If one wants to have a child, the question does not arise. It is advisable to make an appointment with a doctor or gynaecologist for the follow-up of the pregnancy (see chapter 7).

If one doesn't want to continue the pregnancy, the idea of being pregnant can be very distressing if the pregnancy was not planned. Emergency contraception (morning-after pill) will not be useful, since it has no effect on an implanted pregnancy; it is not abortive. It is then possible to resort to the voluntary termination of pregnancy (VTP) which is authorized in Luxembourg up to 12 weeks of pregnancy (14 weeks after the first day of the last period) at the woman's request.

Recourse to **medically induced VTP** is possible up to 7 weeks of pregnancy (9 weeks after the first day of the last period). This practice is non-invasive and consists of taking 2 hormonal medications 48 hours apart. This type of abortion is not necessarily performed by a gynaecologist. Medically induced VTP may also be performed by a physician (general practitioner) provided that they have entered into an agreement with a hospital that has a gynaecology and obstetrics department with 24-hour emergency services. This type of VTP can also be carried out at the Planning Familial.

Beyond 7 weeks of pregnancy, it is possible to have **surgical VTP**. It is performed at a day hospital by a gynaecologist. It consists of a short local or general anesthesia during which the embryo is aspirated.

Note that there is a 3-day reflection period between the 1st consultation with the gynaecologist and the surgical VTP itself.

The gynaecologist must give information on the alternatives to abortion as well as the rights and assistance services for families. For any question or concern, do not hesitate to ask for help or advice, both before and after abortion, or even for psychological counseling.

The decision to continue or end a pregnancy is ultimately a choice that belongs to women, whether they are adults or minors, a choice that they must make without pressure, surrounding themselves with all the advice and necessary information, in short, it is a personal, free and informed decision.

IN THE CASE OF A MINOR?

In Luxembourg, any minor pregnant woman can request a voluntary termination of pregnancy (see above), but she must comply with 2 specific conditions:

- Consult a psychosocial assistance service before carrying out a VTP (hospital or Planning Familial);
- Obtain the consent of a holder of parental authority or his/her legal representative.

The young woman aged under 18 may choose to keep her situation secret, if she is accompanied throughout the procedure by an adult person of full trust. The psychosocial assistance service can advise her on this choice. The young woman can also choose a representative of this service.




Chapter 3

CONTRACEPTION



INTRODUCTION ON CONTRACEPTION

What is it?

It consists of all the methods that can prevent pregnancy after having sex. In addition, some of the methods listed below also protect against STIs: sexually transmitted infections (see Chapter 4 on STIs). The information regarding STI protection is on each fact sheet next to the icon .

All of the contraceptive methods presented in this chapter are designed to prevent pregnancy, WITH THE EXCEPTION OF:

- The dental dam (latex sheet) that protects ONLY against STIs.
- The natural methods that instead, aim for planning a pregnancy.

All the information on the reimbursement of contraceptives is available at: www.mycontraception.lu.


THERE ARE THREE CATEGORIES OF CONTRACEPTIVE METHODS

- Hormonal
- Non-hormonal (barrier and surgical)
- Natural

Hormonal contraceptives affect the body's hormone secretions in different ways, either by preventing ovulation or by adversely affecting the essential conditions for fertilisation.

Unlike hormonal methods, which chemically prevent the egg and spermatozoa from meeting, barrier methods "physically" prevent them from meeting. These two types of contraceptives are effective when used properly, while natural methods are less effective. Natural methods are based on a woman's knowledge of her fertile periods. These methods have the particularity of being used when one wishes to plan a pregnancy.

The effectiveness of a contraceptive varies according to the type of contraceptive and whether it is used properly. So-called hormonal methods are generally more effective. On the other hand, some so-called barrier and surgical methods are also effective.

The information regarding effectiveness is on each fact sheet next to the icon .

Some contraceptives are medication, so it is necessary to make an appointment with a health professional to discuss the matter and to obtain a prescription. In addition, it is also advisable to consult a health professional, as there could be contraindications and side effects associated with the use of certain contraceptives.

This appointment also provides an opportunity to discuss the different types of contraceptives and to choose the one that is best suited to the needs of the person concerned. It is important to see regularly, usually once a year and whenever necessary, a gynaecologist, i.e. a doctor specialised in contraception who can also carry out a medical follow-up of one's sexual health in general. For example, seeing a gynaecologist before having sex for the first time enables to obtain information and ask any questions (see chapter 7).

The various categories of contraceptives and their effectiveness

	HORMONAL CONTRACEPTION						
	Combined Pill	Mini Pill	Vaginal ring	Contraceptive patch	Hormonal coil	Implant	Injectable contraceptives
CONTRACEPTIVE EFFECTIVENESS	Between 93 and 99%	Between 93 and 99%	Between 93 and 99%	Between 93 and 99%	>99%	>99%	Between 96 and 99%
Effective even if diarrhea and/or vomiting	✗	✗	✓	✓	✓	✓	✓
Generally not noticed during sexual intercourse	✓	✓	✓	✓	✓	✓	✓
No need to think about it everyday	✗	✗	✓	✓	✓	✓	✓
Without hormones	✗	✗	✗	✗	✗	✗	✗
Usually leads to the absence of menstruation	✗	✓	✗	✗	✓	✓	✓
Protects also against STIs	✗	✗	✗	✗	✗	✗	✗

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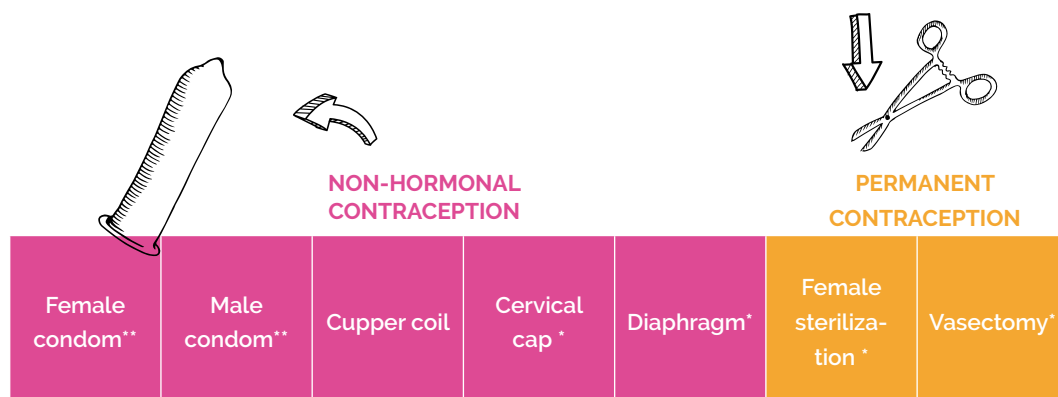
Beware!

- THE NATURAL METHOD
- COITUS INTERRUPTUS (withdrawal)
- VAGINAL DOUCHING
- BREASTFEEDING

are NOT RELIABLE means of contraception

EMERGENCY CONTRACEPTION,

as the name suggests, is taken in an emergency. It is therefore NOT a regular contraceptive in the same way as the other contraceptives presented. See fact sheet 14 for more information.



CONTRACEPTIVE EFFECTIVENESS	Between 79 and 95%	Between 87 and 98%	>99%	Between 68 and 84%	Between 83 and 84%	>99%	>99%
Effective even if diarrhea and/or vomiting	✓	✓	✓	✓	✓	✓	✓
Generally not noticed during sexual intercourse	✗	✗	✓	✓	✓	✓	✓
No need to think about it everyday	✗	✗	✓	✗	✗	✓	✓
Without hormones	✓	✓	✓	✓	✓	✓	✓
Usually leads to the absence of menstruation	✗	✗	✗	✗	✗	✗	✗
Protects also against STIs	✓	✓	✗	✗	✗	✗	✗

*These contraceptives are less used, less recommended and very inaccessible, making them less suitable for young people.

NOTE: Percentages of effectiveness are taken from WHO: World Health Organization & Johns Hopkins Bloomberg School of Public Health. Center for Communication Programs. (2018). Family planning: a global handbook for providers: evidence-based guidance developed through worldwide collaboration, 3rd ed.

Male and female condoms can be used to make a **dental dam which protects ONLY from sexually transmitted infections. See fact sheet 11 for more information.

COMBINED PILL

Also known as combined oral contraceptive



EFFECTIVENESS

Between 93% and 99%.



HORMONES

Combined method based on two hormones: a progestin and an oestrogen.



REMINDER

If the intake of a pill is forgotten for 12h or more, there is no longer any protection. Condom use is advised!

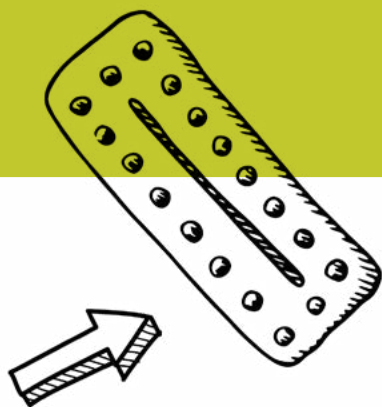


ATTENTION

No protection against STIs.

How does it work?

Each pill contains two types of hormones. The dosage is effective in blocking ovulation, thickening the cervical mucus (which makes it harder for spermatozoa to pass through) and preventing the lining of the uterus from developing to accommodate a possible fertilised egg. There are several types of combined pills. Usually, the pack contains 21 hormone pills for 21 one days of intake followed by a 7-day break.



ADVANTAGES

- Makes menstruation less heavy, less painful and less long
- Allows spontaneous sexual intercourse
- Reversible method

DISADVANTAGES

- Needs to be taken daily at the same time to ensure good effectiveness
- Does not protect against STIs
- Possible side effects (headaches, nausea, moderate weight gain, breast tenderness, etc.)
- Ineffective if vomiting or diarrhoea within 4 hours of intake



How to take the pill?

STEP 1

Before going to the pharmacy, it is required to go to a doctor or a gynaecologist to obtain a prescription.

STEP 2

A new pack of pills should be used on the first day of the period, whether it is the first time on the pill or after a break of intake.



STEP 3

Pills must be taken at the same given time each day. In case of vomiting or diarrhea within 4 hours following the pill intake, there is no longer any protection.

STEP 4

In case of a 21-pill pack, there is a 7-day break. This is when menstruation occurs. A new pack of 21 pills has to be started after the 7-day break even if there is still bleeding. For example, starting a pack on a Tuesday means that the period occurs 3 weeks later on a Tuesday and a new pack would eventually be started the following Tuesday.



How to obtain it?

- At the gynaecologist
- Planning Familial
- Pharmacy (with a medical prescription)

PRICE AND AVAILABILITY

The combined pill costs on average between €18-166 per year (13 cycles). This price is an average indication which may vary. All the information on the reimbursement of contraceptives is available at: www.mycontraception.lu.

MINI PILL

Also known as progestin-only pill



EFFECTIVENESS

Between 93% and 99%.



HORMONES

Contains only progestin hormones.



REMINDER

If the intake of a pill is forgotten for 3h or more, there is no longer any protection.
Condom use is advised!



ATTENTION

No protection against STIs.

How does it work?

The progestin-only pill does not contain oestrogen, only progestins. The dosage is effective in blocking ovulation, thickening the cervical mucus (which makes it harder for spermatozoa to pass through) and preventing the lining of the uterus from receiving a possibly fertilised egg. This pill must be taken continuously. So there is no week off and no period, although there may be occasional light bleeding.



ADVANTAGES

- Makes menstruation less heavy, less painful and less long. Periods may stop altogether.
- Allows spontaneous sexual intercourse
- Reversible method

DISADVANTAGES

- Needs to be taken daily at the same time to ensure good effectiveness
- Does not protect against STIs
- Possible side effects negligible (headaches, breast tenderness, abdominal pain, etc.)
- Ineffective if vomiting or diarrhoea within 4 hours of intake



How to take the pill?

STEP 1

Before going to the pharmacy, it is required to go to a doctor or a gynaecologist to obtain a prescription.

STEP 2

A new pack of pills should be used on the first day of the period, whether it is the first time on the pill or after a break of intake.



STEP 3

The pill is taken at the same given time each day, continuously, without stopping for a week. In case of vomiting or diarrhea within 4 hours following the pill intake, there is no longer any protection.



How to obtain it?

- At the gynaecologist
- Planning Familial
- Pharmacy (with a medical prescription).

PRICE AND AVAILABILITY

The mini pill costs on average between €18-166 per year (13 cycles). This price is an average indication which may vary. All the information on the reimbursement of contraceptives is available at: www.mycontraception.lu.



VAGINAL RING

Also known as Progesterone-Releasing Vaginal Ring



EFFECTIVENESS

Between 93% and 99%.



HORMONES

Combined method based on two hormones: a progestin and an oestrogen.



REMINDER

Once a month.



ATTENTION

No protection against STIs.

How does it work?

The vaginal ring works in the same way as a combined pill. It also contains two different hormones that block ovulation, thicken the cervical mucus and prevent the lining of the uterus from developing to accommodate a possible fertilised egg. After 3 weeks, the ring must be removed. This is when menstruation occurs. The hormones in the ring do not pass through the digestive system but go directly into the bloodstream (as in the case of the patch). So, the protection remains in case of vomiting or diarrhoea.



ADVANTAGES

- Makes menstruation less heavy, less painful and less long
- Allows spontaneous sexual intercourse
- Reversible method

DISADVANTAGES

- Need to remember to remove the ring once a month
- Does not protect against STIs
- Possible side effects (headaches, nausea, moderate weight gain, breast tenderness, etc.)

If case of forgetting, or if the vaginal ring accidentally gets out, contact a pharmacist, doctor or gynaecologist.



How to use it?

STEP 1

Before going to the pharmacy, it is required to go to a doctor or a gynaecologist to obtain a prescription.

STEP 2

Remove the ring from the packaging. After hands have been thoroughly washed and a comfortable position has been taken the ring has to be flattened between the thumb and forefinger.

STEP 3

The ring is then inserted in the vagina. If some difficulties are experienced, there is an applicator (similar to a tampon applicator) that can help the insertion.

STEP 4

After three weeks, the ring is removed by passing the index finger through the ring. This is when menstruation occurs.

STEP 5:

A new ring is inserted 7 days later even if there is still some slight bleeding.

How to obtain it?

- At the gynaecologist
- Planning Familial
- Pharmacy (with a medical prescription)

PRICE AND AVAILABILITY

Vaginal rings cost on average €167 per year (for 13 cycles, i.e. 13 rings). This price is an average indication which may vary. All the information on the reimbursement of contraceptives is available at: www.mycontraception.lu.

HORMONAL PATCH

Also known as the contraceptive patch



EFFECTIVENESS

Between 93% and 99%.



HORMONES

Combined method based on two hormones: a progestin and an oestrogen.



REMINDER

Once a week.



ATTENTION

No protection against STIs.

How does it work?

It is a patch to be stuck on the skin and replaced weekly. Each patch diffuses a combination of hormones for a week, which pass through the skin and directly into the bloodstream. This dosage is effective in blocking ovulation, thickening the cervical mucus and preventing the lining of the uterus from developing to accommodate a possible fertilised egg. After 3 weeks, there is a week's break. This is when menstruation occurs.



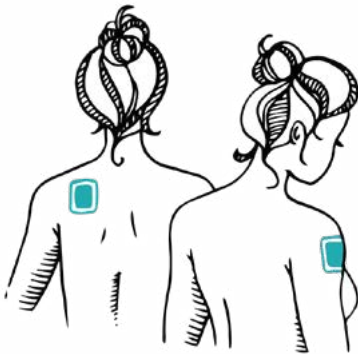
ADVANTAGES

- Makes menstruation less heavy, less painful and less long
- Allows spontaneous sexual intercourse
- Reversible method

DISADVANTAGES

- Requires a certain amount of self-discipline to ensure effectiveness
- Does not protect against STIs
- Possible side effects (headaches, nausea, weight gain, acne, abdominal pain, etc.)

If case of forgetting, or if the contraceptive patch is partially removed/taken off, contact the pharmacist, doctor or gynaecologist.



How to use it?

STEP 1

Before going to the pharmacy, it is required to go to a doctor or a gynaecologist to obtain a prescription.

STEP 2

The patch is then applied on a clean, dry and wound-free area: the lower abdomen, the upper arm or the lower back. The patch must not be applied on a breast or on a part that may be exposed to the sun.

STEP 3

The patch is left in place for a week and changed after 7 days, at about the same time of day. The new patch must be applied in a different area than the previous one to avoid skin irritation.

STEP 4

After retrieving the third patch, no other patch must be applied. This is when menstruation occurs.

STEP 5

7 days later, a new patch is placed in a different place than the previous one.

How to obtain it?

- At the gynaecologist
- Planning Familial
- Pharmacy (with a medical prescription)

PRICE AND AVAILABILITY

Contraceptive patches cost an average of €144 per year (for 13 cycles, i.e. 39 patches). This price is an average indication which may vary. All the information on the reimbursement of contraceptives is available at: www.mycontraception.lu.

HORMONAL COIL

Also known as intrauterine system (IUS)



EFFECTIVENESS

>99%.



HORMONES

Contains only progestin hormones.



REMINDER

Every 3 to 5 years.



ATTENTION

No protection against STIs. The use of the menstrual cup while having an IUS must first be discussed with a gynaecologist.

How does it work?

It is a small device placed by a doctor or gynaecologist in the uterus that blocks ovulation and prevents spermatozoa from coming into contact with the egg by continuously releasing a small amount of progestin (hormones). It thickens the cervical mucus, acts on the endometrium and prevents fertilisation. It is effective for 3 to 5 years, depending on the model. With this method, periods can be very weak or absent. The hormonal IUS can be placed even in people who do not have children.



ADVANTAGES

- Makes menstruation less heavy, less painful and less long. Periods may stop altogether.
- Allows spontaneous sexual intercourse
- Reversible method
- Possible for women who have not had any children

DISADVANTAGES

- Does not protect against STIs
- Possible side effects negligible (headaches, breast tenderness, abdominal pain, etc.)



How to use it?

STEP 1

Before going to the pharmacy, it is required to go to a doctor or a gynaecologist to obtain a prescription.

STEP 2

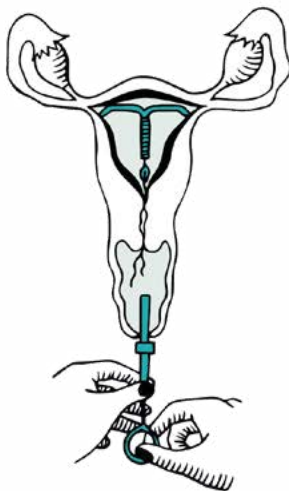
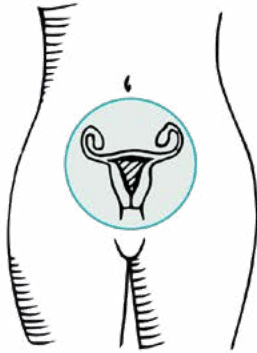
After the purchase of an IUS in a pharmacy, another appointment at a doctor or a gynaecologist who is familiar with this technique is required.

STEP 3

Pain relief medicine may be given when the copper IUS is put into place. At the end of the IUS are two thin strings which, after insertion by the gynaecologist or doctor, are cut to the correct length to avoid any discomfort during sexual intercourse.

STEP 4

An ultrasound check is usually carried out within 6 to 8 weeks after insertion to verify that the hormonal IUS is correctly placed. Thanks to the two thin strings, it is possible to feel whether the IUS is still there. If the strings are in the way, they can be shortened by a health professional.



How to obtain it?

- At the gynaecologist
- Planning Familial
- Pharmacy (with a medical prescription)

PRICE AND AVAILABILITY

The hormonal IUS costs on average €144 and lasts between 3 and 5 years. This price is an average indication which may vary. All the information on the reimbursement of contraceptives is available at: www.mycontraception.lu.



HORMONAL IMPLANT

Also known as the contraceptive implant



EFFECTIVENESS

>99%.



HORMONES

Contains only progestin hormones.



REMINDER

Every 3 years.



ATTENTION

No protection against STIs.

How does it work?

A little rod is placed under the arm's skin. It continuously releases a low dose of hormones into the body to block ovulation for three years. It thickens the cervical mucus and acts on the endometrium, making it harder for spermatozoa to pass into the uterus. With this method, periods can be irregular, very weak or absent.



ADVANTAGES

- Makes menstruation less heavy, less painful and less long.
- Periods may stop altogether.
- Allows spontaneous sexual intercourse
- Reversible method

DISADVANTAGES

- Does not protect against STIs
- Possible side effects (headaches, nausea, acne, weight gain, breast tenderness, abdominal pain, etc.)



How to use it?

STEP 1

Before going to the pharmacy, it is required to go to a doctor or a gynaecologist to obtain a prescription. Asking if the professional is familiar with hormone implants is recommended.

STEP 2

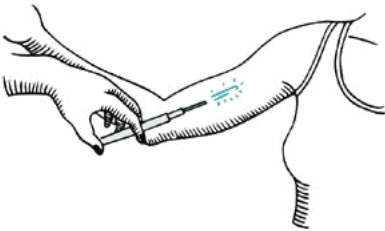
Once the implant is purchased in a pharmacy, another appointment with the doctor or gynaecologist familiar with this technique is required to place the implant.

STEP 3

The implant is placed under the skin of the arm, after a local anaesthetic, so placing it is not painful.

STEP 4

The implant must be replaced every three years by a doctor or gynaecologist.



How to obtain it?

- At the gynaecologist
- Planning Familial
- Pharmacy (with a medical prescription)

PRICE AND AVAILABILITY

The implant costs on average €140 for 3 years. All the information on the reimbursement of contraceptives is available at: www.mycontraception.lu.

INJECTABLE CONTRACEPTIVES

Also known as progestin-only injectables



EFFECTIVENESS

Between 96% and 99%.



HORMONES

Contains only progestin hormones.



REMINDER

Every 3 months



ATTENTION

No protection against STIs.

How does it work?

A progestin hormone is injected directly into the muscle. This dosage is effective in blocking ovulation for three months. Many people who start with an injectable progestin initially have irregular periods and then gradually stop having any at all. However, some people still experience bleeding.



ADVANTAGES

- Makes menstruation less heavy, less painful and less long. Periods may stop altogether.
- Allows spontaneous sexual intercourse
- Reversible method

DISADVANTAGES

- Requires frequent visits to the doctor
- Does not protect against STIs
- Possible side effects (amenorrhea, menometrorrhagia, weight gain, headaches, nausea, breast tenderness, abdominal pain, etc.)
- Loss of bone density
- Slower return to fertility



How to use it?

STEP 1

Before going to the pharmacy, it is required to go to a doctor or a gynaecologist to obtain a prescription.

STEP 2

Once the injection is purchased in a pharmacy, another appointment with a doctor or gynaecologist is required.

STEP 3

Every three months, the doctor, gynaecologist or nurse will administer an injection in the upper arm, the buttock muscle or under the skin.



How to obtain it?

- At the gynaecologist
- Planning Familial
- Pharmacy (with a medical prescription)

PRICE AND AVAILABILITY

Injectable progestins cost on average €37 for 1 year (4 injections). This price is an average indication which may vary. All the information on the reimbursement of contraceptives is available at: www.mycontraception.lu.

MALE CONDOM

Also known as external condom. It has the advantage of protecting against unwanted pregnancy and sexually transmitted infections (STIs).



EFFECTIVENESS

Between 87% and 98%
Using it properly increases
its effectiveness.



WITHOUT HORMONES



REMINDER

To put on at the beginning
of each new sexual
intercourse...



GOOD TO KNOW

Protection against STIs.
In 95% of the cases where
the condom tears, it is
because it was put on
incorrectly..

How does it work?

An external condom is slipped over the erect penis before penetration and prevents spermatozoa from coming into contact with the egg. Usually made of latex and coated with lubricant, it is one of the only contraceptives that also protects against STIs, including HIV/AIDS. Indeed, condoms prevent contact with body fluids that may contain STIs (see Chapter 4, Fact sheet 1). For this reason, some people combine condom use with another method of contraception.

CAUTION: use only one condom at a time to avoid the risk of tearing. Some people are allergic to latex. Don't panic, there are condoms made of polyurethane, a material that is very similar to latex, but is hypoallergenic (does not cause allergies). There are a multitude of condoms of various shapes, sizes, textures and flavours. Testing several kinds of condoms in order to find the right one is recommended.



ADVANTAGES

- Protects against STIs
- No side effects (except allergies, to avoid by choosing other type of materials like polyurethane for ex, etc.)
- Several sizes, shapes, textures and flavours

DISADVANTAGES

- Difficulties of use due to lack of practice
- Loss of sensitivity in some users (male and/or female)
- May tear if badly put on
- Possible interruption of spontaneity during intercourse while putting it on

ALWAYS VERIFY



- the expiration date,
- that the packaging is not drilled (presence of air)
- that the CE standard is printed on the packaging of the condom (conformity of the product regarding UE legislation).



TIPS

- Water-based lubricants are highly recommended because other lubricants may damage the latex and cause breaking.
- Never use 2 condoms one on top of the other. It does not protect twice as much. On the contrary, friction can cause the condom to break.
- One condom = single use, per partner, penetration and orifice!
- If the condom was mistakenly put on upside down, a new one needs to be used. The already used condom must not be turned the other side and inserted again because it may have been in contact with spermatozoa or an STI present on the glans of the penis (in the pre-seminal fluid, *see chapter 4 for more information*).

How to use it?

STEP 1

Condoms can be bought in pharmacies, supermarkets, night shops, vending machines... or received free of charge at the Planning Familial (*see contact*).

STEP 2

After hands have been thoroughly washed and the condom has been removed from its packaging, the condom should not be unrolled yet! The tip of the condom must be held between the index finger and thumb and placed on the erect penis.

STEP 3

The tip should be pinched while unrolling the condom over the erect penis. It must be pinched until the condom is completely unrolled. To prevent the condom from tearing and to make penetration easier, lubricating gel is recommended.

STEP 4

After ejaculation, the condom must be removed before the penis is no longer erect to avoid the risk of leakage. The condom is then tied with a small knot and put in the rubbish bin (not in the toilet!).

How to obtain it?

Without medical prescription, male condoms are available:

- In pharmacies (€)
- In supermarkets (€)
- At the Planning Familial (free of charge)
- At the LGBTIQ+ Centre CIGALE (free of charge)
- At HIV Berodung (free of charge)
- Secondary schools (free of charge or at low cost)

PRICE AND AVAILABILITY

Male condoms cost on average between €0 and €2 per condom. This price is an average indication which may vary. All the information on the reimbursement of contraceptives is available at: www.mycontraception.lu.

FEMALE CONDOM

Also known as internal condom, the female condom also has the advantage of protecting against pregnancy and against sexually transmitted infections (STIs)



EFFECTIVENESS

Between 79% and 95%
Using it properly increases
its effectiveness.



WITHOUT HORMONES



REMINDER

It can be put and kept in
in advance for a maximum
length of 8 hours.



GOOD TO KNOW Protection against STIs.

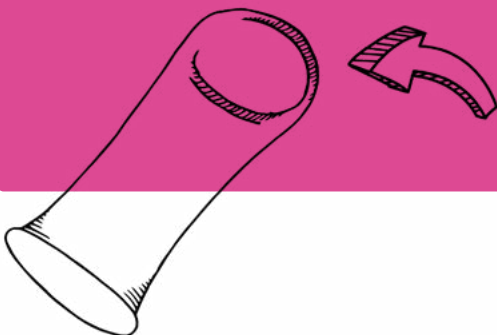
Without latex.

How does it work?

The internal condom is made of polyurethane (a material similar to latex). It has a flexible ring and is placed in the vagina (with ring) or the anus (without ring) before intercourse. It prevents spermatozoa from coming into contact with the egg. It is one of the only contraceptives that also protects against STIs, including HIV/AIDS. Indeed, condoms prevent contact with body fluids that may contain STIs (*see Chapter 4, Fact sheet 1*). For this reason, some people combine condom use with another method of contraception.

It is possible to keep it in for a maximum of 8 hours. It must be changed with each new partner.

It is particularly suitable for people who are allergic to latex (since it does not contain any). Like the male condom (external), it can be used alone or in addition to another method of contraception. It should not be used at the same time as a male (external) condom.



ADVANTAGES

- Protects against STIs
- Can be inserted in advance - allows spontaneity
- 40% more resistant to tearing (polyurethane is more resistant than latex)
- No side effects
- Can be used by women and men (anal penetration)

DISADVANTAGES

- Difficult to use owing to lack of practice
- Possible interruption of spontaneity during intercourse while putting it on
- Harder to find than the male condom

ALWAYS VERIFY



- the expiration date,
- that the packaging is not drilled (presence of air)
- that the CE standard is printed on the packaging of the condom (conformity of the product regarding UE legislation).



TIPS

- Using water-based lubricants is highly recommended because any other lubricant may damage the condom and cause breaking.
- Never use two condoms at the same time (female and male): friction between the two can cause the contraceptives to break.
- One condom = single use, per partner, penetration and orifice!

How to use it?

STEP 1

Female condoms can be bought on the Internet and in pharmacy (to order) or received free of charge at HIV Berodung or at the LGBTIQ+ Centre CIGALE (see chapter 7).

STEP 2

Adopting a comfortable position helps for this step. After washing hands and removing the packaging, it is important to be careful not to tear the condom with fingernails or rings while handling it.

STEP 3

Fingers can be put in the condom while pushing the internal ring all the way into the vagina. The outer ring should stay outside the vagina and cover the vulva/labia.

STEP 4

When penetration is complete, the outer ring must be turned so that the opening is completely closed. The condom should then be gently pulled out, placed in its pouch and ultimately put in the rubbish bin (not in the toilet!).

How to obtain it?

Without medical prescription, female condoms are available:

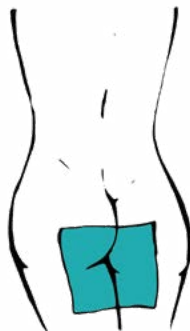
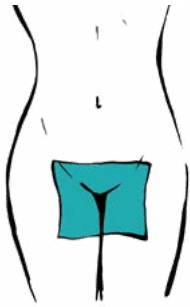
- To order on the internet (€)
- In pharmacies to order only (€)
- At the LGBTIQ+ Centre CIGALE (free of charge)
- At HIV Berodung (free of charge)

PRICE AND AVAILABILITY

Female condoms cost on average €7 for a pack of 3 condoms. This price is an average indication which may vary. All the information on the reimbursement of contraceptives is available at: www.mycontraception.lu.

DENTAL DAM

The dental dam protects **ONLY** against sexually transmitted infections (STIs)



How to use it?

The dental dam is a thin, flexible, totally waterproof latex or polyurethane square that serves as protection against sexually transmitted infections (STIs) during oral sex (cunnilingus or anilingus).

The dental dam is not a contraception method, as it does not protect against pregnancy, but only against STIs.

It is made from a male or female condom whose ends are cut off or it is also sold in a ready-to-use packet.

It can be applied and held in place with clean hands on the vulva or anus during sex to avoid oral-genital/oral-anal contact that could lead to contracting an STI. Of course, there are as many kinds of condoms as there are kinds of dental dams.

How to obtain it?

- The **LGBTIQ+ Centre CIGALE** offers ready-to-use/preconceived dental dam for free.
- To order on the internet (€)
- In pharmacies to order only (€)

Without medical prescription, condoms are available at the following locations:

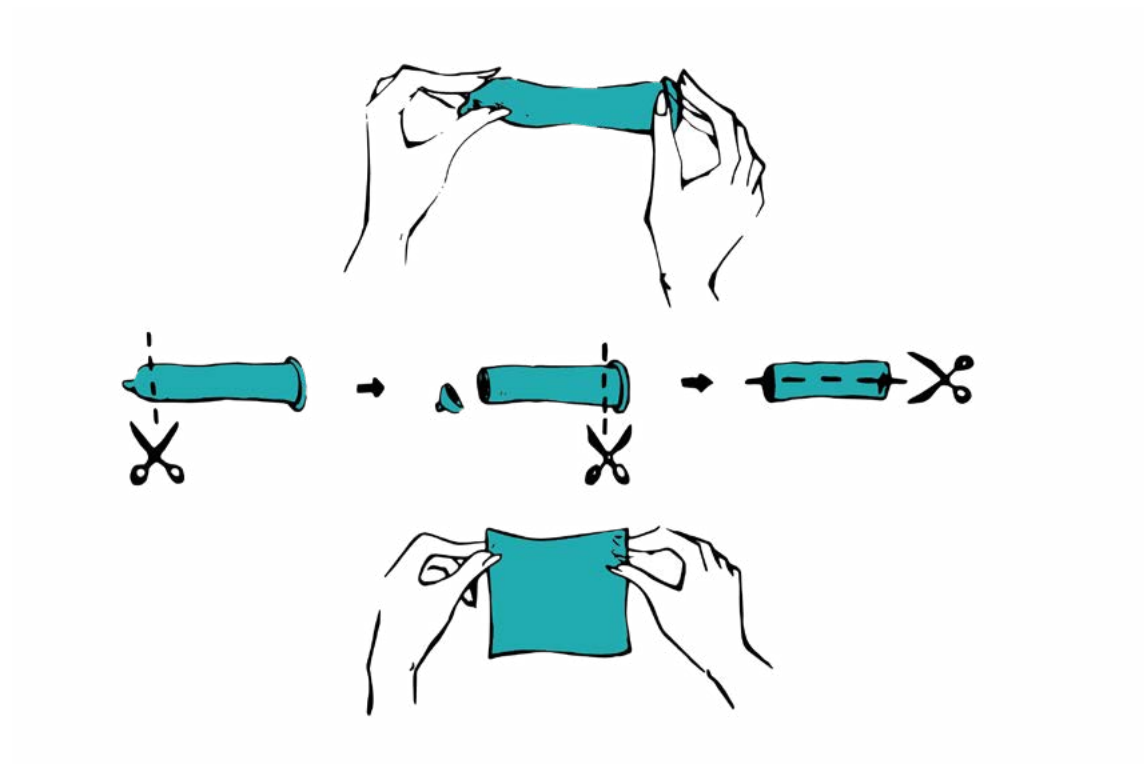
- In pharmacies (€)
- In supermarkets and gas station (€)
- At the Planning Familial (free of charge)
- At HIV Berodung (free of charge)
- Secondary schools (free of charge or at low cost)

it will however be necessary to "make" the dental dam (see the instructions on the reverse page).

TIPS

- One dental dam = single use, per partner and orifice!
- Do not over-stretch to avoid breaking.
- Water-based lubricants are highly recommended because any other lubricant may damage the latex and cause breaking. Clean hands thoroughly before use.

How to make a dental dam:



PRICE AND AVAILABILITY

Male condoms cost on average between €0 and €2 per condom and female condoms cost on average €7 for a pack of 3 condoms. This price is an average indication which may vary. All the information on the reimbursement of contraceptives is available at: www.mycontraception.lu.

COPPER COIL

The copper coil is also known as the copper intrauterine device (IUD)



EFFECTIVENESS

> 99%.



WITHOUT HORMONES



REMINDER

Every 3 to 5 years

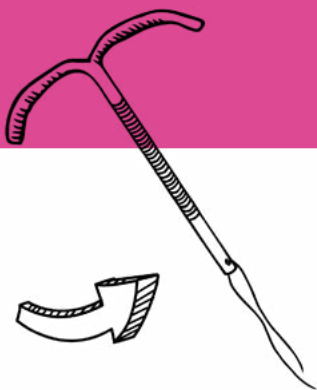


ATTENTION

No protection against STIs.

How does it work?

It is a small device inserted by a doctor or gynaecologist into the uterus. The copper IUD renders spermatozoa inactive and also acts on the endometrial lining, preventing the implantation of the potentially fertilised egg. It is effective for 3 to 5 years, depending on the model. With this method, periods can be longer and more abundant. The copper IUD can be placed even in people without children.

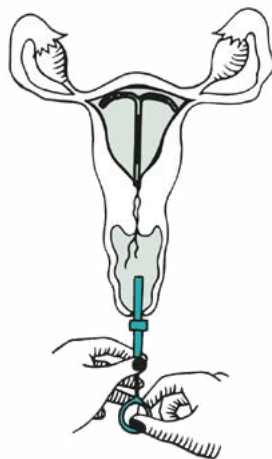


ADVANTAGES

- Allows spontaneous sexual intercourse
- Reversible method

DISADVANTAGES

- Does not protect against STIs
- Sometimes makes periods heavier
- Insertion may cause pain/cramps/abdominal pain/lower abdominal pain



How to use it?

STEP 1

Before going to the pharmacy, it is required to go to a doctor or a gynaecologist to obtain a prescription.

STEP 2

After the purchase of an IUD in a pharmacy, another appointment at a doctor or a gynaecologist who is familiar with this technique is required.

STEP 3

Pain relief medicine may be given when the copper IUD is put into place.

STEP 4

At the end of the copper IUD there are two thin strings which, after insertion by the gynaecologist or doctor, are cut to the correct length to avoid possible discomfort during sexual intercourse.

STEP 5

An ultrasound check is usually performed within 6-8 weeks after insertion to verify that the copper IUD is properly placed. Thanks to the two thin strings, it is possible to feel whether the IUD is still there. If the strings are in the way, they can be shortened by a health professional.

How to obtain it?

- At the gynaecologist
- Planning Familial
- Pharmacy (with a medical prescription)

PRICE AND AVAILABILITY

The copper IUD costs on average between €100 and €200 and lasts between 3 and 5 years. This price is an average indication which may vary. All the information on the reimbursement of contraceptives is available at: www.mycontraception.lu.

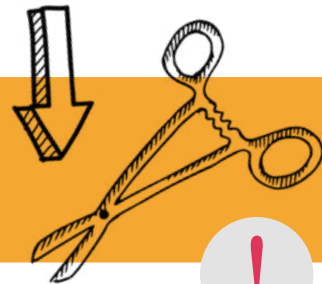
OTHER METHODS OF CONTRACEPTION LESS ADVISABLE FOR YOUNG PEOPLE

The five methods presented below are less used, less recommended, and not easily accessible, making them less suitable for young people. All the information on the reimbursement of contraceptives is available at: www.mycontraception.lu.



FEMALE STERILISATION

Also known as tubal ligation



EFFECTIVENESS

> 99%.



WITHOUT HORMONES



REMINDER

don't want to have
(anymore) children



ATTENTION

No protection
against STIs.

How does it work?

The tubes that carry the egg to the uterus are in most cases blocked (with clips) and sometimes tied (with thread). The aim is to prevent the egg from passing from the ovary to the fallopian tubes and meeting spermatozoa, thus preventing fertilisation.

This operation prevents having children but has no influence on the sexual functioning of the female genitalia or on the libido. This method is said to be definitive and irreversible, as it will not be possible to have children without resorting to an operation. The chances of success of this operation, known as recanalization, are low.

WHERE TO HAVE IT CARRIED OUT?

Tubal ligation or obstruction is performed in a hospital setting by a gynaecologist. It is a surgical procedure carried out in the operating theatre under general anaesthetic.

This surgery is not recommended for young people.



VASECTOMY



EFFECTIVENESS

Between 99,5 and 99,9%.



WITHOUT HORMONES



REMINDER

don't want to have (any)more children



ATTENTION

No protection against STIs.



How does it work?

The vas deferens which transport spermatozoa from the testicles to the prostate are cut so that the semen no longer contains spermatozoa. The quantity of semen released during ejaculation remains more or less unchanged since the semen contains only 3-5% spermatozoa.

A vasectomy has no influence on the quality of the erection or the libido. After the surgery, one must wait between 3 to 6 months maximum for the vasectomy to be effective (the time it takes for all the spermatozoa to disappear). In the meantime, another method of contraception must be used. Spermatozoa which are no longer externalized do not accumulate. They are eliminated by the body as they are formed.

WHERE TO HAVE IT CARRIED OUT?

A vasectomy is performed by a health care professional, usually a urologist, in a hospital setting, on an adult person only. The surgery lasts about half an hour and is usually performed under local anaesthetic.

After the surgery, one or more spermograms are carried out to ensure that there are indeed no more spermatozoa in the semen.

This surgery is not recommended for young people.



DIAPHRAGM



EFFECTIVENESS

Between 83% and 84%.



WITHOUT HORMONES



REMINDER

It is possible to get advice from a specialist



ATTENTION

No protection against STIs.

How does it work?

The diaphragm (made of silicone) is placed inside the vagina, in front of the entrance to the cervix, thus preventing spermatozoa from reaching the egg. This method is combined with a spermicide that makes the spermatozoa inactive. It is available in the form of a cream, gel, foam, tablets, etc.

This contraception is difficult to use, and the diaphragm is complicated to obtain. For use of this method, it is advised to make an appointment with a doctor.

CERVICAL CAP



EFFECTIVENESS

Between 68% and 84%.



WITHOUT HORMONES



REMINDER

It is possible to get advice from a specialist



ATTENTION

No protection against STIs.

How does it work?

The cervical cap (made of silicone) is placed inside the vagina, at the entrance of the cervix, and prevents spermatozoa from passing through. This method is combined with a spermicide that makes the spermatozoa inactive. It is available in the form of a cream, gel, foam, tablets, etc.

This contraception is difficult to use, and the cervical cap is complicated to obtain. For use of this method, it is advised to make an appointment with a doctor.



NATURAL CONTRACEPTION



EFFECTIVENESS

This is more a **family planning method** than a method of contraception



WITHOUT HORMONES



REMINDER

This method requires a very good knowledge of one's cycle and body.



ATTENTION

No protection against STIs.

How does it work?

The natural method refers to the set of biological signs that make it possible to identify fertile periods through different parameters: body temperature and the thickness, colour and texture of the vaginal discharge (and/or the position of the cervix). Since spermatozoa can live up to 7 days in the cervix and the fertile period is 5 to 6 days per month, the method can delimit the fertilisation period from the period when there is no risk of pregnancy. Effectiveness depends on the motivation and involvement of the partners in the first few months to properly take in all the information and intricacies.

NATURAL METHOD AND MOBILE APPLICATIONS

Many mobile applications exist to calculate the days of the menstrual cycle (*see Chapter 1, Fact sheets 6, 7 and 8 on Puberty*) on which a woman is fertile. However, most of these applications are not very reliable, so using them for contraceptive management is strongly discouraged. For some women, the menstrual cycle is irregular and can be disrupted by many factors (e.g. stress).

This contraception is difficult to use. For use of this method, it is advised to make an appointment with a doctor.

How to put it into practice?

During the couple's fertile period (an average of ten days per month), partners who do not wish to become pregnant can use barrier methods or refrain from vaginal penetration.

This fertility awareness method, while not really a contraceptive method, does allow the contraceptive burden to be shared (when the partner opts for a condom during the fertile period, for example). Whilst it requires a lot of motivation, it does not have any side effects and makes for autonomous management of the fertile periods after the learning period.

This method requires a long period of time to learn how to recognise the signs of fertility. It is less suitable for young people and is more often used to plan a pregnancy than to avoid one.

In women, ovulation causes a hormonal discharge that increases sexual desire. Unprotected sexual contact should be avoided during these ovulation (fertility) days. This is one of the reasons that can make the application of this method more difficult, especially when starting sexual life.

EMERGENCY CONTRACEPTION

THE EMERGENCY PILL

Also known as the "morning-after pill", it is available for free at the Planning Familial



EFFECTIVENESS

Reliability decreases with time.



HORMONES

Contains only progestin hormones..



REMINDER

Take it as quickly as possible.



ATTENTION

No protection against STIs.

How does it work?

CONTEXT

When having unprotected sexual intercourse, problem with contraception use (pill forgotten, condom broke, etc.) or having a doubt.

There are two emergency pills:

- One pill to be taken up to **72 hours** (3 days) after intercourse.
- One pill to be taken up to **120 hours** (5 days) after intercourse.

The effectiveness of emergency contraception decreases over time: the later it is taken after sexual intercourse putting one at risk of a pregnancy, the less effective it becomes.

BE CAREFUL, the emergency pill delays ovulation, but does not suppress it. This means that subsequent sexual intercourse must be protected (e.g. by using a condom) for 7 days.

The emergency pill may cause some side effects such as nausea, headaches or a disturbance of the menstrual cycle (irregular bleeding).



How to use it?

STEP 1

It is important to go as soon as possible to a pharmacy or a Planning Familial centre for advice in choosing emergency contraception which suits the situation.

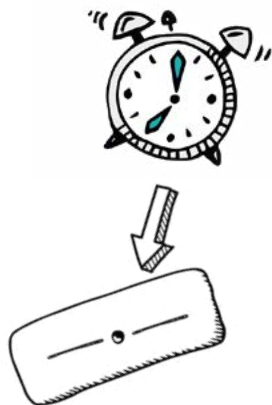
STEP 2

The effectiveness of the pill depends on how quickly it is taken. The emergency pill needs to be taken as quickly as possible after intercourse (max 5 days).

AND AFTERWARDS

If vomiting within 2 hours following the pill intake, take one more. It is advisable to take a pregnancy test 2 to 3 weeks after taking emergency contraception. If the test is positive, a Voluntary Termination of Pregnancy (VTP, also called an abortion) can be performed.

If an STI screening has not been done for a long time, it is recommended to ask the doctor or gynaecologist or at a Planning Familial centre for a test. If there was a non-consensual intercourse situation, *see chapter 5, Fact sheet 3* to know what to do.

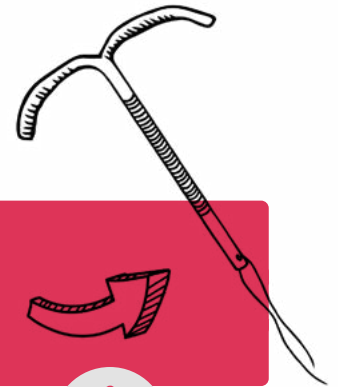


How to obtain it?

- In pharmacies (€ – without medical prescription)
- Planning Familial (free of charge)
- At the gynaecologist

PRICE AND AVAILABILITY

The pill to be taken up to 72 hours after intercourse costs €10 and the one to be taken up to 120 hours after costs €25. These 2 pills are given free of charge at the Planning Familial. These prices are an average indication which may vary. All the information on the reimbursement of contraceptives is available at: www.mycontraception.lu.



THE EMERGENCY COPPER IUD

Also known as the copper IUD (intrauterine device)



EFFECTIVENESS

99% dans les
in the first 120 hours
after intercourse



SANS HORMONES



REMINDER

Copper IUD user benefits
from reliable, long-term, non-
hormonal contraception



ATTENTION

No protection
against STIs.

How does it work?

CONTEXT

When having unprotected sexual intercourse, problem with contraception use (pill forgotten, condom broke, etc.) or having a doubt.

The copper coil (also called IUD for intrauterine device) is **ALSO a method of emergency contraception**. Copper makes spermatozoa inactive and also acts on the lining of the endometrium, preventing the implantation of the potentially fertilised egg. While it is among the safest contraceptives, it is also the most effective emergency contraception. The copper IUD can be used as emergency contraception up to 5 days after sexual intercourse putting one at risk of a pregnancy or until the 12th day of the cycle.

Contrary to popular belief, the copper IUD does not reduce fertility, does not require surgery, and may be suitable for a person who is childless.



How to use it?

STEP 1

It is necessary to take an **EMERGENCY** appointment at a Planning Familial centre or at a doctor or gynaecologist familiar with the insertion of the copper IUD for placement as emergency contraception.

STEP 2

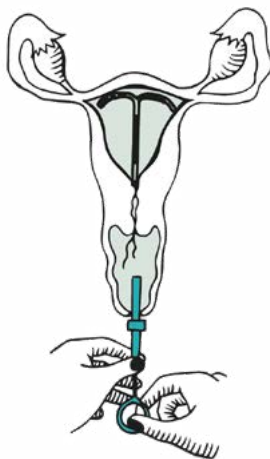
Pain relief medicine may be given when the copper IUD is put into place.

STEP 3

At the end of the IUD are two thin strings which, after insertion by the gynaecologist or doctor, are cut to the correct length to avoid any discomfort during sexual intercourse.

AND AFTERWARDS

If an STI screening has not been done for a long time, it is recommended to ask the doctor or gynaecologist or at a Planning Familial centre for a test. If there was a non-consensual intercourse situation, *see chapter 5, fact sheet 3* to know what to do.



How to obtain it?

- At the gynaecologist
- Planning Familial

PRICE AND AVAILABILITY

The copper IUD costs on average between €100 and €120 and lasts between 3 and 5 years. This price is an average indication which may vary. All the information on the reimbursement of contraceptives is available at: www.mycontraception.lu.

WHEN THE PERIOD DOES NOT COME

WHEN PERIODS ARE LATE

Late periods are quite common, even when taking hormonal contraception. Several things can explain this delay: stress or anxiety, a slightly longer cycle, forgetting hormonal contraceptive, taking an emergency contraceptive, a significant weight loss or gain, the beginning of pre-menopause, lack of sleep, illness, etc.

However, if sexual intercourse occurred in the past few weeks, it is possible to take a pregnancy test to be reassured. Be aware that a pregnancy test is only reliable about 19 days after unprotected intercourse. One good thing to note is the time of the last period. This gives an idea of the period during which a pregnancy could have started.

What to do if the pregnancy test is positive?

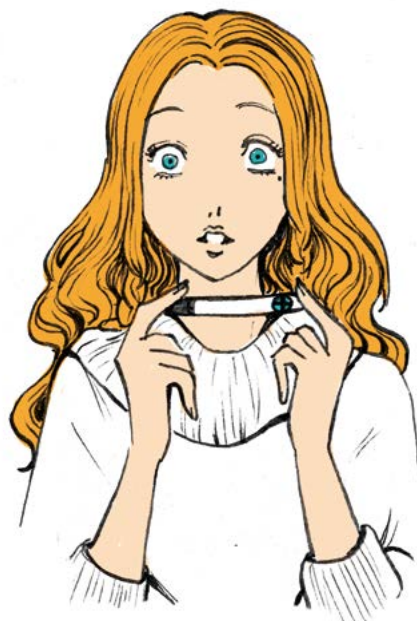
If having a child is desired, it is recommended to make an appointment with a doctor or gynaecologist for the follow-up of the pregnancy (see Chapter 7).

If continuing the pregnancy is not wanted, the idea of being pregnant can be very distressing if the pregnancy was not planned. Emergency contraception (morning-after pill) will not be useful, since the fertilised egg has implanted: it has no effect, as it is not abortive. It is then possible to resort to the voluntary termination of pregnancy (VTP) which is authorized in Luxembourg **up to 12 weeks of pregnancy** (14 weeks after the first day of the last period) at the woman's request.

The 1st consultation for an unwanted pregnancy must be done at a gynaecologist who will date the pregnancy and check its location (in the womb) using ultrasound.

UP TO 7 WEEKS OF PREGNANCY

Recourse to **medically induced VTP** is possible up to 7 weeks of pregnancy (9 weeks after the first day of the last period). This practice is non-invasive and consists of taking 2 hormonal medications 48 hours apart. This type of abortion is not necessarily performed by a gynaecologist. Medically induced VTP may also be performed by a physician (general practitioner) provided that they have entered into an agreement with a hospital that has a gynaecology and obstetrics department with 24-hour emergency services. This type of VTP can also be carried out at the Planning Familial.





BEYOND 7 WEEKS OF PREGNANCY

Beyond 7 weeks of pregnancy, it is possible to have **surgical VTP**. It is performed in a day hospital by a gynaecologist. It consists of a short local or general anesthesia during which the embryo is aspirated.

Note that there is a 3-day reflection period between the 1st consultation with the gynaecologist and the surgical VTP itself.

The doctor must give information on the alternatives to abortion as well as the rights and assistance services for families. For any question or concern, do not hesitate to ask for help or advice, both before and after abortion, or even for psychological counseling.

IN THE CASE OF A MINOR?

In Luxembourg, any minor pregnant woman can request a voluntary termination of pregnancy, but she must comply with 2 specific conditions:

- Consult a psychosocial assistance service before carrying out a VTP (hospital or Planning Familial);
- Obtain the consent of a holder of parental authority or his/her legal representative.

WHAT IF A MINOR WANTS TO KEEP IT CONFIDENTIAL?

The young woman may choose to keep it confidential if she is accompanied throughout the procedure by a person of full trust. The psychosocial assistance service can advise her on this choice. The young woman can choose a representative of this service.

The decision to continue or end a pregnancy is ultimately a choice that belongs to women, whether they are adults or minors, a choice that they must make without pressure, surrounding themselves with all the advice and necessary information, in short, it is a personal, free and informed decision.



Chapter 4

SEXUALLY TRANSMITTED INFECTIONS (STIs)



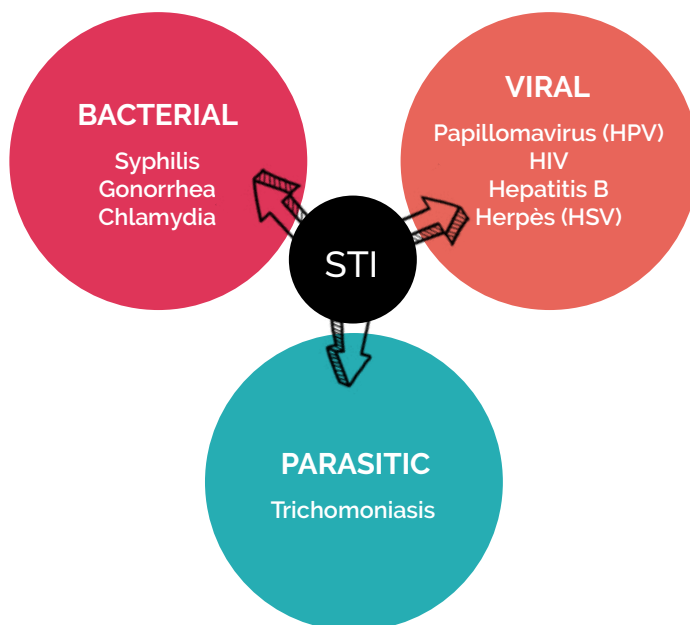


INTRODUCTION ON STIs

STI STANDS FOR SEXUALLY TRANSMITTED INFECTION

An infection that is transmitted during unprotected sexual relations: vaginal and anal penetration, fellatio, anilingus (rimming), cunnilingus, caressing/masturbation/genitals to genitals contact.

An STI can be caused by a bacterium, virus or parasite:



THE WARNING SIGNS

Anything out of the ordinary must prompt to consult a doctor!

Generally, warning signs are located on the genitals:

- itching,
- a burning sensation
- the appearance of small red/white spots
- the presence of an odd discharge
- a bad smell...

Most STIs have no symptoms: they are asymptomatic.

Nevertheless, it is important to be vigilant and to look out for certain symptoms that may appear a few days (or even weeks) after sex.

Can an STI be cured?

STIs of bacterial origin are very easily cured by antibiotics.

Viral STIs are incurable, but treatments exist to reduce or modify the consequences of the infection. HIV, for example, cannot be cured but can be controlled using antiretroviral drugs.

It is therefore always essential to go to see a doctor if there are abnormal signs, even if the symptoms have disappeared, because it is necessary to treat the infection as soon as possible so that it does not spread.

Sexual partners must also be informed, seen by a doctor and treated if necessary.



What should be done about STIs?

- The female/'internal' condom which is inserted into the vagina or the male/'external' condom which is unrolled on the penis, and/or the dental dam for oral sex (cunnilingus, anilingus).
- Regular screening if there has been unprotected sex.
- Screening of different sexual partners.

HOW TO BREAK THE CHAIN OF TRANSMISSION?

- Take the prescribed treatment in its entirety.
- Inform partners so that they are examined and treated as soon as possible if necessary.
- Use condoms.



No immunity is created against STIs, so reinfection is always possible!

WHERE TO GET DIAGNOSED FOR STIs?

Gynaecologist, urologist, Infectious Diseases Department at the CHL, Planning Familial, general practitioner.

VACCINATION









There is a vaccine against hepatitis B and against 9 types of human papillomavirus (HPV) that are implicated in more than 70% of cervical cancers and 90% of genital warts.

The vaccines are reimbursed by the CNS for girls and boys between 9 and 13 years of age, but also in a targeted manner for older persons. It is important to discuss this with a doctor. (<https://plancancer.lu/about/prevention/vaccination-hpv/>)

Consult a doctor for information about vaccines!



Summary table of STIs

STI	TRANSMISSION	PREVENTION	TREATMENT
 VIH = virus	Contact between infected fluids (semen, pre-seminal fluid, vaginal fluid, blood, breast milk) and a mucous membrane or a wound	Condoms Dental dam Screening Emergency treatment (PEP) Pre-exposure treatment (PrEP) Treatment of person living with HIV (TASP) Use of personal and disposable drug equipment (safer use)	Not curable "Triple Therapy" treatments that neutralise (lock up) the virus and thus prevent attacks on the immune system
 PAPILLOMAVIRUS (HPV) = virus	Direct contact with infected skin or mucous membrane (oral, anal, vaginal sex, caressing)	Condoms Dental dam Vaccination	Treatment of genital warts (condylomata) Cervical cancer screening
 HERPES = virus	Direct contact with infected skin or mucous membrane (oral, anal, vaginal sex, caressing)	Condoms Dental dam	Treatments in case of a herpes outbreaks
 HEPATITIS B = virus	Contact between infected fluids (semen, pre-seminal fluid, vaginal fluid, blood, breast milk) and a mucous membrane or a wound	Condoms Dental dam Vaccination Use of personal and disposable drug equipment (safer use)	Not curable Antiviral treatments to slow down evolution
 SYPHILLIS = bacteria	Direct contact with infected skin, mucous membrane or blood (oral, anal, vaginal sex, caressing)	Condoms Dental dam Screening Use of personal and disposable drug equipment (safer use)	Antibiotics There is no acquired immunity: a reinfection is possible
 GONORRHEA "Tripper" = bacteria	Direct contact with an infected mucous membrane (oral, anal, vaginal sex, caressing)	Condoms Dental dam Screening	Antibiotics There is no acquired immunity: a reinfection is possible
 CHLAMYDIA = bacteria	Direct contact with an infected mucous membrane (oral, anal, vaginal sex, caressing)	Condoms Dental dam Screening	Antibiotics There is no acquired immunity: a reinfection is possible
 TRICHOMONIASIS = parasite	Direct contact with an infected mucous membrane (oral, anal, vaginal sex, caressing)	Condoms Dental dam Screening	Antibiotics There is no acquired immunity: a reinfection is possible



Fact sheet 2



HIV

HIV = **H**uman **I**mmunodeficiency **V**irus, is a virus that destroys the immune system and more specifically CD4, a type of white blood cells of the immune system.

When HIV enters the body, it attacks the immune system, and gradually weakens it (over several years).

If HIV is not controlled by antiretrovirals, so-called opportunistic infections will develop.

NB: Opportunistic infections = infections that take advantage of the weak immune system to develop in the body.

When a person develops an opportunistic infection, he or she is at the stage of "**AIDS**", **A**cquired **I**mmuno **D**eficiency **S**yndrome.

This stage is reversible, as most opportunistic infections can be treated and cured.

Symptoms

2 to 4 weeks after infection, symptoms, very similar to those of the flu, may appear:

- Extreme fatigue, night sweats
- Swollen lymph nodes (armpits, neck, groin)
- Fever, muscle pain, rashes
- Sore throat

Between 50% and 75% of newly infected people will have these symptoms, but they may not necessarily think they are linked to a HIV infection! That's why **the majority of infected people don't know** until they have been tested.



2

TRANSMISSION

There is a risk of HIV transmission from one person to another when the following 3 factors **come together**:

1. **Presence of body fluid** containing the HIV virus (blood, semen or pre-seminal fluid, vaginal secretions, anal secretions, breast milk)
2. **Entry point** for the virus (open wound, eyes, nose, mouth, vagina, vulva, glans penis, anus)
3. **Contact** between the two (liquid + entry + contact = **RISK** of HIV transmission)

$$1 + 2 + 3 = !$$



Screening

The HIV screening test is the only way to know one's HIV status, so that one can get access to care and protect others.

The test is anonymous and free of charge in these places. It is however possible to get tested somewhere else. **More information on tests and testing centres at www.aids.lu**

THERE ARE 3 TYPES OF SCREENING

Conventional blood test, which gives reliable results when the test is done 6 weeks after risky sexual behaviour. Results are available some days after the test.

- At the Centre Hospitalier (CHL), Infectious Diseases Department (2nd floor)
- At the Laboratoire national de Santé in Dudelange
- At the Centre Hospitalier Emile Mayrisch in Esch/Alzette
- At the Centre Hospitalier du Nord-St Louis in Ettelbrück

The rapid HIV screening test via a blood test (puncture on the fingertip) which can be done 12 weeks after risky sexual behaviour. The result is available about 30 minutes later.

- HIV Berodung by the Red Cross every Monday and Wednesday from 5PM to 7PM.
- CIGALE, every Thursday from 12:30 to 2:30 PM.

The HIV self-test via a blood test (puncture on the finger) made by oneself. This test can be done 12 weeks after risky sexual behaviour. The result is available a few minutes later.

- In pharmacies and Cactus supermarkets in Luxembourg.

WHAT DOES IT MEAN TO BE HIV-NEGATIVE?



If the result is "negative" and the test was performed 6 weeks (or 12 weeks, as the case may be) after the risk situation, it means that there are no HIV antibodies, the person is HIV-negative and has not been infected.

WHAT DOES IT MEAN TO BE HIV-POSITIVE?



The test has detected HIV antibodies, the person is infected with HIV and may infect others. Medical care is needed in order to control the virus and to make it undetectable. In Luxembourg, the reference service for HIV infections is the Service national des Maladies Infectieuses at the CHL.

Treatment

There is currently no treatment available to cure HIV.

However, there are antiretroviral treatments called triple therapy that neutralise (lock up) the virus and thus decrease the viral load (amount of virus) in the body.

This treatment thus blocks the action of the virus, prevents it from destroying the immune system and so prevents the development of opportunistic infections, thereby allowing people living with HIV to stay healthy.

THE TRIPLE THERAPY WORKS IN 3 WAYS:

- Prevents the virus from entering the CD4 cells (white blood cells of the immune system)
- Prevents the virus from multiplying
- Imprisons the virus in already infected cells

The treatment must be taken every day at regular times to avoid resistance!

An HIV-positive person with an undetectable viral load (more than 6 months) who is correctly following through with his/her treatment no longer transmits HIV during sex.



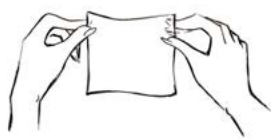
Prevention



Today, there is a whole range of HIV PREVENTION TOOLS:

THE EXTERNAL (MALE) OR INTERNAL (FEMALE) CONDOMS

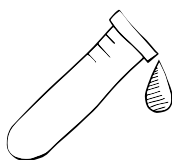
The only tool that protects against HIV, other STIs and unintended pregnancy at the same time.



THE DENTAL DAM

For oral sex (cunnilingus, anilingus)

More information at www.aids.lu (under prevention) or see fact sheets 10, 11, 12 of this chapter



THE SCREENING TEST

The screening test is the only way of knowing someone's HIV status, of being able to access care, of self-protecting and protecting others.



TASP = TREATMENT AS PREVENTION

An HIV-positive person with an undetectable viral load (more than 6 months) who is correctly following through with his/her treatment no longer transmits HIV during sex.

An undetectable viral load therefore reduces:

- the risk of transmitting HIV to another person (during sexual intercourse without condoms)
- the risk of opportunistic infections due to HIV (≠AIDS)
- the risk of HIV drug resistance

SAFER USE

(see Chapter 5 Fact sheet 6)

Protecting yourself when handling sharps (material with sharp points or edges) and using single-use injection and sniffing equipment help prevent the transmission of HIV and hepatitis C.

WHERE TO FIND FREE MATERIAL:

- ABRIGADO - Consumption room
- Consultation centres – JUGEND- AN DROGENHELLEF
- DROP IN – Luxembourg Red Cross



Prevention (...)

PEP = POST EXPOSURE PROPHYLAXIS – *after* EMERGENCY TREATMENT

The aim of PEP is to reduce the risk of transmission of the virus after a risk situation:

- Unprotected sexual relations
- Broken condom
- Sexual assault or rape (*for more information, see Fact sheet 2, Chapter 5*)
- Accidental needle stick with a used syringe
- Sharing of used syringes
- Eye/mouth contact with contaminated blood

After a situation involving a high risk of infection, it is necessary to go immediately to the Centre Hospitalier de Luxembourg, as PEP must be started within hours of the suspected transmission and at the latest within 72 hours. Several drugs must be taken at the same time for 28 days.

PEP has considerable side effects and is not 100% safe.

After taking PEP, it is important to have a screening test done 2 months after the end of the treatment to be sure that there has been no infection!

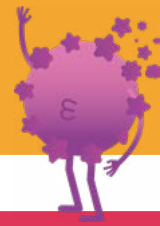
PrEP = PRE-EXPOSURE PROPHYLAXIS – *before* TREATMENT USED "BEFORE EXPOSURE"

PrEP is a treatment taken by HIV-negative people as a preventive measure to avoid HIV infection. It is recommended for people who engage in sexual practices that repeatedly put them at high risk of HIV infection.

PrEP does not protect against other STIs!



PAPILLOMAVIRUS (HPV)



Human Papillomaviruses (HPVs) are a family of viruses that infect the skin and mucous membranes. There are over 200 types of HPVs and it is the most common sexually transmitted infection in the world with trichomoniasis.

Some HPVs are said to be "low risk" while others are said to be "high risk" because they play a role in the onset of certain cancers.

80% 80% of the sexually active population **will have** at least one HPV infection once during his/her life.

90% 90% of infections **resolve naturally**, that is, the body eliminates itself the virus.

Symptoms

+/- 6 weeks after infection: appearance of warts on the genitals (also called condylomata), painless most of the time.

Some HPV viruses are asymptomatic and can lead to the development of pre-cancerous lesions several years after infection. These lesions can develop into cancer of the cervix, uterus, vagina, vulva, penis, anus and of the oropharynx (throat). Hence the importance of having regular gynecological monitoring for women and discuss the subject with their doctor for men!



Screening

FOR CONDYLOMATA

Visual and tactile medical examination of the genitals

OTHER HPV

Research of the virus by laboratory analysis

TRANSMISSION

Direct contact with infected skin or mucous membrane (oral, anal, vaginal sex, caressing)

Treatment

FOR CONDYLOMATA

- Cream
- Local extraction or laser treatment

OTHER HPV

There is no treatment to cure possible pre-cancerous lesions. It is therefore important to do a medical follow-up to observe the evolution of these lesions.



Prevention

- Vaccination against the most aggressive types of HPV (i.e. frequently associated with the development of cancer or genital warts).
- Male and female condoms (*see fact sheets 10 and 11 of this chapter*)
- Dental dam (*see fact sheet 12 of this chapter*)
- Regular cervical cancer screening for women aged 25 and over and regular follow-up with a gynaecologist.
- **In case of genital wart appearance, sexual partners should also be screened and treated if necessary.**

Vaccination is recommended for young girls and boys between 9 and 13 years old and should ideally take place before the first sexual contact but can also be carried out later in a targeted manner and according to the risks of the person. The vaccine is available at the doctor. It is therefore not necessary to get it at the pharmacy beforehand.





HERPES



The herpes virus, called "Herpes Simplex Virus (HSV)" is very contagious. Its symptoms are usually not serious but painful and recurrent and can disrupt the sexual life of those affected.

The herpes virus is not eliminated: once infected, it is for life, but that does not mean that the person will have symptoms for all his/her life!

20%

It affects 20% of the sexually active population, especially in the age group of 25 to 35 years old.

x3

HSV2 herpes infection increases by 3 the risk of HIV infection!

Screening

Medical examination and smear done by a gynaecologist or a dermatologist.

THE TWO TYPES OF HERPES VIRUS

- **Type 1** (or HSV1) is responsible for the majority of herpes generally (but not exclusively) located in the upper part of the body. Infection manifests often on the mouth or upper lip (labial herpes/cold sore or fever blisters).
- **Type 2** (or HSV2) is responsible for infections of the lower part of the body, especially genital herpes. It usually affects the sex organs but can also develop on the buttocks and thighs.

HSV1 may also be responsible for outbreaks located on genitals simply because it was "moved" during oral sexual practices (fellatio, cunnilingus or rimming)!

TRANSMISSION

Herpes is spread by direct contact with an infected skin or mucous membrane during sexual contacts (oral, vaginal, anal, sexual caresses).

The risk of contagion is greater if the sexual partner is having an "outbreak" of herpes, but the virus can also be transmitted when there are no apparent symptoms.

→ Once it enters the body, the virus becomes an invisible host. From time to time, with varying frequency and depending on different factors, he "wakes up" and reappears where he was contracted: this is called herpes outbreaks.

→ Certain factors favor an outbreak of herpes: stress, fatigue, infection or hormonal change, for example menstruation.

Symptoms

- Flu-like conditions (aches, headache and fever).
- Outbreak of **blisters painful to the touch**
- Vaginal discharge, urinary pain, inflammation of the genitals - anus, vulva, glans, testes.
- The warning signs of an outbreak are tingling and a burning sensation in the eruption area (area where herpes will appear).

Treatment

Antivirals in cream, tablets or oral solution that suppress the virus and sometimes reduce the number of relapses.



Prevention

- Male and female condoms (*see fact sheets 10 and 11 of this chapter*)



Unfortunately, since the herpes virus is transmitted by direct skin-to-skin contact, **condom does not provide a complete protection** since it does not cover all the areas where blisters may appear!

- Dental dam (*see fact sheet 12 of this chapter*)
- **In case of a positive herpes test, sexual partners should also be screened and treated if necessary.**

IN CASE OF HERPES OUTBREAK

- Inform sexual partner(s)
- Carefully handwash after every contact with lesions
- No sharing of personal towels



HEPATITIS B

Hepatitis B is a sexually transmitted infection caused by a virus, which can lead to cirrhosis or cancer of the liver. However, there is a very effective vaccine* (3 to 4 injections are required) to protect against it. In more than half the cases, hepatitis B infection is chronic and does not require treatment.

Symptoms

The symptoms usually appear 25 days to 6 months after infection:

- Loss of appetite, nausea, fever
- Muscle pains
- Extreme fatigue (most common symptom)
- Jaundice (in 30-50% of cases in adults, rare in children)

Treatment

Most healthy adults can eliminate the hepatitis B virus from their bodies without the need for treatment.

5-10% of adults, who are unable to get better, will develop chronic hepatitis that can lead to cirrhosis or cancer of the liver. If diagnosed in time, hepatitis B can be treated with antiviral drugs, but no current treatment can eliminate the virus.

Screening

- By blood test, 4 to 8 weeks after infection
- The hepatitis B virus can also disappear on its own → immunity.

TRANSMISSION

The Hepatitis B virus is transmitted:

- By direct contact between infected blood and a mucous membrane or wound
- By blood (sharing of syringes, sniffing equipment)

Prevention

- Male and female condoms (*see fact sheets 10 and 11 of this chapter*)
- Dental dam (*see fact sheet 12 of this chapter*)
- Vaccination*. Generally, the vaccine is given in 3 free doses before the age of 2 years. It is possible to have it afterwards.
- Use of personal and disposable drug equipment (*Safer use*)
- **In case of a positive Hepatitis B test, sexual partners should also be screened and treated if necessary.**








WHERE TO FIND FREE MATERIAL

- ABRIGADO – Consumption room
- Consultation centres – JUGEND- AN DROGENHELLEF
- DROP IN – Luxembourg Red Cross

*The vaccine is available at the doctor. It is therefore not necessary to obtain it at the pharmacy beforehand.



Summary for hepatitis A, B, and C

	 HEPATITIS A	 HEPATITIS B	 HEPATITIS C
 TRANSMISSION	<ul style="list-style-type: none">• Through untreated water• contaminated food• anilingus	<ul style="list-style-type: none">• Through blood• Semen• vaginal secretions	Through contaminated blood: > 50% by sharing a syringe, sharing hygienic utensils or when sexual relations involve the presence of blood
 VACCINE	✓	✓	✗
 CHRONIC EVOLUTION	✗	Becomes chronic in 5-10% of cases: cirrhosis - cancer of the liver	Becomes chronic in 80% of cases: cirrhosis - cancer of the liver
 TREATMENT	✗	✓	✓



SYPHILIS

Syphilis is an infection caused by a bacterium. Syphilis often goes unnoticed and, if left untreated, can lead to serious complications.

Symptoms

1ST STAGE

Appearance of a chancre which generally goes unnoticed 10 to 90 days after the infection

- Chancre (small painless skin lesion) on the mucous membranes (penis, glans, testicles, vagina, anus, nipples, rectum, lips, mouth, throat) or sometimes on the skin.
- The chancre disappears spontaneously after 3 to 6 weeks.

2ND STAGE

Transient skin rash that may be simultaneous with stage 1 but may also appear several years after the infection.

- Rashes on the torso/chest, back, palms of the hands or soles of the feet and/or mucous membranes.
- These symptoms disappear without treatment, but the infection is still present (latent syphilis).

3RD STAGE

Untreated, syphilis can go on for years without symptoms (up to 30 years).

At this stage, it causes serious complications:

- Cardiac complications.
- Neurological complications (stroke, loss of coordination, insensitivity, paralysis, loss of sight, deafness, death).

Screening

Syphilis screening is performed **3 months** after taking a risk so that the test is 100% reliable

There are different possible screenings:

- **Conventional blood test:** a blood test, the result of which is known one week later.
- **Rapid blood test:** a drop of blood taken from the fingertip, the result of which is known a few minutes later.

TRANSMISSION

Syphilis is transmitted by direct contact with infected mucous membrane:

- During sexual contacts (oral, vaginal, anal, penis, sexual caresses)
- By blood (sharing of syringes, sniffing equipment)
- From mother to child during pregnancy and/or childbirth

Syphilis mainly affects men who have sex with men.





Treatment

- Antibiotics
- There is no immunity created for syphilis: reinfection is possible.

Prevention

- Regular screening
- Male and female condoms (*see fact sheets 10 and 11 of this chapter*)
- Dental dam (*see fact sheet 12 of this chapter*)
- Use of personal and disposable drug equipment (Safer use)
- **In case of a positive syphilis test, sexual partners should also be screened and treated if necessary.**

WHERE TO FIND FREE MATERIAL:

- ABRIGADO – Consumption room
- Consultation centres – JUGEND- AN DROGENHELLEF
- DROP IN – Luxembourg Red Cross



GONORRHEA



Gonorrhoea, also known as "the clap" or "tripper", is an infection caused by a bacterium.

Symptoms

The symptoms may appear 2 to 7 days after infection:

- Burning sensation when urinating
- Greenish-yellow discharge from vagina, penis or anus
- Pain in the vagina, urethra, lower abdomen
- Fever

Gonorrhea is very often asymptomatic, and untreated, it can cause sterility, but also infection of the testes, uterus, fallopian tubes ... hence the importance of getting tested.



TRANSMISSION

Gonorrhea is transmitted by direct contact with infected mucous membrane:

- During sexual contacts (oral, vaginal, anal, penis, sexual caresses)
- From mother to child during pregnancy and/or childbirth

Treatment

- Antibiotics
- There is no immunity created for gonorrhea: reinfection is possible.

Screening

- Medical examination and smear test
- Screening based on initial stream urine sample.

Prevention

- Regular screening
- Male and female condoms (*see fact sheets 10 and 11 of this chapter*)
- Dental dam (*see fact sheet 12 of this chapter*)
- **In case of a positive gonorrhea test, sexual partners should also be screened and treated if necessary.**



CHLAMYDIA

Chlamydia is a sexually transmitted infection caused by a bacterium. It mainly targets young women between 15 and 26 years of age.

Symptoms

Symptoms may appear 1-3 weeks after infection (but in most cases, chlamydia is asymptomatic → there are no visible symptoms at all):

- Clear discharge from vagina, penis or anus.
- Redness of mucous membranes (throat, vagina, urinary meatus, anus).
- Painful burning sensation when urinating, pain in the lower abdomen, discomfort during intercourse.

Chlamydia is very often asymptomatic, and untreated, it can cause sterility, but also infection of the testes, uterus, fallopian tubes ... hence the importance of getting tested.



TRANSMISSION

Chlamydia is transmitted by direct contact with infected mucous membrane:

- During sexual contacts (oral, vaginal, anal, penis, sexual caresses)
- From mother to child during pregnancy and/or childbirth

Treatment

- Antibiotics
- There is no immunity created for chlamydia: reinfection is possible.

Screening

- Medical examination and smear
- Screening based on initial stream urine sample.

Prevention

- Regular screening
- Male and female condoms (*see fact sheets 10 and 11 of this chapter*)
- Dental dam (*see fact sheet 12 of this chapter*)
- **In case of a positive chlamydia test, sexual partners should also be screened and treated if necessary.**



TRICHOMONIASIS

Trichomoniasis is, along with papillomaviruses, the most common sexually transmitted infection in the world. It is caused by a **parasite**: the trichomonas vaginalis.

Symptoms

Asymptomatic in most people, it can lead to:

- Burning sensation while urinating
- Frequent urges to urinate
- Burning and itching sensation in the genital area (penis, vulva, vagina, glans penis)
- Greenish yellow discharge from the vagina, penis or the anus.

Screening

- Medical examination and smear
- Screening based on initial stream urine sample.

TRANSMISSION

Trichomoniasis is transmitted by direct contact with infected mucous membrane:

- During sexual contacts (oral, vaginal, anal, penis, sexual caresses)
- From mother to child during pregnancy and/or childbirth

Treatment

- Antibiotics
- There is no immunity created for trichomoniasis: reinfection is possible.

Prevention

- Regular screening
- Male and female condoms (*see fact sheet 10 and 11 of this chapter*)
- Dental dam (*see fact sheet 12 of this chapter*)
- In case of infection, do not share washcloths, towel, swimsuit or underwear
- **In case of a positive trichomoniasis test, sexual partners should also be screened and treated if necessary.**

MALE CONDOM

Also known as external condom. It has the advantage of protecting against unwanted pregnancy and sexually transmitted infections (STIs).



EFFECTIVENESS

Between 87% and 98%
Using it properly increases
its effectiveness.



WITHOUT HORMONES



REMINDER

To put on at the beginning
of each new sexual
intercourse...



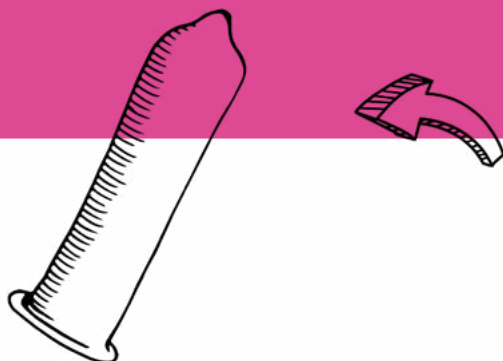
GOOD TO KNOW

Protection against STIs.
In 95% of the cases where
the condom tears, it is
because it was put on
incorrectly..

How does it work?

An external condom is slipped over the erect penis before penetration and prevents spermatozoa from coming into contact with the egg. Usually made of latex and coated with lubricant, it is one of the only contraceptives that also protects against STIs, including HIV/AIDS. Indeed, condoms prevent contact with body fluids that may contain STIs (see Chapter 4, Fact sheet 1). For this reason, some people combine condom use with another method of contraception.

Caution: use only one condom at a time to avoid the risk of tearing. Some people are allergic to latex. Don't panic, there are condoms made of polyurethane, a material that is very similar to latex, but is hypoallergenic (does not cause allergies). There are a multitude of condoms of various shapes, sizes, textures and flavours. Testing several kinds of condoms in order to find the right one is recommended.



ADVANTAGES

- Protects against STIs
- No side effects (except allergies, to avoid by choosing other type of materials like polyurethane for ex, etc.)
- Several sizes, shapes, textures and flavours

DISADVANTAGES

- Difficulties of use due to lack of practice
- Loss of sensitivity in some users (male and/or female)
- May tear if badly put on
- Possible interruption of spontaneity during intercourse while putting it on

ALWAYS VERIFY



- the expiration date,
- that the packaging is not drilled (presence of air)
- that the CE standard is printed on the packaging of the condom (conformity of the product regarding UE legislation).



TIPS

- Water-based lubricants are highly recommended because other lubricants may damage the latex and cause breaking.
- Never use 2 condoms one on top of the other. It does not protect twice as much. On the contrary, friction can cause the condom to break.
- One condom = single use, per partner, penetration and orifice!
- If the condom was mistakenly put on upside down, a new one needs to be used. The already used condom must not be turned the other side and inserted again because it may have been in contact with spermatozoa or an STI present on the glans of the penis (in the pre-seminal fluid, *see chapter 4 for more information*).

How to use it?

STEP 1

Condoms can be bought in pharmacies, supermarkets, night shops, vending machines... or received free of charge at the Planning Familial (*see contact*).

STEP 2:

After hands have been thoroughly washed and the condom has been removed from its packaging, the condom should not be unrolled yet! The tip of the condom must be held between the index finger and thumb and placed on the erect penis.

STEP 3:

The tip should be pinched while unrolling the condom over the erect penis. It must be pinched until the condom is completely unrolled. To prevent the condom from tearing and to make penetration easier, lubricating gel is recommended.

STEP 4:

After ejaculation, the condom must be removed before the penis is no longer erect to avoid the risk of leakage. The condom is then tied with a small knot and put in the rubbish bin (not in the toilet!).

How to obtain it?

Without medical prescription, male condoms are available:

- In pharmacies (€)
- In supermarkets (€)
- At the Planning Familial (free of charge)
- At the LGBTIQ+ Centre CIGALE (free of charge)
- At HIV Berodung (free of charge)
- Secondary schools (free of charge or at low cost)

PRICE AND AVAILABILITY

Male condoms cost on average between €0 and €2 per condom. This price is an average indication which may vary. All the information on the reimbursement of contraceptives is available at: www.mycontraception.lu.

FEMALE CONDOM

Also known as internal condom, the female condom also has the advantage of protecting against pregnancy and against sexually transmitted infections (STIs)



EFFECTIVENESS

Between 79% and 95%
Using it properly increases
its effectiveness.



WITHOUT HORMONES



REMINDER

It can be put and kept in
in advance for a maximum
length of 8 hours.



GOOD TO KNOW

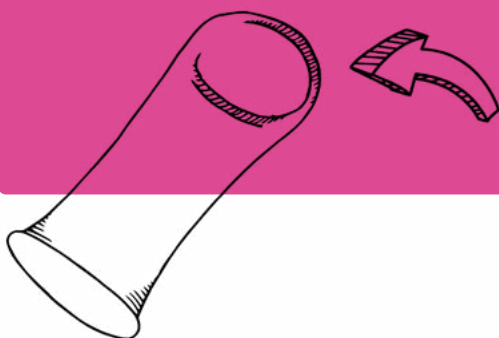
Protection against STIs.
Without latex.

How does it work?

The internal condom is made of polyurethane (a material similar to latex). It has a flexible ring and is placed in the vagina (with ring) or the anus (without ring) before intercourse. It prevents spermatozoa from coming into contact with the egg. It is one of the only contraceptives that also protects against STIs, including HIV/AIDS. Indeed, condoms prevent contact with body fluids that may contain STIs (*see Chapter 4, Fact sheet 1*). For this reason, some people combine condom use with another method of contraception.

It is possible to keep it in for a maximum of 8 hours. It must be changed with each new partner.

It is particularly suitable for people who are allergic to latex (since it does not contain any). Like the male condom (external), it can be used alone or in addition to another method of contraception. It should not be used at the same time as a male (external) condom.



ADVANTAGES

- Protects against STIs
- Can be inserted in advance - allows spontaneity
- 40% more resistant to tearing (polyurethane is more resistant than latex)
- No side effects
- Can be used by women and men (anal penetration)

DISADVANTAGES

- Difficult to use owing to lack of practice
- Possible interruption of spontaneity during intercourse while putting it on
- Harder to find than the male condom

ALWAYS VERIFY



- the expiration date,
- that the packaging is not drilled (presence of air)
- that the CE standard is printed on the packaging of the condom (conformity of the product regarding UE legislation).



TIPS:

- Using water-based lubricants is highly recommended because any other lubricant may damage the condom and cause breaking.
- Never use two condoms at the same time (female and male): friction between the two can cause the contraceptives to break.
- One condom = single use, per partner, penetration and orifice!

How to use it?

STEP 1

Female condoms can be bought on the Internet and in pharmacy (to order) or received free of charge at HIV Berodung or at the LGBTIQ+ Centre CIGALE (see chapter 7).

STEP 2

Adopting a comfortable position helps for this step. After washing hands and removing the packaging, it is important to be careful not to tear the condom with fingernails or rings while handling it.

STEP 3

Fingers can be put in the condom while pushing the internal ring all the way into the vagina. The outer ring should stay outside the vagina and cover the vulva/labia.

STEP 4

When penetration is complete, the outer ring must be turned so that the opening is completely closed. The condom should then be gently pulled out, placed in its pouch and ultimately put in the rubbish bin (not in the toilet!).

How to obtain it?

Without medical prescription, female condoms are available:

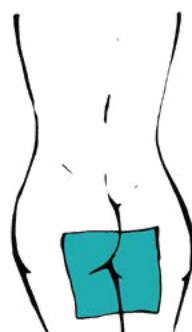
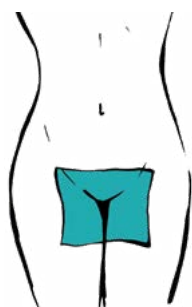
- To order on the internet (€)
- In pharmacies to order only (€)
- At the LGBTIQ+ Centre CIGALE (free of charge)
- At HIV Berodung (free of charge)

PRICE AND AVAILABILITY

Female condoms cost on average €7 for a pack of 3 condoms. This price is an average indication which may vary. All the information on the reimbursement of contraceptives is available at: www.mycontraception.lu.

DENTAL DAM

The dental dam protects only against sexually transmitted infections (STIs)



How to use it?

The dental dam is a thin, flexible, totally waterproof latex or polyurethane square that serves as protection against sexually transmitted infections (STIs) during oral sex (cunnilingus or anilingus).

The dental dam is not a contraception method, as it does not protect against pregnancy, but only against STIs.

It is made from a male or female condom whose ends are cut off or it is also sold in a ready-to-use packet.

It can be applied and held in place with clean hands on the vulva or anus during sex to avoid oral-genital/oral-anal contact that could lead to contracting an STI. Of course, there are as many kinds of condoms as there are kinds of dental dams.

How to obtain it?

- **The LGBTIQ+ Centre CIGALE offers ready-to-use/preconceived dental dam for free.**
- To order on the internet (€)
- In pharmacies to order only (€)

Without medical prescription, condoms are available at the following locations:

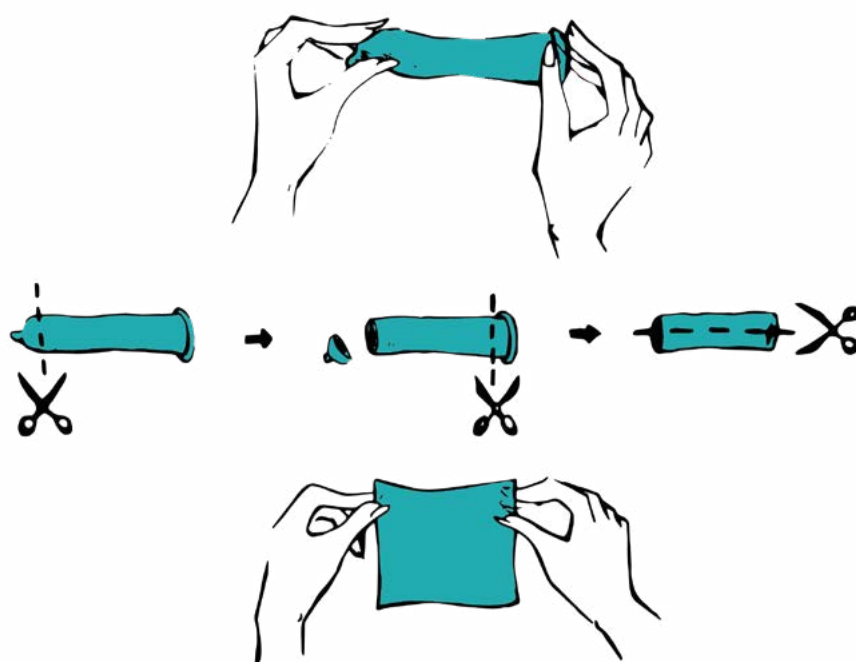
- In pharmacies (€)
- In supermarkets and gas station (€)
- At the Planning Familial (free of charge)
- At HIV Berodung (free of charge)
- Secondary schools (free of charge or at low cost)

it will however be necessary to "make" the dental dam (see the instructions on the reverse page).

TIPS:

- One dental dam = single use, per partner and orifice!
- Do not over-stretch to avoid breaking.
- Water-based lubricants are highly recommended because any other lubricant may damage the latex and cause breaking. Clean hands thoroughly before use.

How to make a dental dam:



PRICE AND AVAILABILITY

Male condoms cost on average between €0 and €2 per condom and female condoms cost on average €7 for a pack of 3 condoms. This price is an average indication which may vary. All the information on the reimbursement of contraceptives is available at: www.mycontraception.lu.



Chapter 5

SEXUAL RIGHTS AND VIOLENCE





MY SEXUALITY, MY RIGHTS AND CONSENT

Sexual rights

There is no right to have sexual relations, but universal rights, broken down into sexual rights (related to sexuality). They frame relationships between people so that each person is free to make choices and act freely and can have access to a fulfilling sexual life. They derive from the rights to freedom, equality, privacy, autonomy, integrity and dignity of every individual.

As fundamental human rights, sexual rights are universal, inalienable and indivisible.



LEGALLY



Article 1: The right to equality and equal protection before the law and to be free from discrimination based on sex, sexuality or gender

Article 2: The right to participation for all, without distinction as to sex, sexuality or gender

Article 3: The right to life, liberty, security of the person and bodily integrity

Article 4: The right to privacy

Article 5: The right to autonomy and recognition before the law

Article 6: The right to freedom of thought, opinion and expression and the right to freedom of association

Article 7: The right to health and to enjoy the benefits of scientific progress

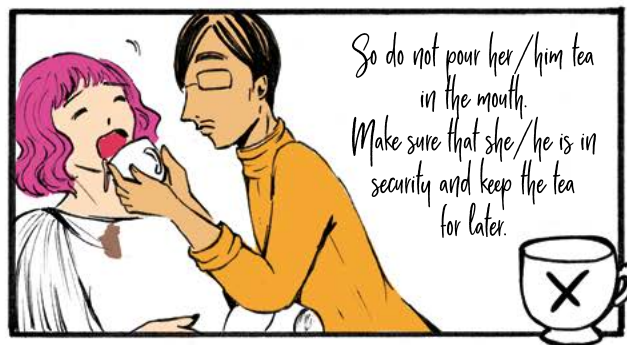
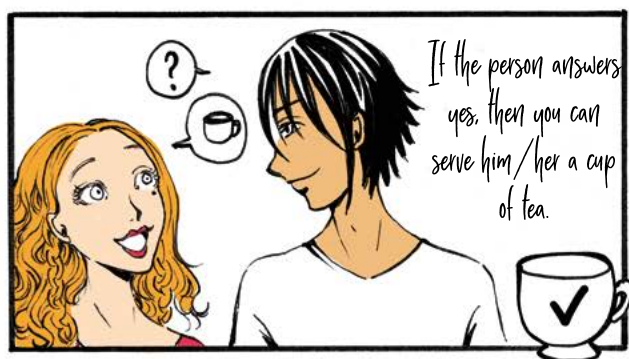
Article 8: The right to education and information

Article 9: The right to choose whether or not to marry, to found and plan a family and to decide whether or not to have children and, if so, when and how

Article 10: Everyone has the right to effective, adequate and accessible protection from an appropriate institution to ensure that his or her sexual rights are fulfilled.

Consent is SO simple!

Do you know this Blue Seat Studio video that explain sexual consent?
It is simple: wanting to sleep with someone, is the same as offering a cup of tea.





Consent

Sexual consent is **the voluntary agreement that a person gives to his or her partner** when engaging in sexual activity.

Consent means someone knows what she/he is consenting to (knowing her/his body, needs, desires, etc.) and agreeing to participate in it. Consent must first be given voluntarily, that is, it must be a **free and informed choice**.

If the choice is not free and informed, the consent is not valid. Consent must be continuous (over the entire duration of the act), so it can evolve/change over time and is withdrawable at any time.

If a person refuses to engage in sexual activity with another person and is forced to do so, then there is no consent. Consent must be clear and must be given personally by the person engaging in the sexual activity.

Negotiation, disrespect or blackmail have no place in sexual and love relationships.

Consent must come from one's own words. Another person cannot consent for someone else.

In Luxembourg, a young person under the age of 16 cannot validly give consent (Criminal Code).

16 years old = sexual majority

"NO" MEANS "NO"!

It doesn't matter if that day the person had a drink with the other person, kissed him/her, or even considered having sex with him/her.

With young people, it is a question of promoting the discovery of sexuality, one's desires, one's boundaries and the respect to be given to them (in relation to oneself, but also to others). The objective is to be in tune with what one feels and thinks and to develop the skills necessary to express and convey this to one's partner, but also to **detect this in one's partner**.

BOUNDARIES

The boundaries a person sets for themselves are barriers that determine what they feel comfortable and safe with and what they are not comfortable and safe with. These boundaries vary from person to person and from one moment to another. For example, one person will, in one case, set his or her own boundaries to kissing, in another case to simple friendship, or in a different situation, will set limits to sex in certain positions.

However, certain limits are defined by law (see chapter 5, fact sheet 2).

WHEN THE RELATIONSHIP GOES WRONG? (VIOLENCE, ABUSE AND RAPE)

Being in a relationship with someone is very often an enjoyable time in life, but sometimes this is not the case. Whether someone is an adult or a teenager, in a relationship for 10 years or a month, relationships can sometimes be unhealthy or even violent...

THE COMPONENTS OF A HEALTHY RELATIONSHIP ARE

- Respect for oneself and the other person
- Good communication
- Equality between the partners
- Consent
- Pleasure



THE COMPONENTS OF A HARMFUL RELATIONSHIP ARE:

- Control
- Humiliation
- Unpredictability
- Manipulation
- Violence



DEFINITIONS

Violence (WHO 2002): "The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation."

Different types of violence:

- Physical violence,
- Psychological violence (moral, mental or emotional),
- Domestic violence (against a person with whom the perpetrator cohabits in a family setting),
- Sexual violence, rape, forced abortion, forced sterilisation, genital mutilation,
- Obsessive and sexual harassment (including "cybermobbing", see Chapter 5, Fact sheet 5).

Sexual violence (WHO 2012): "Sexual violence encompasses acts that range from verbal harassment to forced penetration, and an array of types of coercion, from social pressure and intimidation to physical force."

Rape (Luxembourgish legislation): "Any act of sexual penetration, of whatever nature and by whatever means, committed on a person who does not consent thereto."

Female genital mutilation (WHO): "Female genital mutilation designates all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural or other non-therapeutic reasons."

It is a violation of the fundamental rights of girls and women as well as a violation of their physical integrity. These are harmful practices.

The two most frequent forms are excision (removal of part of the clitoris and the labia minora), which accounts for about 80% of cases, and infibulation (almost complete closure of the vulvar orifice with or without excision). The consequences of such acts endanger the lives of girls and women, either immediately (haemorrhages, infections, death...) or later, and this throughout the life of these mutilated women.

Female genital mutilation is prohibited and punishable by law. If, as a teacher, a person knows a girl who is at risk or who suffered this type of violence, immediately alert a trusted person in the school environment or make an appointment with a professional (see chapter 7).



WHAT DOES LUXEMBOURGISH LAW SAY AND WHAT ARE THE PENALTIES PRESCRIBED?

In Luxembourg, the penalties imposed in cases of sexual violence are often severe.



Art. 372 (L. 21 February 2013)

Indecent assault (sexual abuse or sexual assault): a physical act intentionally committed on the body or in full view of another person, committed with or without violence or threats. The assault exists as soon as the act starts (punishable by imprisonment for one month to ten years and a fine of up to 251,000 euros).

Art. 375 (L. 16 July 2011)

Any act of sexual penetration, of whatever nature and by whatever means, committed against a person who does not consent thereto, including by means of violence or serious threats, by trickery or deception, or by abusing a person who is unable to give free consent or to resist, shall constitute **rape** and shall be punishable by imprisonment for five to ten years.

Any act of sexual penetration, of whatever nature and by whatever means, committed against a child under the age of sixteen shall be deemed **rape** committed by abusing a person who is incapable of giving free consent. In this case, the perpetrator shall be punished by imprisonment for ten to fifteen years.

Art. 379 (L. 21 February 2013)

Concerning prostitution, exploitation and trafficking in human beings (Arts 379 and 379bis of the Criminal Code)

- minor under 18 years → imprisonment for 1 to 5 years.
- minor under 16 years → imprisonment for 5 to 10 years.
- minor under 11 years → imprisonment for 10 to 15 years.

Art. 19 (Convention on the Rights of the Child)

States Parties shall take all (...) measures to protect the child from all forms (...) of (...) **violence** (...), including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.

Art. 34 (Convention on the Rights of the Child)

States Parties undertake to protect the child from all forms of **sexual exploitation and sexual abuse**.



IMPORTANT INFORMATION IN CASE OF RAPE OR SEXUAL VIOLENCE

The victim's body represents the "crime scene".

Contact as soon as possible the Police by dialing 113, a hospital structure (see Chapter 7) or UMEDO.

- The victim must absolutely avoid washing and if the victim changes clothes, it is necessary to keep the clothes in a bag ideally made of paper in order to preserve evidence! If possible, it is more convenient to take a change of clothes with you to the hospital to change after the examination.
- If narcotic substances are suspected ("KO drops" / GHB see Chapter 5, Fact sheet 6), a medical analysis should be carried out as soon as possible. These substances can disappear after 6 to 8 hours in the blood and after 8 to 12 hours in the urine.

→ The victim is advised to urinate in a container with a lid and to keep it in the fridge in order to maintain traces of GHB, as after 12 hours they will no longer be visible.

Advice given by the CHL during a phone call from a person who has been sexually assaulted:

- Do not change or wash clothes (especially underwear)
- Do not shower, bath or wipe yourself off
- Do not wash hands or clean fingernails
- Do not urinate (if the victim has to urinate → urinate in a clean container with lid)
- Do not eat, drink, smoke
- Do not brush your teeth or rinse your mouth
- Change nothing at the scene of the crime
- Do not throw anything away and do not empty the rubbish bag

In case of sexual aggression or rape committed against adults

If the victim is a woman, accompany her directly to the gynaecological emergency service of a hospital (see chapter 7).

- Police if there is a complaint (rape kit)
- UMEDO if there is no complaint



If the victim is a man, accompany him directly to an emergency service of a hospital (see chapter 7).

- Police if there is a complaint (rape kit)
- UMEDO if there is no complaint



UMEDO is a forensic medical documentation service that is intended only for adult victims of physical and/or sexual violence **who do not wish to file a complaint** in the first instance. It is made up of specially trained doctors (men and women) who carry out the examinations in one of the partner hospitals or at the LNS (Laboratoire national de Santé).

UMEDO keeps the evidence and the rape kit for 10 years in order to enable the victim to have this evidence available for subsequent judicial proceedings.

It is important that the medical examination be carried out as soon as possible after the incident (within 72 hours) otherwise the traces will have disappeared.





Procedures in case of rape or sexual violence committed against minors

CHILD UNDER 16 YEARS OF AGE

The clinical examination takes place in the Paediatric Emergency Department (*see Chapter 7*).

For girls and depending on their age, the gynaecologist will be contacted for gynaecological advice. The gynaecological consultation takes place in the paediatric emergency department. If a boy is concerned, the doctor/paediatrician will carry out the examination.

GIRLS OVER 16 YEARS OF AGE

Are cared for in a specialised unit or at a gynaecological emergency unit (*see Chapter 7*).

BOYS OVER 16 YEARS OF AGE

Are taken care of in an adult emergency unit.

IN THE CASE OF ALL MINORS

The social service of the hospital in collaboration with the paediatrician will inform the legal authorities Calling the Police and notifying the Public Prosecutor's Office

PUBLICATIONS

Abuse of minors - Procedures to be followed by childhood and youth professionals



SEXUAL ABUSE MAY BE NOTIFIED

1. by a complaint lodged with the Police or the Public Prosecutor's Office,
2. by a notification by a third party to the Police or the Public Prosecutor's Office,
3. by rumours of suspected abuse reaching the Police, who carry out an inquiry.

THE PUBLIC PROSECUTOR'S OFFICE – VICTIMS' HELP SERVICE (Parquet General – Service d'aide aux victimes) OFFERS

- Psychological and psychotherapeutic support
- Information about victims' rights
- Assistance throughout the legal process

Consultations are free of charge and confidential and are intended for children, adolescents and adults.

When witnessing violence or rape

- Contact the Police immediately: **113**.
- Get yourself noticed without endangering yourself.
- Ask other passers-by for assistance.
- Observe the perpetrator and memorise his or her appearance.
- Take care of the victim.
- Give your testimony to the Police.

Any police station may receive a complaint or be informed of an incident that may constitute rape, attempted rape or violence of any kind.



LGBTIQ+ DIVERSITY AND VIOLENCE

Homophobia and transphobia

Homophobia and transphobia can manifest themselves at different levels:

HOMOPHOBIA AND TRANSPHOBIA OF LANGUAGE

include for example: insults, jokes and use of negative vocabulary stigmatising an individual or the LGBTIQ+ community.

PERSONAL HOMOPHOBIA AND TRANSPHOBIA

is based on one's own beliefs and feelings, e.g. that all homosexual and transgender people are unnatural or sick.

INSTITUTIONAL HOMOPHOBIA AND TRANSPHOBIA

may be manifested through institutional, legislative or administrative frameworks which are disadvantageous and discriminatory to LGBTIQ+ people and their respective life situations.

SOCIAL AND CULTURAL HOMOPHOBIA AND TRANSPHOBIA

which convey and promote the single cis- and heteronormative perspective to the detriment of the reality of a diversified society in terms of sexual and gender diversity.

INTERNALISED HOMOPHOBIA AND TRANSPHOBIA.

Throughout their socialisation LGBTIQ+ people internalise potentially homophobic and transphobic prejudices, norms and social values. As a result, they may be led to deny and struggle with their own feelings, wanting to differentiate themselves from other LGBTIQ+ people. They may begin to devalue and even hate any other homosexual or transgender persons as well as themselves. Thus, homophobia and transphobia are not only to be understood as a phenomenon of external hostility and violence.

A STRICTLY HETERO-NORMATIVE AND CIS-NORMATIVE ATTITUDE AND BEHAVIOUR

which ignores and simply excludes the existence of sexual and gender diversity is to be considered as being homophobic and transphobic.

Embarrassment, poor understanding, misunderstanding, ignorance and fear of the other in terms of sexual orientation, gender expression and gender identity can result in a profound rejection of any transgender, non-binary or non-heterosexual person, followed at worst by acts of violence.

In this sense, homophobia and transphobia are defined as the set of words, acts and attitudes of hostility, whether openly and admitted or not, towards homosexual and transgender persons or even towards any person who is supposed to be homosexual or transgender.

Ce type de phobies pourrait également cibler d'autres sous-groupes spécifiques faisant partie du sigle LGBTIQ+. Dans ce cas, nous pourrions par exemple être confrontés à de la lesbophobie représentant une hostilité explicite ou implicite envers les lesbiennes. D'autres exemples pourraient être la biphobie ou encore une LG-BTphobie généralisée, visant la totalité des personnes non-conformes selon une perspective hétéronormative and binaire des genres.

SEXUALITY AND DANGERS IN THE MEDIA

It is always a good idea to encourage discussion with young people, children and adolescents about their online activities in order to learn about their practices. It is important for them to learn to practise a certain "healthy lifestyle" where media use is concerned.

To be able to protect them, it is fundamental to learn about this issue as a professional. Even when feeling overwhelmed, it is always better to show some interest and discuss with them their media-use than to ignore them.

There are also a number of applications and programs (often provided by mobile phone providers or the usual anti-virus programs themselves) which offer "parental control" features to block certain sites and features unsuitable for children.

Dating sites/E-dating

Love life is increasingly taking place online and many romantic encounters end well there, as many people looking for their significant other find them via dating applications.

However, looking for the right partner online and sharing and living one's love life online can entail some risks of which it is better to be aware. For example, fooling "lovers" has become a trend. It is important to be careful when meeting new people and not reveal everything immediately. Similarly, the first physical encounter should always take place in a well-frequented public place and at best in the company of a trusted person.

On the other hand, intimate details (nudes, texts, images, clips,...) shared via online services with a potential love partner and initially thought as a new creative approach to sexuality between two people, can create misunderstandings and even lead to abuse, for example if the couple separates and one of the ex-partners (or both) feels offended by the other (revenge, bad joke) or is scammed by the other (sextortion, online account hacking).





Malicious and punishable practices

Beware of the following tactics used by dishonest and malicious people:

CYBERGROOMING (according to BEE SECURE)

The verb to groom comes from "grooming (a cat, a dog)" and also means "prepare" or "train".

In the case of cybergrooming, this is an act usually carried out by adult males who, in chat rooms and social networks, pretend to be children or teenagers and engage in discussions with minors. Their aim is to convince unsuspecting girls and boys to engage in sexual acts. In order to achieve this, cybergroomers establish a deep bond of trust with their victims.

Sometimes there may be a real-world encounter in which the truth is revealed, and which may lead to sexual assault.

SEXTING (according to BEE SECURE)

Composed of the words sex and texting (sending text messages via SMS), it refers to the voluntary exchange of intimate messages or photos via mobile phones and social networks. The greatest danger of sexting is that these photos, which are supposed to be a private token of trust, may be posted on the Internet.

Sending nudes or intimate photos with sexy poses may be harmless but sexting also carries the risk that the images may be used for illegal purposes, such as revenge or bad jokes by ex-partners, former best friends or blackmailers (*see the "sextortion" section of this guide*).

SEXTORTION (according to BEE SECURE)

In addition to the scenarios mentioned under the heading "sexting" concerning the unauthorised distribution of nudes by people supposedly close to the victim, there is a real culture of blackmail on online dating sites by malicious people who lure their interlocutors into giving them access to their nude photos. Most often, the victims are subtly incited by a criminal interlocutor to pose naked in a video chat or to perform sexual acts on themselves. These images are then recorded without the victim's knowledge.

Once in possession of compelling images, blackmailers put the persons under pressure by threatening to share this compromising material with third parties (partner, employer, general public ...) if they do not pay. This is called sextortion (composed of the words sex and extortion, blackmail).

Under Article 470 of the Luxembourg Criminal Code, blackmail is an offence.





CYBERMOBBING (OR CYBERBULLYING) AND SEXUAL HARASSMENT VIA THE MEDIA

(according to BEE SECURE)

Cybermobbing takes place on the Internet (e.g. on social networks) and via smartphones (e.g. through instant messaging applications, anonymous calls, etc.). The stakes are the same as for harassment or bullying, i.e. for an extended period of time a person is insulted, threatened, ridiculed or intentionally harassed by one or more people. The perpetrator, known as the bully, who may be more than one, chooses a victim who appears to be unable to defend himself/herself against the aggression. The perpetrator takes advantage of the power imbalance between him/her and the victim to isolate the victim socially.

Since many harassers come from the victim's immediate environment, cybermobbing is often accompanied by harassment in the offline world: either the harassment is continued on the Internet, or it begins online and continues in real life. In most cases, harassment and cybermobbing are inseparable. Although cyber-bullies often act anonymously so that the victim does not know who the perpetrator is, in the case of children and adolescents, victims and perpetrators often know each other in their 'real' personal environment (e.g. school, neighbourhood, village or ethnic community). Victims therefore almost always have an idea of who is probably behind the assaults.

Another form of cybermobbing, which is becoming increasingly popular, is the spread of sexual harassment online and the unauthorised publication and distribution of nude photos (*see the "sexting" section of this chapter*).

While children and young teenagers tend to use name-calling and insults of all kinds to harass their victims, older teenagers are more likely to disseminate sexual content. They often use online messaging services to quickly send images having a sexual content to large numbers of people. However, they (and their parents) are often unaware that images with sexual connotations can be considered as **content relating to the sexual abuse of minors, the possession and disclosure of which are prohibited in Luxembourg. (Article 384 of the Luxembourg Criminal Code).**





CYBERSEX AND (CYBER-)PORNOGRAPHY

(according to BEE SECURE)

The amount of pornographic content on the Internet is huge and much of it is easily found and accessible.

A search using the keywords "porn", "sex" or "XXX" on any online search engine produces countless results. Even if someone does not explicitly search for them, he/she may still be confronted with them if he/she haven't installed specific filters. Regularly, pop-up windows with erotic content, advertisements sent by e-mail or an ambiguous keyword search can annoy the Internet user.

Possession of pornographic material is in principle not prohibited in Luxembourg. This is provided that no minor has participated in the production of the material. Possession and disclosure of content consisting of sexual abuse of minors, otherwise known as child pornography or content "of a pornographic nature involving or presenting minors", are prohibited by law (Article 384 of the Luxembourg Criminal Code).

It is possible to report this type of content to the BEE SECURE Stopline (stopline.bee-secure.lu) which aims to offer the general public a way of acting in a civic manner by reporting these types of content when they are encountered on the Internet.

SEXUAL CYBERADDICTION, CYBERSEX ADDICTION, INTERNET SEX ADDICTION

Sexual cyberaddiction is one of the main types of cyberaddiction. As its name suggests, it can develop through inappropriate use of online services related to sexual themes and can manifest itself, for example, through compulsive viewing of pornographic films. The stakes are the same as for a sexual addiction without the Internet.

The general consequences of excessive or even abusive use of online services (pornographic or not) can be multiple:

- fatigue, lack of sleep, physical exhaustion, difficulty concentrating, deterioration of school results, lack of motivation... which can lead to dropping out of school;
- isolation, loss of direct contact with one's entourage (family, friends and peers);
- addiction.

Moreover, for young people, in addition to the risk of cybersex addiction, the possible dangers of using the Internet for sexual reasons are:

- exposure to images that are shocking or not suitable for children and adolescents (pornography, violence, dangerous behaviour, sado-masochistic practices, torture, etc.);
- exposure to false or misleading information without the required necessary hindsight or critical skills;
- the disclosure of personal data, even identity theft;
- illegal downloads which can cause parents to incur legal and financial liability.

However, although adolescence is a period of fragility and risk with respect to excessive use of online services, the majority of young people who use the Internet too often subsequently return to a reasoned use of this medium.

THE INFLUENCE OF ALCOHOL AND OTHER DRUGS



Alcohol

Alcohol may be used in order to overcome unease about sexuality. It is not uncommon for a romantic encounter to occur with a drink in hand, whether it is the first time or not, since alcohol often "smooths" loving or sexual interactions.

The disinhibiting effect of alcohol can sometimes help intimate relationships to develop, but, in contrast, alcohol abuse can lead straight to a real catastrophe, both in terms of amorous and sexual relationships.

The dangers include:

- The risk of unwanted pregnancy + STIs (not wearing a condom, forgetting to take the pill...).
- The risk of non-consensual and/or violent sexual relations. (see Chapter 5, Fact sheets 1 and 2).

Alcohol as well as drugs can generate a range of problems and increase the vulnerability of people under its influence to various forms of sexual violence.

Alcohol is often present during unwanted sexual relations or sexual violence, which does not in any way detract from the responsibility of the perpetrator and does not make the victim responsible.

AS FAR AS MALE ERECTIONS ARE CONCERNED

A small amount of alcohol (due to its disinhibiting effect) initially promotes arousal in a first time.

But when alcohol is drunk in excess... the erection has difficulty coming and when it does, it doesn't last long...



Rape drugs

ROHYPNOL

The appearance of a drug as a medicine can give a false sense of security and legality. It is a drug normally used for insomnia.

When combined with alcohol or cannabis, this product becomes truly dangerous: disinhibition, drowsiness, nausea and loss of judgement and/or memory, difficulty in expressing oneself clearly and walking straight and, in high doses, even loss of consciousness.

Its effects appear within 20 minutes after ingestion and last about 8 hours.

GHB MORE SPECIFICALLY CALLED THE DATE-RAPE DRUG

Gammahydroxybutyric acid, better known as GHB, is a synthetic drug. It is also effective as a pre-operative anaesthetic. Known for its sedative and amnesiac properties, GHB has appeared outside the medical field.

GHB comes in liquid or small pill form. The intensity of its effects varies depending on many parameters, such as the state of health of the person taking it. Having said that, the first effects are felt after 15 to 20 minutes and last about 1 hour.

Generally, the expected effects are a feeling of calm, disinhibition and a slight euphoria. When taken in high doses, GHB can act as a powerful sleeping pill or amnesic (especially when taken with alcohol or cannabis).

DOUBTS?

Ill-intentioned people who wish to use them for criminal purposes generally choose dark, festive places where alcohol is tolerated and where vigilance is low.

As alcohol increases the amnesia effects, the rapist may then pour or place the drug into the victim's alcoholic drink. It is important to keep your glass in your hand and not hesitate to cover it with one hand when looking away. The best way to fight back is not to accept drinks offered by strangers (except when they are served in front of you).

If you have any doubts about how an evening went or if you have no recollection of it, don't hesitate to get tested quickly (urine tests).

But don't let this stop young people from making charming and caring encounters, because they do exist!

In the meantime, let's stay attentive, without of course becoming paranoid and forgetting to (let them) have fun!



Chapter 6

GLOSSARY





A

A

Abortion: Spontaneous or induced premature termination of pregnancy before the foetus is viable. Voluntary termination of pregnancy (see *VTP*) is legal before 14 weeks of amenorrhea (12 weeks of pregnancy). However, medical pregnancy intervention is possible beyond the period for medical reason (see *MPI*).

Abstinence: Completely abstain from something. When related to sexuality, abstinence is about not engaging in any type of sexual activity.

Abortive pill (medical voluntary termination): Recourse to medically induced VTP is possible up to 7 weeks of pregnancy (9 weeks after the first day of the last period). This practice is non-invasive and consists of taking 2 hormonal medications 48 hours apart. This type of abortion is not necessarily performed by a gynaecologist. Medically induced VTP may also be performed by a physician (general practitioner) provided that they have entered into an agreement with a hospital that has a gynaecology and obstetrics department with 24-hour emergency services. (see *chapter 3, fact sheet 15*).

Addiction: Also known as dependency, addiction refers to the challenge of limiting the use of a substance even if a person feels like it or feels they need the substance to function on a regular basis or to feel "normal".

Adolescent: Adolescence is accompanied by big physical, psychological, emotional and social transformations. The duration of adolescence varies according to each person. Adolescence marks the transition from child to adult (see *chapter 1, fact sheet 4*).

Adrenal glands: Glands that secrete hormones that are involved in the growth process and during puberty.

Adult: Legally, an adult is a person aged 18 or more. On the biological level, an adult is a person who has reached their full development.

Affective and sexual health: Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and

safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled. Sexuality is a central aspect of human being throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction (WHO).

AIDS: The A.I.D.S. (Acquired ImmunoDeficiency Syndrome) is the last phase of HIV infection. The immune system is then very weakened and there is the appearance of opportunistic diseases. This state of the disease is reversible. (see *chapter 4, fact sheet 2*)

Amenorrhea: Refers to the absence of menstruation. The age of a pregnancy is counted in weeks of amenorrhea. Menopause is characterized by permanent amenorrhea.

Amniotic fluid: Sterile biological fluid contained in the amniotic sac and in which the embryo (then the foetus) bathes.

Amniotic sac (WHO): Bag filled with amniotic fluid that surrounds the embryo or foetus.

Anal penetration: This is the act of penetrating the anus.

Andropause: Gradual decrease in sexual functions between the ages of 50 and 70 (except reproductive functions) in men due to a decrease in testosterone production. It is associated with decreased libido and possibly difficulty maintaining an erection.

Androgyne: Generally, refers to people whose physical and/or gestural appearance does not allow a clear and precise identification of the person's sex/gender. The term is a gender expression and is not indicative of their sexual characteristics, gender identity or sexual orientation.

Antibiotics: Medicine that destroys or blocks the growth of bacteria.

Antiretrovirals: Medicines which act on certain types of virus: retroviruses, of which the best known is HIV.

Antivirals: Medicines that aim to reduce symptoms or eliminate a virus from the body.

Anilingus: Also known as rimming, anulingus (ou anilinctus) is a sexual practice consisting of oral stimulation of the anus or perineum.

A - B

Anus: Circular muscle with an opening that allows the evacuation of faecal matter from the rectum, the last segment of the digestive tract connecting the colon to the anus.

Asexuality (asexual person): In terms of romanticism, we call it aromanticism. This means that there is very little or no emotional or romantic attraction. Some people are only asexual or aromantic while others are both asexual and aromantic.

Assertiveness: A style of communication that is direct, clear and respectful. It allows individuals to clearly and firmly state their feelings, needs, and opinions, while respecting those of other people.

Asymptomatic (infection): A so-called asymptomatic infection means that it does not trigger a symptom, but that the person is a carrier: he/she is infected with the virus/bacteria. Sometimes this can also mean that the person is contagious, without having any symptoms. The majority of sexually transmitted infections are asymptomatic, that is to say, it does not cause any symptoms, although the person who is infected is contagious without necessarily knowing it.

Autonomy: Broadly refers to having independence. In relationship to human rights, sexual rights, autonomy refers to bodily autonomy and the right to control decisions about one's own body, free of coercion.

B

Bacteria: Microorganism which can live independently, unlike viruses, and which is the source of certain diseases and STIs, such as gonorrhea, chlamydia or even syphilis. There are also bacteria that are essential for our proper functioning, such as those found for example in the intestinal flora in humans, or in the vaginal flora in women.

Binarity: concept of categorization with only two (opposite) options. In terms of gender identity, the binary perspective therefore exclusively refers to two distinct (and complementary) possibilities, the masculine and the feminine.

Biological sex: A person's biological sex refers to their primary sexual characteristics, such as chromosomes, sex organs (internal and external), genital anatomy (reproductive organ) and hormones, or to their secondary sexual characteristics that appear at puberty (e.g. breasts, facial and pubic hair, muscle mass, size and distribution of adipose tissue (fat)).

Biphobia: The set of words, acts and attitudes of hostility, whether openly and admitted or not, towards bisexual persons or even towards any person who is supposed to be bisexual.

Birth control pills: The birth control pill is a hormone-containing medication that prevents from getting pregnant (but not getting an STI) that is taken at a set time. There are different kinds of pills (*see chapter 3*).

Bisexuality (bisexual person): Means that a person can feel love and/or sexual attraction towards people of both sexes (from a binary male-female perspective).

Bladder secretions: Secretions produced during arousal which partly make up the liquid which is emitted during female ejaculation which sometimes happens in women.

Body image: This is what we think and feel about our own body (the level of comfort, pleasure, appreciation of our appearance and our own perception). The way a person sees his/her own body, the image a person has of his/her own body. People who have a low self-image find their body unattractive, while others may find them very beautiful. Body image is always subjective.

Bone density: This is the amount of bone mass and corresponds to the strength of a bone. Measuring bone density assesses the risk of fracture in the context of osteoporosis, a disease caused by a lack of calcium in the bones.

Boundaries: Limitations a person establishes in his/her life and relationships in order to protect and take care of themselves. They are part of a healthy foundation in life and relationships.

Breastfeeding: Breastfeeding is the act of feeding (breast-feeding or nursing) a newborn baby with the milk produced under the action of hormones activated during pregnancy. The baby feeds by suckling (sucking) the mother's nipple.

Breasts: Part of the chest that varies in shape and size from one woman to another.

Bullying (or harassment): For an extended period of time a person is insulted, threatened, ridiculed or intentionally harassed by one or more people. Harassment is repetitive and can be verbal, psychological and/or physical. The perpetrator, known as the bully, who may be more than one, chooses a victim who appears to be unable to defend themselves against the aggression.



C

C

Cavernous bodies: They are composed of erectile tissues that are engorged with blood allowing the penis to become erect and remain rigid.

CD4 (Cells): Type of white blood cell of the immune system. They have a sentinel role in the immune system (that is, they tell other blood cells when a virus or bacteria is present). These are the target cells for HIV, it is in CD4s that HIV reproduces.

Cervical cap: The cervical cap (made of silicone) is placed inside the vagina, at the entrance of the cervix, and prevents spermatozoa from passing through. This method is combined with a spermicide that makes the spermatozoa inactive. It is available in the form of a cream, gel, foam, tablets, etc.

Cervical mucus: Vaginal secretions, also called white discharge or cervical mucus, are more or less important and frequent secretions that the body produces naturally to moisten the vagina and protect it. Some girls/women have a lot, others a little ... They can change their appearance and consistency depending on the time of the cycle.

Cervix: It connects the uterus to the vagina through a narrow opening that widens slightly during menstruation and rises during sexual arousal.

Caesarean: A Caesarean section, also known as a C-cut, involves incising the woman's abdomen and uterus to extract the baby. Especially used when vaginal delivery (through the vagina) is complicated.

Chancre: Small painless skin lesion which appears in the mucous membrane following an infection with syphilis, for example, during the first stage of the disease.

Chlamydia (trachomatis): Chlamydia is a sexually transmitted infection caused by bacteria. (*see chapter 4, fact sheet 8*)

Chromosome: A chromosome is an element in the nucleus of a cell and is made up of a very long strand of DNA containing many genes (hundreds to thousands). A human cell contains 23 pairs of chromosomes, totaling 46 chromosomes. The 23rd pair is the pair of sex chromosomes (X and Y) which determines the sex of the foetus. Men have an X chromosome and a Y chromosome, and women have two X chromosomes. However, some births are natural variations, meaning there are individuals with only one chromosome and individuals with more than 2 chromosomes. Therefore, there are not only XY men or XX women.

Circumcision: Circumcision consists of the total or partial removal of the foreskin, the skin that covers the glans of the penis.

Cirrhosis: A serious and generally irreversible disease of the liver that can be caused by a viral infection, other diseases, excessive and prolonged consumption of alcohol or drugs over time.

Cis or cisgender (person): A person whose gender identity matches the gender assigned to them at birth.

Cisnormativity: Represents the belief that all people would identify with the gender assigned to them at birth. This attitude is however offensive and discriminatory towards non-binary and transgender people, because it ignores and excludes the existence of gender identities outside the binary gender perspective.

Clitoris: The clitoris is very sensitive and extends in the shape of an inverted V surrounding the female vagina and urethra. The clitoris plays an important role in the sexual arousal of women, participating in sexual desire and orgasms. Rich in nerve endings, the clitoris is an erectile organ which, like the penis in men, has two cavernous bodies and a spongy body, but which is much smaller.

Clitoral glans: The only visible part of the clitoris is the clitoral glans which is covered by a little membrane that protects it. Rich in nerve endings, the clitoris is an erectile organ which, like the penis in men, has cavernous bodies, but is much smaller. It is the only organ in the human body entirely dedicated to pleasure.

Coitus: Synonymous of "sexual intercourse" while more strictly designating the moments when there is penetration.

Cold sores: Small painful pimple that appears in the labial area (lip around or around the mouth) and is caused by the herpes simplex virus type 1(HSV1).

Colon: Part of the intestine or also called large intestine (whose role is to absorb water and salts).

Coming out: Coming out (of the closet) is an expression which refers to the process of recognition, self-acceptance and revelation to those around us, linked to sex/gender and lived sexuality. Often associated with sexual orientation, coming out can also be related to a person's gender identity or intersex (*see chapter 1, fact sheet 4*).



C - D

Condom, female (internal): The internal condom is made of polyurethane (material similar to latex). It has a flexible ring and is placed in the vagina (with ring) and in the anus (without ring) before intercourse. It prevents sperm from coming into contact with the egg. It is one of the only contraceptives that also protects against STIs, including HIV / AIDS (cf. fact sheet 10, chapter 3).

Condom, male (external): An external condom is put on the erect penis before penetration and thus prevents sperm from coming into contact with the egg. Generally made from latex and coated with lubricant, it is one of the only contraceptives that also protects against STIs including HIV/AIDS (cf. fact sheet 9, chapter 3).

Condylomas: Name given to genital warts (which are located on the genitals) caused by the papillomavirus.

Confidentiality (OMS): Right of a person guaranteeing that the identifiable medical information concerning him/her is kept securely.

Contraception: This is the set of methods that prevent pregnancy after having sex (see chapter 3).

Contract: Synonymous with catching, can mean infection, illness: "someone has contracted a sexually transmitted infection, or the flu".

Copper coil: Contraceptive method, also known as the copper IUD intrauterine device. It is a small device inserted by a doctor or gynaecologist into the uterus. The copper IUD makes the sperm inactive and also acts on the wall of the endometrium, thus preventing implantation of the potentially fertilised egg. It is effective from 3 to 5 years, depending on the model.

Cunnilingus: Cunnilingus is the action of stimulating the female genitals with the lips and/or tongue.

Curettage: Surgical intervention which consists in removing the internal tissue of the uterus called the endometrium. This curettage is carried out using a curette (a small "spoon"). It has a diagnostic (biopsy ...) or curative purpose (evacuation of a miscarriage ...).

Cybergrooming: The verb "to groom" comes from the English and means "to groom (i.e. a cat, a dog)", "to prepare" or "to train". In the case of cybergrooming, it is an act gener-

ally done by adult men who, in chatrooms and on social networks, pretend to be children or adolescents and start discussions with minors. Their goal is to convince unsuspecting girls and boys to engage in sexual acts. To achieve this, cybergroomers establish a deep bond of trust with their victim (see chapter 5, fact sheet 5).

Cybermobbing (cyberharassment): Harassment or bullying is the act of intentionally insulting, threatening, ridiculing or harassing a person for an extended period of time. The author(s), called "bully", chooses a victim who seems to him to be incapable of defending himself against his attacks. The perpetrator takes advantage of this imbalance of power between him and the victim to put her socially away (see chapter 5, fact sheet 5).

Cybersex and Cyberpornography: During puberty, curiosity about sexuality is aroused in adolescents. Given the pronounced sexualization in the media and society, it is not surprising to see that pornography attracts young people, children and adolescents (see chapter 5, fact sheet 5).

D

Date rape drug: This is a synthetic drug known for its sedative and amnesic properties, the first effects are felt after 15 to 20 minutes and last approximately 1 hour. Malicious people who wish to use them for a criminal offense generally choose dark, festive places where alcohol is tolerated and where vigilance is low. As alcohol increases the amnesic effects, the rapist can then pour or place it in the victim's alcoholic glass (see chapter 5, fact sheet 6).

Dental dam: The dental dam is a thin, flexible, totally waterproof latex or polyurethane square that serves as protection against sexually transmitted infections (STIs) during oral sex (cunnilingus or anilingus). The dental dam is not a means of contraception, i.e. it does not protect against pregnancy.

Depo-Provera: Also known as injectable contraceptive, method of contraception which consists in injecting progestins into the muscle tissue of the arm or buttock. This injection is given every 2 or 3 months.

Diagnosis: A diagnosis is the identification of a disease/health condition based on a series of analyzes and symptoms.



D - E - F

Diaphragm: The diaphragm (made of silicone) is placed inside the vagina, in front of the entrance of the cervix, thus preventing spermatozoa from reaching the egg. This method is combined with a spermicide that makes the spermatozoa inactive. It is available in the form of a cream, gel, foam, tablets, etc.

Discrimination: Discrimination is an action or decision that has the effect of discriminating against/treating someone differently, generally unfavorably because, for example, of their nationality, age or disability. Such reasons are grounds for discrimination and are prohibited by law.

Disinhibitory effect: Uninhibited behavior means that we show less modesty, embarrassment or reserve. For example, alcohol has a disinhibiting effect.

Dizygotic twins: Said of twins coming from two different eggs (zygotes, "false twins") and therefore with a different genetic heritage.

Dyadic (person): Refers to a person for whom all of the sexual characteristics correspond to the standard female biological type or to the standard male biological type.

E

Emergency contraception: A pill to be taken quickly (maximum 120 hours) following unprotected sex, which could lead to an unwanted pregnancy (problem with contraception, missed pill, broken condom, other), which delays ovulation but does not suppress it (*see chapter 3, fact sheet 14*).

Emotions: Emotions are strong reactions (3 to 4 minutes maximum) to something that comes from the outside (people, sensations, experiences, etc.). They allow the body to respond to a stimulus in an adapted way. The 6 basic emotions are: joy, sadness, fear, anger, disgust and surprise.

Embryo: The embryo is an organism that develops after fertilisation of an egg by a sperm, for about 10 weeks and then becomes a foetus. It is the first stage of pregnancy after fertilisation.

Emergency pill: It is a pill to be taken quickly (maximum 120 hours) following unprotected sex, which could lead to an unwanted pregnancy (problem with contraception, missed pill, broken condom, other), which delays ovulation but does not suppress it (*see chapter 3, fact sheet 14*).

Empowerment: Process by which a person becomes aware and acts on available basis information and resources that lead to opportunities to determine and control one's own life.

Endometrium: The lining of the uterus. This tissue covers the inner wall of the uterus.

Epididymis: Spermatozoa are collected from the epididymis where they mature. They are stored there and transported to the vas deferens during ejaculation.

Erection: The penis and clitoris are organs containing a venous, muscular and cavernous system that can lengthen, swell and harden when aroused. This reflex reaction generally makes the area in question more sensitive. Erections are most often linked to erotic thoughts.

Erogenous: Characteristic of a thing/person/practice/etc. which is erotic, that is to say, which refers to sexual attraction, desire and sexual desire. For example, the clitoris is an erogenous zone in the body of women, because it is an organ that is entirely dedicated to sexual pleasure.

Estrogen: Estrogen is a female hormone secreted by the ovaries causing ovulation.

Excision: Genital mutilation which consists in the removal of part of the clitoris and the labia minora. This practice is prohibited and punishable by law.

F

Fallopian tubes: These are the two ducts connecting the ovaries to the uterus. They carry the eggs to the uterus. If the egg meets a sperm there, fertilisation is possible.

Feelings: Feelings are long-lasting reactions that concern persons themselves (in relation to themselves or to others). They refer the person to their perception of the moment ("I feel..."). A feeling can be the extension of an emotion.

Female genital mutilation (FGM) (WHO): Female genital mutilation refers to all procedures leading to partial or total removal of a woman's external genital organs or any other mutilation of these organs performed for cultural or other reasons and not for therapeutic purposes.

Fellatio: The act of stimulating the penis with the mouth, lips, tongue.



F - G - H

Female ejaculation: Female ejaculation refers to the release of a liquid when a woman approaches orgasm or when orgasm takes place. The release of fluid is very slight for a majority of women, abundant or non-existent for others.

Female gamete: Female reproductive cell (or gamete) present in the ovarian follicle. Once this cell is expelled during ovulation, it is called an ovum. Fertilised by a sperm, they will unit to form an embryo.

Fertility: Ability to conceive, to fertilise, to be fertilised in terms of result and/or ability.

Fertilisation: It is the meeting between a sperm (male gamete) and an ovocyte (female gamete) which merge to form a single cell: the embryo. It will become a foetus after 8 weeks and develop in the womb.

Foetus: Stage of prenatal development that follows the embryo and leads to birth. The transition from the "embryo" stage to the "foetus" stage takes place after the 10th week of pregnancy.

Foreskin: A fold of skin that surrounds the glans in uncircumcised men, with a high nervous concentration.

G

Gay (person): Refers to men who experience love and/or sexual attraction towards men. We can also use the word "homosexual".

Gender: Gender refers to the roles, status, rights and identities associated with a sex.

Gender expression: The term gender refers to the way a person lives, presents and communicates in relation to their gender. This can include physical and appearance notions such as body language, gait, voice but also individual choices such as clothing, hairstyle or the use of accessories typically connoted male or female etc.

Gender identity: Regardless of the biological sex of a human being, everyone will develop a gender identity. Gender identity refers to the intimate feeling of belonging to a gender. Gender refers to the roles, status, rights and identities associated with a sex.

Genitals: The set of internal and external organs that allow reproduction in men and women.

Genital warts: Condylomas (which are located on the genitals) caused by the papillomavirus.

Gestation: Period of time that includes the fusion between two gametes (reproductive cell), their division into several cells in the uterus eventually leading to the development of a baby.

GHB: Gammahydroxybutyric acid, commonly known as the date rape drug. It is a synthetic drug known for its sedative and amnesic properties, the first effects of which are felt after 15 to 20 minutes and last approximately 1 hour. Malicious people who wish to use them for a criminal offense generally choose dark, festive places where alcohol is tolerated and where vigilance is low. As alcohol increases the amnesic effects, the rapist can then pour or place it in the victim's alcoholic glass (*see chapter 5, fact sheet 6*).

Glans of the penis: Tip of the penis with a high concentration of nerves and an extreme sensitivity. In circumcised men, the glans is always bare. In other men, it is only visible during erection or when the foreskin is pulled back.

Gonad/gonadic: Sex gland which produces gametes and secretes sex hormones. The gonads in women are the ovaries and in men are the testes.

Gonorrhea: Gonorrhoea, also known as "the clap" or "tripper", is an infection caused by a bacterium. (*see chapter 4, fact sheet 4*)

Groin: Region of the human body, located in the fold between the trunk and the upper thigh.

H

Hairiness: Hairiness is the amount/density of body hair. A person with high hairiness is therefore hairier than a person with low hairiness.

Harassment: For an extended period of time a person is insulted, threatened, ridiculed or intentionally harassed by one or more people. Harassment is repetitive and can be verbal, psychological and/or physical. The perpetrator, known as the bully, who may be more than one, chooses a victim who appears to be unable to defend himself/herself against the aggression.

Hemorrhage: Leak or significant blood loss.



H

Hepatitis B: Viral disease transmitted sexually and through the blood. Often chronic, it can lead to cirrhosis and cancer of the liver. There is an effective vaccine to prevent Hepatitis B. (see chapter 4, fact sheet 5)

Hepatitis C: Viral disease transmitted by blood. It can cause cirrhosis and cancer of the liver. Unlike Hepatitis B, there is no vaccine against Hepatitis C. (see chapter 4, fact sheet 5)

Hermaphroditism: An ambiguous and often misunderstood term, suggesting that an organism has the reproductive organs of both sexes. This may be the case, for example in art or literature. Unsuitable and often seen as offensive, it is absolutely not appropriate to use the term in a professional context.

Herpes: The herpes virus, called "Herpes Simplex Virus (HSV)" is a sexually transmitted infection that causes cold sores at the labial level or blisters at the genital level. (see chapter 4, fact sheet 4)

Herpes outbreaks: When a person lives with herpes (genital or labial), they will occasionally experience herpes outbreaks, that is to say the appearance of genital or labial lesions.

Heteronormativity: Posture that sees heterosexuality as the only existing and/or legitimate sexual and emotional form. This attitude implies daily offensive and discriminatory acts and words towards all non-heterosexual people because it simply excludes and ignores the existence and needs of other existing sexual orientations.

Heterosexuality (heterosexual person): Sexual orientation of a person who feels attracted to people of the opposite sex/gender.

HIV: Human Immunodeficiency Virus is a virus that is transmitted sexually and through the blood and destroys the immune system. (see chapter 4, fact sheet 2)

Homophobia: the set of words, acts and attitudes of hostility, whether openly and admitted or not, towards homosexual persons or even towards any person who is supposed to be homosexual.

Homosexuality (homosexual person): Sexual orientation of a person who feels attracted to people of the same sex/gender.

Hood of the clitoris (prepuce): Hood that protects the clitoris. It is the equivalent of the foreskin in men.

Hormonal coil: Contraceptive method, also known as the hormonal IUS (intrauterine system). This is a small device inserted by a doctor or gynaecologist into the uterus that blocks ovulation and prevents sperm from coming in contact with the ovum by continuously diffusing a small quantity of progestins (hormones). It is effective from 3 to 5 years depending on the model.

Hormonal implant: Also called contraceptive implant, this small stick is placed under the skin of the arm. It continuously releases a low dose of hormones into the body to block ovulation for three years.

Hormone(s): Hormones are messenger molecules: they travel through blood to transport information from one organ to another (heart, brain, stomach ...). And regulate the functioning of organ cells.

Human gonadotropic chorionic hormone (hCG): Human gonadotropic chorionic hormone called hCG is a hormone produced during pregnancy and made by the embryo shortly after conception.

Human trafficking: The fact of recruiting, transporting, transferring, harboring, receiving a person, passing or transferring control over them [minor or major], for the purpose of economic exploitation, of a sale, for the purpose of organ removal, of the commission of crimes to be executed .

HPV: Human Papillomaviruses (HPVs) are a family of viruses that are transmitted sexually. It is the most common sexually transmitted infection in the world. (see chapter 4, fact sheet 3.)

Hymen: A thin, flexible and permeable membrane inside the vagina, the hymen, which allows the menstrual flow to pass. From one woman to another, the hymen may look different. It may break or become distended during the first or subsequent sexual relations. Many women do not have a hymen, others have a very elastic one. The presence or not of the hymen, as well as bleeding or not during the first sexual intercourse, is not a symbol of virginity.

Hypersexualization: Inappropriate imposition of sexual images on someone or something that aims to objectify and/or sell a product.

Hypoallergenic: Which reduces the risk of allergy.

I - J - L

I

Implantation: The moment when the fertilised egg implants into the uterine lining (the endometrium) in women. Once implanted, the egg will evolve into an embryo and then into a foetus and develop until the end of the pregnancy.

Infantilisation: Process by which a person perceives, represents and/or treats another person like a child.

Infibulation: A type of female genital mutilation that involves almost complete closure of the vulvar orifice with or without excision. This practice is prohibited and punishable by law.

Injectable contraceptive: Also known as Depo-Provera, method of contraception which consists in injecting progestins into the muscle tissue of the arm or buttock. This injection is given every 2 or 3 months.

Intersex person: Refers to people who are born with sexual characteristics that do not correspond to the standard binary definitions of male or female bodies (therefore intersex or intersex people). These sexual characteristics are healthy bodily variations. Intersex can manifest itself at different stages of life because it goes far beyond the idea that sexual variations are only played on the genitals.

Intimacy: Intimacy is not a feeling but is connected with the need to have one's own private space. Physical intimacy is the intimacy of the body, it is all the parts of the body that one does not wish to show. On the other hand, to be intimate with someone means that one is close to and familiar with that person.

Intrauterine: Means inside the uterus.

J

Jealousy: Jealousy is what you may feel towards someone who has what you would like to have or the fear of losing someone to someone else. It is therefore a mixture of craving or envy and resentment and can give rise to anger.

Jaundice: Jaundice is the result of a condition of the liver and/or bile ducts that causes yellowing of the skin and the whites of the eyes.

L

Labia majora: Also called outer lips, these membranes line the entrance of the vagina. They swell and become engorged with blood during sexual arousal. At puberty, the labia majora are covered with hair that can extend into the crack of the buttocks.

Labia minora: Also called inner lips, these membranes line the entrance of the vagina. They swell and become engorged with blood during sexual arousal. The labia minora meet at the front to form the hood that protects the clitoris. Their appearance varies greatly from woman to woman.

Latex: It is an elastic and resistant material of plant origin which, among other things, generally makes up condoms.

Lesbian (lesbian person): Refers to women who feel love and/or sexual attraction towards women.

Lesbophobia: The set of words, acts and attitudes of hostility, whether openly and admitted or not, towards lesbian persons or even towards any person who is supposed to be lesbian.

Lesion: A lesion is an injury to tissue in the human body.

LGBTIQ+: acronym that comes from the English and which brings together different populations in terms of sexual and gender diversity: lesbian, gay, bisexual and transgender, intersex and queer. The + sign is sometimes replaced by an asterisk and both refer to an inclusive opening without delimitations or hierarchies between the different entities.

LGBTPhobia: The set of words, acts and attitudes of hostility, whether openly and admitted or not, towards all persons who do not conform to a heteronormative and binary perspective of genders, or any person supposed to be.

Libido: Libido is a term often used to talk about a person's degree of sexual desire. A high libido is therefore associated with a great desire to have sex. Hormones, including testosterone and estrogen have an impact on one's libido.

Female sterilisation (tubal ligation): The tubes that carry the egg to the uterus are in most cases blocked (with clips) and sometimes tied (with thread). The aim is to prevent the egg from passing from the ovary to the fallopian tubes and meeting spermatozoa, thus preventing fertilisation. This method is less used, less recommended, and not easily accessible, making it less suitable for young people.



L - M

Lymph nodes: Small organs that are part of the immune system. Their presence is normal. When they swell (increase in size), it means that an immune reaction takes place, that is to say a reaction of the body following an attack by a pathogen (virus, bacteria ...).

Love: Love has no universal definition and can be considered as an intense and pleasant feeling that incites beings to get closer, to unite... There are a multitude of kinds of love (parental, filial, passionate, platonic love...). Love and sexuality are not necessarily linked (chapter 2, fact sheet 1).

Lubrication: Secretions produced under the influence of sexual arousal to facilitate penetration.

M

Major: Refers to someone aged 18 or more.

Male ejaculation: Ejaculation is a reflex that leads to the expulsion of semen from the erect penis. It is usually (but not necessarily) accompanied by an orgasm. The first ejaculations are a signal that the reproductive organs are now functioning. This is called nocturnal ejaculation, which is a completely natural phenomenon. Premature ejaculation occurs when a man ejaculates without meaning to.

Male gamete: Reproductive cell (gamete) in humans.

Male sterilisation (vasectomy): Contraceptive method. The vas deferens which transport spermatozoa from the testicles to the prostate are cut so that the semen no longer contains spermatozoa. The quantity of semen released during ejaculation remains more or less unchanged. This method is less used, less recommended, and not easily accessible, making it less suitable for young people.

Masturbation: Masturbation is a natural sexual practice. Masturbation usually consists of stimulations, most often caresses (back and forth, friction, pressure, using the hands or an object) of one's own erogenous parts. Masturbation can be accompanied by ejaculation in men, vaginal secretions in women and possibly orgasm. This sexual practice contributes to the learning of pleasure. The practice of couple masturbation is also called petting.

Medical Pregnancy Intervention (MPI): Spontaneous or induced premature termination of pregnancy before the foetus is viable. This type of intervention is possible beyond the 14 weeks of amenorrhea delay normally prescribed by

the 2014-12-17 law on voluntary termination of pregnancy, knowing that there is a serious threat for the pregnant woman or the unborn child's health or life.

Medical voluntary termination of pregnancy: Recourse to medically induced VTP is possible up to 7 weeks of pregnancy (9 weeks after the first day of the last period). This practice is non-invasive and consists of taking 2 hormonal medications 48 hours apart. This type of abortion is not necessarily performed by a gynaecologist. Medically induced VTP may also be performed by a physician (general practitioner) provided that they have entered into an agreement with a hospital that has a gynaecology and obstetrics department with 24-hour emergency services. (*see chapter 3, fact sheet 15*).

Menopause: Gradual decrease in sexual and reproductive functions due to a drop and then a stop in the production of estrogen and progesterone. Menopause is the period when a woman's ovaries stop working because there are no more eggs to produce. As a result, she is no longer menstruating and cannot get pregnant. This period occurs on average around the age of 50.

Menstrual cup: The menstrual cup is a feminine hygiene protection that is used when you have your period. It is a small, cup-shaped device made of silicone that is inserted into the vagina and collects blood loss so that it does not flow out of the body. You must empty the cup after a few hours and clean it regularly, as well as sterilize it between each cycle.

Menstrual/reproductive cycle: The menstrual cycle is the period that prepares the body for possible fertilisation, spanning between the first day of menstruation and the start of the next. (It is under the influence of hormones secreted by the brain. It lasts on average 28 days, but can be irregular (*see chapter 2, fact sheet 6*).

Menstruation (also called period): Menstruation occurs between the ages of 10 and 16, sometimes earlier or later. The menstrual cycle is divided into two consecutive waves of hormones: oestrogen and progesterone. Under the effect of oestrogen, the endometrium thickens in order to accommodate a possible fertilised egg. If there is no implantation, it breaks down, which is called period or menstruation. Menstruation lasts an average of 3 to 6 days. This cycle will continue to occur monthly until the menopause.

M - N - O

Minor: Refers to someone under the age of 18.

Monozygotic twins: The term "monozygotic" applies to twins from the same egg. Monozygotic twins are also called real twins or identical twins.

Mucosa: A mucosa is a membrane that covers the cavities (inside) of our body and contains vessels and nerves. Its surface is always slightly moist and permeable, meaning that it easily lets in a virus or bacteria because it is in direct contact with the blood. For example, the inside of the nose, vagina, anus, glans penis, eyes, mouth, throat are examples of places in the body where there is a mucous membrane.

Mycosis: A mycosis is an infection caused by the development of small fungi. This is also called a yeast infection. Mycosis can appear in several places but is quite common in the vagina following an imbalance/disruption of the vaginal flora where it causes various symptoms (itching, unusual secretions, odors, burning, etc.).

N

Natural contraception: The natural method refers to all of the biological indicators that make it possible to delimit the period of fertility from the one when there is no risk of pregnancy thanks to various parameters (e.g. body temperature). This method requires a long period of learning and is therefore less suitable for young people serving more often when planning a pregnancy than avoiding one (*see chapter 3, fact sheet 13*).

Nerve endings: Nerve endings are the ends of the nerves that are located at the level of the skin, but also of the organs or muscles. Their role is to record the different sensations: hot, cold, pain ... So, when these nerve endings pick up a message, they transmit it to the brain. Certain areas of the body contain more nerve endings, making these areas more sensitive. For example, the glans of the penis and the clitoris are areas where there are many nerve endings, hence their great sensitivity which is felt as a feeling of physiological pleasure can lead to orgasm.

Nipple: Part of the breast raised at the end. This is the part through which breast milk flows when the woman is breast-feeding. It can sometimes be more erect (emerged) under the effect of cold or stimulation. The nipple is also present in the chest in men.

Nipple areola: Darker skin around the nipple in men and women. Its diameter and color vary from person to person.

Non-binary (person): Refers to a gender identification external to the binary perspective which has a fixed, limiting and reducing understanding of gender because it ignores and excludes the existence of variations in feelings. Synonym for genderqueer.

Norm (standard): Characteristic of something common, usual, standard. The standard should not be an imperative, but an indication for information.

Nudes: Term from the English language that refers to pictures involving nudity, either of a person or of a body part.

Nudity: Being naked

O

Obstetrician-gynaecologist: Doctor specializing in gynaecology, the medical discipline that studies the genital tract of women outside the period of pregnancy and in obstetrics, that is to say during pregnancy.

Opportunistic Disease: A disease that takes advantage of a weak immune system in order to develop in the body.

Orgasm: An orgasm is a physiological response that takes place at the peak of the sexual arousal phase. It is often synonymous with extreme enjoyment.

Oropharynx: Part of the throat.

Ovaries: The ovaries are two glands located on each side of the uterus. They produce sex hormones, oestrogen and progesterone, and bring the eggs to maturity.

Ovulation: Expulsion of an ovum by the ovary, in principle once a month, and approximately 14 days before the first day of the next period.

Ovum (also called an ovocyte): A female reproductive cell (or gamete) found in the ovarian follicle. Once this cell is expelled at the time of ovulation, it is called an ovum. Fertilised to a sperm, they will form an embryo.

Oxytocin: Oxytocin is a hormone that is involved in several processes in the body, such as triggering contractions of the uterus during childbirth and the production of breast milk after childbirth. It also plays an important role during orgasm, which triggers a discharge of oxytocin which has the effect of greatly relaxing the whole body.



P

P

Pansexuality (pansexual person): Pansexuality is the sexual orientation characterizing people who can be attracted emotionally and/or sexually by individuals of any sex or gender (binary or not). Here, potential partners are above all perceived and valued as a human being, regardless of the person's sex and/or gender.

Pap smear (cervico-vaginal): A gynaecological examination that involves removing the surface cells from the cervix using a long cotton swab. These cells are then analyzed under a microscope.

Para-urethral glands: Small glands located all along the urethra which secrete part of the liquid emitted during female ejaculation. It's not urine.

Penis: The penis extends from the glans to the pubis and contains three set of two cavernous and one spongy bodies, which when aroused, gorge with blood and cause an erection, i.e. a hardening of the penis. The penis is also used to urinate, but only when it is at 'rest'.

PEP: Post exposure prophylaxis. PEP is a HIV prevention tool. It is an emergency treatment which aims to reduce the risk of transmission of the human immunodeficiency virus (HIV) after a risk situation (*see chapter 4, fact sheet 2*).

Perineum: The muscular area, flat and taut, which connects the base of the vulva to the anus.

Petting: The practice of couple masturbation is also called petting (*see masturbation for more information*).

Phimosis: A narrowness of the foreskin which prevents an effective uncapping and therefore a correct washing of the glans.

Placenta: Organ that develops throughout pregnancy and is made up of both foetal and maternal tissue. It plays a fundamental role in the exchanges between the foetus and the mother. It provides the foetus with the nutrients, water and oxygen it needs to develop. It also allows the evacuation of waste excreted by the foetus embryo.

Pleasure: Pleasure is a subjective concept. It can be felt in several ways depending on the context, and its trigger can take any form (event, person, object, sensation, etc.). Pleasant feeling or emotion, linked to the satisfaction of a desire, a material or mental need.

Polyurethane: It is an elastic and resistant material which, among other things, generally makes up certain types of condoms. This material has the distinction of being hypoallergenic.

Pornography: In common parlance, we sometimes speak of 'porn', which refers to the viewing of explicitly sexual content on any media, be it a video, an image, a sound recording or even written text.

Positive sexuality: Comprehensive and emancipatory approach that addresses sexuality in all its aspects, whether biological, hormonal, emotional, spiritual, etc., in an inclusive manner that respects diversities. This perspective aims to regain power over one's sexuality and to get out of the discourse limited to STIs and pathologies.

Pregnancy: Pregnancy is the term used when a woman is pregnant. Human pregnancy lasts about 40 weeks, or just over 9 months, from the last menstrual period until the baby is born.

Prejudice: an unfavorable perception/judgment towards one or more people because of their membership to a particular group. It is prejudice that forms the basis of discrimination.

Premenstrual syndrome (PMS): Symptoms that may appear during the days leading to menstruation (often the week before). They manifest themselves differently from person to person and from month to month, the most common symptoms including intensified emotions/feelings, more intense mood changes, breast and chest tenderness, abdominal bloating, acne, increased hunger and thirst, fatigue, constipation or diarrhoea.

PrEP: Pre-Exposure Prophylaxis. PrEP is a prevention tool against HIV. It is a treatment taken by HIV-negative people for preventive purposes to avoid a HIV infection. It is recommended for people who have repeated high-risk sexual practices of HIV infection. Please note that PrEP does not protect from contracting other STIs! (*see chapter 4, fact sheet 2*)



P-Q-R-S

Pre-seminal fluid: Viscous and colorless liquid (also called the pleasure drop) emitted by the urethra of the man when he is sexually aroused, before he reaches orgasm and expels semen during ejaculation. It is used for lubrication, facilitating both sexual intercourse (like vaginal discharge in women), but also the movement of the foreskin on the glans. This fluid also cleans the urethra in preparation for the arrival of sperm contained in the semen that will be ejaculated to maximize their fertility potential once in the woman's body. Note that this liquid can sometimes contain sperm and/or an STI.

Primary sexual characteristics: all the genitals present from birth: in men: the penis, the testicles, the prostate; in women: the ovaries, the fallopian tubes, the uterus and the vagina.

Procreation: Giving life, reproducing.

Progesterone/progestin: Progesterone is a female hormone that thickens the endometrium for possible pregnancy.

Prostate: Gland that secretes part of the seminal fluid. Prostate stimulation can lead a man to have sexual pleasure.

Puberty: Adolescence is accompanied by significant physical, psychological, emotional and social transformations. It is of variable duration depending on each one. With the production of hormones, puberty signals entry into adolescence, through significant physical changes. It is particularly noticeable by the development of sexual characteristics.

Pubis: Body region that covers the pubic bone. It protects the pubic bone during sexual intercourse. The pubis becomes covered with hair at puberty.

Public Prosecutor's Office: Magistrates (civil servants with legal authority) responsible for enforcing laws.

Q

Queer: Serves as a collective term and self-identifier to qualify all people who are non-compliant from a heteronormative and / or binary perspective of gender without always being able or willing to identify with the current terminologies relating to the acronym LGBTI.

R

Rape: (in Luxembourg) This is "any act of sexual penetration, of whatever kind and by whatever means, committed on a person who does not consent to it."

RDR: Risk reduction. Protecting yourself in the management of stitching or cutting equipment and using disposable injection and sniffing equipment prevents the transmission of HIV and hepatitis C. (*see chapter, fact sheets 2, 5 and 6*)

Reclusion: Imprisonment.

Rectum: Last part of the digestive tract before the anus.

Reproductive system: External and internal genital organs having a role in reproduction.

Resilience: Commonly refers to a person's ability to "bounce back" in the face of adversity and challenges. It is the ability of a person to navigate through challenges, changes and upheavals, as well as their capacity to collectively negotiate for the resources needed to sustain their well-being.

Respect: Respect is not a feeling, it is considering the other person as a whole being, a being with rights, it is paying attention to his/her feelings and values, it is accepting his/her differences.

Rohypnol: This is a drug normally used for insomnia. Combined with alcohol or cannabis, this product becomes truly dangerous: disinhibition, drowsiness, nausea and loss of judgment and/or memory, difficulty to speak clearly and walk straight ... even loss of consciousness at high doses.

Romantic relationship: A romantic relationship can take place between two or more people, of the same sex/gender or opposite sex/gender. It implies a feeling of love, that is to say a feeling of affection and tenderness towards the loved one. A healthy romantic relationship makes us feel good and live happiness. Although bickering is sometimes part of a romantic relationship, violence, whether psychological, economic or even physical, is not part of a healthy romantic relationship. A healthy relationship includes several aspects, including: respect for oneself and for others, good communication, equality between partners, pleasure and consent.

S

Safer use: Also called risk reduction. Protecting oneself in the management of stitching or cutting equipment and using disposable injection and sniffing equipment prevents the transmission of HIV and hepatitis C. (*see chapter 4, fact sheets 2, 5 and 6*)



Scrotum: Elastic skin sac suspended under the penis. The scrotum contains the testicles. Its function is to maintain the testicles at their optimal temperature (necessary for spermatogenesis), which is a few degrees lower than if they were inside the body.

Screening: Screening is a medical exam that checks for a disease or infection. Depending on the pathogen sought, screening can be done by blood analysis, by smear, by culture of bacteria, etc.

Secondary sexual characteristics: They do not participate directly in the reproductive system and develop as a result of the activity of sex hormones during puberty. They are manifested by the development of the breasts, the appearance of hair in the pubic area, under the arms and other parts

Serology (serological status): A blood test that diagnoses a state (or even a status) of health. The test aims to look for antibodies specific to an infection. In the case of HIV, it is important to know your HIV status, for example.

Seronegativity (seronegative person): A person who received a negative result during a serology, that is to say that the test indicates that he/she is not infected, that he/she has no antibodies specific to the disease or infection tested for.

Seropositivity (HIV positive person): A person who received a positive result during a serology, that is to say that the test indicates that he/she is infected, that there are therefore antibodies specific to the disease or infection tested for. In common parlance, when we say that a person is HIV-positive, it means that they are infected with HIV. However, it is possible to be seropositive for all kinds of illnesses or infections.

Sex: The word "sex" sometimes refers to biological sex, but it can also refer to sexuality in general or to the sex of a species we will then speak of man or woman, male or female, with reference to the genitals.

Sexism: Sexism refers to all prejudices or discrimination based on sex or by extension, on the gender of a person.

Sex toy: Device varying in size and shape which aims to obtain sexual pleasure. There are sex toys for men and women. It is important to clean a sex toy well before and after use to keep it clean. Please note that sharing sex toys can cause an STI infection if one of the users is infected.

Sexual caresses: Although this term may include more than one practice, in this guide, sexual caresses include

any practice that can lead to an STI if it does not involve penetration or oral sex. For example, it could be sex for sex, mutual masturbation, sharing of sex toys, etc.

Sexual consent: Sexual consent is the voluntary agreement that a person gives to his / her partner when participating in sexual activity. Consent must first be given voluntarily, that is, it must be a free and informed choice.

Sexual contact: Sexual contact is any action that brings the sexual organs of two or more partners into contact with or without penetration. Friction between the genitals without penetration or even anal penetration are examples of sexual contact, as they can cause STI transmission between two people.

Sexual cyberaddiction (Cybersex dependency/sexual dependency on the internet) (BeeSecure): A person making a compulsive use of the communication tool linked to the Internet probably suffers from a cyberaddiction or dependence on the Internet. Cyberaddiction is defined as a problematic use of the Internet (PUI) or Internet Addiction Disorder (IAD). The cyberaddict is in the constant search for connection to the computer network and experiences disorganizing anxiety if he cannot connect. His personal and social life is organized around the use of the Internet. He uses lies to hide his addiction and, if he is deprived of it, he shows a phenomenon of withdrawal similar to drug addiction, which can be accompanied by attacks of violence.

Sexual desire (Libido): Libido is a term often used to talk about a person's degree of sexual desire. A high libido is therefore associated with a great desire to have sex. Hormones, including testosterone and estrogen have an impact on one's libido.

Sexual exploitation: Sexual exploitation is carried out for commercial purposes. This is a sexual abuse of a minor where it is used as a sexual and commercial object by another (adult or minor) in exchange for compensation in kind or in cash paid either to the minor or to a or several third parties. (*see chapter 5, fact sheet 2*)

Sexual intercourse: Sexual intercourse is any action which brings the sexual organs of two or more partners into contact with or without penetration. Friction between the genitals without penetration or even anal penetration are examples of sexual contact because they can cause STI transmission between two people.



Sexual majority: Sexual majority corresponds to the age from which a minor can have sex with an adult without the latter being in violation. In Luxembourg, the sexual majority is fixed at 16 years. Under the age of 16, even with the consent of the minor, the minor is considered to be a victim of sexual abuse if the sexual partner is an adult.

Sexual orientation: Sexual orientation is defined by the sex(es)/gender(s) towards which the affinities, attractions and desires of a person are turned.

Sexual violence (WHO): "Sexual violence covers acts ranging from verbal harassment to forced penetration, as well as a wide variety of forms of coercion ranging from pressure and intimidation to physical force."

Sexting: Composed of the English words sex and texting (sending text messages via SMS), it designates the voluntary exchange of messages or intimate photos via mobile phones and social networks.

Sextortion: Blackmail on online dating sites by malicious people who lure their interlocutors into giving them access to their nude photos. Most often, the victims are subtly incited by a criminal interlocutor to pose naked in a video chat or to perform sexual acts on themselves. These images are then recorded without the victim's knowledge. Once in possession of compelling images, blackmailers put the person under pressure by threatening to share this compromising material with third parties (partner, employer, general public ...) if they do not pay. This is called sextortion (composed of the words sex and extortion, blackmail).

Shame: Shame is the sense of reserve or embarrassment that a person feels when faced with what his or her dignity forbids or prevents him or her from doing, often when faced with situations of a sexual nature.

Skin rash: Transient rash that develops following a syphilis infection, during the 2nd stage of the disease.

Sniff: Type of drug use by nasal inhalation. Sniffing means inhaling substances (drugs) that will have euphoric or other effects through the nose. Some people use a small straw to facilitate handling. It is important not to share this device in order to avoid the transmission of infection between drug users. The Hepatitis C virus can be transmitted this way ...

Speculum: The speculum is a medical instrument which makes it possible to widen (and illuminate) a natural cavity to examine it or to introduce another instrument into it. During an examination with a gynaecologist, they sometimes insert a speculum into the vagina to make sure that the interior of the vagina and the cervix do not have any abnormality and do certain tests, such as a smear for example.

Spermatogenesis: All the processes that lead to the creation of sperm in humans. Men, unlike women, are not born with a limited number of reproductive cells but produce them during all their reproductive life.

Sperm: Reproductive cell (gamete) in humans.

Semen: A viscous, transparent and/or more or less whitish liquid that is secreted during ejaculation by several glands. It contains 100 million sperm per milliliter. Sperm can survive for several days inside the partner.

Seminal vesicles: They produce seminal fluid, which is the major component of semen. The seminal fluid contains the elements necessary to nourish and transport the spermatozoa during ejaculation.

Spermogram: Sperm test to measure several characteristics of the sperm such as the number of sperm per milliliter. Generally, this test is done when there are questions about a man's fertility rate.

Spongious body: It is made up of erectile tissues that allow the penis to increase in volume during erection by soaking up blood, like a sponge.

Standard (norm): Characteristic of something common, usual, standard. The standard should not be an imperative, but an indication for information.

Stereotype: Mental images, beliefs widely shared by a population about certain people. They are formed by generalising the behaviour of a few individuals who are part of that group.

Sterility (a sterile person): A sterile man or woman cannot have children, temporarily or permanently.

STD: Sexually Transmitted Disease is the old name for STI Sexually Transmitted Infection.

STI: Sexually transmitted infection. (*see chapter 4, fact sheet 1*)



S-T-U-V

Surgical voluntary termination of pregnancy: Beyond 7 weeks of pregnancy, it is possible to have surgical VTP. It is performed in a day hospital by a gynaecologist. It consists of a short local or general anesthesia during which the embryo is aspirated.

Symptoms/Symptomatic (infection): Observable characteristic of a condition/disease/infection. For example, coughing, sneezing and blowing your nose are symptoms of a cold or allergy.

Syphilis: Syphilis is a sexually transmitted infection caused by bacteria. (see chapter 4, fact sheet 6)

T

Testicles: There are two testicles that produce spermatozoa and testosterone, the male sex hormone.

Testosterone: A male sex hormone that plays an important role in the production of sperm and in the changes that occur during puberty. In both men and women, testosterone is the hormone of sexual desire, of libido.

Transgender: The term "transgender" refers to people whose gender identity does not correspond completely or does not correspond at all to the sex assigned at birth.

Transphobia: The set of words, acts and attitudes of hostility, whether openly and admitted or not, towards transgender persons or even towards any person who is supposed to be transgender.

Trichomonas: Trichomonas is a sexually transmitted infection caused by a parasite (see chapter 4, fact sheet 9).

U

Ultrasound: Ultrasound is an imaging technique using ultrasound, with an ultrasound system consisting of a probe (usually placed on the stomach) and a monitor to view (on screen) images of the pregnancy. An ultrasound is offered during the first trimester. This exam allows to know the age of the pregnancy, find out if there is more than one embryo; see most organs; detect anomalies and intervene if needed; etc.

Uterus: The uterus is intended to receive the eggs produced by the ovaries. This is where the fertilised egg is implanted, and a pregnancy develops. The inner layer thickens and is then evacuated during menstruation.

Urethra: The tiny opening just below the clitoris through which urine flows (in women) and an orifice at the tip of the penis that allows the evacuation of urine during urination or semen during ejaculation (in men).

Urinary orifice (of the urethra): The tiny opening just below the clitoris through which urine flows (in women) and an orifice at the tip of the penis that allows the evacuation of urine during urination or semen during ejaculation (in men).

Urination: Medical term for the evacuation of urine from the bladder.

Urologist: Doctor specialized in the study of the urinary system.

V

Vagina: This elastic organ is made of muscles that connects the vulva to the uterus.

Vaginal discharge: White discharge varying in amount and frequency that the body naturally produces to moisten and protect the vagina. Some girls/women have a lot of it, others less...It can change in appearance and consistency depending on the time of the cycle.

Vaginal flora: The vaginal flora is the set of bacteria (small fungi) located in the vagina. The vaginal flora is a natural defense of the body.

Vaginal orifice: The vagina is the stretchy duct that extends from the vulva to the uterus.

Vaginal penetration: This is the act of penetrating the vagina.

Vas deferens: These are the ejaculatory ducts that run from the epididymis to the seminal vesicles.

Vasectomy: Contraceptive method. The vas deferens which transport spermatozoa from the testicles to the prostate are cut so that the semen no longer contains spermatozoa. The quantity of semen released during ejaculation remains more or less unchanged. This method is less used, less recommended, and not easily accessible, making it less suitable for young people.

Vertical transmission: Transmission of a disease, infection, medical condition from mother to child during gestation (during pregnancy) or during childbirth.

V - W

Virginity: Concept which stems from social constructions based on patriarchal customs. First intercourse is often associated with loss of virginity. It is sometimes associated with the hymen breaking during first penetrative intercourse. However, the hymen is not a proof of virginity (see chapter 2, fact sheet 2 for more explanation).

Virus: A virus is a tiny organism that needs to attach itself to a host, usually a cell (human or animal) to survive by using its resources and replicating (reproducing). There are a lot of types of viruses that have different characteristics, including their impact on our health, their degree of contagiousness, or how we can eliminate it, if possible, etc.

Violence (WHO): "The threat or intentional use of physical force or power against oneself or against others, against a group or community that causes or risks to cause trauma or death, psychological damage, maldevelopment or deprivation". There are different types of violence: physical violence, psychological violence (moral, mental or emotional), domestic violence (against a person with whom the author cohabits in a family setting), sexual violence, rape, forced abortion, forced sterilization, genital mutilation, obsessive and sexual harassment, including "cyber harassment".

Viral load: Viral load is the amount of virus present in the blood. A viral load is said to be undetectable when it cannot be measured above a certain threshold.

Vulva: The entire external female genitalia.

W

"Well-treatment": One of the most important components of emotional relationships, and one that allows the healthy development of a person, is the fact of having grown up surrounded by care, protection and education, especially during crucial periods of life: childhood and adolescence. This will determine the ability to take care of oneself and participate in social dynamics to attend to the needs of others. This process, which we call well-treatment, has been fundamental to the survival of the species. In fact, since the dawn of time, well-treatment has created dynamics of collaboration between human beings and adaptive capacities enabling them to face the challenges of the environment. On the other hand, this process is vital for small humans, who are born unfinished and whose survival depends on adult care. Word mainly used in French.

White discharge: White discharge is a vaginal secretion varying in amount and frequency that the body naturally produces to moisten and protect the vagina. Some girls/women have a lot of it, others less... It can change in appearance and consistency depending on the time of the cycle.

Withdrawal (WHO): Also called interrupted coitus, it is an ineffective method of contraception. It involves the man withdrawing his penis from his partner's vagina and ejaculating outside the vagina, preventing sperm from coming into contact with the woman's external genitals.

WHO: World Health Organization, supervisory and coordinating health agency within the United Nations system, responsible for playing a leading role in world health affairs, determining research priorities, setting public health standards and criteria, defining evidence-based policy options, providing technical assistance to countries, monitoring and assessing health trends.

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Chapter 7

APPENDICES



STANDARDS FOR SEXUAL EDUCATION IN EUROPE BY WHO AND BZGA



If you have questions about the age at which a young person should receive information on affective and sexual health, you can refer to the following table: The WHO matrix which sets the standards for sex education in Europe. It contains for each age the content that should be addressed. Note that these standards serve as guidance and must be adapted according to the individual development of each young person and the context in which you use them. More information: *see adjacent QR Code*.

How to read the matrix

In the process of structuring the contents of what should be taught at a certain age, **age groups** have been defined according to developmental tasks. The age groups are 0-4, 4-6, 6-9, 9-12, 12-15, and 15 and up and have been chosen in accordance with WHO age groups and as they mirror development stages. It is without any doubt that, depending on individual development, children could fit better in a different age group than their calendar age would indicate, so the limits of the age group should be used in a flexible way. Topics addressed in several age stages are meant to anticipate later or next stage developmental phase, so children are better prepared to deal with them. It also acknowledges different levels of understanding.

For all age groups the topics have been summarized under **general themes**: "The human body and human development", "Fertility and reproduction", "Sexuality", "Emotions", "Relationships and lifestyles", "Sexuality, health and well-being", "Sexuality and rights", and "Social and cultural determinants of sexuality". These themes have been chosen because they are relevant to the dynamic process of the physical, social and emotional sexual development of youth.

It is important to note that all topics should be addressed in an age-appropriate and developmental-appropriate way. For instance in the age group (0-4), children should acquire the attitude "respect gender equality". This seems

farfetched for this young age group, but what is meant is the learning of the attitude that boys and girls are equal. It is important that these basic attitudes should be there from the beginning as a firm basis for later values and norms. At an early stage, the basics of a certain topic are introduced, at later development stages the topics reoccur and will be consolidated.

The user of the matrix will find different markings: topics in a bold and black font are main topics or minimal standards that need to be covered by sexuality education. Topics that are in a non-bold and black font are additional, their introduction into curriculums is optional. Topics in a grey and bold font indicates that this specific topic is introduced for the first time, and topics in a non-bold and grey font have been introduced before at an earlier age group. This is often the case as many of the topics come back in later age groups, often with a different emphasis and in greater detail.

- **main topic (new)**
- **main topic (consolidation)**
- **additional topic (new)**
- **additional topic (consolidation)**

Some issues are crosscutting and can be found under different main thematic categories. The best example is sexual abuse, aspects of which can be found under "Sexuality, health and well-being", others under "Sexuality and rights".

*A developmental task is a task which arises at or about a certain period in the life of the individual, successful achievement of which leads to his/her happiness and to success with later tasks, while failure leads to unhappiness in the individual, disapproval by society and difficulty with later tasks. cf. Havighurst (1971).



O-4 Y	INFORMATION Give information about	SKILLS Enable children to	ATTITUDES Help children to develop
The human body and human development	<ul style="list-style-type: none">• all body parts and their functions• different bodies and different sexes• body hygiene• the difference between oneself and others	<ul style="list-style-type: none">• name the body parts• practise hygiene (wash every part of the body)• recognize body differences• express needs and wishes	<ul style="list-style-type: none">• a positive body-image and self-image: self-esteem• respect for differences• an appreciation of their own body• an appreciation for the sense of well-being, closeness and trust created by body experience and experience of bonding• respect for gender equality
Fertility and reproduction	<ul style="list-style-type: none">• pregnancy, birth and babies• basics of human reproduction (where babies come from)• different ways to become part of a family (e.g. adoption)• the fact that some people have babies and some do not	<ul style="list-style-type: none">• talk about these issues by providing them with the correct vocabulary	<ul style="list-style-type: none">• acceptance of different ways of becoming a child of a family
Sexuality	<ul style="list-style-type: none">• enjoyment and pleasure when touching one's own body, early childhood masturbation• discovery of own body and own genitals• the fact that enjoyment of physical closeness is a normal part of everyone's life• tenderness and physical closeness as an expression of love and affection	<ul style="list-style-type: none">• gain an awareness of gender identity• talk about (un)pleasurable feelings in one's own body• express own needs, wishes and boundaries, for example in the context of "playing doctor"	<ul style="list-style-type: none">• a positive attitude towards one's body with all its functions = positive bodyimage• respect for others• curiosity regarding own and others' bodies
Emotions	<ul style="list-style-type: none">• different types of love• "yes" and "no" feelings• words for feelings• feeling of the need for privacy	<ul style="list-style-type: none">• feel and show empathy• say yes/no• express and communicate own emotions, wishes and needs• express own need for privacy	<ul style="list-style-type: none">• the understanding that emotions are expressed in many different ways• positive feelings towards their own sex and gender (it is good to be a girl – or a boy!)• the attitude that their own experience and expression of emotions is right• a positive attitude towards different emotions in different circumstances



O-4 Y	INFORMATION Give information about	SKILLS Enable children to	ATTITUDES Help children to develop
Relationships and lifestyles	<ul style="list-style-type: none"> • different kinds of relationship • different family relationships 	<ul style="list-style-type: none"> • talk about own relationships and family 	<ul style="list-style-type: none"> • a feeling of closeness and trust based on the experience of bonding • a positive attitude towards different lifestyles • the awareness that relationships are diverse
Sexuality, health and well-being	<ul style="list-style-type: none"> • good and bad experiences of your body/what feels good? (listen to your body) • if the experience/feeling is not good, you do not always have to comply 	<ul style="list-style-type: none"> • trust their instincts • apply the three-step model (say no, go away, talk to somebody you trust) • achieve feelings of wellbeing 	<ul style="list-style-type: none"> • an appreciation of their body • the awareness that it is ok to ask for help
Sexuality and rights	<ul style="list-style-type: none"> • the right to be safe and protected • the responsibility of adults for the safety of children • the right to ask questions about sexuality • the right to explore gender identities • the right to explore nakedness and the body, to be curious 	<ul style="list-style-type: none"> • say "yes" and "no" • develop communication skills • express needs and wishes • differentiate between "good" and "bad" secrets 	<ul style="list-style-type: none"> • an awareness of their rights which leads to selfconfidence • the attitude "My body belongs to me" • the feeling that they can make their own decisions
Social and cultural determinants of sexuality (values/norms)	<ul style="list-style-type: none"> • social rules and cultural norms/values • gender roles • social distance to be maintained with various people • the influence of age on sexuality and age-appropriate behaviour • norms about nakedness 	<ul style="list-style-type: none"> • differentiate between private and public behaviour • respect social rules and cultural norms • behave appropriately according to context • know where you can touch 	<ul style="list-style-type: none"> • respect for their own and others' bodies • acceptance of social rules about privacy and intimacy • respect for "no" or "yes" from others

• main topic (new)

• main topic (consolidation)

• additional topic (new)

• additional topic (consolidation)



4-6 Y	INFORMATION Give information about	SKILLS Enable children to	ATTITUDES Help children to develop
The human body and human development	<ul style="list-style-type: none">• all body parts and their functions• different bodies and different sexes• body hygiene• age differences in bodies and development	<ul style="list-style-type: none">• name the body parts• practise hygiene (wash every part of the body)• recognize body differences• express needs and wishes• recognize own and others' need for privacy	<ul style="list-style-type: none">• a positive gender identity• a positive body-image and self-image: self-esteem• respect for differences• respect for gender equality
Fertility and reproduction	<ul style="list-style-type: none">• myths related to reproduction (e.g. in some countries, children are told that a new baby has been "brought by the stork")• life: pregnancy, birth and babies; end of life• basics of human reproduction	<ul style="list-style-type: none">• talk about these issues by providing them with the correct vocabulary	<ul style="list-style-type: none">• respect for differences: some people have babies, others do not
Sexuality	<ul style="list-style-type: none">• le plaisir and la satisfaction liés au toucher de son propre corps,• la masturbation enfantine précoce• la découverte de son propre corps and de ses parties génitales• the meaning and expression of sexuality (for example, expressing feelings of love)• appropriate sexual language• sexual feelings (closeness, enjoyment, excitement) as a part of all human feelings (these should be positive feelings; they should not include coercion or harm)	<ul style="list-style-type: none">• talk about sexual matters (communication skills)• consolidate their gender identity• use sexual language in a nonoffensive way	<ul style="list-style-type: none">• a positive body image• respect for others
Emotions	<ul style="list-style-type: none">• jealousy, anger, aggression, disappointment• friendship and love towards people of the same sex• the difference between friendship and love• secret loves, first love (infatuations and "crushes", unrequited love)	<ul style="list-style-type: none">• manage disappointments• express and communicate own emotions, wishes and needs• manage their own and others' need for privacy• name own feelings adequately	<ul style="list-style-type: none">• the acceptance that feelings of love (as a part of all emotions) are natural• the attitude that their own experience and expression of emotions is right and important (valuing their own feelings)



4-6 Y	INFORMATION Give information about	SKILLS Enable children to	ATTITUDES Help children to develop
Relationships and lifestyles	<ul style="list-style-type: none">• friendship• same-sex relationships• different kinds of (family) relationship• different concepts of a family	<ul style="list-style-type: none">• relate to each other and to family members and friends in an appropriate way• live together in families based on mutual respect build up and maintain• relationships	<ul style="list-style-type: none">• acceptance of diversity• respect for differences in lifestyle
Sexuality, health and well-being	<ul style="list-style-type: none">• good and bad experiences of your body/what feels good? (listen to your body)• if the experience/feeling is not good, you do not always have to comply	<ul style="list-style-type: none">• trust their instincts and apply the three-step model (say no, go away, talk to someone you trust)• achieve feelings of well-being	<ul style="list-style-type: none">• the attitude that they have a choice• an awareness of risks• an appreciation of their body• the awareness that it is ok to ask for help
Sexuality and rights	<ul style="list-style-type: none">• abuse; there are some people who are not good; they pretend to be kind, but might be violent• their rights (including the right to information and the right to protection)• the responsibility of adults for the safety of children	<ul style="list-style-type: none">• ask questions• turn to somebody you trust if in trouble• express needs and wishes	<ul style="list-style-type: none">• the attitude "My body belongs to me"• an awareness of their rights
Social and cultural determinants of sexuality (values/norms)	<ul style="list-style-type: none">• gender, cultural, age differences• values and norms differ by country and culture• all feelings are ok, but not all actions taken as a result of these feelings• social rules and cultural norms/values	<ul style="list-style-type: none">• recognize and deal with differences in values• respect social rules and cultural norms• talk about differences	<ul style="list-style-type: none">• socially responsible behaviour• an open, nonjudgmental attitude• acceptance of equal rights• respect for different norms regarding sexuality• respect for their own and others' bodies

• main topic (new)

• main topic (consolidation)

• additional topic (new)

• additional topic (consolidation)



6-9 Y	INFORMATION Give information about	SKILLS Enable children to	ATTITUDES Help children to develop
The human body and human development	<ul style="list-style-type: none">• body changes, menstruation, ejaculation, individual variation in development over time• (biological) differences between men and women (internal and external)• body hygiene	<ul style="list-style-type: none">• know and to be able to use the correct words for body parts and their functions• appraise body changes• examine their body and take care of it	<ul style="list-style-type: none">• an acceptance of insecurities arising from their body awareness• a positive body-image and self-image: self-esteem• a positive gender identity
Fertility and reproduction	<ul style="list-style-type: none">• choices about parenthood and pregnancy, infertility, adoption• the basic idea of contraception (it is possible to plan and decide about your family)• different methods of conception• basic idea of fertility cycle• myths about reproduction	<ul style="list-style-type: none">• develop communication skills• gain an understanding that people can influence their own fertility	<ul style="list-style-type: none">• an acceptance of diversity – some people choose to have children, others choose not to
Sexuality	<ul style="list-style-type: none">• love, being in love• tenderness• sex in the media (including the Internet)• enjoyment and pleasure when touching one's own body (masturbation/selfstimulation)• appropriate sexual language• sexual intercourse	<ul style="list-style-type: none">• accept own and others' need for privacy• deal with sex in the media• use sexual language in a nonoffensive way	<ul style="list-style-type: none">• an understanding of "acceptable sex" (mutually consensual, voluntary, equal, age-appropriate, contextappropriate and selfrespecting)• an awareness that sex is depicted in the media in different ways
Emotions	<ul style="list-style-type: none">• the difference between friendship, love and lust• jealousy, anger, aggression, disappointment• friendship and love towards people of the same sex• secret loves, first love (infatuations and "crushes", unrequited love)	<ul style="list-style-type: none">• express and communicate emotions, own wishes and needs• manage disappointments• name own feelings adequately• manage their own and others' need for privacy	<ul style="list-style-type: none">• the acceptance that feelings of love (as a part of all emotions) are natural• the attitude that their own experience and expression of emotions is right and important (valuing their own feelings)



6-9 Y	INFORMATION Give information about	SKILLS Enable children to	ATTITUDES Help children to develop
Relationships and lifestyles	<ul style="list-style-type: none"> different relationships in relation to love, friendship, etc. different family relationships marriage, divorce; living together 	<ul style="list-style-type: none"> express oneself within relationships be able to negotiate compromises, show tolerance and empathy make social contacts and make friends 	<ul style="list-style-type: none"> acceptance of commitment, responsibility and honesty as a basis for relationships respect for others acceptance of diversity
Sexuality, health and well-being	<ul style="list-style-type: none"> the positive influence of sexuality on health and wellbeing diseases related to sexuality sexual violence and aggression where to get help 	<ul style="list-style-type: none"> set boundaries trust their instincts and apply the three-step model (say no, go away, talk to somebody you trust) 	<ul style="list-style-type: none"> a sense of responsibility for one's own health and wellbeing an awareness of choices and possibilities an awareness of risks
Sexuality and rights	<ul style="list-style-type: none"> the right of self-expression sexual rights of children (information, sexuality education, bodily integrity) abuse the responsibility of adults for the safety of children 	<ul style="list-style-type: none"> ask for help and information turn to somebody you trust if in trouble name their rights express wishes and needs 	<ul style="list-style-type: none"> feelings of responsibility for oneself and others awareness of rights and choices
Social and cultural determinants of sexuality (values/norms)	<ul style="list-style-type: none"> gender roles cultural differences age differences 	<ul style="list-style-type: none"> talk about own experiences, wishes and needs in relation to cultural norms recognize and deal with differences 	<ul style="list-style-type: none"> respect for different lifestyles, values and norms

• main topic (new)

• main topic (consolidation)

• additional topic (new)

• additional topic (consolidation)

9-12 Y

INFORMATION

Give information about

SKILLS

Enable children to

ATTITUDES

Help children to develop

The human body and human development

- body hygiene (menstruation, ejaculation)
- early changes in puberty (mental, physical, social and emotional changes and the possible variety in these)
- internal and external sexual and reproductive organs and functions

- integrate these changes into their own lives
- know and use the correct vocabulary
- communicate about changes in puberty

- an understanding and acceptance of changes and differences in bodies (size and shape of penis, breasts and vulva can vary significantly, standards of beauty change over time and differ between cultures)
- a positive body-image and selfimage: self-esteem

Fertility and reproduction

- reproduction and family planning
- different types of contraception and their use; myths about contraception
- symptoms of pregnancy, risks and consequences of unsafe sex (unintended pregnancy)

- understand the relationship between menstruation/ ejaculation and fertility
- use condoms and contraceptives effectively in future

- the understanding that contraception is the responsibility of both sexes

Sexuality

- first sexual experience
- gender orientation
- sexual behaviour of young people (variability of sexual behaviour)
- love, being in love
- pleasure, masturbation, orgasm
- differences between gender identity and biological sex

- communicate and understand different sexual feelings and talk about sexuality in an appropriate way
- make a conscious decision to have sexual experiences or not
- refuse unwanted sexual experiences
- differentiate between sexuality in "real life" and sexuality in the media
- use modern media (mobile phones, Internet) and be aware of risks and benefits associated with these tools

- acceptance, respect and understanding of diversity in sexuality and sexual orientation (sex should be mutually consensual, voluntary, equal, age-appropriate, context-appropriate and self-respecting)
- the understanding of sexuality as a learning process
- acceptance of different expressions of sexuality (kissing, touching, caressing, etc.)
- understanding that everyone has his/her own timetable of sexual development

Emotions

- different emotions, e.g. curiosity, falling in love, ambivalence, insecurity, shame, fear and jealousy
- differences in individual needs for intimacy and privacy
- the difference between friendship, love and lust
- friendship and love towards people of the same sex

- express and recognize various emotions in themselves and others
- express needs, wishes and boundaries and respect those of others
- manage disappointments

- an understanding of emotions and values (e.g. not feeling ashamed or guilty about sexual feelings or desires)
- respect for the privacy of others



9-12 Y	INFORMATION Give information about	SKILLS Enable children to	ATTITUDES Help children to develop
Relationships and lifestyles	<ul style="list-style-type: none"> • differences between friendship, companionship and relationships and different ways of dating different kinds of pleasant and unpleasant relationships • (influence of (gender) inequality on relationships) 	<ul style="list-style-type: none"> • express friendship and love in different ways • make social contacts, make friends, build and maintain relationships • communicate own expectations and needs within relationships 	<ul style="list-style-type: none"> • a positive attitude to gender equality in relationships and free choice of partner • acceptance of commitment, responsibility and honesty as a basis for relationships • respect for others • an understanding of the influence of gender, age, religion, culture, etc. on relationships
Sexuality, health and well-being	<ul style="list-style-type: none"> • symptoms, risks and consequences of unsafe, unpleasant and unwanted sexual experiences (sexually transmitted infections (STI), HIV, unintended pregnancy, psychological consequences) • the prevalence and different types of sexual abuse, how to avoid it and where to get support • the positive influence of sexuality on health and wellbeing 	<ul style="list-style-type: none"> • take responsibility in relation to safe and pleasant sexual experiences for oneself and others • express boundaries and wishes and to avoid unsafe or unwanted sexual experiences • ask for help and support in case of problems (puberty, relationships, etc.) 	<ul style="list-style-type: none"> • awareness of choices and possibilities • awareness of risks • a feeling of mutual responsibility for health and well-being
Sexuality and rights	<ul style="list-style-type: none"> • sexual rights, as defined by IPPF and by WAS¹ • national laws and regulations (age of consent) 	<ul style="list-style-type: none"> • act within these rights and responsibilities • ask for help and information 	<ul style="list-style-type: none"> • an awareness of rights and choices • an acceptance of sexual rights for oneself and others
Social and cultural determinants of sexuality (values/norms)	<ul style="list-style-type: none"> • influence of peer pressure, media, pornography, culture, religion, gender, laws and socioeconomic status on sexual decisions, partnerships and behaviour 	<ul style="list-style-type: none"> • discuss these external influences and make a personal assessment • acquire modern media competence (mobile phone, Internet, dealing with pornography) 	<ul style="list-style-type: none"> • respect for different lifestyles, values and norms • an acceptance of different opinions, views and behaviour regarding sexuality

¹International Planned Parenthood Federation (IPPF): Sexual Rights: an IPPF declaration. London 2008 and World Association for Sexual Health (WAS): Declaration of Sexual Rights. Hongkong 1999

• main topic (new)

• main topic (consolidation)

• additional topic (new)

• additional topic (consolidation)

12-15 Y

INFORMATION

Give information about

SKILLS

Enable teenagers to

ATTITUDES

Help teenagers to develop

The human body and human development

- body knowledge, body image and body modification (female genital mutilation, circumcision, hymen and hymen repair, anorexia, bulimia, piercing, tattoos)
- menstrual cycle; secondary sexual body characteristics, their function in men and women and accompanying feelings
- beauty messages in the media; body changes throughout life
- services where teenagers can go for problems related to these topics

- describe how people's feelings about their bodies can affect their health, selfimage and behaviour
- come to terms with puberty and resist peer pressure
- be critical of media messages and beauty industry

- critical thinking related to body modification
- acceptance and appreciation of different body shapes

Fertility and reproduction

- the impact of (young) motherhood and fatherhood (meaning of raising children – family planning, career planning, contraception, decision-making and care in case of unintended pregnancy)
- information about contraceptive services
- ineffective contraception and its causes (use of alcohol, side effects, forgetfulness, gender inequality, etc.)
- pregnancy (also in same-sex relationships) and infertility
- facts and myths (reliability, advantages and disadvantages) related to various contraceptives (including emergency contraception)

- recognize the signs and symptoms of pregnancy
- obtain contraception from an appropriate place, e.g. by visiting a health professional
- make a conscious decision to have sexual experiences or not
- communicate about contraception
- make a conscious choice of contraceptive and use chosen contraceptive effectively

- personal attitudes (norms and values) about (young) motherhood and fatherhood, contraception, abortion and adoption
- a positive attitude towards taking mutual responsibility for contraception

Sexuality

- role expectations and role behaviour in relation to sexual arousal and gender differences
- gender-identity and sexual orientation, including coming out/ homosexuality
- how to enjoy sexuality in an appropriate way (taking your time)
- la première expérience sexuelle
- le plaisir, la masturbation, l'orgasme

- develop skills in intimate communication and negotiation
- make free and responsible choices after evaluating the consequences, advantages and disadvantages of each possible choice (partners, sexual behaviour)
- enjoy sexuality in a respectful way
- differentiate between sexuality in real life and sexuality in the media

- the understanding of sexuality as a learning process
- acceptance, respect and understanding of diversity in sexuality and sexual orientation (sex should be mutually consensual, voluntary, equal, ageappropriate, contextappropriate and selfrespecting)

Emotions

- the difference between friendship, love and lust
- different emotions, e.g. curiosity, falling in love, ambivalence, insecurity, shame, fear and jealousy

- express friendship and love in different ways
- express own needs, wishes and boundaries and respect those of others
- deal with different/conflicting emotions, feelings and desires

- acceptance that people feel differently (because of their gender, culture, religion, etc. and their interpretation of these)



12-15 Y	INFORMATION Give information about	SKILLS Enable teenagers to	ATTITUDES Help teenagers to develop
Relationships and lifestyles	<ul style="list-style-type: none"> • influence of age, gender, religion and culture • different styles of communication (verbal and nonverbal) and how to improve them • how to develop and maintain relationships • family structure and changes (e.g. single parenthood) • different kinds of (pleasant and unpleasant) relationships, families and ways of living 	<ul style="list-style-type: none"> • address unfairness, discrimination, inequality • express friendship and love in different ways • make social contacts, make friends, build and maintain relationships • communicate own expectations and needs within relationships 	<ul style="list-style-type: none"> • an aspiration to create equal and fulfilling relationships • an understanding of the influence of gender, age, religion, culture, etc. on relationships
Sexuality, health and well-being	<ul style="list-style-type: none"> • body hygiene and self-examination • the prevalence and different types of sexual abuse, how to avoid it and where to get support • risky (sexual) behaviour and its consequences (alcohol, drugs, peer pressure, bullying, prostitution, media) • symptoms, transmission and prevention of STI, including HIV • health-care systems and services • positive influence of sexuality on health and well-being 	<ul style="list-style-type: none"> • make responsible decisions and well-informed choices (relating to sexual behaviour) • ask for help and support in case of problems • develop negotiation and communication skills in order to have safe and enjoyable sex • refuse or stop unpleasant or unsafe sexual contact • obtain and use condoms and contraceptives effectively • recognize risky situations and be able to deal with them • recognize symptoms of STI 	<ul style="list-style-type: none"> • a feeling of mutual responsibility for health and well-being • a sense of responsibility regarding prevention of STI/HIV • a sense of responsibility regarding prevention of unintended pregnancy • a sense of responsibility regarding prevention of sexual abuse
Sexuality and rights	<ul style="list-style-type: none"> • sexual rights, as defined by IPPF and by WAS¹ • national laws and regulations (age of consent) 	<ul style="list-style-type: none"> • acknowledge sexual rights for oneself and others • ask for help and information 	<ul style="list-style-type: none"> • an acceptance of sexual rights for oneself and others
Social and cultural determinants of sexuality (values/norms)	<ul style="list-style-type: none"> • influence of peer pressure, media, pornography, (urban) culture, religion, gender, laws and socioeconomic status on sexual decisions, partnership and behaviour 	<ul style="list-style-type: none"> • deal with conflicting (inter) personal norms and values in the family and society • acquire media competence and deal with pornography 	<ul style="list-style-type: none"> • a personal view of sexuality (being flexible) in a changing society or group

¹International Planned Parenthood Federation (IPPF): Sexual Rights: an IPPF declaration. London 2008 and World Association for Sexual Health (WAS): Declaration of Sexual Rights. Hongkong 1999

• main topic (new)

• main topic (consolidation)

• additional topic (new)

• additional topic (consolidation)

15+ Y

INFORMATION

Give information about

SKILLS

Enable teenagers to

ATTITUDES

Help teenagers to develop

The human body and human development

- **psychological changes in puberty**
- body knowledge, body image, body modification
- female genital mutilation, circumcision, anorexia, bulimia, hymen and hymen repair
- beauty messages in the media; body changes throughout life
- services where teenagers can go for help with problems related to these topics

- **identify differences between images in the media and real life**
- come to terms with puberty and resist peer pressure
- be critical of media messages and beauty industry, advertisements and the potential risks of body modification

- **a critical view of cultural norms related to the human body**
- acceptance and appreciation of different body shapes

Fertility and reproduction

- **fertility changes with age (surrogacy, medically assisted reproduction)**
- pregnancy (also in same-sex relationships) and infertility, abortion, contraception, emergency contraception (more in-depth information)
- ineffective contraception and its causes (use of alcohol, side-effects, forgetfulness, gender inequality, etc).
- information about contraceptive services
- planning a family and career/ personal future
- consequences of a pregnancy for young teenagers (girls and boys)
- **"designer" babies, genetics**

- **communicate with their partner on equal terms; discuss difficult topics with respect for different opinions**
- **use negotiation skills**
- **make informed decisions regarding contraception and (unintended) pregnancies**
- make a conscious choice of contraception and use chosen contraception effectively

- **willingness to take gender differences into account regarding fertility, reproduction and abortion**
- **a critical view of different cultural/religious norms related to pregnancy, parenthood, etc.**
- **an awareness of the importance of a positive role for men during pregnancy and childbirth; positive influence of engaged fathers**
- a positive attitude towards mutual responsibility for contraception

Sexuality

- **sex as more than merely coitus**
- **meaning of sex at different ages, gender differences sexuality and disability, influence of illness on sexuality (diabetes, cancer, etc.)**
- **transactional sex (prostitution, but also sex in return for small gifts, meals / nights out, small amounts of money), pornography, sexual dependency**
- **sexual behavioural variations; differences in the cycle of arousal**

- **discuss the forms relationships take and the reasons to have sex, or not to**
- **"come out" to others (admit to homosexual or bisexual feelings)**
- develop skills in intimate communication and negotiation
- **handle difficulties in making contact; handle conflicting desires**
- **be able to express respectfully one's own wishes and boundaries and take into account those of others**
- **reflect on the power dimensions of sexuality**

- **a positive attitude towards sexuality and pleasure**
- acceptance of different sexual orientations and identities
- **acceptance that sexuality in different forms is present in all age groups**
- **a change from possible negative feelings, disgust and hatred towards homosexuality to acceptance and celebration of sexual differences**

Emotions

- different types of emotions (love, jealousy); difference between feeling and doing
- **awareness of difference between rational thoughts and feelings**
- **insecurities at the beginning of a relationship**

- **deal with being in love, ambivalence, disappointment, anger, jealousy, betrayal, trust, guilt, fear and insecurity; discuss emotions**
- deal with different/conflicting emotions, feelings and desires

- acceptance that people feel differently (because of their gender, culture, religion, etc. and their interpretation of these)



15+ Y	INFORMATION Give information about	SKILLS Enable teenagers to	ATTITUDES Help teenagers to develop
Relationships and lifestyles	<ul style="list-style-type: none"> • gender role behaviour, expectations and misunderstandings • family structure and changes, forced marriage; homosexuality/ bisexuality/ asexuality, single parenthood • how to develop and maintain relationships 	<ul style="list-style-type: none"> • address unfairness, discrimination, inequality • challenge injustice and stop (themselves and others) using degrading language or telling demeaning jokes • explore what it means to be a mother/father • seek a well-balanced relationship • become a supportive and caring partner (male or female) 	<ul style="list-style-type: none"> • an openness to different relationships and lifestyles; • understand the social and historic determinants of relationships
Sexuality, health and well-being	<ul style="list-style-type: none"> • health-care systems and services • risky sexual behaviour and the impact it can have on health • body hygiene and selfexamination • positive influence of sexuality on health and well-being • sexual violence; unsafe abortion; maternal mortality; sexual aberrations • HIV/AIDS and STI transmission, prevention, treatment, care and support 	<ul style="list-style-type: none"> • counter sexual harassment; self-defence skills • ask for help and support in case of problems • obtain and use condoms effectively 	<ul style="list-style-type: none"> • internalization of responsibility for one's own and partner's sexual health
Sexuality and rights	<ul style="list-style-type: none"> • sexual rights: access, information, availability, violations of sexual rights • concept of rights-holders and duty-bearers • gender-based violence • right to abortion • human rights organizations and the European Court of Human Rights 	<ul style="list-style-type: none"> • understand human rights language • be empowered to claim sexual rights • recognize violations of rights and speak out against discrimination and genderbased violence 	<ul style="list-style-type: none"> • an acceptance of sexual rights for oneself and others • awareness of power dimensions of duty-bearers vis-à-vis rightsholders • a sense of social justice
Social and cultural determinants of sexuality (values/norms)	<ul style="list-style-type: none"> • social boundaries; community standards • the influence of peer pressure media, pornography, (urban) culture, gender, laws, religion and socioeconomic status on sexual decisions, partnerships and behaviour 	<ul style="list-style-type: none"> • define personal values and beliefs • deal with conflicting (inter) personal norms and values in the family and society • reach out to a person who is being marginalized; treat people living with HIV or AIDS in the community with fairness • acquire media competence 	<ul style="list-style-type: none"> • an awareness of social, cultural and historical influences on sexual behaviour • respect for differing value and belief systems • an appreciation of self-reliance and self-worth in one's own cultural environment • a sense of responsibility for own role/point of view in relation to societal change

• main topic (new)

• main topic (consolidation)

• additional topic (new)

• additional topic (consolidation)

USEFUL NETWORK CONTACTS

Ci-après sont rassemblées en 15 catégories les structures qui font partie du réseau en matière de santé affective et sexuelle. Le QR code ci-dessous permet de trouver ces mêmes informations actualisées et géolocalisées pour favoriser l'accès aux divers services proposés. Pour toutes questions concernant, n'hésitez pas à vous adresser aux structures proposées.

Following, are grouped into 15 categories the structures that are part of the affective and sexual health network. The below QR Code allows to find the same updated and geolocated information to promote access to the various services offered. If you have any questions, please do not hesitate to contact any structure.

Untenstehend finden Sie in 15 Kategorien Servicestellen aus dem Bereich sexuelle und emotionale Gesundheit. Der QR-Code bietet Ihnen die aktuellen, geolokalisierten Informationen, und unterstützt damit den Zugang zu den verschiedenen Servicestellen.



Merci de nous signaler tout changement/erreur d'une coordonnée / Please, let us know any change of your institution's coordinat / Bitte schicken Sie uns Änderungen/Fehler Ihrer Kontaktdaten: contact@cesas.lu



Urgences - Permanences téléphoniques | *Emergencies - Hotlines* | Notfälle - Hotlines



Santé affective et sexuelle (information et formation) |

Affective and sexual health: training and information |

Emotionale und sexuelle Gesundheit: Information und Weiterbildung



Orientation sexuelle, identité de genre et variation des caractéristiques

sexuées (LGBTIQ+) | *Sexual orientation, gender identity and variation in sex characteristics (LGBTIQ+)* | Sexuelle Orientierung, Geschlechteridentität und Variationen der Geschlechtsmerkmale (LGBTIQ+)



Hypersexualisation | *Hypersexualization* | Hypersexualisierung



Accompagnement grossesse, procréation médicalement assistée,

ménopause et andropause | *Pregnancy counseling, medically assisted procreation, menopause and andropause* | Schwangerschaftsbegleitung, Reproduktionsmedizin, Menopause und Andropause



Violences liées au genre, violences et abus sexuels |

Gender based violence, violences, and sexual abuse | (Geschlechtsspezifische) Gewalt und sexueller Missbrauch



Contraception, contraception d'urgence et interruption volontaire de grossesse (IVG) | *Contraception, emergency contraception, Voluntary termination of pregnancy (VTP)* | Verhütung, Notfallverhütung und Schwangerschaftsabbruch



Infections sexuellement transmissibles (IST) | *Sexually Transmitted Infections (STI)* | Sexuell übertragbare Infektionen (STI)



Cancers | *Cancer* | Krebserkrankungen



Travail du sexe | *Sex work* | Sexarbeit



Prévention, contrôles et troubles fonctionnels des organes génitaux |

Prevention, control and functional trouble associated with genitals | Prävention, Kontrolle und funktionale Störungen der Geschlechtsorgane



Sexologie | *Sexology* | Sexologie



Accompagnement, consultations conjugales et thérapies familiales |

Support, couple counseling and family therapy | Begleitung, Paarberatung und Familientherapie



Parentalité | *Parenting* | Elternschaft



Egalité des chances, égalité entre les femmes et les hommes

(administrations communales) | *Equal opportunity, equality between women and men (communal administration)* | Chancengleichheit, Gleichstellung zwischen Frau und Mann (Kommunalverwaltungen)

URGENCES - PERMANENCES TÉLÉPHONIQUES

Emergencies – Hotlines

Notfälle – Hotlines



Police	Urgences – 24h/24 et 7j/7		113	www.police.public.lu/fr/aide-victimes.html
URGENCES	Urgences – 24h/24 et 7j/7		112	www.112.public.lu
Aktioun Bobby (Police judiciaire – section protection de la jeunesse)	Enfants victimes d'abus (sexuels) – 24h/24 et 7j/7		(+352) 123 21	www.police.public.lu/fr/jeunesse/aktioun-bobby.html
BEE SECURE Helpline	Aide et orientation personnelle en cas de harcèlement (cybermobbing, discrimination...)	40, Bd Pierre Dupong L-1430 Luxembourg	(+352) 8002 1234	www.bee-secure.lu/fr/helpline
BEE SECURE Stopleveline	Plateforme en ligne pour signaler de manière anonyme et confidentielle des contenus illégaux rencontrés sur Internet (contenus d'abus sexuels sur mineurs, le racisme, le révisionnisme, la discrimination, le terrorisme)			https://stopline.bee-secure.lu
Elterentelefon – Espace Parents	Service téléphonique d'écoute et de soutien pour les parents	B.P. 35 L-5801 Hesperange	(+352) 26 64 05 55	www.kjt.lu
Espace Femmes (Profamilia)	Aide téléphonique violences faites aux femmes – 24h/24 et 7j/7	5, rue de Zoufftgen L-3598 Dudelange	(+352) 51 72 72 88 (+352) 51 72 72 41	www.profamilia.lu/Femmes
Foyer Paula Bové (FMPO)	Aide téléphonique violences faites aux femmes – 24h/24 et 7j/7	38, rue d'Anvers L-1130 Luxembourg	(+352) 406001 210	www.fmpo.lu/foyers/foyer-faula-bove/
Foyer Sud (CNFL)	Aide téléphonique violences faites aux femmes – 24h/24 et 7j/7	B.P. 189 L-4002 Esch-sur-Alzette	(+352) 54 57 57	www.cnfl.lu/activites/foyer-d-accueil/
Fraenhaus (FED)	Aide téléphonique violences faites aux femmes – 24h/24 et 7j/7	B.P. 1024 L-1010 Luxembourg	(+352) 44 81 81	www.fed.lu/wp/services/fraenhaus
Helpline Violence domestique	Service téléphonique d'aide pour les femmes et les hommes entre 12h et 20h, 7j/7		(+352) 2060 1060	www.helpline-violence.lu
Info-Social (Ligue médico-sociale)	Service téléphonique pour toute question d'ordre social	21-23, rue Henri VII L-1725 Luxembourg	(+352) 8002 98 98	www.ligue.lu
Kanner-Jugendtelefon – KJT	Service téléphonique d'aide et d'écoute pour les enfants et les jeunes	B.P. 35 L-5801 Hesperange	(+352) 116 111	www.kjt.lu
Meederchershaus (FED)	Aide téléphonique violences faites aux filles entre 12 et 21 ans – 24h/24 et 7j/7	B.P. 1024 L-1010 Luxembourg	(+352) 29 65 65	www.fed.lu/wp/services/meederchershaus
Pharmacie de garde	Contraception d'urgence, protection et conseil			www.pharmacie.lu
Police judiciaire – section protection de la jeunesse	Infractions sexuelles	Palais de Justice Place Guillaume L-9237 Diekirch	(+352) 475981259	www.justice.public.lu/fr/organisation-justice/ministere-public/parquets-arondissement/protection-jeunesse.html
Service National des Maladies Infectieuses (CHL)	Consultation médicale / Unité de Soins U 20 - consultation infirmière MT/IST	4, rue Barblé, 2° ét. L-1210 Luxembourg	(+352) 4411-3091 (+352) 4411-8348, (+352) 4411-6306	www.centre.chl.lu/fr/service/maladies-infectieuses
SOS Détresse – Hëllef iwwer Telefon an online)	Service d'écoute aux personnes qui traversent une crise / moment difficile		(+352) 45 45 45	www.454545.lu
UMEDO	Unité de documentation médico-légale qui s'adresse aux adultes victimes de violences corporelles et/ou sexuelles qui ne souhaitent pas déposer plainte (dans un premier temps) – 24h/24 - 7j/7	1, rue Louis Rech L-3555 Dudelange	(+352) 621 85 80 80	www.umedo.lu

SANTÉ AFFECTIVE ET SEXUELLE : INFORMATION ET FORMATION

Affective and sexual health: training and information

Emotionale und sexuelle Gesundheit: Information und Weiterbildung



Alter&Ego	Diversité sexuelle et de genre / interculturelité	150, rue de la Libération L-3511 Dudelange	(+352) 621 37 90 96	www.alter-ego.lu
Association d'Aide aux Personnes Epileptiques – AAPE	Epilepsie et sexualité	B.P. 45 L-3401 Dudelange	(+352) 525291	www.aape.lu
BEE SECURE	Sensibilisation à une utilisation plus sécurisée des nouvelles technologies de l'information et communication (cyberharcèlement, sexting, etc.).	40, Bd Pierre Dupong L-1430 Luxembourg	(+352) 247 76455	www.bee-secure.lu www.bee.lu (enfants) www.silver-surfer.lu
Centre LGBTIQ+ CIGALE	Sensibilisation à la diversité sexuelle et de genre/interculturalité, Ateliers pour jeunes dans l'éducation formelle et non-formelle, Formations pour professionnelles de différents secteurs	16, rue Notre-Dame L-2240 Luxembourg	(+352) 26 19 00 18	www.cigale.lu
Centre psycho-social et d'accompagnement scolaires – CePAS	Accompagnement psycho-socio-éducatif	58, Av. Grande-Duchesse Charlotte L-1330 Luxembourg	(+352) 24 77 59 10	www.cepas.public.lu
CID FRAEN AN GENDER	Centre d'information et de documentation sur le genre	14, rue Beck L-1222 Luxembourg	(+352) 24 10 95 - 1	www.cid-fg.lu
Division de la Médecine Scolaire et de la Santé des Enfants et Adolescents	Promotion de la santé affective et sexuelle en milieu scolaire	20, rue de Bitbourg L-1273 Hamm	(+352) 247-85583	www.sante.public.lu/ fr/prevention/ecole/ medecine-scolaire/ index.html
HIV Berodung (Croix-Rouge luxembourgeoise)	Prévention et suivi psycho-médicosocial pour VIH, IST et hépatites	94, Bd du General Patton L-2316 Luxembourg	(+352) 2755 4500	www.aids.lu
InfoMann (ActTogether)	Conseil et soutien aux hommes - Education sexuelle pour garçons et adolescents	5, Cour du Couvent L-1362 Luxembourg	(+352) 27 49 65	www.infomann.lu
Kanner-Jugendtelefon – KJT	Service téléphonique d'aide et d'écoute pour les enfants et les jeunes	B.P. 35 L-5801 Hesperange	(+352) 116 111	www.kjt.lu
Ligue HMC~ Espace Famille	Information, conseils dans le domaine de la santé sexuelle pour les personnes ayant une déficience intellectuelle; formations et coaching pour professionnels	82, route d'Arlon L-8301 Capellen	(+352)30 92 32-224 (+352)30 92 32-252 (+352)621 45 14 92	www.ligue-hmc.lu
Ligue Médico-Sociale	Sensibilisation, information, promotion de la santé affective et sexuelle en milieu scolaire	2, rue George C. Marshall L-2181 Luxembourg	(+352) 48 83 33 1	www.ligue.lu
Ministère de la Famille, de l'Intégration et à la Grande Région	Plan d'action national – Promotion de la Santé Affective et Sexuelle	12-14, Av. Emile Reuter L-1855 Luxembourg	(+352) 247-86500	www.mfamigr. gouvernement.lu
Ministère de la Santé	Plan d'action national – Promotion de la Santé Affective et Sexuelle	Allée Marconi Villa Louvigny L - 2120 Luxembourg	(+352) 24 78 55 00	www.sante.public.lu/ fr/politique-sante/ plans-action/plan- national-sante-affective- sexuelle-2019
Ministère de l'Éducation nationale, de l'Enfance et de la Jeunesse	Plan d'action national – Promotion de la Santé Affective et Sexuelle	29, rue Aldringen L-2926 Luxembourg	(+352) 24 78 51 00	www.men.public.lu
Ministère de l'Égalité entre les femmes et les hommes	Plan d'action national – Promotion de la Santé Affective et Sexuelle	6A, Bd F.D. Roosevelt L-2450 Luxembourg	(+352) 247-85806	www.mega.public.lu
Planning Familial	Promotion et éducation; séances d'information pour jeunes et adultes dans l'éducation/divers domaines, formation et supervisions, soirées d'informations	6, rue de la Fonderie L-1531 Luxembourg 18, Av. J.F. Kennedy L-9053 Ettelbrück 2-4, rue Ernie Reitz, 4 ^e ét. L- 4151 Esch-sur-Alzette	(+352) 48 59 76 (+352) 81 87 87 (+352) 54 51 51	www.planning.lu
Service de la Médecine scolaire, Ville de Luxembourg	Promotion de la santé affective et sexuelle en milieu scolaire	20, rue du Commerce 3 ^e ét. L-1351 Luxembourg	(+352)4796 2948 (+352)4796 2955	www.vdl.lu/fr/la-ville/ les-services-a-votre- ecoute/service- medecine-scolaire
4Motion / PIPAPO – Sex, Drogen & Rock'n Roll	Projets en milieu festif : prévention drogues, sexualité, audio	10, rue du Commerce L-4067 Esch-sur-Alzette 55, Av. de la Liberté L-1931 Luxembourg	(+352) 26 54 05 24-69	www.4motion.lu www.pipapo.lu



ORIENTATION SEXUELLE, IDENTITÉ DE GENRE ET VARIATION DES CARACTÉRISTIQUES SEXUÉES (LGBTIQ+)

Sexual orientation, gender identity and variation in sex characteristics (LGBTIQ+)

Sexuelle Orientierung, Geschlechteridentität und Variationen der Geschlechtsmerkmale (LGBTIQ+)

Centre LGBTIQ+ CIGALE	Centre communautaire LGBTIQ+ ; Consultations et accompagnement socio-pédagogique ; Documentation et bibliothèque LGBTIQ+ ; Formations à la diversité sexuelle et de genre ; Conseil, écoute et soutien à toute personne ayant des questions par rapport aux sexualités, à l'orientation sexuelle, la transidentité, le coming-out, l'identité et l'expression de genre	16, rue Notre-Dame L-2240 Luxembourg	(+352) 26 19 00 18	www.cigale.lu
CET – Centre pour l'égalité de traitement	Lutte contre les discriminations (victime ou témoin)	B.P. 2026 L-1020 Luxembourg sur rendez-vous: 87, rte de Thionville L-2611 Luxembourg	(+352) 26 48 30 33	www.cet.lu
CID FRAEN AN GENDER	Centre d'information et de documentation sur le genre	14, rue Beck L-1222 Luxembourg	(+352) 24 10 95-1	www.cid-fg.lu
Commission consultative des Droits de l'Homme	Sensibilisation aux droits de l'homme - Coopération et échanges avec la société civile	71-73, rue Adolphe Fischer L-1520 Luxembourg	(+352) 26 20 28 52	www.ccdh.public.lu/
Erzéiungs- a Familljeberodung, AFP-Solidarité-Famille	Consultations de couples et de familles	39, bd GD Charlotte L-1331 Luxembourg	(+352) 46 00 04 1	www.afp-solidarite-famille.lu
Familljen-Center	Consultations pour personnes intersexes	4, rue Marshall L-2181 Luxembourg	(+352) 47 45 44	www.familljen-center.lu
InfoMann (ActTogether)	Conseil et soutien aux hommes, santé relationnelle et sexuelle - Education sexuelle pour garçons et adolescents	5, Cour du Couvent L-1362 Luxembourg	(+352) 27 49 65	www.infomann.lu
Kanner-Jugendtelefon – KJT	Service téléphonique d'aide et d'écoute pour les enfants et les jeunes	B.P. 35 L-5801 Hesperange	(+352) 116 111	www.kjt.lu
Ministère de la Famille, de l'Intégration et à la Grande Région	Coordination des politiques nationales en faveur des personnes LGBTIQ+ - Plan d'action national pour la promotion des droits des personnes LGBTIQ	12-14 Av. Emile Reuter L-1855 Luxembourg	(+352) 247-86500	www.mfamigr.gouvernement.lu
Planning Familial	Promotion et éducation aux droits et à la santé sexuelle et affective, à la diversité et au respect, plaidoyer. Consultations médicales, psycho-sexologiques autour des sexualités, de l'intersexualité et des genres	6, rue de la Fonderie L-1531 Luxembourg 18, Av. J.F. Kennedy L-9053 Ettelbrück 2-4, rue Ernie Reitz, 4 ^e ét. L- 4151 Esch-sur-Alzette	(+352) 48 59 76 (+352) 81 87 87 (+352) 54 51 51	www.planning.lu
Rosa Lëtzebuerg	Œuvre en faveur des personnes LGBTIQ+ et questions sociétales / sujets LGBTIQ+	3, rue des Capucins L-1313 Luxembourg	(+352) 661 766 246	www.rosa-letzebuerg.lu/fr/home-fr/



HYPERSEXUALISATION

Hypersexualization

Hypersexualisierung



Association Luxembourgeoise de Pédiatrie Sociale – ALUPSE	Pédiatrie sociale (soutien pour enfants victimes de violence)	8, rue Tony Bourg L-1278 Luxembourg	(+352) 26 18 48 1	www.alupse.lu
BEE SECURE	Guidance personnalisée et orientation dans toutes les questions concernant l'utilisation des nouveaux médias (cyberharcèlement, sexting, etc.)	40, Bd Pierre Dupong L-1430 Luxembourg	(+352) 8002 1234	www.bee-secure.lu/helpline
CID FRAEN AN GENDER	Centre d'information et de documentation sur le genre	14, rue Beck L-1222 Luxembourg	(+352) 24 10 95 - 1	www.cid-fg.lu
ECPAT Luxembourg	Lutte contre l'exploitation sexuelle des enfants à des fins commerciales et sensibilisation	3, rue des Bains L-1212 Luxembourg	(+352) 26 27 08 09	www.ecpat.lu
Femmes en Détresse (FED)	Administration centrale	56, rue Glesener L-1630 Luxembourg	(+352) 40 73 35	www.fed.lu/wp
PSYea (FED)	Service d'assistance et psychologique pour enfants et adolescents / victimes de violence domestique	B.P. 1024 L-1010 Luxembourg	(+352) 26 48 20 50	www.fed.lu/wp/services/s-psyey
Meederchershaus (FED)	Refuge pour filles en détresse	B.P. 1024 L-1010 Luxembourg	(+352) 29 65 65	https://fed.lu/wp/services/meederchershaus/
Kanner-Jugendtelefon – KJT	Service téléphonique d'aide et d'écoute pour les enfants et les jeunes	B.P. 35 L-5801 Hesperange	(+352) 116 111	www.kjt.lu
Ministère de l'Égalité entre les femmes et les hommes	Plan d'action national - Promotion de la Santé Affective et Sexuelle	6A, Bd F.D. Roosevelt L-2450 Luxembourg	(+352) 247-85806	www.mega.public.lu
Ombudsman fir Kanner a Jugendlecher – OKaJu	Sensibiliser et plaider pour le respect de la « Convention relative aux droits de l'enfant »	2, rue du Fort Wallis L-2714 Luxembourg	(+352) 26 12 31 24	www.ork.lu
Planning Familial	Promotion et éducation aux droits et à la santé sexuelle, reproductive et affective, à la diversité, au respect, au genre et à l'égalité. Accompagnement médical et psychothérapeutique (stress post-traumatique, etc.) de toutes formes de violence. Assistance sociale et soutien des victimes dans leurs démarches.	6, rue de la Fonderie L-1531 Luxembourg 18, Av. J.F. Kennedy L-9053 Ettelbrück 2-4, rue Ernie Reitz, 4 ^e ét. L- 4151 Esch-sur-Alzette	(+352) 48 59 76 (+352) 81 87 87 (+352) 54 51 51	www.planning.lu

ACCOMPAGNEMENT GROSSESSE, PROCRÉATION MÉDICALEMENT ASSISTÉE, MÉNopause ET ANDROPAUSE

Pregnancy counseling, medically assisted procreation, menopause and andropause

Schwangerschaftsbegleitung, Reproduktionsmedizin, Menopause und Andropause



Association Luxembourgeoise de Pédiatrie Sociale – ALUPSE	Pédiatrie sociale (soutien pour enfants victimes de violence)	8, rue Tony Bourg L-1278 Luxembourg	(+352) 26 18 48 1	www.alupse.lu
Association Luxembourgeoise des kinésithérapeutes – ALK	Accompagnement et rééducation	76, rue d'Eich L-1460 Luxembourg	(+352) 27 04 84 14 (+352) 621 31 23 00	www.alk.lu
Association Luxembourgeoise des Ostéopathes – ALDO	Accompagnement et rééducation	1, rue des Capucines L-8043 Strassen		www.osteopathie.lu
Association Luxembourgeoise des Sages-Femmes – ALSF	Promouvoir la prise en charge et l'éducation du couple autour de la grossesse, l'accouchement et le postpartum	12, rue des champs L-8218 Mamer		www.sages-femmes.lu
Baby Hotline	Service gratuit et anonyme pour des questions sur la grossesse, l'accouchement, la législation, etc.		(+352) 36 05 98	www.liewensufank.lu/ fr/consultation/de- baby-hotline
Centre d'accueil Norbert Ensch Groupe Zoé (Croix-Rouge luxembourgeoise)	Unité d'accueil pour mères mineures ou adolescentes enceintes	9, Kréintgeshaaf L-5324 Contern	(+352) 27 55-6670	www.croix-rouge.lu/ groupe-zoe
Centre de la Ménopause et de l'Andropause (HRS-Clinique Bohler)	Prise en charge globale suite aux changements hormonaux survenant à la ménopause et à l'andropause	5, rue Edward Steichen L-2540 Luxembourg	(+352) 26 333 9047	www.hopitauxschuman. lu/fr/specialites- maladies-traitements/ centre-de-la- menopause-et-de- landropause/
Centre Hospitalier Emile Mayrisch – CHEM	Maternité (suivi et soins)	Rue Emile Mayrisch L-4240 Esch-sur-Alzette	(+352) 57 11 1	www.chem.lu
Centre Ressources Parentalité (APEMH)	Accompagnement à la grossesse, du suivi médical et dans la prise en charge autour de l'accouchement et venue du bébé	10, rue du Château L-4976 Bettange-sur-Mess	(+352) 37 91 91-326	www.apemh.lu
Clinique Bohler, Pôle Femme, Mère, Enfant (HRS)	Maternité (suivi et soins)	9, rue Edward Steichen L- 2540 Kirchberg	(+352) 2468-1	www.cbk.lu
Clinique de la Ménopause (CHL)	Prise en charge globale suite aux changements hormonaux survenant à la ménopause	2, rue Federspiel L-1512 Luxembourg	(+352) 4411-6341	www.maternite.chl.lu/ fr/service/clinique-de- la-menopause
Initiativ Liewensufank	Accompagner les parents avec des informations et consultations	20, rue de Contern L- 5955 Itzig	(+352) 36 05 97 12	www.liewensufank.lu
Laboratoire National de Procréation Médicalement Assistée (CHL)	Procréation Médicalement Assistée - PMA	2, rue Federspiel L-1512 Luxembourg	(+352) 4411-6520	www.maternite.chl.lu/ fr/service/PMA
Maternité Grande-Duchesse Charlotte (CHL)	Maternité (suivi et soins)	2, rue Federspiel L-1512 Luxembourg	(+352) 44 11 11	www.maternite.chl.lu
Planning Familial	Consultations gynécologiques, suivi de la ménopause, du début de la grossesse jusqu'à prise de relais par une maternité (femmes sans CNS), consultations sexo – psychologiques (infertilité, nouvelles parentalités, ménopause, andropause)	6, rue de la Fonderie L-1531 Luxembourg 18, Av. J.F. Kennedy L-9053 Ettelbrück 2-4, rue Ernie Reitz, 4 ^e ét. L- 4151 Esch-sur-Alzette	(+352) 48 59 76 (+352) 81 87 87 (+352) 54 51 51	www.planning.lu
Société Luxembourgeoise d'Andropause et de Ménopause	Prise en charge globale suite aux changements survenant à la ménopause/l'andropause	9, rue Pierre Federspiel L-1512 Luxembourg	(+352) 26 26 41 75	www.andropause.lu
Société Luxembourgeoise de Gynécologie et d'Obstétrique – SLGO		96, bd de la Pétrusse L-2320 Luxembourg	(+352) 22 12 58	www.slgo.lu



VIOLENCES LIÉES AU GENRE, VIOLENCES ET ABUS SEXUELS

Gender based violence, violence, and sexual abuse

(Geschlechtsspezifische) Gewalt und sexueller Missbrauch

Aktioun Bobby (Police judiciaire – section protection de la jeunesse)	Enfants victimes d'abus (sexuels) – 24h/24 et 7j/7		(+352) 123 21	www.police.public.lu/fr/jeunesse/aktioun-bobby.html
Alternatives (Pro Familia)	Centre de consultations pour enfants et jeunes victimes de violence	5, route de Zoufftgen L-3598 Dudelange 1, rue de l'Ecole Agricole L- 9016 Ettelbruck	(+352) 51 72 72 89	www.profamilia.lu
Association Luxembourgeoise des kinésithérapeutes – ALK	Professionnel.le.s de santé spécialisé.e.s dans la rééducation auprès de victimes de violences sexuelles	76, rue d'Eich L-1460 Luxembourg	(+352) 27 04 84 14 (+352) 621 31 23 00	www.alk.lu
Association Luxembourgeoise de Pédiatrie Sociale – ALUPSE	Pédiatrie sociale (soutien pour enfants victimes de violence)	8, rue Tony Bourg L-1278 Luxembourg	(+352) 26 18 48 1	www.alupse.lu
BEE SECURE	Guidance personnalisée et orientation dans toutes les questions concernant l'utilisation des nouveaux médias (cyberharcèlement, sexting, etc.)	40, Bd Pierre Dupong L1430 Luxembourg	(+352) 8002 1234	www.bee-secure.lu/helpline
Centre Ozanam (FMPO)	Centre de consultations pour femmes en détresse et jeunes mamans	64, rue Michel Welter L-2730 Luxembourg	(+352) 40 60 01-310	www.fmpo.lu/foyers/centre-ozanam
Centre Ozanam Nord (FMPO)	Centre de consultations pour femmes en détresse	49, Grand-Rue L-9530 Wiltz	(+352) 406001 200	www.fmpo.lu/foyers/centre-ozanam-nord/
COTEH (FMPO)	Centre Ozanam - Traite des êtres humains		(+352) 621 351 884 (+352) 406001-330	www.fmpo.lu/foyers/centre-ozanam
Dispositif à la « Bientraitance »	Plateforme / Prévention de maltraitance, abus et violences sexuelles en institutions réservé aux organisations partenaires du dispositif	10, cité Henri Dunant B.P. 51 L-8005 Bertrange	(+352) 2755 2040	www.bientraitance.lu
ECPAT Luxembourg	Lutte contre l'exploitation sexuelle des enfants à des fins commerciales et sensibilisation	3, rue des Bains L-1212 Luxembourg	(+352) 26 27 08 09	www.ecpat.lu
Erzéions- a Familljeberodung, AFP-Solidarité-Famille	Consultations de couples et de familles	39, bd GD Charlotte L-1331 Luxembourg	(+352) 46 00 04 1	www.afp-solidarite-famille.lu
Espace Femmes (Profamilia)	Centre de consultations pour femmes	5, route de Zoufftgen L-3598 Dudelange	(+352) 51 72 72 88/-41	www.profamilia.lu
Femmes en Détresse (FED)	Administration centrale	56, rue Glesener L-1630 Luxembourg	(+352) 40 73 35	www.fed.lu
Fondation Follereau Luxembourg – FFL	Lutte contre les mutilations génitales féminines	204, route d'Arlon L-8010 Strassen	(+352) 44 66 06 – 1	www.ffl.lu
Fondation Maison de la Porte Ouverte – FMPO	Services (d'accueil) et collaboration active à la résolution des problèmes	2, rue du Fort Elisabeth L-1463 Luxembourg	(+352) 40 60 01-1	www.fmpo.lu
Foyer Maternel (FMPO)	Centre d'accueil pour jeunes mamans en détresse	38, rue d'Anvers L-1130 Luxembourg	(+352) 406001 210 (+352) 40 54 38	www.fmpo.lu/services/centre-daccueil-pour-jeunes-mamans
Foyer Sud « Fraen a Nout » (Conseil national des Femmes du Luxembourg)	Centre d'accueil pour femmes victimes de violence domestique	B.P. 189 L-4002 Esch-sur-Alzette	(+352) 54 57 57	https://www.cnfl.lu/activites/foyer-d-accueil/
Fraenhaus (FED)	Refuge pour femmes et enfants victimes de violence conjugale, adresse anonyme, admission d'urgence 24/24	B.P. 1024 L-1010 Luxembourg	(+352) 44 81 81	www.fed.lu/wp/services/fraenhaus
Helpline Violence domestique	Service téléphonique d'aide pour les femmes et les hommes entre 12h et 20h, 7j/7		(+352) 2060 1060	www.helpline-violence.lu
InfoMann (ActTogether)	Conseil et accompagnement d'hommes désireux de quitter un cycle de violence relationnelle	5, Cour du Couvent L-1362 Luxembourg	(+352) 27 49 65	www.infomann.lu
Kanner-Jugendtelefon – KJT	Service téléphonique d'aide et d'écoute pour les enfants et les jeunes	B.P. 35 L-5801 Hesperange	(+352) 116 111	www.kjt.lu

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La Main tendue asbl	Centre d'aide et d'écoute en matière de violences physiques, psychiques et sexuelles. Accompagnement psycho-éducatif	1, place du Marché L-4756 Pétange	(+352) 26 50 23 39	www.lamaintendue.lu
Log-In an e Liewen ouni Gewalt (CNFL)	Centre d'information, de consultations et d'assistance pour victimes de violence et femmes en situation de détresse	41, rue de Luxembourg L-4220 Esch-sur-Alzette	(+352) 54 55 77 ou (+352) 26 53 03 26	https://www.cnfl.lu/activites/centre-de-consultation-log-in/
MACOU – Maison Communautaire d'Urgence	Refuge d'urgence à courte durée pour femmes avec ou sans enfants en situation de détresse sociale aiguë	B.P. 1024 L-1010 Luxembourg	(+352) 40 73 35	www.fed.lu/wp/services/macou/
Meederchershaus (FED)	Refuge pour filles en détresse	B.P. 1024 L-1010 Luxembourg	(+352) 29 65 65	www.fed.lu/wp/services/meederchershaus/
Noëmi	Centre d'accueil pour femmes	105, Av. Pasteur L-2311 Luxembourg	(+352) 54 01 77	www.solidarite-jeunes.lu
Ombudsman fir Kanner a Jugendlecher – OKaJu	Sensibiliser et plaider pour le respect de la « Convention relative aux droits de l'enfant »	2, rue du Fort Wallis L-2714 Luxembourg	(+352) 26 12 31 24	www.ork.lu
Planning Familial	Promotion et éducation aux droits et à la santé sexuelle, reproductive et affective, à la diversité, au respect, au genre et à l'égalité. Accompagnement médical et psychothérapeutique (stress post-traumatique, etc.) de toutes formes de violence. Assistance sociale et soutien des victimes dans leurs démarches. Collaboration avec le service Umedo	6, rue de la Fonderie L-1531 Luxembourg 18, Av. J.F. Kennedy L-9053 Ettelbrück 2-4, rue Ernie Reitz, 4 ^e ét. L- 4151 Esch-sur-Alzette	(+352) 48 59 76 (+352) 81 87 87 (+352) 54 51 51	www.planning.lu
Plate-forme "Child protection"	Signalements de l'exploitation sexuelle			www.childprotection.lu
PSYea (FED)	Service d'assistance et psychologique pour enfants et adolescents / victimes de violence domestique	B.P. 1024 L-1010 Luxembourg	(+352) 26 48 20 50	www.fed.lu/wp/services/s-psyey/
Riicht Eras (Croix-Rouge)	Consultations pour auteur.e.s de violences	13, rue de Bragance L-1255 Luxembourg	(+352) 27 55 58 00 (+352) 27 55 58 01	www.croix-rouge.lu/riichteraus/
SAVTEH (FED)	Service d'Assistance aux Victimes de la Traite des Êtres Humains	B.P. 1024 L-1010 Luxembourg	(+352) 621 316 919 (+352) 264 826 31	www.fed.lu/wp/services/savteh/
Service d'assistance aux victimes de violences domestiques – SAVVD (FED)	Service d'assistance aux victimes de violence domestique	74, rue de Strasbourg L-2560 Luxembourg	(+352) 26 48 18 62 (352) 621 316 919	www.fed.lu/wp/services/savvd/
Service d'aide aux victimes – SAV (Parquet général)	Aide téléphonique		(+352) 47 58 21	www.justice.public.lu/fr/aides-informations/assistance-sociale/scas-service-aide-victimes.html
Taboo asbl	Lutte contre les violences sexuelles	B.P. 29 L-8201 Mamer	(+352) 691 733 773	www.taboospotlight.org
UMEDO	Unité de documentation médico-légale qui s'adresse aux adultes victimes de violences corporelles et/ou sexuelles qui ne souhaitent pas déposer plainte (dans un premier temps) – 24h/24 – 7j/7	1, rue Louis Rech L-3555 Dudelange	(+352) 621 85 80 80	www.umedo.lu
VISAVI (FED)	Centre de consultations pour femmes victimes de violence domestique	2, rue du Fort Wallis L-2714 Luxembourg	(+352) 49 08 77-1	www.fed.lu/wp/services/visavi/



CONTRACEPTION, CONTRACEPTION D'URGENCE ET INTERRUPTION VOLONTAIRE DE GROSSESSE (IVG)

Contraception, emergency contraception, Voluntary termination of pregnancy (VTP)

Verhütung, Notfallverhütung und Schwangerschaftsabbruch

Toutes les pharmacies du pays	Pilule du lendemain délivrée sans ordonnance (vente libre). Délivre des moyens de contraception sur ordonnance ou en vente libre			www.pharmacie.lu
Association d'Aide aux Personnes Epileptiques – AAPE	Informar sur l'influence entre les médicaments antiépileptiques et les contraceptifs hormonaux	B.P. 45 L-3401 Dudelange	(+352) 525291	www.aape.lu
Centre Hospitalier de Luxembourg – CHL	Etablissement agréé pour pratiquer une IVG	4, rue Ernest Barblé L-1210 Luxembourg	(+352) 4411-11	www.chl.lu
Centre Hospitalier du Nord – CHdN	Etablissement agréé pour pratiquer une IVG	120, Av. Salentiny L-9080 Ettelbruck	(+352) 8166-1	www.chdn.lu
Centre Hospitalier Emile Mayrisch – CHEM	Etablissement agréé pour pratiquer une IVG	Rue Emile Mayrisch L-4240 Esch sur Alzette	(+352) 5711-1	www.chem.lu
Clinique Bohler, Pôle Femme, Mère, Enfant (HRS)	Etablissement agréé pour pratiquer une IVG	9, rue Edward Steichen L- 2540 Kirchberg	(+352) 26333-1	www.hopitauxschuman.lu/fr/etablissement/clinique-bohler/
macontraception.lu	Site d'information contraception (ALL, FR) (EN et PT en cours)			www.macontraception.lu www.mengverhuetung.lu
Maternité Grande-Duchesse Charlotte (CHL)	Etablissement agréé pour pratiquer une IVG	2, rue Federspiel L-1512 Luxembourg	(+352) 4411-3202	www.maternite.chl.lu/
Planning Familial	Etablissement agréé pour pratiquer une IVG	6, rue de la Fonderie L-1531 Luxembourg	(+352) 48 59 76	www.planning.lu
Planning Familial	Consultations gynécologiques, toutes contraceptions et pilules du lendemain disponibles, préservatifs, test de grossesse, IVG médicamenteuse, entretien pré-post IVG, conseil sur la contraception (gratuité possible)	6, rue de la Fonderie L-1531 Luxembourg 18, Av. J.F. Kennedy L-9053 Ettelbrück 2-4, rue Ernie Reitz, 4 ^e ét. L- 4151 Esch-sur-Alzette	(+352) 48 59 76 (+352) 81 87 87 (+352) 54 51 51	www.planning.lu



INFECTIONS SEXUELLEMENT TRANSMISSIBLES (IST)

Sexually Transmitted Infections (STI)

Sexuell übertragbare Infektionen (STI)

Centre LGBTIQ+ CIGALE	Informations sur les IST/VIH, Sessions d'information pour FSF (femmes ayant des rapports sexuels avec des femmes), Distribution gratuite de préservatifs et de digues dentaires (dental dam)	16, rue Notre-Dame L-2240 Luxembourg	(+352) 26 19 00 18	www.cigale.lu
Centre Hospitalier du Nord – CHdN	Information et dépistages	120, Av. Salentiny L-9080 Ettelbruck	(+352) 8166-1	www.chdn.lu
Centre Hospitalier Emile Mayrisch – CHEM	Information et dépistages	Rue Emile Mayrisch L-4240 Esch-sur-Alzette	(+352) 57 11 1	www.chem.lu
DIMPS – Mobile Unit HIV Testing (Croix-Rouge Luxembourg)	Unité mobile pour le dépistage rapide, gratuit et anonyme VIH, syphilis et hépatite C		(+352) 2755 4500	www.dimps.lu
DropIn (Croix-Rouge Luxembourg)	Dispensaire pour travailleurs/euses du sexe : suivi médical, psycho-social	31, rue de Bonnevoie L-1260 Luxembourg	(+352) 275 553 00	www.croix-rouge.lu/fr/service/dropin-dispensaire-travailleurs-du-sexe/
HIV Berodung (Croix-Rouge luxembourgeoise)	Prévention et suivi psycho-médicosocial pour VIH, IST et hépatites	94, Bd du General Patton L-2316 Luxembourg	(+352) 2755 4500	www.aids.lu
hpvinfo.lu	Information sur le papillomavirus humain (HPV) et la vaccination			www.hpvinfos.lu
Laboratoire National de Santé – LNS	Dépistage HIV (anonyme)	1, rue Louis Rech L-3555 Dudelange	(+352) 28 100 - 1	www.lns.public.lu
Ministère de la Santé – Direction de la Santé	Plans d'action nationaux "VIH" et "lutte contre les Hépatites"	Allée Marconi Villa Louvigny L - 2120 Luxembourg	(+352) 24 78 55 00	www.sante.public.lu
	Information VIH et IST			www.safersex.lu
Planning Familial	Promotion et éducation à la santé et sexuelle et reproductive, Information, prévention et dépistages des IST (y compris VIH), vaccination HPV, pour femmes et hommes, mise à disposition gratuite de préservatifs	6, rue de la Fonderie L-1531 Luxembourg 18, Av. J.F. Kennedy L-9053 Ettelbruck 2-4, rue Ernie Reitz, 4 ^e ét. L- 4151 Esch-sur-Alzette	(+352) 48 59 76 (+352) 81 87 87 (+352) 54 51 51	www.planning.lu
Service National des Maladies Infectieuses (CHL)	Consultation médicale Unité de Soins U 20 - consultation infirmière MT/IST	4, rue Barblé, 2 ^e ét. L-1210 Luxembourg	(+352) 4411-3091 (+352) 4411-8348 (+352) 4411-6306	www.centre.chl.lu/fr/service/maladies-infectieuses
4Motion asbl / PIPAPO – Sex, Drogen & Rock'n Roll	Projets en milieu festif: prévention drogues, sexualité, audio	10, rue du Commerce L-4067 Esch-sur-Alzette 55, Av. de la Liberté L-1931 Luxembourg	(+352) 26 54 05 24	www.4motion.lu www.pipapo.lu

CANCERS

Cancer
Onkologie



AMMD - Association des Médecins et Médecins-Dentistes	Association médicale constituant l'interlocuteur essentiel entre le corps médical et les Ministères de tutelle, la CNS ou autres administrations.	29, rue de Vianden L-2680 Luxembourg	(+352) 44 40 33 1	www.ammd.lu
Centre Hospitalier de Luxembourg – CHL	Centre hospitalier	4, rue Ernest Barblé L-1210 Luxembourg	(+352) 44 11 11	www.chl.lu
Centre Hospitalier du Nord – CHdN	Centre hospitalier	120, Av. Salentiny L-9080 Ettelbruck	(+352) 8166-1	www.chdn.lu
Centre Hospitalier Emile Mayrisch – CHEM	Centre hospitalier	Rue Emile Mayrisch L-4240 Esch sur Alzette	(+352) 57 11 1	www.chem.lu
Europa Donna	Optimisation de la prise en charge et accompagnement (cancer du sein)	1b rue Thomas Edison, 4 ^e ét. L-1445 Strassen	(+352) 621 47 83 94	www.europadonna.lu
Fondation Cancer	Aide en augmentant leur qualité de vie	209, route d'Arlon L-1150 Luxembourg	(+352) 45 30 331	www.cancer.lu
Hôpital Kirchberg – HRS	Centre hospitalier	9, rue Edward Steichen L- 2540 Kirchberg	(+352) 2468-1	www.hopitauxschuman.lu
hpvinfo.lu	Information sur le papillomavirus humain (HPV) et la vaccination			www.hpvinfo.lu
L'espace e-Learning Oncologie du groupe HRS	Informations sur le cancer du sein			https://acteurdemasante.lu/fr/cancer-du-sein/
Laboratoire National de Santé – LNS	Tests et dépistages	1, rue Louis Rech L-3555 Dudelange	(+352) 28 100 - 1	www.lns.public.lu
Ministère de la Santé – Direction de la Santé	Plan CANCER Programme Mammographie	Allée Marconi Villa Louvigny L - 2120 Luxembourg	(+352) 24 78 55 00	www.plancancer.lu www.mammographie.public.lu
SLDV – Société Luxembourgeoise de Dermato-Vénéréologie				www.sldv.lu
Société Luxembourgeoise d'Oncologie	Trouver un-e oncologue		(+352) 4411-2084	www.slo.lu
Zithaklinik – HRS	Centre hospitalier	20-30, rue d Anvers L-1130 Luxembourg	(+352) 2888 6485	www.hopitauxschuman.lu

TRAVAIL DU SEXE

Sex work
Sexarbeit



COTEH (FMPO)	Centre Ozanam - Traite des êtres humains	64, rue Michel Welter L-2730 Luxembourg	(+352) 40600 1331 (+352) 40600 1310	www.fmpo.lu/services/service-dassistance-aux-victimes-de-la-traite-des-etres-humains/
DropIn (Croix-Rouge Luxembourg)	Dispensaire pour travailleurs/euses du sexe : suivi médical, psycho-social	31, rue de Bonnevoie L-1260 Luxembourg	(+352) 275 553 00	https://www.croix-rouge.lu/fr/service/dropin-dispensaire-travailleurs-du-sexe/
Planning Familial	Suivi gynécologique complet, dépistages, toutes contraceptions disponibles, gratuité possible, préservatifs, accompagnement médical et psychothérapeutiques des violences, assistance sociale, en toute confidentialité	6, rue de la Fonderie L-1531 Luxembourg 18, Av. J.F. Kennedy L-9053 Ettelbruck 2-4, rue Ernie Reitz, 4 ^e ét. L- 4151 Esch-sur-Alzette	(+352) 48 59 76 (+352) 81 87 87 (+352) 54 51 51	www.planning.lu
SAVTEH (FED)	Service d'Assistance aux Victimes de la Traite des Êtres Humains	B.P. 1024 L-1010 Luxembourg	(+352) 621 316 919 (+352) 264 826 31	www.fed.lu/wp/services/savteh/

PRÉVENTION, CONTRÔLES ET TROUBLES FONCTIONNELS DES ORGANES GÉNITAUX

Prevention, control and functional trouble associated with genitals

Prävention, Kontrolle und funktionale Störungen der Geschlechtsorgane



Centre Hospitalier de Luxembourg – CHL	Centre hospitalier (soins et conseils)	4, rue Ernest Barblé L-1210 Luxembourg	(+352) 44 11 11	www.chl.lu
Centre Hospitalier du Nord – CHdN	Centre hospitalier (soins et conseils)	120, Av. Salentiny L-9080 Ettelbruck	(+352) 8166-1	www.chdn.lu
Centre Hospitalier Emile Mayrisch – CHEM	Centre hospitalier (soins et conseils)	Rue Emile Mayrisch L-4240 Esch sur Alzette	(+352) 57 11 1	www.chem.lu
DropIn (Croix-Rouge Luxembourg)	Dispensaire pour travailleurs/euses du sexe : suivi médical et psycho-social	31, rue de Bonnevoie L-1260 Luxembourg	(+352) 27 55 5300	https://www.croix-rouge.lu/fr/service/dropin-dispensaire-travailleurs-du-sexe/
Hôpitaux Robert Schuman – HRS	Centre hospitalier (soins et conseils)	9, rue Edward Steichen L- 2540 Kirchberg	(+352) 2468-1	www.hopitauxschuman.lu
Planning Familial	Accompagnement médical et psycho-sexologiques sur toute question reproductive et sexuelle, sur les troubles fonctionnels des organes génitaux, dépistages des IST et cancers génitaux, tant chez la femme que chez l'homme	6, rue de la Fonderie L-1531 Luxembourg 18, Av. J.F. Kennedy L-9053 Ettelbrück 2-4, rue Ernie Reitz, 4 ^e ét. L- 4151 Esch-sur-Alzette	(+352) 48 59 76 (+352) 81 87 87 (+352) 54 51 51	www.planning.lu
Société Luxembourgeoise D'Urologie – SLU – Clinique Ste Marie		7-11, rue Wurth-Paquet L-4350 Esch s/Alzette	(+352) 571231	https://nurses.uroweb.org/relation/societe-luxembourgeoise-durologie-slu/
Société Luxembourgeoise de Gynécologie et d'Obstétrique – SLGO	Regroupement des médecins spécialistes en gynécologie et obstétrique libéraux et salariés	96, Bd de la Pétrusse L-2320 Luxembourg	(+352) 22 12 58	www.slgo.lu

SEXOLOGIE

Sexology

Sexologie



Centre Hospitalier de Luxembourg – CHL	Consultations de sexologie / information	4, rue Ernest Barblé L-1210 Luxembourg	(+352) 44 11 11	www.chl.lu/fr/dossier/consultation-en-sexologie
Clinique Bohler, Pôle Femme, Mère, Enfant (HRS)	Consultations de sexologie / information	5, rue Edward Steichen L-2540 Kirchberg	(+32) 497 04 51 24 (sexologue)	www.hopitauxschuman.lu/fr/je-suis-patient/la-preparation-a-la-naissance/seances-individuelles/sexologie
Centre Hospitalier Emile Mayrisch – CHEM	Consultations de sexologie / information	Rue Emile Mayrisch L-4240 Esch sur Alzette	(+352) 5711-44 44 3 (08:00-13:00)	www.chem.lu
InfoMann (ActTogether)	Conseils psycho-sociaux / besoins et spécificités des garçons et des hommes	5, Cour du Couvent L-1362 Luxembourg	(+352) 27 49 65	www.infomann.lu
Ligue HMC~ Espace Famille	Conseils psychosociaux / questions liées à la sexualité pour les personnes ayant une déficience intellectuelle et leurs familles	82, route d'Arlon L-8301 Capellen	(+352)30 92 32-224 (+352)30 92 32-252 (+352)621 45 14 92	www.ligue-hmc.lu
Planning Familial	Accompagnement médical et psychologique pour toute question sexuelle tant chez la femme que l'homme, sexologie clinique, prise en charge cognitivo-comportementale, thérapie de couple	6, rue de la Fonderie L-1531 Luxembourg 18, Av. J.F. Kennedy L-9053 Ettelbrück 2-4, rue Ernie Reitz, 4 ^e ét. L- 4151 Esch-sur-Alzette	(+352) 48 59 76 (+352) 81 87 87 (+352) 54 51 51	www.planning.lu



ACCOMPAGNEMENT, CONSULTATIONS CONJUGALES ET THÉRAPIES FAMILIALES

Support, couple counseling and family therapy
Begleitung, Paarberatung und Familientherapie

Association Luxembourgeoise de Pédiatrie Sociale – ALUPSE	Pédiatrie sociale (soutien pour enfants victimes de violence)	8, rue Tony Bourg L-1278 Luxembourg	(+352) 26 18 48 1	www.alupse.lu
Centre de Consultations et de Médiation Familiale (Pro Familia)	Consultations psychologiques pour enfants, adolescent.e.s et adultes, médiation familiale, groupes de parole	5, route de Zoufftgen L-3598 Dudelange 1, rue de l'Ecole Agricole L- 9016 Ettelbruck	(+352) 51 72 72 31	www.profamilia.lu
D'Ligue – Ligue Luxembourgeoise d'Hygiène Mentale – LLHM	Consultations individuelles, de couples, familiales et sociales	11, rue du Fort Bourbon L-1249 Luxembourg	(+352) 49 30 29	www.llhm.lu
Erzéiungs- a Familljeberodung, AFP-Solidarité-Famille	Consultations de couples et de familles	39, bd GD Charlotte L-1331 Luxembourg 1, rue de l'Ecole Agricole L-9016 Ettelbruck	(+352) 46 00 04 1	www.afp-solidarite-famille.lu
Familljen-Center	Consultations thérapeutiques	4, rue Marshall L-2181 Luxembourg	(+352) 47 45 44	www.familljen-center.lu
Haus 89 – Liewens-Partner- Famillje Berodung	Service de consultations psychologiques	89, rue d'Anvers L-1130 Luxembourg	(+352) 40 37 17	www.haus89.lu
InfoMann (ActTogether)	Consultations / besoins et spécificités des garçons et des hommes	5, Cour du Couvent L-1362 Luxembourg	(+352) 27 49 65	www.infomann.lu
Ligue HMC Espace ~Famille	Conseils psychologiques et accompagnement des personnes porteuses d'un handicap mental et de leurs familles	82, route d'Arlon L-8301 Capellen	(+352)30 92 32-224 (+352)30 92 32-252 (+352)621 45 14 92	www.ligue-hmc.lu
Planning Familial	Prise en charge psychothérapeutique, consultations de sexologie clinique, conseil familial et conjugal, thérapies de couple et de famille	6, rue de la Fonderie L-1531 Luxembourg 18, Av. J.F. Kennedy L-9053 Ettelbrück 2-4, rue Ernie Reitz, 4 ^e ét. L- 4151 Esch-sur-Alzette	(+352) 48 59 76 (+352) 81 87 87 (+352) 54 51 51	www.planning.lu
Planning Familial	Prise en charge psychothérapeutique, consultations de sexologie clinique, conseil familial et conjugal, thérapies de couple et de famille	6, rue de la Fonderie, L-1531 Luxembourg 18, Av. J.F. Kennedy, L-9053 Ettelbrück 2-4, rue Ernie Reitz, 4 ^e ét., L- 4151 Esch-sur -Alzette	(+352) 48 59 76 (+352) 81 87 87 (+352) 54 51 51	www.planning.lu

PARENTALITÉ

Parenting

Elternschaft



APEMH – SCAF	Service spécialisé d'accompagnement et de soutien à la parentalité	10, rue du Château L-4976 Bettange-sur-Mess	(+352) 37 91 91 320	www.apemh.lu/les-services/scaf
Association Luxembourgeoise de Pédiatrie Sociale – ALUPSE (Bébé)	Spécifique à la petite enfance	8, rue Tony Bourg L-1278 Luxembourg	(+352) 26 18 48 1	www.alupse.lu
Centre de Consultations et de Médiation Familiale (Pro Familia)	Accompagnement et médiation à destination des parents, etc.	5, route de Zoufftgen L-3598 Dudelange 1, rue de l'Ecole Agricole L- 9016 Ettelbruck	(+352) 51 72 72 31	www.profamilia.lu
CENTRE DE MÉDIATION ASBL	Groupe de coparentalité	87, route de Thionville L-2611 Luxembourg	(+352) 27 48 34-53	www.mediation.lu/groupe-de-coparentalite/
Centre LGBTIQ+ CIGALE	Homoparentalité, Mise en contact avec homoparents, Information et relais vers services compétents pour démarches administratives, juridiques et médicales	16, rue Notre-Dame L-2240 Luxembourg	(+352) 26 19 00 18	www.cigale.lu
CENTRE KANEL	Centre de consultations thérapeutiques et à vocation préventive spécialisé en parentalité pour parents, enfants et familles en souffrance psychique	7, rue de l'Hôpital L-4137-Esch-sur-Alzette	(+352) 26 54 16 16	www.reseauspsy.lu/services/kanel/
Centre pour Femmes, Familles et Familles Monoparentales – CFFM	Consultations socio-pédagogiques, des groupes de rencontre pour femmes et familles monoparentales	95, rue de Bonnevoie L-1260 Luxembourg	(+352) 490051-1	www.fed.lu/wp/services/cffm/
Coplus (FMPO)	Centre de consultation parentale à destination des familles monoparentales et de soutien dans l'exercice de leur parentalité et/ou qui rencontrent des difficultés dans l'éducation de leur(s) enfant(s)	64, rue Michel Welter L-2730 Luxembourg	(+352) 40 600 13 13	www.fmpo.lu/services/centre-de-consultation-parentale/
Eltereschool (Kannerschlass)	Projet à caractère préventif pour tous les parents ayant envie de se rencontrer, s'échanger et s'informer sur des sujets liés à l'éducation	12, rue Winston Churchill L-4434 Soleuvre (siège central)	(+352) 59 59 59-59	www.kannerschlass.lu/eltereschoul
Erzéiungs- a Familljeberodung, AFP-Solidarité-Famille	Assistance pédagogique-thérapeutique pour enfants et adolescent-e-s	1, rue de l'Ecole Agricole L-9016 Ettelbruck	(+352) 46 00 04 1	www.afp-solidarite-famille.lu
FamillesPlus (ActTogether)	Assistance psychique, sociale et éducative axée sur la parentalité et ses multiples facettes	5, rue du Couvent L-1362 Luxembourg	(+352) 27496464	www.infomann.lu/index.php/famillesplus-home
Familljen-Center	Séances de thérapie individuelle ou de couple, les consultations sur la parentalité et la médiation	4, rue Marshall L-2181 Luxembourg	(+352) 47 45 44	www.familljen-center.lu
Initiativ Liewensufank	Accompagner les parents par des informations et consultations	20, rue de Contern L- 5955 Itzig	(+352) 36 05 97 12	www.liewensufank.lu
Jugend- an Drogenhëllef – Service Parentalité	Aide aux usagers de drogues (service sur rendez-vous)	28, rue du Fort Wedell L-2718 Luxembourg	(+352) 49 10 40-1	www.jdh.lu/service-parentalite/
Ligue HMC~ Espace Famille	Service d'information et de consultation pour personnes en situation de handicap et leurs familles	82, route d'Arlon L-8301 Capellen	(+352)30 92 32-224 (+352)30 92 32-252 (+352)621 45 14 92	www.ligue-hmc.lu
Planning Familial	Prise en charge psychothérapeutique, conseil familial et conjugal, thérapies de couple et de famille. Accompagnement de la parentalité en termes de questionnement par rapport à l'éducation affective et sexuelle	6, rue de la Fonderie L-1531 Luxembourg 18, Av. J.F. Kennedy L-9053 Ettelbrück 2-4, rue Ernie Reitz, 4 ^e ét. L- 4151 Esch-sur-Alzette	(+352) 48 59 76 (+352) 81 87 87 (+352) 54 51 51	www.planning.lu
Ombudsman fir Kanner a Jugendlecher – OKaJu	Sensibiliser et plaider pour le respect de la « Convention relative aux droits de l'enfant »	2, rue du Fort Wallis L-2714 Luxembourg	(+352) 26 12 31 24	www.ork.lu
Ombudsman fir Kanner a Jugendlecher - OKaJu	Sensibiliser et plaider pour le respect de la « Convention relative aux droits de l'enfant »	2, rue du Fort Wallis, L-2714 Luxembourg	(+352) 26 12 31 24	www.ork.lu



ÉGALITÉ DES CHANCES / ÉGALITÉ ENTRE LES FEMMES ET LES HOMMES (ADMINISTRATIONS COMMUNALES)

Equal opportunity, equality between women and men (communal administration)

Chancengleichheit, Gleichstellung zwischen Frau und Mann (Kommunalverwaltungen)



Acteurs en matière d'égalité aussi bien au service de la population locale qu'au niveau de l'administration communale, les services assument les tâches suivantes: Élaboration du plan d'action local à l'égalité, suivi des projets et activités y émanant, sensibilisation de la population via des manifestations publiques, activités éducatives ou culturelles, collaboration et échange avec d'autres services, conseils au personnel et à la population. Organe de consultation important pour les dirigeant.e.s politiques du Collège des Bourgmestre et échevin.e.s et du Conseil communal.

Bettembourg	Château de Bettembourg 13, rue du Château L-3217 Bettembourg	(+352) 51 80 80-2837	www.bettembourg.lu/administration/services-communaux/service-a-legalite-des-chances/
Clervaux	Maison 3 L-9765 Mecher (Clervaux)	(+352) 691 43 72 68	
Differdange	1535' C - Creativity Hub 115A, rue Emile Mark L-4620 Differdange	(+352) 5877 1 1560	www.differdange.lu/vie-municipale/commissions-consultatives/
Dudelange	Place de l'Hôtel de Ville L-3590 Dudelange	(+352) 516121-712	www.dudelange.lu/fr/Pages/egalite-des-chances.aspx
Esch-sur-Alzette	B.P. 145 L-4002 Esch-sur-Alzette	(+352) 2754-5920	https://administration.esch.lu/egalite-des-chances/
Junglinster	12, rue de Bourglinster L-6112 Junglinster	(+352) 78 72 72-29	https://www.junglinster.lu/vie_quotidienne/
Luxembourg Ville	9, Bd F.D. Roosevelt L-2450 Luxembourg	(+352) 4796-4135	www.vdl.lu/fr/la-ville/engagements-de-la-ville/actions-sociales/egalite-entre-femmes-et-hommes
Mamer	1, Place de l'Indépendance L-8252 Mamer	(+352) 310031-26	www.mamer.lu/services-communaux/demarches-administratives/egalite-des-chances/
MEC asbl Région Muellerthal	9, rue Aline Duchscher L-6434 Echternach	(+352) 26720035	www.integratioun.lu/project/mouvement-a-legalite-des-chances-mec-asbl/
Sanem	60, rue de la Poste L-4477 Belvaux	(+352) 593075-648	www.suessem.lu/fr/service/service-a-legalite-des-chances-et-diversite/
Schifflange	B.P. 11 L-3801 Schifflange	(+352) 54 50 61-214	https://schifflange.lu/service/service-des-citoyens-et-de-la-communication/
Strassen	B.P. 22 L-8001 Strassen	(+352) 310262270	www.strassen.lu/citoyens-residents/services-communaux/service-integration



EVALUATION FORM



If you have questions about this guide, or ideas of what could be useful for you to answer students' questions, do not hesitate to contact the Cesas or to complete and send back this evaluation form per email, by post, or via our online questionnaire (see opposite QR code).

Tel : (+352) 285694

8, rue de la Fonderie

For additional information:

E-mail : letstalkaboutsex@cesas.lu

L-1531 Luxembourg

www.cesas.lu

What is your function?.....

How old are you?..... What is your sex?

Type of establishment in which you use the guide?

☐ Highschool:

☐ Youth center:

☐ Other:.....

Age of young people to whom you teach the content of this guide?

In which class/context do you use this guide?

Do you currently use material to teach affective and sexual health education? ☐ Yes ☐ No

If yes, what?

What is your global appreciation of the guide Let's Talk About Sex?

.....

.....

Which information of the guide is the most useful for you?

☐ Chapter 1 ☐ Chapter 2 ☐ Chapter 3 ☐ Chapter 4 ☐ Chapter 5 ☐ Chapter 6 ☐ Chapter 7

Why?

.....

.....

Are there any missing information that you might need?

☐ Chapter 1 ☐ Chapter 2 ☐ Chapter 3 ☐ Chapter 4 ☐ Chapter 5 ☐ Chapter 6 ☐ Chapter 7

Which one(s)?

Why?

.....

.....



Would training, pedagogical material, supports help you? If so, for which chapter?

☐ Chapter 1 ☐ Chapter 2 ☐ Chapter 3 ☐ Chapter 4 ☐ Chapter 5 ☐ Chapter 6 ☐ Chapter 7

In which format?

Which chapter(s) is/are the most difficult to transmit to young people?

☐ Chapter 1 ☐ Chapter 2 ☐ Chapter 3 ☐ Chapter 4 ☐ Chapter 5 ☐ Chapter 6 ☐ Chapter 7

Why?

What could help you in that matter?

What are the fact sheets for which you have more questions/interest from young people?

☐ Chapter 1 ☐ Chapter 2 ☐ Chapter 3 ☐ Chapter 4 ☐ Chapter 5 ☐ Chapter 6 ☐ Chapter 7

Which one(s)?

Why (from your point of view)?

What are the fact sheets for which you have the less questions/interest from young people?

☐ Chapter 1 ☐ Chapter 2 ☐ Chapter 3 ☐ Chapter 4 ☐ Chapter 5 ☐ Chapter 6 ☐ Chapter 7

Why (from your point of view)?

Do you use this guide frequently?

A. ☐ Every week ☐ Every month ☐ A couple of times a year ☐ When a young person asks a question

B. ☐ Very few times ☐ Never

If you answered A. Why?

If you answered B. Why?

☐ Not enough time ☐ Not my place/role ☐ I do not feel comfortable to talk about these subjects

☐ Not enough training ☐ Not a priority ☐ Other

Have you noticed an impact, or any changes in behaviours or speech of your students following the use of this guide? If so, which one(s)?

Other comments, questions, general remark?

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people's affective and sexual health for professionals

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Centre national de référence
pour la promotion de la santé
affective et sexuelle



LE GOUVERNEMENT
DU GRAND-DUCHÉ DE LUXEMBOURG
Ministère de la Santé

Direction de la santé



LE GOUVERNEMENT
DU GRAND-DUCHÉ DE LUXEMBOURG



Centre national de référence
pour la promotion de la santé
affective et sexuelle



planning familial

croix-rouge
luxembourgeoise



HIV Berodung



CENTRE LGBTIQ+
CIGALE

