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In Western Europe

Tuesday, May 16, 2006; HE01

Pierre-Andre Michaud, chief of the Multidisciplinary Unit for Adolescent Health at the University of Lausanne Hospital in Switzerland and a leading researcher in European teen sexuality, dismisses the idea--widely held in the United States--that sex constitutes risky behavior for teens. In an editorial in May's Journal of Adolescent Health, he wrote:

"In many European countries -- Switzerland in particular -- sexual intercourse, at least from the age of 15 or 16 years, is considered acceptable and even part of normative adolescent behavior." Switzerland, he noted, has one of the world's lowest rates of abortion and teen pregnancy. Teens there, like those in Sweden and the Netherlands, have easy access to contraceptives, confidential health care and comprehensive sex education.

A 2001 Guttmacher Institute report, drawing on data from 30 countries in Western and Eastern Europe, concluded: "Societal acceptance of sexual activity among young people, combined with comprehensive and balanced information about sexuality and clear expectations about commitment and prevention childbearing and STDs [sexually transmitted diseases] within teenage relationships, are hallmarks of countries with low levels of adolescent pregnancy, childbearing and STDs." The study cited Sweden as the "clearest of the case-study countries in viewing sexuality among young people as natural and good."

Cecilia Ekéus, a nurse midwife with a PhD in public international health who works with the Institute of Women and Child Health at Karolinska Institute in Stockholm, says Swedish society teaches that sex should occur in a committed relationship "and also that teenagers should use contraceptives, be informed and take responsibility. But in general we are open and positive and think that it's okay."

In Sweden, compulsory sex education starts when children are 10 to 12. Without parental consent, teens can get free medical care, free condoms, prescriptions for inexpensive oral contraceptives and general advice at youth clinics. Emergency contraceptives (the so-called morning-after pill) are available without a prescription.

Religion tends to insert itself less in government policy on sex education, contraception and abortion in Western Europe than in the United States, says Michaud. The Catholic Church exerted minimal influence in Switzerland's AIDS prevention campaign, he said. "All in all, the church has been very tolerant and does not really get involved in sexual matters," Michaud wrote in an e-mail.

Straightforward messages on how to prevent STDs and teen pregnancy help offset the impact on teens of sexually explicit ads, movies and other mass media -- as ubiquitous in Western Europe as in the United States, said Robert Blum, chair of the Department of Population and Family Health at the Johns Hopkins Bloomberg School of Public Health.

Western Europe also attaches more social stigma to teen pregnancy and teen motherhood than do some American sub-cultures, says Bill Albert, spokesman for the National Campaign to Prevent Teen Pregnancy, a U.S. group: "The focus [in Western Europe] is much more on preventing pregnancy and less on sex itself," Albert said.

Although some experts argue that economic, educational and racial diversity in the U.S. distort national figures and invalidate comparisons with more homogenous Western European countries, Michaud said he has studied Swiss teens who have dropped out of high school, used drugs or lived in disadvantaged areas of the country. They tend to use contraception regardless of economic status, he said.

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"My feeling is that it is impossible to have a double message toward young people," Michaud said, in a phone interview from his Lausanne office. "You can't say at the same time, 'Be abstinent, it's the only fair, good way, to escape from having HIV . . . and at the same time say, 'Look, if you ever happen to have sex, then please do that and that and that.' You probably have to choose the message."

Abstinence, he said, is not something the Swiss press on teens. "We think it's unfair. It's useless. It's inefficient. We have been advocating the use of the condom . . . and I think that we tend to be successful."

Joan-Carles Surís, head of the research group on adolescent medicine at the University of Lausanne, puts it another way:

"The main difference is that in the States sexual activity is considered a risk. Here we consider it a pleasure."

Elizabeth Agnvall is a frequent contributor to the Health section. Comments: health@washpost.com. Join Robert Blum, of the Johns Hopkins School of Public Health, in a Live Online chat today at 11 a.m. on handling teen sexuality.

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