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## INTERACTIVE EDUCATIONAL EXHIBITION “SAFETY ROUTE” AS AN EFFECTIVE TOOL FOR PRESERVING YOUTH REPRODUCTIVE HEALTH

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**Abstract.** The article summarizes the technologies for the practical implementation of the interactive educational exhibition “Safety Route.” The methodology of training student youth as facilitators at five route stations is described in detail. The study empirically proves that after participation in the exhibition, young people demonstrate increased motivation to preserve reproductive health; improved self-esteem and factual knowledge regarding the prevention of HIV, sexually transmitted infections (STIs), unintended pregnancy, and contraceptive methods; and enhanced trust in parents, sexual partners, physicians, and reliable sources of information.

**Keywords:** sexuality education, reproductive health, “Safety Route,” HIV prevention, sexually transmitted infections prevention.

**Introduction.** In European Union countries, issues of sexuality education and youth sexual and reproductive health are reflected in official educational documents, governmental directives and regulations, decisions of educational policy commissions, as well as in numerous pedagogical, psychological, and sociological publications. At

the legislative level, the content and organizational aspects of sexuality education in EU countries are regulated by: the Charter on Sexual and Reproductive Rights (2006), the Guidelines for Policy Development in Sexual and Reproductive Health and Youth Rights in Europe (2008), the International Planned Parenthood Federation (IPPF), Declaration on Sexual Human Rights (2008), the Standards for Sexuality Education in Europe (2010), and others.

EU best practices involve trained specialists applying a holistic approach to reproductive health, integrating social, psychological, biological, and medical knowledge and skills. The German Federal Centre for Health Education (BZgA), established in 2003, in cooperation with international organizations (WHO, UNESCO, IPPF etc.), has developed a number of methodological documents defining standards for sexuality education, providing guidance for its implementation, and supporting educational programs across European countries [1; 2].

In Ukraine, training courses for secondary school and vocational school teachers were developed by the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) together with regional Institutes of Postgraduate Pedagogical Education under the title "Protect Yourself from HIV." Since 2007, trainings have been conducted in various regions of Ukraine, mainly involving biology teachers and teachers of the course "Health Basics." Methodological manuals and programs were published [3; 4]. Among the educators from Zhytomyr region who completed the training and obtained the certificate of National Master Trainer for the "Safety Route" was Lidiya Cherednichenko, Honored Teacher of Ukraine. This determined the topic of the present study.

**Aim and objectives of the study.** To develop methodological, technological, and organizational-practical recommendations for implementing the "Safety Route." To empirically prove its effectiveness in improving the quality of life and reproductive health of young people.

**Research Results and Discussion.** "Safety Route" is an interactive preventive educational tool developed by the German Federal Centre for Health Education (BZgA) in cooperation with the German Society for International Cooperation (GIZ) for preventive work with youth. It is based on collective interaction methods, combining communicative and training practices with interactive games within a mobile exhibition format.

The main set consists of five stations, each addressing a relevant topic in youth life. Students act both as participants and facilitators at the five stations:

1. HIV transmission routes;
2. HIV/AIDS: questions and answers;
3. Next to You;
4. Protection from HIV, STIs, and contraception;
5. Your Life – Your Choice.

Advantages of the "Safety Route" compared to other modern preventive educational programs:

- ✓ Active interaction with participants.
- ✓ Student-centered approach.

- ✓ Dialogue based on equality.
- ✓ Engagement of emotions alongside cognition and intellectual development.
- ✓ Involvement of participants' personal experiences and real-life situations.
- ✓ High relevance to participants' real needs and interests.
- ✓ Support in developing personal preventive strategies to avoid HIV and STIs.

The experimental base of the study included students of Lyceum No. 28 in Zhytomyr named after Hetman Ivan Vyhovskyi. The ascertaining experiment (initial anonymous survey) involved 197 students in grades 8–11. The formative experiment (final anonymous survey after completing the "Safety Route") involved 62 students in grades 10–11.

Before participating in the "Safety Route," a significant proportion of students (43.1%) assessed their knowledge of STIs as "well-informed," 54.3% as partially informed, and 3.6% as uninformed. Regarding contraception and methods of preventing unintended pregnancy, self-assessed knowledge was somewhat higher: 58.4% well-informed, 37.6% partially informed, and 4% uninformed.

Despite relatively high self-assessments, incorrect responses to the question about which contraceptive methods simultaneously protect against unintended pregnancy and HIV/STIs ranged from 0.5% to 27.4%, indicating considerable misconceptions. About 3% of respondents did not know (or did not answer seriously) in which cases HIV transmission is possible. Incorrect answers included: mosquito bites (22.1%), kissing (14.9%), sneezing or coughing (13.3%), sharing dishes (10.8%), and caring for infected individuals (8.7%).

Positively, in case of STI infection, 54.9% would first turn to parents, and 32.8% to doctors. Regarding information sources for protecting reproductive health, the dominant ones were the Internet (75.4%), social media (50.3%), educational and training programs (48.2%), and parents (41.5%), while school and teachers ranked lowest (0.5%).

After completing the "Safety Route," self-assessed knowledge significantly increased. The percentage of students well-informed about STI prevention rose from 43.1% to 58.1%, and the uninformed category dropped to zero. In contraception and prevention of unintended pregnancy, the "well-informed" category increased from 58.4% to 67.7%, and no respondent reported a lack of knowledge.

According to objective knowledge assessments, only a small percentage (1.6–4.8%) selected incorrect answers after the intervention. Notably, 100% of respondents recognized that both partners share responsibility for reproductive health and unintended pregnancy (compared to 88.7% before the experiment).

Among respondents aged 16–17, 38.7% reported having started sexual life at age 16, and 24.2% had more than one partner, highlighting the urgent need for reproductive health education among senior students.

However, tolerance toward people living with HIV changed insignificantly: 52.8% before and 53.2% after participation stated that their attitude toward an HIV-

positive classmate would not change. This issue requires long-term comprehensive psychological and social work.

**Conclusions.** Adapting and implementing European experience in Ukraine to preserve youth reproductive health and social well-being is extremely important. It is essential to develop adolescents' sexual culture, readiness to engage with modern training technologies, and motivation to maintain reproductive health.

### References

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