



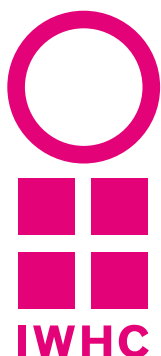
COMPREHENSIVE SEXUALITY EDUCATION: WHAT WE KNOW

Based on Nicole Haberland and Deborah Rogow, "Sexuality Education: Emerging Trends in Evidence and Practice," *Journal of Adolescent Health*, January 2015

WHAT IS COMPREHENSIVE SEXUALITY EDUCATION?

Conventional sexuality education focuses on physiology and sexual and reproductive health, but does not address issues of gender and power. By contrast, comprehensive sexuality education (CSE) focuses on gender norms, power in relationships, and participatory teaching methods.

Properly conceived and implemented, CSE seeks to empower young people, and therefore: 1) has as its core value the human rights of all persons; 2) provides thorough and scientifically accurate information about a range of interrelated topics, namely: human rights, gender norms, and power in relationships (including consent and decision-making, sexual coercion, intimate-partner and gender-based violence, and sexual diversity); the body and puberty; communication and relationships; and sexual and reproductive health (including STIs/HIV and AIDS, unintended pregnancy, condoms and contraception, and how to access health and other support services); 3) has an explicit gender focus, and addresses gender norms and gender equality as stand-alone topics and across other CSE topics; 4) is provided in a safe learning environment, free of harassment and violence; 5) uses participatory and interactive teaching approaches that help learners personalize information and strengthen their skills in communication, decision-making, and critical thinking; 6) relies on youth advocacy and civic engagement in program design, but also in empowering learners beyond the curriculum, as agents in their own lives and leaders in their communities; and 7) is age appropriate and culturally appropriate, and is tailored as needed for distinct sub-populations.



REVIEW OF EVIDENCE

Key Elements of Effective CSE

Analysis of effective CSE programs has found, apart from the focus on gender norms and power in relationships, the following commonalities:

- Do not teach abstinence only (young people who have only received abstinence-only education are less likely to use any kind of protection on first intercourse).
- Include modules on personal empowerment.
- Train teachers adequately and on an ongoing basis in using interactive and participatory methods and discussing gender equality, sexuality, and human rights topics.
- Offer linkages to protective factors in the environment (e.g., school safety programs, latrines in schools, cash transfers linked to school retention for girls, girls' financial literacy and savings programs, campaigns against violence including male-on-male violence, etc.).
- Refer participants to health and other services.
- Tailor delivery models and key concepts on gender and relationships for younger children, before gender and sexual norms become solidified.

Gender and Power: CSE seeks not only to educate, but also to empower young people, especially girls and other marginalized young people, to see themselves as equal members in relationships, able to protect their own health, and as individuals capable of engaging as active participants in society. CSE helps learners formulate personal and critical reflection about gender norms and how gender inequality is socially constructed, thus allowing them to understand the origins of peers' misperceptions (e.g., social expectations that boys must "score"), and critique these norms.

Evidence shows that programs that address issues of gender and power (and were thus closest to true CSE) are markedly more likely to demonstrate significant positive effects on health outcomes—such as reductions in sexually transmitted infections (STIs) and unintended pregnancy—than programs that ignore gender and power. For example,

the Horizons project conducted with African American adolescent girls in the United States emphasized ethnic and gender pride, HIV knowledge, communication, condom use skills, and healthy relationships. This project resulted in a 35 percent lower risk of acquiring chlamydia. In Kenya, a simple, targeted intervention in schools used interactive and critical thinking methods to increase girls' understanding of the significantly higher rates of HIV infection amongst older men and of the consequences of "sugar daddy" relationships. It saw a 28 percent reduction in teenage pregnancy, indicating a significant drop in unprotected sex. The Stepping Stones curriculum used in South Africa, which relies on gender equality and empowerment, resulted in a 33 percent reduction in the incidence of herpes simplex virus and reduced reports of intimate partner violence.

Critical Thinking: CSE places an emphasis on engaging learners to question prevailing norms through analysis and critical thinking about their social context. This gender content dovetails with efforts to keep girls in school and to promote an egalitarian learning environment. There is anecdotal evidence that school-based CSE, because of its use of interactive teaching methods and its emphasis on personal reflection and critical thinking, may also increase "school connectedness" (the feeling that adults and peers in the school care about them as individuals), with potential for improved attendance and academic outcomes. The in-depth teacher training required for CSE also has bold implications for pedagogy and for school reform more broadly.

Next Steps

The field of CSE is still at the pilot stage in too many settings, and very few programs reach out-of-school and marginalized youth. More efforts and action are needed to convince governments and other stakeholders to invest resources into CSE programs across multiple settings. The legitimate (although largely unrealized) desire of governments to reach large numbers through school-based programs needs to be weighed against the needs of more vulnerable out-of-school youth.

Only true CSE, which addresses power in relationships and is taught in an interactive and participatory manner, has been shown to improve adolescent health outcomes, such as incidence of sexually transmitted infections and rates of teen pregnancy.

POLICY FRAMEWORK

GOVERNMENTS AT THE UNITED NATIONS HAVE MADE A SERIES OF COMMITMENTS TO RESPOND TO YOUNG PEOPLE'S NEEDS FOR INFORMATION AND SKILLS TO PROTECT THEIR SEXUAL AND REPRODUCTIVE HEALTH:

ICPD (1994) para 7.47: Governments, in collaboration with non-governmental organizations, are urged to meet the special needs of adolescents and to establish appropriate programmes to respond to those needs. Such programmes should include support mechanisms for the education and counselling of adolescents in the areas of gender relations and equality, violence against adolescents, responsible sexual behaviour, responsible family-planning practice, family life, reproductive health, sexually transmitted diseases, HIV infection and AIDS prevention. Programmes for the prevention and treatment of sexual abuse and incest and other reproductive health services should be provided. Such programmes should provide information to adolescents and make a conscious effort to strengthen positive social and cultural values. Sexually active adolescents will require special family-planning information, counselling and services, and those who become pregnant will require special support from their families and community during pregnancy and early child care. Adolescents must be fully involved in the planning, implementation and evaluation of such information and services with proper regard for parental guidance and responsibilities.

ICPD+5 (1999) para 35(b): Include at all levels, as appropriate, of formal and non-formal schooling, education about population and health issues, including sexual and reproductive health issues, in order to further implement the Programme of Action in terms of promoting the well-being of adolescents, enhancing gender equality and equity as well as responsible sexual behaviour, protecting them from early and unwanted pregnancy, sexually transmitted diseases including HIV/AIDS, and sexual abuse, incest and violence. Ensure the active involvement and participation of parents, youth, community leaders and organizations for the sustainability, increased coverage and effectiveness of such programmes.

ICPD+5 (1999) para 73(c): Develop at national and other levels, as appropriate, action plans for adolescents and youth, based on gender equity and equality, that cover education, professional and vocational training and income-generating opportunities. Such programmes should include support mechanisms for the education and counselling of adolescents in the areas of gender relations and equality, violence against adolescents, responsible sexual behaviour, responsible family planning practices, family life, reproductive health, sexually transmitted diseases, HIV infection and AIDS prevention (Programme of Action, para. 7.47). Adolescents and youth themselves should be fully involved in the design and implementation of such information and services, with proper regard for parental guidance and responsibilities. Special attention should be devoted to vulnerable and disadvantaged youth.

Beijing+5 (2000) para 79(f): Design and implement programmes with the full involvement of adolescents, as appropriate, to provide them with education, information and appropriate, specific, user-friendly and accessible services, without discrimination, to address effectively their reproductive and sexual health needs, taking into account their right to privacy, confidentiality, respect and informed consent, and the responsibilities, rights and duties of parents and legal guardians to provide in a manner consistent with the evolving capacities of the child appropriate direction and guidance in the exercise by the child of the rights recognized in the Convention on the Rights of the Child, 15 in conformity with the Convention on the Elimination of Discrimination against Women and ensuring that in all actions concerning children, the best interests of the child are a primary consideration.
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The 1994 International Conference on Population and Development (ICPD) Programme of Action explicitly calls on governments to provide sexuality education to promote the well-being of adolescents and specifies key features of such education.

POLICY FRAMEWORK *(continued)*

These programmes should, inter alia, build adolescent girls' self-esteem and help them take responsibility for their own lives; promote gender equality and responsible sexual behaviour; raise awareness about, prevent and treat sexually transmitted infections, including HIV/AIDS and sexual violence and abuse; and counsel adolescents on avoiding unwanted and early pregnancies.

CPD 2012 para 26: Calls upon Governments, with the full involvement of young people and with the support of the international community, to give full attention to meeting the reproductive health-service, information and education needs of young people, with full respect for their privacy and confidentiality, free of discrimination, and to provide them with evidence-based comprehensive education on human sexuality, sexual and reproductive health, human rights and gender equality to enable them to deal in a positive and responsible way with their sexuality.

KEY RESOURCES

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Wood S and Rogow D. *Can school-based sexuality education advance education and gender equality? Learning from Nigeria's family life and HIV education program.* New York, NY: International Women's Health Coalition, forthcoming.

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Standards for sexuality education in Europe: A framework for policymakers, educational and health authorities and specialists. Cologne, Germany: World Health Organization/Europe and Federal Centre for Health Education, 2010.



INTERNATIONAL WOMEN'S
HEALTH COALITION

The International Women's Health Coalition (IWHC) promotes and protects the sexual and reproductive rights and health of women and young people, particularly adolescent girls, in Africa, Asia, Latin America and the Middle East.

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