



Health: Both a prerequisite and an outcome of sustainable development.

## [ BRIEF ]

# Comprehensive Sexuality Education

**Sexual and reproductive health and rights (SRHR) are based on the right and the ability of all individuals to decide over their own bodies, and to live healthy and productive lives.**

**Addressing SRHR is thus key to ensuring sustainable development. Sweden has a long history of prioritizing SRHR as part of its health, gender, human rights and sustainable development work. Sida also has a long history of support to countries within the education system. Comprehensive sexuality education (CSE) is part of the overall efforts within SRHR, and should ideally be integrated in school curriculums and in policies on different levels on education. This brief gives an overview of why comprehensive sexuality education is important and how to consider sexuality education both in development and humanitarian programmes, as well as within national and international policy processes.**

Sexuality education is still controversial in many places. Sexuality education was first introduced in 'Western' school curricula in the late 1950s, often as part of biology lessons<sup>1</sup>. It was largely aimed at discouraging people from having sex outside of marriage. In recent years, more attention has been paid to the emotional aspects of sexual relations and a rights based approach to sexuality, including LGBT relationships<sup>2</sup>.

In many low and middle income countries, sexuality education is increasingly seen as being important for young people to gain better knowledge of both the physical and emotional aspects of sex and reproduction.

### Definition of Comprehensive Sexuality Education (CSE)<sup>3</sup>

Comprehensive sexuality education (CSE) has been defined as "rights-based and gender-focused approach to sexuality education, whether in school or out of school". By embracing a holistic vision of sexuality and sexual behaviour, not only focusing on prevention of pregnancy and sexually transmitted infections (STIs), UNFPA notes that CSE can enable children and young people to:

- Acquire accurate information about sexuality, sexual and reproductive health and human rights.
- Explore and nurture positive values and attitudes towards their sexual and reproductive health, and develop self-esteem, respect for human rights and gender equality.
- Develop life skills that encourage critical thinking, communication and negotiation, decision-making and assertiveness.

To date, sexuality education is still largely delivered in schools by teachers, sometimes in collaboration with health workers. Comprehensive sexuality education should not be confined to young people only and still needs to be better developed and expanded to meet the needs of those who are not in school, including adult men and women. Often, sexuality education does not include questions such as consequences of growing up in a setting with high HIV prevalence and how it affects

1 The Education of Eros: A History of Education and the Problem of Adolescent Sexuality. Carlson, D.L. 2012

2 Marques, M. and N. Ressa (2013) The sexuality education initiative: a programme involving teenagers, schools, parents and sexual health services in Los Angeles, CA, USA. Reproductive Health Matters. Vol 21 (41): 124-135

3 UNFPA 2014 The Commission on Population and Development (CPD) and UNESCO's International Technical Guidance on Sexuality Education (ITGSE)

romantic/sexual relationships, sexual transactions and sex in exchange for cash or gifts (sugar-daddies/mommies), peer pressure and changing norms about relationships. There is also considerable work to be done in terms of integrating notions of gender equity and female empowerment in the concept of CSE. This will provide young women with tools to apply information and knowledge that they acquire. In addition, sexuality education needs to be better developed as a mechanism to counter gender-based violence throughout society and by actively engaging both men and women and their wider communities in these efforts.

### WHY CSE MATTERS

In many cases, young people lack knowledge and information about how to engage in safe and respectful sexual behaviour, menstrual hygiene management, how to protect themselves from pregnancy and infection etc. CSE is needed to ensure that individuals and in particular adolescents gain a better knowledge about their rights and to be able to make informed choices about sex and relationships. CSE can also counteract myths and false perceptions about sexuality. Ideally, CSE comprises a rights-based approach that includes prevention of sexual harassment, gender-based violence and discrimination with regard to LGBT people and people living with HIV and AIDS<sup>4</sup>. Also, it is often young people's ability to convert knowledge into practice that is problematic<sup>5</sup>. Young people may face barriers to challenge prevailing norms, may have poor access to health services and be subject to biased attitudes of those in authority (such as teachers and health care providers).

In some cases, young people may not be able to access family planning because health care providers disapprove of premarital sexual activity<sup>6</sup>. School-based programmes may be undermined by sexual harassment of pupils by the very teachers who deliver sexuality education<sup>7</sup>. Further,

in some cases, girls may rely on transactional sexual relations to pay for their school fees and other needs<sup>8</sup>.

All in all, this calls for an integrated rights-based and comprehensive sexuality education across sectors such as education, health and social welfare in order to ensure that young people not only improve their sexual health knowledge, but also acquire adequate life skills and tools to apply it. Skills such as perceived self-efficacy and empowerment are crucial to enable especially young girls and women to benefit from sexuality education programmes.

### KEY CHALLENGES AND ENTRY POINTS FOR SIDA

#### Health services

Sexuality education can generate a demand for reproductive health services which may not always be available to young people. Some evidence suggests providers can deny access to family planning to those less than 18 years of age<sup>9</sup>. Providers may hold negative views about premarital sexual activity and convey their disapproval to young clients<sup>10</sup>. Furthermore, providers may only consider certain contraceptive methods appropriate for young women who have never given birth. This underscores the need for training of health professionals.

#### Education

Classroom teaching of sexuality requires well-trained teachers and gender-sensitive curricula and teaching materials. It requires an acknowledgment of gender equality related to teaching and education in general. Girls' enrolment, attendance and performance in school can be improved through the recruitment of female teachers and the promotion of women to leadership positions in schools, and this will also contribute positively to the inclusion of sexuality education in the school curricula's. Having a 'zero-tolerance' policy on sexual harassment in schools is also required. Many parents are uncomfortable about discussing sexuality with their children<sup>11</sup>. This can

4 Berglas, N., Constantine, N., and E. Ozer (2014) A rights-based approach to sexuality education: conceptualization, clarification and challenges. *Perspectives on Sexual and Reproductive Health*. Vol 46(2) 63-72

5 Aaro, L., Mathews, C., Kaaya, S., Katahoire, A., Onya, H., Abraham, C., Klepp, K-I, Wubds, A., Eggers, S and H de Vries (2014). Promoting sexual and reproductive health among adolescents in southern and eastern Africa (PREPARE): project design and conceptual framework. *BMC Public health* 2014, 14:54 <http://www.biomedcentral.com/1471-2458/14/54> (Accessed 30/8/15)

6 Wood, K and R. Jewkes (2006) Blood blockages and scolding nurses: barriers to adolescent contraceptive use in South Africa. *Reproductive Health Matters* 14(27) 109-18

7 Castle, S. and V. Diallo (2008) A Desk Review of Evidence about Violence within Educational Settings in West and Central Africa. Report Submitted to Plan International (WARO), Action Aid and Save the Children Sweden (West Africa Regional Office)

8 Atwood, K., Kennedy, S., Barbu, E., Nagbe, W., Seekey, W, Sirleaf, P., Perry, O., Martin, R and F. Sosu (2011). Transactional sex among youths in post-conflict Liberia. *Journal of Health, Population and Nutrition*. Vol 29(2) 113-122

9 Sidze, E., Lardoux, S., Speizer, I, Faye, C, Mutua, M and F. Badji (2014) Young women's access to and use of contraceptives: The role of providers' restrictions in urban Senegal. *International Perspectives on Sexual and Reproductive Health*. Vol 40(4) <https://www.guttmacher.org/pubs/journals/4017614.html> (Accessed 30/8/15)

10 Wood, K and R. Jewkes (2006) Blood blockages and scolding nurses: barriers to adolescent contraceptive use in South Africa. *Reproductive Health Matters* 14(27) 109-18

11 Namisi, F., Aaro, L., Kaaya, S., Kajula, L., Kilonzo, G., Onya, H., Wubds, A and C Mathews (2015) Adolescents' communication with parents, other adult family members and teachers on sexuality: effects of school-based interventions in South Africa and Tanzania. *AIDS and Behavior* <http://link.springer.com/article/10.1007/s10461-015-1019-9> (Accessed 30/8/15)

be a barrier to the acceptance and impact of sexuality education in schools.

### Use of new technologies and social media

Young people, also in low- and middle income countries, use the internet and social media increasingly. New technologies can be utilized to improve the delivery of sexuality education messages. For example, an internet-based sexuality education program increased the reproductive health knowledge effectively among students' in Shanghai, and changed their attitudes toward sex-related issues<sup>12</sup>.

The use of text messages, Facebook and other forms of social media provides innovative opportunities for the effective delivery of sexuality education as well as for advocacy. In South Africa, 'Coach Tumi' is a service that can be accessed from any phone, which is valuable when intended audiences have low phone ownership and often share phones<sup>13</sup>. In this setting mHealth offers an opportunity for user-driven and confidential access to information on reproductive and sexual health which can improve both knowledge and behaviour (mHealth stands for mobile health, a term used for the practice of medicine and public health supported by mobile devices).

### Mainstreaming sexuality education

With regard to scaling up sexuality education, UNESCO advises taking advantage of 'policy windows' when they occur<sup>14</sup>. Sexuality education should not be confined to the classroom but become more responsive to the ways in which the social environment outside schools profoundly influences sexual behaviour, especially for girls and marginalized youth. This requires strengthened collaboration with other sectors that are pursuing common goals. UNFPA notes that related policies and programmes can, for example, combine sexuality education with cash transfers linked to girls' school enrolment and girls' financial literacy and savings programmes<sup>15</sup>.

In South Africa, sexuality education was combined with young women's credit and savings programmes within the IMAGE project (Intervention with Microfinance for AIDS & Gender Equity). IMAGE combines poverty-focused, group-based microfinance with

structured training and discussion about social norms, gender-based violence and HIV/AIDS<sup>16</sup>.

Women are increasingly entering the formal labour market and need to be protected by laws to be free from sexual harassment in the workplace. They also need to be able to access information which underscores their rights. To date, there are few examples of workplace-based sexuality education and few low and middle income countries have laws that address these issues, or if they do they are rarely applied<sup>17</sup>.

### Dialogue and advocacy

- Sexuality education should be comprehensive and address questions such as gender equity, gender based violence and norms on sexuality.
- Sexuality education should not be limited to young people in school. CSE can be very successful among adults and out-of-school youth to improve behaviours and promote dialogue around gender relations.
- Sexuality education is cost-effective and builds on existing resources (teachers and curricula) requiring low cost investment on the part of donors and programmes.
- Effective sexuality education needs to be combined with accessible services and well-trained providers who have a high quality and unbiased knowledge of family planning commodities in particular.
- Sexuality education can capitalise upon the new technologies favoured by young people such as the internet, mobile phones and text messaging. These can be used for providing educational messages, setting up hotlines as well as for quality assurance and advocacy.
- Civil society organisations can play an important role in bringing sexuality education to young people or to vulnerable groups that wouldn't receive education on sexuality otherwise.

12 Lou, C., Zhao, Q., Gao., and I Shah (2006) Can the internet be used effectively to provide sex education to young people in China. *Journal of Adolescent Health*. Vol 39(5) 720-8

13 Merrill, J/, Hershow., R, Gannett, K and C. Barkley (2013) Pretesting an mHealth intervention for at-risk adolescent girls in Soweto, South Africa: studying the additive effects of SMSs on improving sexual reproductive health and rights outcomes.

14 UNESCO (2014) Comprehensive sexuality education: the challenges and opportunities of scaling-up. Paris: UNESCO

15 UNFPA (2014) Operational Guidance for Comprehensive Sexuality Education: A Focus on Human Rights and Gender. New York: UNFPA

16 Institute for Development Studies (2008) Using microfinance to fight poverty, empower women and address gender-based violence and HIV. IDS Research Summary 2008. Brighton: IDS

17 International Labour Organisation (2012) Study Report: Sexual Harassment at the Workplace in Viet Nam: An Overview and the Legal Framework, ILOMOLISA, December 2012.

## COUNTRY EXAMPLES

### Guatemala, “Abriendo Oportunidades” (Opening Opportunities)

“Abriendo Oportunidades” is designed to reach indigenous girls aged 8-17 who live in remote areas. Young women from the community are trained and supported to work with the younger girls. Girls are provided with health information and access to services (including sexual and reproductive health services). In addition, the programme creates opportunities for the girls to build skills in decision-making, negotiation, managing financial resources, and to make life plans. The girls are encouraged to stay in school and to marry later. Evaluations by The Population Council in 2007 and 2011 showed promising results in terms of autonomy, attitudes and self-efficacy.<sup>18</sup>

### Sexuality education in schools in East and Southern Africa

Sida together with The Swedish/Norwegian regional HIV/AIDS team supports UNESCO in their work to implement comprehensive sexuality education in schools, by changing the school curriculum and developing comprehensive sexuality education material. In 2013, 20 countries in East and Southern Africa affirmed a commitment to implement sexuality education in schools in the region.<sup>19</sup>

## RESEARCH / EVIDENCE

Measuring the impact of sexuality education can be difficult, particularly if the programme recipients are not yet sexually active. A UNFPA review of current evidence and experience with regard to sexuality education notes that if programme participants had not yet engaged in sexual activity, then some measures of sexual behaviour or sexual health (such as number of partners) will not be relevant. It is suggested that it may be more meaningful and feasible to introduce indicators which look at important intermediate variables, such as the use of services and changes in beliefs and attitudes<sup>20</sup>.

Scientific studies on the impact of sexuality education in low- and middle income countries show diverse results, and use shifting variables that make it difficult to draw

conclusions on outcomes. The outcomes are dependent on the specific context in which CSE is delivered.

In a comprehensive review of 83 studies carried out in 2007 on the impact of sexuality education, the results strongly indicate that the programs were far more likely to have a positive impact on behaviour than a negative impact. Two-thirds of the studies found a significant positive impact on one or more of these sexual behaviours or outcomes, while only 7 % found a significant negative impact<sup>21</sup>.

Some of the outcome variables used in the different studies was:

- Initiation of sex
- Frequency of Sex
- Number of Sexual Partners
- Condom Use
- Contraceptive Use in General
- Sexual Risk Taking
- Pregnancy Rates
- Sexually Transmitted Infection Rates

The outcome variables can also be discussed in terms of what they actually reflect. Do they reflect actual progress related to safe and respectful sexual behaviour, knowledge about sexual rights and to be able to make informed choices about sex and relationships, or do they reflect successful delivery of more traditional values and norms such as abstinence and being faithful?

## KEY READING

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