

Evidence based approaches to sexuality education for adolescents

**Training course in sexual and reproductive health research
Geneva 2010**

Jane Ferguson
with thanks to colleagues in UNESCO, UNICEF and IPPF



**World Health
Organization**

Session objectives

- To understand what sexuality education comprises and why is it important for adolescents
- To have an overview of some of the consequences among adolescents of lack of knowledge, skills and unhealthy attitudes
- To understand some of the sensitivities related to sexuality education
- To have an overview of the effectiveness, the content and types and quality characteristics of sexuality education
- To be aware of some key international resources available

What is sexuality education and why is it important for adolescents?

- Puberty, its accompanying developmental changes, including capacity for sexual and reproductive function are hallmarks of adolescence
- Few young people receive adequate preparation for their sexual lives
- Many young people approach adulthood faced with conflicting and confusing messages about sexuality and gender
- Sexuality Education is defined as an age-appropriate, culturally relevant approach to teaching about sex and relationships by providing scientifically accurate, realistic, non-judgmental information. Sexuality education provides opportunities to explore one's own values and attitudes and to build decision-making, communication and risk reduction skills about many aspects of sexuality (UNESCO, 2009)

The consequences of ignorance:

1. early pregnancy

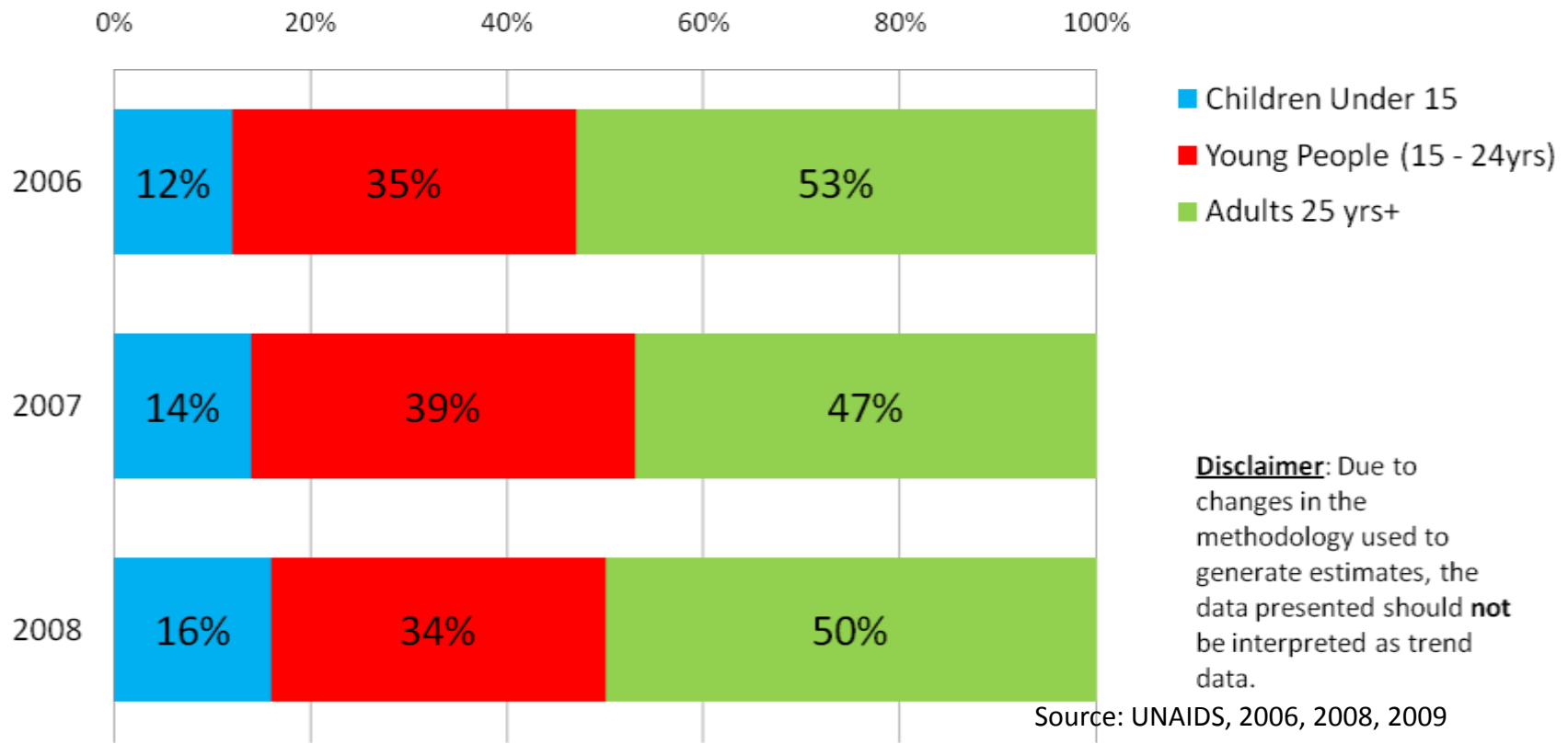


Source: Temin, M et al. [Why it's the right time: moving on reproductive health goals by focusing on adolescent girls](#), Centre for Global Development, 2010

The consequences of ignorance:

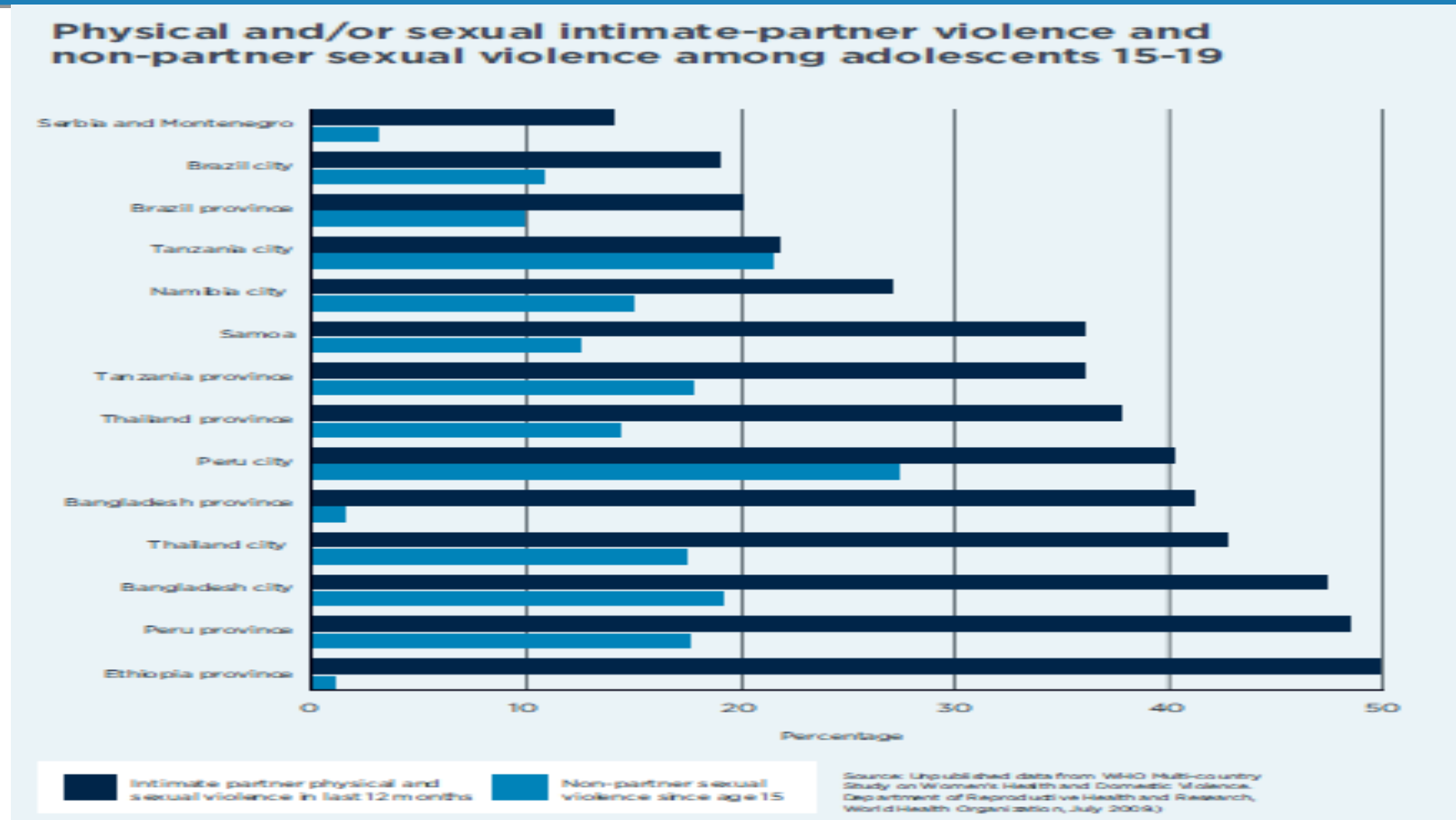
2. HIV infection

Distribution of New HIV Infections by Year



The consequences of ignorance:

3. violence and dangerous relationships



Source: Temin, M & Levin, R. Start with a girl, Center for Global Development, 2009 from unpublished data from WHO multi-country study on women's health and domestic violence

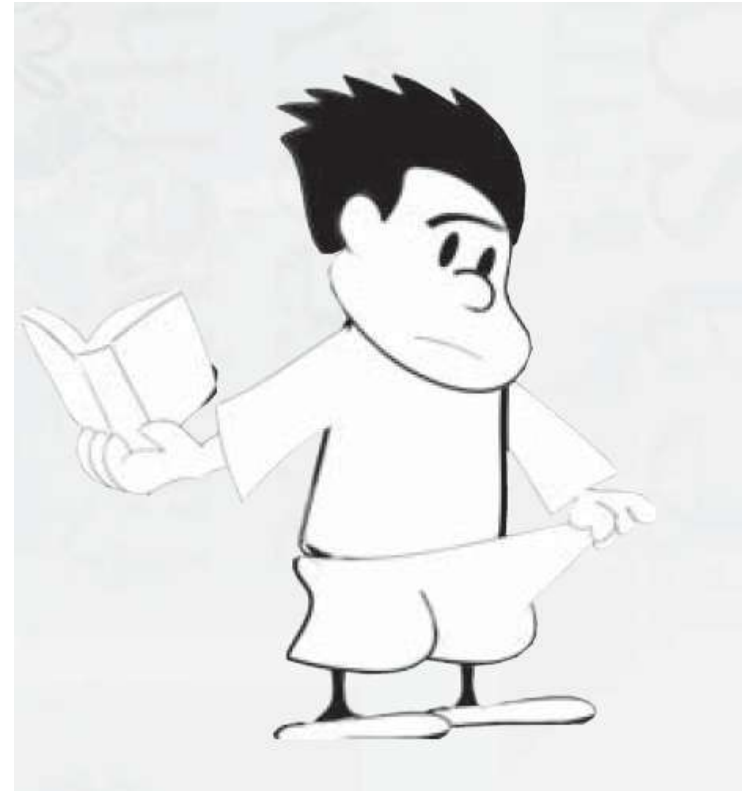
The consequences of ignorance:

4. ill-prepared adults

Research and programme experience suggests that most adolescent boys and young men need:

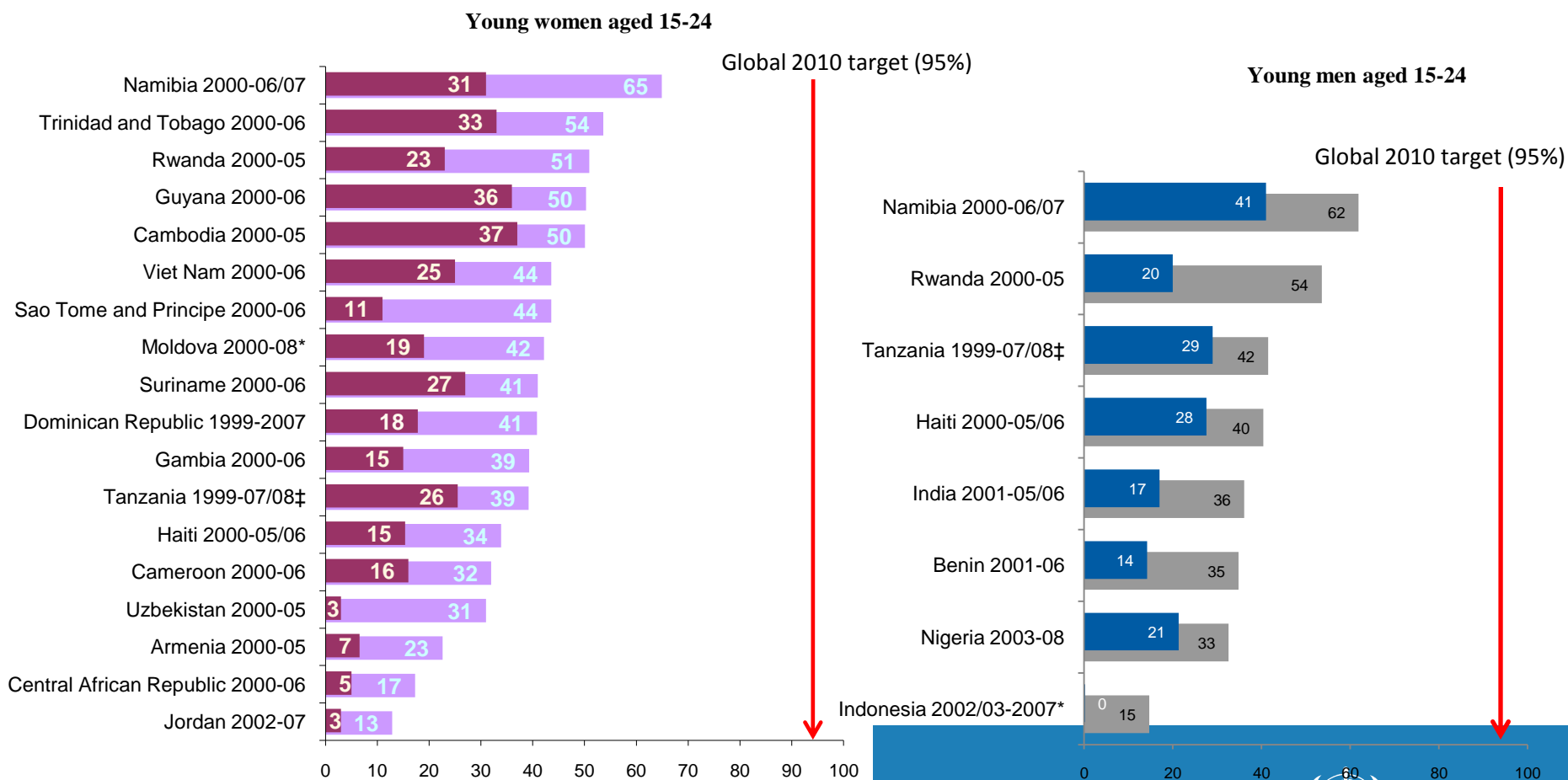
- information about sexual and reproductive health,
- opportunities to discuss their doubts about these matters,
- access to condoms, and
- exposure to messages and role models that reinforce more gender-equitable ways of interacting with females.

Source: Gary Barker, Engaging Adolescent Boys and Young Men in Promoting Sexual and Reproductive Health: Lessons, Research, and Programmatic Challenges, www.popcouncil.org



Improvements in comprehensive correct knowledge among young women and men aged 15-24 but most countries far from 2010 target

Developing countries with 10 or more percentage point increase in the percentage of young women and men aged 15-24 with comprehensive correct knowledge of HIV Source: UNICEF global databases, 2010 (MICS, DHS and other national surveys, 2003-2008)



Sexuality education is a solution



The primary goal of sexuality education is that children and young people become equipped with the knowledge, skills and values to make responsible choices about their sexual and social relationships

Sexuality education programmes usually have several mutually reinforcing objectives:

- to increase knowledge and understanding;
- to explain and clarify feelings, values and attitudes;
- to develop or strengthen skills; and
- to promote and sustain risk-reducing behaviour

The sensitivity of sexuality education

- Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction
- Ignorance and embarrassment about sexuality are very present in most societies. In many cultures, there is a particular difficulty in accepting adolescents as sexual beings
- There was a "conspiracy of silence" about sexual matters existed into the early years of the twentieth century. Initial efforts to promote sex education were focused on the related dangers of medical and moral decline (Moran, J.P. Sex education [Encyclopedia of Children and Childhood in History and Society](#))
- WHO acknowledged that the need for "sex education was increasing" for adolescents throughout the world and the resistance to the term 'sex education' (WHO, TRS 583, Pregnancy and abortion in adolescence, 1975)
- The role of parents, teachers, religion leaders in providing education about sexuality was debated in every country (and still is!)
- The advent of the HIV/AIDS pandemic strengthened the position of those supporting sexuality education but raised questions about its effectiveness (Baldo, M. et al. (1993) "Does Sex Education Lead to Earlier or Increased Sexual Activity in Youth?" Presented at the Ninth International Conference on AIDS, Berlin, 6-10 June, WHO)

The effectiveness of sexuality education – an overview

- 1993 global review of evaluations of comprehensive sex education and HIV/STI prevention programmes showed that they do not increase rates of sexual initiation, do not lower the age at which youth initiate sex, and do not increase the frequency of sex or the number of sex partners among sexually active youth (Grunseit, A. & Kippax, S. Effects of Sex Education on Young People's Sexual Behaviour, unpublished review, WHO, 1993)
- 2006 review of evaluations of sex education and HIV/AIDS education interventions in developing countries showed that most significantly delayed sex, decreased the number of sexual partners, increased the use of condoms or contraceptives, or reduced the incidence of unprotected sex (Kirby D et al in Preventing HIV/AIDS in young people, WHO 2006)
- 2008 global review showed that sexuality education programmes do not increase sexual activity. Some sexuality/HIV education programmes delay initiation of sexual intercourse, reduce number of sexual partners, increase use of condoms/contraception, reduce unprotected sex, reduce pregnancy and STI rates. Some do none of these. (UNESCO, International Technical Guidance on Sexuality Education, 2009)

The effectiveness of educational interventions related to sexuality – additional evidence

- Promotion of health and gender equality

Complementary interventions: Program M for young women (mulheres and mujeres); H for young men (homens and hombres) originally developed & validated in Latin America and the Caribbean consisting of group workshops and campaigns

Impact evaluation from 2 developing countries showed among young men: increase in gender equitable attitudes, increase in condom use, decrease in violence against women

- Among young women: increase in gender equitable attitudes, increase in self-efficacy, increase in communication with partners, decrease in drug & alcohol use (c.ricardo@promundo.org.br)

- School-based programmes to prevent dating violence

Focus on healthy, non-violent relationship skills through practice with peers to develop positive strategies for dealing with pressures and conflict resolution without abuse or violence (WHO Preventing intimate partner and sexual violence against women, 2010)

The content of sexuality education

(Key Concepts in UNESCO, International technical guidance on sexuality education, 2009)

Relationships

Values, Attitudes and Skills

Culture, Society and Human Rights

Human Development

Sexual Behaviour

Sexual and Reproductive Health

6. Overview of key concepts and topics

| | | |
|--|--|---|
| Key Concept 1: Relationships Topics: 1.1 Families 1.2 Friendship, Love and Romantic Relationships 1.3 Tolerance and Respect 1.4 Long-term Commitment, Marriage, and Parenting | Key Concept 2: Values, Attitudes and Skills Topics: 2.1 Values, Attitudes and Sources of Sexual Learning 2.2 Norms and Peer Influence on Sexual Behaviour 2.3 Decision-making 2.4 Communication, Refusal and Negotiation Skills 2.5 Finding Help and Support | Key Concept 3: Culture, Society and Law Topics: 3.1 Sexuality, Culture and Law 3.2 Sexuality and the Media 3.3 The Social Construction of Gender 3.4 Gender-Based Violence, Sexual Abuse and Harmful Traditional Practices |
| Key Concept 4: Human Development Topics: 4.1 Sexual and Reproductive Anatomy and Physiology 4.2 Reproduction 4.3 Puberty 4.4 Body Image 4.5 Body Rights | Key Concept 5: Sexual Behaviour Topics: 5.1 Sex, Sexuality and the Sexual Life Cycle 5.2 Shared Sexual Behaviour and Sexual Response | Key Concept 6: Sexual and Reproductive Health Topics: 6.1 Pregnancy Prevention 6.2 Understanding, Recognising and Reducing the Risk of STIs including HIV 6.3 HIV and AIDS Stigma, Care, Treatment and Support |

Quality characteristics of sexuality education

(from UNESCO, International technical guidance on sexuality education, 2009)

Characteristics

1. Involve experts in research on human sexuality, behaviour change and related pedagogical theory in the development of curricula.
2. Assess the reproductive health needs and behaviours of young people in order to inform the development of the logic model.
3. Use a logic model approach that specifies the health goals, the types of behaviour affecting those goals, the risk and protective factors affecting those types of behaviour, and activities to change those risk and protective factors.
4. Design activities that are sensitive to community values and consistent with available resources (e.g. staff time, staff skills, facility space and supplies).
5. Pilot-test the programme and obtain on-going feedback from the learners about how the programme is meeting their needs.
6. Focus on clear goals in determining the curriculum content, approach and activities. These goals should include the prevention of HIV, other STIs and/or unintended pregnancy.
7. Focus narrowly on specific risky sexual and protective behaviours leading directly to these health goals.
8. Address specific situations that might lead to unwanted or unprotected sexual intercourse and how to avoid these and how to get out of them.
9. Give clear messages about behaviours to reduce risk of STIs or pregnancy.
10. Focus on specific risk and protective factors that affect particular sexual behaviours and that are amenable to change by the curriculum-based programme (e.g. knowledge, values, social norms, attitudes and skills).
11. Employ participatory teaching methods that actively involve students and help them internalise and integrate information.
12. Implement multiple, educationally sound activities designed to change each of the targeted risk and protective factors.
13. Provide scientifically accurate information about the risks of having unprotected sexual intercourse and the effectiveness of different methods of protection.
14. Address perceptions of risk (especially susceptibility).
15. Address personal values and perceptions of family and peer norms about engaging in sexual activity and/or having multiple partners.
16. Address individual attitudes and peer norms toward condoms and contraception.
17. Address both skills and self-efficacy to use those skills.
18. Cover topics in a logical sequence.

Good practice

(from UNESCO, International technical guidance on sexuality education, 2009)

Implement programmes that include at least 12 or more sessions

Include sequential sessions over several years

Select capable and motivated educators to implement the curriculum

Provide quality training to educators

Provide on-going management, supervision and oversight

Examples: 1 People's Republic of China

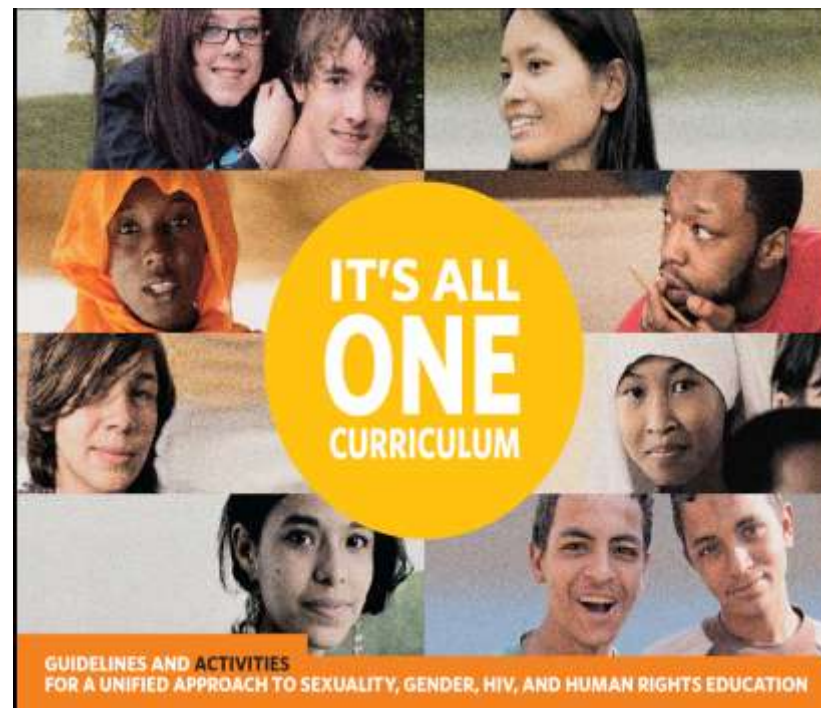
- Schools mandated by State Family Planning Law 2001 to undertake sexuality education
- Delivered within the context of health education in all secondary schools, but aspects also integrated into other subjects
- Some pre-service teacher training on sexuality education has existed since 1994
- No national curricula or official materials
- Challenge: making space in a crowded curricula; maintaining family & community support; teacher training and material development

Source: UNESCO, 2010 *Levers of Success: Case studies of national sexuality education programmes*

Example: Federal Republic of Nigeria

- Since the late 1990s, expansion of young people's access to family life and HIV education has been the education sector's main response to preventing new HIV infection
- National taskforce that helped to draw up the Guidelines for Comprehensive Sexuality Education in Nigeria 1996
- 1999, the National Council on Education, the country's highest policy-making body on education, decided that sexuality education should be integrated into school curricula as a response to the increasing incidence of HIV and other STIs among young people.
- Opposition by States and the public led to renaming to Family Life Education
- Implementation now in 30 of 36 States, supported by FLHE teacher manual and a student textbook
- Challenges: belief that sexuality and HIV education encourages sexual activity; poor conditions in schools; limited materials and trained teachers

Resources on sexuality education



Conclusions

- Sexuality is a core part of the human existence, albeit a sensitive topic in most societies
- Adolescents require information and skills to assist them to learn about sexuality, to explore their attitudes and values, and to practice the decision-making and other life skills they need to make informed choices about their sexual lives and protect their health
- Good international technical guidance and country examples exist on which to inspire expanded and improved efforts on sexuality education

Assignment

- Immediately after reviewing this module, list and describe briefly 5-10 barriers to expanding or improving sexuality education in your country or community
- Review the resource materials provided and prepare short (1-2 paragraphs) suggestions on overcoming these barriers (adapted to your country/community of course)