



United Nations
Educational, Scientific and
Cultural Organization

Levers of Success

Case studies of national sexuality education programmes





Levers of Success

Case studies of national
sexuality education
programmes

The ideas and opinions expressed in this publication are those of the authors and do not necessarily represent the views of the United Nations Educational, Scientific and Cultural Organization (UNESCO).

The designations employed and the presentation of material throughout the publication do not imply the expression of any opinion whatsoever on the part of UNESCO concerning the legal status of any country, city or area or of its authorities, or concerning its frontiers or boundaries.

Published by UNESCO

© UNESCO 2010

Section on HIV and AIDS

Division for the Coordination of UN Priorities in Education

Education Sector

UNESCO

7, place de Fontenoy

75352 Paris 07 SP, France

Website: www.unesco.org/aids

Email: aids@unesco.org

Composed and printed by UNESCO

ED-2010/WS/29 CLD 4805.9

Table of contents

Acknowledgements	4
Acronyms	5
Executive summary	7
Introduction	11
China	13
Sexuality education in the context of reproductive health and family planning	
Kenya	19
Growing up and Sexual Maturation – targeting the quality of education in rural primary schools	
Latin America and the Caribbean	25
Regional and country perspectives on sexuality education	
Nigeria	31
Implementing comprehensive sexuality education on a large scale	
Viet Nam	37
Reproductive health and HIV prevention education	
Conclusion	42
Appendix	45
References	47

Acknowledgements

The global case studies were recommended as an activity by the United Nations Educational, Scientific and Cultural Organization (UNESCO) Global Advisory Group on Sexuality Education. Its preparation, under the overall guidance of Mark Richmond, UNESCO Global Coordinator for HIV and AIDS, was organized by Chris Castle, Ekuia Yankah (formerly UNESCO until February 2010) and Dhianaraj Chetty in the Section on HIV and AIDS, Division for the Coordination of UN Priorities in Education at UNESCO.

Individual case studies were written by (in alphabetical order):

Babatunde Ahonsi, consultant (Nigeria); Maria Clara Arango Restrepo, consultant (Mexico) and Esther Corona, Mexican Association of Sex Education and World Association for Sexual Health (Latin America and the Caribbean); Hoang Thuy Lan, consultant (Viet Nam); Wenli Liu, Beijing Normal University (China); Helen Mondoh, Pwani University College (Kenya). The document was edited by Peter Gordon, consultant.

UNESCO would like to thank the organisers of the Sex and Relationships Education Conference 2009 (see <http://www.sre2009.org>) for creating space within the programme for the UNESCO-sponsored symposium on global examples of countries that have overcome barriers to introducing national sexuality education programmes. UNESCO would also like to express gratitude to all of those who participated in the symposium, which took place on 8 September 2009 in Birmingham, UK (in alphabetical order):

Maria Clara Arango Restrepo, independent consultant, Mexico; Sanja Cesar, Centre for Education, Counselling and Research (CESI), Croatia; La Quy Don, Ministry of Education and Training (MoET), Viet Nam; Faysal El-Kak, American University of Beirut, Lebanon; Nike Esiet, Action Health, Inc., Nigeria; Christopher Graham, Ministry of Education, Jamaica; Wenli Liu, Beijing Normal University, China; Yongfeng Liu, UNESCO, France; Helen Mondoh, Pwani University College, Kenya; Ekuia Yankah, formerly UNESCO, France; Christina Zampas, Center for Reproductive Rights, USA.

Written comments and contributions were also gratefully received from (in alphabetical order):

Alessandra Aresu, University of Bristol, UK and University of Milano-Bicocca, Italy
 Jenelle Babb, UNESCO, Jamaica
 Masimba Biriwasha, formerly UNESCO, France
 Dhianaraj Chetty, UNESCO, France
 Christophe Cornu, UNESCO, France
 La Quy Don, MoET, Viet Nam
 Peter Gordon, independent consultant, UK
 Christopher Graham, Ministry of Education, Jamaica
 Phan Hang Hoa, UNESCO, Viet Nam
 Hans Lambrecht, formerly UNESCO, Viet Nam
 Yongfeng Liu, UNESCO, France
 Justine Sass, formerly UNESCO, France
 Ekuia Yankah, formerly UNESCO, France
 Christina Zampas, Center for Reproductive Rights, USA

Final thanks are offered to Vicky Anning who provided editorial support, Aurelia Mazoyer who undertook the design and layout, and Scheherazade Feddal who provided liaison support for the production of this document.

Acronyms

AHI	Action Health Inc.
AIDS	Acquired Immune Deficiency Syndrome
CARICOM	Caribbean Community
CBO	Community-based organization
CESEI	Centre for Education, Counselling and Research
ECSR	European Committee on Social Rights
FAWE	Forum for African Women Educationalists
FFE	Forum for Freedom in Education
FLHE	Family Life and HIV Education
FWCW	Fourth World Conference on Women
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GUSM	Growing up and sexual maturation
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
ICPD	International Conference on Population and Development
IPPF	International Planned Parenthood Federation
KIE	Kenya Institute of Education
LAC	Latin America and the Caribbean
MHSW	Ministry of Health and Social Welfare
MoET	Ministry of Education and Training
MoH	Ministry of Health
MSES	Ministry of Science, Education and Sports
NGO	Non-governmental organization
PATH	Programme for Appropriate Technology in Health
PTA	Parent-Teachers' Association
RH	Reproductive health
QUEST	Quality Education for Social Transformation
SIDA	Swedish International Development Agency
SIECUS	Sexuality Information and Education Council of the United States
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VAAC	Viet Nam Administration for AIDS Control
USAID	US Agency for International Development
WHO	World Health Organization
WPF	World Population Foundation

Executive summary

Effective sexuality education provides young people with age-appropriate, culturally relevant and scientifically accurate information. It also provides young people with structured opportunities to explore attitudes and values and to practise the skills they will need to be able to make informed decisions about their sexual lives. Sexuality education is an essential element of HIV prevention and is critical to achieving universal access targets for prevention, treatment, care and support.¹ While there are no programmes that can *eliminate* the risk of HIV and other sexually transmitted infections (STIs), unintended pregnancy, and coercive or abusive sexual activity, properly designed and implemented programmes can reduce some of these risks.

A growing body of evidence exists to demonstrate what constitutes an effective school-based sexuality education programme. This forms the basis of the recent UNESCO publication, *International Technical Guidance on Sexuality Education: an evidence-informed approach for schools, teachers and health educators*.²

The factors that contribute to successful implementation of effective school-based sexuality education at regional, country or local levels – so-called ‘levers of success’ – are less clear. These are the focus of this publication. The term *levers of success* is used to describe the *conditions* and *actions* that have been found to be conducive to the introduction or implementation of sexuality education. Such levers are *both* general and specific. General levers are those that are necessary for the successful implementation



of *any* new programme (and which therefore apply also to sexuality education), while the successful implementation of *sexuality education* also depends upon *specific* levers, particular either to the nature of sexuality education or else to the social and cultural setting in which it is implemented. Levers of success are identified in the final section of each country study and are explored in the conclusion at the end of this document.

Drawing from country experience in China, Jamaica, Kenya, Mexico, Nigeria and Viet Nam, and from regional experience in Latin America and the Caribbean, this publication identifies a range of both kinds of ‘levers’ that can contribute to the successful development and implementation of sexuality education in the school setting. While the studies share a common presentation structure, they vary significantly according to both the country experience described and the authors’ chosen emphases and styles.

1 UNAIDS. (2006). *Scaling up access to HIV prevention, treatment, care and support. The next steps*. Geneva: UNAIDS. http://data.unaids.org/pub/Report/2006/20060807_Universal_per_cent20Access_TheNextSteps_en.pdf

2 UNESCO (2009). *International Technical Guidance on Sexuality Education: an evidence-informed approach for schools, teachers and health educators*. Volume 1 & 2, Paris: UNESCO. Published in partnership with UNAIDS, UNFPA, UNICEF and WHO.

Individually and together, the examples in this document indicate the following important lessons for the successful introduction and effective implementation of school-based sexuality education:

- Sexuality education is a sensitive issue and is most likely to be effectively introduced and implemented when sufficient political will exists to support it;
- Even in settings that are socially and culturally conservative and where discussion of sexual matters has traditionally been taboo, it *is* possible to introduce sexuality education;
- The name and delivery mechanisms for sexuality education (e.g. formal, non-formal, extra-curricular, teacher-led, youth-led) need to be selected with care;
- It is important to be sensitive to community concerns, but it is also important to ensure that programmes retain key elements of effectiveness;
- A considerable amount of international experience already exists in terms of teacher training and curriculum and materials development. International organizations can facilitate the sharing of this experience and its application and adaptation to different social and cultural settings;
- Inevitably, difficulties encountered in the implementation of sexuality education will reflect broader systemic problems within the education sector: limited resources; teachers who are over-burdened and insufficiently trained and supported; crowded curricula that inevitably lead to the prioritization of subjects that are examined over those that are not;
- When necessary, governments can be held to account in relation to their responsibilities as signatories to relevant international agreements. However, it is also important, where feasible, to avoid making sexuality education a ‘political football’ – a vehicle through which the respective agendas of a range of competing political interest groups are pursued. It will be young people who pay the price.

Levers of success have been found to include:

- ➔ commitment to addressing both HIV and AIDS and sexuality education reflected in a favourable policy context;
- ➔ tradition of addressing sexuality, however tentatively, within the education system;
- ➔ preparatory sensitization for head teachers, teachers and community members;
- ➔ partnerships (and formal mechanisms for these), for example, between education and health ministries and between state and civil society organizations;
- ➔ organizations and groups that represent and contribute young peoples' perspectives;
- ➔ collaborative processes of curriculum review;
- ➔ civil society organizations willing to promote the cause of comprehensive sexuality education, even in the face of considerable opposition;
- ➔ identification and active involvement of 'allies' among decision-makers;
- ➔ support for in-service training for teachers and for the dissemination of appropriate materials;
- ➔ availability of appropriate technical support (such as from UN partners and international non-governmental bodies), for example in relation to: sensitization of decision-makers; promoting participatory learning methods by teachers; and engagement in international networks and meetings;
- ➔ involvement of young people in sensitizing parents, teachers and decision-makers;
- ➔ opportunities for decision-makers to participate in school-based sexuality education through observation and dialogue with teachers and students;
- ➔ removal of specific barriers to comprehensive sexuality education, such as the withdrawal of homophobic teaching material;
- ➔ willingness to resort to international policy and legal bodies.

Introduction

Effective sexuality education provides young people with age-appropriate, culturally relevant and scientifically accurate information. It also provides young people with structured opportunities to explore attitudes and values and to practise the skills they will need to be able to make informed decisions

Sexuality education is an essential element of HIV prevention and is critical to achieving universal access targets for prevention, treatment, care and support.

about their sexual lives. Sexuality education is an essential element of HIV prevention and is critical to achieving universal access targets for prevention, treatment, care and support.³ While there are no programmes that can *eliminate* the risk of HIV and other sexually transmitted infections (STIs), unintended pregnancy, and coercive or abusive sexual activity, properly designed and implemented programmes *can* reduce some of these risks. A growing body of evidence exists to demonstrate what constitutes an effective school-based sexuality education programme. This forms the basis of the recent UNESCO publication, *International Technical Guidance on Sexuality Education: an evidence-informed approach for schools, teachers and health educators*.

The factors that contribute to successful implementation of effective school-based sexuality education at regional, country or local levels – so-called ‘levers of success’ – are less clear. These are the focus of this publication. The term *levers of success* is used to describe the *conditions* and *actions* that have been found to be conducive to the introduction or implementation of sexuality education. Such levers are *both* general and specific. General levers are those that are necessary for the successful implementation of *any* new programme (and which therefore apply also to sexuality education), while the successful implementation of *sexuality education* also depends upon *specific* levers, particular either to the nature of sexuality education or else to the social and cultural setting in which it is implemented. Levers of success are identified in the final section of each country study and are explored in the conclusion at the end of this document.

Drawing from country experience in China, Jamaica, Kenya, Mexico, Nigeria and Viet Nam, and from regional experience in Latin America and the Caribbean, this publication identifies a wide range of factors that can contribute to the successful development and implementation of sexuality education in the school setting.

The case studies are presented in alphabetical order in the following format: *Background, Response, Challenges* and *Levers of Success*. While the studies share a common structure, they vary significantly according to the country experience described and in terms of each author’s style and chosen themes and emphases.

The studies are based upon longer versions that were prepared by local consultants who reviewed available literature and conducted interviews with key informants and local stakeholders. The studies were presented at a UNESCO-sponsored symposium at the International Sex and Relationships Education Conference in Birmingham, UK, in September 2009.

3 UNAIDS. (2006). *Scaling up access to HIV prevention, treatment, care and support. The next steps*. Geneva: UNAIDS. http://data.unaids.org/pub/Report/2006/20060807_Universal_per_cent20Access_TheNextSteps_en.pdf



C o u n t r y C a s e S t u d i e s





China

Sexuality education in the context of reproductive health and family planning

Background

According to the Chinese National Bureau of Statistics, by the end of 2008 the population of China had reached 1.328 billion.⁴ Children under the age of 14 make up 19 per cent of the population (i.e. nearly 252 million people). In this context, school-based sexuality education is an essential part of the national family planning programme, which has been gradually shifting its focus from birth control to sexual and reproductive health since the mid-1990s.

Chinese Government support for sexuality education evolved steadily during the second half of the twentieth century in response to increasing awareness of the importance of population growth, family planning and, more recently, adolescent reproductive health, particularly in the context of HIV and AIDS. The State Family Planning Law of the Peoples' Republic of China (December 2001) set out a legal foundation for the implementation of school-based sexuality education:

“Schools should, in a manner suited to the characteristics of the receivers (leaners) and in a planned way, carry out physiological health education, adolescent education or sexual health education for students.”

⁴ The Information Services Division of China Population and Development Research Centre, 2009; Key data of China's population in 2008; China Population Information Network. Retrieved from http://www.cpirc.org.cn/tjsj/tjsj_cy_detail.asp?id=10410

Responses

► Policy

The first official statement on sexuality education was issued by the Ministry of Education in 1929 via the School Hygiene Enforcement Act (No. 728). The policy clearly stipulated that sexuality education should be introduced into the school curriculum. However, the number of students who attended classes on sexuality education did not increase significantly.

During the 1950s, books, journal articles and literature on sexual matters began to become widely available in libraries and book shops. Furthermore, important progress in scientific research on the topic was made with increasing support from the state, and particularly from Premier Zhou Enlai, a key promoter of sexuality education.⁵ Nonetheless, the need for sexuality education for young people was still not acknowledged.

At the end of the 1970s, the launch of the ‘One Child’ policy provided a stimulus for the introduction of sexuality education in schools through population control and family planning. By the mid-1980s, sexuality education was also discussed as a way of maintaining social stability through the improvement of sexual morality and prevention of so-called ‘sexual crimes and misconducts’. This debate focused on social phenomena that related mostly, though not exclusively, to young people in urban areas. Examples of such phenomena included increasing prostitution and circulation of pornographic materials, juvenile sexual crimes, premarital sex, teenage pregnancy and abortions. Specialists on sex education linked the increase of these phenomena to lack of sexual knowledge and advocated sexuality education as a possible remedy.⁶

Finally, in August 1988 the State Education and Family Planning Commissions jointly issued the *Notification on the Development of Adolescent Education in Secondary Schools*. This supported the formal inclusion of sexuality education within China’s secondary school system and thus marked a turning point for school-based sexuality education in China. The Notification set out four tasks considered fundamental to the implementation of sexuality education.

The four Tasks of the notification on the development of adolescent education secondary schools

- 1) the improvement of teacher training courses in sexuality education;
- 2) the establishment of a national unified formal curriculum;
- 3) the compilation of national unified textbooks and teaching reference books; and
- 4) the strengthening of scientific research through experimental programmes.

Despite distribution of this document, the implementation of sexuality education programmes in secondary schools developed in a slow and unsystematic way, leaving the aims of the Notification mostly unachieved. Throughout the 1990s, the idea of a national, unified, formal curriculum was never implemented and the

5 Ye, G. (1983). Premier Zhou cares about sexuality education. *Parents’ Handbook*, 4.

6 Aresu, A. (2009). Sex education in modern and contemporary China: interrupted debates across the last century. *International Journal of Educational Development*, 29, 536.

few available secondary school textbooks and teaching reference materials were never distributed on a national basis.⁷

In the 1990s, committed to implementing the International Conference on Population and Development (ICPD) Programme of Action and the Fourth World Conference on Women (FWCW) Beijing Declaration, the Government started to revise the birth-control oriented approach to the national family planning policy and programme, recognizing the sexual and reproductive rights of people of reproductive age. In this context, young people's sexual and reproductive health emerged as one of the priorities in the national family planning agenda. Once again, the national family planning programme served as a legitimate entry point for intensified and scaled-up sexuality education in schools.⁸

Political will and commitment to respond to HIV and AIDS has been another significant driving force for scaling up sexuality education in schools. From 1998 to 2006, government policies – such as China's medium- and long-term strategy for HIV prevention and control (1998-2010), the outline on HIV prevention education for primary and secondary schools (2003) and the action plan of the Ministry of Health for HIV prevention and publicity – have set out guidelines for the implementation and content of school-based sexuality education.

According to state requirements, school-based sexuality education should be delivered within the context of health education in all secondary schools. Sexuality education is integrated and delivered via the carrier subjects of biology, psychological health, physical education and health, among others. Aspects of sexuality education are also addressed by HIV education, safety, drug prevention, life skills and population education. In particular, social relationships and values, including interpersonal relationships, are covered in 'moral character and life', 'moral character and society' and civics education.

► Teacher training and teaching materials

In China, the professional category 'health educator' does not exist and 'health education' is not yet recognized as a stand-alone subject in either universities or teacher training colleges. Therefore, teachers from diverse backgrounds, including psychology, nursing and biology, are delivering sexuality education in schools. The majority of these teachers have received no professional pre-service training in sexuality education but in-service training is beginning to be provided by some education authorities (see Box 2).

In 1994, the Sexual Health Education and Research Centre of the Capital Normal University launched the first Chinese training programme on sexuality education for pre-service middle school teachers.⁹ The aim of the programme was to enable the *future* generation of secondary school teachers, whatever their major subject, to provide competent support and accurate and up-to-date information on sexuality to their students. When the programme began, it consisted of a 36-hour module offered as an optional course to undergraduate students training to become middle school teachers. In the first five years (1995-2000), 470 students took the course. Since then, the number of students attending the programme has increased rapidly. In 2002, the Sexual Health Education and Research Centre was already offering 14 undergraduate

7 Aresu, A. (2009). Sex education in modern and contemporary China: interrupted debates across the last century. *International Journal of Educational Development*, 29, 537.

8 Family Planning Law of the Peoples' Republic of China, December 2001.

9 Liu, D. and Hu, H. (2008). *Adolescent sexual health education*. Science and Technology Literature Publishing House.

modules including, for example, sex education, sexual and reproductive health, sexual ethics and sexual aesthetics.¹⁰

Currently, no national teaching materials for health education are available. Instead, materials are developed on a regional basis. Some teachers also develop their own materials in response to the specific needs of their students. Since the late 1990s, several sets of sexuality education textbooks have been published in the capital, as well as in the rest of the country.¹¹ In 2001, a series of teaching materials on sexuality education was published.¹²

These materials included information on sexual health for junior high school students, senior high school students and university students. In April 2009, after eight years of piloting, these materials were formally authorized for use in schools in Heilongjiang Province, becoming the first official sexuality education materials in China. The introduction of these materials marks the beginning of a sexuality education curriculum in the provincial school setting. Recently, Xuanwu District of Beijing has begun publishing teaching materials, as well as sexuality education textbooks for primary and secondary school students.

Teacher training initiatives in China

With funding provided by the Ford Foundation, Beijing Normal University has initiated a pilot project on sexuality education for primary schoolchildren of migrant workers. The project involved the development of sexuality education guidelines for learners in Grades 1–6; development of teaching and learning materials for students, teachers and parents; teacher training; and a parallel parent education component. Teachers from Grades 1 and 3 were trained in participatory teaching methods, approaches for parent mobilization and issues relating to children's rights and gender equality. After the initial training, teachers taught sexuality education under the supervision of mentors. The training and supervision began in 2007 and plans to evaluate the programme are underway.

► Technical support

In the field of school-based sexuality education, China has been involved in long-term and extensive cooperation with multilateral, bilateral and international non-governmental organizations, which include UNESCO, UNICEF, UNFPA, UNAIDS, WHO, the Swedish International Development Agency (SIDA), the Ford Foundation, Marie Stopes International (MSI), the Programme for Appropriate Technology in Health (PATH) and the Bill and Melinda Gates Foundation. International exchange and cooperation have supported China's advancement in implementing decentralised school-based sexuality education by:

- Increasing the awareness and commitment of policy-makers and programme managers to prioritize young people's sexual and reproductive health as an essential component of the national population, family planning, reproductive health and HIV and AIDS programmes;
- Introducing and adapting participatory and skills-based teaching and learning methods in schools;

¹⁰ Aresu, A. (2006). *Healthy in body and mind. Sex education in contemporary urban China*, PhD thesis, University of Westminster, London.

¹¹ Aresu, A. (2007). Educating exemplary youth: girls, boys and sex. *Zhongguo xing yanjiu* (Journal of Sexuality Research in China), 3(27), 28–54.

¹² Edited by Wang, Binyou this series of teaching materials includes: Sexual Health Education for Junior High School Students, Sexual Health Education for Senior High School Students and Sexual Health Education for College Students (published by the Heilongjiang Education Press).

- Training and supporting a critical mass of advocates and educators to pioneer, implement and support school-based sexuality education programmes;
- Documenting and disseminating good policy and practice generated through pilot projects;
- Facilitating international networks, exchanges and sharing of experiences and resources for school-based sexuality education programmes.

Other lessons learned include the importance of identifying and involving allies or ‘enlightened people’ among decision-makers. They may constitute a minority but their efforts are important in promoting and raising the profile of sexuality education. It is also important to:

- Document and disseminate evidence on the impact of sexuality education;
- Create opportunities for decision-makers to participate in school-based sexuality education through classroom observation and dialogue with teachers and in academic seminars; and
- Provide opportunities for decision-makers to talk face-to-face with young people in order to hear about their need and demand for school-based sexuality education.

Challenges

Initial community resistance to sexuality education was strong. Parents and other ‘gatekeepers’ feared that sexuality education would teach their children ‘bad things’.¹³ In particular, they were afraid that it would encourage them to initiate sexual relationships at an early age. Some believed that sexuality education was a Western concept unsuited to the reality of modern day China, while others simply preferred their children to be left alone to discover sexual activity for themselves upon reaching adulthood.

School-based programmes on HIV prevention tend to prioritize an ‘abstinence-only’ approach, focusing on ‘self-discipline’ and ‘sexual morality’ and encouraging the postponement of sexual debut.¹⁴ In recent years, specialists have been speaking out in favour of a more comprehensive approach to sexuality education, arguing that ‘abstinence only’ approaches are no longer appropriate for contemporary Chinese society and do not respond to young people’s needs and interests. However, attempts to introduce elements of education on safer sex to secondary schools have been strongly criticized.¹⁵

Major challenges include the need to continue to advocate for the kind of social environment that is supportive of school-based sexuality education and its practitioners. Demand for teachers’ professional development in sexuality education (e.g. materials and training) clearly exceeds supply and creative solutions to this problem need to be found.

Finally, in common with many countries, making a space for sexuality education within an already overcrowded curriculum is challenging. One way forward would be to support the Ministry of Education to develop a detailed teaching curriculum for health education, together with relevant teaching materials and advice on how best to position this topic within the overall school programme.

13 Wu, J. (1987). Carrying out adolescent sexual knowledge and moral education without delay. *China Mental Health Journal*, 3.

14 Li, Y. (2006). *Adolescent sexuality education*. Shandong: People’s Publishing House.

15 Aresu, A. (2009). Sex education in modern and contemporary China: interrupted debates across the last century. *International Journal of Educational Development*, 29, 537–540.

Levers of Success

In the Chinese context, levers of success identified both in the literature review and through key informant interviews have included:

- political will reflected in a long-established and favourable policy context (in particular concerning family planning), which has shifted in response to changing global and national trends;
- identification and involvement of 'allies' among decision-makers;
- political commitment to addressing HIV and AIDS;
- development of in-service training for teachers and dissemination of appropriate materials;
- technical support (from UN partners and non-international governmental bodies) in relation to: sensitization of decision-makers, adoption of participatory learning methods by teachers, training and supporting a critical mass of advocates for sexuality educators, documenting and disseminating good policy and practice generated through pilot projects, and participation in international networks;
- promoting the participation of young people in sensitizing parents, teachers and leaders to the importance and urgency of sexuality education;
- documenting and disseminating evidence of the impact of sexuality education;
- opportunities for decision-makers to participate in school-based sexuality education through observation and dialogue with teachers and students.



Kenya

Growing up and sexual maturation: targeting the quality of education in rural primary schools

Background

Quality Education for Social Transformation (QUEST) was a regional education initiative implemented in 1998–2006 with the goal of improving the performance of children in primary schools in Africa, by paying specific attention to barriers facing girls.¹⁶ It focused on the acquisition and mastery of literacy and information on growing up and sexual maturation (GUSM) at primary school level by poor children in rural areas. At the sub-regional level, support for QUEST was provided by the Association for the Development of Education in Africa (ADEA) as well as the Forum for African Women Educationalists (FAWE). The sub-regional work was complemented by a focus on three countries - Kenya, Uganda and Zimbabwe - so as to address literacy and sexual maturation with deeper on-the-ground experimentation and demonstration. This case study will focus on the research results from Kenya. This case study differs from the others in that it focuses upon the process of introducing locally-adapted sexuality education in rural primary schools.

QUEST was operational between 2002 and 2005 in Kenya. Prior exploratory studies identified critical barriers to education¹⁷. These included lack of English literacy (upon which effective participation in Kenya's education system depends), and poor management of information about growing up and sexual maturation. This acts as a *hidden* barrier for learners, particularly for girls. In response to the findings, three Kenyan universities were subsequently supported by the Rockefeller Foundation to address specific barriers to education. Kenyatta University developed English Literacy Norms for primary schools,¹⁸ while Egerton University investigated provision for the management of GUSM in both the curriculum of primary school teacher training colleges and in primary schools.¹⁹ At Maseno University, researchers documented and compared the provision of information on GUSM to boys and girls across four generations of *Luo* people, by both age and stage of development.²⁰

As part of the QUEST project, the Rockefeller Foundation funded grantees in Kenya to develop materials for primary schoolchildren and for primary teachers. The result included two books for teachers and learners and a series of four non-textbook readers for learners in Class Four (see Figure 2). The materials have been well-received both within and outside of Kenya. The 'Chela series' materials were evaluated and recommended for use in primary schools by the Kenya Institute of Education (KIE).

The Chela series – teaching and learning materials on GUSM

1. The Chela series

This series consists of four readers, as described below:

Chela series 1: Grandmother's visit (64 pages)

Chela series 2: Journey to Cheptoo's wedding (56 pages)

Chela series 3: The drama festival (55 pages)

Chela series 4: Naomi's experience (56 pages)

2. The scholarly books

Growing Up and Sexual Maturation among the Luo of Kenya: Removing Barriers to Quality Education. 2006. 95 pages, Phoenix Publishers

Mondoh, H.O., Chiuri, L.W., Changeiwo J.M., Omar N.O. (2006) *The Contemporary Management of Growing up and Sexual Maturation: the Role of the Primary school in Kenya*. 2006. 148 pages, Phoenix Publishers

Othuon, L.A., Mconyango O., An'gawa F., Ayieko, M. (2006). *Growing up and sexual maturation among the Luo of Kenya: removing barriers to quality education*. Phoenix Publishers: Nairobi.

There are many other curricula that touch upon the topics of growing up and sexual maturation in Kenya but only some address the primary school level. The current curriculum supported by the national HIV programme in schools goes by the name 8-4-4. Other curricula include Primary School Action for Better Health, Secondary School Action for Better Health, the SARA²¹ series produced by the United Nations

17 Mondoh, H.O. (2004). School drop-out: the role of management of sexual maturation in primary schools in Kenya. In Achola, P.W [Ed.]. *Governance, society and development in Kenya*. Eldoret: Moi University Press/ OSSREA.

18 Gathumbi, A.W, Bwire, A.M, Bunyi, G.W, Maundu, J., Vikiru, L.I. and Mujidi, J.(2008). *Benchmarks for English language education*. Nairobi: Phoenix Publishers Ltd.

19 Mondoh, H.O., Chiuri, L.W., Changeiwo, J.M., Omar, N.O. (2007). *The contemporary management of growing up and sexual maturation: the role of the primary school in Kenya*. Nairobi: Phoenix Publishers Ltd.

20 Othuon, L.A., Mconyango, O., Ang'awa, F. And Ayieko, M. (2007). *Growing up and sexual maturation among the Luo of Kenya: removing barriers to quality education*. Nairobi: Phoenix Publishers Ltd.

21 Sara Communication Initiative was developed in 10 countries of Eastern and Southern Africa, with UNICEF assistance. Educating adolescent girls and their parents about the importance of staying in school is one of the main messages of this radio series. http://www.unicef.org/lifeskills/index_8020.html

Children’s Fund (UNICEF) and a new life skills curriculum developed by the KIE, which addresses issues of sexuality, HIV and AIDS and relationships. Sexuality and the topic of HIV and AIDS education are integrated within the school curriculum into the majority of subjects apart from life skills education, which is offered as a stand-alone subject. The SARA series, for example, includes non-textbook readers similar to the Chela series, which learners can use in English reading classes. Textbook materials that complement the series are used during HIV lessons and during guidance and counselling.

Although these efforts are laudable, some stakeholders have noted that producing materials is not enough. In the last five years, many relevant books have been written but they are not easily available to many learners because of their high cost. Coverage remains an important challenge.

Responses

► Policy

As a result of the QUEST research, the government of Kenya, through the Ministry of Education, has put in place relevant programmes in schools to help learners to acquire knowledge, seek advice and deal with issues of growing up and sexual maturation. The collaboration between researchers and policymakers led to revisions to curricula reflecting the changing needs of children. For example, the Kenyan primary school curriculum now incorporates aspects of growing up and sexual maturation including: environmental education, drug abuse, HIV, child rights, moral values and social responsibility and life skills education.²² The Primary Teacher College curriculum has also been harmonized with the revised primary school curriculum and now includes information on growing up and sexual maturation. Other efforts have been led by the Forum for African Women Educationalists-Kenya (FAWE-K), which has conducted community-based activities to provide information on sexual maturation and to promote skills on hygienic menstruation practices for girls in primary schools.²³ FAWE-K has produced materials for children, teachers and parents.

In 2005, the Ministry of Education released the first national policy document that placed emphasis on objectives and verifiable indicators for managing sexual maturation.²⁴ Efforts have also been made to ensure that information on sexuality is integrated within relevant subjects across the curriculum. The Kenya Institute of Education (KIE) - Kenya’s leading curriculum/materials development institution - has developed a life skills education curriculum for primary and secondary schools and a number of sexuality education issues will be dealt with in this context.

22 Kenya Institute of Education (KIE). (2004). Primary education syllabus. Vol.1 and Vol. 2

23 Forum for African Women Educationalists (FAWE). (2006). *Sexual maturation and hygienic practices*. Nairobi: FAWE Kenya Chapter.

24 Republic of Kenya. (2005). Sessional Paper No. 1, 2005 – a policy document for education, training and research in Kenya in the 21st century. Nairobi: Government Printer.

► Teacher training

Through activities generated by the QUEST project, some teachers are now more familiar with the physical, physiological, emotional and biological changes that happen during puberty and more confident in their ability to respond empathically to learners.

Nonetheless, training teachers to deliver sexuality education has been daunting, not least because some of those required to deliver information to children do not possess the requisite knowledge and skills themselves. In the QUEST project, teachers reported that they were not trained to specialize in any area and actually approached many subjects with a lack of confidence. This situation has improved with the implementation of a revised syllabus for both Primary Teacher Colleges and primary schools, undertaken in response to lobbying by QUEST at the Kenya National Conference of Education in November 2003. The revised curriculum has been introduced and teachers now receive both pre-service and in-service training to deal with issues of maturation, either through the content of relevant subjects, such as guidance and counselling, or through the HIV programme.

It is important to acknowledge that teachers have their own personal, cultural and traditional beliefs and values. These may affect their comfort, willingness and ability to teach sensitive topics in the appropriate language. Like other members of society, teachers live within a network of cultural and traditional beliefs that must be acknowledged and addressed if they create a barrier to effective teaching. Male teachers, for example, are likely to find menstruation an especially sensitive topic to discuss in the classroom. In addition, language policy may be a barrier to effective sexuality education at various levels of the education system. At lower primary level, the language of instruction is the mother tongue, but some teachers have admitted to using English in order to avoid having to answer difficult questions from learners. Clear guidance on these issues is vital to ensure quality education for learners.



It is important to acknowledge that teachers have their own personal, cultural and traditional beliefs and values. These may affect their comfort, willingness and ability to teach sensitive topics in the appropriate language.

Challenges

Kenya has faced many challenges in relation to the effective implementation of GUSM at the primary school level. These include responding to opposition from various stakeholder groups. In the mid-1990s, a minority of Roman Catholic and Muslim groups vigorously campaigned against the introduction of a school-based family life education programme. As a result, the programme was withdrawn. The situation gradually improved, particularly in light of the efforts of QUEST. More recently, the response to GUSM has been more positive. For example, aspects of GUSM have been integrated into the national HIV programme and within the more recent life skills education programme that is now being taught in schools.

Work leading up to the adoption of GUSM in schools involved a long process of sensitizing stakeholders. At the beginning of the process, stakeholders reported that many Kenyan communities had not opened up to frank discussions about sexuality and maturation, which some considered as taboo or immoral. In the past, anything related to sexuality education was frowned upon, not only by parents, but also by government officials and religious leaders, who were uncomfortable about what their children would be taught in school. The sensitization process has included educating the public through radio talk shows and television, songs, drama and public meetings chaired by community leaders. Organized youth clubs, debates and booklets have been useful for reaching children and young people outside the school setting.

Other challenges include the fact that while suitable teaching and learning materials exist they are not available in sufficient quantity; the fact that information on growing up and sexual maturation is not examinable; and that there is a lack of continuity of staff within the Ministry of Education. Excellent teaching and learning materials are available, but only in a minority of primary schools. For the implementation of GUSM to be effective, teaching and learning materials need to become universally accessible. There are ongoing concerns also about the quality and reach of implementation and about evaluation of the impact of current programmes. In the last few years, the Ministry of Education and the Kenya Institute of Education have focused heavily on material development and teacher training of sexuality education, thereby paying less attention to the quality and implementation of the overall sexuality education programmes. Efforts initiated by the Quality Assurance and Standards Section in the Ministry of Education have started to address this gap. Monitoring and evaluation activities are supported by data collected by research officers in the field.

A basic but important challenge lies in the scarcity of water, sanitation and sanitary wear in school settings. Sanitation facilities in schools are inadequate and may have deteriorated with the implementation of free primary education in 2003 and the consequent increase in the numbers of children attending schools. The lack of these basic necessities deters many girls from consistent attendance at school, with inevitable adverse impact upon their educational experience. With a view to increasing accessibility of sanitary wear, in 2008 the Government of Kenya removed taxation on imports of material for sanitary wear.

Despite the challenges listed above, it is imperative to ensure the continuity and sustainability of the programmes as well as scaling-up coverage to other areas of the country. A continued investment in capacity-building activities will ensure that existing and future programmes are successful in achieving their goals.

Levers of Success

In the Kenyan context, levers of success have included:

- regional education initiative supported by the Association for the Development of Education in Africa (ADEA) and the Forum for African Women Educationalists (FAWE);
- baseline research on the acquisition of foundation learning skills funded by the Rockefeller Foundation;
- using educational attainment data disaggregated by sex and age to justify the wide-spread introduction of sexuality education in rural primary schools;
- making the link between school-based sexuality education and improving the quality of education and retention, particularly for girls;
- high-level political support;
- partnerships/collaboration with relevant ministries, universities and KIE;
- national programmes that are home-grown and that recognize and respect cultural and religious beliefs, while factoring in the current changes in lifestyles;
- high-quality, evaluated and age-appropriate teaching and learning materials;
- sensitization of many stakeholder groups.



Latin America and the Caribbean

Regional and country perspectives on sexuality education

Background

This study draws from experiences in Mexico and Jamaica where there is extensive experience, respectively in training teachers in sexuality education and in Family Life Education. Generally speaking, sexuality education in Latin America and the Caribbean (LAC)²⁵ began during the late 1960s in response to growing awareness of the potential impact of unchecked population growth. Throughout the 1970s, activities implemented by governments, NGOs, medical associations and universities were assisted by international agencies at both formal (school-based education) and non-formal levels. Early efforts also led to the creation of the Latin American and Caribbean Sexuality Education Regional Committee (CRESALC), a non-governmental regional body committed to training sexuality educators.

By the end of the 1990s, young people were the main target audience for sexuality education. Sexuality education was being delivered as part of integrated programmes, complete with competency-based planning and curriculum development. This happened in synergy with an emphasis on HIV prevention

25 Led by countries such as Argentina, Brazil, Colombia, Chile, Mexico and Venezuela.

All countries in the region have some form of legal mandate for the delivery of sexuality education within the formal education system.



and the delivery of youth-friendly health services. Civil society and academic centres played a critical role in raising awareness of the need for sexuality education. All countries in the region have some form of legal mandate for the delivery of sexuality education within the formal education system.

Mexico was one of the first countries in the region to introduce sexuality education into the formal education system. As early as 1976, natural science textbooks for the primary school level included basic information on human sexuality and reproduction. The secular base of Mexico's educational system assisted the government in supporting the content of the original programme in the face of opposition from the country's most conservative groups (political parties, parents, teachers, etc.) and institutions, including the Catholic Church.

In the late 1990s, educational reform resulted in the introduction of new textbooks for the primary school level. The content reflected Mexico's commitment to the International Conference on Population and Development (ICPD) in 1994 and the Fourth World Conference on Women (FWCW) in 1995.²⁶ Furthermore, the previous emphasis on biological aspects of sexuality education was expanded to embrace a more comprehensive approach that considered social, emotional and ethical aspects of sexuality, together with gender, sexual rights and pleasure.

One of the most important mechanisms for delivering sexuality education on a national scale is the distribution of free textbooks to every primary school pupil in the country. Elements of sexuality education are introduced in the curriculum at pre-kindergarten level, becoming more focused in Grades 5 to 9. Sexuality education is integrated within the subjects of natural sciences, civics and ethics education.

Responses

► Regional advocacy

In 2008, the Government of Mexico convened the First Meeting of Ministers of Health and Education to stop HIV and STIs in Latin America and the Caribbean: Preventing through Education. The meeting coincided with the XVII International AIDS Conference. As a result of this meeting, a Ministerial Declaration²⁷ was issued in support of national school-based sexuality and HIV education throughout the region. The Declaration advocates the strengthening of comprehensive sexuality education and making it a core area of instruction in both primary and secondary school education. The Declaration affirms the rights

²⁶ Both conferences established the commitment to take actions that meet the needs of adolescents and encourage their development, specifically to eliminate gender inequalities.

²⁷ Available at: data.unaids.org/pub/.../2008/20080801_ministerdeclaration_en.pdf

to health and education and the belief that, when education and health sectors join forces, they can act synergistically to prevent the transmission of HIV and other STIs and promote human development.

Key features of the Declaration include the call for multisectoral strategies of comprehensive sexuality education that promote sexual health, including HIV prevention, and that embrace human rights and the ethical, biological, emotional, social, cultural and gender dimensions of sexuality, together with respect for diversity of sexual orientation and identity.

The Declaration includes specific commitments, for example, in relation to curriculum design and teacher training:

“Before the end of the year 2010, the Ministries of Education will update the contents and didactic methods of their curricula to include comprehensive sexuality education, in collaboration with the Ministries of Health. This update will be guided by the best scientific evidence available, recognized by the relevant International Organizations, in consultation with experts, and taking into account the views of civil society and communities, including children, adolescents, youth, teachers, and parents”. (Agreement 3.4)

“Review, update and reinforce the training of educational personnel, from teaching colleges to in service training for existing teachers. By the year 2015, all teacher-training programs, under the jurisdiction of the Ministries of Education, for both formal and non-formal education will include the new comprehensive sexuality education curricula.” (Agreement 3.5)

In 2008, a Ministerial Declaration²⁷ was issued in support of national school-based sexuality and HIV education throughout the region. The Declaration advocates the strengthening of comprehensive sexuality education

► Mexico: training sexuality education teachers

Sexual and Reproductive Health Data

Average age at first sex: 15.9 years

Contraceptive use during first intercourse: 20%

Prevalence of HIV in the population 15-49 years: 0.3%

Mexico has particular expertise in creating a cadre of trained sexuality education teachers. Teacher training is available from teacher training colleges, the National Pedagogical University (Universidad Pedagógica Nacional) and through in-service training.

Traditionally, NGOs have provided teacher training in sexuality education. However, such courses are not yet fully included in the catalogue of courses supported by the Ministry of Education. An innovative e-learning course – *Strengthening Teaching Competencies in Comprehensive Sexuality Education*²⁸ –

28 Information provided by Marco Ramírez Mocarro. Project Coordinator at UPN Unidad Ajusco. Interviewed by M.C. Arango on 18 August 2009.

will soon be offered through the National Pedagogical University, taught in collaboration with the NGO Demysex. Moreover, eight training-of-trainers workshops for teacher training colleges on *Curricular Adjustment and Strengthening of Teaching Competencies in Comprehensive Sexuality Education* have been conducted throughout the country. During this 40-hour course, participants explore topics related to sexuality education and gender in order to strengthen their technical capabilities and to increase their understanding and competence in delivering comprehensive sexuality education. To date, nearly 180 master trainers have completed the course. This training has been supported by the Ministry of Education (MoE) department in charge of teacher training and conducted by a network of NGOs.

Within the context of the Mexican education system, sexuality education has the potential to deliver positive results. As it is delivered today in Mexican schools, it is – at least in theory – close to the concept of comprehensive sexuality education that was envisioned in the Ministerial Declaration of August 2008. Improved coordination and more evaluation would significantly enhance the delivery and effectiveness of sexuality education in Mexican schools.

► Jamaica – Health and family life education

Sexual and Reproductive Health Data

Average age at first sex: 17.2 years women, 15.7 years men

Prevalence of HIV in the population: 0.3%

Percentage of men and women aged 15-24 years who both correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission: 46.7% women, 22.8% men

Jamaica is the largest and most populous of the Anglophone islands in the Caribbean. It has a well-structured education system built on the British model and often plays a leading role in social initiatives within the sub-region. Jamaica is the first Caribbean Community (CARICOM) member state to have a Health and Family Life Education Policy,²⁹ which encompasses sexuality education, and to have adopted skills-based Health and Family Life Education (HFLE) for the early childhood years (birth to age six).³⁰

While some form of sexuality education (called Family Life Education) has existed in Jamaica since the 1950s, this is inadequate for the challenges faced by young people today.³¹ High rates of teenage pregnancy and STIs among young people in Jamaica are a cause for concern, both for individuals and for long-term national development. An estimated 20 per cent of young women become pregnant before they complete their basic education (National Family Planning Board, 2004).

Jamaica's current HFLE programme is the result of a collaborative revision process that began in 2005. During the two-year revision period, the Ministry of Education (MoE) involved government agencies and UN partners and organized a series of consultations with parent-teacher associations (PTAs), faith-based

29 This policy is currently being revised. Information provided by C. Graham. Op. Cit.

30 HFLE Programme Empowering Young Persons. http://www.jis.gov.jm/education/html/20080214t100000-0500_14236_jis_hfle_programme_empowering_young_persons.asp

31 Novia Condell, Children and HIV/AIDS Specialist, UNICEF Jamaica. Interviewed by E. Corona and M.C. Arango on 12 August 2009.

organisations, NGOs and student bodies (see box)^{32,33} in order to build ownership of and support for the revised curriculum. The draft curriculum was pilot tested in 2006 in 24 schools.

The Jamaican Youth Advocacy Network speaks out for positive sexuality education

“...many of us are products of teenage mothers or parents who were continuously taught about abstinence and valuing self but still engaged in early sexual relationships. ...Young people in Jamaica have been, and will continue to be, sexually active, even if a ‘self-control and true love waits’ sexual education campaign is established. It is the obligation of the State to protect the health and well being of its youth. More so, it is the responsibility of the school system, teachers and family members to serve as mentors for the younger generations. This role includes starting a dialogue about safer sex and framing it in a positive way.”³⁴

The topics of ‘Sexuality and Sexual Health’ and ‘Self and Inter-personal Relationships’ explore different aspects of sex and relationships education, and the curriculum is designed to help students make the best choices for themselves. HFLE is introduced as a stand-alone, non-examinable subject in pre-kindergarten and is taught all the way through to Grade 9. HFLE may be taught by a range of teachers (e.g. biology teachers, home and family teachers) and is delivered in a participatory, learner-centred way. HFLE is skills-based (i.e. the emphasis is not only on providing information but on how information translates into behaviour). The information provided is age-appropriate and becomes increasingly comprehensive with each grade level. Starting in Grade 6 (at approximately age 12) information about sexual relationships becomes more explicit. This is in acknowledgement of the fact that, at this age, many Jamaican young people are experimenting with sexual behaviour. The information provided through HFLE in schools is intended to balance the (mis)information many young people receive from their peer groups.

Since 2007, several hundred schools have undergone a sensitization and training process aimed at head teachers, representatives of the school board, parents and teachers. Full scale-up of the HFLE programme is anticipated by September 2012. By October 2008, 38 per cent (or 447 of over 1,200 public and independent schools) were already teaching HFLE.³⁵

Jamaica has made significant progress in developing its HLFE programme. Political awareness and commitment to the programme exist, with the result that sexuality education is both politically endorsed and mandatory. In addition to political advocacy and multi-agency partnership, a formal mechanism exists for inter-sectoral collaboration between the MoH and MoE. Policymakers and practitioners would both like to see a thorough evaluation of the HFLE programme together with documentation of its scale-up.

32 Information provided by: Sannia Sutherland (Programme Officer MoH, HIV/STI National Programme in Jamaica); Nanette Ecker (SIECUS consultant), interviewed by E. Corona and M.C. Arango on 5 and 6 August 2009, respectively; and by Christopher Graham (National Coordinator, HIV and AIDS Education, Guidance and Counselling Unit at the Ministry of Education, Jamaica) through a questionnaire received on 29 July 2009.

33 International Planned Parenthood Federation (IPPF) affiliate (FAMPLAN), the Nursing Community College, US Peace Corps, the University of West Indies (Fertility Management Unit), the Jamaican Foundation’s Women Centre, the Jamaican Red Cross, etc.

34 Written for the Jamaica Youth Advocacy Network (JYAN). <http://www.jamaica-gleaner.com/gleaner/20090614/focus/focus9.html>

35 Christopher Graham. Op. Cit.

Challenges

For the region as a whole, an important challenge lies in maintaining the momentum created by the Ministerial Declaration and in monitoring its implementation at country and regional levels.

For Mexico, despite extensive successes with teacher training, many challenges still exist. It is unclear how well teachers are delivering sexuality education to students, particularly since many of the themes and issues they are required to discuss in the classroom would not have been addressed in the training they received. Furthermore, only half of the teachers recently surveyed reported having received training in the past three years. Training opportunities in sexuality education are becoming more frequent, but they are still limited in scale. A further and significant challenge lies in the lack of agreed minimum standards for teacher training in sexuality education.

Considerable challenges remain in terms of implementing HFLE in Jamaica. Some topics, such as respecting sexual diversity, remain contentious. Challenges at the school level are generally resolved by discussions involving a Health Promotion Education Officer, the head teacher and representatives from the PTA. Moreover, HFLE has no dedicated space within the timetable, nor is it examinable. There is also a clear need for continuous and good quality teacher training and for increasing the involvement of partner organizations in the delivery of sexuality education.

Levers of Success

At both the regional and the country level, several levers of success have been identified in relation to Latin America and the Caribbean. These include:

- high-level and high-profile ministerial declaration in support of sexuality education, which in turn reflects extensive and collaborative advocacy, involving a range of national and regional actors;
- a tradition of school-based sexuality education;
- considerable expertise in training on sexuality education that can be drawn upon in the development of new programmes;
- free distribution of school books;
- use of new technologies to provide teacher training on sexuality education;
- large-scale sensitization programmes to reach schools, administrators, parents, communities and religious leaders;
- active involvement of groups that advocate for the needs of young people.



Nigeria

Implementing comprehensive sexuality education on a large scale

Background

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 and to mitigating the impact of AIDS in Nigeria (Federal Ministry of Education, 2008). Responsibility for the management of this response, particularly in relation to standard-setting and quality assurance, rests with the HIV/AIDS Unit of the Federal Ministry of Education (FMOE). However, delivery of education and health services in Nigeria is complex, involving multiple partners at federal, state and local levels, including government and parastatals, as well as a wide range of agencies, both for-profit private agencies and non-profit non-governmental organizations.

The key driver of the HIV epidemic in Nigeria is male-initiated, inter-generational, transactional and/or non-consensual sex. This is facilitated by high tolerance of non-consensual sex between men and younger girls and women.³⁶ Sex in exchange for money or material goods between younger women and older men is also facilitated by high levels of unemployment.³⁷ Commercial sex is a prominent feature of the social landscape of many Nigerian towns and cities. For the majority of Nigerian girls, as in many other countries,

36 Orubuloye et al., 1992; Omoregie et al., 2003; Pereira, 2003; Ajuwon et al., 2001.

37 Isiugo-Abanihe, 2003; Ladipo et al., 2001; and Ankomah et al., 2004.

sexual debut is usually unplanned and often unwanted.³⁸ High levels of formal and informal polygamy also exist.³⁹ Despite the clear need to expand access to comprehensive sexuality and HIV education, opposition from conservative and fundamentalist religious organizations remains strong.

Responses

► Development of a national sexuality education curriculum

Since the early 1990s, led by Action Health Inc. (AHI), community-based organizations (CBOs) have worked individually and collectively to improve the sexual and reproductive health of Nigerian adolescents. With funding and technical support from external agencies, including international NGOs, these organizations have been implementing model projects with secondary school students, out-of-school youth, parent groups, CBOs, religious leaders and policy-makers at a range of levels, with the shared goal of expanding access to youth-friendly reproductive health services.⁴⁰

In 1992, AHI established a technical and collaborative relationship with the Sexuality Information and Education Council of the United States (SIECUS). In 1995, a nationwide coalition was convened of more than 80 youth-serving CBOs, health professionals, public servants, relevant federal ministries, professional bodies and donor agencies. The coalition quickly became a national taskforce that helped to draw up the Guidelines for Comprehensive Sexuality Education in Nigeria (October 1996), which set out the framework for providing Nigerian young people with age-appropriate, accurate information on a broad range of topics related to human development and sexual and reproductive health.

In 1999, the first national conference on adolescent reproductive health generated a national strategic framework for the implementation of adolescent sexual and reproductive health programmes and services.⁴¹ With over 100 youth participants from across Nigeria, this historic conference endorsed the call issued by Nigerian youth-serving and other health and development partners for the federal government to develop and adopt a national sexuality education curriculum.

In March 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. This decision propelled the Nigerian Educational Research and Development Council (NERDC) and AHI to develop the first National Comprehensive Sexuality Education Curriculum for Nigeria in 2000.

Strong opposition to the implementation of the curriculum at state level from religious organizations and conservative political interest groups, together with increased media attention, led to the following policy changes being made to the curriculum development process from around 2002:

- name change from 'Sexuality Education' to 'Family Life and HIV Education' (FLHE);

38 Luke & Kurz, 2002.

39 NPC, 2004 and Wa Karanja, 1987.

40 AHI, 2004; Bryant, 2004; Odotolu et al., 2006.

41 Odotolu et al., 2006; Esiet and Whitaker, 2002.

- integration of the curriculum within existing subjects;
- individual states allowed to adapt the curriculum to suit their socio-cultural characteristics;
- curriculum made non-examinable;
- FLHE the only curriculum approved for use in the prevention and mitigation of HIV in schools.

The more acceptable and revised National Family Life and HIV Education Curriculum was divided into two levels, for junior secondary and secondary schools respectively. Sensitive topics (such as masturbation, sexual orientation, contraception and sexual dysfunction) were removed from the junior level curriculum. Nonetheless, the overall design and content remained learner-centred, thematically based, and oriented towards learning outcomes. Thus, with much of its original content intact, it was sufficient to provide young people with at least basic sexual health education. From 2003 onwards, the Nigerian government assumed a central role in the rapid scale-up of the school-based implementation of the NFLHE in several states across the country (Odotolu et al., 2006; FMoE, 2008). Leading CBOs such as AHI also sought technical and operational partnerships with state ministries of education in order to roll out classroom implementation of FLHE.

► Stages and processes in school-based delivery of the curriculum

Broadly speaking, the FLHE curriculum has been implemented at two levels. At federal level, the MoE and AHI initiated training of approximately 50 master-trainers. In 2004, they started training an increasing number of carrier-subject teachers for classroom delivery of the curriculum in secondary schools throughout Nigeria's 36 states. In addition, sensitization meetings were held with state education administrators and copies of the curriculum were distributed. The FMoE also collaborated with AHI to



These partnerships have also involved ongoing sensitization and advocacy activities to build and sustain parental support, the cooperation of school administration, and the backing of religious leaders and state governments for the implementation of the curriculum.

develop and distribute an FLHE teacher manual and a student textbook. The FMoE's continuing standard-setting and monitoring work on the implementation of NFLHE is led by the Guidelines for Implementing the National Family Life and HIV Education (FLHE) Curriculum and the National Education Sector HIV & AIDS Strategic Plan (2006–2010). More recently, the FMoE initiated pre-service teacher training on FLHE in partnership with the National Commission for Colleges of Education and the Universal Basic Education Commission.

At state level, the implementation process has typically involved formal partnerships between the state MoE and lead youth/reproductive health-focused NGOs. Training sessions for master trainers were followed by introductory training sessions for carrier-subject teachers. An FLHE teaching scheme has been

developed, which sets out topics to be taught, week by week. Resource materials and instructional aids have been developed and distributed. Extra-curricular activities have also been developed, such as clubs and peer education activities. Regular refresher training courses are offered to teachers, and classroom implementation is closely monitored. These partnerships have also involved ongoing sensitization and advocacy activities to build and sustain parental support, the cooperation of school administration, and the backing of religious leaders and state governments for the implementation of the curriculum. Examples of such partnerships that have successfully driven classroom delivery of FLHE at state levels include those between: AHI and the Jigawa State MoE; AHI and the Lagos State MoE; Girl Power Initiative and MoE in Cross River and Edo States; Enugu State MoE and Global Health and Awareness Research Foundation; and the Plateau State MOE partnership and Youth, Adolescent, Reflection and Action Centre.

FLHE has now been introduced in more than 30 states, albeit with considerable variation between states and within schools in terms of methodology, content and quality of teaching. This unevenness in quality led to the issuing of national implementation guidelines in 2008.

In terms of impact, decline in overall HIV prevalence among young people in Nigeria appears to parallel the roll-out of NFLHE implementation. Data from the demographic and health surveys conducted in 1990, 1999, 2003 and 2008 suggest similarly positive results, with use of modern contraception doubling since 1990.⁴² With support from UNICEF, a study was conducted in 2006 in order to generate baseline information to assess the impact of FLHE in Nigerian schools.⁴³ The longest-running impact evaluation was conducted in Lagos State (2003–2009) by Philliber Research Associates under the guidance of AHI and the state MoE.⁴⁴ Results showed that: (i) among boys and girls, students exposed to the curriculum were significantly more knowledgeable about sexuality, HIV and relationship issues than students who did not receive instruction; (ii) significantly higher proportions of students exposed to the curriculum provided gender equitable responses to attitude questions; (iii) girls who were exposed to the curriculum were notably more confident about saying no to boys in intimate situations than girls who had not been exposed to the curriculum; (iv) students exposed to the curriculum provided fewer justifications for having sex now than students not exposed to the curriculum; (v) male students who had been exposed to the curriculum were less supportive of pressuring girls into having sex than their unexposed peers; and (vi) slightly fewer of the exposed students reported having had sexual intercourse than their unexposed peers.

42 National Population Commission 2004; National Population Commission and Macro International 2009.

43 FMOE 2008; 2006a; 2006b.

44 PRA 2009.

Challenges

Rapid scale-up of FLHE raises logistical and management challenges. Government agencies at state and federal level require financial and technical support. The HIV/AIDS unit of the FMoE remains heavily dependent on donor funds for monitoring and quality assurance of the national FLHE programme. Monitoring of FLHE at the classroom level has not yet occurred and there is a need for continued teacher training and for provision of teaching materials.

However, the most significant challenge that continues to threaten the implementation of FLHE is the widespread, yet unfounded, belief that sexuality and HIV education encourages children and young people to experiment with sexual activity. Lack of knowledge on the part of stakeholders, together with fear of adverse social and political repercussions, has been so strong in Sokoto State in northwest Nigeria that the state government decided to rename the curriculum 'School Health Education Programme'. Some religious leaders are particularly vociferous in their opposition to school-based delivery of sexuality education and continue to push for further dilution of its content.

Key barriers to effective implementation of the curriculum include:

- resistance to teaching FLHE by teachers and school administrators;
- low teacher morale coupled with poor supervision and support from school administrators;
- crowded and inhospitable classrooms that undermine participatory teaching methods;
- insufficient teaching and learning materials (in a context of general shortage);
- limited number of trained carrier-subjects teachers leading to FLHE being delivered by untrained teachers;
- frequent transfer and promotion of well-trained and motivated teachers.

Levers of Success

Experience in Nigeria points to several levers of success, as follows:

- creation of a national coalition on sexuality education;
- ongoing sensitization, advocacy and consensus-building activities to overcome resistance and to create and sustain support from parents, school administration, religious leaders and state governments;
- identifying and enabling key allies in the religious or local community to express public support for the teaching of the curriculum;
- addressing parent-teacher forums, responding to fears and concerns about FLHE teaching and promoting parent-child communication on sexuality, HIV and relationships issues;
- development of a national strategic framework preceding implementation of sexuality education curriculum;
- involvement of young people as partners in advocacy for and development of a sexuality education programme;
- provision of sexual and reproductive health services;
- endorsement by the country's highest level policy-making body;
- willingness to accept a change in programme name in order to make it less politically and culturally sensitive;
- a curriculum that is learner-centred, thematically based, and oriented towards learning outcomes;
- a cadre of teachers trained to deliver the curriculum;
- standard setting and monitoring work;
- working proactively with the mass media to influence the public discourse on FLHE;
- high-level policy advocacy to sustain state government political and budgetary support for the implementation of the curriculum.



Viet Nam

Reproductive health and HIV prevention education

Background

Viet Nam is considered one of the most economically dynamic countries in South-East Asia, reflected in rapid economic growth and impressive poverty reduction in the past ten years.⁴⁵ Economic development creates opportunities for increased spending on education and health care, better access to essential services and improved social welfare.

Young people are particularly vulnerable to unintended pregnancy and STIs because they are initiating sexual activity earlier and marrying at later ages than previous generations. Studies have shown that Vietnamese young people rarely use contraception at first intercourse and are equipped with limited skills to negotiate safer sex. As a result, there has been a rise in the number of abortions among young women and a significant increase in the proportion of young people below the age of 30 who are living with HIV. The proportion of people living with HIV in Viet Nam who are aged 30 or below increased from 26 per cent in 1996 to more than 62 per cent in 2007.⁴⁶

45 UNDP. (2008). *Vietnam at a glance – a human development overview*. <http://www.undp.org.vn/UNDP/About-Viet-Nam/Viet-Nam-at-a-Glance/>

46 Viet Nam Administration for AIDS Control (VAAC) <http://www.vaac.gov.vn/>, 2007.

Historically, widespread sexual taboos and the high value placed on female virginity have led to very limited provision of sexuality education to young people, despite the fact that approximately one third of the population is aged from 10–24 years (26.7 million children and young people).⁴⁷

School-based sexuality education programmes have significant potential to reach a large number of children and young people and influence knowledge, values and skills related to sexual and reproductive health and HIV prevention. However, until relatively recently, the idea of school-based sexuality education was considered taboo.

Responses

Efforts to introduce reproductive health education in the formal curriculum in Viet Nam began in 1981. Reproductive health topics were integrated within literature, biology, civics and geography classes, as well as in extra-curricular activities. In 1995, a policy to mandate HIV and AIDS education as a component of reproductive health education was passed and other important policies followed over the next decade (see Box 5).

From 2002–2006, the National Institute for Educational Strategy and Curriculum⁴⁸ and the Ministry of Education and Training (MOET), supported by UNFPA, worked on integrating sexual and reproductive health (SRH) topics within the national HIV prevention programme in secondary schools. The SRH component was intended to help students to make informed reproductive health choices and to prevent so-called ‘social evils’, terminology that subsequent interventions would try to challenge. A two-pronged approach was adopted: delivering reproductive health (RH) and HIV prevention education in curriculum-based teaching in the classroom, supplemented by extra-curricular activities. Other activities focused on development of a curriculum for students and teacher training for teachers in pedagogical colleges and universities.

Since 2006, three mapping studies have been undertaken of the main issues faced by the MOET in relation to RH and HIV prevention education. Researchers identified the implementation of several parallel and uncoordinated activities. Results showed that programmes lacked coherence and harmonization. Moreover, no programme was operating at sufficient scale to make an impact upon either educators’ ability to teach the subject or young people’s knowledge, values and skills in relation to RH and HIV prevention.

An evaluation, conducted by Save the Children US in 2006, concluded that, while policies demonstrated strong commitment on the part of the government, the RH and HIV prevention education curriculum was insufficiently integrated. Moreover, schools were not obliged to teach the required subjects. Because of the decentralized nature of the Vietnamese education system, the effectiveness of the RH and HIV prevention education programme depended on the commitment of provincial education managers, head teachers and other teaching staff. Researchers also noted that provincial education departments and schools lacked specific and clear instruction with regard to the implementation of the new programme.⁴⁹ The evaluators concluded that schools needed detailed guidance on the amount of time required for each subject and on the specific topics to be taught, together with support on appropriate budget allocations.

47 United Nations Position Paper on Young People in Viet Nam 2008–2010.

48 Today, the Viet Nam Institute for Educational Sciences, under the Ministry of Education and Training.

49 Save the Children. 2006. *Reproductive health and HIV/AIDS education in secondary schools in Vietnam*.

Interviews with teachers and students revealed that neither group was confident or comfortable with SRH and HIV-related topics. This could be partly explained by the generational difference. The widespread view among teachers was that teaching about SRH and HIV prevention is the responsibility of parents. Teachers also expressed concerns about having to employ participatory teaching methods in already overcrowded classes. However, the biggest challenge identified by both groups was the perception that talking about SRH is culturally inappropriate, especially for lower secondary school children.

In terms of learning materials, the evaluators found textbooks to lack clarity on sensitive topics, such as safer sex. For example, textbooks inadequately explained the difference between ‘healthy’ or protected sexual intercourse and ‘unhealthy’ or unprotected sexual intercourse. Evaluators found that materials needed to dissociate HIV transmission from so-called ‘social evils’ of commercial sex and intravenous drug use. Furthermore, important messages about pregnancy prevention and HIV transmission introduced at one grade level were not adequately reinforced in subsequent levels. Overall, the evaluators found that the curriculum did not equip students with the necessary life skills and self-efficacy to adopt protective sexual behaviours. Skills such as resisting peer pressure, recognizing the links between unsafe sex and use of alcohol and other substances, communication, goal-setting and decision-making about safe sex, as well as access to SRH services outside of the school setting, were insufficiently addressed.

In 2007, with support from UNFPA and Save the Children, the MOET approved the Action Programme on Reproductive Health and HIV/AIDS Prevention Education for Secondary School Students 2007–2010, establishing a new national reproductive health and HIV prevention education programme in secondary schools. The action plan advocates for curriculum-based teaching with specific guidance on the subjects, topics and messages to be taught. Key components of the action plan include:

- creating an enabling policy and social environment;
- enhancing teaching quality through curriculum development and teacher training;
- improving management, coordination, monitoring and evaluation (M&E);
- increasing participation of students via peer education.



A strong focus on teacher training has included the introduction of improved teaching methods and principles for classroom teaching: the need to respect textbook content, promoting key concepts and behaviours, using active and cooperative learning methods, and not overloading students with information.

Implementation of the 2007 action programme is led by the MOET and driven by the efforts of a sector-wide education working group that includes bilateral partners, international NGOs and UN agencies (UNESCO, UNFPA and UNICEF). The MOET has demonstrated strong political will and commitment to this collaborative process.

A strong focus on teacher training is reflected in the Action Programme on Reproductive Health and HIV/AIDS Prevention Education for Secondary School Students 2007–2010. One such effort has been the introduction of improved teaching methods and principles for classroom teaching: the need to respect textbook content, promoting key concepts and behaviours, using active and cooperative learning methods, and not overloading students with information. Partner agencies have advocated for a participatory learning approach that helps students to build individual capacity, as well as assisting teachers in delivering more sensitive lessons. Moreover, participatory learning is thought to maximize the limited time available in the curriculum. The training of teachers in cooperative learning approaches was supported by Save the Children US, World Population Foundation, UNESCO, UNFPA and UNICEF. Master trainers' workshops were completed and were well received. The final draft of the teacher's manual for the classroom-based curriculum was recently pre-tested.

Efforts are also being made to strengthen school and community linkages by extending activities into the community and by providing students with access to support and services outside the school setting. As a result, the new teacher training curriculum includes a parent communication module, which is delivered as a one-day training workshop with parents.

In late 2008, Save the Children and the MOET, with support from UN partners, conducted a further mapping exercise, identifying activities and materials from various RH and HIV and AIDS projects across the country. The exercise provided partners with insight into the scope of activities, as well as the structures and methodologies employed by various implementing organizations. Based on the results, implementing organizations agreed that a coherent approach for streamlining extra-curricular activities was needed. They therefore suggested the development of a single, standardized, high-quality extra-curricular resource. Partners also agreed that the future curriculum should be age-appropriate and evidence-informed; it should rely on modern teaching and learning theory and borrow from already available curricula and resources. The idea was for the new integrated curriculum to incorporate elements of previous curricula into a single cohesive programme that would be piloted, revised and replicated across the country. This approach would promote integration and harmonization of RH and HIV preventive education in the compulsory extra-curricular activities of all secondary schools.

With regard to management of the RH and HIV prevention education programme, regular monitoring and evaluation of the programme is encouraged. UN agencies have worked with the MOET to develop a master plan for monitoring and evaluation of the education system, including development of national standards for reporting that can be applied consistently across the entire education sector.

Viet Nam has made significant progress in addressing children's and young people's access to reproductive health and HIV education in schools. Strong government leadership, coupled with support by international NGOs and UN agencies, has led to the adoption of important policies concerning the national RH and HIV prevention education programme in secondary schools. Previous efforts have focused on curriculum development, teacher training, parental involvement and providing support and guidance to provincial education authorities.

In the short- and medium-term, the MoET and its partners intend to finalize the development of lesson guides and other materials, and to pilot the programme in at least three provinces during the 2009–2010 school year. Guidelines will be developed for the implementation and scale-up of the programme at provincial level, including specific detail on teaching hours and budget allocations. Standards will be established for evaluating the RH and HIV education programme. An inter-departmental coordination mechanism for HIV prevention will be promoted and lessons learned from implementation of the programme will be identified with a view to developing proposals for formalizing intra-curricular and extra-curricular activities. The

government is committed to continued collaboration with international and national partners in order to promote the effective implementation of the national RH and HIV prevention education programme.

Challenges

Viet Nam has faced considerable challenges in the introduction of sexuality education in schools. These have included, for example, the need to overcome taboos about discussion of sexual matters and the consequences of conflating certain aspects of sexuality with so-called ‘social evils’. These challenges have been compounded by the need for more appropriate teaching and learning materials, and for the use of classroom methodologies that are better suited to the content of sexuality education.

Levers of Success

Experience in Viet Nam points to a number of important levers of success, including:

- ➔ the existence of a relevant policy framework;
- ➔ development of a national action plan;
- ➔ implementation of mutually reinforcing curricular and extra-curricular activities;
- ➔ strengthening of links between schools and communities;
- ➔ teacher training that provides detailed guidance for schools and teachers on specific topics to be taught and the amount of time required for each subject;
- ➔ guidance for schools in relation to appropriate budget allocations for sexuality education;
- ➔ development of a curriculum in which important messages about pregnancy prevention and HIV transmission are introduced at one grade and reinforced in subsequent levels;
- ➔ introduction of teaching and learning methods and principles for classroom teaching that are appropriate for sexuality education;
- ➔ helping teachers to respect textbook content, promote key concepts and behaviours, use active learning methods and avoid overloading students with information.

Conclusions

Individually and together, the case studies in this document highlight a number of important lessons in relation to the successful introduction and effective implementation of school-based sexuality education. These are as follows:

- Sexuality education is a sensitive issue and is most likely to be effectively introduced and implemented when sufficient political will exists to support it.
- Even in settings that are socially and culturally conservative, and where discussion of sexual matters has traditionally been taboo, it *is* possible to introduce sexuality education.
- The name, mechanisms, context (i.e. carrier subjects) and content of sexuality education programmes need to be selected with care. It is important to be sensitive to community concerns, but it is also important to ensure that programmes retain key elements of effective programmes.
- A considerable amount of international experience already exists in terms of teacher training and curriculum and materials development. International organizations could facilitate the sharing of this experience and its application and adaptation to different social and cultural settings.
- Inevitably, difficulties encountered in the implementation of sexuality education will reflect broader systemic problems within the education sector: limited resources; teachers who are overburdened and insufficiently trained and supported; crowded curricula that inevitably lead to the prioritization of examined rather than unexamined subjects.
- When necessary, governments can be held to account in relation to their responsibilities as signatories to relevant international agreements. However, it is also important, where feasible, to avoid making sexuality education a ‘political football’ – a vehicle through which the respective agendas of a range of competing political interest groups are pursued. It will be young people who pay the price.

The term levers of success is used to describe the conditions and actions that have been found to be conducive to the introduction or implementation of sexuality education.

Through these case studies, a number of **levers of success** have been identified.

Levers of success

Creating an enabling environment	<ul style="list-style-type: none"> ➤ High-level and high-profile ministerial declaration in support of sexuality education and HIV and AIDS. ➤ Development of a relevant and favourable policy framework together with high-level policy advocacy to sustain government political and budgetary support for the implementation of the curriculum. ➤ Development of a national strategic plan to guide the implementation of sexuality education curriculum.
Building Community-Level Support	<ul style="list-style-type: none"> ➤ Civil society organizations willing to initiate and advocate (for example, through national coalitions) for a sexuality education programme based explicitly on human and civil rights. ➤ Allies within religious and local communities willing to express public support for the teaching of the curriculum. ➤ Promoting the participation of young people in sensitizing parents, teachers and leaders to the importance and urgency of sexuality education. ➤ Acknowledging the importance of culture(s) in framing discussions about sexuality, gender and sexuality education, and recognising culture as complex and shifting rather than monolithic and static. ➤ Ongoing sensitization, advocacy and consensus-building activities to overcome resistance and to create and sustain support from parents and decision-makers.
Technical support	<ul style="list-style-type: none"> ➤ Technical support (for example, from non-governmental bodies, local and international organizations and from UN partners) in relation to: sensitization of decision-makers; adoption of participatory learning methods by teachers; training and supporting a critical mass of advocates for sexuality educators; documenting and disseminating good policy and practice generated through pilot projects; and participation in international networks.
Teacher training	<ul style="list-style-type: none"> ➤ A body of expertise in training on sexuality education that can be drawn upon in the development of new programmes. ➤ Development of in-service training for teachers and dissemination of appropriate materials. ➤ Use of new technologies to provide teacher training on sexuality education. ➤ Teacher training that provides detailed guidance for schools and teachers on specific topics to be taught and the amount of time required for each subject. ➤ A cadre of teachers trained to deliver the curriculum. ➤ Introduction of teaching and learning methods and principles for classroom teaching that are appropriate for sexuality education. ➤ Helping teachers to respect textbook content, promote key concepts and behaviours, use active learning methods and avoid overloading students with information.

<p>Curriculum development</p>	<ul style="list-style-type: none"> ➤ A curriculum that is learner-centred, thematically based and oriented towards learning outcomes. ➤ Standard-setting and monitoring work. ➤ Development of a curriculum in which important messages about pregnancy prevention and HIV transmission are introduced at one grade and reinforced in subsequent levels.
<p>Other</p>	<ul style="list-style-type: none"> ➤ A tradition of school-based sexuality education. ➤ Free distribution of school books. ➤ Provision of youth-friendly sexual and reproductive health services. ➤ Willingness to accept a change in programme name in order to make it less politically and culturally sensitive. ➤ Working proactively with the mass media to influence the public discourse on sexuality education in a positive way. ➤ Implementation of mutually reinforcing curricular and extra-curricular activities. ➤ Strengthening of links between schools and communities. ➤ Guidance for schools in relation to appropriate budget allocations for sexuality education.

Appendix – list of stakeholders interviewed

China

Chen, Yiyuan – Institute of Sociology of the Chinese Academy of Science
 Liu, Ying – Teacher, Beijing Jingshan School
 Liu, Yongfeng – Programme Specialist, Section on HIV and AIDS, Division for the Coordination for the UN Priorities in Education, UNESCO
 Ma, Yinghua – Institute of Child and Adolescent Health of Peking University
 Miao, Heping – Teacher, Adolescence Health Centre of Xunwu District of Beijing
 Shi, Tianhui – Teacher, No. 65 Secondary School of Xunwu District of Beijing
 Tian, Benchun – Chinese Centre for Disease Control and Prevention
 Wen, Fang – Teacher, Adolescence Health Centre of Xunwu District of Beijing
 Yang, Wenlan – Teacher, Adolescence Health Centre of Xunwu District of Beijing

Zhu, Zhu (female, 13), Cui, Wenqi (female, 13), Li, Manzhou (female, 13), Cao, Yuhan (female, 13), Zhou, Yutong (male, 13), Ding, Jinglong (male, 13), Zang, Zexi (male, 12) – Students, Branch campus of No. 15 Secondary School of Xunwu District of Beijing
 Wang, Zhibo (male, 12), Zhao, Ziyu (male, 12), Wang, Hanbing (male, 12) – Students, Yucai School of Xunwu District of Beijing

Kenya

Pamela Apiyo – National Coordinator, FAWE-Kenya (Research, training and coordination)
 Agnes Gathumbi – Kenyatta University (Implementation and research)
 Angeline Juma – Kaptembwo Primary School (Reader of Chela series)
 Elizabeth Koimett – Teachers' Service Commission (Implementation and research)
 Alex Lubisia – In-charge, EMACK Project (Mobilization, training and support for policy)
 Owen McOnyango – Director of Public Relations, Maseno University (Implementation and research)
 Darius Mogaka – In charge of English at Kenya Institute of Education
 Karega Mutahi – Permanent Secretary, Ministry of Education (Policymaker)
 Katherine Namuddu – Deputy Director, African Region, Rockefeller Foundation
 Lucas Othuo – Psychology and Psychometrics, Maseno University (Implementation and research)
 Violet Sikenyi – Teacher Trainer, Kericho Teachers' College (Research and implementation)
 Mrs Wachira – Head teacher of Egerton Primary School (Beneficiary of Chela series)

Latin America and the Caribbean

José Ángel Aguilar – President, Demysex (NGO network in Mexico)
 Cristina de Azcárraga – former Programme Officer, UNESCO, Mexico City
 Janelle Babb – Consultant, UNESCO, Jamaica
 Lourdes Campero – Researcher, National Institute of Public Health, Mexico
 Novia Condell – Children and HIV and AIDS Specialist, UNICEF, Jamaica

Mary Guinn Delaney – Regional Adviser for HIV and AIDS for Latin America and the Caribbean, UNESCO

Nanette Ecker – former Director of International Education and Training, SIECUS

Guadalupe García – Area of Educational Materials, National Population Council (CONAPO), Mexico

Christopher Graham – National Coordinator, HIV and AIDS Education Guidance and Counselling Unit, Ministry of Education, Jamaica

María Helena Hernández – Area of Curriculum Development, Ministry of Education, Mexico

Morella Joseph – Secretariat's Programme Manager, Human Resource Development, CARICOM

Beatriz Mayén – Director Educational Programmes, Afluentes (NGO), Mexico

Erick Monterosas – Evaluation Officer, Demysex

Marco Ramírez Mocarro – Director, Project: Curricular Adjustment and Strengthening of Teaching Competencies in Comprehensive Sexuality Education, National Pedagogic University, Mexico City

Alfonso Sandoval – Joint Director, UNFPA, Mexico

Alexis Sorell – Network Coordinator, Demysex

Sannia Sutherland – Programme Officer HIV/STI National Programme, Ministry of Health, Jamaica

Nigeria

S.A. Amosu –Lagos State Ministry of Education

O.O. Buhari – Teacher, St. Luke's Junior Grammar School, Bariga, Lagos

Adenike Esiet –Action Health Inc., Lagos

Hajia Mario Bello Garko –Adolescent Health and Information Project, Kano

T.D. Kuti – Principal, Vetland Junior Grammar School, Agege, Lagos State

Bene Madunagu –Girls' Power Initiative, Calabar

Z.U. Momodu –HIV/AIDS Programmes, Federal Ministry of Education, Abuja, Nigeria

Kole Shettima –MacArthur Foundation

Viet Nam

Nguyen Trong An – Vice-Director, Viet Nam Administration for Child Protection, Ministry of Labour, Disabled People and Social Affairs

Tran Thi Van Anh – Vice-Director of the Viet Nam Institute for Educational Sciences (VNIES), Ministry of Education and Training

Le Minh Chau – Adolescent Development Specialist, UNICEF

La Quy Don – Vice-Director of the Department of Student Affairs, Ministry of Education and Training

Phan Hang Hoa – Programme Officer, UNESCO

Tran Kim Ly – Project Officer, World Population Foundation

Bui Phuong Nga – Independent consultant in curriculum development

Do Huu Thuy – Senior Expert in Information-Education-Communication, Viet Nam Administration for AIDS Control (VAAC), Ministry of Health

Hoang Xuan Thuy – Head of School-based Education Programme, Department of Education and Training of Quang Tri Province

Le Nhu Trang – Project Officer, Research Centre for Family Health and Community Development (CEFACOM)

Secondary school teachers, learners and parents of 16 secondary schools in Quang Ninh and Quang Tri provinces.

China

1. The Information Services Division of China Population and Development Research Centre, 2009; Key data of China's population in 2008; China Population Information Network. Retrieved from http://www.cpirc.org.cn/tjsj/tjsj_cy_detail.asp?id=10410
2. Patton, M.Q. (1990). *Qualitative evaluation and research methods*. 2nd Ed. Newbury Park: Sage.
3. Li, Y. (2006). *Adolescent sexuality education*. Shandong: People's Publishing House.
4. Liu, W. (1991). The history and development of China's sexuality education for students of secondary schools. *Bulletin of Biology*, 530–32.
5. Deng, M. (2008). The introduction to the development of China's contemporary sexology – speech at inaugural conference of world Chinese Sexologists' Association & Sexology Forum, Shenzhen, January 2008.
6. Zhu, G., Ji, C., Yi, W. and Ma, L. (2005). The study of China's sexuality education policy review. *China Sexology*, 31(3), 15.
7. Ye, G. (1983). Premier Zhou cares sexuality education. *Parents' Handbook*, 4.
8. Wu, J. (1987). Carrying out adolescent sexual knowledge and moral education without delay. *China Mental Health Journal*, 3.
9. Chen, J. and Ye, G. (1997). The intervention research of adolescent sexuality education for female students of the sixth grade of primary schools and the first grade of junior high school. *China Medical Journal*, 771.
10. Liu, W. (2008). 1988–2007: The summarization of research on China adolescent sexuality education. *China Youth Study*, 350–57.
11. Liu, D. and Hu, H. (2008). *Adolescent sexual health education*. Science and Technology Literature Publishing House.

Kenya

12. Forum for African Women Educationalists (FAWE). (2006). *Sexual maturation and hygienic practices*. Nairobi: FAWE Kenya Chapter.
13. Gathumbi, A.W, Bwire, A.M, Bunyi, G.W, Maundu, J., Vikiru, L.I. and Mujidi, J.(2008). *Benchmarks for English language education*. Nairobi: Phoenix Publishers Ltd.
14. GUSM Team. (2005). Improving quality of primary education in Kenya: management of growing up and sexual maturation at the Centre of Learners' Persistence and Mastery of Literacy. A Research proposal submitted to Rockefeller Foundation for funding.
15. Johnson, T. (2001). A Kenyan programme of family life education. *Impact analysis: a briefing book*. Vol.6. Population Communication Africa and Pathfinder International.
16. Kenya Institute of Education (KIE). (2004). Primary education syllabus. Vol.1 and Vol. 2.
17. Ministry of Education, Science and Technology (MOEST). (2002). Primary education syllabus. Vol. 1. Nairobi: Kenya Institute of Education.

18. Mondoh, H.O. (2004). School drop-out: the role of management of sexual maturation in primary schools in Kenya. In Achola, P.W [Ed.]. *Governance, society and development in Kenya*. Eldoret: Moi University Press/ OSSREA.
19. Mondoh, H.O. et al. (2004). *Learning opportunities and gaps in the teacher curriculum on growing up and sexual maturation – Kenya*. QUEST RF- EU Report 14. Retrieved from http://www.questafrica.org/research_reports.htm and http://www.questafrica.org/rr_egerton.html
20. Mondoh, H.O. et al. (2004). Egerton Reports – Kenya. QUEST RF- EU Reports 11, 12, 13, 14, 15, 16, 17, 18, 19. Retrieved from http://www.questafrica.org/research_reports.htm and http://www.questafrica.org/rr_egerton.html
21. Mondoh, H.O., Chiuri, L.W., Changeiywo, J.M. and Omar, N.O. (2007). *The contemporary management of growing up and sexual maturation: the role of the primary school in Kenya*. Nairobi: Phoenix Publishers Ltd.
22. Mugenda, O.M.. (2003). Sexual maturation processes among pupils in selected primary schools in Kenya. (In Mutunga, P. and Stewart, J. (Eds.) *Life skills, sexual maturation and sanitation: what's (not) happening in schools*. Zimbabwe: Women's Law Centre, University of Zimbabwe, Weaver Press.
23. Othuon, L.A., McOnyango, O., Ang'awa, F. And Ayieko, M. (2007). *Growing up and sexual maturation among the Luo of Kenya: removing barriers to quality education*. Nairobi: Phoenix Publishers Ltd.
24. Republic of Kenya. (2005). *Sessional Paper No. 1, 2005 – a policy document for education, training and research in Kenya in the 21st century*. Nairobi: Government Printer.
25. Sutherland, C. (2002). *Improving the management of sexual maturation in primary schools in Kenya, Uganda and Zimbabwe*. Unpublished Concept Paper for Rockefeller Foundation.

Nigeria

26. Action Health Inc. (2004). *Enabling access: report of the sexuality education, family life education implementation forum*. Lagos: AHL.
27. Bankole, A. et al. (2009). *Barriers to safe motherhood in Nigeria*. New York: Guttmacher Institute.
28. Bearinger, L. et al. (2007). Adolescent health 2 – global perspectives on the sexual and reproductive health of adolescents: patterns, prevention and potential. *The Lancet*, 369: 1220–31.
29. Brieger, W. R. et al. (2001). West African youth initiative: outcome of a reproductive health education programme. *Journal of Adolescent Health*, 29, 436–446.
30. Bryant, E. (2004). *Lessons for living: Nigerian youth are fighting AIDS by tackling a new national curriculum and teaching each other*. Ford Foundation Report; 35: 8–15.
31. Esiet, A.O. and Whitaker, C. (2002). *Coming to terms with politics and gender: the evolution of an adolescent reproductive health programme in Nigeria*. In N. Haberland and D. Measham, Eds., *Responding to Cairo: Case Studies in Reproductive Health and Family Planning*, pp. 149-167. New York: Population Council.
32. Federal Office of Statistics. (1992). *Nigeria Demographic and Health Survey 1990*. Lagos: FOS.
33. Federal Ministry of Health. (2001). *National Reproductive Health Policy and Strategy*. Abuja: FMH.
34. Federal Ministry of Health. (2008). *2008 National HIV Seroprevalence Sentinel Survey*. Abuja: FMH.
35. Federal Government of Nigeria. (2003). *National Policy on HIV/AIDS*. Abuja: FGN.
36. Federal Ministry of Health. (2002). *HIV/AIDS: what it means for Nigeria*. Abuja: FMH.
37. Federal Ministry of Education. (2006). *National Survey on HIV/AIDS Knowledge, Attitudes, Practices, Skills and School Health in Nigeria*. Abuja: FME.

38. Federal Ministry of Education, Nigeria. (2006). *National Education Sector HIV & AIDS Strategic Plan (2006–2010)*. Abuja: FME.
39. Federal Ministry of Education. (2008). *Guidelines for Implementing The National Family Life and HIV Education (FLHE) Curriculum*. Abuja: FME.
40. International Women's Health Coalition. (2003). "My father didn't think this way": Nigerian boys contemplate gender equality. Quality No. 4. New York: The Population Council.
41. Ladipo, O. et al. (2001). *National Behavioural Survey 1: brothel based sex work in Nigeria*. Lagos: Society for Family Health.
42. Luke, N. and Kurz, K. (2002). Cross-generational and transactional sexual relations in sub-Saharan Africa. Washington, DC: International Women's Health Coalition (ICRW) and Populations Services International (PSI).
43. National Population Commission and ORC Macro. (2009). *Nigeria Demographic and Health Survey 2008 – Preliminary Report*. Abuja: NPC.
44. National Population Commission. (2004). *Nigeria Demographic and Health Survey 2003*. Abuja: NPC.
45. Nigerian Educational Research and Development Council. (2001). *National sexuality education curriculum for upper primary school, junior secondary school, senior secondary school and tertiary institutions*. Abuja: Nigerian Educational Research and Development Council.
46. Odutolu, O. et al. (2006). The national response to HIV/AIDS. In: Adeyi, O. et al. (Eds). *AIDS in Nigeria: a nation on the threshold*. Cambridge, MA: Harvard University Press: 241–279.
47. Philliber Research Associates. (2009). *Evaluating the family life and HIV/AIDS education programme in Lagos State, Nigeria: a five year study*. Lagos: AHL and Ministry of Education.
48. Rosen, J., Murray, N. and Moreland, S. (2004) *Sexuality education in schools: the international experience and implications for Nigeria*, Policy Working Papers No. 12. Washington, DC: Policy Project/US Agency for International Development (USAID).
49. Singh, S. et al. (2005). Evaluating the need for sex education in developing countries: sexual behaviour, knowledge of preventing sexually transmitted infections/HIV and unplanned pregnancy. *Sex Education*, 5(4), 307–331.
50. The Social Sciences and Reproductive Health Research Network (SSRHRN). (1999). *The construction of manhood in Nigeria*. Ibadan: SSRHRN.

Latin America and the Caribbean

51. Arango, María Clara and Corona, Esther. (2008). *Estado de la educación de la sexualidad en México. Aproximación preliminar desde el sector educativo*. UNFPA. Proyecto MEX5R44B. México.
52. Castellanos Simons, Beatriz and Falconier de Moyano, Martha. (2001). *La educación de la sexualidad en países de América Latina y el Caribe*. Fondo de Población de Las Naciones Unidas, Equipo de Apoyo Técnico para América Latina y El Caribe, EAT/UNFPA. México, D.F.
53. Constantine, Connie et al. (2009). *Strengthening health and family life education in the Region*. The implementation, monitoring and evaluation of HFLE in four Caribbean countries. UNICEF. CARICOM.
54. Corona, Esther. (2008). *Realidades de la epidemia de VIH en América Latina*. OPS, CLASES. Guayaquil, Ecuador. 15 de octubre de 2008. PPT.
55. Corona Vargas, Esther. (2007). *Avances del conservadurismo en México y sus impactos en el sector educativo y los programas de educación de la sexualidad*. (Unpublished).

56. Corona Vargas, Esther. (1998). Resquicios en las Puertas. In: *Consejo Nacional de Población* (Conapo). Antología de la Sexualidad Humana Vol.1. Miguel Ángel Porrúa, México, D.F.
57. Escalante, Simón. (2008). *Diagnóstico nacional del estado actual de la formación docente en educación de la sexualidad, salud sexual y reproductiva* (ESSSR). UNFPA. México, D.F.
58. Falconier de Moyano, Martha. (2008). *La educación de la sexualidad y la prevención del VIH/sida en América Latina y el Caribe*. La situación en la Región. UNFPA. México, D.F. (Unpublished).
59. Fox, Kristin and Gordon-Strachan, Georgiana. (2007). *Jamaican youth risk and resiliency behaviour survey 2005. School-based survey on risk and resiliency behaviours of 10-15 year olds*. USAID, Measure Evaluation and Healthy Lifestyle Project MoH. Kingston.
60. Instituto Nacional para la Evaluación de la Educación. (2008). *Panorama educativo de México 2008*. Indicadores del sistema educativo nacional. p. 37. In: www.oei.es/pdf2/panorama-educativo-mexico-2008.pdf
61. Instituto Nacional de Salud Pública (INSP). (2008). *Educación sexual para la prevención del VIH en Latinoamérica y el Caribe: Diagnóstico regional*. Primera edición, México.
62. Jamaican Task Force Committee for Comprehensive Sexuality Education in collaboration with SIECUS (Sexuality Information and Education Council of the United States). (2008). *Jamaican guidelines for comprehensive sexuality education, pre-School through age 24*. Kingston. Jamaica Family Planning Association (FAMPLAN).
63. Ministerial Declaration. Preventing through Education. (2008). *First meeting of health and education ministers to stop HIV in Latin America and the Caribbean* (Mexico City, August, 2008). Retrieved from: data.unaids.org/pub/.../2008/20080801_minsterdeclaration_en.pdf.
64. Ministry of Education and Youth. Caribbean Consulting Group. (2007). Health and Family Life Education Refined Scope & Sequence. Primary Grades 1-6.
65. Ministry of Education and Youth. Caribbean Consulting Group. (2007). Health and Family Life Education Refined Scope & Sequence. Grades 7-9.
66. Observatorio Ciudadano de la Educación. (2009). *La educación sexual: tarea ineludible del sistema educativo*. In: http://www.observatorio.org/comunicados/EducDebate23_EducacionSexual_3.html
67. Ramírez, Marco and Martínez, Sylvia. (2008). *Proyecto fortalecimiento de las competencias docentes en educación sexual integral*. Avances del proyecto. PPT.
68. SEP. (2008). *Dirección general de formación continua de maestros en servicio*. Catálogo Nacional de Formación Continua y Superación Profesional de Maestros en Servicio 2008-2009. Retrieved 12 July 2009 from http://formacioncontinua.sep.gob.mx/index.php?option=com_wrapper&view=wrapper&Itemid=86
69. SEP. (2007). *Catálogo de Formación Continua*. 2007-2008. Dirección General de Formación Continua de Maestros en Servicio, de la Subsecretaría de Educación Básica. Programa de Formación Continua para Maestros de Educación Primaria. Formación Cívica. 48 pp.
70. UPN and Demysex. (2009). *Fortalecimiento de las competencias docentes en educación sexual integral. Resumen ejecutivo*. Ciudad de México. PPT.

Viet Nam

71. Asian Development Bank. (2005). *Final report: HIV/AIDS prevention among youth*. September 2005.
72. UNICEF. (2009). *Healthy living and life skills education project 2001-2005: End-project assessment report*.
73. UNFPA. (2006). *Support for population and reproductive health education in the school system*. VIE/01/P11 Project Final Evaluation report, 2006.

74. UNFPA. (2007). *Survey on the real situation of ASRH teaching and the needs for support to improve the teaching quality at three pedagogical universities in Hanoi, Hue and Ho Chi Minh City*. NEU, 2007.
75. UNFPA. (2009). *Supporting adolescents and youth. Education and empowerment: Moving from information to action*.
76. UNESCO. (2008). *Evaluation of the UNESCO teacher training manual for HIV/AIDS in Viet Nam*.
77. UNESCO. (2006). *A situational analysis of the Vietnamese education sector's response on HIV/AIDS prevention education for students/trainees of Teacher Training Universities and Colleges and non-formal education centres in Thai Nguyen, Da Nang and Can Tho*.
78. Save the Children. (2006). *Reproductive health and HIV/AIDS education in secondary schools in Viet Nam*.
79. Save the Children. (2006). *Vietnam youth and adolescents' vulnerabilities to HIV/AIDS and responses – systematic review of HIV prevention programs*.
80. Save the Children. (2006). *Qualitative study on reproductive health and HIV prevention education in schools in Viet Nam*.
81. Save the Children. *Report of NAM project*.
82. Save the Children. Concept notes and project document of the “Teach for Health – Learn for Life”.
83. Save the Children. School-based Healthy Living and HIV/AIDS Prevention Education (SHAPE) Grades 5–9.
84. Ministry of Education and Training. Progress report of the ongoing project.
85. Case Studies – Viet Nam – DGE. Participatory theatre in sexuality and reproductive health education for young people. World Population Foundation and David Glass Ensemble.
86. Sexual health and reproductive health education and services for adolescents http://reproductiverights.org/sites/default/files/documents/pub_fac_adoles_sexedservices.pdf
87. International Women's Health Coalition. (2007). *Young adolescents' sexual and reproductive health and rights: South and South East Asia*. <http://www.iwhc.org/storage/iwhc/docUploads/YoungAdolescentsSSEA.pdf>

General references

UNESCO (2009). *International Technical Guidance on Sexuality Education: an evidence-informed approach for schools, teachers and health educators*, Volume 1 & 2, Paris: UNESCO. Published in partnership with UNAIDS, UNFPA, UNICEF and WHO.

Gordon, P. (2007). *Review of sex, relationships and HIV education in schools*. Paris: UNESCO.

Photos Credits

Cover:

- © 2009 Edson E. Whitney, Courtesy of Photoshare
- © 2006 Mike Wang/PATH, Courtesy of Photoshare
- © 2009 Enriqueta Valdez-Curiel, Courtesy of Photoshare
- © 1990 Alice Payne Merritt/CCP, Courtesy of Photoshare
- © 2005 Stéphane Janin, Courtesy of Photoshare
- © 2006 Cindy Waszak Geary, Courtesy of Photoshare
- © 2009 Michael McGuire, Courtesy of Photoshare
- © Lutheran World Relief, Courtesy of Photoshare

p.7 © 1999 Reproductive Health Association of Cambodia, Courtesy of Photoshare

p.13 © 1986 Andrea Fisch, Courtesy of Photoshare

p.19 © 2006 Mike Wang/PATH, Courtesy of Photoshare

p.22 © 2003 RUINET, Courtesy of Photoshare

p.25 © 2000 Rick Maiman/David and Lucile Packard Foundation, Courtesy of Photoshare

p.26 © Lutheran World Relief, Courtesy of Photoshare

p.31 © 2006 Emmanuel Esaba Akpo, Courtesy of Photoshare

p.33 © 2006 Kunle Ajayi, Courtesy of Photoshare

p.37 © 2009 Edson E. Whitney, Courtesy of Photoshare

p.39 © 2009 Edson E. Whitney, Courtesy of Photoshare

**For more information visit:
www.unesco.org/aids
or contact: aids@unesco.org**

**Section on HIV and AIDS
Division for the Coordination of UN Priorities in Education
Education Sector
UNESCO
7, place de Fontenoy
75352 Paris 07 SP, France**