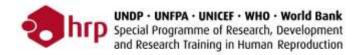
Reaching adolescents through teachers & community-based educators

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Sexuality education - Definition

 Sexuality Education is defined as an age-appropriate, culturally relevant approach to teaching about sex and relationships by providing scientifically accurate, realistic, non-judgmental information.

Source: UNESCO, UNAIDS, UNFPA, UNICEF and WHO. International technical guidance on sexuality education. Volume 1. The rationale for sexuality education. An evidence-informed approach for schools, teachers and health educators. UNESCO. Paris. 2009.



Sexuality education - Rationale

- Puberty, its accompanying developmental changes, including capacity for sexual & reproductive function are hallmarks of adolescence
- Few adolescents receive adequate preparation for their sexual lives
- Many adolescents approach adulthood faced with conflicting & confusing messages about sexuality & gender

Sexuality education – Overall goal

To equip children & young people with the knowledge, skills & values they need to make responsible choices about their sexual and social relationships

Sexuality education programmes Mutually reinforcing objectives

- (i) To increase knowledge & understanding
- (ii) To inncrease self awareness & promote social norms respectful of others & gender equitable
- (iii) To develop or strengthen skills
- (iv) To promote and sustain risk-reducing behaviour

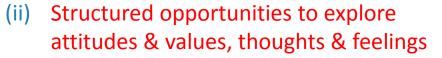
Sexuality education programmes What they provide

Objectives

- (i) Increase knowledge & understanding
- (ii) Increase self
 awareness & promote
 social norms respectful of others &
 gender equitable
- (iii) Develop or strengthen skills
- risk-reducing behaviour

What they provide

(i) Age-appropriate, culturally relevant & scientifically accurate information



(iii) Structured opportunities to practice the decision making & other skills needed to make well considered choices & to carry them out





Sexuality education What they contain

Relationships
Values, Attitudes and Skills
Culture, Society and Human Rights
Human Development
Sexual Behaviour
Sexual and Reproductive Health

6. Overview of key concepts and topics

Key Concept 1: Relationships Topics:	Key Concept 2: Values, Attitudes and Sidls	Key Concept 3: Gullium, Society and Law
1.1 Families	Tuples:	Topics
1.2 Friendship, Luve and Romantic Relationships	2.1 Values, Attitudes and Sources of Sexual Learning	3.1 Sexuality, Culture and Law 3.2 Sexuality and the Media
1,3 Tolerance and Respect 1.4 Leag-term Commitment, Marriage, and Parenting	2.2 Norms and Feer Influence on Sexual Behaviour	3.3 The Social Construction of Gender
	Decision-making 4.4 Communication, Refusal and Regotiation Skills	3.4 Sender-Based Violence, Sexual Abuse and Harmful Traditional Practices
	2.5 Finding Help and Support	Particle of the
Key Concept 4: Human Development	Key Concept 5: Sexual Schautour	Key Concept 6: Sexual and Reproductive Health
Topics	Teplas:	Topics:
4.1 Sexual and Reproductive	5.1 Sex, Sexuality and the Sexual Life Cycle 5.2 Shared Sexual Behaviour and Sexual Response	6.1 Pregnancy Prevention
Anatomy and Physiology 4.2 Reproduction 4.3 Puberty		 Understanding, Recognising and Reducing the Risk of ST including HW
4.4 Body Image 4.5 Body Rights		6.3 H/V and AIDS Stigma, Care, Treatment and Support

Sexuality education programmes What they help to do

- Reduce misinformation & increase knowledge
- Strengthen positive attitudes & values
- Improve perceptions about peer groups & social norms
- Increase communication with parents and other trusted adults

Sexuality education programmes What they lead to

- Delayed initiation on first intercourse
- Increase in the proper use of condoms & contraception among sexually active adolescents
- Reduced number of sexual partners
- Reduced rate of early pregnancy, abortion & child bearing

Quality characteristics of sexuality education

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

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

17.	Address both skills and self-efficacy to use those skills.	
18.	Cover topics in a logical sequence.	



Good practice in sexuality education

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

Implement programmes that include at least 12 or more sessions

Include sequential sessions over several years

Select capable and motivated educators to implement the curriculum

Provide quality training to educators

Provide on-going management, supervision and oversight



Sexuality education Highly sensitive in many places

- Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction
- Ignorance and embarrassment about sexuality are present in most societies. In many cultures, there is a particular difficulty in acknowledging and discussing sexuality per se, and especially in accepting adolescents as sexual beings
- □ The value of sexuality education and the role of parents, teachers, religion leaders and others in providing education about sexuality is debated in almost every country.



Adolescents in many contexts are ill-informed about their bodies and their health

Studies and surveys from around the world have repeatedly shown that large proportions of adolescents lack basic knowledge and understanding about sexual and reproductive health.

Few examples of scaled-up & sustained programmes

"Even in countries with the highest HIV rates, there are relatively few examples of scaled-up sustainable programmes within educational curricula. Existing generations of school children are not receiving the information they need for their healthy development. Unless things change, future cohorts of children will be similarly disadvantaged."

UNESCO. Comprehensive sexuality education: The challenges and opportunities of scaling up. UNESCO. Paris.

Conclusions

- Sexuality is a core part of the human existence, albeit a sensitive topic in most societies
- Adolescents require information and skills to assist them to learn about sexuality, to explore their attitudes and values, and to practise the decision-making and other life skills they need to make informed choices about their sexual lives and protect their health
- There is evidence that sexuality education can contribute to positive outcomes. There is evidence of effective ways of conducting sexuality education. There are only a small number of examples of large scale and sustained sexuality education programmes.

