

# Comprehensive Sexuality Education:

Taking stock, looking ahead

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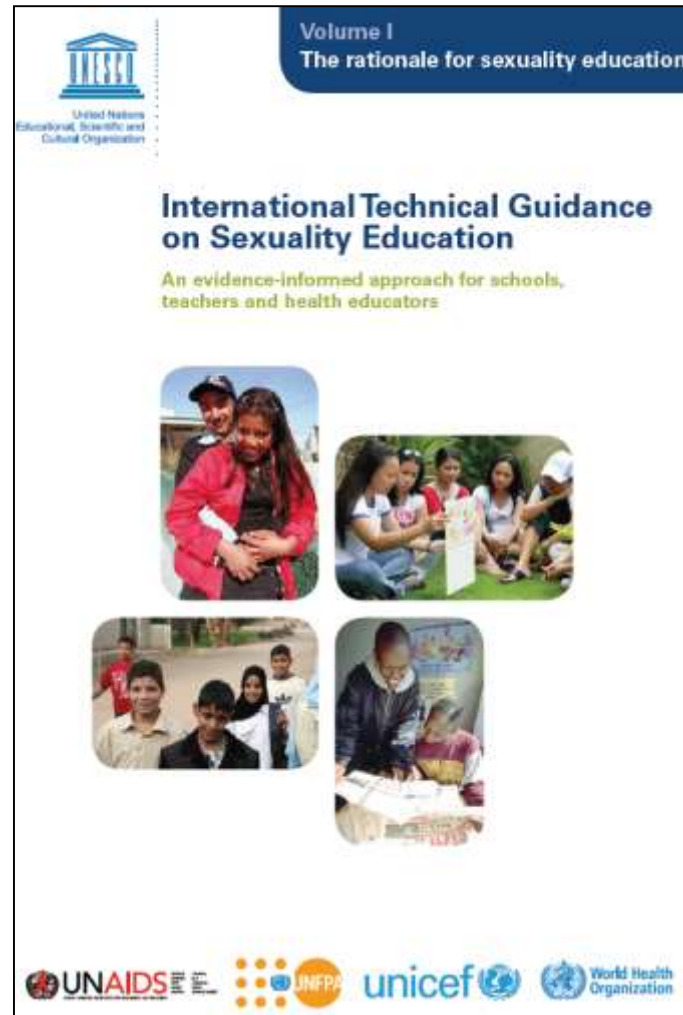
**1. Sexuality education is not just about teaching about sex, reproduction & avoiding sexual & reproductive health problems.**

# Sexuality Education

Sexuality education is an age-appropriate, culturally relevant approach to teaching about sex & relationships...

It aims to:

- ✓ **improve knowledge & understanding**
- ✓ **promote self awareness & equitable social norms**
- ✓ **build social skills to make and follow through on choices**



2009

**2. Sexuality education does not harm children & adolescents; it can do them a lot of good.**

# Sexuality education: Evidence from research & lessons from implementation experience



## Evidence from research:

- ❑ Comprehensive Sexuality Education (CSE) does not foster early or increased sexual activity.
- ❑ Well designed & well conducted sexuality education can:
  - ✓ bring about positive changes in sexual behaviour (demonstrated in more studies),
  - ✓ reduce negative health outcomes (demonstrated in less studies)

## Lessons from implementation experience:

- ❑ Only a small number of countries have scaled up CSE.
- ❑ Even in these places, vulnerable adolescents have not been reached.
- ❑ Teachers – in many places - find it very difficult to conduct CSE.

N Haberland, D Rogow. Sexuality Education: Emerging Trends in Evidence and Practice. Journal of Adolescent Health, 2015.

# Some additional relevant evidence

## Evidence from research:

- ❑ **CSE programmes that include & effectively address gender equality & power relations are more likely to reduce unwanted pregnancy & Sexually Transmitted Infections.**



N Haberland. The case for addressing gender & power in sexuality and HIV education: A comprehensive review of evaluation studies. International perspectives in sexual and reproductive health, 2015.

# Adolescent Pregnancy, Birth, and Abortion Rates Across Countries: Levels and Recent Trends



Gilda Sedgh, Sc.D. \*, Lawrence B. Finer, Ph.D., Akinrinola Bankole, Ph.D., Michelle A. Eilers, and Susheela Singh, Ph.D.

Guttmacher Institute, New York, New York

**Table 1**  
Adolescent birth, abortion, and pregnancy rates and percentage of pregnancies ending in abortion among females 15–19 years old, 2011 or most recent prior year

Country	Year	Number of pregnancies	Rate per 1,000 females 15–19 years old			Pregnancies that end in abortion (%)
			Pregnancies <sup>a</sup>	Abortions	Births	
Countries with complete abortion statistics						
Belgium	2009	6,800	21	8	10	38
Denmark	2011	3,600	21	14	5	67
England and Wales	2011	81,000	47	20	21	42
Estonia	2011	1,400	43	19	19	43
Finland	2011	3,700	23	13	8	55
France	2011	47,900	25	15	7	61
Hungary	2011	11,600	38	16	18	41
Iceland	2011	300	30	15	11	51
Israel	2011	6,800	23	8	13	32
Netherlands	2008	6,900	14	7	5	50
New Zealand	2011	7,900	51	18	26	36
Norway	2011	3,500	23	13	7	56
Portugal	2011	6,800	25	8	13	33
Scotland	2011	7,400	46	17	23	37
Singapore	2011	1,800	14	8	5	54
Slovakia	2011	5,900	33	6	22	17
Slovenia	2009	700	14	7	5	48
Spain	2011	28,000	26	13	10	50
Sweden	2010	9,000	29	20	6	69
Switzerland	2011	1,700	8	5	2	59
United States	2010	614,000	57	15	34	26

G Sedgh, L Finer, A Bankole, M Eilers, S Singh. Adolescent pregnancy, birth and abortion rates across countries. Journal of Adolescent Health, 2014.

### **3. Children & adolescents need & have a right to sexuality education.**

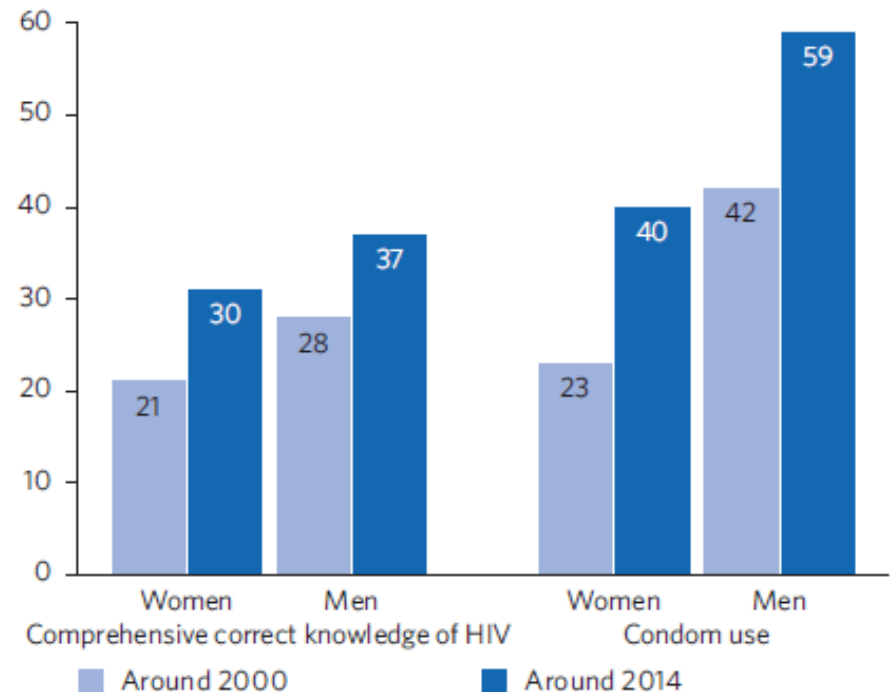


# HIV/AIDS

## Knowledge of HIV and HIV prevention remains low among young people

Proportion of women and men aged 15–24 in sub-Saharan Africa with comprehensive correct knowledge of HIV transmission and reporting condom use at last higher-risk sex,\* around 2000 and 2014 (percentage)

United Nations. Millennium Development Goals Report: 2015. UN, New York, 2015.



\* Higher-risk sex refers to sex with a non-marital, non-cohabiting partner.

Note: The values in the chart represent the regional aggregate for those sub-Saharan African countries that have survey data in both periods—around 2000 and around 2014. 'Around 2000' data refer to a survey conducted during 1996–2006. 'Around 2014' data refer to a survey conducted during 2007–2014.

# Menstruation

## Knowledge & perception of menstruation

Overall a quarter of the girls knew that the uterus was the source of bleeding and about half considered menstruation normal.

**BMJ Open** Menstrual hygiene management among adolescent girls in India: a systematic review and meta-analysis

Anna Maria van Eijk,<sup>1</sup> M Sivakami,<sup>2</sup> Mamita Bora Thakkar,<sup>3</sup> Ashley Bauman,<sup>1</sup> Kayla F Laserson,<sup>4</sup> Susanne Coates,<sup>3</sup> Penelope A Phillips-Howard<sup>1</sup>

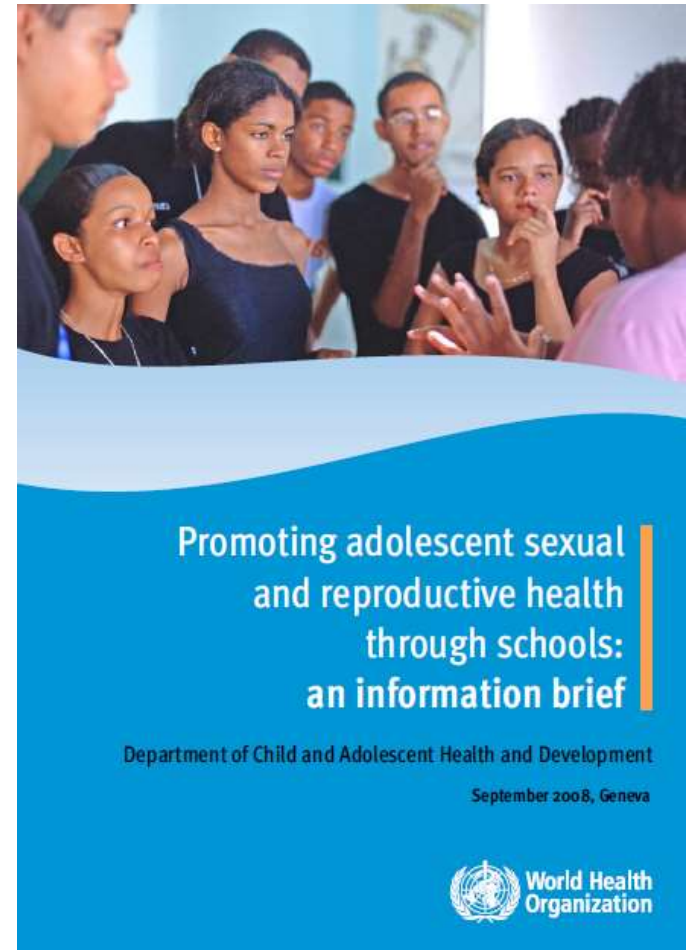


**4. We are failing them at home, at school & in our communities.**

# Sexuality education – A huge policy-implementation gap

***“Most adolescents & youth do not yet have access to comprehensive sexuality education (CSE), despite repeated intergovernmental agreements to provide it, support from the UN system, & considerable project-level experience in a wide range of countries and research showing its effectiveness.”***

Report of the Secretary General, United Nations on 'Assessment of the status of implementation of Programme of Action of the ICPD', Commission on Population and Development, April 2014.



# Sexuality education – Weak implementation



## Sources:

1. UNESCO, UNFPA. Sexuality education: A ten-country review of school curricula in East and Southern Africa. UNESCO, Paris. 2012.
2. Pokharel S, Kulczycki A, Shakyac S. School-Based Sex Education in Western Nepal: Uncomfortable for Both Teachers and Students. Reproductive Health Matters. 2006; 14(28):156–161.
3. Shrestha R M, Otsuka K, Poudel K C, Yasuoka J, Lamichhane M, Jimba M. Better learning in schools to improve attitudes towards abstinence and intentions for safer sex among adolescents in urban Nepal. BMC Public Health. 2013, 13:244 doi:10. 1186/1471-2458-13-244.

## ❑ **Weak content:**

**Inadequate information about contraception**

**Key aspects of sex, reproduction & sexual health were missing**

## ❑ **Weak delivery:**

**Some teachers lacked the needed skills**

**Most did not want to deal with sensitive matters**

# Barriers to implementation & effectiveness

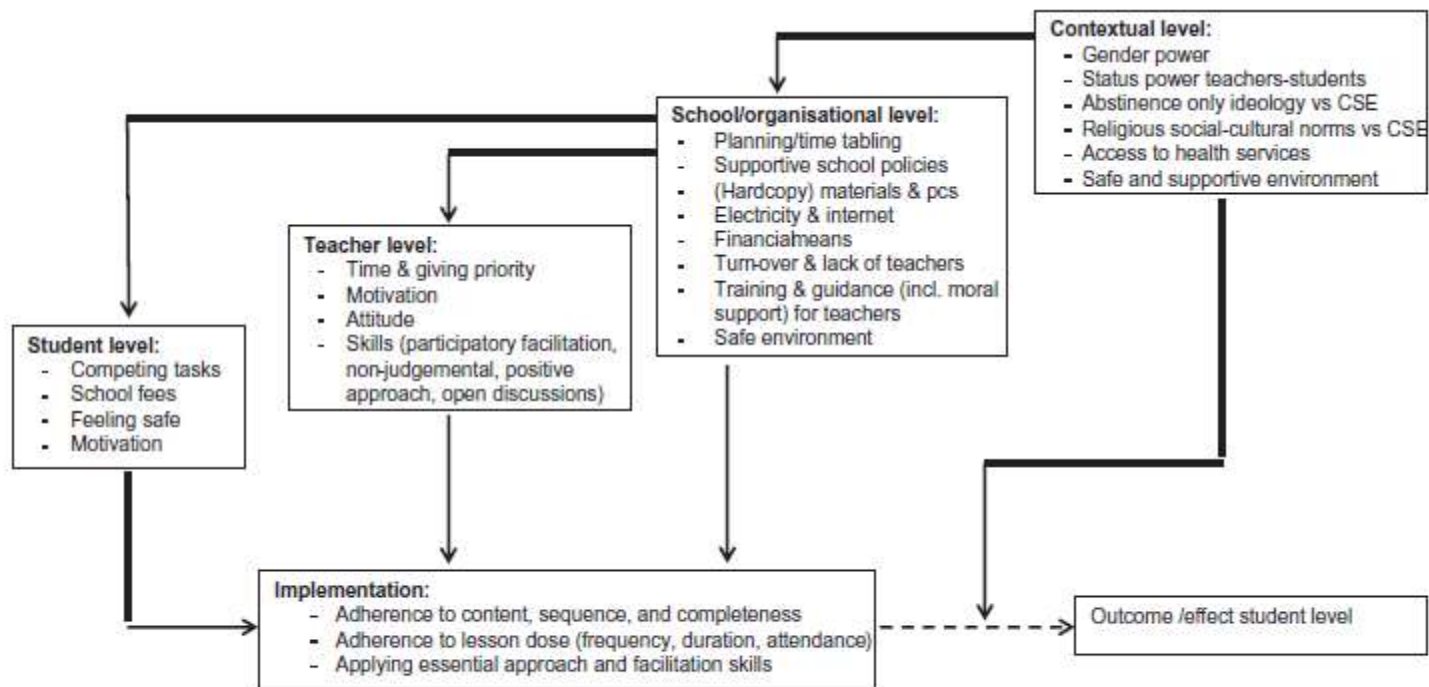


Figure 1. Barriers to CSE implementation and effectiveness.<sup>2</sup>

I Vanwesenbeeck, J Westeneng, T de Boer, J Reinder, R van Zorge. Lessons learned from a decade implementing CASE in resource poor settings: The world starts with me. Sex Education, 2015.

**5. A small number of countries are pushing beyond 'boutique' projects to implement large scale & sustained sexuality education programmes in schools.**



# Why have so few countries moved from sound policies and strategies to large scale and sustained programmes on ASRH ?



*"In spite of the commitments made by States Parties contained in plans, policies, programmes and declarations...negative social, cultural, economic and legal factors continue to threaten the lives and health of a large number of women and girls... The effective realization of these commitments is, however, dependent on...:*

- ❑ **Political will**
- ❑ **Enhanced capacity**
- ❑ **Sustainable resourcing**
- ❑ **Effective monitoring and evaluation**

- **Inadequate commitment**
- **Discomfort**
- **Weak capacity**
- **Cash shortages**
- **No real accountability**

Special Rapporteur on the Rights of Women in Africa.  
Inter-session Report of the Mechanism of the Special Rapporteur on The Rights of Women in Africa - 52nd Ordinary Session of the African Commission on Human and Peoples' Rights. Yamoussoukro, October 2012.

V Chandra-Mouli, P Bloem, J Ferguson. The World Health Organization's work on Adolescent Sexual and Reproductive Health. German Federal Journal on Health (Bundesgesundheitsbl), 2013. 5, 256–261.



# What enabled positive deviant countries to put in place large scale and sustained programmes?

- **Inadequate commitment**

Strong political leadership and technical consensus

- **Discomfort and weak capacity**

Partnerships with credible and capable change agents (from inside and outside)

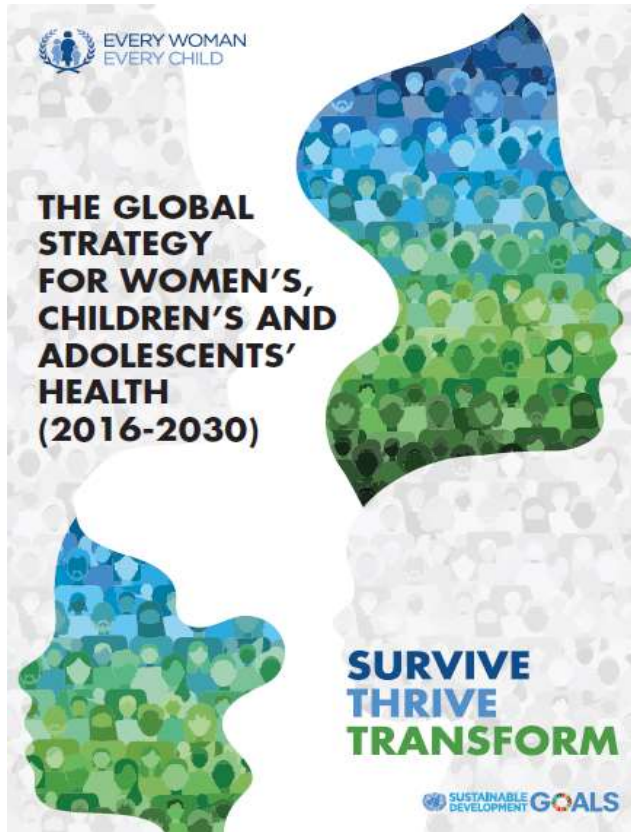
- **Cash shortages**

Secure funding

- **No real accountability**

Strong management and effective use of information





" The updated Global Strategy **includes adolescents because they are central to everything we want to achieve**, and to the overall success of the 2030 Agenda. By helping adolescents to realize their rights to health, well-being, education and full and equal participation in society, we are equipping them to attain their full potential as adults."

- Ban Ki-Moon, Secretary General, United Nations

2015