



Everyone's right to know:  
delivering comprehensive sexuality  
education for all young people

## Who we are

**The International Planned Parenthood Federation (IPPF) is a global service provider and a leading advocate of sexual and reproductive health and rights for all. We are a worldwide movement of national organizations working with and for communities and individuals.**

**IPPF works towards a world where women, men and young people everywhere have control over their own bodies, and therefore their destinies. A world where they are free to choose parenthood or not; free to decide how many children they will have and when; free to pursue healthy sexual lives without fear of unwanted pregnancies and sexually transmitted infections, including HIV. A world where gender or sexuality are no longer a source of inequality or stigma. We will not retreat from doing everything we can to safeguard these important choices and rights for current and future generations.**

## Sexual and reproductive health and rights

In this report, sexual and reproductive health and rights refers to:

The right of all people to have control over and decide freely and responsibly on matters related to sexuality, including sexual and reproductive health, free of coercion, discrimination and violence.

A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition is the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility.

The recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the

highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free from discrimination, coercion and violence, as expressed in human rights documents.

A positive approach to human sexuality and the purpose of sexual health care should be the enhancement of life and personal relations and not merely counselling and care related to reproduction and sexually transmitted infections.



# Inside this report...

<b>About this report</b>	<b>4</b>	<b>The value of peer education</b>	<b>25</b>
A critical pathway for young people	04	Sensitization, referral and information sharing	25
Methodology	04	Rights-based and pedagogical approach to peer education	25
<b>Executive summary</b>	<b>06</b>	<b>Comprehensive sexuality education in non-formal settings</b>	<b>27</b>
Supporting young people to become critical thinkers	06	Reaching vulnerable and marginalized youth populations	27
Paying close attention to pedagogy	06	Innovative and cutting-edge learning styles	27
Investing in the future of today's young people, and future generations	07	Serving young people who are hardest to reach	27
Recommendations	07	CSE in non-formal settings – who and where?	29
<b>What is quality comprehensive sexuality education?</b>	<b>09</b>	Effective approaches to delivering CSE in non-formal settings	30
The building block approach	09	<b>New platforms for reaching young people</b>	<b>31</b>
Too little, too late, too biological	09	Social media and new technologies	31
<b>The effects of comprehensive sexuality education on young people's sexual and reproductive lives</b>	<b>13</b>	Media	31
Towards a broad, holistic approach	13	Mobile technologies	31
<b>Comprehensive sexuality education in formal settings</b>	<b>21</b>	Reaching young people in innovative ways	31
Pitfalls and potential	21	<b>Conclusion and recommendations: looking to the future</b>	<b>33</b>
What works for delivering CSE in schools?	21	Building a body of evidence	33
Integrating quality CSE into the national curriculum	22	Need for investment	33
Participatory, non-judgemental and safe learning environments	22	Recommendations	33
Linking education to health services	23	<b>References and endnotes</b>	<b>36</b>
Focusing on positive aspects of sexuality	23		
Building community and parental support	24		

## About this report

This report is intended to inform advocates and decision makers about how to support the sexual reproductive rights of young people around the world. It argues that comprehensive sexuality education is critical for young people to realize their rights.

### A critical pathway for young people

This report recommends that high quality comprehensive sexuality education (CSE) should be delivered to all young people, both inside and outside schools. It highlights the need for CSE to be delivered by well-trained professionals in a participatory way, and emphasizes the importance of including topics related to young people's well-being and sexuality that go beyond health outcomes.

This report shows that sexuality education programmes are worth investment because they empower, build self-esteem, share information about rights, and lead to better health and well-being for young people. CSE programmes delivered in schools, paired with accessible youth-friendly health services, have been shown to be not only cost-effective, but also cost saving for governments.<sup>1</sup> However, while CSE programmes have improved the efficiency of health outcomes through greater investment in prevention, and demonstrated their cost-effectiveness for health systems, it is important to look at the positive impact of CSE in the lives of the individual young people as an end in and of itself.

The report concludes with recommendations aimed at governments, civil society organizations, educators, health providers and researchers.

### Methodology

This report draws together a range of evidence of the positive effect of CSE on the lives of young people. IPPF carried out a desk review of existing evidence focusing on the following areas:

- the effects of CSE on the lives of young people in formal settings, such as schools
- the effects of CSE on the lives of young people in non-formal settings
- the effects of promoting a rights-based sex-positive approach to CSE

Given the limited number and limitations of impact assessments of CSE in a range of outcome areas, IPPF adopted a realist review approach.<sup>2</sup> This allows for the inclusion of the programme experience in the grey literature, including project and policy documents and qualitative studies, alongside rigorously evaluated assessments. This programme experience provides important findings and lessons from implementation and practitioners about the mechanisms of complex programmes in real-world settings.<sup>3</sup>

Resources were gathered using three main methods:

1) using keywords to search electronic reference databases such as Google Scholar and PubMed-NCBI, 2) manual search of the reference lists of all full-text articles to identify additional references that met the inclusion criteria and 3) recommendations of experts in the fields of sexuality education and youth rights. The inclusion criteria were demonstration of one of the key review themes: 1) published within the last 10 years, 2) published in English and 3) corresponded most closely to agreed keyword searches. Sources that were included: 1) described CSE in formal and informal settings, 2) included sex-positive approaches to designing and delivering CSE and 3) reported a positive effect.

All resources were reviewed against a set framework to capture information about selected themes relating to CSE: quality, delivery, context, content, what works, whether it is inclusive, and economic and public health outcomes. Research gaps were also noted.





### Age group definitions

The following definitions are based on those used by the World Health Organization and IPPF:

Young adolescents: 10–14 years old

Adolescents: 10–19 years old

Young people: 10–24 years old

Youth: 15–24 years old

Young adults: 20–24 years old

While the terms used in this report are consistent with these definitions, we allow some flexibility in their use when making statements that apply broadly. In such general statements, the terms 'adolescents', 'youth' and 'young people' may be used interchangeably or used to imply either all or part of their defined age ranges.

## Executive summary

There are more young people in the world than ever before. Today, worldwide, there are 1.8 billion young people between the ages of 10 and 24. This demographic reality requires governments, decision makers, educators, health providers and parents to enable young people to realize their rights, including ensuring that all young people receive high quality comprehensive sexuality education.

### Supporting young people to become critical thinkers

Like everyone else, young people have human rights, including sexual and reproductive rights. Making sure that the world's youth population grows up happy and healthy is not only important from a human rights perspective, but also brings benefits to communities and society. When young people are supported to become critical thinkers, empowered in their sexuality, informed about their sexual and reproductive choices, the positive impact is felt across society.

Within this generation there are 600 million adolescent girls with specific needs, challenges and aspirations for their future.<sup>4</sup> Discrimination, stigma, violence, fear, ignorance, and some cultural and traditional beliefs threaten young people's sexual rights around the world. Young women and girls experience severe forms of inequalities, including sexual violence, early and forced marriage, female genital mutilation and other harmful practices.<sup>5</sup> They lack access to vital sexual and reproductive health information and education, including CSE.

Part of empowering young people is to equip them with information and education about sexuality, diversity, power, relationships and critical thinking, as well as access to high quality services. It is a route to supporting young people to realize their sexual and reproductive health and rights.

Making sure that all young people worldwide receive good quality CSE is a critical way for governments to ensure that they support a happy and healthy youth population. However, globally, provision of CSE is patchy and geared solely to health outcomes. In particular, it emphasizes potential negative health risks, as opposed to seeing young people as sexual beings and recognizing the positive aspects of sexuality.

Sexuality is a fundamental aspect of human life. Being able to express one's own sexuality freely and openly is central to being human and important to young people's well-being, happiness and health. Young people are a heterogeneous group, with different needs and identities shaped by a number of cross-cutting factors including gender, sexuality, race, ethnicity, class and disability. The diverse needs of young people require a considered approach to CSE that explores concepts of plurality and encourages critical thinking.

### Paying close attention to pedagogy

Even though some countries have scaled up CSE programmes in schools, implementation is often nowhere near good enough.

Delivery is often outdated and non-participatory, teaching staff are not adequately trained and content focuses exclusively on health outcomes, rather than the recognition

of rights. Sometimes the information is scientifically inaccurate. The most vulnerable young people, who often find themselves outside the school system, are excluded.

This report makes the case for a complementary approach to implementing CSE *inside and outside* schools. It advocates for a robust approach to scaling up quality CSE programmes within schools and argues that we must *also* reach young people outside schools. It highlights the huge potential of the non-formal sector to deliver CSE that is participatory and innovative and reaches the most marginalized young people.

The starting point, and the absolute minimum requirement, is that CSE must reach *all* young people – wherever they are. We cannot achieve gender transformative change by focusing only on health outcomes. We must equip young people with information about health *as well as* positive aspects of sex and sexuality.

Simply making the case for *why* CSE is important is not enough. We must pay attention to *who* delivers CSE, *where* it is delivered, *what* is delivered, *when* it is delivered and *how* it is delivered. Without paying close attention to pedagogy, we will not be able to ensure that we reach young people in a considered and participatory way. Without training educators to deliver CSE, we cannot ensure that information and education is being delivered in a standardized and high quality way. Without ensuring that the content of CSE is informed by the lived experiences of young people,

education will not be applicable to their lives. Without implementing CSE programmes both inside and outside schools, and making sure it reaches young people from an early age and throughout their adolescence, we will not reach *all* young people with the information that they need.

## Investing in the future of today's young people, and future generations

For young people to stay healthy, to challenge social norms that restrict their rights, to become the critical thinkers of our future, we must empower and support them.

CSE can enable young people to realize their rights, by challenging and changing social norms, by empowering young people, and allowing them to make informed choices about their health.

This report argues that implementing high quality CSE inside and outside schools is a necessity for governments worldwide, not a political choice. To ignore the education of young people, to restrict their choices, to limit access to life-saving services and to deny their happiness would be failing young people. It would be compromising not only their future, but also the future of generations to come.

## Recommendations

### 1. DELIVERING HIGH QUALITY CSE THAT MEETS THE NEEDS OF ALL YOUNG PEOPLE IN AND OUT OF SCHOOLS

**1.1 Governments, health providers, educators, civil society organizations and United Nations agencies** should design and implement high quality sustainable CSE programmes that encompass information and education about sexual and reproductive health, positive aspects of sexuality, gender, rights and

empowerment principles, and that encourage critical thinking in young people.

**1.2 Governments** must ensure that high quality CSE that considers the full spectrum of young people's sexual and reproductive lives, is delivered within schools and the national curriculum *as well as* across non-formal settings. These programmes should be scaled up to reach all young people within schools, as well as focusing explicitly on reaching young people who are particularly vulnerable and who are excluded from the schooling system.

**1.3 Educators and civil society groups** should provide information and education to vulnerable and marginalized groups (young people who drop out of school, street children, young people living with HIV, disabled young people, younger adolescents aged 10–14, men who have sex with men, among others). This education should be delivered through flexible and creative approaches which are carefully planned and monitored, and targeted to reach these populations.

**1.4 Civil society organizations and educators** must ensure that CSE is delivered within safe and non-judgemental environments, and involves participatory teaching methods that meet young people's learning needs. This includes curriculum-based activities as well as more responsive non-curriculum delivery approaches.

**1.5 Educators** designing and implementing CSE programmes must listen to the voices of young people to ensure that information and education is responsive to their specific needs. It is crucial to continuously strengthen partnerships with youth-led groups, supporting the direct participation and leadership of young people, particularly from marginalized groups, in CSE programme development, research and advocacy.

### 2. TRAINING AND SUPPORT FOR EDUCATORS AND HEALTH PROVIDERS

**2.1 Governments, civil society organizations and health providers** must invest in supporting teachers, educational institutions and individuals who deliver CSE in both schools and non-formal settings to be trained sufficiently and confident in delivering sexuality education in a way that is framed positively and is non-judgemental. This includes providing teachers with high quality ongoing training, supervision and resources to ensure they have the skills, expertise and support to deliver sexuality education that meets international standards.

**2.2 Governments, health providers and educational institutions** must ensure that there are strong links between educational facilities and health providers, as well as between ministries of education and health within governments, in order that young people can access the information and education as well as the sexual and reproductive health services that they need.

### 3. CHANGING NORMS AND BEHAVIOURS TO SUPPORT A CULTURE OF CHOICE

**3.1 Educators and civil society** should work with communities and parents to build support for CSE as well as a culture that supports choice and respect for young people and their sexual and reproductive health and rights.

**3.2 Civil society organizations and educators** should build peer education programmes into broader programming for young people's sexual and reproductive health and rights, acknowledging the unique value that peer educators offer as a source of sensitization and as referral points to experts and services.







# What is quality comprehensive sexuality education?

Understandings of CSE have evolved to encompass a continual, building block approach that develops the knowledge and skills of young people necessary for fostering gender-equitable relationships and societies, promoting and protecting human rights, and generating values of equality, non-discrimination and civil participation.

## The building block approach

This approach is firmly grounded in human rights and empowerment. It promotes the fundamental principles of a young person's right to education about their bodies, relationships and sexuality. These core themes are reflected in the definitions offered by central conceptual frameworks underpinning CSE.

The term '*comprehensive*' emphasizes the full range of information, skills and values needed for young people to exercise their sexual and reproductive rights, and to make decisions about their health and sexuality.<sup>6</sup> Critically, the way in which CSE is delivered is equally as important as its content and requires pedagogical approaches that promote participatory and learner-centred methodologies that encourage young people to think critically, examine values and attitudes, and personalize information.

There is broad agreement on the benefits of moving beyond traditional notions of sex education – education that simply focuses on biology – to making sure that all children and young people can access information, in line with their evolving capacities, that is scientifically accurate, non-judgemental, inclusive and gender-sensitive, in a carefully phased process. Similarly, there is recognition that the development of key life skills, and the opportunity to explore attitudes and values, are critical components of effective CSE. Young people need comprehensive life

skills-based sexuality education to gain the knowledge and skills to make conscious, healthy and respectful choices about relationships and sexuality.

## Too little, too late, too biological

Many young people say the sex education they receive is too little, too late and too biological, and does not sufficiently address broader emotional, moral or social issues.<sup>7</sup> The broader approach to equipping young people with a full range of information and skills as described above responds to young people's own demands for better sex education. Young people also say that they would like to discuss issues such as abortion, sexuality and menstruation. Young people often feel ill prepared for relationships and would like opportunities to think about issues such as peer pressure, how it can lead to unwanted sex, and its consequences. They also want to discuss feelings and real-life dilemmas.<sup>8</sup>

Ultimately, programmes and interventions must strive to be more responsive to the demonstrated interests and information needs of adolescents and young people, and one area where gaps have been identified is in developing or strengthening content relating to pleasure and sexology.<sup>9</sup> Adolescents and young people are the experts on their experiences of CSE, and the act of involving them meaningfully as participants in shaping CSE

programming, and paying attention to the demonstrated information needs of diverse constituencies of adolescents and young people, can make programming more effective and also reinforce the empowerment process by creating opportunities for active citizenship in influencing the direction policies and programmes take. This is especially true where marginalized groups of young people, who generally do not enjoy as much power and privilege in their societies, are involved.



## International commitments and frameworks that affirm young people's rights

Young people's rights to high quality sexuality education have been affirmed by the international community, particularly the Convention on the Rights of the Child and the International Commission on Population and Development which, in its resolutions 2009/1 and 2012/1, called on governments to provide young people with comprehensive education on human sexuality, sexual and reproductive health, and gender equality.

In addition, the report of the United Nations Special Rapporteur to the UN General Assembly in July 2010 articulated a need for the specific right to CSE. Young people themselves are increasingly demanding their rights to sexuality education, as evidenced by the 2011 Mali Call to Action, declarations at the 2011 International Conference on AIDS and Sexually Transmitted Infections in Africa, the 2012 Bali Global Youth Forum Declaration and the 2014 Colombo Declaration on Youth.

These definitions are captured in:

- UNFPA (2014) *Operational Guidance for Comprehensive Sexuality Education: A Focus on Human Rights and Gender*. New York: UNFPA.
- Commission on Population and Development. Resolution 2012/1. *Adolescents and Youth*. Available at [www.un.org/esa/population/cpd/cpd2012/Agenda%20item%208/Decisions%20and%20resolution/Resolution%202012\\_1\\_Adolescents%20and%20Youth.pdf](http://www.un.org/esa/population/cpd/cpd2012/Agenda%20item%208/Decisions%20and%20resolution/Resolution%202012_1_Adolescents%20and%20Youth.pdf)
- International Planned Parenthood Federation (2010) *IPPF Framework for Comprehensive Sexuality Education*. London: IPPF.
- World Health Organization Regional Office for Europe and Bundeszentrale für gesundheitliche Aufklärung (German Federal Centre of Health Education) (2010) *Standards for Sexuality Education in Europe: A Framework for Policy Makers, Educational and Health Authorities and Specialists*. Cologne: BZgA.
- Commission on Population and Development. Resolution 2009/1. *The Contribution of the Programme of Action of the International Conference on Population and Development to the Internationally Agreed Development Goals, Including the Millennium Development Goals*. Available at [www.un.org/en/development/desa/population/commission/pdf/42/CPD42\\_Res2009-1.pdf](http://www.un.org/en/development/desa/population/commission/pdf/42/CPD42_Res2009-1.pdf)
- UNESCO (2009) *International Technical Guidance on Sexuality Education: An Evidence-informed Approach for Schools, Teachers and Health Educators*. Paris: United Nations Educational, Scientific and Cultural Organization.
- World Health Organization Regional Office for Europe (2000) *Definitions and Indicators in Family Planning, Maternal and Child Health and Reproductive Health*. Copenhagen: WHO.

## Understanding 'evolving capacity'

Evolving capacity is about individual development and autonomy – the way that each young person gradually develops the ability to take full responsibility for her or his own actions and decisions. This happens at a different pace for each individual. At any given age, some young people will be more mature and experienced than others; context and personal circumstances influence each individual's development. This highlights important issues for both health professionals and CSE deliverers in finding the balance between protecting young clients and enabling them to exercise autonomy.

The concept of evolving capacity was first introduced into international human rights law by the United Nations Convention on the Rights of the Child (1989). Articles 5 and 12 establish the role of children as active agents in exercising their rights in all spheres of life, including the home, school and community. This concept has profound implications for providing sexual and reproductive health information and services to young people. It establishes that as they acquire competency and maturity, there is a reduced need for guidance from adults and an increased ability to take responsibility for their actions, including their own decisions about sex and reproduction.





## IPPF's understanding of comprehensive sexuality education

IPPF recognizes that CSE extends beyond the prevention of negative health outcomes or unintended pregnancy to embracing sexuality as a positive aspect of life.

IPPF believes that CSE must be just that – *comprehensive*. This means that it should include the key topics needed to reflect the sexuality, HIV prevention and family life education curriculum. It must also be rights based, founded on core values and human rights principles, and laws that guarantee human dignity, equal treatment and opportunities for participation. CSE should also be gender sensitive, with any educational material integrating an understanding of the importance of gender equality.

CSE should be citizenship-oriented, emphasizing the critical thinking skills that foster responsible behaviour, an understanding of how institutions and relationships function in society, and a sense of civic engagement.

CSE should be sex-positive: educational materials should demonstrate a positive attitude towards sexuality and sexual enjoyment and clarify that sexual pleasure is important for personal well-being and happiness.

IPPF's Framework for Comprehensive Sexuality Education includes the following essential elements:

- gender
- sexual and reproductive health and rights and HIV prevention (including information about services and clinics)
- sexual rights and citizenship
- pleasure
- violence prevention
- diversity
- relationships

## Where is CSE delivered?

**Formal settings** refer to learning in an educational or training institution – usually schools, but may also include non-governmental organization courses, juvenile detention centres or workplaces – and where learning is structured around specific learning objectives, learning time/support which may (but does not have to) lead to a recognized qualification.

**Non-formal (or informal) settings** include extra-curricular educational activities based on a voluntary learning environment, for example in youth organizations, religious settings, youth-led organizations, sports clubs or after-hours sessions at school.

CSE delivery in both settings may be curriculum-based; in formal settings this is usually the case.





# The effects of comprehensive sexuality education on young people's sexual and reproductive lives

A holistic approach to delivering sexuality education requires us to look beyond health outcomes, such as reducing the risk of pregnancy or sexually transmitted infections. It requires a broader approach that addresses key issues such as young people's confidence, their sexuality and aspirations, and their ability to think critically and make informed decisions. It demands a paradigm shift that moves away from focusing solely on individual health outcomes to one that considers the empowerment of young people, as well as broader benefits to society.

## Towards a broad, holistic approach

The case for investing in CSE is powerful. We know that when coupled with sexual and reproductive health services, CSE has the potential to deliver benefits to young people and governments not only through improved health among young people, but also through cost savings for health systems. Research also shows how CSE reduces gender inequality and violence against women and girls and increases young people's confidence, decision making and negotiation skills, as well as increasing young people's capacities to claim their rights and citizenship.

The benefits go beyond improved health outcomes for young people. There are increasing calls for the 'effectiveness' of CSE to be measured by broader, more holistic indicators that reflect its wider impact, including:

- changes in norms and attitudes to increase support for human rights, diversity and gender equality
- increased capacity for critical thinking, decision making and communication
- measures of youth development and readiness to engage in social development processes
- benefits to the education system (for example, reduced levels of violence and harassment in schools, fewer young people dropping out of school and so on)<sup>10</sup>

Strengthening monitoring and evaluation systems to measure better the different components that constitute 'effectiveness' is critical and will strengthen global advocacy efforts to promote CSE.

### Data on sexuality education

Data are generally not available at national level on the quality and delivery of skills-based sexuality education, in either developing or developed countries. The best approximation available for most countries is the national policy on provision of HIV or skills-based health education. When combined with data on school attendance, this information provides an approximation of the coverage of sexuality education. Nationally representative data on young people's knowledge about pregnancy prevention and HIV prevention also help to flesh out the picture. But there are regrettable gaps in the information currently available. We need more and better data on CSE and young people's knowledge about their sexual and reproductive health and rights in order that services can be responsive to their needs and so that we can quantify the gaps we face in reaching young people with high quality services and education.

### CSE AS A COST-EFFECTIVE WAY TO IMPROVE YOUNG PEOPLE'S HEALTH

There is clear evidence that CSE has a positive impact on sexual and reproductive health, notably in reducing sexually transmitted infections, HIV and unintended pregnancy.<sup>11</sup> Sexuality education does not hasten the onset of sexual activity but has a positive impact on safer sexual behaviours, empowering young people, and increasing their control over when, where, how and with whom they have sex, which may include delaying sexual debut.<sup>12</sup> A study in Kenya involving over 6,000 students showed that CSE led to delayed sexual initiation and, once sexually active, increased condom use, compared to over 6,000 students who did not receive CSE.<sup>13</sup> The impact of CSE also increases when delivered together with efforts to expand access to high quality, youth-friendly services that offer a full range of services, contraceptive choice and reproductive health commodities.<sup>14</sup>

A comprehensive review of the impact of school-based sexuality and HIV education programmes in developed and developing countries found increased HIV knowledge across almost all programmes, with two-thirds demonstrating positive impacts on behaviour, including increased self-efficacy related to condom use and refusing sex; increased contraception and condom use; and reduced



number of sexual partners.<sup>15</sup> A Cochrane review of 41 randomized controlled trials in Europe, Mexico, Nigeria and the USA also confirmed that CSE prevents unintended adolescent pregnancies.<sup>16</sup> UNAIDS recognizes the impact of CSE on increasing condom use, voluntary HIV testing and reducing pregnancy among adolescent girls; and includes comprehensive, age-appropriate sexuality education as one of five key recommendations to fast track the HIV response to end the AIDS epidemic among young women and girls in Africa.<sup>17</sup>

Many experts believe that children and young people want and need education for sexual health delivered early and comprehensively. However, it remains unavailable in many countries. Even in countries where CSE exists, programme delivery often comes too late.<sup>18</sup> In some settings, abstinence programmes are promoted, despite lack of sufficient evidence to justify an abstinence-only approach.<sup>19</sup> Studies conclude that the majority of abstinence-only programmes do not delay initiation of sexual activity, do not reduce frequency of unprotected sex, do not reduce the number of sexual partners and do not lower the risk of HIV.<sup>20</sup>

The cost-effectiveness of school-based CSE programmes provides an economic rationale for governments to invest in CSE. UNESCO's six-country study concludes that scaled up, integrated and comprehensive programmes can be delivered at reasonable cost in both low- and high-income countries.<sup>21</sup> In Estonia, evidence shows that CSE delivered major cost savings to the health system, with a demonstrated effect on reducing adverse health outcomes among adolescents: almost 4,300 unintended pregnancies, 7,200 sexually transmitted infections and 2,000 HIV infections were averted among adolescents aged 15–19 years between 2001 and 2009.<sup>22</sup> The evidence is relevant to other countries, and cost savings can be made by adapting

## Legal barriers that prevent young people from accessing services

Laws in different countries often restrict young people's access to sexual and reproductive health services. Research by IPPF and Coram Children's Legal Centre also found that taboos and stigma related to young people's sexuality are often made worse by restrictive laws.

The series 'Over-protected and Under-served: A Multi-country Study on Legal Barriers to Young People's Access to Sexual and Reproductive Health (SRH) Services' provides a global overview of laws relating to consent, sexual expression, equality and violence.

It looks at three case studies – in El Salvador, Senegal and the United Kingdom – and explores how young people's knowledge and perceptions of the law impact on their access to sexual and reproductive health services. Findings highlight young people's uncertainty and confusion about whether they have the right to access services. In all three countries, young people lack concrete knowledge of what the law actually says.

The age limits that exist in law for legal majority, sexual consent, marriage, and access to sexual and reproductive health services are conflated and confused by young people and service providers alike. They are often interpreted as restricting young people's access to services, even in cases where they do not directly, or explicitly, do so.

The rationale for age-restrictive laws is often given as 'protection'; however, if protection means the promotion of young people's health, best interests and well-being, then some of these laws are not fit for purpose as

they don't positively articulate young people's right to accept reproductive health services. Rather, laws that criminalize sexual activity or restrict access to services risk exposing many sexually active young people to unwanted pregnancy and sexually transmitted infections, including HIV.

Some restrictive laws regulate young people's sexual identity and behaviour, and have a disproportionately negative impact on those who do not conform to dominant expectations and gender stereotypes. Young people who are lesbian, gay, bisexual, transgender, intersex, queer or questioning are especially marginalized from access to services, as are many young women and girls, and young people who are victims of sexual violence and rape.

Where young people's right to access sexual and reproductive health services is positively articulated in domestic legislation and statutory guidance, it promotes their best interests and facilitates access to services.

For more information: [www.childrenslegalcentre.com/userfiles/file/ippf\\_coram\\_uk\\_report\\_web.pdf](http://www.childrenslegalcentre.com/userfiles/file/ippf_coram_uk_report_web.pdf)





curricula and extending coverage to achieve economies of scale. Further studies are needed on the cost-effectiveness of sexuality education programming to consolidate existing data from Estonia.<sup>23</sup> Such research should aim to strengthen evidence on CSE programming in schools as well as generate data on potential cost savings from CSE in non-formal settings, including the demonstrated effect on reducing adverse health outcomes among highly vulnerable adolescents, including those from key populations.

#### CSE, GENDER, RIGHTS AND EMPOWERMENT

There is convincing evidence for governments to invest in CSE that includes a focus on gender, rights and empowerment. CSE programmes that address gender or power are five times more likely to be effective than those that do not.<sup>24</sup> For example, more equitable power between heterosexual partners was associated with more consistent condom use, lower pregnancy rates and reduced risk of HIV infection.<sup>25</sup> Moreover, within a life skills approach to CSE, young people can gain increased capacity for critical thinking and decision making, and build competencies and skills that empower them to claim their rights and make positive choices about sexuality and reproduction that are self-affirming and respectful of others.<sup>26</sup> UNFPA's global evaluation concluded that valid and reliable measures are now in place to evaluate some of the most critical gender empowerment outcomes of CSE, including the formation of positive gender roles and norms, positive gender attitudes, self-efficacy and gender equitable relationships.<sup>27</sup>

CSE can be viewed as a holistic approach to preventing violence against women and girls, a major global public health issue for governments.<sup>28</sup> Drawing on global evidence of CSE interventions, and primary and secondary research in Cambodia and Uganda, a report from Plan International UK and Social Development Direct shows that CSE offers a key



way of promoting gender equality, shifting harmful social norms, and preventing violence against women and girls. The report finds evidence that CSE can shift harmful notions of masculinity, and rigid gender roles and stereotypes, both in schools and the wider community,<sup>29</sup> and identifies four key pathways to integrate prevention of gender-based violence into CSE: 1) promoting gender equitable attitudes among young people, including attitudes towards gender violence; 2) improving young people's life skills to provide protective factors against gender violence; 3) developing targeted approaches to engage the wider community, including duty bearers; and 4) improving reporting of violence against women and girls and responses for students who experience or witness violence. Addressing gender norms reduces partner violence, increases female control over sex, and leads to less sexual coercion and other factors.<sup>30</sup>

CSE can also promote gender equitable attitudes, with students more likely to support equal access to education for boys and girls. The Gender Equity Movement in Schools is a school-based approach that aims to foster more gender-equitable norms among adolescents. Students learn through role playing games, interactive extra-curricular activities, and discussion and lessons centred on critical reflection that explore topics such as girls attaining higher education, reducing gender-based violence, delaying marriage, and more equitable sharing of household tasks with men and boys. After two years of implementation among 8,000 students, an evaluation of a Gender Equity Movement pilot in Mumbai showed that those participating were more likely to support higher education for girls, openly express opposition to gender-based violence and be a champion for delaying marriage.<sup>31</sup>

There is little evidence of CSE curricula that specifically address the needs of lesbian, gay, bisexual, transgender,

## Learning about consent

Education about consent is essential for building healthy and respectful relationships, good sexual health and protecting potentially vulnerable people from harm. Teaching young people to acknowledge and respect other people's personal boundaries can help create a society where no one feels ashamed to willingly engage in, or to reject, sexual activity. Good quality education on consent should strive to support young people to have safe, pleasurable and satisfying experiences. If young people are only told how to say 'no' to sexual experiences they are unlikely to understand the nuances of consent and communication when they do become sexually active, and they are unlikely to have the sexual literacy or confidence to seek experiences which are pleasurable and desirable. All children and young people have a right to learn about bodily autonomy, their rights, and how to respect the rights of others. General concepts such as

intersex, queer and questioning young people. In the United Kingdom, just one in five (22 per cent) gay young people discuss gay people or relationships in sex and relationships education. However, Stonewall,<sup>i</sup> a charity that campaigns for gay and lesbian rights, cites evidence that people who are taught positively about lesbian, gay, bisexual, transgender, intersex, queer and questioning issues are much more likely to feel part of their school community and are much less likely to be bullied. CSE can challenge the rise in homophobia and transphobia globally, including the increased violence against gay and trans populations, particularly in Eastern Europe and Eastern and Southern Africa.<sup>32</sup>

<sup>i</sup> For more information: [www.stonewall.org.uk/about-us/stonewalls-key-priorities](http://www.stonewall.org.uk/about-us/stonewalls-key-priorities)

trust, respect, safety and communication can be adapted for a younger audience, and more concretely tied to an understanding of sexual consent for older students. Those who have learned about consent and boundaries will be better able to recognize abuse and to protect themselves and others from abuse and unhealthy relationships as they get older.

IPPF's Framework for Comprehensive Sexuality Education gives an overview of the importance of providing rights-based education on a range of issues including "sexual rights and consent and the right to have sex only when you are ready." Information on healthy relationships and boundaries is crucial for children and young people of all ages, to help recognize and prevent abuse, and to strive for positive and pleasurable experiences.

A global review of evidence in the education sector found that CSE builds confidence – together with developing positive self-esteem, and healthy behaviours and relationships during adolescence – and this is recognized as having a lifelong impact.<sup>33</sup> Sexuality education contributes to laying the foundations for healthy future relationships with partners, family and friends, and positive sexual and reproductive health and health-seeking behaviour.<sup>34</sup> Research suggests that CSE for young adolescents (10–14 year-olds) is critical, as this age marks a key transition between childhood and older adolescence. CSE prepares them to take informed decisions and with "setting the stage for future sexual and reproductive health and gendered attitudes and behaviours."<sup>35</sup> Authorities such as the World Health Organization recognize that young adolescents experience significant biological, cognitive, emotional

and social changes associated with the passage through puberty.<sup>36</sup> WHO recognizes “these formative years offer an ideal window of opportunity for building the foundations of sexual and reproductive health and rights among young adolescents and for preparing them to make safe, informed and voluntary sexual and reproductive (and other) decisions in their lives, as they transition into older adolescence.”<sup>37</sup>

In Guatemala, a programme implemented by the Population Council and UNFPA – Abriendo Oportunidades (Opening Opportunities) – reached girls aged 8–19 from rural and indigenous communities, including girls out of school, and married and unmarried teenage mothers. The programme demonstrated significant results in sustaining school enrolment, and girls’ desire to continue their education, to delay marriage and to delay childbearing.

### Data on young adolescents

The lack of data on young adolescents (aged 10–14) is particularly problematic given the often heated debates over the provision of CSE and services to this younger age group. Demographic Health Survey data on sexual and reproductive health typically do not focus on this age group, despite the fact that a significant proportion of young people begin sexual activity before the age of 15. More data on 10–14-year-olds would demonstrate their specific needs and be useful to advocate for programmes that address these.

The programme also achieved positive social change, with increased girls’ autonomy reflected in parental permission to attend project events and participating girls scoring highly on a scale to quantify their sense of self-efficacy.<sup>38</sup>

### INCLUDING POSITIVE ASPECTS OF SEXUALITY IN CSE

Sex and sexuality tend to be represented in mainstream development discourse as a source of risk and harm to young people,<sup>39</sup> focusing on preventing adolescent pregnancies and HIV rather than positive aspects of sexuality. However, the links between sexual health, a positive approach to sexuality and relationships, and realizing sexual rights are well established, and is captured in the World Health Organization’s 2006 definition of sexual health:

“Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all people must be respected, protected and fulfilled.”<sup>40</sup>

CSE programmes should aim to enable young people to achieve this vision of sexual health, through empowerment and support to realize their sexual rights. Focusing CSE programmes on promoting bodily comfort, sexual communication and sex as pleasurable is empowering. An approach to CSE which integrates the interests of



young people – and acknowledges the reasons why young people feel motivated to have sex – will be more successful because of the effort made to engage with the realities of young people’s lives.

However, an uncritical emphasis on pleasure can be just as damaging as ignoring the possibilities for pleasure.<sup>41</sup> It can create expectations that put pressure on young people, rather than enabling them to explore the pleasure they desire or choose. The focus should be on interventions that support young people to critically examine and challenge social norms and encourage them to explore alternative ways of doing and being.<sup>42</sup>



### CSE AND CRITICAL THINKING

CSE can build young people's capacity to be productive citizens and support government priorities of economic and social development and poverty reduction. Specific pedagogical approaches can provide opportunities to develop critical thinking skills. Such approaches can empower young people to question their social context and challenge social norms and behaviours that undermine their health, well-being and rights.<sup>43</sup> For example, participatory activities encourage young people to explore sensitive cultural practices, such as early marriage. This can encourage young people's readiness to engage in social development processes that benefit communities and nations more broadly, bringing about changes in culture.

### A rights-based, gender-focused CSE project in Colombia

The PESCC Project (Project for Sexuality Education and Construction of Citizenship) in Colombia is a rights-based, gender-focused programme that develops critical thinking. PESCC has been scaled up across most of the country and includes training on human rights, sexuality education, and how to prevent and mitigate school-based

violence. The Minister of Education has championed this approach, emphasizing the importance of a 'citizenship approach' and supporting the development of young people's abilities to participate actively in building a peaceful, just and democratic society.<sup>44</sup>

### Comprehensive sexuality education and accountability: a case study of monitoring government commitments to CSE

Holding governments to account on their commitments to deliver CSE is paramount.

In Central and Latin America and the Caribbean, a declaration on the sexual and reproductive health of all young people, 'Preventing through Education', was adopted by ministers from across the region in 2010. In recent years, IPPF Western Hemisphere region, in collaboration with Demysex of Mexico, has been mobilizing local organizations to hold governments accountable to these commitments. Through this regional alliance – the Mesoamerican Coalition for Comprehensive Sexuality Education – more than 50 local organizations and IPPF Member Associations in 19 countries are increasing awareness of the Ministerial Declaration, sharing best practices, and advocating for supportive policies and funding.

There has been progress since the historic signing of the Declaration: since 2010, there have been 24 policy changes that expand access to CSE and services in the region. However, more remains to be done to ensure that

these policies – and the funding needed to realize these changes – are implemented. IPPF and its partners work to fill this gap by providing quality and rights-based sexuality education programmes throughout the region and by continuing to hold governments accountable for the promises they made.

To strengthen these efforts, an annual assessment is published showing how far governments have progressed towards reaching the goals set out in the Declaration. This publication, 'Evaluation of the Implementation of the Ministerial Declaration', provides advocates with a tool to diagnose gaps in implementation and ensure government transparency. The evaluation tool, developed by IPPF and Demysex, in consultation with experts in the field, uses the Ministerial Declaration commitments as a benchmark to analyze progress towards ensuring sexual and reproductive health and rights for young people.

For more information: [www.ippfwhr.org/en/publications/evaluation-of-the-implementation-of-the-ministerial-declaration-preventing-through](http://www.ippfwhr.org/en/publications/evaluation-of-the-implementation-of-the-ministerial-declaration-preventing-through)





# Comprehensive sexuality education in formal settings

There is now a better understanding of what works and what does not, in responding to the realities of young people. Interventions that recognize the rights of young people and respond to their needs have been designed and tested, projects and programmes implemented, and research studies and evaluations undertaken.<sup>45</sup>

## Pitfalls and potential

Formal settings such as schools offer an influential and critical context for governments to provide large numbers of young people with high quality sexuality education.<sup>46</sup> However, access to high quality CSE remains elusive for most adolescents and even countries that have sexuality education policies and programmes, do not always implement these to international standards.<sup>47</sup> The school environment can help to normalize understandings of sexuality, both among young people and in the wider community.<sup>48</sup> Schools are also important spaces for governments to deliver programmes that reach young people from diverse backgrounds.<sup>49</sup>

There are many benefits to delivering CSE programmes in schools.<sup>50</sup> Such programmes “tend to be more intensive and consistently structured than those offered outside the school syllabus.”<sup>51</sup> They are also more likely to be “based on research and prior programme evaluation, and to have been pilot-tested and endorsed by the relevant authorities.”<sup>52</sup>

However, despite the huge potential of schools to reach young people, studies show that many programmes do not contain enough basic information about contraception, sex, sexual health and empowerment principles.<sup>53</sup> Weak content and poor implementation pose serious concerns.<sup>54</sup>

In addition, school-based CSE does not always respond to the needs of a diverse youth population, particularly girls, young adolescents (10–14), young people of colour, young people who are lesbian, gay, bisexual, transgender, intersex, queer or questioning, and disabled young people. Consequences of unequal knowledge about and access to contraception, health care and education are unevenly distributed by race, ethnicity and class.<sup>55</sup> Evidence suggests that schools and school-based clinics are precisely the settings where young people should be critically engaged to talk about sex, gender, rights, violence, contraception, race, disability issues, sexuality and sexual orientation.<sup>56</sup>

Delivering scaled-up CSE in schools presents a significant opportunity for governments to improve the health and happiness of their youth populations.

## What works for delivering CSE in schools?

### TRAINED, QUALIFIED EDUCATORS

It is critical that those who deliver sexuality education are adequately qualified, trained and supported. Research shows that “experts on human sexuality, behaviour change and related pedagogical theory should be involved in developing and adapting curricula.”<sup>57</sup> It is important that curriculum developers understand the behaviours that young people engage in at different ages, as well as

“environmental and cognitive factors that affect these behaviours, and the best ways to address this within the local context.”<sup>58</sup>

Reviews consistently emphasize the importance of skilled and motivated educators in CSE delivery.<sup>59</sup> It is important that professionals have an interest in teaching the curriculum, are comfortable discussing sexuality, are able to communicate with young people, and have the skills to use participatory teaching and learning methodologies.<sup>60</sup> Appropriate training should be offered by experienced and knowledgeable trainers, with clear goals and objectives based on the curriculum, including opportunities to rehearse key lessons in life skills training.<sup>61</sup> Such training should ensure that programme implementers distinguish between their personal values and the needs of learners, and deliver the curriculum in full, rather than selectively.<sup>62</sup>

Because CSE is not well established in many schools, and is often considered controversial, head teachers and managers need to provide encouragement, guidance and backing to those involved in programme delivery.<sup>63</sup> This includes ensuring that all aspects of the curriculum are delivered as planned, that teachers have support with challenging situations, and that support is provided to update educators on key developments in sexuality education and to adapt the programme as necessary.<sup>64</sup>

A review of HIV education in Eastern and Southern Africa found that teachers frequently focused on knowledge rather than skills, and used didactic approaches rather than engaging pupils through participatory approaches.<sup>65</sup> Those delivering CSE will often focus on the 'easy' subjects, ignoring topics that may be viewed as more controversial, irrespective of whether these are included in the formal curriculum. A study in Tanzania demonstrated that teachers' own bias, as well as community beliefs, prevented them from discussing issues relating to sexuality, sex, condom use and family planning, masturbation, sexual pleasure and homosexuality.<sup>66</sup> This emphasizes the importance of ensuring high quality training – including refresher training – that also explores the values and attitudes of those who deliver sexuality education.

Programmes often use regular classroom teachers, trained in health or life skills education, but may also use specialized teachers who move between classes and focus exclusively on sexuality education. The benefits of employing specialist teachers include their ability "to cover sensitive topics and implement participatory activities, and to act as a key source of information and a link to community-based services."<sup>67</sup> Studies show that both types of educators are able to deliver programmes effectively.<sup>68</sup>

#### INTEGRATING QUALITY CSE INTO THE NATIONAL CURRICULUM

There is increasing focus on strengthening CSE school curricula. Multi-country reviews of schools-based curricula in Eastern and Southern Africa<sup>69</sup> and Eastern Europe and Central Asia<sup>70</sup> highlight the need for curriculum design to pay increased attention to developing key competencies, including critical thinking, and to examining how gender norms, religion and culture influence learners' attitudes and behaviour. This is reflected in the core principles of the IPPF Framework for Comprehensive Sexuality Education'

which prioritizes young people's need to: 1) acquire accurate information, 2) develop life skills and 3) nurture positive attitudes and values.<sup>71</sup>

Although CSE content must be culturally relevant and adapted to meet the needs of young people, certain core topics are essential to maintain quality and meet international standards. Too often, topics are taught too late, for example after young people have already experienced puberty or menstruation or initiated sexual activity. Specific approaches need to be strengthened consistently across curricula, such as issues relating to gender and rights, and how to address the specific sexual and reproductive health and rights of key populations. Effective CSE has to be both inclusive and non-stigmatizing, addressing sexual and gender-based violence and promoting gender equality, as well as ensuring the needs and rights of all young people, including those living with HIV.<sup>72</sup>

Involving young people in developing curricula can also increase programme effectiveness. In the United Kingdom, for example, involving the Youth Parliament in the review process helped reveal major gaps in provision and influenced the government's decision to introduce compulsory sex and relationships education in 2008.<sup>73</sup>

A review of school curricula across 10 countries in Eastern Europe and Central Asia found that, in many instances, sexual behaviour, sexuality and contraception were either touched on very briefly or completely excluded from classroom discussion.<sup>74</sup> The same applied in Eastern and Southern Asian countries, with gaps in over 70 per cent of the topics. The review catalyzed improvement of content relating to sexuality, sexual behaviour, safer sex, and sexual and gender-based violence.<sup>75</sup> Both reviews highlighted the

need to strengthen issues of gender and rights consistently – including, for example, discussions on gender norms, gender inequality, gender-based violence, and early and forced marriage. Very few CSE curricula acknowledge the specific needs of young people living with HIV, disabled young people, or young people who are lesbian, gay, bisexual, transgender, intersex, queer or questioning, especially as they reach puberty. A UNESCO/UNFPA review of school curricula in East and Southern Africa found that where sexual diversity was included, references were often negative and inaccurate.<sup>76</sup> One of the recommendations of the Crowd Out AIDS initiative, organized by UNAIDS, was the need to include lesbian, gay, bisexual, transgender, intersex, queer and questioning issues in sex education curricula.<sup>77</sup>

#### PARTICIPATORY, NON-JUDGEMENTAL AND SAFE LEARNING ENVIRONMENTS

The effectiveness of school-based CSE programmes may be strengthened by using participatory teaching methods such as games, role playing and group discussions to help young people personalize and integrate information, explore individual and peer group norms and values, and to practise skills in, for example, refusing unwanted or unprotected sex, resisting peer and social pressures, and being assertive about the use of appropriate contraception.<sup>78</sup>

Ideally, programmes should be flexible and include a combination of whole and small group work, and mixed and single gender work, with opportunities for one-to-one sessions also reported to be successful.<sup>79</sup> Effective CSE requires participating students to feel comfortable and safe, so creating a protective and enabling environment is critical. This usually involves establishing ground rules, such as recognizing the legitimacy of all queries, respecting the opinions of others and maintaining confidentiality.<sup>80</sup>

### LINKING EDUCATION TO HEALTH SERVICES

Effective school programmes have often established close links with local sexual and reproductive health services to facilitate access to contraception and testing for sexually transmitted infections.<sup>81</sup> It is critical that governments deliver both education and youth-friendly services to maximize the benefits for young people and to ensure cost savings to the health system. In some cases, health service providers have set up a regular base inside schools which not only ensures easy access to services but also helps to normalize the concept of sexual health. It is critical that ministries of health and education work in a joined up way to finance and deliver CSE and sexual and reproductive health services for young people.

These services should include prevention of adolescent pregnancy; care for pregnant adolescents; HIV prevention, testing, counselling, treatment and care; vaccination against human papillomavirus; and safe abortion care.<sup>82</sup>

IPPF Member Associations, which are key health service providers, often provide the link between education and health providers. For example, across five states of Bolivia, thousands of children have been part of a CSE project for communities and families, which is aimed at children aged 6–11. The project has been implemented by Centro de Investigación, Educación y Servicios (IPPF Bolivian Member Association) with support and financing from Riksförbundet För Sexuell Upplysning (IPPF Swedish Member Association). The curriculum was developed with parents and teachers to provide a unique CSE methodology for children in primary schools. Since 2011, over 5,860 children have attended CSE workshops, while over 1,800 parents have learned effective and assertive communication with their children.

In a review of school curricula in 10 East and South African countries, UNFPA and UNESCO found that education on abortion was lacking, and at times ‘unscientific’.<sup>83</sup> In some curricula value judgements such as ‘abortion is murder’ were framed as facts, and there was often a lack of clear information about the genuine legal status of abortion.<sup>84</sup> The review recommended that abortion is better framed as an issue relating to sexual and reproductive health and choices, rather than as a moral or spiritual issue.

### FOCUSING ON POSITIVE ASPECTS OF SEXUALITY

While there is commonality among young people about their needs regarding sexuality, there are also differences across and within communities, contexts and age groups

about young people’s knowledge, beliefs, attitudes and skills as they relate to sexual behaviour and risk-taking.<sup>85</sup>

### Abortion and CSE

Where sexuality education is provided to young people, it is not always comprehensive, and abortion, which is viewed as a ‘sensitive’ topic, may not be included. Abortion is stigmatised all over the world. This stigma can allow myths about abortion to flourish, and can lead to people feeling ashamed or harassed for seeking or providing abortion services. In order to ensure people can access safe legal abortion, free from discrimination, young people need factual information about health and the law. Discussing abortion not only allows young people to learn medical and legal facts but also shows them that it is something they are permitted to talk about, and may help to reduce silence and stigma around the topic. This can help them to access safe services when they need them.

Understanding why young people act in certain ways is important for the development of effective sexual health education programmes, as is the development of gender and sexuality-sensitive programmes that are intended for both boys and girls, along with targeting students at different stages of development with relevant messages.

There is increasing recognition of the importance of discussing sex-positive approaches to CSE, defined by IPPF as follows:<sup>86</sup>

*“Sex-positive approaches strive to achieve ideal experiences, rather than solely working to prevent negative experiences. At the same time, sex-positive approaches acknowledge and tackle the various concerns and risks associated with sexuality, without reinforcing fear, shame or taboo of young people’s sexuality or gender inequality.”*

Organizations such as IPPF and The Pleasure Project fully acknowledge this approach in their emphasis on sex-positivity.<sup>87</sup> However, this is not yet reflected in the vast majority of CSE resources and curricula. Discussions are limited to negative aspects of sexuality which give young people an unrealistic view of sexual well-being as something that is separate from sexual pleasure. Michelle Chakkalackal, content strategist for Love Matters, a Dutch media organization that aims to achieve social change, analyzed tens of millions of data entry points across its website and found that using language connected to sexual pleasure significantly increased the reach of sexual health information to young people and their engagement with the issue.<sup>88</sup> Taking a sex-positive approach, and

encouraging discussions among young people about desire, sexual pleasure and confidence in negotiating consensual and pleasurable sex, promotes their empowerment and can also increase young people's confidence to ask questions that may help them to protect their health, including potentially from abuse and exploitation.<sup>89</sup>

#### **BUILDING COMMUNITY AND PARENTAL SUPPORT**

A key factor in successful sexual health programmes in schools has been to implement initiatives that engage communities and embed programming within the local context.<sup>90</sup> Ensuring cooperation and support from parents, families and other key community members from the outset, and regularly reinforcing this during implementation, has also proved effective.

Research suggests that parental concern can be allayed by offering parallel programmes for parents familiarizing them with the content of their children's learning, and equipping parents with skills to communicate more openly about sexuality with their children.<sup>91</sup> It is critical that organizations involved in sexuality education enable a culture that supports choice, respect and responsibility, and reinforces a coherent and consistent set of messages, since conflicting messages undermine programme success.





# The value of peer education

There has been much debate about the value of peer education in delivering CSE and enabling young people to realize their rights. The concept of peer education – equipping young people with the confidence, knowledge, skills and attitudes to engage effectively with their peers on issues that concern them – complements pedagogical approaches, and reinforces delivery of effective CSE.

## Sensitization, referral and information sharing

A study undertook five meta-analyses of peer education programmes implemented in a wide variety of different contexts over many years and concluded that these programmes result in information sharing, but they have very limited effects *on their own* in promoting healthy behaviours and improving health outcomes among target groups.<sup>92</sup> Research suggests that peer education mainly benefits educators and that positive changes brought about through peer education programmes are limited and piecemeal unless they are combined with other initiatives. However, as peer education programmes contribute to information sharing, it is important that such programmes are integrated *within* holistic interventions to meet young people's sexual and reproductive health and rights. Peer educators should be seen as a source of sensitization and as referral points to experts and services.<sup>93</sup>

## Rights-based and pedagogical approach to peer education

Delivering CSE through peer education is a particularly effective way to reach young people from key populations who often face stigmatizing, judgemental attitudes and who like to discuss these issues with 'someone like them' who fully understands their situation. Young people may also be more comfortable using participatory activities that

encourage their peers to share experiences and to learn from one another.

Over 80 per cent of IPPF Member Associations are involved with peer education programmes as a way to integrate young people into sexual and reproductive health services and to increase their active participation.

Most commonly, IPPF's approach involves trained peer educators providing sexual and reproductive health information, services and referrals, through youth centres and outreach activities, to young people both in school and out of school. IPPF's aim is to support young people – both the peer educators themselves and those receiving information and services – to exercise their rights to sexual health, diversity and choice. IPPF's experience shows that a rights-based approach to peer education helps young people to develop the sexual and reproductive health knowledge, skills and attitudes needed to make their own choices regarding their sexuality and health.

The Egyptian Family Planning Association, an IPPF Member Association, has trained peer educators to provide comprehensive, gender-sensitive, rights-based CSE to highly vulnerable young people, including street children and orphans, and young people from key populations, including those who inject drugs and young men who have sex

with men. Peer educators can also ensure that sessions are scheduled in suitable venues and at convenient times.

The Crowd Out AIDS initiative, organized by UNAIDS and involving over 3,700 young people worldwide, recommended strengthening opportunities for peer education at community level, particularly for young people engaged in high-risk behaviours.<sup>94</sup>

*“Being a youth member, first we have to educate and then share knowledge and information with our age fellows, we stop early childhood marriages, try to resolve problems of our friends and try to refer to the clinic if someone needs help... We often conduct sessions on CSE at the youth resource centres and play a role of facilitator between the community and the centres and the clinics. The most important task is to maintain privacy and confidentiality and refer people who need medical facilities to the doctor.”*

*Male peer educator – Pakistan*

## Peer education in Pakistan

Rahnuma (the IPPF Member Association in Pakistan) has a comprehensive training programme and tailored resources for peer educators, including a CSE training manual in English and Urdu and a toolkit on how to provide youth-friendly services, complemented by short docu-drama videos. Rahnuma runs regular training and refresher sessions for the peer educators who are also supported to deliver information to out-of-school youth. The Member Association has set up 15 youth resource centres for young people to meet: the centres also act as referral points to the Association's services. The centres are managed by peer educators who run monthly CSE sessions and regular sensitization and awareness raising sessions. Peer educators also deliver sexual and reproductive rights information to young girls who are confined to their homes.

Rahnuma trains young people to become peer providers; counsellors; street theatre performers to raise awareness about CSE and sensitize target communities; CSE advocates; and in how to engage boys and men as partners in addressing sexual and gender-based violence. Peer educators are also members of youth networks that raise community awareness about specific youth issues such as early marriage. Key to the success of the programme is involvement of young people in its design, which gives them ownership, empowerment and motivation.



# Comprehensive sexuality education in non-formal settings

Delivering CSE in and outside school should not be seen as an *'either/or'*. We must invest in the delivery of CSE in both formal and non-formal settings to ensure that we reach *all* young people – and in the most inclusive and participatory way possible.

## Reaching vulnerable and marginalized youth populations

Globally, the number of children and adolescents not enrolled in school is rising. For the school year ending 2013, 124 million children and adolescents aged 6–15 had either never started school or had dropped out, compared to 122 million in 2011.<sup>95</sup> CSE delivered in non-formal settings has the potential to reach vulnerable and marginalized youth populations who are not in school.

## Innovative and cutting-edge learning styles

CSE in non-formal settings can also be a way to reinforce knowledge for young people who are in school, so that they receive sexuality education both within and outside their school. When delivered outside school, there is potential for sexuality education to be delivered through innovative and cutting-edge learning styles that the school setting or national curricula may not allow for.

Non-formal settings offer opportunities to deliver high quality CSE. For example, they may offer more space for creative delivery approaches, and often provide more flexibility to adapt curricula in response to the latest evidence. This is particularly so for issues that may be sensitive or 'controversial' (for example, the benefits of integrating concepts of pleasure). Peer educators may

be offered greater freedom and responsibility to design and lead CSE sessions in non-formal settings, and the absence of a more traditional didactic 'classroom culture' may facilitate pedagogical approaches that develop young people's critical thinking and questioning skills. Non-formal settings can therefore 'pilot' approaches from which formal settings can learn and then replicate.

## Serving young people who are hardest to reach

In countries where school attendance is low, and where school-based sexuality education is weak, significant knowledge gaps on sexual and reproductive health are very likely.<sup>96</sup> Even if CSE is provided in schools, many adolescents will not receive it, because they are not in school. In Zambia, for example, only 35 per cent of young women and 38 per cent of young men attend secondary school.<sup>97</sup> This indicates that the majority of young people in Zambia need out-of-school alternatives. Organizations and service providers therefore need to develop programmes and materials and train staff to provide CSE in out-of-school spaces, such as youth and sport clubs.

Organizations and individuals that provide CSE in community settings need to work together with school-based programmes and sexual and reproductive health services. UNFPA recognizes that while community-based CSE programmes may operate at a smaller scale,

reaching fewer young people, they are often better at reaching those who are particularly vulnerable, including girls not attending school.<sup>98</sup> There is increasing recognition of the need to balance priorities, by reaching large numbers of young people through school-based CSE while ensuring similar provision for out-of-school more vulnerable young people through non-formal settings.<sup>99</sup> Additionally, it is important to recognize that, in some countries where CSE is not delivered in schools, non-formal settings provide the only opportunity for delivering sexuality education.

The World Health Organization states that young people who face discrimination and abuse of their human rights – including the right to education – are at greatest risk of poor sexual and reproductive health outcomes. Young people who face particular challenges in accessing education are often at increased risk of HIV infection, and sexual and gender-based violence, including young people with disabilities, young people without parental care, young migrants, young workers, pregnant and married girls, and young people who are lesbian, gay, bisexual, transgender, intersex, queer or questioning. Studies indicate that female sex workers are 14 times more likely to have HIV than other women, men who have sex with men are 19 times more likely to have HIV than the general population, and transgender women are almost 50 times more likely to have HIV than other adults. For people who inject drugs, studies show the risks of HIV infection can be 50 times higher than the general population.<sup>100</sup> Failing to





## Delivering CSE to young people with learning disabilities

People with learning disabilities face high levels of stigma in Macedonia. One misconception about people with learning disabilities is that sexuality is not, or should not, be an issue for them. Of course, young people with learning disabilities are just like everyone else, with feelings and desires, and the same rights. Yet they are also more vulnerable: people with learning disabilities are three times more likely to become victims of sexual abuse than people without disabilities.

Macedonia is a country where sexuality education for young people is limited; this is particularly the case for young people outside mainstream education, including young people with learning disabilities. Denying young people with learning difficulties such knowledge leaves them unnecessarily vulnerable to potential abuse, and deprived of their sexual rights.

In 2009, Hera, the IPPF Member Association in Macedonia, started working with people with learning difficulties. Hera developed a plan for sexuality education to be delivered in centres attended by people with learning disabilities, by staff there who clients knew and trusted, after training with Hera. The aim was to teach users how to protect their sexual and reproductive health, and equip them to have pleasurable, responsible and healthy sexual lives.

Demand for the training was high, with 24 professionals from 11 institutions taking part. Training kits, including models and learning kits, were distributed to institutions. Extensive discussions were also held with parents before the programme began, where staff worked to dispel fears that the sessions would encourage their children into sexual activity and put them at greater risk.

Today, the programme is running in six day centres and one state-run residential institution. So far, 81 users have benefited – 31 female and 50 male. Hera aims for the project to be sustainable, with new members of staff in each centre being trained, as well as training parents in the same methods, so that they can support the messages that their children are being taught. Vesna Turmakovska, a psychologist with Hera, has led the sexuality education programme. Vesna explains how working carefully with parents was crucial to its development:

*“Sexuality is part of these young people’s lives; they’re sexual beings and they express their sexuality on a daily basis. At the beginning some parents were afraid that the very fact of learning about sexuality would encourage their children to have sexual relations. Fortunately, we succeeded in reassuring the parents. We explained that it was about giving skills to their children to make them capable of defending themselves from potential abusers. We also explained that they need skills to become more independent in life, and that they have a choice over who they will hang out with, who their friends will be, and need to be able to make a distinction between friendship and love.”*



provide marginalized adolescents and young people with CSE will deepen the social exclusion that many experience, limit their potential, and put their health, futures and lives at greater risk.

*“People forget the issue of inclusivity. Remember that youth are not homogeneous. We are in different categories and have different needs. Young people with disabilities are always forgotten in sexual and reproductive health service provision. So when you talk about unmet needs, it is us.”<sup>101</sup>*

*Robert Nkwangu, National Union of Disabled Persons of Uganda, speaking in 2015 at a UNFPA-led meeting in Kampala, where 15 youth leaders discussed priorities for updating the Global Strategy for Women, Children and Adolescents' Health*

## CSE in non-formal settings – who and where?

Delivering CSE in non-formal settings enables young people to access information in environments where they feel comfortable and safe and also – particularly with highly vulnerable young people – where risk-taking and potentially health-compromising behaviour may also be taking place.<sup>102</sup> Globally, sexuality education is provided in a range of non-formal settings – such as youth clubs, drop-in centres, and through community-based outreach or any other place where educators can engage with young people. It is important to recognize that non-formal delivery of

CSE may happen in schools, through after-school clubs or extra-curricular activities. Sexuality education in non-formal settings often provides an opportunity to work with smaller groups of young people than would be possible in schools, enabling workers to discuss issues in more depth and tailor them to the specific needs of groups.<sup>103</sup>

Around the world, many types of people provide CSE, including (but not limited to) peer educators; youth workers; agencies that provide specific health services; issue-specific community-based organizations, particularly for vulnerable young people such as young men who have sex with men or sex workers; and religious leaders.

Youth involvement in designing and implementing programmes is critical. Young people know what messages and methods are most appropriate for other young people and already talk to their friends about these issues. They are often best placed to reach other young people with these messages, particularly those who are vulnerable and marginalized.

The YP Foundation in India that implements the Know Your Body, Know Your Rights programme, has trained over 3,500 peer educators to run workshops across five states focusing on young people out of school. The Foundation also initiated a youth-led campaign advocating for CSE nationally.<sup>104</sup> The youth network Y-Peer uses creative ‘edutainment’ methodologies to promote sexual and reproductive health issues, connecting over 500 organizations in more than 50 countries across Africa, Asia, the Middle East and Eastern Europe. In countries such as Egypt, where discussing sex and sexuality remains taboo, a successful strategy to engage young people has been through theatre focused on sensitive issues including female genital cutting and early and forced marriage.<sup>105</sup>

## Reaching young people with CSE in humanitarian settings

The SPRINT Initiative is IPPF’s flagship humanitarian programme funded by the Australian Government. The programme provides sexual and reproductive health services to tens of thousands of young women and men. These young people are typically the most vulnerable to exploitation, as they are often separated from the safety of their families and are forced to live in makeshift camps. IPPF engages with religious leaders, volunteers and government officials to deliver CSE during emergencies.

IPPF’s SPRINT Initiative delivers CSE in challenging crisis situations, such as during conflicts and natural disasters. Conditions can be cramped in a camp, so CSE is delivered in female-friendly areas offering girls and women the opportunity to meet in a private space. SPRINT also distributes dignity kits, which meet the hygiene requirements of displaced women and girls. Many of the SPRINT programmes are designed so that when young people arrive for sexual and reproductive health services, they are directed to also receive CSE, so that as many young people as possible are reached. The following topics are included in the CSE work offered by the SPRINT Initiative in humanitarian settings:

- sexual health, well-being and human rights
- relationships
- the body, puberty and reproduction
- sexual and reproductive health and rights and gender equality
- raising awareness about prevention, care and treatment of HIV and sexually transmitted infections

Evidence from the United Kingdom shows that youth workers play an important role in CSE delivery. Three out of five young people have contact with youth services in the United Kingdom between their formative years of 11 and 15, when they are likely to be exploring and developing their sexuality, and youth workers often work with marginalized young people who may have missed mainstream sex education in schools and who often do not access other services.<sup>106</sup>

Research on young people's preferred sources of information in rural Uganda shows that young women prefer to receive information about negotiating good relationships and condom use within relationships from an up-skilled traditional source – a 'ssenga' (paternal aunt).<sup>107</sup> Research also highlights the role of parents in supporting the emotional and physical development of their children, with parent-adolescent conversations on issues relating to sex education and sexuality offering 'protective value', and some evidence



demonstrating a reduction in the number of sexual partners, delayed sexual initiation and increased self-efficacy for condom negotiation.<sup>108</sup>

Irrespective of *who* is delivering CSE and in *which context*, the source must be comfortable and confident in delivering the information in a way that is framed positively and is non-judgemental. Training, ongoing support, supervision and access to resources and materials are beneficial.<sup>109</sup>

### Effective approaches to delivering CSE in non-formal settings

Participatory and learning-centred methodologies are most effective for teaching about sexuality, HIV, gender and rights.<sup>110</sup> These pedagogical approaches – involving the development of skills and values, group learning and peer engagement – are increasingly seen as transformative approaches that impact on learning and education more broadly. Such pedagogical approaches are rooted in empowerment and rights-based models. They promote reflection and critical thinking about power and social norms related to gender, and have aspirations beyond behaviour change towards cognitive and social transformation.<sup>111</sup> This involves re-thinking traditional concepts of 'learning', moving from 'imparting knowledge' towards methodologies and techniques to explore attitudes and values. This means tailoring activities and discussions towards the specific needs of individuals and encouraging young people to learn from one another. This allows friends and peers to participate actively as 'educators' by sharing their experiences, offering their views and questioning.

Developing a model to engage young people actively in their own learning, and to think critically about gender and rights, requires strengthening the skills of educators.<sup>112</sup> Efforts

are being made to strengthen teacher training in countries in Eastern and Southern Africa after the 10-country review assessed teaching approaches and found, overall, that there was inadequate attention to emotional learning objectives, and weak attention to engaging critical thinking skills or building a democratic classroom culture.<sup>113</sup>

Effective CSE requires a supportive environment where young people feel comfortable expressing their views, and their privacy and confidentiality are respected within the boundaries of child protection.<sup>114</sup> This includes agreeing ground rules, promoting active learning methods, and ensuring an inclusive environment that embraces the needs of all young people.<sup>115</sup> Single-sex groups were found to encourage open discussion among young people. The 'Stepping Stones' training package, which pioneered many of these methodologies, has been used to facilitate discussions with groups of boys/young men and girls/young women on gender, HIV, communication and relationship skills for 20 years and has now been translated into 30 languages.<sup>116</sup>

Non-formal settings provide opportunities for responsive approaches – for example, opportunistic discussions triggered by campaigns such as World AIDS Day – and more creative approaches involving mobile technology, sport, art, media, debates, quizzes, drama, radio and TV. Active learning methods are widely agreed to be the most appropriate for non-formal settings. These can be fun and are especially effective for exploring feelings, practising skills and discussing values.<sup>117</sup> Examples include 'Auntie Stella's Activity Cards', developed in Zimbabwe by the Training and Resource Support Centre, which feature 33 'real life' questions in the form of a letter from young people on adolescent sexual health topics. Young people can interact (either online or in a group setting) to find out Auntie Stella's responses.<sup>118</sup>

# New platforms for reaching young people

With fast-evolving social media platforms and new technologies, the ways in which young people access information are ever-expanding.

## Social media and new technologies

Research on the effectiveness and effects of delivering CSE through these new platforms is limited and emerging. Below are examples of ways in which these new platforms can reach young people with information and educational messages about sexual and reproductive health and rights.

### Media

The South African non-governmental organization Soul City uses mass media, social mobilization and advocacy activities to target young people of different ages. Soul Buddy TV encourages facilitated discussions among young adolescents based on the TV series and accompanying booklets, while Soul Buddyz Clubs extend the impact of the drama by promoting community dialogues through their network of 6,500 children's clubs. Children in these clubs were almost four times more likely to disagree with the statement that boys have the right to sex if they want it and to answer correctly that HIV can be transmitted through unprotected sex, than children not attending these clubs. An evaluation of the regional radio/TV initiative showed that a notable increase in HIV testing and reported condom use was associated with exposure to the programme.<sup>119</sup>

### Mobile technologies

In Nigeria, the non-governmental organization Education as a Vaccine<sup>120</sup> links young people to youth-friendly services in a context challenged by religious polarization. Education as a Vaccine uses cyber cafés to deliver sexuality education through eLearning, with content developed by

young people themselves. The organization also supports a 24-hour phone, email and text messaging service that allows young people to reach out anonymously to trained professionals with urgent questions relating to sexual and reproductive health. The response to this service has been overwhelming, with more than 10,000 texts received each month.

### Reaching young people in innovative ways

Delivering CSE to marginalized young people can be a challenge. In Russia, MenZDRAV Foundation offers information and advice through online and telephone counselling specifically to young men who have sex with men and who are living with HIV. Staffed by a team of trained young men who have sex with men, the Foundation provides information on sexuality, safer sex, sexually transmitted infections, adherence to antiretroviral therapy and disclosure of HIV status to sexual partners, and links young people with national helplines.<sup>121</sup>

Save the Children Foundation Thailand uses information, communication and technology to enhance HIV prevention outreach to young men who have sex with men and transgender people in Chiang Mai, a major destination for sex tourism. The project provides information on HIV prevention, treatment and care by tapping into social media, including Facebook, Line (a mobile phone application) and other popular fora.<sup>122</sup>

There is strong evidence to show that young people respond to sex-positive approaches to provision of







information and education. For example, RNW Media in the Netherlands, a media organization that aims to achieve social change, hosts sexuality education-related content for young people. RNW Media hosts websites in parts of the world where change is hard to achieve because freedom of speech is restricted. All content is hosted online through platforms in countries including China, Egypt, India and Venezuela. Its sites, which seek to reach young audiences aged 15–30, have received over 1 million page views, and over 2.1 million people follow RNW's social media presence.

The creators of RNW Media noticed a significant gap in the information available to young people online. While there was partial content available relating to sexuality education, there was next to nothing about pleasure. Going against the tide in an era of disease prevention and risk reduction, RNW chose to establish a more sex-positive tone and carry content on sexual pleasure. This includes resources that address love, sex and relationships in a sex-positive way.

A closer look at the analytics of how young people use the site has revealed that pages with articles relating to pleasure out-perform pages with content on more

traditional sexuality education themes by 1.6 times. This highlights the disparities between the information young people seek, and the information they receive through traditional programming.

The fact that young people are seeking and successfully accessing information about sexual pleasure online also raises questions about whether non-formal types of education, particularly online sources with the relatively higher degree of privacy they provide, might be particularly well suited to communicating information and education about sexual pleasure. This requires programming that is responsive to the young people it intends to reach.

The delivery of sexuality education in non-formal settings, particularly through social media, has revealed disconnects between the information young people are seeking and the content of traditional CSE programmes. Increasingly, young people are looking online for information and can easily come across inaccurate 'mis-information' about sexual and reproductive health and sexuality. This highlights the need for strongly promoted, reputably-backed, accurate, well-communicated CSE material online in all countries.

# Conclusion and recommendations: looking to the future

This report makes the case for governments to invest in delivering high quality CSE to all young people in both formal and non-formal settings. It emphasizes the importance of evidence-informed approaches to *which topics* are included, *who delivers* sexuality education, *how they are trained*, and *how CSE is delivered* in relation to pedagogy and participatory, learner-centred approaches.

## Building a body of evidence

Positive health and empowerment outcomes for young people can be expected from CSE delivered in both formal and non-formal settings. However, more evidence is needed for what works in different types of non-formal settings, and what works for different vulnerable young population groups. This is particularly urgent given that 124 million children and young people globally did not attend school in 2013, and many of those have

heightened vulnerability to ill health, including poor sexual health. The challenge of ensuring adequate scale-up and sustainability of CSE inside and outside of schools remains. Huge efforts are still needed to create a culture of choice and respect that includes government, parental and community support for CSE and enables young people to realize their rights.

## Need for investment

Investment is needed urgently for both school-based and out-of-school CSE programmes. The rationale for this is two-fold. Firstly, school-based programmes have the potential to deliver sexuality education at a scale that leads to improved health and empowerment outcomes for all young people in schools. Secondly, investment in out-of-school programmes is needed to reach young people outside formal education with vital information, skills and links to services. Out-of-school delivery of CSE also complements school-based delivery for young people who attend school.

There has been more investment in school-based CSE globally in recent years, and now high quality CSE in non-formal settings requires a similar level of commitment and investment. This is vital to reach increasing numbers of marginalized and vulnerable young people who are not accessing formal education. The economic arguments

and evidence supporting the cost-effectiveness of CSE in relation to the numbers of negative sexual health outcomes averted, including HIV infections, provide a compelling case for governments and donors to scale up this investment. Scaling up high quality CSE provision through a range of different approaches is critical. CSE – in both formal and non-formal settings – is needed to meet the health, education and gender-related targets in the Sustainable Development Goals.

## Recommendations

### 1. DELIVERING HIGH QUALITY CSE THAT MEETS THE NEEDS OF ALL YOUNG PEOPLE

**1.1 Governments, health providers, educators, civil society organizations and United Nations agencies** should design and implement high quality sustainable CSE programmes that encompass information and education about sexual and reproductive health, positive aspects of sexuality, gender, rights and empowerment principles, and that encourage critical thinking in young people.

**1.2 Governments** must ensure that high quality CSE, that considers the full spectrum of young people's sexual and reproductive lives, is delivered within schools and the national curriculum *as well as* across non-formal settings.



These programmes should be scaled up to reach all young people within schools, as well as focusing explicitly on reaching young people who are particularly vulnerable and who are excluded from the schooling system.

**1.3 Educators and civil society groups** should provide information and education to vulnerable and marginalized groups (young people who drop out of school, street children, young people living with HIV, disabled young people, younger adolescents aged 10–14, men who have sex with men, among others). This education should be delivered through flexible and creative approaches that are carefully planned and monitored, and targeted to reach these populations.

**1.4 Civil society organizations and educators** must ensure that CSE is delivered within safe and non-judgemental environments, and involves participatory teaching methods that meet young people's learning needs. This includes curriculum-based activities as well as more responsive non-curriculum delivery approaches.

**1.5 Educators** designing and implementing CSE programmes must listen to the voices of young people to ensure that information and education is responsive to their specific needs. It is crucial to continuously strengthen partnerships with youth-led groups, supporting the direct participation and leadership of young people, particularly from marginalized groups, in CSE programme development, research and advocacy.

## 2. TRAINING AND SUPPORT FOR EDUCATORS AND HEALTH PROVIDERS

**2.1 Governments, civil society organizations and health providers** must invest in supporting teachers, educational institutions and individuals who deliver

CSE in both schools and non-formal settings to be trained sufficiently and confident in delivering sexuality education in a way that is framed positively and is non-judgemental. This includes providing teachers with high quality ongoing training, supervision and resources to ensure they have the skills, expertise and support to deliver sexuality education that meets international standards.

**2.2 Governments, health providers and educational institutions** must ensure that there are strong links between educational facilities and health providers, as well as between ministries of education and health within governments, in order that young people can access the information and education as well as the sexual and reproductive health services that they need.

### Areas for further research

While robust evidence exists on the positive effects of CSE on young people's health, more rigorous evaluations looking into the effects of CSE on young people's well-being *beyond* health outcomes are needed.

#### GETTING CLOSER TO 'WHAT WORKS' FOR IMPROVING THE WELL-BEING OF ALL YOUNG PEOPLE

Research is needed to identify the key characteristics of effective programmes that address and affect young people's well-being. Areas for further research include understanding which interventions are effective in changing norms and attitudes and in increasing the capacity of young people for critical thinking, decision making and communication.

There is a need for more research into the effectiveness of sex-positive CSE programmes, on the links between sexual competence and the well-being of individual young people, and the effects on their relationships and communities. To ensure CSE programming is holistic, it is important to bring together experts from the fields of

public health, human rights, education and sexology to move from 'siloed' to more integrated approaches.

More evidence is also needed on 'what works' in changing attitudes on gender equality and reducing violence against women and girls as part of CSE delivery. Similarly, more evidence is needed on 'what works' in changing attitudes towards sexual diversity, building a culture of respect for people who are lesbian, gay, bisexual, transgender, intersex, queer or questioning, and challenging homophobia and transphobia and the associated violence against these populations. More evidence is also required on implementing CSE programmes and 'what works' for specific groups of vulnerable young people, particularly young people with disabilities, young people who use drugs, young sex workers and young transgender people.



### 3. CHANGING NORMS AND BEHAVIOURS TO SUPPORT A CULTURE OF CHOICE

**3.1 Educators and civil society** should work with communities and parents to build support for CSE as well as a culture that supports choice and respect for young people and their sexual and reproductive health and rights.

**3.2 Civil society organizations and educators** should build peer education programmes into broader programming for young people's sexual and reproductive health and rights, acknowledging the unique value that peer educators offer as a source of sensitization and as referral points to experts and services.

#### Resources for developing high quality sexuality education

The 'IPPF Framework for Comprehensive Sexuality Education' reflects a rights-based approach to adolescent sexuality. It provides a checklist for determining whether all of the essential elements of CSE are present, a basic planning framework for implementing such education, in-depth resources and sample curricula.

[www.ippf.org/sites/default/files/ippf\\_framework\\_for\\_comprehensive\\_sexuality\\_education.pdf](http://www.ippf.org/sites/default/files/ippf_framework_for_comprehensive_sexuality_education.pdf)

In 'Lessons Learned in Life Skills-based Education for HIV/AIDS', UNICEF presents lessons from a wide range of research and experiences with HIV/AIDS prevention education in both developing and developed countries, with the aim of maximizing the quality of programmes and, ultimately, improving programme outcomes. The lessons it contains are also relevant to CSE.

[www.unicef.org/lifeskills/index\\_lessonslearned.html](http://www.unicef.org/lifeskills/index_lessonslearned.html)

'Tool to Assess the Characteristics of Effective Sex and STI/HIV Education Programs', by Douglas Kirby and colleagues, is an organized set of questions designed to help practitioners assess whether curriculum-based programmes have incorporated characteristics common to effective programmes identified through the research study cited above.

[www.in.gov/isdh/files/TAC.pdf](http://www.in.gov/isdh/files/TAC.pdf)

'It's All One Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education', produced by the Population Council, IPPF and others, provides a holistic CSE curriculum that emphasizes gender equality and human rights. It presents important topic areas to cover, lesson plans and advice on how to tackle sensitive issues in a positive, proactive manner.

[www.popcouncil.org/uploads/pdfs/2011PGY\\_ItsAllOneGuidelines\\_en.pdf](http://www.popcouncil.org/uploads/pdfs/2011PGY_ItsAllOneGuidelines_en.pdf)



## References and endnotes

- 1 UNESCO (2011) Cost and Cost-effectiveness Analysis of School-based Sexuality Education Programmes in Six Countries. Geneva: United Nations Educational, Scientific and Cultural Organization.
- 2 Pawson R, Greenhalgh T, Harvey G and Walshe K (2005) Realist review – a new method of systematic review designed for complex policy interventions. *Journal of Health Services Research & Policy*. 10(supplement 1): 21–34. Available at <<http://www.ncbi.nlm.nih.gov/pubmed/16053581>> Accessed 17 February 2016.
- 3 Ibid.
- 4 UNFPA (2014) *State of World Population 2014 Report*. New York: UNFPA. Available at <<http://eeca.unfpa.org/publications/state-world-population-2014-report>> Accessed 11 November 2015.
- 5 UNFPA (2014) *State of World Population 2014 Report*. New York: UNFPA. Available at <<http://eeca.unfpa.org/publications/state-world-population-2014-report>> Accessed 11 November 2015.
- 6 UNESCO (2009) *International Technical Guidance on Sexuality Education: An Evidence-informed Approach for Schools, Teachers and Health Educators*. Paris: United Nations Educational, Scientific and Cultural Organization.
- 7 Forrest S, Strange V, Oakley A and the Ripple Study Team (2004) What do young people want from sex education? The results of a needs assessment from a peer-led sex education programme. *Culture, Health & Sexuality*. 6(4): 337–54. Abstract only available at <<http://www.ncbi.nlm.nih.gov/pubmed/21972906>> Accessed 4 November 2015.
- 8 Ibid.
- 9 Rudolph A (2009) Paper presented at 'Critical Feminist Dialogues on Sex Education, Violence and Sexology: Between Agency, Pleasure, Shame and Pain'. GEXcel Themes 4 and 5 conference, Linköping University.
- 10 International Planned Parenthood Federation (2010) *IPPF Framework for Comprehensive Sexuality Education*. London: IPPF.
- 11 UNAIDS and the African Union (2015) *Empower Young Women and Adolescent Girls: Fast-tracking the End of the AIDS Epidemic in Africa*. Geneva: UNAIDS.
- 12 UNESCO. Op. cit.
- 13 Maticka-Tyndale E and Tenkorang EY (2010) A multi-level model of condom use among male and female upper primary school students in Nyanza, Kenya. *Social Science & Medicine*. 71(3): 616–25. Available at <<http://www.ncbi.nlm.nih.gov/pubmed/20570426>> Accessed 3 November 2015.
- 14 UNESCO. Op. cit.
- 15 Ibid.
- 16 DiCenso A, Guyatt G, Willan A and Griffith L (2002) Interventions to reduce unintended pregnancies among adolescents: systematic review of randomised controlled trials. *British Medical Journal*. 324(7351): 1426. Available at <<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC115855/>> Accessed 16 November 2015.
- 17 UNAIDS and the African Union. Op. cit.
- 18 Thomas F and Aggleton P (2016) 'School-based sex and relationships education: current knowledge and emerging themes' in Sundaram V and Sauntson H (eds) *Global Perspectives and Key Debates in Sex and Relationships Education: Addressing Issues of Gender, Sexuality, Plurality and Power*. Basingstoke: Palgrave Macmillan.
- 19 Ibid.
- 20 Ibid.
- 21 UNESCO (2011) Cost and Cost-effectiveness Analysis of School-based Sexuality Education Programmes in Six Countries. Geneva: United Nations Educational, Scientific and Cultural Organization.
- 22 UNESCO (2011) Cost and Cost-effectiveness Analysis of School-based Sexuality Education Programmes in Six Countries. Geneva: United Nations Educational, Scientific and Cultural Organization.
- 23 Ibid.
- 24 Haberland N (2015) *The Case for Addressing Gender and Power in Sexuality and HIV Education: A Comprehensive Review of Evaluation Studies*. Washington, DC: Population Council.
- 25 Thomas F and Aggleton P. Op. cit.
- 26 Ibid.
- 27 UNFPA (2015) *The Evaluation of CSE Programmes: A Focus on the Gender and Empowerment Outcomes*. New York: UNFPA.
- 28 Holden J, Bell E and Schauerhammer V (2015) *We Want to Learn About Good Love: Findings from a Qualitative Study Assessing the Links Between Comprehensive Sexuality Education and Violence Against Women and Girls*. London: Plan International UK and Social Development Direct.
- 29 Ibid.
- 30 UNFPA (2010) *Comprehensive Sexuality Education: Advancing Human Rights, Gender, Equality and Improved Sexual and Reproductive Health*. New York: UNFPA.
- 31 Holden J, Bell E and Schauerhammer V. Op. cit.
- 32 Stonewall (2012) *The School Report*. Available at <[https://www.stonewall.org.uk/sites/default/files/The\\_School\\_Report\\_\\_2012\\_.pdf](https://www.stonewall.org.uk/sites/default/files/The_School_Report__2012_.pdf)> Accessed 26 November 2015.
- 33 Unterhalter E, North A, Arnot M, Lloyd C, Moletsane L, Murphy-Graham E, Parkes J and Saito M (2014) *Girls' Education and Gender Equality*. London: Department for International Development. Available at <[http://r4d.dfid.gov.uk/pdf/outputs/HumanDev\\_evidence/Girls\\_Education\\_Literature\\_Review\\_2014\\_Unterhalter.pdf](http://r4d.dfid.gov.uk/pdf/outputs/HumanDev_evidence/Girls_Education_Literature_Review_2014_Unterhalter.pdf)> Accessed 10 November 2015.
- 34 Dennison C (2004) *Teenage Pregnancy: An Overview of the Research Evidence*. Wetherby: National Health Service Health Development Agency. Available at <<http://webarchive.nationalarchives.gov.uk/+/http://www.wiredforhealth.gov.uk/PDF/blooopregPO.pdf>> Accessed 18 February 2016.
- 35 Igras SM, Macieira M, Murphy E and Lundgren R (2014) Investing in very young adolescents' sexual and reproductive health. *Global Public Health: An International Journal for Research, Policy and Practice*. 9(5): 555–69. p555. Available at <<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4066908/>> Accessed 10 November 2015.

- 36 World Health Organization (2011) *The Sexual Health of Younger Adolescents. Research Issues in Developing Countries*. Geneva: WHO. Available at <[http://apps.who.int/iris/bitstream/10665/44590/1/9789241501552\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/44590/1/9789241501552_eng.pdf)> Accessed 24 February 2016.
- 37 Ibid, p.1.
- 38 UNFPA (2014) *Operational Guidance for Comprehensive Sexuality Education: A Focus on Human Rights and Gender*. New York: UNFPA.
- 39 Jolly S, Cornwall A and Hawkins K (eds) (2013) *Women, Sexuality and the Political Power of Pleasure*. New York: Zed Books.
- 40 World Health Organization (2006) *Defining Sexual Health*. Report of a Technical Consultation on Sexual Health, 28–31 January 2002. Geneva: WHO.
- 41 Jolly S, Cornwall A and Hawkins K. Op. cit.
- 42 Ibid.
- 43 Ibid.
- 44 UNFPA (2014). Op. cit.
- 45 Chandra-Mouli V, Lane C and Wong S (2015) What does not work in adolescent sexual and reproductive health: a review of evidence on interventions commonly accepted as best practices. *Global Health: Science and Practice*. 3(3): 333–40. p.333.
- 46 Thomas F and Aggleton P. Op. cit.
- 47 UNFPA (2014) State of World Population 2014 Report. New York: UNFPA. Available at <<http://eeca.unfpa.org/publications/state-world-population-2014-report>> Accessed 11 November 2015.
- 48 Ibid.
- 49 Ibid.
- 50 Kirby D, Laris BA and Rolleri L (2006) *The Impact of Sex and HIV Education Programs in Schools and Communities on Sexual Behaviours among Young Adults*. North Carolina: Family Health International.
- 51 Thomas F and Aggleton P. Op. cit. p.14.
- 52 Ibid. p.15.
- 53 Chandra-Mouli V, Lane C and Wong S. Op. cit. p.15.
- 54 Ibid.
- 55 Fine M and McClelland SI (2006) Sexuality education and desire: still missing after all these years. *Harvard Educational Review*. 76(3): 297. Available at <<http://www.progresslab.info/downloads/ThickDesire.2006.pdf>> Accessed 21 December 2015.
- 56 Ibid.
- 57 Thomas F and Aggleton P. Op. cit. p.19.
- 58 Ibid. p.19.
- 59 Ibid. p.19.
- 60 Ibid. p.22.
- 61 Ibid. p.22.
- 62 Ibid.
- 63 Ibid. p.22-23.
- 64 Ibid. p.23.
- 65 UNESCO (2014) *Charting the Course of Education and HIV*. Paris: United Nations Educational, Scientific and Cultural Organization. p.23.
- 66 Ibid.
- 67 Thomas F and Aggleton P. Op. cit. p.23.
- 68 Ibid. p.23
- 69 UNESCO/UNFPA (2012) *Sexuality Education: A Ten Country Review of School Curriculum in East and Southern Africa*. New York: Population Council.
- 70 UNESCO (2013) *Prevention Education in Eastern Europe and Central Asia: A Review of Policies and Practices*. Paris: United Nations Educational, Scientific and Cultural Organization.
- 71 International Planned Parenthood Federation. Op. cit.
- 72 UNESCO and the Global Network of People Living with HIV (GNP+) (2012) *Positive Learning: Meeting the Needs of Young People Living with HIV (YPLHIV) in the Education Sector*. Paris: United Nations Educational, Scientific and Cultural Organization.
- 73 Thomas F and Aggleton P. Op. cit.
- 74 UNESCO (2013). Op. cit. p.19.
- 75 UNESCO/UNFPA. Op. cit.
- 76 Ibid.
- 77 See <[www.crowdoutaids.org](http://www.crowdoutaids.org) For #Youthpcb30> Accessed 10 November 2015.
- 78 Thomas F and Aggleton P. Op. cit.
- 79 Ibid. p.21.
- 80 Ibid.p.22.
- 81 Ibid. p.20.
- 82 World Health Organization (2014) *Ensuring Human Rights in the Provision of Contraceptive Information and Services. Guidance and Recommendations*. Geneva: WHO. p.20.
- 83 UNESCO and UNFPA (2012) *Sexuality Education: A ten-country Review of School Curricula in East and Southern Africa*. Available <<http://unesdoc.unesco.org/images/0022/002211/221121e.pdf>> Accessed 14 March 2016.
- 84 Ibid.
- 85 UNESCO (2009). Op. cit.
- 86 International Planned Parenthood Federation (2011) *Keys to Youth Friendly Services: Adopting a Sex Positive Approach*. London: IPPF.
- 87 International Planned Parenthood Federation (2010). Op. cit.
- 88 See <<https://www.rnw.org/articles/love-matters-talks-sexy-in-singapore>> Accessed 4 December 2015.
- 89 Family Planning Association (2011) *FPA Policy Statement: Sexual Wellbeing and Pleasure*. London: FPA.
- 90 Thomas F and Aggleton P. Op. cit.
- 91 Ibid. p.20.
- 92 Chandra-Mouli V, Lane C and Wong S. Op. cit.



- 93 Chandra-Mouli V, Lane C and Wong S. Op. cit.
- 94 See <[www.crowdoutaids.org/ForYouthpcb30](http://www.crowdoutaids.org/ForYouthpcb30)> Accessed 10 November 2015.
- 95 UNESCO Institute for Statistics (July 2015) Available at <<http://www.uis.unesco.org/DataCentre/Pages/BrowseEducation.aspx>> Accessed 11 November 2015.
- 96 Anderson R, Panchaud C, Singh S and Watson K (2013) *Demystifying Data: A Guide to Using Evidence to Improve Young People's Sexual Health and Rights*. New York: Guttmacher Institute.
- 97 Anderson R, Panchaud C, Singh S and Watson K (2013) *Demystifying Data: A Guide to Using Evidence to Improve Young People's Sexual Health and Rights*. New York: Guttmacher Institute.
- 98 UNFPA (2014). Op. cit.
- 99 Ibid.
- 100 World Health Organization (2014) *People Most at Risk of HIV are Not Getting the Health Services they Need*. Available at <<http://www.who.int/mediacentre/news/releases/2014/key-populations-to-hiv/en/>> Accessed 11 November 2015.
- 101 World Health Organization, The Partnership for Maternal, Newborn & Child Health (2015) *Youth Leaders: Prioritise Adolescent Health with Resources and Results*. Available at <<http://www.who.int/pmnch/media/events/2015/uganda/en/>> Accessed 11 November 2015.
- 102 Sex Education Forum (2006) *Sex and Relationships Education with Young People in Non-formal Settings*. Factsheet 36. London: National Children's Bureau.
- 103 Kirby D, Laris BA and Roller L (2005) *Impact of Sex and HIV Education Programs on Sexual Behaviors of Youth in Developing and Developed Countries*. Youth Research Working Paper Series No. WP05-03. North Carolina: Family Health International.
- 104 UNESCO (2012) *Good Policy and Practice in Health Education: Gender Equality, HIV and Education*. Paris: United Nations Educational, Scientific and Cultural Organization.
- 105 UNFPA (2014). Op. cit.
- 106 Sex Education Forum. Op. cit.
- 107 Nobelius AM, Kalina B, Pool R, Whitworth J, Chesters J and Power R (2010) Sexual and reproductive health information sources preferred by out-of-school adolescents in rural Southwest Uganda. *Journal of Sex Education*. 10(1): 91–107.
- 108 Crosby RA, Hanson A and Rager K (2009) The protective value of parental sex education: a clinic-based exploratory study of adolescent females. *Journal of Pediatric & Adolescent Gynecology*. 22(3): 189–92.
- 109 UNFPA (2014). Op. cit.
- 110 International Sexuality and HIV Curriculum Working Group. Haberland N and Rogow D (eds) (2009) *It's All One Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education*. New York: Population Council.
- 111 International Planned Parenthood Federation. Op. cit.
- 112 Haberland N and Rogow D (2015) Sexuality education: emerging trends in evidence and practice. *Journal of Adolescent Health*. 56(1); supplement: S15–S20.
- 113 UNESCO/UNFPA. Op. cit.
- 114 Kirby D, Laris BA and Roller L (2005). Op. cit.
- 115 Sex Education Forum (2002) *Delivering Sex and Relationships Education Within the Youth Service*. Forum Factsheet. London: National Children's Bureau. Available at <[http://www.ncb.org.uk/media/229344/delivering\\_sex\\_and\\_relationships\\_education\\_within\\_the\\_youth\\_service.pdf](http://www.ncb.org.uk/media/229344/delivering_sex_and_relationships_education_within_the_youth_service.pdf)> Accessed 18 February 2016.
- 116 See <<http://www.steppingstonesfeedback.org/index.php/page/Home/gb>> Accessed 11 November 2015.
- 117 Sex Education Forum. Op. cit.
- 118 Training and Research Support Centre (Zimbabwe) (n.d.) *Auntie Stella: Teenagers Talk about Sex, Life and Relationships*. Available at <<https://www.iywg.org/resources/auntie-stella-activity-cards>> Accessed 11 November 2015.
- 119 Soul City Institute for Health & Development Communication (n.d.) *Soul Buddyz Clubs*. Available at <<http://www.soulcity.org.za/projects/soul-buddyz/soul-buddyz-club>> Accessed 12 November 2015.
- 120 Personal communication with Fadekemi Akinafaderin, Executive Director of Education as a Vacciner.
- 121 Ibid.
- 122 World Health Organization (2015) *A Technical Brief: HIV and Young Men who Have Sex with Men*. Geneva: WHO.

## Acknowledgements to contributors

- Author: Preethi Sundaram, Policy and Advocacy Officer, IPPF
- Brooke Boyanton, Creative Designer, IPPF
- Doortje Braeken, Senior Adviser, Adolescents /Young People, IPPF
- Laura Feeney, Publishing Officer, IPPF
- Laura Hurley, Youth Access, Gender and Rights Officer, IPPF
- Alison Marshall, Senior Adviser, Advocacy, IPPF
- Helen Martins, Portfolio Publishing
- Helen Parry, Research Consultant
- Grace Wilentz, Research Consultant

## Photography

- 5 IPPF/John Spaul/Colombia
- 8 IPPF/Graeme Robertson/Palestine
- 9 IPPF/Chole Hall/Gambia
- 11 IPPF/Graeme Robertson/Nepal
- 12 IPPF/Graeme Robertson/Nepal
- 14 IPPF/Peter Caton/Hong Kong
- 16 IPPF/Jon Hopkins/Kenya
- 18 IPPF/Carmin Montilla/Venezuela
- 19 IPPF/Chole Hall/Bolivia
- 20 IPPF/Mustafa/Nepal
- 24 IPPF/Peter Caton/Bangladesh
- 26 IPPF/Pakistan
- 28 IPPF/Graeme Robertson/Macedonia
- 30 IPPF/Graeme Robertson/Venezuela
- 31 @ Garry Knight/Flickr
- 32 @ Gary Knight/Flickr/Long Shorts
- 33 IPPF/Peter Caton/Hong Kong
- 35 IPPF/Jennifer Woodside/Senegal



The International Planned Parenthood Federation (IPPF) is a global service provider and a leading advocate of sexual and reproductive health and rights for all. We are a worldwide movement of national organizations working with and for communities and individuals.

Published in March 2016  
by the International Planned  
Parenthood Federation  
4 Newhams Row, London SE1 3UZ, UK  
tel +44 (0)20 7939 8200  
fax +44 (0)20 7939 8300  
web [www.ippf.org](http://www.ippf.org)  
email [info@ippf.org](mailto:info@ippf.org)

UK Registered Charity No. 229476  
Edited and typeset by  
[www.portfoliopublishing.com](http://www.portfoliopublishing.com)

## ‘Everyone’s right to know: delivering comprehensive sexuality education for all young people’ is IPPF’s third publication in our series of Vision 2020 reports.

Vision 2020 is IPPF’s 10-point call to action – our vision for universal access to sexual and reproductive health and rights. IPPF’s Vision 2020 manifesto includes 10 key asks that we see as necessary to achieve universal access to sexual and reproductive health and rights and to create an equal and sustainable world. Leading up to 2020, IPPF will produce an annual Vision 2020 report that focuses, in turn, on goals from our manifesto. This landmark report focuses on goal number 5 and goal number 8 of the manifesto, which calls for governments to engage young people in all policy decisions affecting their lives and to make comprehensive sexuality education available to all by 2020.