# COMPREHENSIVE SEXUALITY EDUCATION

## What Is It?

There is growing international consensus on the importance of delivering age-appropriate, scientifically-accurate information about sexual and reproductive health and rights (SRHR) to young people. Comprehensive Sexuality Education (CSE) provides an understanding of SRHR in the broader context of young people's lives, to equip them with the knowledge and life skills they need to make informed decisions: to enjoy their sexuality; to mitigate vulnerabilities, including those specific to the urban environment; and to protect their health, well-being and rights.

There is wide consensus that CSE should be provided using a rights-based lens and go beyond information on pregnancy and disease prevention to address the social determinants of health, emotional and social development and life skills. As a result, CSE is referred to as life skills or life planning education in some country contexts.

## What Are the Benefits?

- Enables positive health seeking behaviors by increasing knowledge about different aspects of sexuality, behaviors and risks
- Reduces risky sexual behaviors, increases knowledge and use of contraception and can protect adolescents and young people from HIV by improving attitudes related to SRH
- Can reduce adolescent and youth vulnerabilities to violence, by promoting bodily integrity, self-confidence and negotiation skills, and gender equitable norms

## How to Implement?

CSE has been shown to improve adolescent SRH knowledge, attitudes and behaviors when implemented well. Before commencing the development of a CSE program, stakeholders – including young people – should agree on the program's aims.

### Establish a multisectoral group of champions

The support of stakeholders and partners from local to international levels can go a long way in creating an enabling environment for CSE programs to be effective. Establish a working group that includes a cross section of stakeholders such as community leaders, youth workers, health providers, academicians, young people, parents, teachers and faith leaders. Such a group can act as champions in the community if the program meets resistance. Additional tasks for such a group include:

- Conducting a needs assessment of adolescents and/or young people's SRH (met and unmet needs)
- Identifying community gatekeepers (those who have influence over young people's access to healthcare)
- Advising on potential risks and challenges, including opposition the program is likely to face, and how to prioritize and mitigate those risks and challenges

- Developing a collaborative definition of CSE and what objectives it aims to achieve, to ensure a common understanding among all stakeholders
- Ensuring that program policies developed are gender transformative and inclusive—not only across identities but also addressing marginalized and vulnerable populations
- Clearly articulating key messages from the program for the local context, with joint ownership
- Ensuring mechanisms for developing and strengthening community participation are in place that emphasise strengthening intergenerational dialogue
- Establishing links to health and referral service systems, in anticipation of the demand likely to be raised by CSE workshops or programs

## Develop a curriculum that is grounded in young people's realities in urban environments

There are a multitude of tools and resources available for creating CSE curricula; see the Tools Related to this Approach (in the bottom right-hand corner) for some examples. Curriculum development must be based on the realities and needs of young people in their own environment, and experts as well as community stakeholders should be involved in this. Consideration should be given to pedagogy and the use of experiential approaches to learning for young people. Participatory teaching methodologies are considered essential to ensure the development of skills and self-efficacy.

An analysis of the SRH challenges faced by adolescents and young people living in two slums in Nairobi showed low levels of knowledge on key SRH indicators, including menstrual hygiene; HIV and perceptions regarding testing, treatment and care; social norms regarding gender and sexuality; and early onset of sexual activity in early adolescence with low rates of condom use and high rates of unintended pregnancy. The analysis concluded that programs should reject a "one size fits all" approach in order to develop solutions for addressing adolescent SRH needs. It recommended a combination of CSE for younger adolescents, alongside strengthened contraceptive services and poverty reduction strategies (NIDI, APHRC, 2013).

## Train and support educators to deliver rights-based CSE

Many different educators can be involved in delivering CSE programs, including school teachers, coaches, peer educators and health providers. To be well-informed, educators should receive capacity-building training at the program's outset, and regular support and monitoring throughout the program. They should also be skilled in developing and leading collaborative, participatory approaches, and be able to elicit high trust from young people. Above all, they need to be accessible and non-judgmental, and approach the CSE information from a practical pedagogic standpoint, avoiding personal or moral bias.

## Create enabling environments for program delivery

CSE can be delivered in a variety of different contexts, including schools, vocational centers and youth clubs. Efforts should be made to ensure that the values and principles being taught through CSE are also espoused by the organization or venue within which it is delivered. The whole-school approach requires the involvement of all staff members in schools where CSE is taught, ensuring that the environment is one that is safe for the delivery of the curriculum; this approach has been shown to be highly effective at ensuring the sustainability of CSE and reaching more students.

- Projet Jeune Leader implements a whole-school approach to sexuality education in public middle schools in the Haute Matsiatra region of Madagascar. This includes time-tabled sexual health and leadership classes, after-school programming, counseling services, medical referrals and safe recreational spaces for young adolescents.
- This "intracurricular" program fulfills the tenets of CSE, yet offers a stark departure from traditional initiatives, as teachers are no longer the critical service providers. Instead, young adults between the ages of 18 and 25 are recruited for their dynamism and potential as role models to work full-time as educators, counselors and mentors to students in their assigned school throughout the school year.
- With endorsement from the Ministry of Education, these highly trained, supported and monitored educators strengthen existing school systems, providing not only CSE, but also a package of services (medical referrals, counseling, extracurricular activities, programs for parents) as part of an interrelated whole-school approach. Program evaluations have shown that this approach improves knowledge, as well as leads to more positive and gender-equitable attitudes of SRH among young adolescents in Madagascar.

## Integrate with SRH service delivery

Young people require not only knowledge and information on SRH, but also practical information about how and where to access services. Some CSE programs link with service-providing institutions through peer educators, who refer classmates to certain clinics. Other programs may ask representatives of health clinics to visit the school and raise awareness of youth-friendly services. School-based programs may offer weekly or monthly clinics on site to facilitate access for young people (who often find it difficult to access services during their normal operating hours). CSE is about more than just information: It's about helping young people turn their personal wishes and decisions into realities for their lives. Connecting with services is one way to do this.

## Assess and evaluate

Given the time and resource constraints facing many CSE programs, more often than not success is indicated by the number of students attending sessions. But try to get beyond the numbers, with innovative measurements – that assess a program's ability to transform harmful gender norms, empower young people, raise young people's consciousness of their human rights, link with SRH and other health services, and equalize power dynamics in sexual relationships. As always, the point of reference for determining success should be young people's perspectives, needs and realities.

# What Is the Evidence?

- Abstinence-based approaches do not work. Several reviews of global evidence have been conducted. Their broad consensus is summed up in a study for the National Campaign to Prevent Teen and Unplanned Pregnancy: that there is no strong evidence that abstinence-based programs delay the initiation of sex, hasten the return to abstinence, or reduces the number of sexual partners (Kirby et al., 2007).
- CSE advances knowledge and use of contraception, condoms in particular (PRB, 2017).
- UNAIDS recommends CSE as one of the five pillars of HIV prevention, along with economic empowerment and access to SRH services for young women and adolescent girls and their male partners (particularly in high-prevalence locations) (Avert 2017).
- An analysis of evaluated CSE programs by Haberland reveals that programs that incorporated an empowerment approach emphasizing gender and rights were particularly effective in improving reproductive health outcomes (Chandra-Mouli et al., 2015).
- Peer education approaches are more effective when integrated within larger interventions – for example, peer educators working with frontline health workers in the delivery of SRH services for adolescents (Michielsen et al., 2012). Peer education should play to the strengths of the peer-to-peer approach and make such information easy to discuss and relate to, while grounding technical knowledge and service referrals with an expert resource.

- Interventions to increase demand for SRH services are most effective when education and communication efforts are directly linked to the supply of services; where there is community and social support for the provision of services; and where there are multisectoral approaches (e.g., operating in both the health and education sectors) (PSI, 2016).
- UNESCO recommends that CSE curriculum use a pedagogical approach that progressively builds off of each lesson over time: International standards recommend at least 12 or more lessons (typically lasting approximately 50 minutes) in a year, over several years (UNESCO, 2014).

### Helpful Tips

**Youth Participation**

- Partner with young people to define what success looks like for a CSE program in their context

**Data Management**

- Disaggregate collected data on the basis of age (particularly 5 year age cohorts), gender and sex

**Multisectoral Collaboration**

- Form a group of champions for CSE from a variety of sectors, including faith-based institutions, government, education, and parent, youth and community groups

### Challenges

- The common misconceptions in any society about sex and sexuality can be barriers to community buy-in. For example, some people believe that providing CSE will encourage young people to experiment with sex. Sensitizing communities and working with parents/guardians to familiarize them with the contents of CSE can help enable buy-in over a period of time.
- Peer education approaches, while popular, do not tend to strongly increase SRH knowledge among adolescents and young people. Peer educators themselves directly benefit from CSE programs, but several evaluations (see References) show that independent peer-led models focused on information sharing alone have limited effectiveness in promoting healthy behaviors.
- Many programs choose the simplest components of CSE curriculums, leaving out components considered more challenging or controversial. A review of CSE curricula in 10 countries of East and Southern Africa, found that "most curricula did not contain adequate information about male/female condoms and contraception (including emergency contraception), key aspects of SRH (such as sex, sexual health, STIs, condoms and sexual health services) and did not provide adequate attention to empowering young people, building agency or teaching advocacy skills."
- Having school teachers teach CSE is often challenging due to lack of skills and training in this area. In Ghana, researchers found the quality of the teaching of CSE ultimately depends on the preparedness, confidence, knowledge and skills of teachers.

## Tools Related to This Approach

### Planning CSE for scale

- Comprehensive Sexuality Education: The Challenges and Opportunities of Scaling-Up, UNESCO
- Essential Packages Manual: SRHR Programmes for Young People, Rutgers
- We All Benefit: An introduction to the Whole School Approach for sexuality education, Rutgers
- Inside and Out: Comprehensive Sexuality Education (CSE) Assessment Tool, IPPF

### CSE curricula

- Empowering Boys and Girls to Transform Gender Norms – Choices: A curriculum for very young adolescents in Bolivia, Save the Children
- Sexuality and Life Skills: participatory activities on sexual and reproductive health with young people, International HIV/AIDS Alliance

- My Changing Body: Fertility awareness for young people, Institute for Reproductive Health, Georgetown University
- Energisers, Icebreakers and Games, ThoughtShop Foundation
- The GREAT Scalable Toolkit, Pathfinder International – Very Young Adolescents, Older Adolescents, Married/First Time Parents (English | French | Portuguese)
- Sexual and Reproductive Health Training Manual for Young People, DSW
- Gender or Sex: Who Cares? Skills-building resource pack on gender and reproductive health for adolescents and youth workers, Ipas
- Reproductive Health Lessons: A Supplemental Curriculum for Young People, International Youth Foundation
- Our Future Curricula Series, International HIV/AIDS Alliance
- Life Planning Skills – A curriculum for young people in Africa, African Youth Alliance
- Go Girls! Community-based Life Skills for Girls Training Manual, Center for Communication Programs
- It's All One Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education, Population Council
- Sexuality Education Resource Center, TARSHI
- International Technical Guidance on Sexuality Education, UNESCO
- Deliver + Enable Toolkit: Scaling up CSE, IPPF
- Putting Sexuality back into Comprehensive Sexuality Education: tips for delivering sex-positive workshops for young people, IPPF

**Animated Videos for VYA**

- AMAZE videos, YTH

**Making the Case for VYA**

- Very Young Adolescents' Sexual and Reproductive Health Needs Must Be Addressed, Guttmacher Institute

## Related Approaches

- Gender Transformation

## References


- Chandra-Mouli et al., (2015) What Does Not Work in Adolescent Sexual and Reproductive Health: A Review of Evidence on Interventions Commonly Accepted as Best Practices
- Kirby et al., (2007) A comprehensive review of sex and HIV education programmes, Mathematic Policy Research mandated by US Congress and Emerging Answers
- IPPF, (2016) Putting sexuality back into Comprehensive Sexuality Education: making the case for a rights-based, sex-positive approach
- Population Reference Bureau, (2017) Youth Contraceptive Use: Effective Interventions
- PSI, (2016) From innovation to scale: Advancing the sexual and reproductive health and rights of young people. A review of PSI programming approaches and experiences
- STEP UP, (2013) Status report on the sexual and reproductive health of adolescents living in urban slums in Kenya


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