

## Why use this approach?

Comprehensive sexuality education (CSE) has been shown to improve adolescent and youth sexual and reproductive health (AYSRH) knowledge, attitudes, and behaviors when implemented well. It enables positive health-seeking behaviors while reducing risky sexual behaviors and youth vulnerabilities to violence.



### STEP 1: Increase awareness about CSE

to clarify the misconceptions, scope and limitations of implementing the CSE curriculum and emphasize desired features for maximum effectiveness. Apprehensive teachers should be reminded that using up-to-date scientific knowledge can be balanced with being culturally responsive. There are orientations on CSE for [teachers](#) and [parents](#).



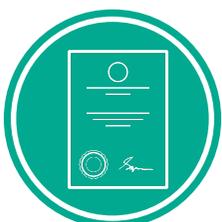
### STEP 2: Increase self-efficacy in teaching CSE

by [training teachers](#) on how best to implement CSE curriculum and supporting teachers to come up with their own way of monitoring their progress in implementation. Self-efficacy will increase through more practice and experience and being able to picture oneself teaching CSE.



### STEP 3: Map and convene lead stakeholders in the city that are involved or can be involved in CSE

such as the mayor, city health officer or local population officer, the city's school board, and more. Objectives for the meeting include reviewing current updates of CSE development and implementation, reviewing local data to understand the situational analysis, and identifying immediate next steps to implement CSE in the city.



### STEP 4: City sends formal communication to Department of Education at the Central and Regional levels regarding CSE implementation

recognizing teenage pregnancy as a "national social emergency" and requesting all possible resources from the national government for technical assistance, fund support, human resource complement, etc.



## **STEP 5: Mayor, TCI City Leadership Team/CIT, and DepEd Regional Director call a high-level meeting with schools**

to share his or her vision for the city and explain how the CSE will be used as an approach to quickly reduce teenage pregnancy and adolescent births in the city.



## **STEP 6: Create a plan and budget for localized CSEs in schools under the target barangay using existing materials**

if the TCI Geographies/TCI Diffusion sites are not a CSE pilot city of the national government, then a city technical working group should create a plan and budget for the implementation of localized CSEs in the city, particularly in schools under the target barangays that have high rates of teenage pregnancies and adolescent births.



## **STEP 7: Conduct preparatory work prior to the CSE launch for school year 2021-2022**

such as training of trainers or retooling currently available modules/materials in a synchronous and asynchronous set up.



## **STEP 8: Roll out localized CSEs in target barangays**

with TCI-engaged leaders at the city and barangay levels endorsing, launching, and promoting localized CSEs.



## **STEP 9: Monitor and evaluate the CSE implementation**

evaluate its milestones, accomplishments, and challenges at mid-year, end of year and post-school year. The data analysis should include number of students reached with CSE versus number of adolescent births and teenage pregnancies and a survey to see if CSE has association and correlations with delays in sexual debut among adolescents and youth and reduction of second pregnancies for adolescent and youth first-time parents who are currently enrolled in school.



## **STEP 10: Adjust localized CSEs in the event that the nationwide CSE is ready for implementation**

with the assumption that the city will develop and implement localized CSEs first, while waiting for the nationwide roll out by SY 2021-2022 or the year after.