

Comprehensive Sexuality Education: A global overview

Dr V Chandra-Mouli MBBS, MSc

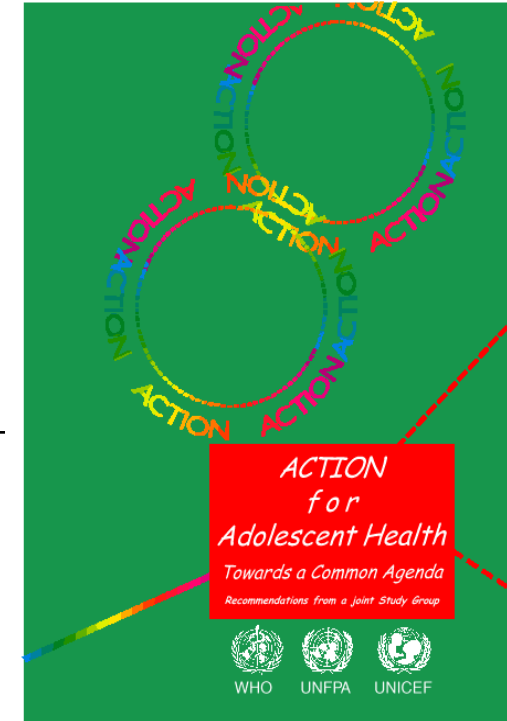
Scientist, Department of Sexual & Reproductive Health & Research,
World Health Organization

What adolescents (10-19 years) need to grow & develop in good health

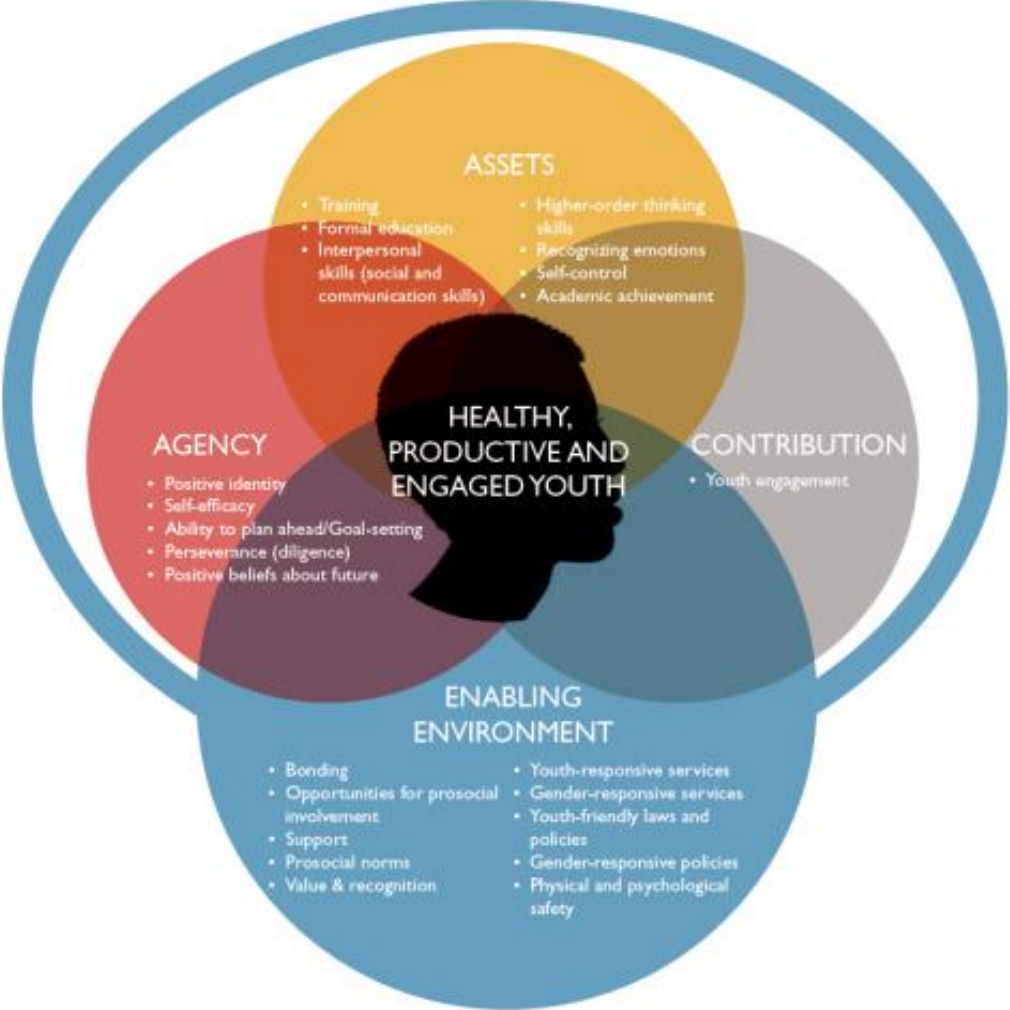
A package of actions



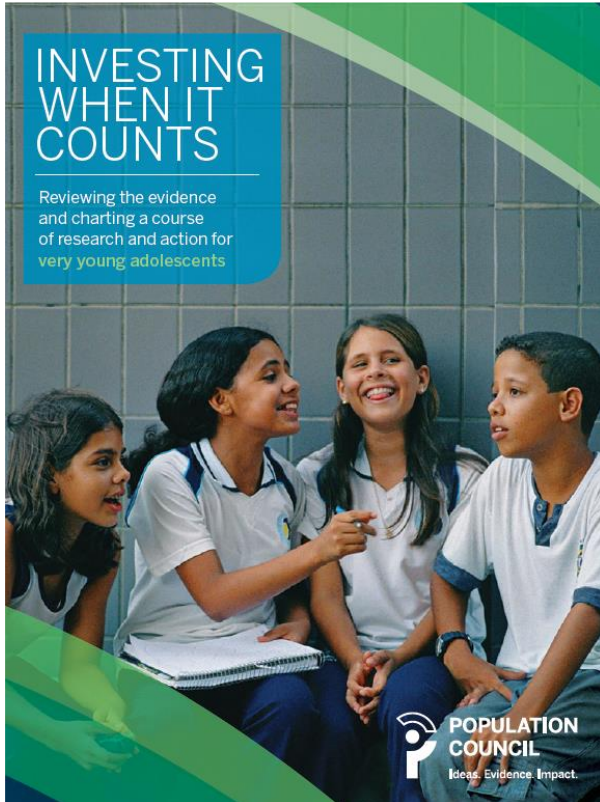
- **Information & skills**
(they are still developing)
- **Safe & supportive environment**
(they live in an adult world)
- **Health & counselling services**
(they need a safety net)



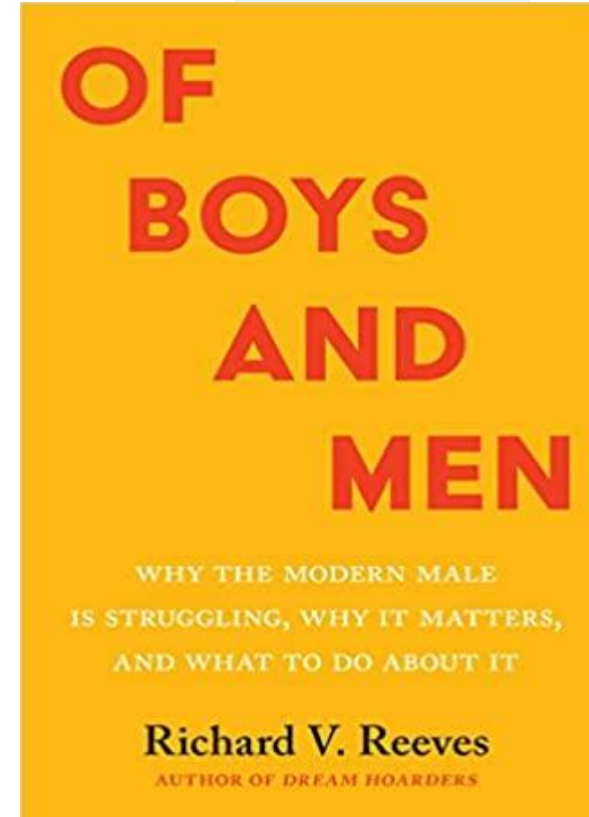
Problem free ≠ fully prepared



Social protection is crucial



“...beginning with the onset of puberty, girls’ trajectories can begin to diverge dramatically from boys’ trajectories. If no safeguards are in place, these changes may result in the loss of rights, which may irretrievably shape a girls’ future life.”



“Boys and men are struggling. Profound economic and social changes of recent decades have many losing ground in the classroom, the workplace, and in the family. While the lives of women have changed, the lives of many men have remained the same or even worsened.”

Comprehensive Sexuality Education (CSE): Its definition, rationale & contribution

What is CSE ?

A curriculum-based process of teaching & learning about the cognitive, emotional, physical & social aspects of sexuality

It aims to equip children & young people with **knowledge, skills, attitudes & values** that will empower them to:

- realize their health, well-being & dignity
- develop respectful social & sexual relationships
- consider how their choices affect their own well-being & that of others
- understand & protect their rights throughout their lives



Why do adolescents & young people need CSE ?



Figure 2

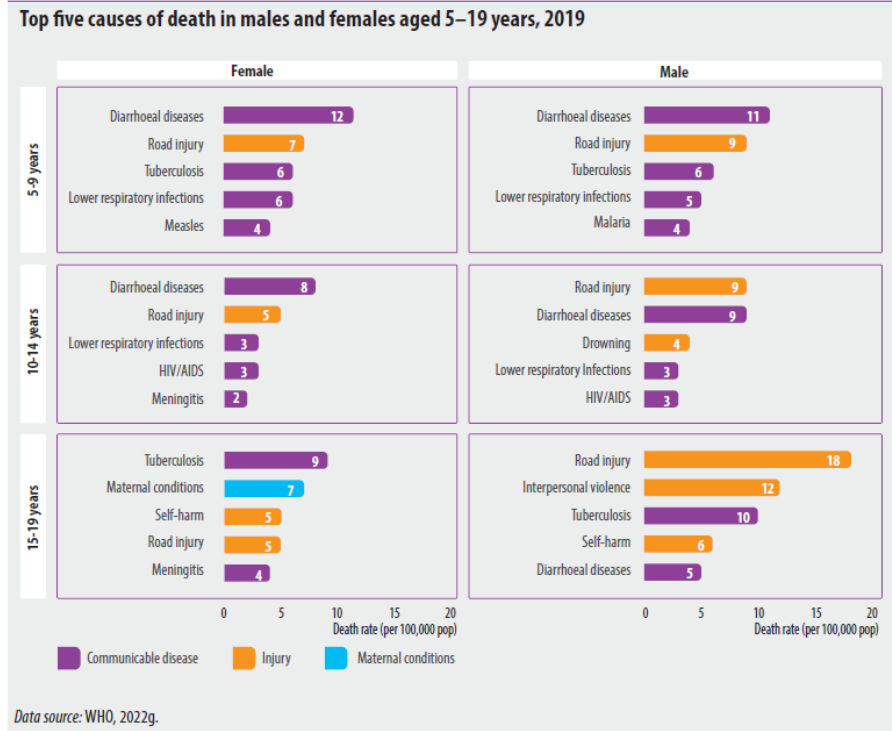
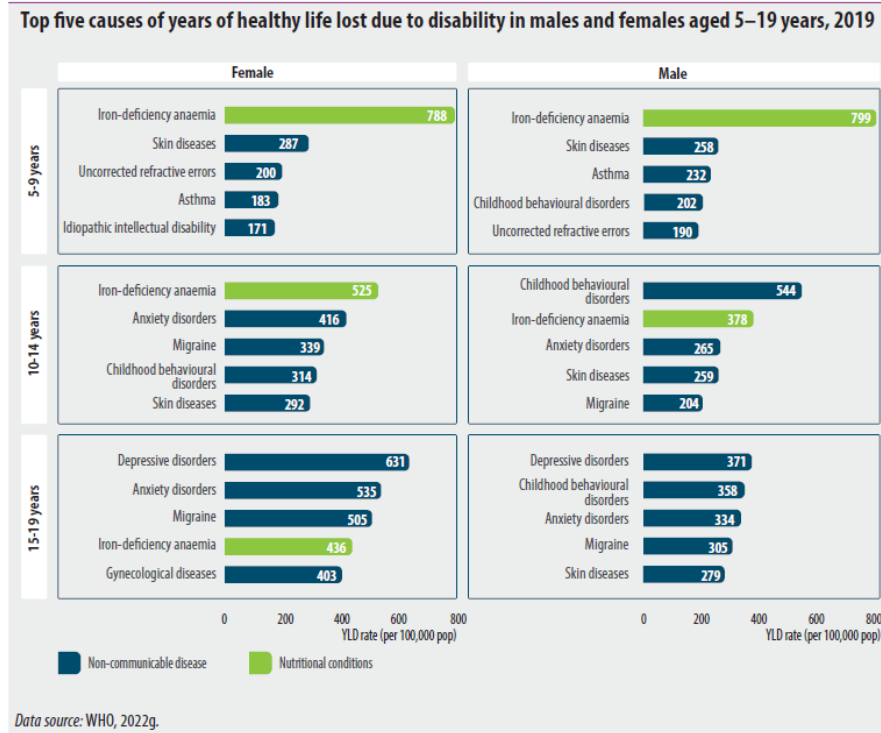


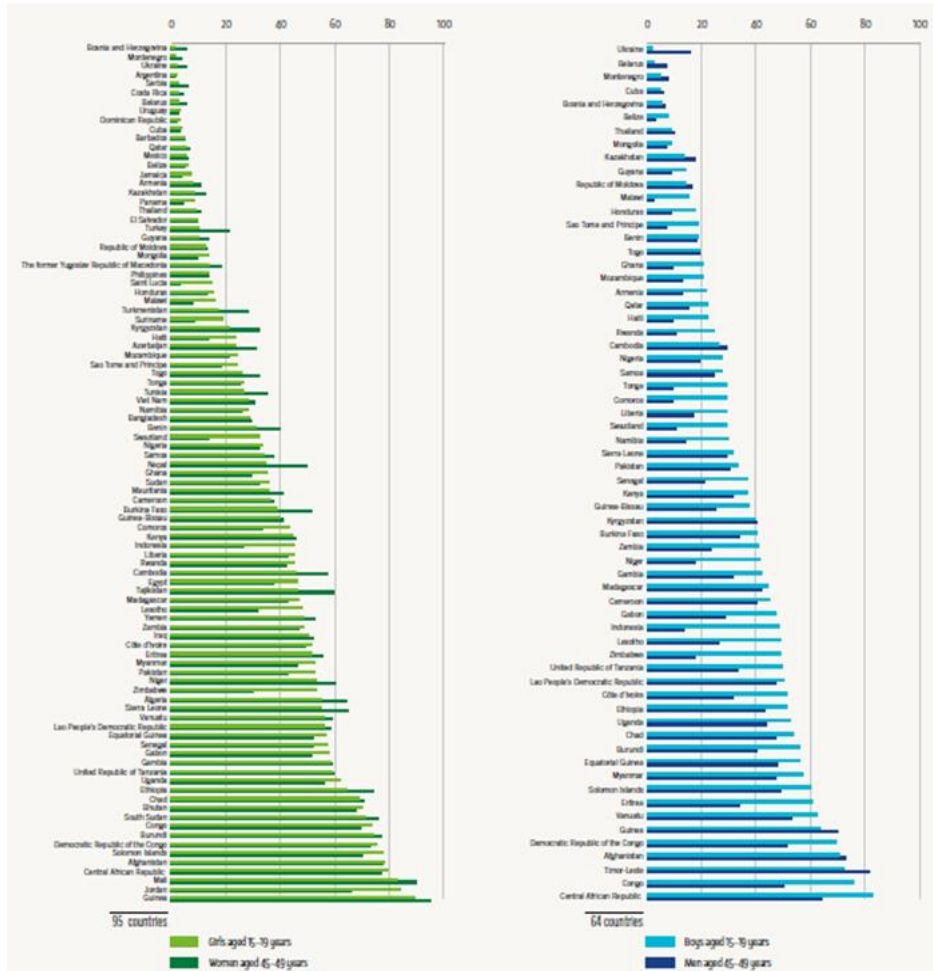
Figure 3



Every year, an estimated:
1.5 million adolescents die
10s of millions of adolescents experience health problems
100s of millions of adolescents develop habits which could lead to illness, death & disability in the future

Why do adolescents & young people need CSE ?

Figure 2: Adolescents' attitudes, justifying violence against women



Percentage of girls aged 15–19 years and women aged 45–49 years who think that a husband/partner is justified in hitting or beating his wife or partner for at least one of the following reasons: if she burns the food, if she argues with him, if she goes out without telling him, if she neglects the children or if she refuses sexual relations with him.

Percentage of boys aged 15–19 years and men aged 45–49 years who think that a husband/partner is justified in hitting or beating his wife or partner for at least one of the following reasons: if she burns the food, if she argues with him, if she goes out without telling him, if she neglects the children or if she refuses sexual relations with him.

Source: UNICEF global databases, 2017, based on DHS, MICS and other national surveys, 2010–2016. Prepared for the IAP by Nicole Petrowski and Claudia Cappa, Data Analytic Section, Division of Data, Research and Policy, UNICEF.

Inequitable gender norms are widespread across populations. They begin early & are deeply ingrained.



What can CSE provide adolescents & young people ?

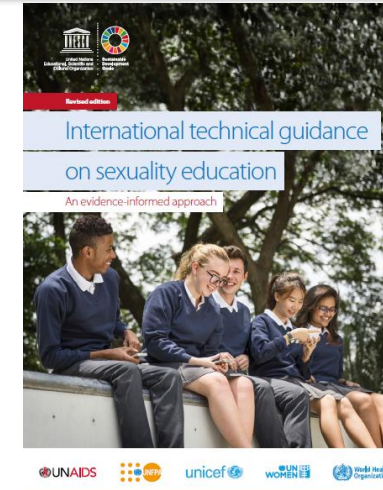
- provides them knowledge, skills and attitudes to **develop and sustain positive, healthy relationships**, **protect themselves from unsafe situations**, and learn and **realize their full right to education**
- equips and empowers them with **accurate and evidence-based information** about human sexuality, sexual and reproductive health, gender equality & human rights, including family life and interpersonal relationships, gender-based violence and harmful practices
- develops life skills, including **Social and Emotional Learning skills** that encourage critical thinking, communication and negotiation, as well as decision-making and assertiveness
- young girls and boys learn to **treat each other with respect and dignity** from an early age, and uphold universal **values of equality, love and kindness**



A closer look at sexuality education content

5.2 Overview of key concepts, topics and learning objectives

<p>Key Concept 1: Relationships</p> <p>Topics:</p> <ul style="list-style-type: none"> 1.1 Families 1.2 Friendship, Love and Romantic Relationships 1.3 Tolerance, Inclusion and Respect 1.4 Long-term Commitments and Parenting 	<p>Key Concept 2: Values, Rights, Culture and Sexuality</p> <p>Topics:</p> <ul style="list-style-type: none"> 2.1 Values and Sexuality 2.2 Human Rights and Sexuality 2.3 Culture, Society and Sexuality 	<p>Key Concept 3: Understanding Gender</p> <p>Topics:</p> <ul style="list-style-type: none"> 3.1 The Social Construction of Gender and Gender Norms 3.2 Gender Equality, Stereotypes and Bias 3.3 Gender-based Violence
<p>Key Concept 4: Violence and Staying Safe</p> <p>Topics:</p> <ul style="list-style-type: none"> 4.1 Violence 4.2 Consent, Privacy and Bodily Integrity 4.3 Safe use of Information and Communication Technologies (ICTs) 	<p>Key Concept 5: Skills for Health and Well-being</p> <p>Topics:</p> <ul style="list-style-type: none"> 5.1 Norms and Peer Influence on Sexual Behaviour 5.2 Decision-making 5.3 Communication, Refusal and Negotiation Skills 5.4 Media Literacy and Sexuality 5.5 Finding Help and Support 	<p>Key Concept 6: The Human Body and Development</p> <p>Topics:</p> <ul style="list-style-type: none"> 6.1 Sexual and Reproductive Anatomy and Physiology 6.2 Reproduction 6.3 Puberty 6.4 Body Image
<p>Key Concept 7: Sexuality and Sexual Behaviour</p> <p>Topics:</p> <ul style="list-style-type: none"> 7.1 Sex, Sexuality and the Sexual Life Cycle 7.2 Sexual Behaviour and Sexual Response 	<p>Key Concept 8: Sexual and Reproductive Health</p> <p>Topics:</p> <ul style="list-style-type: none"> 8.1 Pregnancy and Pregnancy Prevention 8.2 HIV and AIDS Stigma, Care, Treatment and Support 8.3 Understanding, Recognizing and Reducing the Risk of STIs, including HIV 	



- A comprehensive set of key concepts, topics and illustrative learning objectives to guide the development of locally-adapted curricula
- Learning objectives that are age –appropriate and logically sequenced to become increasingly complex with age and developmental ability across four age groups (5-8 years; 9-12 years; 12-15 years and 15-18+ years)
- 8 key concepts taught simultaneously and focused on 3 domains of learning: knowledge, attitudes and skills

A closer look at sexuality education content

Key Concept 5:

Skills for Health and Well-being

Topics:

5.1 Norms and Peer Influence on Sexual Behaviour

5.2 Decision-making

5.3 Communication, Refusal and Negotiation Skills

5.4 Media Literacy and Sexuality

5.5 Finding Help and Support

5.2 Decision-making

Learning objectives (5-8 years)

Key Idea: Everyone deserves to make their own decisions and all decisions have consequences

Learners will be able to:

- ▶ describe a decision that they made and are proud of (knowledge);
- ▶ identify examples of decisions that they or others have made that had either good or bad consequences (knowledge);
- ▶ acknowledge that sometimes children and young people may need help from parents/guardians or trusted adults to make certain decisions (attitudinal);
- ▶ demonstrate understanding of circumstances that can help them make a good decision (skill);
- ▶ identify a parent/guardian or trusted adult who can help them make good decisions (skill).

Learning objectives (12-15 years)

Key Idea: The process of making decisions about sexual behaviour includes consideration of all positive and negative potential consequences

Learners will be able to:

- ▶ evaluate the positive and negative consequences of different decisions related to sexual behaviour (knowledge);
- ▶ explain how decisions about sexual behaviour can affect people's health, future and life plan (knowledge);
- ▶ apply the decision-making process to address sexual and/or reproductive health concerns (skill).

Learning objectives (9-12 years)

Key Idea: Decision-making is a skill that can be learned and practised

Learners will be able to:

- ▶ describe the main steps in decision-making (knowledge);
- ▶ acknowledge that decision-making is a skill that can be learned (attitudinal);
- ▶ apply the decision-making process to address problems (skill);
- ▶ name a parent/guardian or trusted adult who can be a source of help for decision-making (skill).

Learning objectives (15-18+ years)

Key Idea: Sexual decision-making has consequences on oneself and others, including social and health consequences

Learners will be able to:

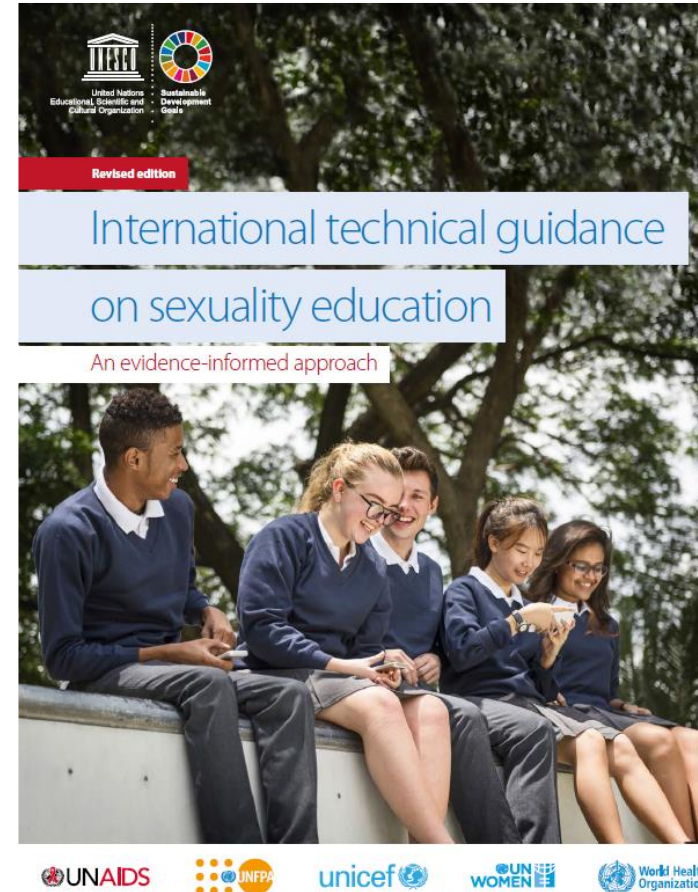
- ▶ analyze potential social and health consequences of decisions related to sexual behaviour on the individual, family, and society (knowledge);
- ▶ recognize that sexual decision-making affects oneself, the family and society (attitudinal);
- ▶ express empathy for others who are affected by their sexual decision-making (skill);
- ▶ make responsible decisions about sexual behaviour (skill).



CSE: A quick global snapshot

Different terms are used for CSE in countries

- National policies & curricula may use different terms to refer to CSE. These include prevention education, relationship and sexuality education, family-life education, HIV education, life-skills education, healthy life styles, and basic life safety.
- Regardless of the term used, 'comprehensive' refers to the development of learners' knowledge, skills and attitudes for positive sexuality and good sexual and reproductive health.



June 2019

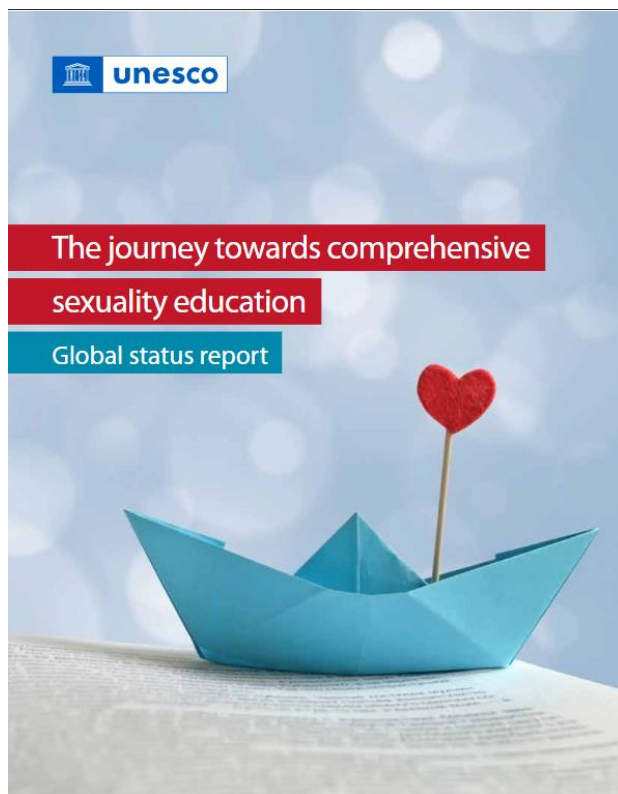
**Facing the facts: the case for
comprehensive sexuality education**

Despite the benefits, barriers to CSE remain

Community & parental resistance to CSE remains a challenge

Provision of CSE is subject to operational constraints

- (i) Teachers are not adequately prepared & supported**
- (ii) Curricular & teaching resources omit key topics & do not meet young people's needs**
- (iii) Planning & implementing CSE programmes in complex**
- (iv) Funding is insufficient & piecemeal**
- (v) Monitoring is fraught with challenges**
- (vi) Available data suggest that adoption & implementation of CSE vary greatly**



LAWS AND POLICIES

The enabling framework for delivery



COVERAGE

The extent of delivery in school settings



CURRICULA

Breadth, quality and relevance of content



DELIVERY

How well teachers are prepared and are teaching quality CSE



ENABLING ENVIRONMENT

The wider school environment, community and political support or engagement.

There is a **stronger policy & legal environment** for delivering sexuality education, with a **wider focus**.

Overall, sexuality education is more **widely implemented around the world in secondary schools**, than in primary schools.

More countries **incorporate sexuality education into formal national curricula** but in reality they often only include biological aspects.

There is **increased effort in teacher preparedness & capacity building**. But less than one in three young people believed that their school taught them about sexuality well.

There is a **slow move towards whole of school approaches**, including engaging parents/guardians & linking up with health services.

Country experiences on the path to scaling up CSE with quality & equity

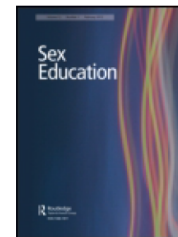
Making the case for CSE: The case of Nigeria

Building support for national policy formulation

- **A group of NGOs led by *Action Health Incorporated* demonstrated the need, feasibility & effectiveness of sexuality education in projects**
- **They formed a national coalition to advocate for a national policy & strategy**
- **The coalition worked with internal & external change agents to contribute to a policy & national scale up plan – an eight-year journey**

Building support as nation-wide scale up occurred

- **State level advisory & advocacy committees involving teachers' unions & parents groups**
- **Proactive, energetic & on-going consultations continued with supporters & opponents**



Sex Education
Sexuality, Society and Learning

ISSN: 1468-1811 (Print) 1472-0825 (Online) Journal homepage: <https://www.tandfonline.com/loi/csed20>

 Routledge
Taylor & Francis Group

Scaling up comprehensive sexuality education
in Nigeria: from national policy to nationwide
application

Planning for CSE scale up: The case of Uruguay

Component 1: Aimed at the adolescent population in general. Objective: to strengthen the conditions for the exercise of sexual and reproductive rights and autonomous decision-making by adolescents, through the promotion of diverse life projects that question traditional gender models.

**Component 2: Aimed at pregnant adolescents.
Component 3: Aimed at adolescent mothers and fathers.**

Component 4: Aimed at the intersectoral implementation of public policy.



Tema de actualidad

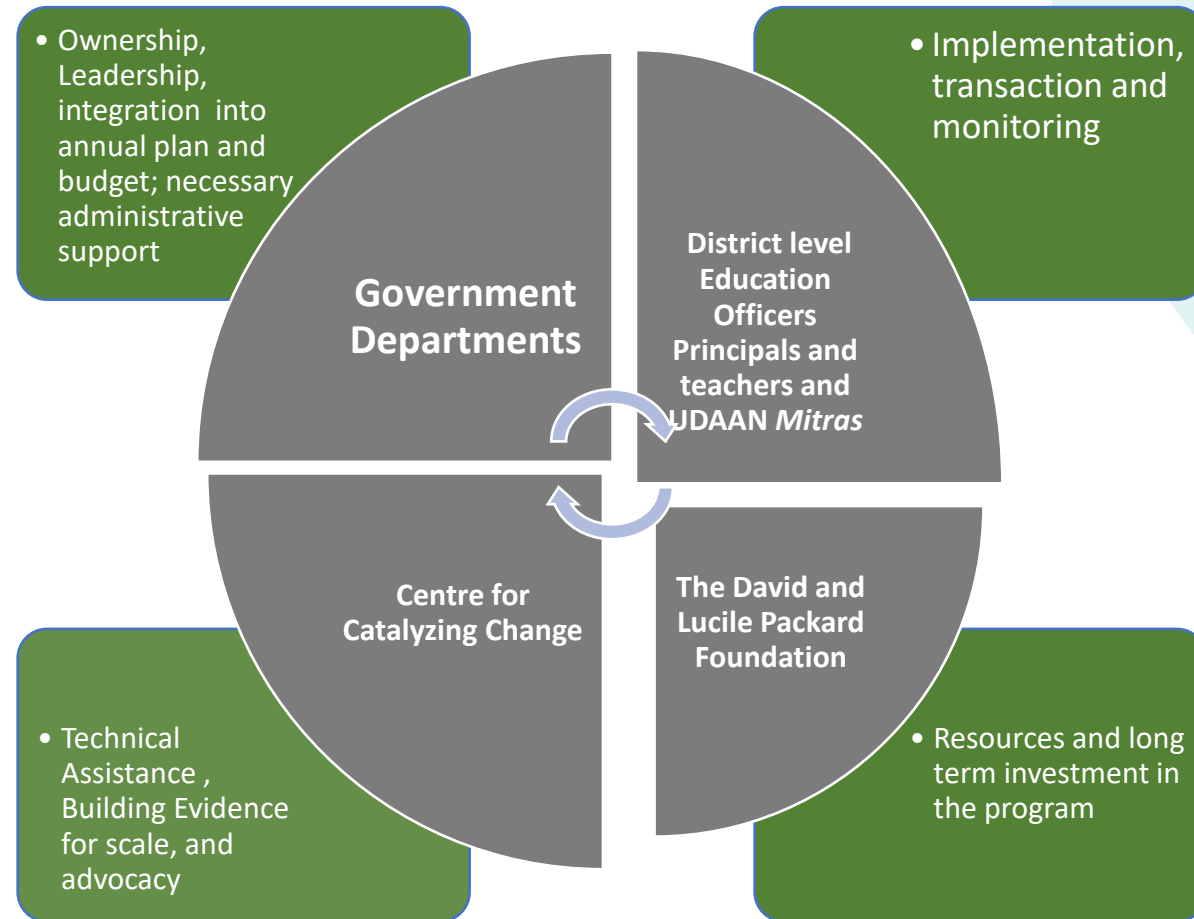


Desarrollo de una política pública integral de prevención del embarazo en adolescentes en Uruguay

Alejandra López-Gómez¹, Silvia Graña², Valeria Ramos³ y Leticia Benedet⁴

Forma de citar: López-Gómez A, Graña S, Ramos V, Benedet L. Desarrollo de una política pública integral de prevención del embarazo en adolescentes en Uruguay. Rev Panam Salud Pública. 2021;45:e93. <https://doi.org/10.26633/RPSP.2021.93>

Managing CSE scale up: The case of India



Sexuality Education American Journal of Sexuality Education
 ISSN: 1554-6128 (Print) 1554-6136 (Online) journal homepage: <http://www.tandfonline.com/doi/webq2>

What Did It Take to Scale Up and Sustain Udaan, a School-Based Adolescent Education Program in Jharkhand, India?

Venkatraman Chandra-Mouli, Marina Plesons, Aika Barua, Aparajita Gogoi, Manju Katoch, Mohammed Ziauddin, Riza Mishra, Vinita Nathani & Anand Sinha



Enhancing the CSE programme: The case of India



What Did It Take to Scale Up and Sustain Udaan, a School-Based Adolescent Education Program in Jharkhand, India?

Venkatraman Chandra-Mouli, Marina Plesons, Alka Barua, Aparajita Gogoi, Manju Katoch, Mohammed Ziauddin, Rita Mishra, Vinita Nathani & Anand Sinha

	Evaluation 1 Aug 2007 (CEDPA, 2007)	Evaluation 2 Oct 2009 (CEDPA, 2009a)	Evaluation 3 Nov 2009 (CEDPA, 2009b)	Evaluation 4 Jul 2010 (CEDPA, 2010b)	Evaluation 5 Oct 2010 (CEDPA, 2010a)
Aim	To assess the impact on students' life skills and reproductive health knowledge, attitudes, and behaviour	To assess the levels of knowledge, attitudes, perceptions, and intentions and programme quality/effectiveness	To assess students' knowledge, attitudes, perceptions, and intentions and to evaluate the programme quality and effectiveness.	To assess the implementation and institutionalization of regular <i>MIS</i> reporting	To assess students' knowledge, attitudes, perceptions, and intention of students
Implementation Approach	Camp Mode 2006-2007	Camp Mode 2007-2008	Academic Year Mode 2008-2009	Academic Year Mode 2009-2010	Academic Year Mode 2010-2011
Quantitative Data Collection	Quasi-experimental post-intervention impact evaluation	Post-intervention impact evaluation	Quasi-experimental post-intervention impact evaluation	Pre-post intervention impact evaluation	Pre-post intervention impact evaluation
Sample	Classes 9 and 11 Total: 6,498 students - Intervention group* (2,666) - Control group* (3,832)	Classes 10 and 12 Total: 2,535 students	Classes 9 and 11 Total: 4,023 students - Intervention group* (2,234) - Control group* (1,789)	Classes 9 and 11 Total: 4,371 students	Classes 9 and 11 Total: 2,580 students



What did it take to scale-up and sustain Udaan, a school-based adolescent education programme in Jharkhand, India ?



Building support & overcoming resistance: The case of Pakistan

Context:

- National policy on sexuality education in place
- Little government-led implementation

Rutgers Pakistan & Aahung built community support

- By strategically choosing issues to address
- By framing their work with care
- By having sensitive content vetted
- By actively reaching out to all to explain what they were doing

They dealt with backlash

(from an alliance of media/politicians/religious leaders)

- **By using supportive media persons as intermediaries**
- **By arranging for journalists to visit the schools & see for themselves what was going on**
- **By organizing information sharing/discussion sessions**

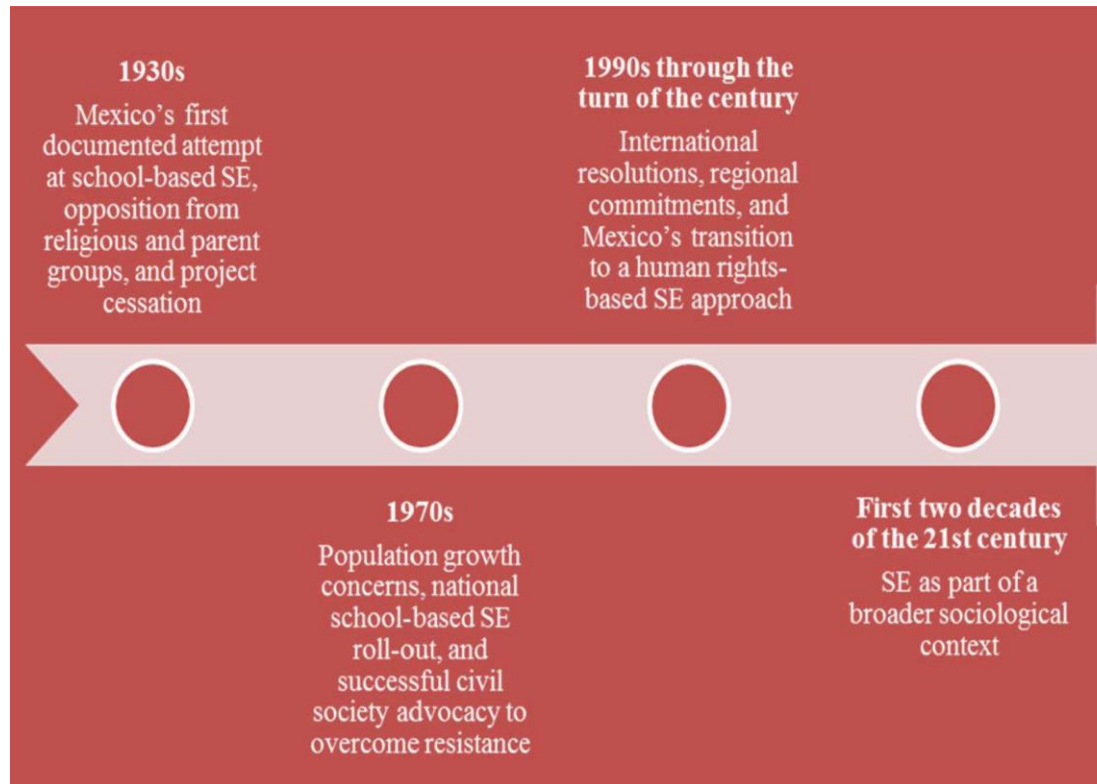


ORIGINAL ARTICLE

Building Support for Adolescent Sexuality and Reproductive Health Education and Responding to Resistance in Conservative Contexts: Cases From Pakistan

Venkatraman Chandra-Mouli,^{a*} Marina Plesons,^{b*} Sheena Hadi,^c Qadeer Baig,^d Iliana Lang^e

WORKING TO PROMOTE & SAFEGUARD SUSTAINABILITY: THE CASE OF MEXICO



ORIGINAL ARTICLE

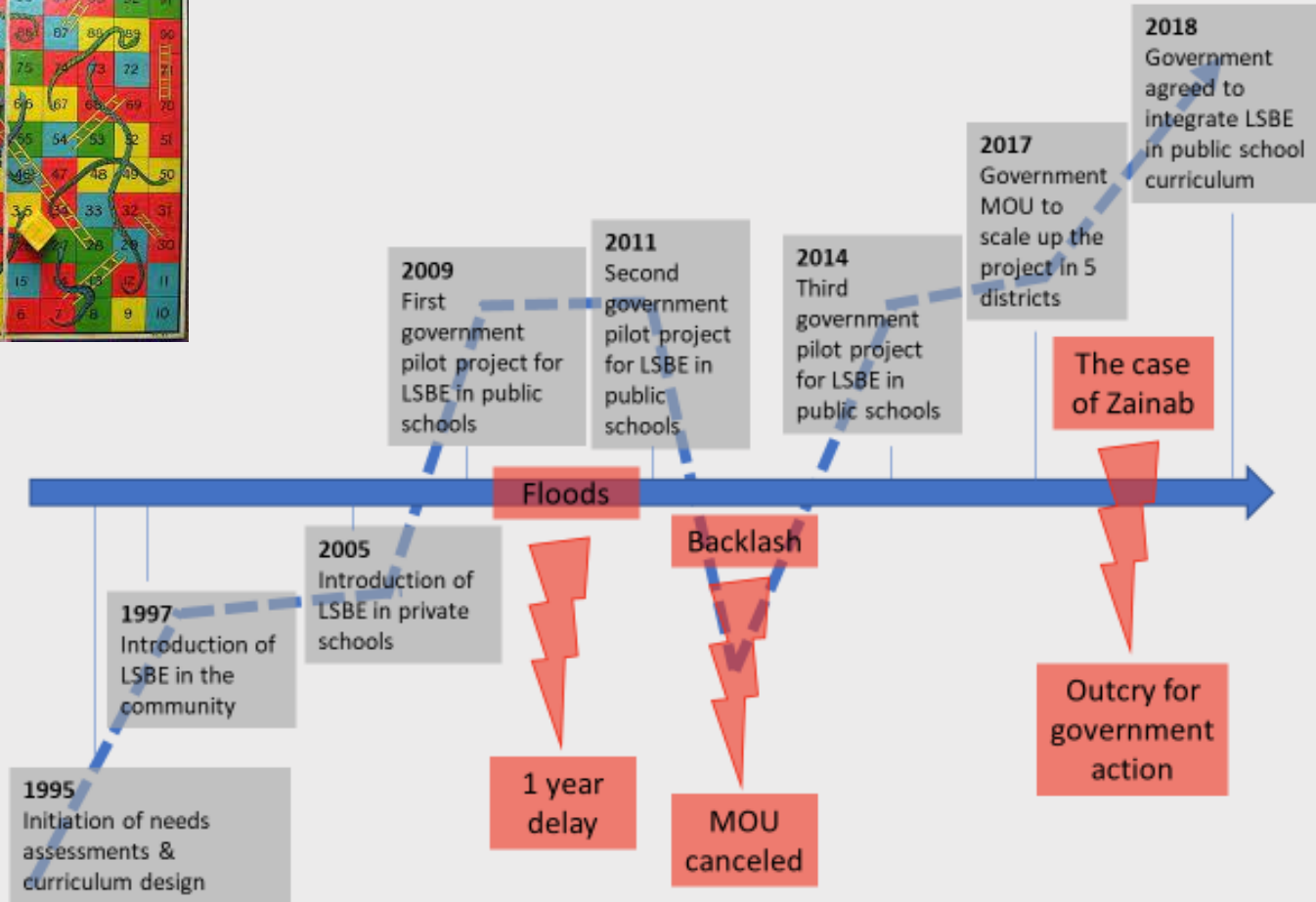
Evolution and Resistance to Sexuality Education in Mexico

Venkatraman Chandra-Mouli,^a Lucia Gómez Garbero,^b Marina Plesons,^c Iliana Lang,^d Esther Corona Vargas^e

Mexico's efforts at sexuality education have progressively evolved, from a biological focus in the socialist era in the 1930s, to adding a demographically concerned family planning component in the 1970s and including a wider reproductive health perspective in the 1990s, and finally shifting to a broader sociological context in the early 21st century. Opposition to sexuality education rose steadily in the time period considered, with a growing range of more organized and well-financed actors. Despite this opposition, alliances between academic, government, civil society, and NGO champions have helped ensure sustainability.

Aahung's 20-year journey to scale-up of life-skills based education in Sindh, Pakistan

Plesons M, Cole C, Hainsworth, et al. *Forward Together: A Collaborative Path to Comprehensive Adolescent Sexual and Reproductive Health and Rights in Our Time*. *Journal of Adolescent Health*. 2019. S51-62.



‘Out-of-school CSE is important because UNESCO estimates that globally 263 million are out of school, including 63 million children of primary-school age, 61 million of lower secondary-school age, and 139 million of upper secondary school-age (UIS, 2018).’



Making a concerted effort to leave no one behind

The case of Jamaica – 1/2

Problem: No continuous education opportunities for pregnant adolescents

- ✓ Providing uninterrupted education for pregnant adolescents throughout the pregnancy period
- ✓ Emotional support for confidence building for pregnant adolescents

Problem: Limited to no re-entry opportunities for adolescent mothers into secondary schools

- ✓ Facilitating secondary school re-entry for adolescent mothers
- ✓ Providing evidence to make a case for national policy change – achieved in 2013

Problem: High second birth rates among adolescent mothers

- ✓ Providing family planning and contraceptive services to adolescent mothers
- ✓ Second pregnancy rate is at 1% currently

Intervention	Groups targeted
Continued and supplemental education classes	Adolescent mothers
Counselling	(i) Adolescent mothers (i) Families of adolescent mothers (i) Baby-fathers (i.e., fathers of babies, a local term)
School placement	(i) Adolescent mothers (i) Families of adolescent mothers
Childcare and parenting skills building (1978)	(i) Adolescent mothers
Family planning counselling and services (1978)	(i) Adolescent mothers (i) Baby-fathers



“Second Chances” for Adolescent Mothers: Four Decades of Insights and Lessons on Effectiveness and Scale-up of Jamaica’s PAM

Joshua Amo-Adjei, Sonja Caffè, Zoe Simpson, Michelle Harris & Venkatraman Chandra-Mouli

Making a concerted effort to leave no one behind

The case of Jamaica – 2/2

“I was only fifteen when I was sexually assaulted and got pregnant. I wasn't ready to be a mom, I knew I couldn't even take care of myself, much less a child. All I wanted to do at that point was die! At the Centre, I learned that giving up was not an option. Our teachers truly wanted the best for us. ... I spent almost a year at the Centre and then returned to regular high school in January 2010... I thankfully graduated with four perfect CXC and one NVQJ... I am now a phlebotomist and a medical technician...A big thank you to the Women's Centre for giving me a second chance!”



Among 260 primiparous adolescents aged 12-16 years from Kingston, St Andrews, St Catherine & Manchester parishes randomly selected from vital records, **programme participation reduced the risk by one or more repeat pregnancies by 45%; programme participants were 1.5 times more likely to complete high school than non participants.**

Amo Adjei et al (2022). Second chances for adolescent mothers: Four decades of insights and lessons on effectiveness & scale up of Jamaica's programme on adolescent mothers.

Lessons learned from the adaptations to the provision of comprehensive sexuality education during the COVID-19 pandemic: Case studies from five countries



Sexuality Education in a Digital Environment

With over 71% of the world's youth aged 15-24 online (ITU, 2020), many children, adolescents and young people are turning to digital sources to seek information about health, sex, and relationships. A growing body of evidence shows that young people are extensively using the digital environment as a key source of information about sexuality. Comprehensive sexuality education remains the cornerstone for improving the sexual and reproductive health of young people. Comprehensive sexuality education can be delivered through a range of programming modalities, both in school and in non-formal settings. In the context of the COVID-19 digital transformation, exploring the potential of technology and digital platforms for sexuality education and service delivery has become perhaps more important than ever, with many education systems enabling post-pandemic resilience by complementing traditional classroom pedagogy with digital learning.



CSE: Standing up to growing resistance

Commitment, Concessions & Compromise

*Experiences of building support for
and
addressing resistance to sexuality
education from Nigeria*

Emmanuel Adebayo, Abiodun Omowunmi Essiet,
Marina Plesons, Katherine Watson*, Venkatraman
Chandra-Mouli

Review Article

Emmanuel Adebayo, Abiodun Omowunmi Essiet, Marina Plesons, Katherine (Kat) Watson*,
Venkatraman Chandra-Mouli

Commitment, Concessions and Compromise.
**Experiences of building support for and
addressing resistance to sexuality education from
Nigeria**



Civil society position as FG directs sex education removal from Nigerian curriculum(November 2022)

A statement by 54 groups said the development erodes 20 years of progress made by the ministry of education and other state and non-state actors to provide wholesome education that meets the needs of learners at different levels.

Anyone who has interacted with this curriculum would know that it is set to provide the support and guidance adolescents, and young people need to navigate through the changing phases of their lives that are so critical, and mostly experienced while they go through the basic and senior secondary education and would also know that this curriculum is not against any religious or cultural groups or teachings in this country.

We urge the 36 commissioners of education to properly inform the minister of the implications of such a declaration and to fully support the FLHE implementation with allocation of adequate resources to reach millions of Nigerian learners with lifesaving information and skills to reach their full potential.

USE THE EVIDENCE: IMPROVING ACCESS TO SCHOOL BASED SEXUAL AND REPRODUCTIVE HEALTH EDUCATION FOR YOUNG PEOPLE

DATE 08 FEBRUARY 2023 **TIME** 7PM.WAT

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@eva_nigeria

DR EMMANUEL ADEBAYO

ABIODUN ESSIET
@abiodunessiet

COMMITMENT, CONCESSIONS AND COMPROMISE: EXPERIENCES OF BUILDING SUPPORT FOR AND ADDRESSING RESISTANCE TO SEXUALITY EDUCATION FROM NIGERIA

Education as a Vaccine ANAYD

@eva_nigeria @ANAYD_Africa

‘Despite CSE’s proven positive impact on the sexual & reproductive health & rights of adolescents, there is a growing movement opposed to the curricula based on moral & religious grounds.

Over the last decade, with a rise in the mainstreaming of CSE, key international anti-rights stakeholders based mostly in the US have been mobilizing activists from the global South, particularly from Africa & Latin America to advocate in United Nations spaces against women’s and youth rights to SRHR information & services. They are also engaging with national & regional movements to shut down CSE programs.’



GB News on Twitter: "The WHO" x WHO's sex education for presch: x Outrage over WHO advice on se: x


twitter.com/GBNEWS/status/1657857499708502029

Tweet

GB News @GBNEWS

'The WHO guidance says that "sexuality education starts from birth". If you don't think that's sick, then I can't help you. The World Health Organisation can go to hell.'

Mark Dolan slams WHO's stance on four-year-olds learning about sex, masturbation and gender identity.



1:39

11:16 PM · May 14, 2023 · 82.1K Views

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Comprehensive sexuality education: x

who.int/news-room/questions-and-answers/item/comprehensive-sexuality-education

Health Topics Countries Newsroom Emergencies Data About WHO

Home / Newsroom / Questions and answers / Comprehensive sexuality education

Comprehensive sexuality education

18 May 2023 | Q&A

What is comprehensive sexuality education? (+)

Why is it important to talk to young people about their sexuality and sexual health? (+)

When should sexuality education begin? (+)

Who should be involved in providing sexuality education? (+)

Arabic Español

WHO TEAM
Sexual and Reproductive Health and Research

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<https://www.who.int/news-room/questions-and-answers/item/comprehensive-sexuality-education>

The Telegraph News Sport Business Opinion Ukraine Money Life Style Travel Culture

Royals UK news Politics World Health Defence Science Education Environment Investigations Global Health Security

Outrage over WHO advice on sexuality for infants

Guide argues that 'sexuality education starts from birth'

By Michael Murphy
13 May 2023 · 8:38pm

53°F Mostly cloudy 5:14 AM 5/20/2023