

Training course in adolescent sexual and reproductive
health 2019

Comprehensive sexuality education provision

Shirley Eng

FHI 360, Maputo, Mozambique

shirleyeng77@gmail.com

Question 1:

What evidence could you use to convince decision makers that CSE does not harm children and adolescents?

There is robust evidence showing that comprehensive sexuality education (CSE) has positive effects on children and adolescents. Two evidence review processes commissioned by UNESCO in 2008 and 2016, based on a total of 87 studies, 22 rigorous reviews, and 77 randomized control trials from around the world, concluded that CSE contributes to delayed sexual debut, decreased frequency of sexual intercourse, decreased number of sexual partners, reduced risky behavior, increased condom use, and increased contraception use. Practically all CSE programs included in the studies increased knowledge about how to prevent pregnancy, HIV and other STIs. A common concern about CSE is that it robs children of their “innocence.” However, CSE is not just about sex, and the evidence points to distinct benefits that children and adolescents gain from receiving accurate information about their changing bodies, healthy relationships, gender equitable attitudes, and life-skills. In fact, there are clear dangers to not receiving CSE. For example, UNAIDS data from 2017 show that only 36% of young men and 30% of young women aged 15-24 in 37 countries had comprehensive knowledge about how to prevent HIV. This lack of basic knowledge, coupled with other risk factors, makes adolescents more vulnerable to HIV infection. Some parents and leaders believe that CSE is used to recruit young people towards lifestyles they deem abnormal or wrong, such as same-sex relationships, but there is no evidence of this happening. On the contrary, CSE provides accurate and age-appropriate information in a non-discriminatory way, based firmly on human rights and gender equity.

Question 2:

What in your opinion is one widely held misconception about CSE?

One widely held misconception about CSE is that it makes adolescents promiscuous. For religious or cultural reasons, many societies and individuals regard sex as a taboo subject, even more so the idea that adolescents are sexual beings. This misconception is often deeply rooted in key values of religions and cultures. Thus, some parents prefer not to talk about sex with their children at all, while others think that sex education should be limited to telling adolescents to abstain from sex until marriage. As explained above, there is no evidence that CSE makes adolescents have sex at a younger age or have more sexual partners. In fact, two out of three girls in some parts of the world report that they did not know what was happening to them when they started menstruating. It is no wonder that adolescent girls become pregnant every year without knowing how it happened. Evidence has debunked the idea that CSE makes adolescents promiscuous; in fact, CSE leads adolescents to make healthy, informed decisions.

Question 3:

What are the eight underpinning concepts of the ITGSE? In your opinion, which one is the most important and why?

The eight underpinning concepts of the ITGSE are: (1) relationships; (2) values, rights, culture and sexuality; (3) understanding gender; (4) violence and staying safe; (5) skills for health and well-being; the human body and development; (6) sexuality and sexual behavior; and (7) sexual and reproductive health.

In my opinion, the most important is understanding gender, because gender norms influence everything from relationships, decision-making about sex, body image, to violence. Since beliefs about sex and gender are formed from an extremely early age, CSE is vital for boys and girls to understand that gender roles are a social construct and enable them to challenge harmful stereotypes. In fact, to prevent GBV, it is more effective to work with boys before their attitudes are entrenched. Since children, especially girls, are vulnerable to GBV, it is essential that they learn how to recognize violence and what to do if they experience it. For LGBTI children, it is affirming (even life-saving, given high suicide rates, especially in the trans population) to learn that people can have different sexual orientations and gender identifies. For children who are not LGBTI, it is equally important to learn to reject homophobia and transphobia.

Question 4

The UNESCO publication identifies barriers to the implementation of CSE (pages 4-11). Of these barriers, identify three that are most relevant to your country and explain why.

I come from the United States, where there are several barriers to the implementation of CSE. The most relevant barriers are community and parental resistance, lack of political will at the central level, and lack of teacher support and financing.

Many states in the US have generally conservative views on gender and sexual education, and do not prioritize CSE; some of their constituents also lobby strongly against CSE. Lobby groups hold a lot of influence and money, which discourages politicians from defending CSE. The US does not mandate CSE, leaving it up to states and school districts to decide whether to require sex education and what content to cover. Only half of school districts require any sexuality education at all, and in most cases this education cannot be considered CSE, given its emphasis on abstinence-only instruction. Finally, the public school system in the US is woefully underfunded, with teachers paying out of pocket for basic supplies. The vast majority of teachers are not provided with quality training, curricula and teaching materials for CSE. Classroom sizes are large, teachers don't have enough time or support to cover their mandated subjects in a test-oriented system. The school system in many districts is currently failing both teachers and students, which explains why there is not more advocacy for CSE.

Question 5

The UNESCO publication proposes actions to overcome these barriers (pages 12-14). Of these actions, identify two that are most appropriate to the barriers that you have identified.

Of the proposed actions, the two most appropriate to address the abovementioned barriers are strong political leadership and investment in teacher education and support.

Political leadership for CSE seems almost impossible in the current administration, but if government leaders, together with citizen groups, make the case for CSE and how it can help reduce pressing problems such as teenage pregnancy, bullying, and GBV, it may be possible to gain commitment for CSE. What is clear is that *without* this political leadership, change will be piecemeal or inexistent; states and school districts will continue to not include CSE at all or not follow internationally recognized guidelines.

Political commitment would allow supportive laws and policies to be established, as well as budgets to ensure that the laws and policies can be implemented. Funding is needed to develop curricula, train teachers and support schools to introduce the content. Teachers need adequate funding, supportive supervision, and teaching materials. If CSE becomes part of pre-service teacher training, the initial investment will be high, but generations of teachers will be equipped with knowledge and skills to implement CSE from the beginning of their careers. At the same time, in-service training is needed to ensure that current teachers and students are covered.