COMPREHENSIVE SEXUALITY EDUCATION (CSE) PROVISION

WHAT IS CSE?

- CSE is a curriculum-based process of teaching & learning about the cognitive, emotional, physical & social aspects of sexuality.
- CSE aims to equip children & adolescents with:

(i) knowledge, skills, attitudes & values that will empower them to realize their health, well-being & dignity,

(ii) develop respectful social & sexual relationships,

(iii) consider how their choices affect their own wellbeing & that of others, &

(iv) understand & ensure the protection of their rights throughout their lives.

Key Concepts to be included in the curricula

International Technical Guidance on CSE

1. Relationships
2. Values, Rights, Cultures and Sexuality
3. Understanding Gender
4. Violence and Staying Safe
5. Skills for Health and Wellbeing
6. The Human Body and Development
7. Sexuality and Sexual Behavior
8. Sexual and Reproductive Health Topics

RATIONALE

- Adolescents need CSE: Adolescents need knowledge & skills to make well-informed choices about their lives, learn how to avoid & deal with problems, & know where to seek help if necessary.

- CSE has been shown to be effective: There is strong evidence for the positive effects of CSE. There is no evidence that CSE increases sexual activity, sexual risk-taking behaviour, or rates of HIV or other STIs.

- Access to & provision of good-quality CSE programmes need attention: Many countries that have implemented large-scale CSE programmes struggle with ensuring quality and fidelity. Furthermore, the ability to access CSE is often based on being in school.

HUMAN RIGHTS OBLIGATIONS

- CSE is part of the core obligations of states to uphold the right to sexual & reproductive health.
- CSE should address self-awareness & knowledge about the body, sexual health & well-being.
- All children & adolescents should have access to CSE which should be free, confidential, adolescent-responsive & non-discriminatory.
- CSE should be available both online and in person. It should be age-appropriate based on scientific evidence, comprehensive & inclusive.
- CSE curricula should be developed with adolescents & be part of the mandatory school curriculum.

KEY CONCEPTS TO CONSIDER

- **There is deep-seated discomfort about adolescent sexuality which contributes to barriers to the provision of CSE:** CSE needs to be placed on national agendas, & strategies put in place to build community support and identify & address reduce resistance.
- **There is a widespread misconception that the provision of CSE leads to early or risky sexual behaviour**: There is strong evidence that CSE does not increase sexual activity, sexual risk-taking behavior or rates of HIV or other STIs. This message must be communicated widely.
- **Teachers often lack good quality training & support on CSE content & on participatory facilitation/non-judgmental teaching**: Teachers and schools must be supported to deliver CSE effectively and to engage parents & families in this.

WHO GUIDELINES

- ***WHO guidelines on preventing early pregnancy and poor reproductive outcomes among adolescents in developing countries (2011)***
  - With regards to CSE, the guideline recommends Advocacy at **community level** involving all stakeholders through information provision, sexuality and health education, life skills building, contraceptive counselling and service provision and creation of supportive environments.
  - At the **individual level**, provision of accurate information and education, particularly CSE to increase contraceptive use.
- ***Ensuring human rights in the provision of contraceptive information and services: guidance and recommendations (2014)***
  - At the **individual level**, provision of scientifically accurate CSE programmes within and outside of schools that include information on contraceptive use and acquisition.
- ***Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations (2016 update)***
  - Includes the good practice recommendation that sexuality education programmes for adolescents both in and outside of schools, should be scientifically accurate and comprehensive and include information on contraceptives, including and to use and where to get them.
  - Promotes CSE as an approach to addressing social norms and stigma concerning sexuality, gender identities and sexual orientation

COMPLEMENTARY PUBLICATIONS TO WHO's GUIDELINES 1/2

- Revised edition: International technical guidance on sexuality education- an evidence-informed approach (UNESCO, 2018).
- Standards for sexuality education in Europe: a framework for policy makers, educational and health authorities and specialists (WHO Regional Office for Europe and Federal Centre for Health Education, 2010).
- Standards for sexuality education in Europe: guidance for implementation (Federal Centre for Health Education, 2013)
- Operational guidance for comprehensive sexuality education: a focus on human rights and gender (UNFPA, 2014).
- The evaluation of comprehensive sexuality education programmes: a focus on the gender and empowerment outcomes (UNFPA, 2015).

COMPLEMENTARY PUBLICATIONS TO WHO's GUIDELINES 2/2

- Youth-centred digital health interventions: a framework for planning, developing & implementing solutions with & for young people (WHO, 2020)

https://www.who.int/publications/i/item/9789240011717

- Switched on: Sexual education in the digital space (UNESCO, 2019)

https://en.unesco.org/sites/default/files/unesco-swtiched_on-technical_brief.pdf

- International Technical and Programmatic Guidance for out-of-school CSE (UNFPA, 2020)

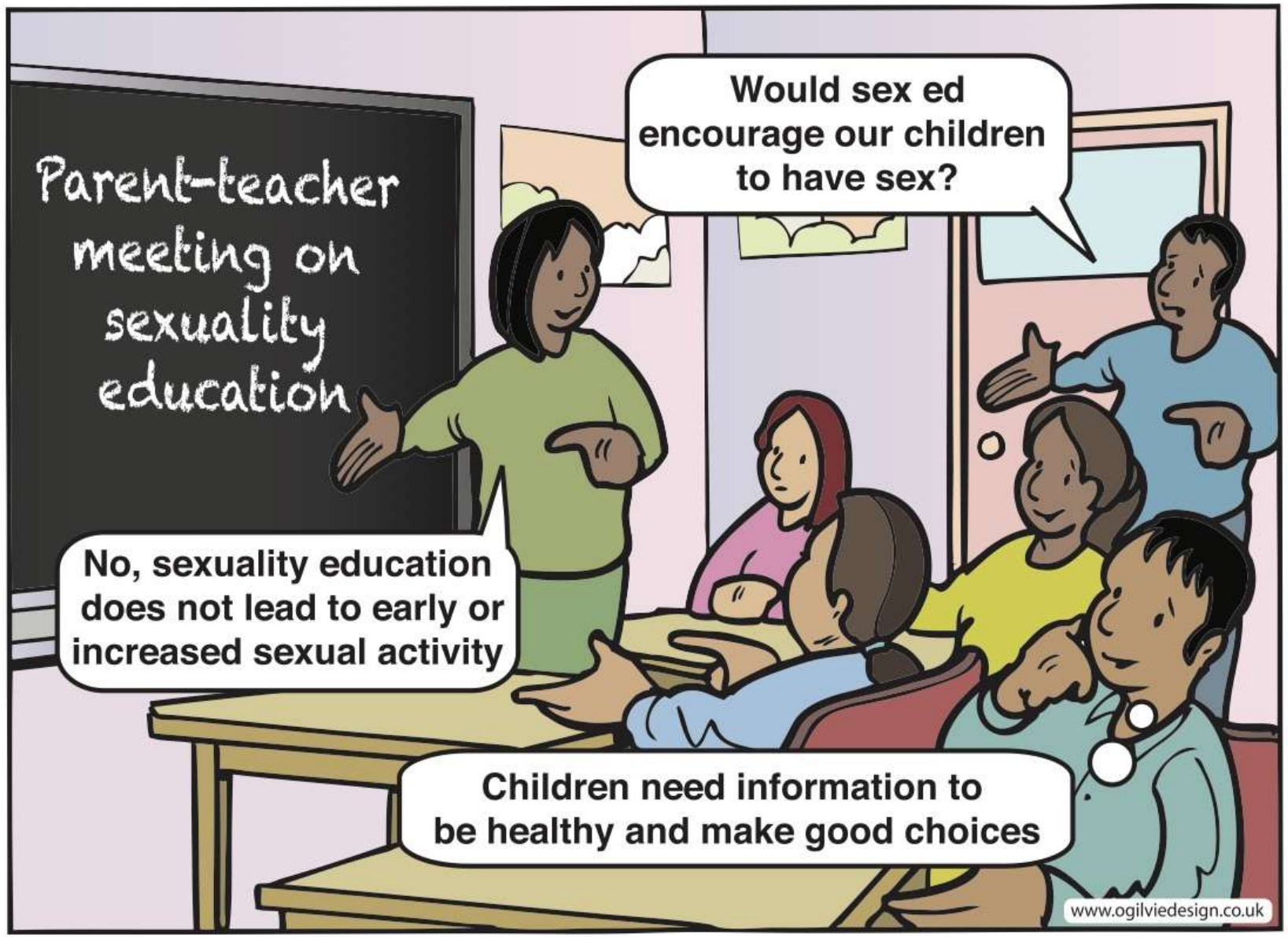
https://www.unfpa.org/publications/international-technical-and-programmatic-guidance-out-school-comprehensive-sexuality

1 PROVISION OF COMPREHENSIVE SEXUALITY EDUCATION (CSE)

RECOMMENDED ACTION – Modify

SPECIFIC MEASURES FOR DELIVERY OF SERVICES

- → Communicate CSE messages through mass media and digital media to which adolescents have access.
- → Inform health-care providers on the important role they could play in informing and educating adolescents, and ensure that they have access to age-appropriate, accurate and up-to-date information that they can pass on to adolescents.
- → Explore possibilities of delivering CSE out of school, following local policies on physical distancing (e.g. conducting training sessions outdoors and with smaller amount of participants) and ensuring access to PPE during training. Provide educators, including peers, with updated information on COVID-19 and how it affects young people.
- → Encourage health care providers to use contact with adolescents to (i) communicate key CSE messages, (ii) provide educational materials and (iii) inform them about educational programmes in mass media or digital media.


Parent-teacher meeting on sexuality education
Would sex ed encourage our children to have sex?
No, sexuality education does not lead to early or increased sexual activity
Children need information to be healthy and make good choices
www.ogilviedesign.co.uk

COMPREHENSIVE SEXUALITY EDUCATION IN THE EASTERN MEDITERRANEAN REGION

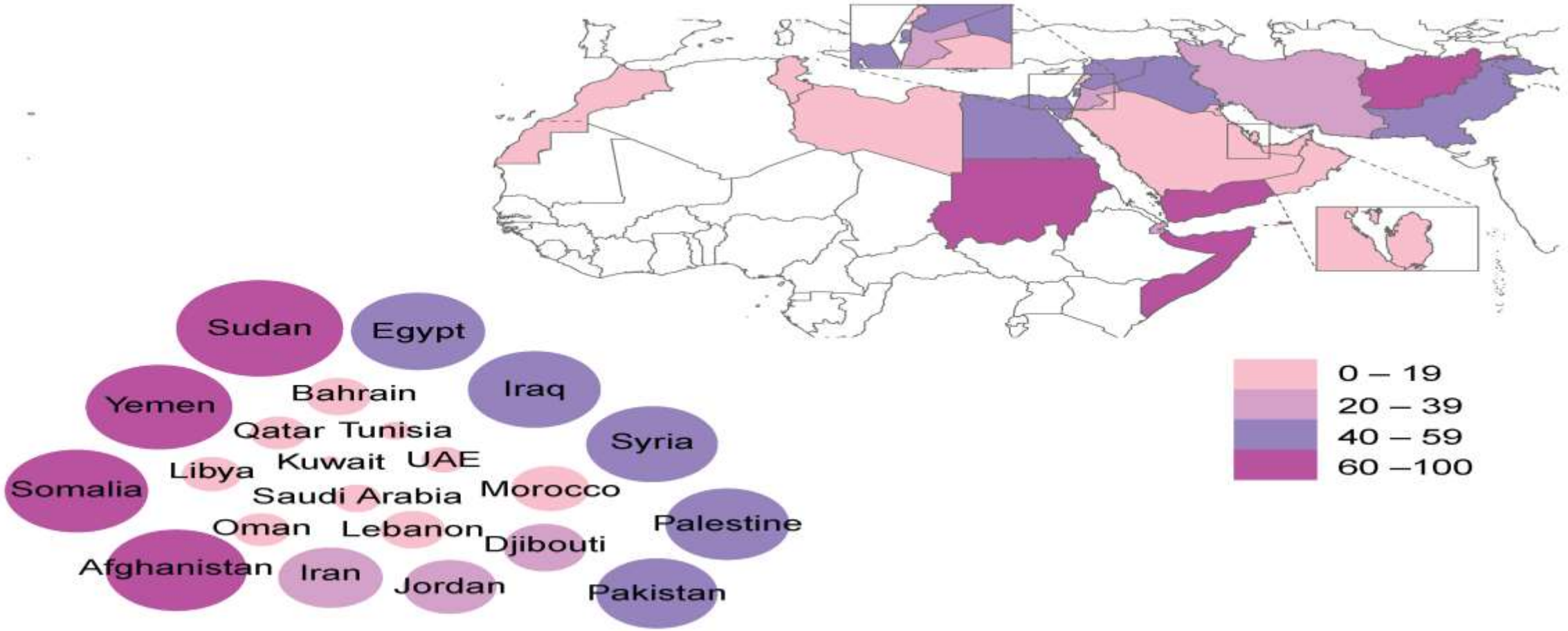
MODULE 1

A Regional Perspective

HEALTH FOR ALL BY ALL
a call for solidarity and action

World Health Organization
Regional Office for the Eastern Mediterranean

Adolescent fertility rate (per 1000 girls aged 15-19 years) in Eastern Mediterranean Region (EMR)



HEALTH FOR ALL BY ALL
a call for solidarity and action

World Health Organization
REGIONAL OFFICE FOR THE Eastern Mediterranean

CSE IN THE EMR (KNOWLEDGE AND ATTITUDES)

Knowledge

I. The data from the Pan Project for Family Health (PAPFAM) in 2013 concluded that there are misconceptions and **gaps in knowledge of sexual and reproductive health, affecting the attitudes of young people** in countries like Djibouti, Lebanon, Syria and Tunisia.[1]

II. Young people in the region **do not know how to protect themselves from sexual and reproductive health risks and illnesses**; **nor do they have adequate access to reliable sources of information** to answer their questions and address their concerns. Schools are ill equipped, and parents are unwilling to provide information on this issue.[2]

III. There is **poor knowledge of pubertal changes and other reproductive health information** among most adolescent girls. Less than 40% of girls in Riyadh knew that key Sexually Transmitted infections (STI) were in fact sexually-transmitted according to a study in 2012.[3]

Attitudes

I. **Parents' attitudes**: Surveys in Pakistan and Oman showed that 73% of Omani parents and 76% of Pakistani parents agree to the provision of science-based CSE in schools. Almost all parents (95.8%) agreed that CSE should be provided in accordance with Islamic regulations. Parental support for school-based CSE programmes that do not subvert Islamic values clearly indicates that discussion of sexual and reproductive matters is not taboo but is acknowledged and respected in the Islamic context [4,5]

II. **Teachers' attitudes:** A survey conducted in Saudi Arabia showed that 61% of young women reported that their teachers displayed negative attitudes when posed questions related to sexual issues.[6]

REGIONAL CHALLENGES TO CSE

Socio-cultural challenges

I. **Myths** about the negative impact of sexuality education (SE) to adolescents are prevalent. More resistance about the content of SE programmes than about CSE itself. '**Cultural silence,'** perceived stigma and embarrassment lead to reluctance in discussing sexual matters in public. [7,8]

II. CSE is **perceived as a source of imitating foreign models and a threat to religious obligations**. This reduces its social acceptability. The wide inter-generational gap as a consequence of advanced communication technology further reduces confidence of families to trust adolescents seeking information from different sources. [7,8]

III. EMR is facing an unprecedented scale of **humanitarian emergencies**, in several countries. Disruption of families, health services and social norms during these crises leave adolescents without access to SRH information and services. [9]

Policy and programmatic challenges 10

I. **Lack of coordination** between national authorities and NGOs is also a challenge in the many countries and leads to lack of clarity over whose mandate it is to implement CSE.

II. Failure of **effective policy dialogues and reluctance to legal reforms** related to adolescent reproductive and sexual rights is responsible for lack of effective implementation of sexual health education programmes.

III. **Lack of monitoring and evaluation of programmes** leads to lack of availability of timely, quality data for programmes particularly those designed for the age group of 10- to 14-year-olds.

IV. **Financial constraints**: Funding for adolescent health in most countries of the EMR is limited, and most programmes depend on external organizations which tend to be short-lived and lack sustainability.

REGIONAL INITIATIVES- SUCCESSFUL PROGRAMMES

The Egyptian Family Health Society (EFHS)

EFHS has implemented one of the largest studies on SRH education projects in EMR in collaboration with the Ministry of Education, providing SRH and life-skills education in preparatory and secondary schools in 22 governorates, at the beginning of the academic year 2010-2011. The project identified large deficiencies in the knowledge of adolescents on SRH. A post-programme evaluation in 2012 showed marked improvement in the level of their knowledge after attending teaching sessions and parents' willingness for their children to attend such sessions. [11]

Aahung – Rutgers: Advancing adolescent's SRH in PAKISTAN

Through capacity building and information dissemination Aahung aims to improve the quality of SRH services while advocating for an enabling environment. It has been successful in developing culturally informed strategies in response to the SRH needs of the population. Targeted age groups are girls and women aged 12-22 years. Aahung life skills-based education (LSBE) program is a comprehensive curriculum, spanning across the spheres of critical reproductive health information, prevention of abuse and the management skills with which it is necessary to equip children and adolescents as they grow. This curriculum also focused on building core life skills supporting communication, decision making and negotiating. [12]

https://www.aahung.org

CHANGING ATTITUDES TOWARDS CSE IN THE REGION - LESSONS LEARNED

- **Deep rooted social and cultural barriers within an adolescents' environments, in order to sensitize and engage influencers for the successful delivery of SRH education to adolescents in the region.** [11,12]

➢ **Engagement of stakeholders** [13,14]

I. **Engagement of "gate keeper** (parents and custodians of culture in the community for example religious leaders) in CSE curriculum development.

II. **Engagement of adolescents**: From a developmental perspective, the engagement of adolescents enhances adolescent-adult relationships, develops adolescent leadership skills, motivation and self-esteem, and enables them to develop the competencies and the confidence they need to play an active, positive and pro-social role in society.

➢ **Scaling up CSE in schools in collaboration with the health sector**

I. A recent online survey of 2,000 young people (18–30 years) through Love Matters Arabic found that 82% of respondents think CSE programmes should be implemented in schools by social workers (68%) and teachers (14%) (LMA, 2019).[15]

II. Promotion of CSE through the **education and health sectors** will increase credibility and draw political support in rolling out CSE. WHO recommends appropriate health sector representatives should be informed about effective CSE and should actively support its implementation at multiple ecological levels (policy, community and school level settings). [17]

FUTURE PROSPECTS - 1

1: Building On the Existing Opportunities:

- **EMR vision of integration of ASRH, 2019**

Initiative taken in 2019 to integrate sexual and reproductive health and rights package in national health policies, programmes and practices in the Eastern Mediterranean Region. This will allow the initiatives at the central/regional level to filter down at the national level of each country.[18]

- **Regional Framework for Joint UN Strategic Action for Young People in the Arab States , Middle Eastern and North African Region (2016-2017)** [19] T

To develop a common two-year framework for young people (10-24 years) in the Arab States and MENA region that will contribute to fulfilling their human rights and enable them to develop their capacities– within a safe and supportive environment. Out of four strategic priorities they recommended **Establishing a regional conceptual framework for life- skills education and a regional conceptual framework for comprehensive sexuality education, leading to national frameworks.**

- **Youth Targets for Sustainable Development Goals (SDG's) 2030**

This provides an opportunity to address CSE from both health and development perspective.

i. **Ensure healthy lives and promote well-being for all at all stages (SDG3**)
ii. **Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all (SDG4)**
iii. Achieve gender equality and empower all women and girls (**SDG5**)

This offers significant opportunities to build global and national action to achieving adolescent reproductive and sexual health.[20]

FUTURE PROSPECTS-2

2: Implementing A successful CSE programme;

Implementation CSE programme through adopting evidence-based interventions at the policy, community and school levels [10,14, 17]

- **Enabling Environment**

Building block necessary for a successful CSE programme is an enabling environment, which encompasses

I. enabling policies
II. supportive cultural norms and values,
III. Infrastructure

- **Collaborative model of CSE**

The collaborative model of education and health sector can together facilitate implementation CSE
Providing inputs for the development of **evidence-based, age-appropriate** and skills-based SRH education in school curricula

I. Encouraging the development and adaptations of the curriculum to different cultural contexts and use of standards for SRH education
II. Teacher training and retraining through professional organizations; enhancing positive attitudes towards CSE [21]
III. Jointly reviewing the accuracy of information and the appropriateness of skills-based training in school curricula;
IV. Supporting out-of-school comprehensive sexuality education

- **Coordinated implementation**

- **Ongoing monitoring and evaluation of the implemented programmes**

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