



Comprehensive Sexuality Education and Sexual and Reproductive Health

#UPROOT BRIEF FOR POLICYMAKERS

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This brief was produced by young people, aimed at policy makers, to contribute with information on the main legal and policy barriers that we face when trying to access HIV and other sexual and reproductive health services, the extent to which harmful laws and policies can affect our health and jeopardize the realisation of our rights, and to share our recommendations on how to keep striving for more enabling policies.

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All views and opinions expressed in this brief do not necessarily reflect those of the organizations that supported and participated in the development of this brief. For more information on the #uproot agenda, please visit www.theyouthpact.org/uproot

INTRODUCTION

Comprehensive Sexuality Education (CSE) has been defined by UNESCO as “an age-appropriate, culturally sensitive and comprehensive approach to sexuality education that includes programmes providing scientifically accurate, realistic, non-judgmental information. Comprehensive sexuality education provides opportunities to explore one’s own values and attitudes and to build decision making, communication and risk reduction skills about all aspects of sexuality”. [1]

More recently, UNESCO has defined it as “curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to: realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and, understand and ensure the protection of their rights throughout their lives.” [2]

A former Special Rapporteur on the right to education noted that “pleasure in and enjoyment of sexuality, in the context of respect for others, should be one of the goals of comprehensive sexual education, abolishing guilt feelings about eroticism that restrict sexuality to the mere reproductive function”. [3]

CSE aims to aid young people to make evidence-informed, responsible

and autonomous choices about their sexual and social relationships in a world affected by HIV [4] and to equip them to determine and enjoy their sexuality – physically and emotionally, individually and in relationships. [5]

UNFPA notes that CSE can enable young people to gain accurate information about sexuality, sexual and reproductive health and human rights, explore and nurture positive values and attitudes towards their sexual and reproductive health, and develop self-esteem, respect for human rights and gender equality. [6]

CSE aims to aid young people to make evidence-informed, responsible and autonomous choices about their sexual and social relationships in a world affected by HIV

Finally, it ought to aid young people in developing life skills that encourage critical thinking, communication and negotiation, decision-making and assertiveness.

CSE is more than the provision of information in that it views sexuality in the context of emotional and social development, and that it involves young people being given the opportunity to acquire life skills and promotes human rights and the knowledge to prevent HIV and advance gender equality. [7]

This brief is aimed at policymakers, to provide them with information around the importance of Comprehensive Sexuality Education in protecting the sexual and reproductive health and rights of adolescents and young people, noting the international law instruments which encourage the provision of information to young people to aid them in actualising their rights.



COMPONENTS OF CSE

UNESCO has noted that there are a number of key principles which ought to be included in the delivery of comprehensive sexuality education.[8] It must be:

Scientifically accurate, based on facts and evidence.

Incremental, a continuous learning process.

Age-appropriate and developmentally-appropriate, responsive to the changing needs and capabilities of the young person as they grow, addressing developmentally relevant topics when it is most timely, cognizant and adaptive to developmental diversity.

Curriculum based, included within a written curriculum to guide educators, can be delivered in either in-school or out-of-school settings.

Comprehensive, addresses sexual and reproductive health issues, including sexual and reproductive anatomy and physiology; puberty and menstruation; reproduction, modern contraception, pregnancy and childbirth; and Sexually Transmitted Infections (STIs), including HIV and AIDS, supports empowerment by improving analytical, communication and other life skills for health and well-being in relation to: sexuality, human rights, a healthy and respectful family life and interpersonal relationships, personal and shared values, cultural and social norms, gender equality, non-discrimination, sexual behaviour, violence and gender-based violence (GBV), consent and bodily integrity, sexual abuse and harmful practices.

Based on a human rights approach, builds on and promotes an understanding of universal human rights, including the rights of children and young people to health, education, information equality and non-discrimination, encourages people to recognize their own rights, respect the rights of others, and advocate for those whose rights are violated.

Based on gender equality, addresses the different ways that gender norms can influence inequality, and the impact this has on the health and well-being of children and young people and efforts to prevent HIV, STIs, early and unintended pregnancies, and gender-based violence; builds awareness of the diversity of gender, explores gender norms shaped by cultural and socioeconomic imbalances, and encourages respectful and equitable relationships based on empathy and understanding.

Culturally relevant and context appropriate, fosters respect and responsibility within relationships, supports examination of how cultural structures, norms and behaviours affect people's choices and relationships.

Transformative, contributes to the formation of a fair and compassionate society by empowering individuals and communities, promotes critical thinking skills, promotes positive values and attitudes towards SRH and the respect for human rights and gender equality, empowers young people to take responsibility for their own decisions and behaviours, and the ways in which they affect others, builds attitudes that enable young people to treat others with respect, acceptance, tolerance and empathy, regardless of their ethnicity, race, social, economic or immigration status, religion, disability, sexual orientation, or gender identity.

Able to develop life skills needed to support healthy choices, nurtures the ability to reflect and make informed decisions, communicate and negotiate effectively and demonstrate assertiveness to form respectful and healthy relationships.

BENEFITS OF COMPREHENSIVE SEXUALITY EDUCATION

Research reaffirms that curriculum-based sexuality education programmes reduce misinformation and increase correct knowledge, increase skills for decision-making and contribute to delayed sex, decreased frequency of sexual intercourse, decreased number of sexual partners, a reduction in risk taking, increased use of condoms and increased use of contraception. [9]

The UNESCO 2016 evidence review revealed that sexuality education increases knowledge about different aspects of sexuality, behaviours and risks of pregnancy or HIV and other Sexually Transmitted Infections (STIs). Additionally, this review reaffirms that sexuality education either in schools or out of schools, does not increase sexual activity, sexual risk-taking behaviour or STI/HIV infection rates.[10]

Evidence reveals that school-based sexuality education should be a part of a holistic strategy. Multicomponent interventions, linking school-based sexuality education with non-school based youth friendly services including condom distribution, and providing training for health providers to deliver youth-friendly services and involving parents and teachers have proven most impactful[11] and has been essential in reaching marginalized young people, including those who are not in school. [12]

Abstinence-only programmes continue to fail because they are ineffective in delaying sexual initiation, reducing the frequency of sex or reducing the number of sexual partners, while programmes that combine a focus on delaying sexual activity with information about condom or contraceptive use,[13] and those which focus on both pregnancy prevention and STI/HIV prevention[14], are more effective and have more positive SRH outcomes.

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Gender-focused programmes that allow students to question social and cultural norms around gender and to develop gender equitable attitudes are substantially more effective than 'gender-blind' programmes at reducing rates of unintended pregnancy or STIs.[15] Additionally, where programmes use an explicit right-based approach to CSE there have been some notable short-term positive effects such as an increased knowledge of rights within a sexual relationship, increased communication with parents about sex and relationships and greater self-efficacy to manage risky situations.[16]



INTERNATIONAL COMMITMENTS TO COMPREHENSIVE SEXUALITY EDUCATION

Commitments to Comprehensive Sexuality Education have been established through a number of international human rights instruments. The right to information is protected under Article 19 of the Covenant on Civil and Political Rights. Additionally, the Covenant on Economic, Social and Cultural Rights protects the right to the highest attainable standard of health[17] and the right to education.[18]

The International Conference on Population and Development (ICPD) Programme of Action established sexuality education as a human right, which it deemed essential to development and human well-being. It requires that governments provide education on sexuality to promote the well-being of adolescents stressing that this form of education should be made available both in schools and at the community level, it should be age-appropriate, begin as early as possible, foster mature decision making, and seek to ameliorate gender inequality.[19]

The Programme of Action also called on both governments and nongovernmental organizations (NGOs) to meet the special needs of adolescents by ensuring that Comprehensive Sexuality Education programmes address specific topics including gender relations and equality, violence against adolescents, responsible sexual behaviour, reproductive health and family planning, family life, and sexually transmitted infections (STIs), HIV and AIDS prevention.[20]

The UN Convention on the Rights of the Child establishes that states should recognise the right of the child to the enjoyment of the highest attainable standard of health and no child should be deprived of his or her right of access to such health care services.[21] The Convention has also tasked states with ensuring that all segments of society, including parents and children, have access to education about child health and nutrition and that there should be preventative healthcare and family planning education and services.[22]

The 2016 Political Declaration on HIV and AIDS calls on states to commit to reducing the risk of HIV infection among adolescent girls and young women by providing them with quality information and education along with other social protection and social services.[23] It also recognizes that the AIDS response can only be fast-tracked by ensuring access to appropriate, high-quality, evidence-based HIV information, education and services without stigma and discrimination and respecting the rights to privacy, confidentiality and informed consent.[24]

The Declaration also calls on all stakeholders to increase efforts to provide "scientifically accurate, age-appropriate comprehensive education, relevant to cultural contexts, that provides adolescent girls and boys and young women and men, in and out of school, consistent with their evolving capacities, with information on sexual and reproductive health and HIV prevention, gender equality and women's empowerment, human rights, physical, psychological and pubertal development and power in relationships between women and men" to aid them in making informed decisions, developing respectful relationships and enable them to protect themselves from HIV infection.[25]

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REGIONAL COMMITMENTS AND EFFORTS

Regional commitments have also contributed to the advancement of the right to comprehensive sexuality education.

The 2013 Ministerial Commitment on CSE and SRH Services for Adolescents and Young People in Eastern and Southern Africa (ESA), known as the ESA Commitment has established a number of targets aimed at the well-being of adolescents. One notable target is establishing a good quality comprehensive sexuality education (CSE) curriculum framework is in place and being implemented in 20 countries.[26] Since the Commitment, there have been significant efforts towards integration of CSE in the formal curricula, as a stand-alone subject or integrated across relevant subjects within the school curricula. [27]

Additionally, it was established that achieving universal access to CSE would require specific strategies for reaching marginalized young people who are out of school who would not be able to benefit from in-school CSE and other school-based social and health interventions. Accordingly, 15 out of 21 ESA countries have developed national policies or strategies related to sexuality education for out-of-school-youth. In instances where the policy environment does not adequately provide for out-of-school youth, innovative approaches that include new media and community channels have been established to reach them. [28]

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In Latin America and the Caribbean the Ministerial Declaration - 'Prevention Through Education' was the result of a meeting of 30 Ministries of Health and 26 Ministries of Education who committed to promoting prevention as the main strategy to respond to HIV and AIDS in an effective way.[29] The Declaration seeks to significantly reduce the number of schools under the jurisdiction of the Ministries of Education that have failed to institutionalize comprehensive sexuality education and to reduce the number of adolescents and young people who are not covered by health services that address their sexual and reproductive health needs appropriately.[30]

KEY RECOMMENDATIONS TO POLICYMAKERS

For Comprehensive Sexuality Education to have the desired effect of improving the lives and well-being of adolescents and youth, it is essential that policymakers take proactive steps to protect and ensure this right.

1. Policymakers must eliminate legislation and constitutional barriers that hinder the enjoyment of the right to comprehensive sexuality education, and should seek to adopt and strengthen legislation aimed at guaranteeing that right without any form of discrimination. They must encourage the design and implementation of comprehensive, sustainable public policies focused on rights, gender and respect for diversity that seek to ensure people's enjoyment of the human right to comprehensive sexuality education.
2. Policymakers have a responsibility to ensure that adolescents and youth are involved in all levels of the development, implementation and monitoring of CSE curricula, and to share their opinions and experiences in a bid to ensure that CSE remains youth-centred and youth friendly. Families and communities should also be included as partners in the design and implementation.
3. Efforts must be made to ensure the implementation of CSE from the primary school level, and also cover young people who are out of school, but also ensure that mechanisms are developed to facilitate the delivery of CSE to children and youth in state-run institutions including places of safety and juvenile detention centres.
4. Specific provisions should be included to ensure training of teachers who will deliver CSE, and health workers who will engage with young people about their sexual and reproductive health.
5. Policymakers should ensure that laws, policies and regulations remain mindful of the overarching obligation to protect the best interest of the child, and all CSE material should be culturally relevant and age-specific.

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“The HIV and AIDS epidemic is a global health crisis that has caused the deaths of millions of people. It is a crisis that has also caused a great deal of suffering and hardship for many people. We must do everything we can to prevent the spread of the virus and to care for those who are already infected. We must also work to reduce the stigma and discrimination that often go hand in hand with the disease. Only by working together can we hope to win the fight against HIV and AIDS.”

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