# Comprehensive Sexuality Education: Advancing Human Rights, Gender Equality and Improved Sexual and Reproductive Health

*A Report on an International Consultation to Review Current Evidence and Experience*
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## EXECUTIVE SUMMARY

In December 2010, the United Nations Population Fund (UNFPA) organized a Global Consultation on Sexuality Education, in Bogota, Colombia, to discuss the most effective approaches to sexuality education that promote human rights, advance gender equality and improve sexual and reproductive health. The consultation brought together some 80 practitioners and programmers from more than 36 countries. The purpose of the consultation was to gain a common understanding of the state of the art in comprehensive sexuality education programmes, both in-school and out of school, and to identify strategies for investing in, implementing, scaling up, monitoring and evaluating effective and sustainable programmes. Participants heard presentations and exchanged views on the fundamental principles of sexuality education, the evidence base for what makes sexuality education comprehensive and effective, and lessons drawn from concrete experiences in the implementation of sexuality education programmes in different settings. This report aims to capture the substantive presentations and discussions, as well as the rich experiences shared, at the consultation.

The consultation participants affirmed that comprehensive sexuality education is a human right and that the long-term goal must be to ensure that all young people have access to effective programmes. They also recognized, however, that sexuality education is but one component of a multi-faceted approach that addresses the complexity of young people's lives, for example, the importance of education, the need for employment and housing, and protection from discrimination and violence. They underscored that sexuality education should be guided by core principles, including that it should:

- Foster norms and attitudes and build skills for achieving gender equality;
- Address vulnerabilities and fight exclusion;
- Promote young people's participation and strengthen capacities for citizenship;
- Encourage local ownership and cultural relevance;
- Take a positive life-cycle approach to sexuality.

The consultation resulted in a series of recommendations for approach and content, implementation and delivery, scale-up and sustainability and monitoring and evaluation. Among those recommendations were:

- Address norms around gender and sexuality, and promote equality, empowerment, non-discrimination and respect for diversity.
- Use theoretical models that locate individual behaviours within broader contexts.
- Foster critical thinking and respect for human rights, and build capacities for citizenship.
- Apply pedagogical theories and curricular standards that are backed up by expertise and evidence.
- Deliver clear messages, use scientifically accurate information, and address personal values and perceptions.
- Start at a young age and continue through adolescence.
- Create a safe environment where young people are respected and encouraged to participate.
- In school systems, integrate sexuality, gender and citizenship objectives into educational goals and incorporate them across the curriculum.
- Build a critical mass of educators and provide continuous training and support.
- Find innovative ways to reach those out-of-school and otherwise marginalized.
- Employ participatory teaching methods.
- Conduct an on-going process of advocacy and build alliances and support among diverse stake-holders and gate-keepers..
- Develop, implement and monitor public policies and laws and promote multi-sectoral collaboration.
- Work with local government and civil society organizations.
- Foster youth leadership and participation.
- Plan for evaluation and monitoring and ensure that data are disaggregated by sex, age, race, socio-economic status and other variables.
- Develop indicators that go beyond the biomedical to measure effectiveness.

(For a complete list of recommendations, please see Conclusion and Recommendations at the end of the report.)

Participants in the consultation agreed that, despite the diversity of experiences and opinions, they shared the common goal of promoting and advocating for the right to comprehensive sexuality education for all young people. Many identified a historic paradigm shift toward the inclusion of gender and rights as a core element in effective programming. Achievements over the last several years were recognized, including the development of guidelines and other useful resources. They stressed the imperative to develop new kinds of "non-health" indicators that could be used to generate evidence of other valuable outcomes of sexuality education. They concurred on the need to link sexuality education to other initiatives, such as those in education and in gender equality and equity, especially with a focus on the rights and needs of marginalized girls. They stressed the importance of sharing the resources and recommendations discussed at the consultation with their own networks and with country level partners, and agreed

that the consultation had helped to advance the potential for collaborative efforts and new partnerships across UN agencies, and with government and nongovernmental organizations. Finally, the participants affirmed their commitment to take the work "up a notch" – to generate more effective programmes and to achieve universal access to comprehensive, rights-based and gender-sensitive sexuality education.

## INTRODUCTION

The number of adolescents and youth in the world today is nearly two billion and growing. In developing countries, thirty per cent of the population is under the age of 15 and another 19 per cent is between the ages of 15 to 24 years old.[1] In the poorest countries, some 60 per cent of the population is under the age of 25.[2] These millions of girls and boys have dreams of living lives that are fulfilling, happy and safe. Yet the vast majority of them receive little reliable information or skills-building related to sex, gender and sexuality. The consequences are well known: without access to comprehensive sexuality education and sexual and reproductive health services, young people – especially girls – are more vulnerable to daunting reproductive and sexual health problems. (See **Box 1**, *Sexual and Reproductive Health Issues Faced by Young People, Especially Girls, Today*.) Furthermore, few sexuality education programmes address human rights issues and power dynamics in intimate relationships, which is essential to empowering young people, to improving personal expression and self-respect, and to increasing satisfaction, communication, safety and health.

**Box 1: Sexual and Reproductive Health Issues Faced by Young People, Especially Girls, Today:**

- *Early Marriage:* In many parts of the world, a large percentage of young women (from 48 per cent in South Asia to 29 per cent in Latin America and the Caribbean) marry before the age of 18. Studies have shown that girls who marry before the age of 18 often marry men who are more than five years older,[1] creating an uneven power relationship within the household.[1] Early marriage is a risk factor for HIV: research in more than 25 developing countries found that at least 80 per cent of unprotected sexual encounters among adolescent girls occur within marriage.[1] Early marriage is also associated with early pregnancy.
- *Early Pregnancy and Poor Maternal Health:* In developing countries, more than 40 per cent of girls have their first child before they reach the age of 20, many before the age of 18.[1] These young mothers often drop out of school, thus jeopardizing their future opportunities. They are also more likely than adult women to die, experience complications, and suffer lasting health problems related to childbirth. Pregnancy-related risks, including unsafe abortion, are the leading cause of death for women aged 15 to 19 worldwide.[1] One of the most devastating outcomes of early pregnancy is obstetric fistula, a result of obstructed labour when girls' bodies are not fully mature, which leaves a hole through which faeces or urine can leak and frequently can result in life-long pain, infection, ostracism and even death.
- *Barriers to Accessing Sexual and Reproductive Health Services:* Young people often face policies or attitudes that prevent or discourage them from seeking sexual and reproductive health services. Despite the risks associated with early pregnancy and childbearing, levels of unmet need for family planning among sexually active girls aged 15 to 19 are higher than among older women.[1] These gaps in information and barriers to accessing services for contraception, as well as for the prevention of STIs, including HIV, reduces use of protective measures.
- *HIV and STI vulnerability*: People between the ages of 15 and 24 account for 40 per cent of new HIV infections around the globe,[1] and young women are particularly vulnerable, due to women's biological risk and unequal power in society and relationships. Most HIV transmission is sexual. Even in countries where infection previously had been primarily through injecting drug use (e.g., in Eastern Europe and Central Asia), HIV is now transmitted mainly through sex.[1] In the most affected countries of sub-Saharan Africa, women aged 15 to 24 are three times more likely to be HIV-positive than young men.[1] Young men who have sex with men are also at high risk, accounting for a significant portion of new infections, for example, an estimated 11 per cent of new infections in China in 2007 and more than 50 per cent of new infections in Peru in 2009.[1] Studies show that sexually-transmitted infections (STIs) increase the risk of HIV infection by two to five times[1] and exact a huge toll on health and well-being. Indeed, STIs excluding HIV are second only to maternal morbidity and mortality as a cause of death, illness and 'healthy life lost' among women in their childbearing years.
- *Violence*: Young people suffer from high levels of violence. A survey in 21 countries found that 7-36 per cent of girls and 3-29 per cent of boys suffered sexual abuse over the course of their childhoods.[1] According to a WHO multi-country study, many women reported that their sexual debut was coerced (24 per cent in rural Peru, 28 per cent in the United Republic of Tanzania, 30 per cent in rural Bangladesh and 40 per cent in South Africa). For many of these women, the forced sex was within marriage.[1] In some countries, girls experience high rates of sexual abuse in school. In Malawi, for example, 71 per cent of primary school students who reported forced sex said that the incident had occurred at school.[1]

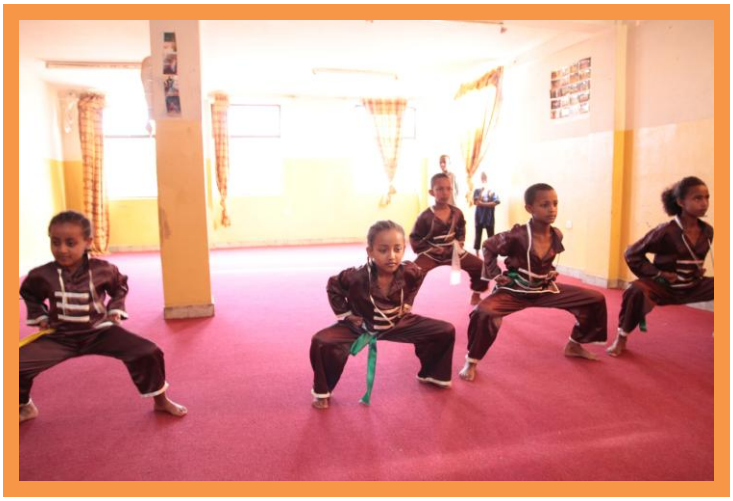
Underlying most of these sexual and reproductive health issues are gender inequality and social norms that permit inequitable resource distribution, barriers to education and the use of health services, discrimination, abuse, violence and harmful practices toward women and girls.

Recognizing the imperative to find the most effective approaches to sexuality education that promote human rights, advance gender equality, and improve sexual and reproductive health, the United Nations Population Fund (UNFPA) organized a Global Consultation on Sexuality Education in early December 2010, in Bogota, Colombia. The consultation brought together some 80 practitioners and programmers from more than 36 countries, from UN agencies, international and national NGOs, and governments. The purpose of the consultation was to address some of these pressing questions: What are the fundamental principles that should frame and guide sexuality education programmes? What outcomes are we trying to achieve and what programmatic strategies are most effective at achieving those outcomes? What has worked to overcome barriers? The participants exchanged experience and expertise on these important questions, with the following objectives:

1) Gain a common understanding of the state of the art in comprehensive sexuality education programmes both in-school and out of school.
2) Develop strategies for investing in, implementing, scaling up, monitoring and evaluating effective and sustainable programmes.
3) Suggest a limited agenda for evaluation research.

On the first day of the meeting, participants heard presentations and exchanged views on the fundamental principles of sexuality education, the evidence base for what makes sexuality education comprehensive and effective, and lessons drawn from concrete experiences in the implementation of large-scale programmes in different settings. On the second day, panels organized by region presented trends and country experiences. The third day consisted of smaller group sessions meeting concurrently to discuss practical elements of developing and implementing effective, gender-sensitive, rights-based sexuality education programmes and policies. This report aims to capture the substantive presentations and discussions, as well as the rich experiences shared, at the consultation in the following parts[3]:

1) The **Background** section provides arguments for why sexuality education is both a right and a necessity. It puts sexuality education in the broader context of young people's complex lives.
2) The section on **Fundamentals** offers both core principles for sexuality education, evidence of what works and essential elements of effective programmes.
3) **Making it Happen** reviews what has been learned from research and from experience about implementing comprehensive, rights-based programmes, creating the enabling environment for those programmes, and carrying out the monitoring and evaluation necessary for making programmes effective and holding governments and donors accountable.
4) **Conclusion** and **Recommendations**



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## PART 1: BACKGROUND: INTERNATIONAL RECOGNITION OF SEXUALITY EDUCATION AS A RIGHT AND A NECESSITY

The right to comprehensive and non-discriminatory sexuality education is based on rights protected by several human rights agreements and documents, including *inter alia* the Convention on the Rights of the Child; the International Covenant on Economic, Social and Cultural Rights; the International Covenant on Civil and Political Rights; the Convention on the Elimination of All Forms of Discrimination against Women; and the Convention on the Rights of Persons with Disabilities. These and other documents establish the right to education and information about sexuality, sexual and reproductive health and HIV. They assert that sexuality education is essential for the realization of other human rights. Furthermore, many of these documents argue that sexuality education programmes should actively promote the principles of equality, equity and non-discrimination. Indeed, the achievement of gender equality and non-discrimination are themselves global mandates, established in multiple human rights documents.

The International Conference on Population and Development (ICPD) in Cairo in 1994 identifies sexuality education as a human right, essential to development and human well-being. The ICPD Programme of Action states:

> *Support should be given to integral sexual education and services for young people, with the support and guidance of their parents and in line with the Convention on the Rights of the Child…. Educational efforts should begin within the family unit, in the community and in the schools at an appropriate age, but must also reach adults, in particular men, through non-formal education and a variety of community-based efforts.* (ICPD POA, para. 7.37)

> *Governments, in collaboration with non-governmental organizations, are urged to meet the special needs of adolescents and to establish appropriate programmes to respond to those needs. Such programmes should include support mechanisms for the education and counselling of adolescents in the areas of gender relations and equality, violence against adolescents, responsible sexual behaviour, responsible family-planning practice, family life, reproductive health, sexually transmitted diseases, HIV infection and AIDS prevention.* (ICPD POA, para. 7.47)

The UN Convention on the Rights of the Child (1990) states: "Children have the right to good quality health care – the best health care possible… and information to help them stay healthy." (Article 24)

One recent development was the Report of the UN Special Rapporteur on the right to education to the General Assembly in July 2010, which states:[4]

- *As in all areas of education, sexual education must be adapted to different age groups and cultures. In addition, teaching strategies must be differentiated and flexible to meet the differing needs of female and male students, taking into account the fact that persons with special needs — such as young people not attending school or young married women — need to be taught about sexuality through methods other than formal education, as do adults who, often because of misconceptions, do not have a full sexual life.*
- *Comprehensive sexual education is extremely important in view of the threat of HIV/AIDS and sexually transmitted diseases, especially for groups at risk and persons in particularly vulnerable situations, such as women and girls exposed to gender-based violence or persons in difficult financial circumstances….*
- *There is no valid excuse for not providing people with the comprehensive sexual education that they need in order to lead a dignified and healthy life. Enjoyment of the right to sexual education plays a crucial preventive role and may be a question of life or death….*

The Report of the UN Special Rapporteur goes on to call for sexual education as a "human right in itself and an indispensable means of realizing other human rights," referring to the basis for this in international law and in other international documents and treaties.[5] The Rapporteur recommends that States adopt and strengthen relevant legislation, encourage and provide resources for the design and implementation of comprehensive programmes starting in primary school, provide teacher training and a curriculum framework, and promote alternative forms of education, e.g. media, peer education and working with civil society and health care professionals. He calls for inclusion of families and communities and "respect for cultural relevance and age-specific criteria."

The Special Rapporteur's report specifically underscores the need for programmes that focus on gender norms, emphasizing that this also involves men, "who can benefit from less rigid roles and more egalitarian relationships." According to the report, comprehensive sexuality education must "pay special attention to diversity," saying that it can be a tool for fighting discrimination on the basis of sexual orientation or gender identity.[6] Sexuality education should include a "gender perspective that encourages people to think critically about the world around them" and should foster "a rethinking of the stereotypical roles assigned to men and women so that real equality can be achieved." The report reflects a growing recognition of the right to sexuality education, based on existing international principles and agreements, and of the importance of using pedagogic methods that engage young people in critical thinking about gender, equality, and non-discrimination. Nonetheless, the report has faced opposition since its release.

Developments at the regional level have also been significant, for example, the *Preventing Through Education* Declaration by the Ministers of Health and Education of **Latin America and the Caribbean**. In August 2008, on the occasion of the XVII International AIDS Conference in Mexico City, 30 Ministries of Health and 26 Ministries of Education came together for the first Meeting of Ministers of Health and Education to Stop HIV in Latin America and the Caribbean. At the end of the meeting, the Ministers issued a pledge to provide comprehensive sex education.[7] The "Preventing Through Education" Declaration asserted, "It is necessary to provide quality education that includes comprehensive education on sexuality both as a human right, as well as one that contributes to present and future quality of life." The Ministers recognized that "unequal relationships between the sexes and among age groups, socioeconomic and cultural differences, and diversity in sexual orientation and identities, when associated with risk factors, create situations of increased vulnerability to HIV/STI infection."

The Declaration was a significant commitment by Ministries of Education and Health of Latin American and the Caribbean to work together with each other and with other key partners, including legislators, civil society organizations, communities and parents.[8] The Ministers dedicated themselves to a specific target for provision of comprehensive sexuality education by 2015. Follow-up to the Declaration continues, offering an important opportunity for strengthening sexuality education in Latin America and the Caribbean.[9]

The Protocol on the Rights of Women in **Africa** to the African Charter on Human and People's Rights, better known as the "Maputo Protocol," was signed at the July 2003 Session of the African Union in Maputo, Mozambique, and entered into force in November 2005, after being ratified by the requisite 15 member states. The Protocol condemns and prohibits sexual violence (Articles 3 and 4) and harmful practices (Article 5). Article 14, on heath and reproductive rights, obliges States to provide affordable health services, including information and education, to women. Article 12, on the right to education and training, calls on States to "take all appropriate measures" to:

- *Eliminate all stereotypes in textbooks, syllabuses and the media, that perpetuate such*

*discrimination [against women];*

- *Protect women, especially the girl-child from all forms of abuse, including sexual harassment in schools and other educational institutions and provide for sanctions against the perpetrators of such practices;*
- *Provide access to counselling and rehabilitation services to women who suffer abuses and sexual harassment;*
- *Integrate gender sensitisation and human rights education at all levels of education curricula including teacher training.*[10]

The international community's commitment to universal access to comprehensive sexuality education is not only reflected in human rights laws and principles, but also in major development goals and plans, such as the Millennium Development Goals (MDGs).[11] Increasing access to rights-based comprehensive sexuality education would contribute to eradicating poverty (MDG 1); achieving universal primary education (MDG 2); promoting gender equality and the empowerment of women (MDG 3); fighting against infant and maternal mortality and morbidity and achieving universal access to reproductive health (MDGs 4 and 5); and reducing transmission of HIV and AIDS (MDG 6).

The *Joint Action for Results: UNAIDS Outcome Framework, 2009–2011*, affirms the commitment of UN partners[12] to "universal access to comprehensive prevention programmes, treatment, care and support."[13] In so doing, it calls for expanded prevention efforts, with particular attention to marginalized populations and the "promotion of human rights and gender equality." The Outcome Framework outlines ten priority areas that are interconnected, several of which speak to the need for sexuality education. These priorities include: reaching populations that are most affected and those that are often marginalized, including men who have sex with men, sex workers and transgender people; empowering women and girls and responding to sexual and gender-based violence; and "uphold[ing] non-discrimination in all efforts." One of the ten areas, "Empowering young people to protect themselves from HIV" specifically addresses reaching young people with sexuality education programmes:

> *We can empower young people to protect themselves from HIV: By putting young people's leadership at the centre of national responses, providing rights-based sexual and reproductive health education and services and empowering young people to prevent sexual and other transmission of HIV infection among their peers. By ensuring access to HIV testing and prevention efforts with and for young people in the context of sexuality education. And by ensuring enabling legal environments, education and employment opportunities to reduce vulnerability to HIV.* [14]

These and other international agreements and documents form the basis for core principles for sexuality education discussed at the consultation, presented below.

Photo/Antonio Fiorente

# PART 2: FUNDAMENTALS: CORE PRINCIPLES AND CHARACTERISTICS OF EFFECTIVE PROGRAMMES

## A. Core Principles

The UNFPA Framework for Action (FFA) with Adolescents & Youth states:[15]

> *A world fit for adolescents and youth is one in which their rights are promoted and protected. It is a world in which girls and boys have optimal opportunities to develop their full potential, to freely express themselves and have their views respected, and to live free of poverty, discrimination and violence.*

The FFA identifies "four key areas" to fulfill its vision of young people:

1. A supportive policy environment.
2. *Gender-sensitive, life-skills-based sexual and reproductive health education in schools and community settings.* (Emphasis added.)
3. Sexual and reproductive health services.
4. Young people's leadership and participation.

The following "overarching principles" guide UNFPA's work with young people on sexuality education:

- Achieving social equity by paying special attention to vulnerable groups.
- Protecting the rights of young people, particularly to health, education and civic participation.
- Maintaining cultural sensitivity by advocating for sexuality and reproductive health in sensitive and engaging ways.
- Affirming a gender perspective that, while recognizing boys' needs, preserves spaces for girls, especially the poor and vulnerable.

Throughout the consultation, participants repeatedly returned to discussion of the principles that should guide sexuality education.[16] While differences surfaced on specific questions of content and approach, general agreement emerged from the consultation on the following core principles as fundamental to work on sexuality education:

- ***Recognize Sexuality Education as a Right and Use Sexuality Education to Promote Equity and Human Rights***

As discussed above, the right to sexuality education is based on several international agreements and laws, including the right to information, as recognized in Article 19 of the Covenant on Civil and Political Rights, and the right to health (Article 12) and the right to education (Article 13), as recognized in the Covenant on Economic, Social and Cultural Rights. Nonetheless, it remains a challenge to ensure that access to sexuality education is a "claimable right:" a right that young people, as rights-holders, are able to hold states and other "duty-bearers" accountable for guaranteeing and fulfilling, not only through effective protection, but also through provision of programmes and services.

Beyond reinforcing the concept of comprehensive sexuality education as a right and as essential to the realization of other human rights, consultation participants stressed that comprehensive sexuality education should promote a rights-based approach to sexuality and reproductive health. Accordingly, programmes should be developed, implemented and assessed with specific attention to ensuring that content and methodologies foster attitudes and actions that support gender equality, non-discrimination and respect for the human rights of all people.

- ***Promote Participation, Strengthen Capacities for Citizenship, and Foster Critical Thinking***

A recurring theme of the consultation was the meaningful participation of young people, especially the marginalized. UNFPA is working to promote the rights of young people to participate and to enhance the capacity of States to meet their obligations. Essential to this approach is ensuring that key stakeholders, particularly marginalized adolescents and youth, have a voice in every stage of programme development and implementation. A youth activist at the consultation argued that if young people see themselves as "subjects with rights," they are more likely to take care of themselves and to advocate for the rights of others. She challenged the often-held view that young people are not capable of making their own decisions or of contributing to the development of policies or programmes, and argued that youth should be seen as valid actors. She also stressed that young people need adult "accompaniment" in this process saying, "When we walk together, we make the project our own."

Speakers from the Ministry of Education of Colombia echoed many presenters and participants, especially those from Latin America, by asserting the importance of taking a "citizenship" approach – of supporting the development of young people's abilities to actively participate in building peaceful, just and democratic societies. (Please see **Box 2** on the programme in Colombia.) A representative of the International Planned Parenthood Federation (IPPF) asserted

"a rights-based approach encourages young people as stakeholders in the development, implementation and evaluation of programmes." She described the IPPF view that young peoples' capacities have been underestimated; these abilities are "evolving" and can be encouraged.[17] Sexuality education programmes can nurture "critical thinking" skills that enable young people to understand and question social norms and practices, and to contribute to society.

Photo/Antonio Fiorente

**Box 2: Colombia: Rights, Gender, Citizenship, Critical Thinking and Multi-sectoralism**

*Background and Programme Description*

Colombia has made great strides in increasing access to education. In the view of the country's Ministry of Education (MOE), quality education contributes to sustainable development and fosters the "citizenship" capacity of young people, or the ability to engage in society and to respect the human rights of all persons.

Colombia developed a national plan for sexuality education in 1993, but it was not sustained. From 1998 to 2003, the UNFPA supported various related projects. It was in 2005, however, that the Colombian MOE piloted a more comprehensive approach. With the support of UNFPA, the programme has been scaled up since 2008. It is transversal, continuous, and both inside and outside the formal educational system. The programme is built on the following beliefs:

- Sexuality is a "social construction" that defines our understanding and experience of sex, gender and sexual orientation. It is essential to address communication, emotions, reproduction and pleasure from individual, family and societal perspectives.
- Citizenship is essential for the construction and sustenance of peace, democracy and respect toward diversity.
- Education requires teaching for competence in active, social and creative processes.

The four essential elements of the programme are: to take a positive view of sexuality; to support individual autonomy, responsibility and enjoyment; to promote and achieve gender equality; and to advance human rights. It also stresses the importance of the pedagogical methods that foster critical thinking.

*Outcomes and Lessons*

To construct a strong programme, the Colombian government created an intersectoral commission. Since the educational systems is decentralized, the commission promoted sexuality education at local levels. After four years, 1,000 communities are implementing sexuality education programs, 3,800 teachers have been trained, and more than 91 locally based collaborative teams have been formed. The effort has engaged the health sector, universities and NGOs. In November 2010, the Colombian MOE launched a new four-year plan that prioritizes education in sexuality and citizenship. The Ministry hopes to continue its collaboration with the UN, which has provided valuable technical assistance.

Speakers from the Colombian MOE reflected on the lessons learned:

- Implementing comprehensive sexuality education in the educational system is not easy and requires on-going efforts to build support for it over many years.
- It is essential to build a receptive external environment through communications and social mobilization efforts.
- It also is crucial to build receptive environments within schools that favor human rights, gender equity, trust and participation.
- At the school level, it is necessary to build institutional support within the schools. This requires building a multi-sectoral team within the school and developing an operational plan that fits within the larger institutional context. The plan must include monitoring and evaluation.
- The integration of sexuality education into different subjects in the curriculum, a transversal approach, has been found to be most effective.
- The process of building capacity is a continuous one, requiring preparation for sexuality education to be integrated into pre-service teacher training at different levels, as well as conducted by NGOs to those already in schools.
- Sustainability requires partnerships – across sectors of government, within communities, and with civil society actors. Of primary importance is building linkages between the health and education sectors at all levels, particularly at the local level.
- It is not sufficient to work within schools. A variety of programmes are needed, leading to a cumulative impact. And broad alliances and collaborations among sectors and among various stakeholders – including local policy makers, parents, community leaders, and the media – are essential.

The national constitutional and legal framework, as well as national policies in education and in sexual and reproductive health and rights in Colombia, provides a positive environment for the gender-focused and rights-based approach to sexuality education adopted by the Colombian programme.

Programme participants say:

> *I learnt that in this country we can build together, that there is room for all, that there are many things we can still do.* (Male school teacher)
>
> *It enabled me to understand and help other friends, of different sexual orientations, that where going through the same conflicts but didn't had this experience.* (Male school alumnus)
>
> *I learnt that sexuality is not a sin, nor something evil, but a part of human decisions, a part of life.* (Male school teacher)

*(Based on presentations by Maria Fernanda Campo, Minister of Education, and Diego Arbelaez, Program Coordinator, Ministry of Education, Colombia.)*

- ***Address Vulnerabilities, Fight Exclusion and Recognize Complexities of Young People's Lives***

Another significant issue discussed extensively at the consultation was the goal of achieving universal access to comprehensive sexuality education, so that all individuals are able to access sexual and reproductive health information, education and services. To achieve universal access, barriers due to poverty or to discrimination must be eliminated and special efforts made to serve different populations with particular vulnerabilities – younger youth, girls, young people living with HIV, people of different sexual orientations or gender identities, migrants and refugees, indigenous youth, youth living in remote areas, the homeless, and young people with disabilities. It is also essential to consider diversity within "groups," to ensure that marginalized groups are not treated as monolithic entities. Addressing vulnerability also means taking compounding circumstances into account. These include factors such as gender-based violence, HIV status, trafficking, forced migration, or living through conflict or natural disasters. In the context of HIV prevention, sex workers, men who have sex with men, injecting drug users and their sexual partners require special attention. And it is essential to recognize that sexuality education cannot be isolated, but rather should be developed with awareness of other aspects of young people's aspirations and needs, such as education, employment and opportunity.

- ***Foster Norms and Attitudes that Promote Gender Equality and Respect for Human Rights and Diversity***

Advancing equality and non-discrimination goes beyond the question of the right to access. A rights-based approach puts the fight against inequality, discrimination and stigmatization at the core of its programming.

A central theme of the consultation was the imperative to apply a gender perspective to sexuality education and to develop programmes that address norms around sexuality, gender and power. This requires understanding the meanings of individual behaviours in relation to power dynamics, privilege and oppression. UNFPA advocated taking a gender perspective that, "while recognizing boys' needs, preserves space for girls, especially the poor and vulnerable." Moreover, there is a strong public health rationale for emphasizing gender. Speakers from the Population Council presented evidence showing that equitable gender norms are associated with positive sexual health outcomes and that programmes that consider gender and power are more effective. Other speakers expanded on this research. (See Section 2.B. *Evidence of What Works*, below.)

- ***Promote Local Ownership and Cultural Relevance***

The process of developing sexuality education policies and programmes should involve families and communities from the inception. It needs to be contextually specific and sensitive to cultural realities, at the same time it promotes the exploration of social norms from different perspectives within the community or society. Sexuality education also should be linked with local needs and concerns, so that programmes are considered relevant and worthy of receiving local resources.

- ***Take a Positive Life Cycle Approach to Sexuality***

Sexuality education starts early in childhood and continues throughout life. As one participant said, human sexuality is "an integral part of being human" and "important for all young people irrespective of reproductive desires." Sexuality education should not just present the dangers and risks of sex, it also should affirm positive aspects of sexuality, such as intimacy and pleasure. And it should build competencies and skills that are age-appropriate and that enable young people to make choices about sexuality and reproduction that are self-affirming and respectful of others.

## B. Evidence of What Works

- ***Comprehensive Sexuality Education Does Not Lead to Increased Risk Behaviour and a Many Programmes Reduce Risk***

A 2008-2009 study commissioned by the United Nations Educational, Scientific and Cultural Organization (UNESCO) examined 18 curricula from around the world and reviewed 87 studies of 85 sexuality education interventions designed to reduce sexually transmitted infections (STIs)/HIV and/or unintended pregnancies.[18] The studies selected had to meet rigorous criteria for research design and methods and for characteristics of the programmes assessed. All of the programmes were curriculum- and group-based, for use in schools, in clinics or in the community, and were focused primarily on sexual behaviour with young people to the age of 24 outside the United States (U.S.) or the age of 18 within the U.S. The review examined the impact of these programmes on sexual behaviours that would be expected to directly affect pregnancy and STI/HIV outcomes: initiation and frequency of sex; the number of sexual partners; the use of condoms and contraception more generally; and a composite measure of sexual risk (e.g. frequency of unprotected sex). Twenty-nine of the studies were from developing countries, 47 from the U.S. and 11 from other developed countries.

The review ascertained that sexuality education programmes do not increase sexual activity. In fact, the research confirmed that most programmes reduce misinformation and increase correct knowledge, many of them clarify values and reinforce positive attitudes, and some increase skills for decision-making and communication. Specifically, the review found that some programmes delayed initiation of sexual intercourse (37 per cent), reduced the frequency of sex (31 per cent); reduced the number of sexual partners (44 per cent) and increased the use of condoms/contraception (40 per cent). Some of the programmes affected more than one of these variables. The rest of the programmes were found to have no significant impact on sexual activity.[19] The findings show that these programmes are quite "robust," proving to be effective with multiple groups. More work needs to be done, however, to understand if those behavioural changes have an impact on sexual health and rights outcomes, such as teenage pregnancy rates, HIV infection, or incidence of sexual coercion or violence.

An in-depth content review was done on the curricula of more than 20 of the programmes defined as successful, as well as a few curricula considered ineffective, in order to identify characteristics of effective programmes. Among key items identified were: involving research

experts in curriculum development; assessing local needs; using a logic model approach; designing activities that are sensitive to community values; pilot-testing; focusing on clear sexual health goals; focusing narrowly on specific behaviours leading to these goals; giving clear messages about behaviours; focusing on specific risk or protective factors that are amenable to change; concentrating on situations that might lead to unwanted or unprotected sex; employing participatory teaching methods; implementing educationally sound activities; providing scientifically accurate information; addressing perceptions of risk, personal values, and perceptions of social norms; addressing individual attitudes and peer norms toward condoms and contraception; addressing skills and self-efficacy to use skills; and covering topics in a logical sequence. Two commonly found shortcomings were too little classroom time and too little teacher training. It is important to note that this review did not consider addressing gender or rights as variables. It is also significant that few programmes with all of these characteristics have been developed and even fewer have been evaluated. This suggests an urgent need to develop more programmes based on evidence of effectiveness, to evaluate them, and to disseminate the results.

The news that rigorous evaluations of sexuality education programmes show no negative impacts on sexual behaviour and discover some important positive effects, is extremely promising. But reviewing the evidence from the 29 interventions in developing countries shows that many programmes are still falling short of their goals. Moreover, programme effects have been even weaker with regard to any demonstrated beneficial effect on health outcomes. As the UN review authors note, "even the effective programmes did not dramatically reduce risky sexual behavior; their effects were more modest." Indeed, it was pointed out that of the 18 studies that used biomarkers to measure impact, only five showed significant positive impact on pregnancy or STI rates, suggesting that there is much room for improvement.

- ***Gender, Power and Social Context Matter***

Research shows that sexual behaviors and health outcomes are strongly affected by gender norms. A review of several studies by the Population Council found strong evidence that more equitable power between partners in heterosexual relationships is associated with more consistent condom use, lower pregnancy rates, and lower risk of HIV infection.[20] Other studies have established that women who have experienced gender-based violence report lower rates of contraceptive and condom use, and are more likely to experience an unintended pregnancy or a sexually transmitted infection (STI), including HIV. An exploration of how gender norms affect sexual health outcomes uncovers differences in the ways girls and boys experience sex. For example, girls often are socialized to be submissive and to see motherhood as a path to higher social status. They may see few alternatives to exchanging sex for money or goods, or to early marriage and child-bearing. Boys, on the other hand, are often socialized to take risks and to be aggressive, even violent. Motivations for sex also differ: girls are looking for romantic love and approval, and boys more often are showing off and seeking pleasure and excitement. There is evidence, too, that rigid gender norms negatively affect LGBT youth, encouraging tolerance of discrimination, bullying and violence.

Regrettably, too few programmes pay adequate attention to gender. This was evident at the consultation; many of the country experiences that were presented did incorporate gender and rights, but others have yet to do so. A review of programmes conducted by the Population Council found that the gender issues most commonly addressed in curricula are male behaviours and coercion, but few take into account larger issues of discrimination on the basis of gender or sexual orientation. Moreover, consideration of gender norms tends to focus on individual behaviour, thereby not adequately addressing the social and cultural barriers that young people face.[21]

An important emerging finding about programme impact is that programmes that do encourage critical reflection on gender norms and/or power are more likely to result in beneficial impacts on actual health outcomes. Preliminary findings from a Population Council review of the evaluation literature identified 31 studies (nine of these from developing countries) that used biomarkers – pregnancy and/or STIs – to assess impact. The evaluations found that 65 per cent had no positive impact on these biomarkers. But when they pulled out the nine programmes that addressed gender issues, seven of the nine had a positive effect on sexual health outcomes and none had a negative outcome. This review offers compelling evidence that it is the gender dimension that is associated with positive sexual health outcomes.

Addressing gender also may produce benefits beyond sexual health outcomes, including less partner violence, more female control over sex, and less sexual coercion, as well as contributing to realizing other social returns, such as safer schools and improved schooling outcomes. Another important finding is that girls and boys are affected differently from sexuality education programmes, with boys tending to reap greater benefit.[22]

Other speakers provided further examples of the impact of curricula that emphasize gender. A programme evaluation in Brazil has produced evidence that men who hold more inequitable gender norms are more likely to report symptoms of STIs and to having engaged in violence toward their partners. The study found that Programme H – a programme that explicitly addresses gender norms, especially those around masculinity – had a positive impact on male sexual behaviours and sexual health outcomes related to HIV risk, including improvements in condom use and a reduction in reported STI symptoms.[23] (See **Box 3** on the programme in Brazil.)

**Box 3: Addressing Gender Norms and Sexual Rights in Brazil**

*Background and Programme Description*

Program H, a pioneering program in Brazil, engages young men to explore their own needs and interests, as well as to promote gender equality. The program uses an "ecological model," which considers the complex interrelationships between individual, interpersonal (peers, family), community, and societal levels and develops a continuum of strategies and activities that address the different levels of the model. The approach also is to "go where the boys are," using football for example, as boys are less likely than girls to be willing to meet and talk about their lives.

By "applying a gender lens to the realities of the young men," the program has found "entry points" for encouraging young men to question gender norms and to "see what is in it for them" to make changes. They have found that even in settings where men generally conform to traditional gender roles, some are willing to question selected attitudes or exhibit more gender-equitable views in certain parts of their lives. For example, men may identify with the positive aspect of being responsible and caring for their children or for their partners.

Based on their experiences working with young men, they developed an approach with several related components:

- Peer group meetings to encourage individual reflection;
- Social marketing campaigns to promote change in community norms;
- Advocacy at the national and international levels;
- Program monitoring and evaluation.

Several organizations came together to develop a curriculum and materials with attention to: 1) paternity, 2) violence, 3) sexuality, sexual rights and homophobia, 4) emotions and mental health, including substance abuse, and 5) HIV, including the rights of those living with HIV. The curriculum was then used with the peer groups, to encourage critical thinking about the costs of traditional gender norms and to offer alternative views, also creating opportunities to talk about and practice positive behaviours. Meanwhile, in the social marketing component, they developed communication strategies based on youth culture, such as hip-hop. Building on the idea that a "real man" cares, these campaigns promote condom use as manly.

*Outcomes and Lessons*

A two-year evaluation study to assess the impact Program H was carried out in a population of 749 young men aged 15 to 60 in three communities of Rio de Janeiro. The evaluation used the "Gender Equitable Men" (GEM) scale, based primarily on the work of Gary Barker and Julie Pulerwitz[1]. The GEM scale assesses gender norms and practices in five domains: home and child care, sexual relationships, health and STI prevention, homophobia and relationships with other men, and violence. The study found that young men with gender equitable attitudes were less likely to report symptoms of STIs. The qualitative component showed that program participants were more likely to report an increased use of condoms, less aggressive interactions with other men, more willingness to recognize women's sexual rights, and greater ability to discuss sexuality. Indeed, one of the big successes was an increased ability and willingness to communicate openly. One participant commented:

> *I learned to talk more with my girlfriend. Now I worry more about her... it's important to know what the other person wants, listen to them. Before (the workshops), I just worried about myself.*

One critical area in which there was no positive impact, however, was the lack of change in homophobic attitudes. The speaker emphasized that a big challenge in sexuality education is to move beyond the heteronormativity – the misleading assumption that young people are all heterosexual -- that typifies most programmes. Another challenge identified in the discussion was assessment of long-term impact.

Program H has now been expanded to several other countries in Latin America, as well as Asia and Africa, and a programme for working with girls, Program M, has been developed. In Brazil, they are now implementing Programs H and M in schools, generating a tremendous opportunity for scale-up.

*(Based on presentation by Marcos Nascimento, Promundo, Brazil.)*

Evaluations of three sequential interventions with African American adolescent girls in the United States were presented.[24] Underlying these interventions was a theoretical framework (the theory of gender and power[25]) that understands women's HIV risk in terms of economic inequities and gender power imbalances. The programmes were thus designed to go beyond a disease focus, to address other determinants of risk and protective behaviours. The first intervention, SiHLE, was group-based, with the peer leaders playing an especially important role. The first group session emphasized ethnic and gender pride, aiming to motivate the girls to adopt and use pregnancy and STI/HIV prevention knowledge and skills. The evaluation of SiLHE found no increase in sexual activity, a 38 per cent reduction in pregnancy, and an 80 per cent reduction in Chlamydia. Evaluation of the second programme, Horizons, also found a greater reduction in the prevalence of Chlamydia in the group that participated. The third intervention, AFIYA, was designed to address the problem of "effects decay" over time, by adding a mobile counseling intervention. Based on a health coach or case manager model, the phone counselors tried to pinpoint the main risk behaviour for each girl and to develop a personalized action plan. The evaluation found decreases in Chlamydia infection and in the occurrence of sex while drunk or high, as well as increases in condom use, in both groups, with greater improvements in the intervention (phone counseling) group.[26]

These findings confirm that it is crucial to go beyond individual behaviours, to use a "socio-ecological perspective" that understands the individual within relationships and the broader social context. They also show the importance of using multiple activities, of allowing time to practice skills, and of anticipating "relapse" by planning booster sessions or other means (e.g. mobile phones) to reinforce new learning. Programme design should consider the importance of motivation to change behaviour. Next steps would be to replicate the interventions with different vulnerable populations and in different countries. Also valuable would be to conduct cost evaluation research and additional effectiveness studies in settings with scarce resources.

- ***Go Beyond the Exclusive Focus on Health Outcomes to Measure Effectiveness***

One of the most interesting debates at the consultation was about the outcomes and indicators that are used to measure "effectiveness." Many of the current evaluations focus on assessing impact on certain behaviours that lead to risk of STIs/HIV and/or unwanted pregnancy, e.g. age of initiating sexual activity, number of partners, frequency of sex, condom use, etc. This has its drawbacks. Sexual risk behaviour is not a useful measure for populations that have not yet initiated sexual activity. Furthermore, researchers must rely on self-reported behaviours, which are not consistently reliable.

A more meaningful measure can be the health outcomes themselves, e.g. unintended pregnancy, incidence of STIs, etc., using laboratory or clinical bio-markers. This is a time-consuming and expensive endeavour, however. It presents methodological challenges, because there may not be sufficient events (pregnancies, HIV infection, etc.) to demonstrate effectiveness, requiring researchers to enroll huge numbers of participants, to the point of being unfeasible. Given the cost and time requirements involved, many programs are likely to rely on self-reporting.

Many of the participants suggested that the effectiveness of sexuality education programmes should not be measured by health indicators alone. Indicators other than sexual health outcome data can help to produce convincing arguments for sexuality education in countries where early pregnancy and STI/HIV rates are low, and thus not seen as a problem. And they show the many other benefits of sexuality education, beyond the biomedical. Indicators that would move beyond the public health paradigm would show:

- Changes in norms and attitudes toward increased support for human rights, diversity, and gender equality. As discussed above, research has shown that these factors are associated with improved sexual health outcomes. Furthermore, changes in these areas could lead to a range of other beneficial outcomes, such as reduced levels of gender-based and homophobic discrimination and violence.
- Increased capacity for critical thinking, decision-making and communication. These indicators would show increases in self-confidence, assertiveness, and ability to communicate with a partner or parent. For girls, it could be a measure of empowerment and self-efficacy, which would indicate an increased ability to negotiate and to make self-affirming decisions.
- Measures of youth development and readiness to engage in social development processes. Making the case that sexuality education can build the capacity of young people to be productive citizens, who can contribute to economic and social development and poverty reduction, would be a compelling entry point to argue for sexuality education in many settings, for example, in countries with low prevalence of HIV and adolescent pregnancy.
- Impact on the educational system, such as reduced levels of violence or sexual harassment in schools, lower drop-out rates, improved student performance, and increased motivation to learn or to teach.

Gathering such evidence could facilitate "buy-in" from diverse authorities, gatekeepers and donors. (See Part 3B on Advocacy.)

While the call for non-health measures of effectiveness was compelling, the importance of using sexual health indicators was also recognized at the consultation, given the urgent need to reduce STIs/HIV and unintended pregnancy. All agreed that these health indicators are crucial, but not sufficient. The larger challenge may be to make the case that reducing sexual health vulnerability requires going beyond individual behaviours that put young people at risk. A related challenge may be showing how sexuality education programmes that result in improved sexual health outcomes also contribute to larger development goals, including achieving gender equality, strengthening democracy, reducing poverty and spurring economic development.

## C. Characteristics of Effective, Comprehensive Programmes

The consultation explored the characteristics of effective programmes, based on research and practical experience. While the participants did not come to complete agreement on the characteristics that have proven most effective, or even what constitutes "effectiveness," they did concur on many essential points.

- ***Standards for Content***

The following can be considered the points of consensus for core set of elements in effective, comprehensive and rights-based programmes[27]:

- Adhere to principles of human rights, gender equality, promotion of youth participation and critical thinking, and reaching the most vulnerable, as described above.
- Apply curricular standards and pedagogical theories that have been developed by experts and are backed up by evidence drawn from research and practice.
- Use a theory of change and logic model that identifies the principal factors and causal pathways that lead to relevant outcomes and make sure programme addresses those factors.
- Provide scientifically accurate information about all relevant psychosocial and health topics.
- Address personal values and perceptions of family, peer and wider social-cultural norms.
- Be culturally appropriate and sensitive to community values.
- Employ participatory teaching methods that actively involve students and help them to internalise and integrate information.
- Use multiple activities, including those that enable participants to personalize information and practice skills.
- Deliver clear messages that are appropriate for age, sexual experience, gender and culture.
- Design programmes that start at a young age and continue through adolescence, reinforcing messages over time through age-appropriate content and methodology.

- ***A Paradigm Shift in Definitions of Effectiveness?***

One implicit and sometimes explicit tension at the consultation revolved around questions of the focus fir assessments of effectiveness. One dilemma that was discussed is in part methodological: Is it adequate to seek reductions in self-reported specific sexual risk behaviours? Or should we seek demonstrable reductions in actual rates of STIs and unintended pregnancy among programme beneficiaries? A second debate was about goals: How much of a priority are outcomes other than STI/HIV and unintended pregnancy, for example, reductions in intimate partner violence and sexual coercion, increases in school engagement, promotion of gender equality, and safe/positive sexual experiences)?

The debate over these questions suggests a need to expand how we define "essential programme characteristics", i.e., "what works." While there was agreement about the value of providing accurate information about the risks associated with sexual activity, there also was recognition of an emerging paradigm shift that stresses the importance of supporting young people to understand and to question social norms around gender and sexuality and power dynamics within relationships and society.

- ***Standards for Delivery***

One area of strong agreement at the consultation was that it is not just the "what" – or the content of comprehensive sexuality education programmes – but also the *who* and the *how*. The abilities and attitudes of those who teach sexuality education have a huge impact on the quality and effectiveness of those programmes. The teaching methods also affect outcomes. Some of the areas of agreement that emerged regarding delivery of sexuality education were:

- View young people as citizens and valid actors, by involving young people at every stage of programme development, implementation and assessment. If the right of young people's participation guides programming, then programmes are more likely to be effective and sustainable;
- Train educators, giving them scientifically accurate information about sexual and reproductive health and providing skills in participatory teaching methodologies. Also essential is creating opportunities for educators to talk about their own values and attitudes. (Please see 3.A. below for more on Training.)
- Build trust between the educators and the youth participating in the programmes. This can be addressed through educator training and encouraged in the design of programmes.
- Create a safe environment where young people are respected and are able to participate to their full potential. Establishing an environment in schools or community settings that reinforces the messages of the comprehensive sexuality education programmes is fundamental.
- Invest in attractive, engaging materials that provide people with accurate and age-appropriate information.

The UNESCO review and many of the country experiences suggest that it is most effective if programmes last for at least ten sessions. Ideally, the programme would be sequenced over two years or more, with repetition of core content.

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# PART 3: MAKING IT HAPPEN: CREATING AN ENABLING ENVIRONMENT TO ACHIEVE UNIVERSAL ACCESS

## A. Challenges of Implementation, Scale-up and Quality

Participants at the consultation agreed that making access to comprehensive sexuality education universal must be a primary goal. An often-echoed statement was, "let's go beyond pilots, let's go to scale." In order to scale up and sustain programmes, it is essential to have a clear analysis of the needs, opportunities and obstacles, based on assessments of current and previous realities, processes and outcomes. In these discussions, recurring themes were the imperative to do advocacy and to build support for comprehensive sexuality education, the importance of the policy environment, and the need for multi-sectoral and multi-faceted approaches that can reach the diversity of young people, including those hardest to reach. Participants also stressed the challenge of ensuring that the quality and integrity of programmes is maintained when programmes are expanded.

Some of the issues discussed during the consultation, especially on the third day, about scaling up and sustaining programmes were:

- ***Implement Sexuality Education in the Formal Educational Sector***

There was a consensus at the consultation that schools provide a unique opportunity to reach young people and that an urgent priority is to implement sexuality education in the educational sector. As participants discussed working within the educational sectors, some of the areas of agreement were:

- Map other programmes already being implemented and look for opportunities to utilize these existing spaces.
- Involve teachers and students in developing programme content and methodologies from the start.
- Conduct advocacy within the educational system, at every level – from ministries of education to individual schools.
- Build support for school-based programmes in the community through diverse advocacy strategies, based on an analysis of local context.
- Reach out to parents early in the process and make sure that they feel consulted and informed.
- Select teachers through a transparent process that makes clear the desired characteristics for teaching sexuality education (interest, respect for young people's abilities, a level of personal comfort with the topic, an ability to communicate and a willingness to use participatory methodologies).
- Teachers can be classroom teachers or specialized teachers.
- Provide training based on curriculum that will be used and provide teachers opportunities to practice lessons. (See more on training below.)

Many participants urged that sexuality education should start in primary school and provide continuing education through all levels, using age-appropriate content and methods. Indeed,

some argued that a focus on the secondary education level could be at the expense of reaching the most excluded youth, especially young married girls or girls living in remote rural areas who do not stay in school.

Most of the examples of in-school programmes presented at the consultation had made sexuality education a "transversal" subject, rather than a stand-alone class, which means the integration of sexuality education into several subjects, such as social studies, citizenship, health and physical education. While this decision should be based on an analysis of local realities, it was generally agreed that the transversal approach has great benefits. Moreover, a critical-thinking approach to sexuality education can be particularly helpful to instructors who need to meet existing learning standards for higher-order thinking skills associated with the selected disciplines.

It was widely recognized, too, that working with the educational sector and within schools can be an enormous challenge. In many places, educational systems are constrained in numerous ways – school curricula are packed, teachers are overwhelmed and underpaid, and funding for training and materials is limited. With cuts in educational sector spending, it has been difficult to find the financial resources that are needed to establish effective curricula and train teachers. An additional challenge is that sexuality education is not an "examinable" subject, which further reduces the incentive for students and teachers to accord it high priority for scarce time and resources.

(See **Boxes 2, 4, 5, 6 and 11** for examples of school-based programmes.)

**Box 4: Vietnam: Scaling Up a National Programme**

*Background and Programme Description*

Vietnam is a young country, with roughly 30 per cent of its 85 million people between the ages of 10 to 24. School enrollment is high and the literacy rate is roughly 94 per cent. Like other countries undergoing rapid social and economic transition, the age of first sex is declining and the percentage of sexually active youth is increasing.

For some years, the Ministry of Education and Training (MOET) had conducted various pilot projects in adolescent reproductive health and HIV, but the approach had been neither comprehensive nor systematic. Sexuality had not been included. Limited monitoring, reporting or evaluation had been done.

In 2007, the MOET approved the National Action Programme on Reproductive Health and HIV/AIDS Prevention Education for Secondary School Students 2007-2010. The MOET collaborated with other ministries, such as the Ministry of Health, national and international NGOs, donors and UN agencies. They carefully mapped existing activities and reviewed other materials, assessing how learning outcomes translated into classroom activities. They created a national team to develop lesson plans for both curricular and extra-curricular learning. Topics such as children's and adolescents' rights, gender and sexuality, stigma and discrimination, and violence were integrated into the regular curriculum for different subjects – biology, civic education, literature, and geography – in lower and upper secondary level. They also organized teacher training at the pre-service level, integrating sexuality, reproductive health and HIV prevention education into programmes of six teacher-training universities, and in-service training, initially working in five provinces. They involved parents through Parent Teacher Associations, including encouragement of parent-child dialogue meetings. And they established linkages with youth-friendly services.

*Outcomes and Lessons*

Since 2007, the national action plan has been rolled out in 35 pilot schools in five provinces. New lesson plans have been implemented within core subjects, and an extra-curricular programme has been developed. Training and detailed guidance for teachers has been provided, both in content and in activ teaching methods. The programme will be expanded to other provinces. They also would like to expand into other grade levels.

They have encountered challenges in Vietnam. The school curriculum is already overloaded and, because the sexuality education material is not examinable, it seems less important than other subjects. Teachers are not familiar with active teaching methods, have limited knowledge of the content, and do not feel comfortable with talking about sexuality. So far, parent and community involvement has been limited and cooperation between schools and the out-of-school leaders has been poor. They see the need to develop methodologies for assessing student achievement.

Steps are being taken to address these challenges. In early 2011, MOET intends to evaluate the extra-curricular component of the program, in preparation for scaling it up nationwide. They are planning to develop guidelines for implementation of the school-based programme at the provincial level. To prepare the next generation of teachers, teacher-training universities will offer the necessary knowledge and skills. Expanded advocacy to foster collaboration between the health and education sectors at all levels will strengthen school-community partnerships and improve service provision for adolescents. MOET has striven to integrate sexuality and HIV/AIDS education into the National Strategy on Education for 2011 to 2020, which the National Assembly is expected to ratify. Additionally, the MOET is going to develop a sector-wide action programme on sexuality and HIV/AIDS for the period 2011-2015.

In Vietnam, developments in the formal educational sector have been complemented by advances in other sectors. National guidelines for adolescent sexual and reproductive health service provision have been created. Vietnam now has 60 youth-friendly "corners" in 30 provinces, and the Ministry of Healt aims to mainstream youth-friendly services in 75 per cent of all health service facilities by 2020. Youth-friendly pharmacies have been piloted and are being expanded. The Ministry of Labor and Social Affairs (MOLISA) is implementing a curriculum-based HIV prevention program in vocational training schools and colleges. Other projects have developed TV dramas and TV spots. Two grassroots, semi-governmental organizations, the Youth Union and the Women's Union, have developed innovative programmes. The Women's Union's "Creating Connections" programme, to improve communication between mothers and daughters, is so successful that it has been expanded to new provinces and may be replicated in other countries in the region.

*(Based on presentations and discussion by Pham Thi Thu Ba, Ministry of Education and Training, and Phan Thi Le Mai, UNFPA, Vietnam.)*

**Box 5: Central Asia: Azerbaijan, Kyrgyzstan and Uzbekistan: Making Progress in Schools**

In **Azerbaijan**, an in-school comprehensive educational programme has been part of the curriculum in $9^{th}$ – $11^{th}$ grades since 2001. In 2003, the textbooks were revised to include more attention to reproductive rights, gender and youth participation. An out-of-school peer-led initiative is organized by the Y-PEER network. The Ministry of Education and the Ministry of Health are collaborating on training and materials development. The next steps, to build on these accomplishments, are to: establish a Peer Education Network (AzPEN); develop a national out-of-school peer education curriculum; and launch an officially recognized peer education certification programme. In the long-run, the aim is to ensure youth empowerment and involvement and to pass a draft law on Reproductive Health, which unfortunately failed to receive Parliamental approval in 2010.

In **Kyrgyzstan**, the "Healthy Schools" programme started in 2002, followed by "Healthy Lyceums" in 2004. The goal was to strengthen the health of children and adolescents and raise awareness in the larger population. A manual was developed, 78 teachers were trained and 41 schools were involved. The topics covered originally were: hygiene, nutrition, infectious diseases, including HIV, addiction and physical exercise. There was no mention of sexuality or gender. In 2008 - 2010 the training manual was revised and titled "Culture of Health." Teachers were trained on sexual and reproductive health of young people and adolescents and the basic principles of sexual education. The new manual includes not only reproductive health, but also gender and reproductive rights.

The lessons from this recent experience in Kyrgyzstan, are: Availability of both sexuality education and youth-friendly services is needed for a comprehensive approach; all social sectors should be involved – government, NGOs, international organizations, community groups, business sector and the media; and joint advocacy efforts of all partners is crucial.

The principal obstacle is the absence of a mandatory school curriculum on sexual and reproductive health in schools. The challenge is thus to make the programme a policy of the Ministry of Education.

In **Uzbekistan**, the programme on health education was launched in secondary schools in 2002, but implementation was spotty. Since then, a multi-pronged strategy of advocacy, capacity-building, institutionalization, partnership-building, and national scale-up has led to systematic expansion of the programme. The curriculum has been revised and a pool of teachers prepared. In the future, they would like to develop new materials, increase involvement of parents, achieve inclusion of sexual health education in the post graduate education of school teachers, and revise of the curriculum according to international guidelines on sexuality education.

In these three countries of Central Asia, progress has been made, but obstacles remain. The trend is toward expended coverage and an increasing focus on rights or gender. But none of the programmes are mandatory and opposition persists.

*(Based on presentations by Tatiana Popovitskaya, Reproductive Health Alliance, Kyrgyzstan; Ulugbek Zaribbaev, UNFPA, Uzbekistan, Teymur Seyidov, Azerbaijan.)*

- ***Use Multiple Interventions in Different Spheres and Reach the Most Vulnerable, Especially Girls***

As discussed above, providing rights-based comprehensive sexuality education in schools should be a top priority. School-based programmes alone are not sufficient, however. Sexuality education should be carried out in diverse settings – "going to where the youth are." Many of the young people most in need of information and education are not in schools; for example, married girls, homeless youth, migrants and refugees, young people in remote rural areas, and those living in conflict zones. In all these cases, girls are likely to be more vulnerable.

One participant pointed to the reality of "diversity within diversity," pointing out that vulnerable groups are not homogeneous and we need to look at diversity within groups when we plan policies and programmes. This is yet another reason that it is so important to assess local context, needs, barriers and opportunities.

Another area of discussion was the complexity of young people's lives, especially those who are marginalized and who face a myriad of obstacles to completing their educations and securing stable work and livelihoods. This led to a call for an emphasis on developing "life plans," rather than an exclusive focus on sexual and reproductive health. (See **Box 6** on Guatemala.)

Photo/Antonio Fiorente

**Box 6: Guatemala: Opening Opportunities**

*Background and Programme Description*

In Guatemala, indigenous girls face many obstacles, including marriage at a young age, limited schooling, early and frequent pregnancies. They are often isolated by language, location and poverty and experience triple discrimination – based on gender, ethnicity and social class.

The programme *Abriendo Oportunidades (Opening Opportunities)* is designed to reach indigenous girls in the age group 8 – 17 years who live in remote, rural areas. Young women from the community who are 17 – 20 years-old work as paid interns with local NGOs, developing leadership and professional skills, learning about sexual and reproductive health, and earning money for school. They are trained and supported to be community leaders, working with younger girls. The younger girls meet in two groups (8 – 12 years and 13 – 17 years) to play, build skills and learn. In addition to giving the girls access to health (including sexual and reproductive health) information and services, these group meetings create opportunities for them to build skills in decision-making, negotiation, managing financial resources, and to make their life plans. The girls are encouraged to stay in school and to marry later. They also have the chance to build personal and professional relationships.

*Outcomes and Lessons*

So far, they have reached 34 communities in five departments of Guatemala. The programme has graduated 55 interns, developed 66 youth leaders, and reached 4,030 girls. Currently, 2,500 girls are participating at the community level. For 58 per cent of the girls, these groups were their first opportunity to participate in something outside home, school, or church. (Indeed, for the presenter, it was her first experience travelling outside Guatemala.) Some 71 per cent of the girls have raised their educational goals.

Among the lessons that they have learned are to keep the information "basic" – don't strive for profound knowledge of all aspects of sexual and reproductive health. Instead, focus more on life plans, such as planning to stay in school, to find support for more education, and to not marry or start having children too early.

*(Based on presentation by Patricia Alva, Abriendo Oportunidades, Guatemala)*

It was widely acknowledged that empowerment of girls and young women, especially the most vulnerable, must be a priority. Many argued that it is crucial to make sexuality education available to girls at younger ages, reaching them in primary schools before they drop out of school, as discussed above. In settings where gender gaps in education are significant, promoting literacy is crucial to empowerment. Young women ace significant barriers in life and work. This is an argument for integrated programmes that teach literacy along with sexual and reproductive health education. Other programmes address economic vulnerability together with sexual health. For example, a presentation from Cameroon underlined these dual objectives: 1) boost the income generating potential of young women and 2) increase utilization of the female condom, in order to reduce unintended pregnancies and STIs/HIV.

Employing different methodologies is another strategy for reaching those who are out-of-school or otherwise hard-to-reach. One of the strategies presented at the consultation was the use of varied media and technologies, for example, television, radio, film, cell phones, Internet, television and radio, as has been successful in South African and Uruguay. (See **Box 7** on experiences in South Africa.)

**Box 7: South Africa**: **Using Mass Media**

*Background and Programme Description*

Based on the ecological model, the South African NGO, Soul City, uses mass media, social mobilization, and advocacy to reach different levels of society, from the individual to the national.

- Mass media strategies offer differentiated approaches for reaching different age groups. The television and radio strategies include dramas because they capture people's attention and are able to address complex matters, and talk shows, because they are interactive and can be used to respond quickly to critical issues. Soul Buddyz TV is aimed at 10-15 year-olds, using television dramas and booklets in four languages.
- Social mobilization entails community dialogues, a network of children's clubs (the "Soul Buddyz Clubs"), and partnerships with coalitions and networks. The social mobilizations, such as Soul Buddyz Clubs, extend the impact of the television drama.
- Advocacy brings both the media and social mobilization strategies to affect laws and policies.

In a regional initiative, Soul City works with NGOs in eight other Southern African countries to develop communications interventions. Soul City undertook qualitative research in ten countries and then developed messages to tackle the problem of multiple concurrent partnerships, a driver of HIV transmission in a context of low levels of consistent condom use and low levels of male circumcision. The core message if that a safe relationship is one that does not put loved ones at risk, is based on respect and equal rights between partners, and fosters effective and honest communication. The One Love campaign also uses the three strategies of mass media, social mobilization and advocacy.

*Outcomes and Lessons*

To-date, Soul City has developed more than 6,500 Soul Buddyz Clubs in primary schools in South Africa, with more than 128,000 members. An assessment of impact found that kids in a club were nearly 4 times more likely to disagree with the statement that boys have a right to sex if they want it, and 3 times more likely to give a correct answer about HIV transmission through unprotected sex, than kids outside the clubs.

In the regional initiative, they worked with country partners to adapt 11 local radio series in 15 languages, train 250 communications specialists, produce 14 television programmes in seven countries, and produce 23 million copies of 27 different books on HIV and related topics in 14 languages. An evaluation found extensive reach across all of the countries, with a notable increase in condom use and HIV testing associated with exposure to the program.

The One Love campaign also has been scaled up regionally. Ten films are being broadcast publically in ten countries and DVDs are being used by NGOs and communities. They also have created a website that receives more than 30,000 visitors per month. They would like to scale up the Soul Buddy peer education approach as well.

The organizers of Soul City say that in a context like South Africa, where good policies exist but are not implemented, a focus on strategic communications helps to influence public debate and pressure the government to implement policies.

*(Based on presentation by Bongani Ndhlovu, Soul City Institute, South Africa*

### ➢ *Ensure that Comprehensive and Rights-Based Technical Resources Are Available*

Consultation participants agreed that another key ingredient for success is the availability of sound resources, such as curricula and materials for training and teaching. While these resources may differ in content and methodology, the best draw on sound theory and evidence. They should be true to the core principles and apply the standards for content and delivery outlined

above. The curriculum development process ought to start with an analysis of the needs and the problems of the beneficiaries of the education. Two curriculum development resources that are being disseminated internationally were presented and discussed at the consultation:

*International Technical Guidance on Sexuality Education: An evidence-informed approach for schools, teachers and health educators* aims to support the development of sexuality education programmes and curricula. It urges that programmes start at an early age, consist of at least 12 sessions per age group, and be followed up with sequential programmes that reinforce messages in subsequent years. Part One provides a general rationale for sexuality education and a discussion of programme effectiveness. It highlights a finding of acute concern to policymakers – that sex education does not lead to earlier, more, or riskier sex. Part Two includes a discussion of stand-alone versus integrated programme approaches. It provides a list of curriculum objectives and a brief list of topics to include in curricula for four age groups. The *International Technical Guidance* was developed by UNESCO.

*It's All One Curriculum* specifically enables curriculum developers to bring a gender and rights perspective, as well as a critical thinking approach, to sexuality and HIV education. The Introduction provides the argument for a paradigm shift – based on evidence about greater effectiveness and global development goals – to gender- and rights-based approaches. Volume 1 (Guidelines) provides flexible curriculum content from which users can draw to meet their own needs; it also includes a unit on teaching young people about advocacy. Volume 2 (Activities) gives guidance on participatory teaching methods and includes 54 ready-to-use classroom activities linked to the content in Volume 1. *It's All One* was developed by an international working group coordinated by the Population Council.

(Please see Appendix 3 for information about how to download these, and other, resources.)

Another absolutely critical issue is training for educators/teachers. (See below for more on training.) In addition to a general consensus about the importance of teacher training, consultation participants addressed the need to take advantage of new and increasingly available technologies, for example e-learning and mobile phones. In settings where access to the Internet is widespread, e-learning courses can be used to train teachers or to provide continuing education.

- ***Provide Training and Support for Educators***

Consultation participants expressed the view that the "who" and "how" of sexuality education can be as important as the "what." In other words, the quality and preparation of the educators can make as much difference as the attributes of the curriculum. It has been shown that even the best curricula lose effectiveness when educators lack the background and skills to implement it. Any plan for developing and scaling up programmes should make building a critical mass of qualified teachers a top priority.

Participants from countries with extensive experience in teacher training, such as Cuba, shared the lessons that they have learned. They stressed that it is crucial to invest in training that is empowering of the teachers. The training should also help educators to explore and clarify their

own attitudes, values and concerns about sexuality, gender and sexual health and rights. In the words of one participant, "it is only through confronting their own fears and attitudes that [teachers] can impart knowledge without any prejudice." Preparation of teachers should make clear which are the most important topics in the programme curriculum, and underscore the need to remain true to the curriculum. The teacher-training curriculum should be based on the same principles that should guide sexuality education in general: human rights, diversity, gender equity and non-discrimination. It should be mindful of the needs of the beneficiaries, both of the teachers themselves and the populations that they will be educating. The Cuban experience suggests that forcing teachers to teach sexuality education can backfire; it can be more effective to find those who are more open and work with them.

The training should confer participatory teaching skills and tools, and encourage teachers to build an environment of trust, communication and respect in the classroom or programme setting – among the learners and between teachers and students. The plan should provide continuing support, reinforcement training and oversight. In the mentoring and supervision process, it is vital to make sure that the curriculum is being taught as planned and help teachers to respond to challenges and to keep abreast of new developments.

Given the need to develop a critical mass of qualified teachers, consultation participants strongly endorsed the importance of integrating rights-based, gender aware sexuality education into the curricula of pre-service teacher training, at teaching colleges and universities. (See **Box 8** on Mongolia.)

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**Box 8: Mongolia: Developing Expertise and a New Curriculum**

*Background and Programme Description*

Thirty per cent of the 2.7 million people of Mongolia are young (aged 10 to 24 years). High school enrollment and literacy are high at about 98 per cent. The country underwent many social, economic and political changes after the collapse of socialism in 1990. As it opened up to the world, Mongolia saw a rise in early sexual activity, as well as increases in unintended pregnancies and STIs. In 1998, the government made a commitment to providing sexuality education in schools from the third through the tenth grades. With UNFPA support and technical assistance from an international NGO, Margaret Sanger International, they decided to invest in training of national experts who could then develop their own sexuality education curriculum. To develop the curriculum, they gathered information about adolescents' knowledge and attitudes through a baseline survey and focus groups. The curriculum was then piloted in selected schools. Meanwhile, the project team conducted advocacy with the Ministry of Education, Ministry of Health, and school principals, developed materials for teachers, students and parents, and created a training program for health educators. In the year 2000, they trained 20 master trainers. The course covered sexuality and gender and built skills in counseling and in teacher training. It also required practice teaching the content to secondary schools and supervised training of teachers.

> *It was very different from what I expected. I had understood before that sexuality is more about sex preventing pregnancy or STIs. During the training I began to understand the sexuality is about the whole human life.* (Master trainer)

> *After training I understood that my attitudes towards sexuality have changed a lot. For example homosexuality was always very strange to me. I thought it was wrong and not normal thing. Now I can talk freely with other people about these topics.* (Master trainer)

*Outcomes and Lessons*

The centralized nature of the educational system in Mongolia has created a powerful opportunity to scale up sexuality education. Schools are obliged to implement the curriculum. To roll out the programme, 680 teachers, in every province of the country, were trained in an 80-hour course, from 1999 to 2004. They identified four essential elements in the training:

- Recognizing that the topic is complex and requires multiple areas of learning (psychology, physiology, sociology, etc.)
- Introducing and fostering interactive teaching methods
- Exploring the teachers' own values and beliefs
- Supporting teachers to become comfortable with the topics

The achievements in Mongolia offer the following lessons:

- The advocacy efforts resulted in an increase in the number of hours devoted to sexuality education in 2004-2005;
- The systematic training has been institutionalized with the establishment of a Training and Resource Center at the University of Education with modules on sexuality education;
- The development of a cadre of national experts enabled Mongolia to develop a programme that is culturally sensitive and to meet its own needs for curriculum development and training;
- The baseline research and focus groups also contributed to the programme being appropriate and up to date;
- In settings where literacy rates are high, printed materials are useful for conveying information to teenagers.

Mongolia remains committed to sexuality education and is currently conducting a needs assessment with teachers and students, furnishing updated materials to all 757 schools nationwide, and providing refresher training to teachers.

*(Based on presentations and input by Chimedlkham Tsedevdorj, Ministry of Education and Uranchimeg Gelegjamts, UNFPA, Mongolia.)*

- ***Peer Educators Need Adult Support***

Many of the programme experiences shared at the consultation utilize peer education. The challenges of these programmes are well known: high rates of turnover; lack of quality control; inadequate monitoring and evaluation. Consultation participants agreed that peer education can be a very effective approach, but contended that it is essential to provide adequate training, as well as sufficient oversight and support from trained adults. To ensure continuity as young people age out or leave the programme for other reasons, it is important to confer responsibility for maintaining the programme to adults in more permanent positions, e.g. school administrators, teachers or counselors or NGO staff. These adults should guarantee that new peer educators are trained and mentored as the experienced youth leave the programme. Experience shows that adults and young people working together create more successful and sustainable programmes. One question that was raised but not resolved was whether peer educators should be paid. Some maintained that it is unethical not to, but others raised concerns about creating inequities and competition among young people in a school or community. The participant from Cuba shared that evaluation of this aspect of their peer education programmes had found that incentives other than monetary were equally effective at motivating peer educators. (For experiences with peer education, see please see **Boxes 9, 10 and 11**.)

**Box 9: Bulgaria: Using Multiple Strategies**

*Background and Programme Description*

In Bulgaria, a 2003 assessment of sexual behaviours of young people aged 15-24 years-old in Bulgaria revealed that: 10 per cent had had sexual intercourse before the age of 15; 25 per cent had had more than one sexual partner in the previous 12 months; and only 16 per cent had an accurate understanding of HIV transmission. The same survey showed that young people felt a need for sexuality education, but found that less than one per cent of the schools were providing it.

A collaboration of government ministries and UN agencies concerned about adolescent sexual and reproductive health developed a program, guided by the following:

- Theories that blend individual and environmental approaches.
- Multiple strategies in multiple settings.
- A logical design that includes assessment and evaluation.

They piloted the programme in 194 schools (out of the country's 2,050) in 22 municipalities. The multiple strategies include: policy development at the municipal level and in schools, introduction of comprehensive sexuality education in and out of schools, provision of youth friendly services, and awareness raising campaigns.

The comprehensive sexuality education in schools utilizes both teacher led and peer led approaches. A national 30-person team of trainers has trained some 600 teachers. The course for teachers is divided equally between a 40-hour module on the teachers' attitudes and a 40-hour module on sexual and reproductive health. A national network of peer educators has been formed, with 60 trainers and 1,200 peer educators. Sexuality education in secondary schools is an optional subject and is led by a team of one teacher and a few peer educators. In most schools, sexual and reproductive health clubs have been formed and many have developed extracurricular activities.

To reach "at risk" or vulnerable youth, out-of-school efforts use peer education, community outreach and condom promotion, and community campaigns. Fifteen NGOs have developed municipal peer education clubs.

*Outcomes and Lessons*

A 2009 survey showed impressive improvements since 2003, including:

- The percentage of young people with an accurate understanding of HIV transmission increased from 16 to 22 per cent;
- A nearly 20 per cent decrease in the percentage of young people who had had sex before the age of 15;
- A 20 per cent decrease in those with more than one sexual partner in previous 12 months;
- An increase in condom use among those with more than one sexual partner in the 12 month period;
- The percentage of schools providing comprehensive sexuality education increased to 16.5 per cent, compared to 1 per cent in the 2003 survey.

Among the achievements that the Bulgarian experience shows:

- The partnership between youth and adults is key to its sustainability;
- Meeting with parents at the beginning of the school year is effective;
- Sexuality education in the pilot schools has led to a change in the school environment and increased youth participation;
- Working together nationally has improved coordination between Ministries in Health, Education and Youth.

They believe that their principal challenges are making comprehensive sexuality education compulsory within the curriculum and implementing it in all schools.

*(Based on presentation by Anina Chileva, National Center for Public Health Protection, Bulgaria.)*

**Box 10: Shifting from a Supply-driven to Demand-driven Model of Informal Sexuality and Reproductive Health Education in Arab States**

*Background and Programme Description*

The Arab States region includes 22 countries in the Middle East and North Africa, with a population of more than 350 million. Some 50 per cent is under the age of 25 years. The majority of young people in most of the Arab States attend school, creating tremendous potential for introducing sexuality education, but the subject is too sensitive and few programmes exist in the formal sector.

Despite significant diversity, states in the region share many characteristics: rapidly growing political instability, the poor quality of governance and political institutions, paternalistic societies and profound gender inequalities, and the lack of good data. Access to health services tailored for young people are limited and largely not oriented to their needs. In terms of communities known to be more at risk of poor health outcomes – commonly defined as the most at risk populations, such as men who have sex with men, sex workers and injecting drug users – work across the region remains severely restricted and largely pioneered through NGO sector. Discussion of sex and sexuality is taboo. Rifts in society – between generations, between the religious and the secular, between the rhetoric of human rights and the reality on the ground, between those with power and those without, between professions and within academia – are deep and persistent. There are clear contradictions and tensions between traditional values and the current experiences and needs of young people, and a clear need to open up honest and respectful dialogue on these concerns.

Notwithstanding these obstacles, some progress on implementing "reproductive health" education, as it is called in most settings (see Box P on Egypt) has been made. In the absence of school-based programmes, NGOs have taken up the issue, as can be seen in the case of Egypt. Young people are finding creative ways to communicate and to use new technologies, such as the Internet, chat, and social media, etc. Some people have found ways to utilize positive aspects in traditional norms and culture, such as social solidarity. UNFPA has forged partnerships between NGOs and governments, the Y-PEER youth network has been established, and the Y-PEER PETRI (Peer Education Training and Research Institute) Center at the American University of Beirut (AUB), Lebanon, has been created.

Y-PEER is a peer-to-peer youth network, connecting more than 500 organizations, both governmental and nongovernmental, in more than 50 countries in Eastern Europe, Central Asia, the Middle East, North and East Africa, and the Asian Pacific. Through a combination of experiential learning methods, "edutainment," social media and new technologies, Y-PEER aims to shift from a supply-driven to demand-driven model for delivering sexual and reproductive health education and services.

Launched in October 2009, the Y-PEER PETRI-AUB is an academically-based unit in the Faculty of Health Sciences of the AUB that carries out a range of capacity-building activities for the Y-PEER, disseminates information through publications and a website, and conducts research.

*Outcomes and Lessons*

In the Arab States during 2010, Y-PEER achieved the following:

- Three sub-regional trainings of trainers (ToTs), resulting in 84 new trainers-of-trainers from 14 countries; those trainers are conducting national ToTs in 16 countries that will result in more than 360 new trainers of peer education.
- Training on project development and management in five countries.
- One regional training and study tour in participatory theater techniques, followed by six national theater trainings and the roll-out of theater performances, in Egypt alone as a start.
- Fellowships for youth in UNFPA country offices and in the PETRI AUB.
- Development of an e-course on youth mobilization, in partnerships with others.

Recent accomplishments of the PETRI Center in Beirut include:

- Provision of fellowships for YPEER fellows;
- A regional capacity-building workshop on evidence-based advocacy;
- Initiation of research on the impact of "changing values of youth" on sexual and reproductive health; and
- Organization of a regional research meeting.

Starting 2011, PETRI-AUB will manage and execute all of the Y-PEER ToTs in the Arab State region. They also will offer monitoring, feedback and quality control. PETRI-AUB will organize a workshop on advocacy and fundraising skills, host a media training, launch an online monitoring and evaluation system for use by national networks, revise the Y-PEER training toolkit and manuals, assist with resource mobilization and explore the best structure for Y-PEER.

Looking to the future, PETRI-AUB and Y-PEER will work together to institutionalize the Y-PEER experience and to ensure the transfer of knowledge back to the Y-PEER network. In order to succeed, it will be necessary to overcome differences in structure and style between an academic organization like AUB and a youth-oriented edutainment network like Y-PEER. It is also essential to clarify questions of roles and responsibilities with the PETRI Center in Sofia, AUB and UNFPA.

For more on PETRI-AUB, see the website: http://fhs.aub.edu.lb/. For more on Y-PEER, see: www.youthpeer.org/.

## B. Building Support for Comprehensive Sexuality Education

Sexuality education programmes can only be developed, implemented, scaled up and sustained if the larger environment is favorable, which requires building support through advocacy, alliance-building, and policy development and enactment. Among the principal points raised were:

- ***Create a Favorable Policy Environment and Aim for Multisectoral Collaboration***

Consultation participants agreed emphatically on the importance of a favorable policy/legal framework. Participants pointed out that it is very difficult to achieve universality if trying to work outside of the system. A legal or regulatory mandate to provide sexuality education programmes through the educational sector (and other channels) helps to: move the agenda forward, reduce the impact of opposition, secure needed resources, and ensure sustainability. (See **Box 11** on Argentina and **Box 12** on Nigeria.) They also concurred, however, that the existence of law and policies is not a sufficient condition for making sexuality education universal, as they often are not implemented or enforced. Furthermore, some pointed out that progress has been made even in the absence of an encouraging national policy environment. (See **Box 13** on Nicaragua and **Box 15** on Egypt.)

**Box 11: Argentina: Applying International Human Rights Laws and Standards**

In Argentina, comprehensive sexuality education is mandated by law. The law, which took three years to enact, was founded on several international laws, including the Universal Declaration of Human Rights, the Convention on Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women, and of national laws, including laws on education, HIV/AIDS, the Protection of Children and Adolescents. The enactment of the sexuality education law occurred in the context of other policy changes to strengthen rights and gender equality, such as the legalization of same-sex marriage and women's retirement rights. The law affirms the right of young people to learn about sexuality and obliges the state to ensure that sexuality education is taught in every school – public or private – from kindergarten through high school. The law also mandates the content of sexuality education, covering not only biological dimensions, but also addressing gender and human rights. Currently the focus is on giving teachers the tools they need: enabling them initially to deal with their own attitudes and understanding, then to teach the content in the classroom, and finally to respect the diversity of families and to work with parents. This is essential because while many teachers believe comprehensive sexuality education to be important, some 60 per cent say that they do not know how to teach it. The government of Argentina is also focusing on creating a school environment that protects the rights of all people, regardless of gender or sexual orientation, and that guarantees the right to an education.

*(Based on presentations and discussion by Mara Brawer, Ministry of Education, and Eleonor Faur, UNFPA, Argentina)*

Photo/Akintunde Akinyele

**Box 12: Nigeria: Scaling Up**

*Background and Programme Description*

Nigeria, a nation of 158 million people, is characterized by ethnic, religious and cultural diversity, with significant variations in levels of development across regional lines. For many years, a deep-seated discomfort with the idea of young people accessing sexuality education endured, despite high rates of unprotected sexual activity, unwanted pregnancies, abortion-related deaths and STIs/HIV infection among youth, as well as, child marriages and maternal mortalities.

In 1995, a collaborative effort of more than 80 organizations adopted guidelines for comprehensive sexuality education in Nigeria for use as an advocacy tool. In 1999, the country's National Council on Education approved a policy to integrate sexuality education into the curriculum of all Nigerian schools and in 2001 a national curriculum was developed. An intense period of advocacy followed, to promote implementation at the state level. Meanwhile, religious opposition in the Northern States of Nigeria forced a name change to Family Life and HIV Education (FLHE). In 2004, the teaching of FLHE curriculum in lower secondary schools commenced in Lagos state, with technical support from an NGO.

*Outcomes and Lessons*

Rapid scale-up of the FLHE programme – from fewer than eight states in 2005 to 34 states in 2009 – has occurred. Anti-AIDS clubs and peer education now exist in most secondary and tertiary educational institutions. Assessments show an improvement in young people's knowledge and attitudes about sexuality, HIV and relationships, as well as positive trends in behaviour change among young people nationally:

- The proportion of 15-24 year olds practicing safer sex has risen;
- HIV prevalence among under 25 year-old youth has declined significantly;
- There has been an associated decline in national HIV prevalence from 5.8 per cent in 2001 to 3.6-4.6 per cent in 2008

Key elements of scale-up have been: the adoption of national policy, the development of resource materials; provision of pre- and in-service training; development of systems for implementation and monitoring; and mobilization of community and parental support. Institutionalization of sexuality education at the national level has been possible due to several factors:

- National policy approval provided necessary political backing for programme funding and implementation;
- The curriculum was integrated into 2-3 carrier subjects (social studies, integrated science and health education), making it more sustainable;
- Federal and state departments of education, in partnership with NGOs, drove implementation;
- Diverse donors provided funding.

But the challenges have been huge. The rapid scale-up has caused logistical and management problems. The provision and release of funds from federal and state budgets has been inconsistent and support from international donors, essential to the start of the programme, has been insufficient, given the levels of funding needed for scale-up. Teacher morale is low and they do not receive needed supervision and support. The FLHE programme is affected by other weaknesses in the educational sector: crowded, inhospitable classrooms, shortages of materials, and the limited number of trained teachers. Implementation has been uneven, due to varying levels of funding and political support. The monitoring and evaluation mechanism are also inadequate.

The Nigerian experience underscores the importance of on-going advocacy, even when a favorable policy environment exists. It also points to the need for technical support, especially for monitoring and evaluation. In the future, it is hoped that the programme can be expanded to both the primary and the university levels.

*(Based on presentation by Nike Esiet, Action Health Inc. (AHI), Nigeria.)*

**Box 13: Nicaragua**: **Working with Local Government**

*Background and Programme Description*

In 1998, a partnership was created between UNFPA and the Nicaraguan Municipalities Association (AMUNIC) to promote young people's reproductive rights at the local level.

Over the next six years, Adolescent and Youth Houses (AYH) were created in 23 municipalities. These AYHs are outside of the formal educational sector and work to build young people's competence in advocacy, communication and peer education.

*Outcomes and Lessons*

This experience was evaluated, presenting encouraging results and important lessons. In each municipality, a group of adolescents and young people had developed capacities and 20 municipalities had budgeted their own resources for AYH activities. Social support from institutional representatives, parents and community leaders began to increase.

The premises underlying the programme, confirmed by the experience so far, are:

- It is essential to strengthen capacities that are needed for the implementation and sustainability of youth policies and programmes;
- Municipal Governments have tremendous potential to advance policies and activities for young people, including comprehensive sexuality education;
- Young people have the right to "learn to learn" and should be the main actors;
- Young people are ready to grow and can rapidly benefit from relevant opportunities;
- National resources must make up an increasing percentage of the total cost over time;
- Sexuality education must be linked with "every day life."

Their accomplishments so far include:

- Youth networks have been trained and are working at municipal level in various media – radio, video, writing, theater;
- Young leaders are being trained in a university course;
- Local training teams have been trained and are now training peer educators in each municipality;
- Local authorities have continued to increase their commitment to the programme and to young people;
- Partnerships with important local NGOs have been strengthened;
- A WEB page has been designed and is being used to disseminate experiences and to stimulate discussion on relevant issues. (See www.vozjoven.net.)

In 2008, they succeeded in obtaining resources from two bilateral donors (government of the Netherlands and Finland) to expand to 43 municipalities. In the long-run, they aim to have an AYH in each of the country's 153 municipalities, supported by local budgets. The AYH will take a rights-based, gender-equity and "competence-based" approach, outside the formal educational sector at the municipal level.

*(Based on presentation by Chantal Pallais, UNFPA, Nicaragua.)*

Making comprehensive, rights-based sexuality education mandatory through passage of a law or creation of a policy is huge step, but only a first one. The policy needs to be implemented and the programme funded in a sustainable fashion. Even if external donor support was critical to its initiation, sexuality education should, over time, be institutionalized in government plans and budgets.

Some of the most effective country examples were those that had succeeded in developing a multisectoral approach to sexuality education, bringing together education, health and other sectors. Indeed, some of the most successful programmes are in countries, such as Colombia, that already had multisectoral sexual and reproductive health policies, involving both the health and education sectors. The favorable legal and policy framework made multisectoral collaboration possible. (See **Box 2** on Colombia and **Box 8** on Bulgaria). Participants from countries that had not been able to work across sectors noted the value of this. For example, a representative of the Ministry of Education in Fiji said that she would "take back the story of the Ministries of Health and Education working together in Colombia," with the goal of achieving the same in Fiji. This can be challenging, as the sectors frequently operate very differently and have varying degrees of centralization/decentralization. The budgeting and resources may be dissimilar. Yet a multisectoral approach is likely to lead to more comprehensive programme and have a stronger base of support. Very importantly, a partnership between the health and education sectors is essential for the development of linkages between sexuality education programmes and the availability of youth-friendly services. Providing education without also guaranteeing access to sexual health services is less effective and even unethical.

For government commitments, policies and budgets to make a difference, it is essential to hold policy-makers across all sectors and with different institutions accountable. This requires on-going advocacy and monitoring, both discussed below.

- ***Conduct Advocacy: Involve Stakeholders, Engage Gate-Keepers, and Promote Youth Leadership***

Another area of strong agreement at the consultation was the need for continuous and active advocacy, especially in settings where sexuality education can be sensitive or controversial. It is essential for building community support and cultivating a positive policy and legal environment. Effective advocacy requires planning, including an analysis of the political landscape, identification of potential barriers, and a mapping of likely allies and opponents. (Please see Appendix 3 for information on how to download advocacy tools, such as IPPF's *From Evidence to Action*, which has been used successfully by IPPF member associations in Nepal, Togo, Kenya, Rwanda Nicaragua, Peru, Panama and Mexico.)

Some participants suggested that it can be helpful to find an entry point for advocating the need for sexuality education that resonates with the concerns of diverse stakeholders; in many settings, that entry point is preventing HIV or early pregnancy. It can be more challenging to find an entry point if a country does not have high rates of HIV or adolescent pregnancy, as was observed by a participant from Syria. That is yet another reason to look for measures of effectiveness that go beyond health indicators, such as fostering youth development, strengthening citizenship and human rights, contributing to society or the economy, or

addressing other social problems, such as substance abuse. (See Part 2, Section B, "Go Beyond the Exclusive Focus on Health Outcomes to Measure Effectiveness" and Part 3, Section C, "Monitoring and Evaluation.")

Essential to effective advocacy is building alliances and working with key stakeholders, some of whom may be (potential) allies, others may be (potential) opponents. This requires mapping stakeholders and researching their positions and the potential to support or oppose sexuality education. It means finding the best entry points and strategies for working with these different sectors, as discussed above. And it entails working with those who hold, broker or influence power and finding strong allies, such as religious leaders and other opinion-makers. In the words of one participant, "While recognizing the need to work with the most vulnerable, we also need to work with those in power, such as male leaders." Others agreed, but noted that the bulk of resources should go to the beneficiaries themselves. Plan for scale-up from the start and identify those "gate-keepers" whose approval, support, or active engagement will be needed, e.g. the Ministry of Education, other government officials, faith-based and traditional leaders, school administrators and health officials. After garnering initial support from these gate-keepers, continuing communication is necessary, in order to keep key actors informed and on-board. Throughout the process, it is crucial to consider the potential for backlash, especially following a success, and to be prepared to respond.

Equally important to reaching out to powerful stakeholders, is working with those most directly involved and affected. As some participants pointed out, scale-up cannot be imposed from above; it is critical to consult with and engage teachers, parents and young people. A central message of the consultation was the absolute importance of ensuring the meaningful participation of young people themselves. Youth leadership – as advocates and as experts regarding their own realities and needs – was a recurring theme of the consultation. (See **Box 10** on the Y-PEER PETRI Center and **Box 14** on Nepal.)

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**Box 14: Nepal**: **Young People Mobilizing**
*Background and Programme Description*
In Nepal, some 33 per cent of the population is under the age of 15 years. Nearly one-quarter of girls between 15 and 19 years are mothers or pregnant with their first child. One-fifth of women who die from maternal causes are adolescents and 44 per cent of known cases of people living with HIV are young.

In 2008, young people mobilized and, working with other stakeholders, developed a multi-faceted advocacy campaign to make sexuality education (called by two names – Health Population and Environment and Health and Physical Education) mandatory in schools. They worked with teachers, parents and policy-makers and used the mass media extensively. Young people were involved in all aspects of the work: research to build the evidence base for the programme, training of educators, the development of materials, media and community education campaigns, and advocacy work with policy-makers.

*Outcomes and Lessons*
The effective mobilization of youth, as well as other stakeholders, resulted in the following:

- Comprehensive sexuality education is now compulsory in grades 6 – 8 in Nepal;
- Human sexuality is a mandatory course in the Masters in Education and Masters in Population programs at Nepal's largest and most established university;
- A training manual and reference materials have been developed;
- More than 75 master trainers have been trained;
- Many policy-makers are aware of the issues and supportive of comprehensive sexuality education;
- Through their active participation in every aspect of the efforts, the leadership capacity of young people has been strengthened.

*(Based on presentation by Shreejana Bajracharya, South Asia Youth Network, Nepal.*

When developing an advocacy plan, it is advisable to "ground" the advocacy strategy in evidence using local data, experiences and arguments. Build support at the local level – among parents, teachers, and community leaders. Sustaining sexuality education programmes over time requires "building social capacity" and political commitment – the ability of allies and other stakeholders to support sexuality education, especially when confronted by opposition or changes in government. Outreach to the media may help to ensure that they convey messages in support of comprehensive and evidence-based programmes.

It is prudent to seek legal expertise, so as to be able to respond to opponents who use legal arguments. In many settings, it can be effective to use arguments founded on international and regional laws and agreements (e.g. the Convention on the Rights of the Child, CEDAW, and the Protocol on Women's Rights in Africa).

- ***Plan for Managing the Opposition***

The challenge of facing opposition to sexuality education grounded in culture or religion was much discussed at the symposium. The consensus was that cultures are not unchangeable; nor are religious groups homogeneous. Even in the most conservative environments, it is possible to find openings; it just takes a long time, a lot of effort, and strategic thinking. A participant from Latin America, offered, "We say that we cannot change culture, but we can find ways to get around and through it, like water looking for little channels." And a speaker from Egypt commented, "Don't try to change the minds of religious leaders, but rather find those people who are progressive, who have different perspective and work with them." (See **Box 15** on Egypt.)

**Box 15: Egypt: Building Partnerships and Adapting to Realities**

*Background and Programme Description*

In Egypt, forty per cent of the population of 80 million is between 10 and 29 years-old. After dropping for some years, the total fertility rate has reached a plateau at 3.1. Girls aged 15 to 19 years-old, who are sexually active, are the least likely to use contraception. The prevalence of female genital cutting is 75 per cent among 10 to 29 year-old girls.

The first attempt to provide education about sexual and reproductive health, initiated by the National Council of Childhood and Motherhood (NCCM) (a quasi-governmental agency) in 2003, was not sustained because of a failure to lay the groundwork with advocacy and community outreach. The programme, which sent doctors and social workers into schools to provide information to 15-17 year-old girls only, provoked harsh opposition.

Responding to these experiences, supporters began to raise awareness of the need for sexuality education in the community, reaching out to parents and religious leaders. The Adolescent Health Unit of the NCCM formed a collaborative with 17 NGOs throughout the country, who work outside of schools, and UNICEF, which has contributed to the curriculum. A joint UNICEF-UNFPA Youth Advisory Panel also offers feedback and guidance to the programme. The programme is now called "Reproductive Health Education," which provokes less fear than talking about "sexuality." They have moved out of the schools and now include boys aged 15-17. More youth-friendly materials have been developed. Local NGOs have been trained to implement the Reproductive Health Education curriculum as an extracurricular, out-of-school activity, with NCCM acting as a monitoring body. They also have started to work with the regional nongovernmental network, Y-PEER, to develop programmes run by young people (see Box 14 on Y-PEER). The Egyptian national Y-PEER team trains peer educators based in NGOs. They have adapted a regional curriculum developed in Lebanon, into which they integrated religious perspectives.

*Outcomes and Lessons*

One lesson of the experience in Egypt is to not give up, to find ways to talk about important issues, such as FGM, early marriage and stigma, despite setbacks. Culture is not stagnant and the challenge is to find ways to introduce difficult issues and begin to make cultural shifts. Furthermore, in a context in which the educational system is fraught with problems and the government does not want to be involved in sensitive issues, NGOs play a critical role.

*(Based on presentation by Mona Moustafa, UNFPA, Egypt.)*

One very interesting idea that emerged was to explore the views of religious youth, and to look for potential support among them. Working with religious people is not just a problem, but also an opportunity to find and foster support. One of many examples was from Tunisia, where a course was developed to train Imams on HIV. Other participants suggested the need to understand the resistance from religious leaders and, even if we cannot change their minds, try to dispel some of the misconceptions that they hold about comprehensive sexuality education and show them what it really is. Some, especially those from Latin America and the Caribbean, argued that sexual and reproductive health and rights themes are now passing from the private (family) and religious sphere, into the public arena. In El Salvador, where conservative opposition to sexual rights is fierce, the strategy had been to focus on human rights, especially the right to non-discrimination, as even the most adamant opposition finds it difficult to defend discrimination.

## C. Monitoring and Evaluation Research

Monitoring and evaluation research is crucial for improving programme effectiveness and achieving scale-up. It is also needed to build the evidence base for advocacy, to develop the arguments that can get buy-in from different authorities, gatekeepers and donors. Consultation participants called for "establishing and maintaining a culture of evaluation," which necessitates provision of adequate resources and a commitment to planning for evaluation and disseminating the results.

Participants at the consultation were reminded that research should take into account equity issues; it is crucial to disaggregate by sex, age, race, socio-economic status and other variables that are relevant in specific contexts e.g., residency, marital status, etc. Qualitative research can contribute valuable information about equity, as well as other insights.

Formative research is needed on questions critical to developing sexuality education programmes. Done in preparation for the development of a programme, formative research can help to determine the target populations, understand the factors that influence their attitudes and practices, and determine the best ways to reach them. Some formative research questions that were identified during the consultation were:

- Knowledge, values, attitudes and practices of different key groups in different contexts;
- Research that illuminates gender inequities and homophobia;
- Policy analysis of conditions influencing implementation of gender-sensitive, rights-based comprehensive sexuality education.

Gathering baseline data at the beginning of a programme provides essential information about the needs and realities of young people in the communities where the programme will take place and can be used to assess changes in knowledge, attitudes and self-reported behaviours.

**Box 16: Developing Tools to Assess Peer Education Programmes**

*Background and Description*

Youth peer education is widely used in the developing world, but until recently no programme standards have been developed and little evaluation has been done. FHI carried out a study in order to address this limitation and to devise tools that those working in peer education programmes could use to assess their programmes.

The study was divided into two phases: The goal of the first phase was to develop tools to evaluate and compare peer education programmes; the goal of the second phase was to validate or test these tools. They picked four well-designed programmes in Zambia and the Dominican Republic and used a process evaluation approach to craft instruments to assess inputs (costs, time, etc.), core programme elements, and activities or programme outputs. They then developed eight checklists for measuring different components, including: youth involvement; stakeholder cooperation; parent involvement, gender equality, etc. They tested the instruments in Zambia, linking the quality of programme components to programme outcomes, defined as exposure to the programme and appropriate clinic referrals.

*Outcomes and Lessons*

The results showed that the programmes that scored highest on the checklists (measure of programme quality) had a greater proportion of youth referred to a clinic by their programme (measure of outcome). They also found that referred youth were more likely to test positive for an STI and received counseling and condoms and/or other contraceptives, thereby indicating that peer educators were making suitable referrals. In other words, the higher quality programmes were associated with greater exposure and more appropriate clinic referrals. They also found that higher quality programmes had higher costs, and that training is the single largest component of cost, at about 50 per cent. In terms of those exposed to peer education programmes, they tended to be male, educated and literate, have never been married, and have a history of sexually transmitted infection. In general, youth programmes are reaching older youth.

The researchers concluded that the checklists could be useful in assessing quality and comparing peer education programmes. They subsequently developed manuals for using the checklists, as well as guidelines for peer education. These resources are available; feedback and adaptation are welcome.

*(Based on presentation by Holly Burke, FHI. For more on these resources, see the Interagency Youth Working Group (IYWG) Web site www.iywg.org or the FHI Web site www.fhi.org.)*

Intervention or operations research can help to identify where sexuality education is being done well and what factors lead to success. (See **Box 16** on developing tools to assess peer education programmes.) Sexuality education programmes should include an assessment plan in their initial design. The plan should include clear and specific objectives, with indicators and benchmarks to measure progress toward those objectives.

There is a need for analysis of local curricula, to find gaps in content (for example, does a gender perspective permeate the curriculum?) or pedagogic methods (for example, does a curriculum rely on interactive methods that foster meaningful reflection and critical thinking skills?). When pilot programmes that have been proven effective in one setting are replicated or scaled up, effectiveness trials should be conducted to assess programme impact in different settings or with different populations, under real-world constraints. Some of the other intervention research questions identified were:

- How can sexuality education programmes reduce gender-based and homophobic discrimination, bullying and violence?
- What is the impact on health outcomes of addressing norms around gender and sexuality, compared to a more conventional approach to sexuality education?

- How can we motivate young people to want to make and maintain changes?
- How do we facilitate the health sector and the education sector to work together?
- How do we identify and support people tasked with teaching sexuality education, in schools and out?
- How can effective programmes be scaled up and sustained?

As discussed above, one of the big questions that emerged from the consultation was: What indicators should we be using within and outside of health outcomes? Consultation participants talked extensively about the need to explore the effects that programmes have on non-health outcomes. (See Part 2, Section B, on *Go Beyond the Exclusive Focus on Health Outcomes to Measure Effectiveness*.) This requires moving beyond the public health paradigm to develop indicators in addition to health behaviours or biomedical markers (e.g. age of sexual debut, number of partners, condom use, STI and pregnancy rates). Some possibilities would be indicators that would show:

- changes in attitudes and practices related to human rights, gender equity and respect for diversity;
- more equitable relationships and improved communication;
- increased capacities for advocacy, citizenship, leadership and critical thinking;
- strengthened competence in developing and carrying out a "life plan" that includes staying in school, securing employment or other livelihoods, and making decisions about sexuality, reproduction and relationships/marriage;
- impact on the educational system or on the larger community (e.g. less violence in schools, strengthened academic skills in higher-order thinking, increased connectedness and engagement with school and teachers);
- young people's potential to contribute to society and to national development.

Cost and cost-effectiveness studies are also essential. Donors and policy-makers want to understand the benefits of investing scarce resources in sexuality education relative to other investments. Some at the consultation claimed that evidence shows that "you get what you pay for," or that higher investment means higher quality. Others contended that cost should not be equated with quality and that more research is needed to examine that question.

A presentation by UNESCO on a cost-effectiveness study currently nearing completion raised several thorny issues, including the question of measuring results beyond health related behaviours or biomedical outcomes, as discussed above. (Please see examples of non-health indicators above, as well as suggested categories for indicators on pages 14-15, *Go Beyond the Exclusive Focus on Health Outcomes to Measure Effectiveness* and **Box 17** on *Assessing Cost*.) A narrow definition of effectiveness may underestimate the benefits accrued. Some sexual health outcomes might take more time to become evident and thus may not show up in the timeframe of the study. Or they might not be relevant for the programme population. Participants from India and Nigeria, for example, pointed out that if programme participants are not yet sexually active, then measures of sexual behaviour or sexual health will not be relevant. It may be more meaningful and feasible to introduce indicators that would look at important intermediate variables, such as the use of services.

**Box 17: Assessing Cost**

*Background and Description*

A topic of foremost concern at the consultation was the need for cost studies, in order to generate evidence of costs relative to impacts, for purposes of planning, advocacy and resource acquisition. Currently, few cost data exist.

UNESCO undertook a study on cost in 2010, which will be published early in 2011. Using financial records, school surveys and programme descriptions, they aimed to determine costs of:

- Developing a sexuality education programme from scratch;
- Adapting an existing programme in a new cultural and language context;
- Implementing a sexuality education programme;
- Projected scale-up on different school coverage levels: e.g. 50 per cent, 80 per cent and 95 per cent;
- Breakdown by country, district and school levels;
- Current annual costs per: school, trained teacher, pupil reached and teaching hours.

The researchers selected six countries for estimating costs: Estonia, Kenya, Nigeria, India, Netherlands and Indonesia. In two countries, Estonia and Kenya, they also conducted exploratory cost-effectiveness analyses. These studies are estimating the savings from unintended pregnancies, STIs and HIV infections that have been averted.

*Outcomes and Lessons*

The UNESCO study is looking at costs by country, state/province, school, teacher trained and learner reached. They hope that they results will enable them to cost the development, implementation, updating and scale-up of a sexuality education programme. The process so far has underscored that it is vital to know the details and history of the programme in order to do proper costing.

The two exploratory cost-effectiveness studies present the challenge of determining the relationship between costs and outcomes, specifically 1) ascribing attribution and 2) measuring impact.

During the discussion that followed the presentation, participants commended the effort to analyze costs, but also raised many concerns. Sexuality education may look expensive compared to other kinds of interventions, e.g. male circumcision or injectable contraception, but care must be taken to illuminate the differences in the nature of the interventions and the benefits that accrue to them. As discussed throughout the consultation, cost-effectiveness studies may not capture all the non-health outcomes of sexuality education, which the evidence suggests can be many. Furthermore, a cost-effectiveness study is "real life," whereas the cost of other interventions may be extracted from randomized control studies, which are highly controlled environments. It also is crucial to find ways to project costs after a programme is taken to scale, since pilots or new projects are more expensive, due to the smaller scale and the cost of start-up. In preparation for the release of the cost study results in early 2011, participants agreed that much could be learned from the findings, but also that it will be essential to interpret them carefully.

*(Based on presentation by Dhianaraj Chetty, UNESCO.)*

It was noted that a cost evaluation of pilot programmes can be misleading, because initial costs – such as curriculum development or adaptation, training of trainers, and creation of materials – are often high. Over time, costs can be reduced and economies of scale gained. Accordingly, cost effectiveness studies need to consider what will happen when the programme goes to scale.

It was observed that it is preferable to have outside researchers conduct, or at least assist with, evaluation. One suggestion was to get help from universities or research institutions. If programme staff are engaged in monitoring, the tools that they use should not be too demanding, given that their time is already very limited. It can be desirable to train young people engaged in the programme, e.g. peer educators, to help with monitoring and evaluation. Finally, researchers

alone should not analyze and present evaluation results. Other stakeholders, including advocates, policy makers and, especially, young people involved in the programmes, as well as parents, teachers, etc., should participate in assessing programme quality, effectiveness and impact.

Photo/Antonio Fiorente

## PART 4: CONCLUSION AND RECOMMENDATIONS

The consultation participants affirmed that comprehensive sexuality education is a human right and that the long-term goal must be to ensure that all young people have access to effective programmes. They also recognized, however, that sexuality education is but one component of a multi-faceted approach that addresses the complexity of young people's lives, for example, the importance of education, the need for employment and housing, and protection from discrimination and violence. They underscored that sexuality education should be guided by core principles, including that it should:

- Foster norms and attitudes and build skills for achieving gender equality and respect for diversity;
- Address vulnerabilities and fight exclusion;
- Promote young people's participation and strengthen capacities for citizenship;
- Encourage local ownership and cultural relevance;
- Take a positive life cycle approach to sexuality.

Evaluation research has confirmed that sexuality education programmes do not increase sexual activity; indeed, the most effective programmes can reduce misinformation and increase correct knowledge, clarify values and reinforce positive attitudes, and strengthen skills for decision-making and communication. But there is room for improvement. Discussions at the consultation focused on the questions of what has been learned from evaluation research, as well as direct experience, about how programmes could be more effective, as well as how barriers to increased access could be overcome.

The following recommendations emerged:

**Recommendations for Approach and Content:**

- **Address norms around gender and sexuality, and promote equality, empowerment, non-discrimination and respect for diversity.** Programmes that pay attention to gender and power have been shown to impact health-related behaviours (e.g. use of condoms and contraception, fewer sexual partners), health outcomes (e.g. lower STI rates) and non-health outcomes (e.g. student performance, parenting, and critical thinking skills). Draw on the evidence about the relative effectiveness of gender-sensitive approaches in policy and programme design activities.
- **Analyze social norms and relationships of power.** Cultural and social norms around sexuality and gender are not unchangeable. Use a theory of change and logic model that identifies the principal factors of vulnerability and risk, make sure the programme addresses those factors and causal pathways, and then measure the impact of the programme on those factors.
- **Go beyond focus on individual behaviours and use theoretical models** that locate behaviours within broader contexts, like the social-ecological model and theories of gender and power.
- **Link sexuality education with citizenship**; foster critical thinking and build capacities to participate actively in a democratic and equitable society.
- **Provide scientifically accurate information** about relevant psychosocial and health topics.
- **Address personal values and perceptions** of family, peer and wider social-cultural norms.
- **Apply pedagogical theories and standards for the curriculum** that have been developed by experts and are backed up by evidence drawn from research and practice.
- **Deliver clear messages** that are appropriate for age, sexual experience, gender and culture.

**Recommendations for Delivery and Implementation:**

- **Focus on schools** as an essential opportunity to reach young people. Integrate sexuality, gender and citizenship objectives into educational goals and incorporate them across the curriculum.
- **Start at a young age and continue through adolescence,** reinforcing messages over time with age-appropriate content and methodology. Reach young people, especially girls, before they drop out of school or marry and get pregnant.
- **Create a safe environment** where young people are respected and are able to participate to their full potential. The teaching environment should also reinforce the programme messages, e.g. gender equality and non-discrimination.
- **Build a critical mass of teachers** who can provide sexuality education. They need opportunities to explore their own values and feelings and training to develop new knowledge and skills. After the training, they ought to have monitoring and support.
- **Find innovative ways to reach those out-of-school and otherwise marginalized.** Many of the young people most in need of information and education are not in schools.

Sexuality education should be carried out in diverse settings – "going to where the youth are." Work with the most marginalized; in many places girls are more vulnerable than boys.

- **Employ participatory teaching methods** that actively involve students and help them to internalise and integrate information. And use multiple activities, including those that enable participants to personalize information and practice skills.
- **Invest in attractive, engaging materials** that provide people with accurate and age-appropriate information.
- **Use mass media and new technologies**, such as television, radio, e-learning and mobile phones.

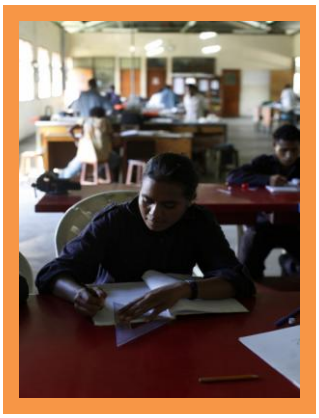
**Recommendations for Scale-up and Sustainability:**

- **Plan for scale-up and sustainability** and develop strategies to ensure that the quality, fidelity and integrity of programmes will be maintained when they are expanded.
- **Conduct an on-going process of advocacy** in order to build public support, create a positive policy and legal environment, and hold governments accountable.
- **Develop, implement and monitor public policies and laws** that support and sustain sexuality education, e.g. making it mandatory in schools, setting standards, and providing resources.
- **Work with local government and civil society organizations** to carry out programmes, especially in the absence of favourable national policies or laws.
- **Map the environment**, including identification of key gatekeepers and stakeholders.
- **Look for strategic "entry points"** to build the case for sexuality education. Gather evidence to attain buy-in from different authorities and gatekeepers.
- **"Ground" advocacy strategies** by using local data, experiences and arguments.
- **Build alliances and support** at all levels – from the grassroots, to the powerful and influential. Involve parents, teachers and other stakeholders from the start.
- **Partner with young people and foster youth leadership and participation**, as a right and a necessity. Consult with and involve young people from the beginning. Build trust and alliances across generations.
- **Plan for managing opposition**. Culture is not unchangeable and openings can be found, even in the most conservative environments. Do not assume that the opposition, such as religious groups, are homogeneous. Look for those with divergent views and seek potential allies, e.g. religious youth. Develop arguments that opposing sectors might support, e.g. non-discrimination or youth development.
- **Utilize expertise** that can make arguments based on international and national laws and policies, human rights principles, treaties and conventions.
- **Foster multi-sectoral collaborations**, e.g. encouraging and enabling the health and education sectors to work together.

**Recommendations for Evaluation and Research:**

- **Plan for evaluation and monitoring** from the beginning, including a commitment of resources and a plan for the dissemination of findings.

- **Disaggregate by sex, age, race, socio-economic status and other variables** that are relevant in local contexts.
- **Qualitative research contributes valuable information** about equity, as well as insights on effectiveness and barriers to implementation.
- **Do not focus exclusively on health outcomes and develop indicators that go beyond the biomedical** to measure effectiveness. Sexuality education can affect young people in different areas of their lives, for example, reducing violence, staying in school, or delaying marriage. Indicators are needed to measure these outcomes and to provide evidence that would help make the case for sexuality education, especially where sexual and reproductive health outcomes might not be of priority concern. Work is needed to develop ways to measure changes in social norms and attitudes; strengthened capacities of youth; and effects on the educational system or on the larger community (e.g. less violence in schools).
- **Conduct formative research** on underlying questions, such as research that illuminates gender inequalities and homophobia, or policy analysis of conditions influencing implementation of programmes.
- **Conduct operations research** on key questions of implementation, such as ways that sexuality education programmes can reduce gender-based and homophobic discrimination, bullying and violence; ways to motivate young people to use the knowledge and skills that they gain from the programmes; approaches to selecting and training educators.
- **Put cost-effectiveness data into context**. A narrow definition of effectiveness may underestimate the benefits accrued. To measure benefits, it may be more meaningful to use indicators that would assess progress on intermediate variables.
- **Use researchers outside the programme to conduct evaluation studies** as much as possible. This can sometimes be achieved through collaboration with universities or research institutions.



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## Conclusion

Participants in the consultation agreed that, despite the diversity of experiences and opinions, they shared the common goal of promoting and advocating for the right to comprehensive sexuality education for all young people. Many identified a historic paradigm shift toward the inclusion of gender and rights as a core element in effective programming. They acknowledged the value of having listened to real-life experiences, as well as learning from evaluation research. Achievements over the last several years were recognized, including the development of guidelines and other useful resources. They stressed the imperative to develop new kinds of "non-health" indicators that could be used to generate evidence of other valuable outcomes of sexuality education. They concurred on the need to link sexuality education to other initiatives, such as those in education and in gender equality, especially with a focus on the rights and needs of marginalized girls. They stressed the importance of sharing the resources and recommendations discussed at the consultation with their own networks and with country level partners. And they agreed that the consultation had helped to advance the potential for collaborative efforts and new partnerships across UN agencies, and with government and nongovernmental organizations. Finally, the participants affirmed their commitment to take the work "up a notch" – to generate more effective programmes and to achieve universal access to comprehensive, rights-based and gender-sensitive sexuality education.

**Endnotes**

[1] Adolescents are in the age range of 10-19 years; youth refers to those 15-24 years; young people is often used to refer to those from 10 to 24 years-old.

[2] United Nations, Department of Economic and Social Affairs, Population Division (2009). World Population Prospects: The 2008 Revision, Highlights, Working Paper No. ESA/P/WP.210

[3]United Nations Children's Fund. 2005. Early Marriage, a Harmful Traditional Practice: A Statistical Exploration. New York: UNICEF.

4Temin, Miriam, and Ruth Levine. 2009. Start with a Girl: A New Agenda for Global Health. Washington, DC: Center for Global Development.

5Bruce, Judith and Shelley Clark. 2004. "The implications of early marriage for HIV/AIDS policy," brief based on background paper prepared for the WHO/UNFPA/Population Council Technical Consultation on Married Adolescents. New York: Population Council.

[6] United Nations Children's Fund. 2006. *The State of the World's Children 2007.* New York: UNICEF.

[7] Patton, George C., et al. 12 September 2009. 'Global Patterns of Mortality in Young People: A systematic analysis of population health data'. *The Lancet*, vol. 374, Issue 9693, pp. 881- 892.

[8] Ross, John A., and William L. Winfrey. September 2002. 'Unmet Need for Contraception in the Developing World and the Former Soviet Union: An updated estimate'. *International Family Planning Perspectives*, vol. 28, no. 3; Sedgh, G., et al. 2007. 'Women with an Unmet Need for Contraception in Developing Countries and Their Reasons for Not Using a Method. Occasional Report, no. 37. New York: Guttmacher Institute.

[9] Joint United Nations Programme on HIV/AIDS and World Health Organization. 2009. *AIDS Epidemic Update:* November 2009. Geneva: UNAIDS.

[10] Joint United Nations Programme on HIV/AIDS and World Health Organization. 2009. *AIDS Epidemic Update: November 2009*. Geneva: UNAIDS.

11 Joint United Nations Programme on HIV/AIDS and World Health Organization. 2009. *AIDS Epidemic Update:* November 2009. Geneva: UNAIDS.

[12] United Nations. 1 April 2010. 'Progress made in the implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS'. Report of the Secretary-General. Sixty-fourth session General Assembly Agenda item 44. UN document: A/64/735.

[13] Fleming, D.T., and J.N. Wasserheit. 1999. 'From Epidemiological Synergy to Public Health Policy and Practice: The contribution of other sexually transmitted diseases to sexual transmission of HIV infection. *Sexually Transmitted Infections*, vol. 75, pp. 3-17. Cited in the Centers for Disease Control (US) website: < www.cdc.gov/std/hiv/stdfact-std&hiv.htm>, accessed 4 November 2010.

[14] Inter-Parliamentary Union and the UN Children's Fund. 2007. 'Eliminating Violence Against Children', *Handbook For Parliamentarians*, no. 13.

15 García-Moreno, Claudia, et al. 2005. *Multi-Country Study on Women's Health and Domestic Violence against Women: Initial results on prevalence, health outcomes and women's responses*.
Geneva: WHO.

[16] Bruton, Patrick. 2005. *Suffering at School: Results of the Malawi gender-based violence in schools survey*. In: International Women's Health Coalition. June 2008. *Triple Jeopardy: Female adolescents, sexual violence, and HIV/AIDS. See:* <www.iwhc.org/index.php?option=com_content&task=view&id=2693&Itemid=751>, accessed 16 August 2010.

[17] The content of the report is based primarily on the presentations and discussions at the consultation. Please find the names of all the presenters in the consultation agenda, Appendix 1. For a list of all the participants, please see Appendix 2.

[18] Report of the United Nations Special Rapporteur on the right to education. July 23, 2010. Document A/65/162. Sixty-fifth session of the General Assembly. Link to the report at http://www.right-to-education.org/sites/r2e.gn.apc.org/files/SR%20Education%20Report-Human%20Right%20to%20Sexual%20Education.pdf.

[19]The report cites the following treaties as those that are relevant to the right to sexual education: The International Covenant on Economic, Social and Cultural Rights; the International Covenant on Civil and Political Rights; the Convention on the Elimination of All Forms of Discrimination against Women; the Convention on the Elimination of All Forms of Racial Discrimination; the Convention on the Rights of the Child; the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families; and the Convention on the Rights of Persons with Disabilities.

[20] Another important development in the application of human rights law to sexual orientation and gender identity is the development of the "Yogyakarta Principles." In March of 2007, experts in human rights law – including a former United Nations High Commissioner for Human Rights, judges, legal scholars, and human rights activists – met in Yogyakarta, Indonesia, and produced a statement that identifies State obligations to protect and fulfill the human rights of all people, with respect to sexual orientation and gender identity. The Yogyakarta Principles have been launched in several international venues, including the United Nations, and are being used by civil society organizations to engage government, with the media, and as a teaching tool in universities.

[21]See http://portal.unesco.org/en/ev.php-URL_ID=46199&URL_DO=DO_TOPIC&URL_SECTION=201.html and http://data.unaids.org/pub/BaseDocument/2008/20080801_minsterdeclaration_en.pdf

[22]Final Technical Report on UNESCO Project No. 247RLA1007. 5 October 2010 DRAFT. *Follow up on the Mexico Declaration: Strengthening Comprehensive Sexuality Education and its Role in HIV Prevention in Latin America and the Caribbean*. Internal document.
[23] UNESCO Final Technical Report. October 2010 DRAFT.
[24] www.achpr.org/english/women/protocolwomen.pdf;htpp//gtz.de/de/dokumente/en-fgm-maputoprotocol.pdf
[25]The Millennium Development Goals (MDGs), adopted by world leaders in 2000, set development goals in eight areas.
[26]The ten UNAIDS cosponsoring organizations are: Office of the United Nations High Commissioner for Refugees (UNHCR), United Nations Children's Fund (UNICEF), World Food Programme (WFP), United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA), United Nations Office on Drugs and Crime (UNODC), International Labour Organization (ILO), United Nations Educational, Scientific and Cultural Organization (UNESCO), World Health Organization (WHO), World Bank.
[27] Joint UN Programme on HIV/AIDS (UNAIDS). March 2010 (updated version). *Joint Action for Results: UNAIDS Outcome Framework, 2009-2011*. See UNAIDS/09.13E – JC1713E.
[28] UNAIDS. March 2010. See UNAIDS/09.13E – JC1713E.
[29]UNFPA, the United Nations Population Fund. 2007. *UNFPA Framework for Action on Adolescents & Youth: Opening Doors with Young People: 4 Keys*. New York: UNFPA.
[30] In 2005 IPPF, in collaboration with young people and other agencies including UNFPA, WHO, the African Population & Health Research Centre, Africa Regional Sexuality Resource Centre, the Sexuality Information and Education Council of the United States (SIECUS) and the World Association for Sexual Health (WAS), developed a framework for sexuality education which defines principles for and necessary elements of sexuality education, including gender, human rights, sexual citizenship, pleasure, sexual and reproductive health and HIV, diversity and relationships.
[31] IPPF is the first global organization to developed a policy that mandated a minimum percentage (20 per cent) of board members that must be under 24 years at all levels of the organization (global, regional and national.)
[32] Based on Presentation by Mary Guinn Delaney, Regional HIV and AIDS Advisor for Latin America and the Caribbean, UNESCO. See: United Nations Educational, Scientific and Cultural Organization. 2009. *International Technical Guidance on Sexuality Education: An evidence-informed approach for schools, teachers and health educators*. Vol 1. Paris: UNESCO.
[33] United Nations Educational, Scientific and Cultural Organization. 2009. *International Technical Guidance on Sexuality Education: An evidence-informed approach for schools, teachers and health educators*. Vol 1. Paris: UNESCO.
[34] Based on presentation by Debbie Rogow. See Rogow, Deborah and Nicole Haberland. November 2005. 'Sexuality and Relationships Education: Toward a social studies approach'. *Sex Education*, vol. 5, no. 4, pp. 333–344, and Haberland, Nicole and Deborah Rogow. August 2007. *Sexuality and HIV Education: Time for a paradigm shift*. Brief no. 22. New York: The Population Council.
[35] Haberland and Rogow 2007.
[36] Based on presentation by Nicole Haberland.
[37] Based on presentation by Marcos Nascimento. See Pulerwitz, Julie, Gary Barker, Márcio Segundo, and Marcos Nascimento. 2006. "Promoting more gender-equitable norms and behaviors among young men as an HIV/AIDS prevention strategy," *Horizons Final Report*. Washington, DC: Population Council.
[38] Pulerwitz, Julie, Gary Barker, Márcio Segundo, and Marcos Nascimento. 2006. "Promoting more gender-equitable norms and behaviors among young men as an HIV/AIDS prevention strategy," *Horizons Final Report*. Washington, DC: Population Council.
[39] 1 in 4 young people in the U.S. has an STI, but it is 1 in 2 among African American girls.
[40] Connell, R.W. 1987. *Gender and Power*. Stanford, California: Stanford University Press.
[41] Based on presentation by Ralph DiClemente. See DiClemente, R. J., Wingood, G.M., Harrington, K.F., Lang, D.L., Davies, S.L., Hook, E.W., Oh, M.K., Crosby, R.A., Hertzberg, V.S., Gordon, A.B., Hardin, J.W., Parker, S. and Robillard, A. 2004. "Efficacy of an HIV prevention intervention for African American adolescent females: A randomized controlled trial." *Journal of the American Medical Association*, 292: 171-179; and Ralph J. DiClemente; Gina M. Wingood; Eve S. Rose; Jessica M. Sales; Delia L. Lang; Angela M. Caliendo; James W. Hardin; Richard A. Crosby. December 2009. "Efficacy of Sexually Transmitted Disease/Human Immunodeficiency Virus Sexual Risk–Reduction Intervention for African American Adolescent Females Seeking Sexual Health Services: A Randomized Controlled Trial." *Archives of Pediatrics and Adolescent Medicine*. 163: 1112 – 1121; and Cynthia M. Lyles, Linda S. Kay, Nicole Crepaz, Jeffrey H. Herbst, Warren F. Passin, Angela S. Kim, Sima M. Rama, Sekhar Thadiparthi, Julia B. DeLuca, Mary M. Mullins. "Best-Evidence Interventions: Findings From a Systematic Review of HIV Behavioral Interventions for US Populations at High Risk 2000–2004." Am J Public Health, Jan 2007; 97: 133 - 143.
[42] Drawn from consultation discussions and from presentations, including those by Deborah Rogow and Nicole Haberland, The Population Council, and Mary Guinn Delaney, Regional HIV and AIDS Advisor for Latin America and the Caribbean, UNESCO.

**APPENDIX 1: AGENDA**

**DAY 1: Tuesday, November 30, 2010: Foundations of Sexuality Education**

*Objective of the day: Provide framework for consultation by laying out common understanding of the principles of sexuality education and evidence–based characteristics of effective in-school and out-of- school programmes.*

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| 07:30-08:00 | **Registration** |
| 08:00-08:30 | **Opening: Welcoming Remarks**<br>• Tania Patriota, UNFPA Representative in Colombia<br>• Mona Kaidbey, UNFPA Deputy Director, Technical Division, and Coordinator, Adolescent and Youth Programmes<br>• The Honorable Maria Fernanda Campo, Minister of Education of Colombia<br>• Moderator: Lucy Wartenberg, UNFPA Assistant Representative in Colombia |
| 08:30-08:50 | **Briefing on Security and Logistics** |
| 08:50 09:35 | **Panel 1: Frameworks for Sexuality Education: Human rights, Gender Equality and Civic Responsibility**<br>• UNFPA's conceptual framework on sexuality education - Mona Kaidbey, UNFPA<br>• Comprehensive sexuality education from a rights-based perspective - Doortje Braeken, International Planned Parenthood Federation (IPPF)<br>• Youth Perspectives: Going beyond risk reduction to address and engage the whole person - Viviana Palacios, Youth network of the META region, Colombia<br>• Implementing a rights-based, gender sensitive programme at national level - Diego Arbelaez, Program Coordinator, Ministry of Education, Colombia<br>• Moderator: Mary Otieno, UNFPA |
| 09:35-11:05 | **Panel 2a: Lessons from Evaluation Research**<br>• What programme evaluations tell us about essential characteristics in programming - Mary Guinn Delaney, UNESCO<br>• What research suggests about addressing gender and power in sexuality education - Nicole Haberland and Deborah Rogow, The Population Council<br>• Moderator: Robyn Dayton, FHI |
| 11:05-11:30 | **BREAK** |
| 11:30-13:00 | **Panel 2b: Case studies in Evaluation of Sexuality Education and Emerging Research Questions**<br>• Evaluating gender norms and power in relationships in Brazil - Marcos Nascimento, Promundo, Brazil |

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| | • New Solutions for Old Problems: Reducing the Risk of Pregnancy, STDs, and HIV - Ralph DiClemente, Emory University, USA<br>• Moderator: Robyn Dayton, FHI<br>• |
| 13:00-14:30 | **LUNCH: Hotel Restaurant** |
| 14:30-17:00 | **Panel 3: Applying what we know in a country context: Experiences of Comprehensive Curricula and Strengthening the Institutional Framework for Large-Scale Programmes**<br>o Large-scale programmes working within education sector:<br>• Comprehensive sexuality education in Mongolia: Every child, every school, every year - G. Uranchimeg, National Programme Officer on Communication and Youth<br>• Comprehensive Sexual Education in Argentina: A Political Decision with a Human Rights-Based Approach - Mara Brawer, Assistant Secretary of Education for Quality and Equality, MOE, Argentina<br>o Out-of-School Programmes:<br>• Egypt - Mona Moustafa, UNFPA<br>• Soul City, South Africa - Bongani Ndlovu, Soul City<br>o In-and-Out of School Programmes:<br>• Development of comprehensive sexuality education in Bulgaria - Anina Chileva, National Center for Public Health Protection<br>• Moderator: Dhianaraj Chetty, UNESCO |
| 19:00-21:30 | **Welcome Reception and Carnaval from Barranquilla, Colombia**<br>**Elizabeth Room** |

**DAY 2: Wednesday, December 1, 2010: Regional Trends**

*Objective of the day: Learn about strategies that have been used to implement forward-looking policies at the regional and national levels. Review the challenges and approaches to mitigate or overcome political, religious and socio-cultural barriers and the lessons learned about developing and implementing effective programmes.*

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| 08:30-09:45 | **Panel 1: Asia and Pacific:**<br>o Panelists:<br>• Chimedlkham Tsedevdorj - Ministry of Education Culture and Science, Mongolia<br>• Phan Thi Le Mai - UNFPA Vietnam<br>• Jieni Ravai - MOE Fiji<br>• Shreejana Bajracharyaas - Youth representative from Nepal<br>• Jo Sauvarin - UNFPA<br>o Moderator: Margaret Sheehan, UNICEF<br>o Rapporteur: Amy Weissman, UNICEF |
| 09:45-11:00 | **Panel 2: Arab States:**<br>o Regional overview and institutionalizing out-of-school sexuality education: Y-PEER Peer Education Training and Research Center (PETRI) at the American University Beirut, Lebanon - Michael Khoury, AUB and PETRI Center<br>o Youth Perspective: What Kind of SRH Education Do Arab Youth Need? - Aktham Alhassanyeh, Y-PEER, Syria<br>o Country Perspectives:<br>• Culture, Religion and Sexuality Education - Leila Joudane, UNFPA Assistant Representative, Tunisia<br>• Merging out of school and in-school sexuality education efforts: Case studies from Egypt and Lebanon - Mona Moustafa, UNFPA, Egypt<br>o Moderator: Asha Mohamud, UNFPA<br>o Rapporteur: Zeina Saab, UNFPA |
| 11:00-11:30 | **BREAK** |

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| 11:30-13:00 | **Panel 3: Africa:**<br>o Regional overview - Asha Mohamud, UNFPA AFRO<br>o Country Experiences:<br>• Scaling up a comprehensive SRH programme for young people in South Africa: the Lovelife approach - Dikeledi Seaka, Lovelife<br>• Implementing Sexuality Education in the School System: Government and NGO partnership in Uganda - Yusuf Nsubuga, Ministry of Education (MOE), Uganda, and Cathy Watson, Straight Talk Foundation<br>• Institutionalization of Sexuality Education at the Federal, State and Local Level in Nigeria – Nike Esiet, Action Health Inc. (AHI)<br>• "Projet GO'SIDA" - reaching female students on university campuses in Cameroon – Alain Wadje, National Coordinator, Association Jeunesse et Vie<br>o Moderator: Agathe Lawson, UNFPA Representative, Nigeria<br>o Rapporteur: Bongani Ndlovu, Soul City, South Africa |
| 13:00-14:30 | **LUNCH**<br>**Hotel Restaurant** |
| 14:30-15:30 | **Panel 4: Eastern Europe and Central Asia:**<br>o Regional overview, including regional collaboration through the Peer Education Training and Research Institute (PETRI) - Anina Chileva, National Center for Public Health Protection<br>o Country case studies:<br>• Inclusion of SRH in the teaching of the "Basics of Healthy Lifestyle and Family" for 10-11 grades and "Basics of Healthy Generation" for 5-9 grades in Uzbekistan - Ulugbek Zaribbaev, UNFPA<br>• Advocating for SRH education and overcoming societal and cultural constraints in Azerbaijan – Elnur Alizada, Ministry of Education<br>• Cross-sectoral collaboration within the "Healthy Schools and Lyceums" Programme, Tatyana Popovitskaya, NGO Reproductive Health Alliance of Kyrgyzstan<br>• Standards for Sexuality Education in Europe: WHO Regional Office for Europe and BZgA - Doortje Braeken, IPPF<br>o Moderator: Jo Sauvarin, UNFPA<br>o Rapporteur: Zeina Saab |
| 15:30-15:45 | **BREAK** |

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| 15:45-17:15 | **Panel 5: Latin America and the Caribbean**<br>o Trends, Achievements and Challenges of Sexuality Education in Latin America in the last two decades - Beatriz Castellanos, Senior Advisor, UNFPA<br>o Ministerial Declaration on "Preventing Through Education": the Role of the Health Sector - Berta Gomez, Pan American Health Organization (PAHO), Colombia<br>o Country case studies:<br>• An Analysis of Advances, Challenges and Measures for Overcoming Socio-cultural and Religious Barriers towards Integral Sexuality Education in Paraguay - Margarita Rehnfeldt, NGO Beca, and Sara López, Ministry of Education<br>• Achievements and Political and Institutional Challenges for Promoting Sustainability of Sexuality Education in Uruguay - Diego Rossi, Sexual Education Programme, Coordinator of Distance Education, Ministry of Education Uruguay<br>• Case Study of the Magdalena Medio, Colombia: Contribution to the Sexual and Reproductive Health of Displaced and Refugee Populations from the Standpoint of the Catholic Church - Father Libardo Valderrama, Colombia<br>o Moderator: Esther Corona, DEMYSEX and WAS, Mexico<br>o Rapporteur: Chantal Pallais, UNFPA, Nicaragua |
| 17:45-18:30 | **Optional Activity – Film Showing:** Soul City's "Batjele (Tell Them)" and ProMundo's "About a Boy" |

**DAY 3: Thursday, December 2, 2010: Challenges and Opportunities for Implementing Comprehensive Sexuality Education**

*Objective of the day: Learn about practical elements of developing and implementing effective, gender sensitive, rights-based sexuality education programmes and policies at the national level.*

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| 08:30-10:30 | **Session 1a: Concurrent Groups A & B**<br>**A. Scaling up and Sustaining Successful Programmes – Victoria III Room**<br>*Objective of the session: Share experience from scaling up successful programmes.*<br>o Ghana – Edward Asare. Ghana Education Service<br>o Vietnam - Pham Thi Thu Ba, Ministry of Education and Training<br>o AMUNIC – Scaling up through working at the municipal level in Nicaragua - Chantal Pallais, UNFPA<br>o Moderator: Carolina Mesa, Ministry of Education, Colombia<br>o Rapporteur: Debbie Rogow, The Population Council<br><br>**B. Reaching vulnerable and hard-to-reach populations – Cambridge Room**<br>*Objective of the session: Learn about elements of successful programmes that serve the needs of different populations – younger youth, girls, young people living with HIV, people of different sexual orientations or gender identities, indigenous/minority youth.*<br>o Sexual diversity - Barbara Romero Rodriguez, Director of Sexual Diversity, Ministry of Social Inclusion, El Salvador<br>o Rural and indigenous youth - Patricia Alva, Abriendo Oportunidades, Guatemala<br>o Marginalized adolescent girls - Juliana Lunguzi, UNFPA, Malawi<br>o Moderator: Amy Weissman, UNICEF<br>o Rapporteur: Eleanor Faur, UNFPA Argentina |
| 10:30-11:00 | **BREAK** |

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| 11:00-13:00 | **Session 1b: Concurrent Groups C, D & E**<br><br>**C. Resources for Developing or Modifying Curricula and Building Capacity in the Education Sector – Cambridge Room**<br>o International Technical Guidance on Sexuality Education – Rebeca Otero Gomes, UNESCO, Brasilia<br>o It's All One Curriculum – Angela Sebastiani, IPPF, Peru<br>o Teacher training - Alicia Gonzalez, Directora de la Catedra de Genero, Sexologia y Educacion Sexual (CAGSES), Cuba<br>o Moderator: Beatriz Castellanos, UNFPA Senior Advisor on M&E<br>o Rapporteur: Mary Otieno, UNFPA<br><br>**D. Monitoring and Evaluation – Victoria II Room**<br>o Assessing HIV prevention youth peer education programs using standardized instruments – Holly Burke, PhD, FHI<br>o M&E tools for school-based programmes – TBD<br>o UNESCO cost study - Dhianaraj Chetty, UNESCO<br>o Moderator: Michael Khoury – American University Beirut<br>o Rapporteur: Juliana Lunguzi, UNFPA, Malawi<br><br>**E. Advocacy and Building Partnerships with Youth – Victoria III Room**<br>o Youth networks and youth leadership - Shreejana Bajracharya, South Asia Regional Youth Network<br>o UNESCO guidelines as a tool for advocacy - Jane Kamau, UNESCO Nairobi<br>o Engaging Parents, Religious Leaders and Traditional Authorities to Advocate for the Adolescent SRH rights – Mariela Zelada, UNFPA, Guatemala<br>o Moderator: Jo Sauvarin, UNFPA<br>o Rapporteur: Zeina Saab, UNFPA |
| 13:00-14:00 | **LUNCH: Hotel Restaurant** |
| 14:00-15:15 | **Session 2: Report-back from Concurrent Sessions**<br>o Moderator: Leonor Calderon, UNFPA |
| 15:15-15:30 | **BREAK** |
| 15:30-16:00 | **Session 3: Closing: Agendas for Research and Action**<br>o Partners: UNFPA, UNESCO, UNICEF, PAHO, IPPF, The Population Council<br>o Moderator: Susan Wood |

## APPENDIX 2: PARTICIPANT LIST

| GLOBAL CONSULTATION ON SEXUALITY EDUCATION WORKSHOP<br>November 30 and December 3 2010 Bogotá Colombia | | | |
|---|---|---|---|
| **Name** | **Country** | **Organization** | **Title** |
| Adenike Esiet | Nigeria | Action Health Inc | Executive Director |
| Agathe Lawson | Nigeria | UNFPA | UNFPA Country Representative Nigeria |
| Aktham Alhassahieh | Syria | Y-PEER | Focal Point |
| Alain Wadje | Cameroon | Jeunesse et Vie NGO | Expert-Consultant en Politique de Jeunesse |
| Alicia Gonzalez | Cuba | CAGSES | Directora de la Catedra de Genero, Sexologia y Educacion Sexual (CAGSES) |
| Alysha Havey | Ghana | IDP Fundation, Inc of the USA | Executive Officer IDP Foundation Inc. |
| Amy Weissman | Panama | UNICEF | HIV/AIDS SPECIALIST |
| Angela Sebastiani | Peru /USA | IPPF - WHR | Regional Consultant |
| Anina Krasteva Chileva | Bulgaria | YPEER/National Center for Public Health Protection | Petri Responsible Executive |
| Asha Mohamud | South Africa | UNFPA | Programme Advisor for East of Southern Africa Subregional Office |
| Barbara Romero Rodriguez | El Salvador | Secretary of Social Inclusion | Director of Sexual Diversity |
| Beatriz Castillanos | | UNFPA Regional Office for LAC | Regional M&E Adviser |
| Bertha Gómez | Colombia | OPS/PAHO | Regional Consultant on VIH-ITS |
| Bongani Ndlovu | South Africa | Soul City-NGO | Media Manager- Soul city Institute |
| Carolina Mesa | Colombia | Ministry Education | Director of Capacity- Building in Citizenship |

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| Catherine Watson | Uganda | Straight Talk Foundation | President |
| Chantal Pallais | Nicaragua | UNFPA | NPO Adolescents and Youth |
| Chembo Muleza Simukanga | Zambia | Youth Vision Zambia | Programme Officer |
| Chetty Dhianaraj | France | UNESCO | Team Leader Programme an Technical Development |
| Chimedlkham Tsedevdorj | Mongolia | Ministry of Education | Officer in charge of Primary and Secondary Education Curriculum and Standard Development |
| Deborah Rogow | USA | The Population Council | Co-Director Rethinking Sexuality Education Project Population Council |
| Diego Arbelaez Muñoz | Colombia | Ministry of Education | Cordinator of Sexuality and Citizenship Program |
| Diego Rossi | Uruguay | Ministry of Education | Coordinador Programa de Educación Sexual |
| Dikeledi Seaka | South Africa | LoveLife- NGO | National Manager |
| Doortje Braeken | | IPPF | Senior Advisor |
| Edward Asare | Ghana | Ministry of Education | Assistant Director in School Aya Proyect |
| Eleonor Faur | Argentina | UNFPA | Oficial de Enlace |
| Elnur Alizada | Azerbaijan | Ministry of Education | Senior Consultant of the Upbringing |
| Esther Corona | Mexico | WAS, World Association for Sexual Health | Executive Coordinator, WAS. President, Mexican Association for Sex Education |
| Francisco Sequeira | Nicaragua | Bluefield Indian Caribbean University | Technical Team Humans Rights Office |
| Frieda Nambuli | Namibia | Namibian Planned Parenthood Association | Young Delegate |
| Gema Granados | Colombia | UNFPA | Communication Advisor |
| German López | Colombia | Profamilia | Director Programme Education |

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| Holly Burke | USA | FHI | Associate Scientist FHI |
| Jane Kamau | Kenya | UNESCO | National Programme Officer HIV and AIDS |
| Jaya Jaya | India | UNFPA | Programme Officer ARSH |
| Jieni Ravai | Fiji | Ministry of Education | |
| Jo Sauvarin | Thailand | UNFPA | Technical Adviser, Youth and HIV-ASRH |
| Johana Blanco | Colombia | Ministry of Education | |
| Juliana Lunguzi | Malawi | UNFPA | NPO-RH OFFICER |
| Katherine Mapili Mafi | Tonga | Tonga Family Health Association | Adolescents Health and Development Project Coordinator |
| Leila Joudane | Tunisia | UNFPA | Assistant Representative |
| Leonor Calderon | Guatemala | UNFPA | UNFPA Representative Latin American and Caribean Regional Office |
| Loide Amkongo | Namibia | UNFPA | NPO-RH Officer |
| Lucy Wartenberg | Colombia | UNFPA | Assistant Representative |
| Luis Angel Moreno | Colombia | UNAIDS | Country Coordinator |
| Luka Oreskovic | USA/Croatia | Youth Coalition for Sexual and Reproductive Rights | HIV TF Co-Chair |
| Mara Brawer | Argentina | Ministry of Education | Subsecretary of Equality and Quality |
| Marcos Nascimento | Brazil | Promundo | Executive Director - Promundo |
| Margaret Sheehan | Asia/Pacific | UNICEF | Regional Adviser on Youth Adolescent Development |
| Margarita Rehnfeldt | Paraguay | BECA: Base Educativa y Comunitaria de Apoyo | Sexuality Education Cordinator |
| Maria Rebeca Otero Gomes | Brazil | UNESCO | Program Officer Education Sector-Unesco-Brasilia |

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| Mariela Zelada | Guatemala | UNFPA | Youth and Education Focal Point |
| Mary Guinn Delaney | Chile | UNESCO - Santiago | Regional HIV and AIDS Advisor for LAC |
| Mary Luz Mejia | Colombia | UNFPA | Adviser Sexual and Reproductive |
| Mary Otieno | USA | UNFPA | Senior Tecnhical Adviser HIV/AIDS and Young People |
| Mercedes Jimenez | Colombia | UNICEF | Oficial de Adolescencia |
| Miaria Cristina Toro | Colombia | Ministry of Education | Adviser on Sexuality and Sexual Rights |
| Michael Khoury | Lebanon | PETRI-AUB | Lecturer |
| Mona Kaidbey | USA | UNFPA | Deputy Chief Technical Division and Coordinator Adolescents Youth Programme |
| Mona Moustafa | Egypt | UNFPA | Programm Officer UNFPA Egypt |
| Natalia Linarees | Colombia | Ministry of Education | |
| Nicole Haberland | USA | Population Council | Associate, Poverty, Gender & Youth |
| Padre Libardo Valderrama Centeno SJ | Colombia | Coorporacion Desarrollo y Paz del Magdalena Medios | Director |
| Pham Thi Thu Ba | Vietnam | Ministry of Education andTraining | School Health Specialist |
| Phan Thi Le Mai | Vietnam | UNFPA | Health Education and Promotion Specialist |
| Ralph Diclemente | USA | Emory University | Professor, Rollins School of Public Health |
| Robyn Dayton | USA | FHI | Associate Technical Officer |
| Santa Patricia Alva | Guatemala | Abriendo Oportunidades | Mentora Population Council |
| Sara Raquel Lopez Cristaldo | Paraguay | Ministry of Education | Secretaria Ejecutiva Comité Gestor Politicas Publicas Educación y Sexualidad |
| Shreejana Bajracharya | Nepal | South Asia Regional Youth Network | |

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| Siaka Traore | Burkina Faso | UNFPA | National Programme Officer |
| Sonia Marcela Gonzales | Colombia | Office of the President | Advisor to Council of Ministers |
| Susan Wood | USA | | Consultant |
| Tania Patriota | Colombia | UNFPA | Representative UNFPA Colombia |
| Tatiana Popovitskaia | Kyrgyzstan | Reproductive Health Alliance | International Coordinator of Public Union Reproductive Health Alliance |
| Timur Mamytov | Kyrgyzstan | YSAFE | Member of YSAFE |
| Ulugbek Zaribbaev | Uzbekistan | UNFPA | NPO on Gender Issues and Youth |
| Uranchimeg Gelegjamts | Mongolia | UNFPA | National Programme Officer on BCC and Youth |
| V iviana Palacios | Colombia | Mesa Departamental Jovenes del Meta | |
| Yusuf Khalid Nsubuga | Uganda | Ministry of Education | |
| Zeina Saab | USA | UNFPA | Consultant |
| Adriana Anzola | Colombia | Logistic | |
| Mariela garcía | Colombia | Logistic | |
| Karol Franco | Colombia | Logistic | |
| Ivan Siachoque | Colombia | Logistic | |

## APPENDIX 3: RESOURCE LIST OF REGIONAL AND INTERNATIONAL ORGANIZATIONS, USEFUL WEBSITES AND SELECTED MATERIALS

**Advocates for Youth**
www.advocatesforyouth.org

- Sex Education Resource Center at http://www.advocatesforyouth.org/index.php/for-professionals/sex-education-resource-center.html?task=view

**Africa Regional Sexuality Resource Centre**
www.arsrc.org/index.htm

**Amanitare: African Partnership for the Sexual and Reproductive Health and Rights of Women and Girls**
www.amanitare.org.za

**Asian-Pacific Resource and Research Centre for Women (ARROW)**
http://www.arrow.org.my

**Association for Women's Rights in Development (AWID)**
www.awid.org/

- *Young Feminist Activism Programme* at http://www.awid.org/eng/About-AWID/AWID-Initiatives/Young-Feminist-Activism-Program

**ASTRA – Central and Eastern European Women's Network for Sexual and Reproductive Health and Rights**
www.astra.org.pl

**EngenderHealth**
www.engenderhealth.org/

**Family Health International**
www.fhi.org/

- *Youth Participation Guide: Assessment, Planning, and Implementation for Reproductive Health and HIV/AIDS Programs* at www.fhi.org/en/Youth/YouthNet/rhtrainmat/ypguide.htm
- *Standards for Curriculum-Based Reproductive Health and HIV Education Programs FHI/YouthNet* at: http://www.fhi.org/en/Youth/YouthNet/Publications/otherpubs.htm

**The Guttmacher Institute**
www.guttmacher.org

- Publications: *Perspectives on Sexual and Reproductive Health, International Family Planning Perspectives, The Guttmacher Report*

**International Women's Health Coalition (IWHC)**
www.iwhc.org

- *Positively Informed: Lesson Plans and Guidance for Sexuality Educators and Advocates* at

http://www.iwhc.org/index.php?option=content&task=view&id=2594

- *Side by Side: Building and Sustaining a Culture of Youth Participation at Reprolatina (A Case Study from Southeastern Brazil)* at http://www.iwhc.org/index.php?option=com_content&task=view&id=2621&Itemid=1324

**International Planned Parenthood Federation (IPPF)**
www.ippf.org

- *Peer Education Handbook on Sexual and Reproductive Health and Rights: Teaching Vulnerable, Marginalized and Socially-Excluded Young People* at www.ippfen.org/site.html?page=34&lang=en#3
- *Included Involved Inspired, A Framework for Youth Peer Education Programmes* at http://www.ippf.org/en/Resources/Guides-toolkits/Peer+Education+Framework.htm
- *From Evidence to Action: Advocating for comprehensive sexuality education* at *http://www.ippf.org/en/Resources/Guides-toolkits/From+evidence+to+action+advocating+for+comprehensive+sexuality+education.htm*
- *IPPF Sexual Rights: An IPPF Declaration* at *http://www.ippf.org/en/Resources/Statements/Sexual+rights+an+IPPF+declaration.htm*

**Latin American Center on Sexuality and Human Rights**
www.clam.org.br

**The Population Council**
www.populationcouncil.org

- *It's All One Curriculum, Guidelines and activities for a unified approach to Sexuality, Gender, HIV and Human Rights Education* at http://www.populationcouncil.org/publications/books/2010_ItsAllOne.asp

**Sexuality Information and Education Council of the United States (SIECUS)**
www.siecus.org/

- *Developing guidelines for Comprehensive Sexuality Education* at www.siecus.org/pubs/guidelines/guideintl.pdf

**South and Southeast Asia Resource Centre on Sexuality**
Site under reconstruction, go to: http://www.tarshi.net/asiasrc/about_resource_centre.asp
**United Nations Children's Fund (UNICEF)**
www.unicef.org/

- *Child and Youth Participation Resource Guide* at http://www.unicef.org/adolescence/cypguide/resourceguide_intro.html

**United Nations Educational, Scientific and Cultural Organization (UNESCO)**
**http://www.unesco.org/new/en/unesco/**

- *International Technical Guidance on Sexuality Education: An evidence-informed approach for schools, teachers and health educators* at

http://unesdoc.unesco.org/images/0018/001832/183281e.pdf

For more on UNESCO's work on sexuality education: http://portal.unesco.org/en/ev.php-URL_ID=42114&URL_DO=DO_TOPIC&URL_SECTION=201.html

**United Nations Population Fund (UNFPA)**
www.unfpa.org/

- *Making One Billion Count: Investing in Adolescents' Health and Rights: UNFPA State of the World Population Report 2003* at www.unfpa.org/swp/2003/swpmain.htm

- *UNFPA Framework for Action on Adolescents & Youth: Opening Doors with Young People: 4 Keys* at http://www.unfpa.org/public/site/global/lang/en/pid/396

For other publications on youth: www.unfpa.org/public/global/pid/1258
For Y-PEER, the youth peer education network: www.youthpeer.org/

**World Association for Sexual Health**
www.worldsexology.org

- *WAS International Standards of Practice for Sexuality Education and Sexual Health Promotion* at: http://www.worldsexology.org/sites/default/files/standardseducation.pdf