

From evidence to action: Advocating for comprehensive sexuality education



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Age definitions used

Children: 0–18 years **Youth:** 15–25 years **Adolescents:** 10–19 years **Young people:** 10–24 years

Source: UN and World Health Organization

"A rights-based approach combines human rights, development and social activism to promote *justice, equality and freedom*. Implementing a rights-based approach in youth sexual and reproductive health programmes implies to empower young people to take action and to claim what is their due, rather than passively accepting what adults (government, teachers and other stakeholders) decide for them. A rights-based approach involves increasing access to quality youth friendly services and providing *comprehensive gender-sensitive sex-positive sexuality education* for all young people. *It is about promoting and preserving human dignity.*" (IPPF 2006)



This resource is part of IPPF's *Inspire* pack, which offers standards, guidelines and self-assessment guidance on a variety of strategies and activities that contribute to rights-based and comprehensive sexual and reproductive health programming for young people.

Awareness

Comprehensive sexuality education ... from evidence to action



Good sexuality education is essential to help young people to prepare for healthy and fulfilling lives. High quality information and comprehensive sexuality education can equip them with the knowledge, skills and attitudes they need to make informed choices now and in the future; to enhance their independence and self-esteem; and to help them to experience their sexuality and relationships in a positive and pleasurable way.

In addition, there is a large body of research showing that high quality, comprehensive and rights-based sexuality education programmes can delay initiation of sexual activity and unprotected intercourse, decrease the number of sexual partners, increase contraceptive and condom use, and therefore decrease unintended pregnancies and sexually transmitted infections among young people.

Definition of comprehensive sexuality education

Comprehensive sexuality education is defined as “a life long process of acquiring information and forming attitudes, beliefs and values about identity, relationships and intimacy.” (SIECUS 2004) It recognizes that information on sexuality alone is not enough, and therefore seeks to equip young people with the knowledge and skills they need to determine and enjoy their sexuality in all spheres of life.

As specified in IPPF’s Framework for Comprehensive Sexuality Education, sexuality education must address the following **seven essential components/elements**: gender, sexual and reproductive health and rights and HIV/AIDS (including information about services and clinics), sexual citizenship, pleasure, violence, diversity and relationships.

The term **comprehensive** indicates that this approach to sexuality education encompasses the full range of information, skills and values to enable young people to exercise their sexual and reproductive rights and to make decisions about their health and sexuality. It is important to understand that comprehensive sexuality education offers the full range of possibilities for young people to practice safer sex and does not just promote messages about abstinence. Contrary to what is often argued, comprehensive sexual and reproductive health education does not attempt to replace traditional family values; its role is to help young people to identify their own values, and to increase their awareness of all the available choices that are appropriate to their needs.

What is the purpose of this resource?

The resource has been written to help service providers, programme planners, policy makers and young people look critically at the sexuality education programmes and curricula in their country. It is intended as a tool to assist IPPF Member Associations and other organizations working with and for young people to promote rights-based, gender-sensitive and sex-positive comprehensive sexuality education.

Who can use this resource?

This resource can be used by Member Associations and other civil society organizations working for and with young people, at national and local levels. It is also aimed at agencies that want to work independently or in partnership to address sexuality education in their country or communities. The key audience is the staff members of Member Associations whose work focuses on advocacy, young people and education.

This resource should ideally be used in conjunction with other IPPF tools including our advocacy guide (*Act Now! A Reference Guide for Sexual and Reproductive Health and Rights Advocates*), the IPPF Framework for Comprehensive Sexuality Education and other resources. For more detailed information and suggestions, see Appendix 3 – Literature and resources.

How should the resource be used?

We hope this resource will help you in your advocacy work to:

- introduce comprehensive sexuality education as a tool to empower young people by helping them to understand their rights and roles as young men and women and how to take care of their own sexuality and its development
- promote new thinking and review of existing approaches to sexuality education and to introduce the comprehensive sexuality education framework and guidelines into the organization
- change national approaches to teaching by demonstrating that a rights-based approach that treats young people as partners in education is a highly successful teaching methodology that empowers and motivates young people
- develop a greater understanding of IPPF's vision in relation to comprehensive sexuality education
- provide evidence (within certain contexts) that demonstrates that comprehensive sexuality education is effective and why abstinence-only approaches are ineffective
- respond to challenges and difficult questions on comprehensive sexuality education from members of the community
- gain a better understanding of the linkages between comprehensive sexuality education and HIV, human rights, health outcomes and the Millennium Development Goals

How is this resource structured?

The resource is divided into four sections:

- ➊ **Advocate:** IPPF's vision for comprehensive sexuality education ... young people's rights
- ➋ **Approaches:** Evidence base for comprehensive sexuality education ... characteristics, approaches and outcomes
- ➌ **Activate:** Advocating for change ... how to create the climate for comprehensive sexuality education programmes
- ➍ **Answers:** Tackling questions and addressing the opposition ... sorting fact from fiction

Section 1 – IPPF's vision for comprehensive sexuality education ... young people's rights – shares ideas that result from IPPF's review of existing sexuality education approaches and a rethinking of our education approaches towards a more rights-based, gender-sensitive approach. By looking at sexuality education through a different lens, we hope to integrate a positive approach to sexuality, gender and rights.

Section 2 – Evidence base for comprehensive sexuality education ... characteristics, approaches and outcomes – provides the evidence base for a comprehensive approach to sexuality education. It also includes some case studies from the field.

Section 3 – Advocating for change ... how to create the climate for comprehensive sexuality education programmes – explores how IPPF Member Associations and other organizations can get involved in advocating and promoting comprehensive sexuality education. It gives examples of messages and arguments that can be used with a variety of audiences including ministries of education and health, parents, schools, teachers, young people and donors.

Section 4 – Tackling questions and addressing the opposition ... sorting fact from fiction – provides answers to the most frequently asked questions on comprehensive sexuality education and gives advice on how to respond in a positive way. You will also find arguments about why comprehensive sexuality education is a more effective approach than the so-called 'abstinence-only' approach, which is now widely promoted by many donors.

Appendices:

Appendix 1 – Comprehensive sexuality education ... links to the Millennium Development Goals. One of the ways to promote this approach to sexuality education is to link it with the Millennium Development Goals. In Appendix 1, we give the linkages to goals 1, 2, 3, 5 and 6.

Appendix 2 – HIV prevention ... links with comprehensive sexuality education. It is essential that HIV/AIDS prevention and information becomes a central part of comprehensive sexuality education programmes and we explore these links in Appendix 2.

Appendix 3 – Literature and resources. In Appendix 3 you will find useful literature and other resources on comprehensive sexuality education, including examples of advocacy tools that may help you in your advocacy work.



1 Advocate

IPPF's vision for comprehensive sexuality education ... young people's rights

Why IPPF believes in comprehensive sexuality education

- IPPF believes that every young person has unique sexual and reproductive health needs and the right to accurate information and services, to participation, and to a healthy, safe and empowering sex life.
- IPPF's Charter on Sexual and Reproductive Rights states that all young people have a right to be informed about their sexuality and their sexual and reproductive health, and are entitled to and capable of making their own choices. Comprehensive sexuality education embodies these ideals and, as such, contributes to addressing the sexual and reproductive rights of young people, as well as their health and well-being.
- IPPF believes that young people have a right to information and education, including sexuality education – a right embodied in several international treaties and conventions, including the Convention on the Rights of the Child, the International Covenant on Economic, Social and Cultural Rights, and the International Conference on Population and Development Programme of Action. This right to sexuality education is underpinned by a working definition developed by the World Health Organization in 2002 in collaboration with a group of experts from different parts of the world which states "Sexual rights embrace human rights that are already recognized in national laws, international human rights documents and other consensus statements. They include the right of all persons, free of coercion, discrimination and violence, to:
 - the highest attainable standard of sexual health, including access to sexual and reproductive health care services
 - seek, receive and impart information related to sexuality
 - sexuality education
 - respect for bodily integrity; choose their partner
 - decide to be sexually active or not
 - consensual sexual relations; consensual marriage
 - decide whether or not, and when, to have children
 - pursue a satisfying, safe and pleasurable sexual life."
- IPPF believes in a realistic approach to addressing young people's sexual and reproductive health. This form of intervention recognizes that, in most countries, at least half of young people report having engaged in sexual activity (The Alan Guttmacher Institute 1998, 2003). It acknowledges that both sexually active and sexually abstinent young people need to be able to make informed decisions about their sexual and reproductive lives.
- IPPF believes in a model that takes a more holistic approach to young people's sexuality and sexual health ensuring that biological, psychological, socio-cultural and ethical dimensions are in place. This approach is not just an act of information seeking and receiving but should also include action-related beliefs and skills.
- IPPF believes that sexuality education should be evidence and fact-based and comprehensive. It must also be based on current research and address the reality of young people's lives.
- IPPF believes that young people need the critical thinking skills necessary to understand the information given to them and to incorporate it into their lives in relevant ways. Young people who know themselves, their sexuality and their sexual and reproductive rights, will be able to make

informed decisions about what is best for them. They will be better prepared to become active citizens in their communities and societies.

- IPPF believes that gender and pleasure are important elements of sexuality education. There is increasing evidence from various countries that positive health outcomes can be achieved if gender norms and power disparities are addressed and if there is a greater acceptance of positive sexual experiences (Ingham and van Zessen 1998; Ingham 2005; Barcelona and Laski 2002; Barker 2003).
- IPPF believes that sexuality education is central to the linkage between HIV/AIDS prevention and wider sexual and reproductive health issues.
- IPPF believes that sexuality education should represent a range of choices, and not try to force a specific agenda on young people, whether religious, political or otherwise. Educators should not force a single idea of an 'ideal' relationship or sexuality onto young people.
- IPPF believes that sexuality education needs to have a holistic multi-value perspective, allowing young people to examine their own views and values, and those of others, including their family and the society they live in. There should also be an emphasis on interpersonal skills, which explores relationships and emotions. This should help young people to develop the capacity to create and sustain caring, non-coercive and mutually pleasurable relationships.
- IPPF believes that sexuality education should reach out to more vulnerable or marginalized groups of young people. Sexuality education programmes should be tailored to different audiences in the youth population. Such programmes can take place in a classroom or health services setting, and can also be effective in other environments, such as the workplace, youth clubs or more informal settings in which young people will feel comfortable.

Features of a new approach to comprehensive sexuality education: moving to a rights-based and gender-sensitive approach

To move our thinking about sexuality education forward, comprehensive sexuality education should include the following five features.

It should be **comprehensive** – this means that it should include the key topics needed for a thorough sexuality, HIV prevention or family life education curriculum. These topics are covered in the IPPF Framework for Comprehensive Sexuality Education.

It should be **rights-based** – this means that it is founded on core values and human rights principles and laws that guarantee human dignity, equal treatment and opportunities for participation, and understands these rights as necessary for achieving sexual and reproductive health and well-being. These rights have been formally endorsed by most nations, and are cited in relevant sections throughout this resource. Addressing these rights entails not only informing young people of their rights, but also empowering them to take action and to claim the rights that they are entitled to. An important element in achieving rights-based comprehensive sexuality education is participation; by encouraging young people to become actively involved in developing, implementing and evaluating comprehensive sexuality education programmes, the focus truly becomes young people's sexual and reproductive health and well-being.

It should be **gender-sensitive** – this means that the educational material integrates an understanding of the importance of gender equality, and social context in general, to achieve sexual and reproductive health and overall well-being, providing young men and women with the tools they need to critically reflect on the social factors that affect their behaviour. Sexual ill-health and harmful behaviour are often associated with attitudes about gender roles and unequal power in sexual relationships. The spread of sexually transmitted infections and HIV is driven by gender expectations and traditions that reinforce unequal power relationships between men and women and paralyze sexual knowledge. Comprehensive sexuality education should provide opportunities for young people to think about, discuss and reflect on what societal pressures and expectations they face. In this way, young people are empowered to choose their own attitudes and values, and this in turn helps them to exercise their sexual and reproductive rights and to reform and abandon harmful practices.

It should be **citizenship-oriented** – this means that it emphasizes the critical thinking skills that foster responsible behaviour, an understanding of how institutions and relationships function in society, a sense of civic engagement, and action skills that promote the enabling social conditions for sexual and reproductive health and well-being.

It should be **sex-positive** – this means that the materials should demonstrate a positive attitude towards sexuality and sexual enjoyment and clarify that sexual pleasure is important for personal well-being and happiness. By the same token, it is vital to have a sex-positive attitude in order to fight discrimination in relation to sexual orientation, HIV status and disability.

These five features reflect an explicit set of values and compliance with key development goals established by the United Nations for the new millennium (see Appendix 1).

IPPF's Framework for Comprehensive Sexuality Education

In collaboration with young people, experts from the field and representatives of international agencies, IPPF has collated and built upon current good practices in sexuality education to develop a **comprehensive sexuality education framework** that moves away from focusing merely on the reproductive aspects of sexuality. The Framework for Comprehensive Sexuality Education examines the bigger picture, including power dynamics that influence sexual choices and the emotional, mental, physical and social impacts on each person's development.

The framework is **rights-based, gender-sensitive and sex-positive and it encourages citizenship**. It addresses issues of gender, sexual and reproductive health and HIV/AIDS, sexual citizenship, pleasure, violence, diversity and relationships. It creates linkages with HIV/AIDS by mainstreaming the messages into the curricula. And it encourages a new approach to teaching by promoting young people as partners in learning.

Visit www.ippf.org/en/Resources/Guides-toolkits/Framework+for+Comprehensive+Sexuality+Education.htm to see the IPPF framework (in English, French and Spanish).

Comprehensive sexuality education and its role in interactive, participatory and experiential learning

For effective implementation of sexuality education it is crucial to use interactive learning methods and interactive discussion. This ensures that all teaching is relevant to young people's reality and enables and empowers them to question and form their own values and attitudes. Interactive and experiential learning departs from teaching that is intended to instil knowledge and norms. Instead, this type of experiential approach promotes a learning process in which the child/young person has control over his or her own development. Teachers should receive training and support on how to use these methods in sexuality education in a youth friendly environment.

The aim of this type of learning is to use exercises that facilitate new experiences (by use of observation) and help children and young people to understand these new experiences (by use of reflection) through calling on all their senses and a variety of media. Enabling young people's learning through innovative activities (for example using drawing, drama, music, writing, discussions, value clarification, debates) enables each child and young person's interest to guide their own learning process. Learning in this way makes it an option for everyone, regardless of their background or abilities. It also means that children and young people learn from each other and are encouraged to appreciate each other's differences and vulnerabilities.

② Approaches

Evidence base for comprehensive sexuality education ... characteristics, approaches and outcomes



Comprehensive sexuality education

Studies of comprehensive sexuality education programmes at an international level

- The UNAIDS Inter-Agency Task Team on Young People conducted an extensive review of the evidence on sexuality education programmes around the world and created a system to identify successful types of HIV/AIDS prevention programmes that should be replicated. Of 22 school-based programme evaluations included in the review, mainly from Africa and Latin America, **characteristics deemed effective included the relevance of addressing multiple factors affecting sexual behaviours, including knowledge, perceived risks, values, attitudes, norms and self-efficacy** (Kirby, Obasi and Laris 2006).
- Another report on sexuality education programmes identified 83 studies that matched strict selection criteria. Of the programmes evaluated, 56 were USA-based and the remaining 27 were from a number of developing and developed countries. The programmes that were **more comprehensive in focus**, providing accurate and complete information on sexual and reproductive health, using teaching skills to engage in healthier behaviour and addressing attitudes and values, were usually shown to result in **better health outcomes** (Kirby, Obasi and Laris 2006).
- The World Health Organization publication *Preventing HIV/AIDS in Young People: A Systematic Review of the Evidence from Developing Countries* reviews evidence for policies and programmes on young people and HIV/AIDS prevention in developing countries and found similar outcomes (Ross, Dick and Ferguson 2006). It also highlighted the important link between school-based sexuality education and a reduction in injecting drug use and increased referrals to health services. In addition, it found that promoting interventions through communities that model skills was successful in reducing unprotected sex (Ross, Dick and Ferguson 2006).
- Other reviews of effective sexuality education programmes have found common characteristics that are beneficial to young people's sexual health (Blake and Katrak 2002). These include:
 - a strong focus on reducing specific risky behaviours
 - a better understanding of what influences people's sexual choices and behaviour
 - having clear and continuously reinforced age-appropriate messages about sexual behaviour and risk reduction including knowledge, skills, values, attitudes, norms and communication
 - providing accurate information about the risks associated with sexual activity, about contraception and birth control, and about different ways of avoiding or deferring intercourse
 - dealing with peer and other social pressures on young people
 - providing opportunities to practice communication, negotiation and assertion skills
 - using a variety of approaches to teaching and learning that engage young people and help them to personalize the information
 - using approaches to teaching and learning that are appropriate to young people's age, experience and cultural background
 - having good linkages with contraceptive, sexually transmitted infection and HIV/AIDS services

Studies of comprehensive sexuality education programmes in the United States

- A study of 'Healthy Oakland Teens' in California – a programme that provided information and addressed perceptions of personal risk, costs and benefits of preventive behaviours, refusal skills and condom use – found that the programme **delayed initiation of sexual activity** (Collins, Alagiri and Summers 2002).
- 'Reducing the Risk' – a programme in both urban and rural California based on role playing and emphasizing abstinence and protection – was evaluated by Kirby et al (1991). It was **found to delay sexual initiation, increase contraceptive use for females and reduce frequency of unprotected intercourse**. Hubbard et al evaluated the same programme in urban and rural areas in Arkansas and found **delayed initiation of sexual activity and increased condom use** (Collins, Alagiri and Summers 2002).
- 'Becoming a Responsible Teen' – a programme of weekly meetings with small group discussions, role playing, sessions with HIV positive young people, information, sexual decision making and use of condoms – was found by St Lawrence et al to **delay initiation, decrease the number of sexual partners and increase condom use** (Collins, Alagiri and Summers 2002).
- A study compared comprehensive sexuality education and abstinence-only curricula, finding **more positive effects on frequency of sexual activity, condom use and frequency of unprotected sex over time for comprehensive sexuality education programmes**. Abstinence-only curricula evaluated did delay initiation at three months post-intervention and increased condom use at 12 months post-intervention. However, it is worth mentioning that the programme, despite being abstinence-focused, did mention condoms as a means of contraception (Collins, Alagiri and Summers 2002).
- Some longitudinal studies have shown the **long-lasting positive effects on behaviour of comprehensive sexuality education programmes**. Coyle et al (2001) studied 'Safer Choices' in California and Texas and found that it **increased condom use and reduced frequency of sex without condoms for more than 31 months post-intervention** (Collins, Alagiri and Summers 2002).
- Santelli et al (2006b) looked at two reviews of sexuality education studies by Kirby and by Manlove et al and evaluated the effect of comprehensive sexuality education on the onset of sexual activity. Both reviews showed that **comprehensive sexuality education effectively promoted abstinence as well as other protective behaviours**.
 - Out of the 28 programmes evaluated by Kirby (2001), **nine delayed initiation**, 18 showed no impact and one hastened initiation.
 - Manlove et al (2004) identified three types of comprehensive sexuality education programmes: sex education programmes, HIV/sexually transmitted infection prevention programmes and youth development programmes. Six of the nine sex education programmes, five of the seven HIV/sexually transmitted infection prevention programmes and all four of the youth development programmes were found to **delay the onset of sexual activity**.

Communication and pleasure

- In 1998, Ingham and van Zessen completed some research that compared young people's accounts of their early sexual development and activities in the UK and in the Netherlands (see also Ingham 2005). Key patterns of results showed that **more openness in schools and in the home had positive effects on increasing healthier sexual behaviours**. This proved helpful in developing policy in the UK and elsewhere and in persuading those in positions of influence that they need not fear greater discussion of sexual issues (Social Exclusion Unit 1999, cited in Ingham 2005: 383).

Religious and traditional attitudes

- A 2001 survey by the National Campaign to Prevent Teen Pregnancy reported that teenagers in the United States cited moral and religious beliefs as significant factors in abstaining from sex. It also found that young people who identified themselves as 'religious' were **more likely to delay sex** (Collins, Alagiri and Summers 2002).
- Various studies have associated **traditional attitudes** on gender roles and inequitable power in intimate heterosexual relationships with **earlier age of sexual debut, higher number of partners, more frequent intercourse, low rates of condom and contraceptive use, and higher rates of HIV infection** (Jorgensen et al 1980; MacCorquodale 1984; Foshee and Bauman 1992; Marsiglio 1993; Pleck et al 1993; Kowaleski-Jones and Mott 1998; Karim et al 2003; Dunkle et al 2004, cited in Rogow and Haberland 2005).
- **Marriage does not protect against infection or unwanted pregnancy.** Research – in countries that include Zambia, Kenya, South Africa, India, Colombia and the Philippines – indicates that **married women**, particularly young women, are at an **equal or increased risk of contracting HIV when compared to unmarried women** (Cohen 2004; SIECUS Public Policy Office 2005).

Taking sexuality education further

- Some studies show that sex education programmes have mixed effects when evaluated on standard behavioural outcomes (Kirby 2001; DiCenso et al 2002; Speizer, Magnani and Colvin 2003). New lessons are being generated about relatively more effective programmes indicating that we should not shy away from exploring **bolder approaches** that **reach many more young people**, especially girls, and could potentially lead to far better outcomes (Rogow and Haberland 2005).
- A review of 22 evaluation studies of **community HIV prevention programmes for young people in developing countries** found that most interventions had positive results when using considerable **innovation and creativity** (Maticka-Tyndale and Brouillard-Coyle 2006). Interventions that were most successful were developed by youth organizations or centres already **accepted in the community**. However, an overall lack of strong study design indicated that programmes should invest additional resources in the evaluation of interventions.

Abstinence-only education

Abstinence-only curricula

- The Committee on Government Reform of the US House of Representatives reviewed commonly used **abstinence-only curricula** for evidence of scientific accuracy: **11 of 13 curricula contained false, misleading or distorted information** about reproductive health, including information about contraceptive effectiveness, risks of abortion and other scientific errors. Stereotypes about girls and boys were also often treated as scientific fact, and religious and scientific viewpoints were often blurred (United States House of Representatives Committee on Government Reform 2004).

Studies of abstinence-only programmes

- Kirby (2002) evaluated the validity of 10 studies identified by the Heritage Foundation as providing proof that abstinence programmes reduced early sexual activity.
 - He concluded that **nine out of 10 of the studies failed to provide credible evidence**. One study showed some delay in sexual activity, but the change could not be attributed directly to the abstinence-only programme.
 - He concluded that there currently **does not exist** any abstinence-only programme with strong evidence that it either delays sex or reduces teenage pregnancy.
- A report by the Consortium of State Physicians Resource Councils listed six similar studies, but only one was peer reviewed and produced within the last 10 years (Collins, Alagiri and Summers 2002).

- A study of the ‘Postponing Sexual Involvement’ curriculum in California found that its students were **more likely** to report **becoming pregnant or causing pregnancy** (although it is unlikely that the Postponing Sexual Involvement programme was the cause). The programme showed **no measurable impact on initiation of sex, frequency of sexual activity and number of sexual partners** (Collins, Alagiri and Summers 2002).
- In an assessment of 60 reviews of effectiveness of interventions targeting HIV prevention, treatment and care, the Cochrane Collaborative Review Group on HIV Infection and AIDS (2004) concluded that “[p]rogrammes promoting abstinence were found to be ineffective at increasing abstinent behaviour and were possibly harmful.”
- In 1997, a United States federally mandated independent evaluation and several US state evaluations indicated that abstinence-only programmes showed **no long-term success** in delaying sexual initiation or reducing sexual risk-taking behaviours among programme participants. Some evaluations showed that participants were also **less likely to use contraceptives** once they became sexually active (Human Rights Watch 2005).

Virginity pledges

- Data obtained from a study of a **virginity pledge movement** in the United States by the National Longitudinal Survey of Youth suggested that many teenagers who intend to abstain **fail to do so** and that when abstainers do initiate intercourse, they may **fail to protect themselves** by using contraception (Santelli et al 2006b).
- A United States study conducted in 2000 concluded that pledgers were **more likely to delay initiation** (on average by 18 months), but **less likely to use contraception** after they did initiate sexual activity. Additionally, pledges were found to be effective only when they were taken by a decent-sized minority group, making the person feel part of a select group. The following results were found at a six-year follow-up: prevalence of sexually transmitted infections was similar among pledgers and non-pledgers; pledgers tended to marry earlier, but 88 per cent of those married had had intercourse before marriage; pledgers had fewer sexual partners than non-pledgers, but they were less likely to see a doctor for concerns about sexually transmitted infections and less likely to receive testing for sexually transmitted infections (Santelli et al 2006b).

Comprehensive sexuality education and international human rights

Young people’s sexual and reproductive rights are also an important rationale for comprehensive sexuality education. Various international conventions and documents contain agreed-upon rights that are relevant to comprehensive sexuality education and young people’s sexual health.

Definition of sexual health from the World Health Organization Technical Consultation on Sexual Health (World Health Organization 2006):

“Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.”

There are several international documents that support young people’s sexual and reproductive rights:

The right to health

- The UN Convention on the Rights of the Child (1989) states that children and young people have the right to enjoy the highest attainable health, access to health facilities (Article 24), and access to information which will allow them to make decisions about their health (Article 17), including family planning (Article 24).

The right to education

- The International Covenant on Economic, Social and Cultural Rights (1966) and the International Declaration of Human Rights (1948) state the right to education for all, also stating that basic education should not be limited to subjects such as reading and mathematics.
- The International Covenant on Economic, Social and Cultural Rights takes education further (Article 13) in stating that “Education shall be directed to the full development of the human personality and the sense of its dignity, and shall strengthen the respect for human rights and fundamental freedoms.”
- A broader concept of the right of young people to education is reinforced in the Convention on the Rights of the Child (1989), which expressly gives children and adolescents the right to be involved in decision making.

The right to access information

- In light of the Convention on the Rights of the Child, the United Nations Committee on the Rights of the Child (2003) emphasizes that states should provide adolescents with access to accurate sexual and reproductive health information, “including on family planning and contraceptives, the dangers of early pregnancy, the prevention of HIV/AIDS and the prevention and treatment of sexually transmitted diseases (STDs),” regardless of marital status and parental consent.
- The Committee further notes that state parties have an obligation to equip each child or adolescent “to face the challenges that he or she can expect to be confronted with in life” and that they shall promote the health and development of adolescents, supporting relationships of trust in which “sexuality and sexual behaviour and risky lifestyles can be openly discussed and acceptable solutions found that respect the adolescent’s rights.”

The right to protection against discrimination and marginalization

- The United Nations Committee on the Rights of the Child (2003) emphasizes the right of adolescents “both in and out of school” to be provided with “accurate and appropriate information on how to protect their health and development and practice healthy behaviours.”



3 Activate

Advocating for change ... how to create the climate for comprehensive sexuality education programmes

What can Member Associations do?

IPPF Member Associations can work at different levels to provide and promote comprehensive sexuality education.

Within their own programmes and services

Member Associations can:

- Create and implement sexuality education programmes, or update existing (peer) education programmes, to ensure that they cover all areas of the IPPF Framework for Comprehensive Sexuality Education and sexuality education guidelines.
- Develop high quality information, education and communication materials with messages that are rights-based and non-judgemental, that address a range of issues (not just reproductive health) and make use of innovative methods. These include promoting condoms and safer sex messages.
- Train service providers, including health professionals and peer educators, on rights-based, comprehensive sexuality education, including a range of participatory methodologies.
- Ensure linkages between their sexuality education programme activities and youth friendly services.
- Involve young people in the design, implementation and evaluation of comprehensive sexuality education programmes.
- Provide training and discussion groups for parents on how to talk openly about sexuality with their children, and stimulate good communication between parents and teachers on this issue.

Within the school system

Member Associations can:

- Train and support teachers to raise professional standards of delivering comprehensive sexuality education in schools.
- Advocate that comprehensive sexuality education is a mandatory subject both for primary and secondary schools, with clearly set minimum standards and teaching objectives, and that the necessary resources and materials are provided for young people. The implementation of sexuality education should be monitored and evaluated.
- Monitor how sexuality education curricula, inside and outside the school setting, are implemented at local, regional and national levels.

Reaching vulnerable groups

Member Associations can:

- Make special efforts to provide information and education, both through outreach and facility-based programmes, to vulnerable and marginalized groups, such as those who drop out of school, street children, young people living with HIV, men who have sex with men, women having sex with women, young people who are at risk of being trafficked, those subject to female genital mutilation and young people with disabilities. Flexible and creative approaches, that are carefully planned and monitored, are needed to reach these populations.

Influencing at a local and national level

Member Associations can:

- Develop partnerships with parents and communities working to promote comprehensive sexuality education. This includes setting up strong networks of committed advocates to ensure positive developments in the field.
- Work with influential and key decision makers, for example parliamentarians, local government and religious/traditional leaders.
- Create sustainable advocacy networks to promote comprehensive sexuality education and undertake national advocacy and campaigning activities on this issue.
- Lobby the media and advertising agencies to ensure that the messages they portray about sexuality education are comprehensive and evidence-based.
- Support the development of further research on the efficacy of comprehensive sexuality education, particularly education that takes a broader approach to rights, sexuality and gender issues.

Different messages to different audiences

When promoting comprehensive sexuality education, you need to involve a wide range of audiences.

Different messages, tailored to individual audiences, will make your arguments more persuasive in recruiting allies to introduce comprehensive sexuality education at national and local levels.

Ministry of education¹

The main messages to promote with the ministry of education are that comprehensive sexuality education:

- is an important aspect in the positive development of young people
- promotes critical thinking, skills needed in all aspects of education and development of children
- helps to promote human rights education
- integrates health, social, cultural and moral issues that are crucial to the development of participation in society in a positive way
- helps to introduce innovative ways of interactive learning, which are proven to be effective ways of learning
- is built on scientific evidence
- promotes a positive approach to sexuality, which has proved to be effective for young people to make safe and healthy choices

Ministry of health

The main messages to promote with the ministry of health are that comprehensive sexuality education:

- is a comprehensive approach to sexual and reproductive health that helps to make linkages across reproductive health, HIV, sexual health and human rights
- will contribute to strategies to prevent unwanted pregnancies, sexually transmitted infections and HIV among young people in the country
- will help to meet demand for services and contraceptives
- will help to reach important vulnerable young people in society
- will help to address stigma and discrimination of people living with HIV, men who have sex with men, lesbians and other groups
- is built on scientific evidence

Donors

The main messages to promote with donors are that comprehensive sexuality education:

- is a vital factor in implementing the Millennium Development Goals
- contributes to sustainable development
- is an effective tool to prevent HIV, sexually transmitted infections and unwanted pregnancy

¹ There are also other ministries to consider including the ministries for women, finances, family, youth etc.

School governors and local policy makers

The main messages to promote with school governors and local policy makers – as well as the factors listed under ministry of education on page 15 – are that comprehensive sexuality education:

- enables schools to promote active citizenship and essential life skills and is therefore an important component of the curriculum
- is an effective tool to promote human rights
- supports positive health outcomes for all

Teachers and schools

The main messages to promote with teachers and schools are that comprehensive sexuality education:

- has an important role to play in schools to promote sexual and reproductive health and rights and to prevent HIV, sexually transmitted infections and unwanted pregnancies
- offers a comprehensive approach to address sexuality and sexual relationships
- provides relevant age-appropriate information, by helping to clarify and develop values and support self-development and self-esteem, and by contributing to a positive approach to health and well-being
- helps young people to make healthy and positive choices about their sexual and reproductive health

Parents and carers

The main messages to promote with parents and carers are that comprehensive sexuality education:

- helps to prepare young people to become healthy and sexually responsible adults
- is supportive when discussing difficult and sensitive issues with children about sexual relationships and sexual and reproductive health
- does not promote sexual promiscuity; research shows that it helps to delay sexual activity and promotes safer behaviour

Young people

The main messages to promote with young people are that comprehensive sexuality education:

- provides the information needed to understand sexuality and sexual relationships and to remain healthy
- explains about sexual and reproductive rights and helps young people to support others who may have less access to services and education, and are therefore less able to exercise their rights
- helps to make informed life choices, including when and when not to engage in sexual activities and to prevent the unwanted consequences of sexual relationships
- helps to communicate more effectively and negotiate with their partner on consensual and safer sex
- helps to prepare young people to become an active citizen in their society

How you can advocate for comprehensive sexuality education

As an organization, there are many ways to advocate for change. Here are some examples (IPPF 2007).

- Collect information on the ways that young people's rights are being violated.
- Build support with others who are interested in young people and who share common goals. Changes in laws or policies are often achieved by collaborating with a number of partners.
- Work together with young people as partners at every stage of your programmes.
- Target messages about the need for change. Some ways to do this could be:
 - presentations at local meetings
 - letters and petitions to decision makers
 - face-to-face meetings
 - distributing written material in public areas
 - writing articles in newspapers
 - working with journalists to educate them and win their support
 - setting up a website
- Be prepared for opposition to your proposed changes. Have answers ready.

For more detailed information and suggestions, refer to IPPF's advocacy guides (see Appendix 3 – Literature and resources).

4 Answers

Tackling questions and addressing the opposition ... sorting fact from fiction



Questions and statements by the opposition

Why do we need sexuality education at all?

- Sexual health is an essential part of overall health and well-being, and sexuality education is critical to achieving good sexual health. Young people need and have the right to the information and skills that will help them achieve a healthy and positive sexuality, before and after they become sexually active.
- Schools play an essential role in providing sexuality education because they are the only formal educational institution to have meaningful contact with nearly every young person. They are in a unique position to provide children, adolescents and young adults with the knowledge and skills they will need to make and act on decisions that promote sexual health throughout their lives.
- Access to comprehensive sexuality education is especially important for the most vulnerable groups of young people who are most at risk of unwanted pregnancy, sexually transmitted infections and sexual violence.

Comprehensive sexuality education encourages young people to have sex.

- This is false; there is no evidence to suggest that this is true. In fact, the opposite is true. Evidence from an increasing number of studies clearly shows that comprehensive sexuality education does not lead to earlier sexual initiation or an increase in sexual activity. Some studies show that it can even delay sexual initiation.
- Comprehensive sexuality education presents young people with the full range of honest and trustworthy information that enables them to choose what is best for them, whether it be abstinence or engaging in safer sex. See Appendix 2 – HIV prevention ... links with comprehensive sexuality education – for a summary of the evidence.

Abstinence² is the only contraceptive method that is 100 per cent effective.

- Abstinence is only truly effective if practiced 100 per cent of the time. Research, however, shows that young people on abstinence-only programmes frequently fail to maintain their commitment. In reality, therefore, abstinence is not 100 per cent effective.
- Research shows that abstinence can promote other sexual practices that can put young people at greater risk. A common belief is that the only practice to abstain from is vaginal intercourse, leaving young people unaware of the risks of other types of sexual activity.
- Abstinence is not a lifetime commitment for most, yet abstinence programmes deliberately deny young people the information and skills they need for when they do become sexually active. It is unethical to deny people information that would help them protect their health and well-being. Studies show that abstinence-only education puts some young people at greater risk of unwanted pregnancy and sexually transmitted infections.
- Providing comprehensive information on safer sex encourages young people to be sexually responsible. Research increasingly shows that when young people make free and informed choices about their sexual lives it does not lead to increased risky sexual behaviour (Kirby et al 1991) nor increased sexual activity.

2 Definition: Abstinence is a conscious decision to avoid certain activities or behaviours. Different people have different definitions of sexual abstinence. For some, it may mean no sexual contact. For others, it may mean no penetration (oral, vaginal, anal) or 'lower-risk' behaviours ('outercourse' as opposed to intercourse). (IPPF Glossary 2004)

Abstinence is the most accessible form of protection because it requires no supplies or clinic visits.

- Even if young people choose abstinence as their main form of protection against pregnancy and infection, it is important for them to talk to someone about what abstinence actually is and how to ensure it is effective.
- Seeking out the services of sexual health professionals can provide a great opportunity for young people to discuss and understand the changes they are going through and their implications. This issue is ignored by most abstinence-only programmes, yet it is vital to the well-being of young people.
- Young people who choose to be abstinent may be discouraged from accessing sexuality education or clinical services, which may increase their risk later in life.
- When abstinent young people do become sexually active, whether in a marriage or outside of marriage, stigma and lack of information may be additional barriers to accessing services when they most need them.

Abstinence is the only appropriate course of action for young people.

- Abstinence is only appropriate for some young people. The reality is that more than half of the world's adolescent population is sexually active (The Alan Guttmacher Institute 1998, 2003).
- Developing one's sexuality is part of the process of becoming an adult. Ignoring or denying this fact can make young people feel abnormal or isolated and can put their health at risk.
- Abstinence-only education leaves the large proportion of young people who are already sexually active uninformed, making it more likely for them to engage in risky behaviour.
- Abstinence education only promotes one form of sexuality as acceptable, ignoring young people who are gay, lesbian, bisexual, transgender and questioning, and increasing the shame and isolation that young people who are victims of rape and abuse may feel.
- In addition, young people's sexual rights must be considered. From a rights-based point of view, abstinence-only education is clearly problematic. International human rights documents protect the right of young people to enjoy the highest attainable health, including sexual and reproductive health. They also have the right to access accurate information, to develop their full potential and to be involved in decision making. Limiting young people's access to information discriminates against them and directly undermines their rights.

What other reasons are there for why IPPF does not believe in abstinence-only education?

- There is very little credible evidence on the success of abstinence-only programmes, as noted earlier.
- Abstinence-only messages ignore the large proportion of young people who are already sexually active, which can leave them feeling impure and uninformed, making it more likely that they will engage in risky behaviour. It also excludes and stigmatizes young people who are gay, lesbian, bisexual, transgender and questioning, promoting sexual activity only in the context of marriage between a man and a woman.
- Even among those young people who choose to abstain from sexual relations, the majority will eventually become sexually active. Young people will still need the information and tools to protect themselves in that context to achieve optimal sexual health and well-being. Education programmes focused only on abstinence fail to equip young people with the skills and knowledge they will need at some point in their lives, and may discourage them from using any form of contraception once they become sexually active. This puts them at greater risk.
- Because the definition of abstinence is not clear, young people may engage in other sexual practices which can be unsafe and lead to sexually transmitted infections and HIV (for example anal and oral sexual behaviour).
- Abstinence is not an option for some young people, for example young married girls.

- Abstinence-only programmes also raise ethical issues about whether we believe that all young people are entitled to be informed on a critically important part of their lives – their sexuality and their sexual and reproductive health. In other words, are young people entitled to make their own choices or do we believe that it is better to deny them this information on cultural or religious grounds? Limiting young people's access to information and their participation in decisions regarding their health, presenting abstinence until marriage as the only option, clearly violates young people's sexual and reproductive rights.

Comprehensive sexuality education attempts to do away with traditional values.

- Comprehensive sexuality education encourages values, by helping young people to identify their own values and empowering them to lead their lives according to these values. What it does not do is impose values on young people that may cause them harm.
- Comprehensive sexuality education means that sensitive cultural practices, such as female genital mutilation and early marriage, can be explored by young women and young men from their own personal points of view. It means that young people can become the drivers of change in their societies.

Does comprehensive sexuality education really work?

- Yes! Research increasingly shows that comprehensive sexuality education is beneficial for young people's health during their youth and even into adulthood. Additionally, comprehensive sexuality education upholds young people's rights and it can lead to improved social development, for example by having a positive effect on the Millennium Development Goals (see Appendix 1 – Comprehensive sexuality education ... links to the Millennium Development Goals).

Giving young people more information will just confuse them. They are too young to make decisions about what is best for them.

- Evidence shows that giving young people complete and accurate information on their sexual and reproductive health, including both abstinence and contraception, does not lead to confusion (Collins, Alagiri and Summers 2002; Santelli et al 2006a; Ingham 2005).
- Comprehensive sexuality education also equips young people with the skills and critical thinking necessary to understand the information given to them and to incorporate it into their lives in relevant ways. Young people who know themselves and their sexuality will be able to make informed decisions about what is best for them.
- Conversely, it is hard for young people to act responsibly when they are denied the information to do so and their rights are being denied. Acting responsibly implies that someone has the liberty to choose among different options and to make a responsible decision. Denying young people their rights will only make it harder for them to make responsible choices (IPPF 2007).
- Although well-intended, limiting young people's access to information and experience is a form of over-protection that can actually increase their vulnerability (Lansdown 2004).

Questions and statements on programmatic issues relating to sexuality education

Should sexuality education be different or similar for boys and girls?

Traditionally, the focus of sexuality education has been on girls. Boys may feel that sex education is not relevant to them and are unable or too embarrassed to ask questions about relationships or sex. Boys are also less likely to talk to their parents about sex and relationships. For these reasons, it is important to make sure that sexuality education programmes focus on boys as much as on girls.

Teachers will need to plan a variety of activities that will help to engage boys as well as girls, matching their different learning styles. Single-sex groups may be particularly important for young people who come from cultures where it is only acceptable to speak about the body in single gender

groups. Both co-education and single-sex sexuality education could work effectively for boys and girls provided that teachers and educators are taught about the differences. It is also important that girls and boys communicate and negotiate openly about sexuality, their needs and desires, and safer sex. Research has proved this to be crucial to prevent unwanted pregnancy, sexually transmitted infections and HIV.

We need to understand that boys and girls learn differently, so we are able to help both boys and girls in both co-ed and single-sex classes. Traditional gender roles may encourage girls to develop their empathic ability and express their feelings while boys are encouraged to be more competitive and take risks.

Boys and girls may have different needs and questions in relation to sexuality and relationships.

When should sexuality education start?

It is never too early to start talking to children about sexual matters. Openness, even with young children, will show that sex is an acceptable topic of conversation. Between the ages of 18 months to three years, children begin to learn about their own bodies; at this stage they need to know that it is normal for a child to explore his or her body and to do what feels good.

By the age of three or four, children are ready to know that boys and girls have different genitals. To satisfy their normal curiosity about each other's sex organs, children may play 'doctor' or take turns examining each other in a matter of fact way. This exploration is far removed from adult sexual activity, and it is harmless when only young children are involved. At this age, many children ask the question "Where do babies come from?" They need a simple and direct response, such as "Babies grow in a special place inside their mother." As the child matures, more details can be added.

Between the ages of five and seven, children become more aware of their gender. Boys may tend to associate only with boys, and girls only with girls. At this age, questions about sex will become more complex, as a child tries to understand the connection between sexuality and making babies. He or she may turn to friends for some of these answers. Because children can pick up false information about sex and reproduction, it may be best to ask what a child knows about a particular topic before starting to explain it.

What about parents?

Research has found parental connectedness to be highly protective. Parental connectedness is defined as feeling close to, cared about and loved by a parent. Adolescents who report high parental connectedness indicate that they can talk to at least one parent and that their parent is psychologically available for them. Young people who report higher parental connectedness were less likely than other young people to participate in every risk behaviour. Connectedness is not so much an issue of doing activities with parents but, rather, feeling that they can talk with their parents and that their parents know what is going on in their lives and are concerned about them (World Health Organization 2007).

Young people need sexuality education and parents, as essential sources of information and as role models, can influence their children's sexual development. Two parents, a single parent, a foster parent, a grandparent or any other adult who cares for and nurtures a young person must assume this task because sexuality education involves crucial family, religious, and cultural values and convictions. Young people inevitably learn about sex and sexuality from their environment anyway, and it is evident that the environment is not always very safe or reliable. This means that it is up to caring adults to influence their sons' and daughters' moral development, healthy decision making abilities, self-esteem, and knowledge of, and comfort with, their own sexuality. A parent really has no choice in this matter; the only choice is whether the job will be done well or poorly.

Providing sexuality education in school can be enhanced by the support of parents. The key to respectful and effective partnership with parents lies in the general ethos of a school and its openness to parents, the community and sources of outside support. The school ethos also has consequences for the school's commitment to and confidence in talking with pupils about sexuality. A positive school ethos is created when questions of sexuality and sexual health are addressed explicitly as part of the curriculum as well as management issues concerning policy making and consultation. A positive outlook on equal

opportunities and cultural diversity will increase parents' trust in the school's ability to address issues about sexuality education. General good practice includes valuing cultural diversity, parents' opinion and parental support – all of these will have a positive impact on the effectiveness of sexuality education in school.

Why talk about sexual pleasure?

Gender and sexual pleasure are important elements of comprehensive sexuality education. There is increasing evidence from countries as varied as the Netherlands, the United Kingdom, Cambodia and Bangladesh that positive health outcomes can be achieved if gender norms and power disparities are addressed and if there is a greater acceptance of positive sexual experiences (Ingham and van Zessen 1998; Barcelona and Laski 2002; Barker 2003; Ingham 2005; Philpott, Knerr and Maher 2006).

There is a real problem in the way that discussions of sexual health have focused mostly on information on health and warnings, and what **not** to do. The idea of some form of pleasure is often a central motive or an assumed goal for at least one if not both partners in the quest for sexual connection. So if pleasure is a key reference point that people actually hope to experience or consider highly significant in their sexual lives, the effort to open up discussions of pleasure is extremely important in trying to activate safer sex and may be crucial to promoting safer behaviours.

Sexual pleasure means different things to different people, depending on lifestyle, partner, context, socio-economic conditions, religion and cultural beliefs. It is important to support young people to maintain pleasure in a longer relationship with one partner so they don't have to run around to find new partners for pleasure and excitement (Lewis and Gordon 2006).

Notions of sexual pleasure are laced with beliefs and customs. We could benefit from more discussions and debates about different cultural traditions for learning about sex. The gender systems upheld and reproduced in a culture also infuse particular understandings into what pleasure is. Men and women learn both formally and informally from their culture what is expected of the sexual contract or sexual contact. Every culture offers maps for learning ways to understand and express desire and ways to project onto or interpret the sexual desire and actions of the other sex (Lewis and Gordon 2006).

The way the media tend to portray sex in a positive and pleasurable way is often much more appreciated by young people, whereas sexuality education and health services often focus on the negative, harm-related side of sex. In order to bridge this gap, the role of pleasure and an acceptance of positive sexuality should also feature more prominently in sexuality education. A sex-positive approach can increase condom use and safer sex. We should promote the fact that safer sex and sex are one and the same. Pleasure and desire for intimacy are forces for good. Through the discovery and development of sexual pleasure, greater overall self-confidence and self-esteem can be gained, which in turn lead to a greater ability to make empowered decisions about safer sex.

For more information on sexual health and pleasure see www.the-pleasure-project.org

There is not much support for comprehensive sexuality education.

As parents develop greater understanding of comprehensive sexuality education, there is increasing support for it. Parents want their children to develop knowledge and skills to cope with the risks they encounter. In the US, interviews conducted in 2000 demonstrated that 65 per cent of parents supported sex education that encourages abstinence, but that also prepares young people to use birth control and practice safer sex (Dailard 2001). In the UK, studies have also shown that parents want schools to provide a more comprehensive education that will begin at younger ages and that will address the more difficult issues that parents may not feel comfortable discussing with their children (Carrera and Ingham 1998). The *State of World Population* report of 2000 (UNFPA) also stated that parents around the world would like their children to be taught about sex, but often feel ill-informed or embarrassed about doing it themselves.

At the international level, many statements have been issued by various organizations advocating for a comprehensive, rights-based approach to sexuality education. The UN Guidelines on HIV/AIDS and Human Rights both call on states to "ensure that children and adolescents have adequate access to

confidential sexual and reproductive health services, including HIV/AIDS information, counselling, testing and prevention measures such as condoms,” and to “ensure the access of children and adolescents to adequate health information and education, including information related to HIV/AIDS prevention and care, inside and outside school, which is tailored appropriately to age level and capacity and enables them to deal positively and responsibly with their sexuality.” (Santelli et al 2006b) The 1994 Programme of Action of the International Conference on Population and Development also addresses these issues and adds that “Responsible sexual behaviour, sensitivity and equity in gender relations, particularly when instilled during the formative years, enhance and promote respectful and harmonious partnerships between men and women.” (United Nations 1994)

Communication can play an important role in overcoming community opposition to comprehensive sexuality education. Because of common myths and misconceptions about sexuality education (including those mentioned earlier), it is essential to explain the programme being implemented within the community and to discuss it with community members, allowing them to voice their concerns.

Appendix 1

Comprehensive sexuality education ... links to the Millennium Development Goals

One of the ways to assess the effectiveness of comprehensive sexuality education is through its impact on the Millennium Development Goals. Here are some of the ways in which the relationship between these goals and sexuality education can function (adapted from Braeken and Cardinal 2006).

Millennium Development Goal 1: Reduce poverty and hunger

Comprehensive sexuality education gives young people greater control over their sexual health and helps them to lead healthier lives through information and empowerment. Sexuality education plays an important role in reducing unintended pregnancies and sexually transmitted infections among young people, allowing them to be active members of society. Young people will be better able to seek education and employment, making them less likely to fall into poverty.

Millennium Development Goal 2: Achieve universal primary education

Primary education which includes comprehensive sexuality education helps young people to avoid unwanted pregnancies and other reproductive health problems. This in turn will help young girls to stay in school. Studies have documented the fact that a girl's education offers positive returns – for both her and her future children. Apart from contributing to better reproductive health of both mothers and children, mothers' education is also a significant variable affecting their children's education attainment and opportunities. A mother with a few years of formal education is considerably more likely to send her children to school (World Bank 2009).

Millennium Development Goal 3: Promote gender equality and empower women

Comprehensive sexuality education addresses gender issues, including the different norms and expectations placed on young men and women within societies. Comprehensive sexuality education also empowers young people to choose their own attitudes and values, helping women to take control of their sexual and reproductive health and decision making, and promoting the role of men in gender equality.

Millennium Development Goal 5: Improve maternal health

Comprehensive sexuality education can improve maternal health by informing young women on health issues and resources. A large proportion of maternal mortality for young women is due to unsafe abortions. Comprehensive sexuality education can address this issue in two ways. Firstly, by helping young women to take control over their sexual and reproductive lives, it can reduce unwanted pregnancies and create a safer environment for childbearing. Secondly, comprehensive sexuality education can increase demand for and access to health services, including safe abortion services that are affordable, accessible, confidential and non-judgemental.

Millennium Development Goal 6: Combat HIV/AIDS and other diseases

Comprehensive sexuality education can be an effective prevention strategy to reduce the transmission of HIV and other sexually transmitted infections among young people. Young people can also be sensitized to the needs of people living with HIV/AIDS, reducing the stigma and discrimination often attached to those affected by the disease. Sexuality education should also encourage young people at risk to be tested for HIV and it should provide information and support to those infected to live positively and reduce the possibilities of further infection and transmission.

Appendix 2

HIV prevention ... links with comprehensive sexuality education

It is essential that HIV/AIDS prevention and information becomes a central part of IPPF's comprehensive sexuality education programmes. Existing HIV education programmes should also specifically address issues about young people's sexual and reproductive health and rights. Despite the need for these links, HIV/AIDS prevention programmes are often seen as detached from sexuality education.

To work on HIV prevention, treatment and care means that it is essential to work with peoples' sexuality – their sexual practices and behaviour, their desires, beliefs, myths and values, and also their expectations, hopes and fears about how they will express intimacy, love and their sexuality in interaction with others. This applies as much to those living with HIV, as it does to those who are HIV negative.

Comprehensive sexuality education for young people is one of the best ways to prevent the spread of HIV through:

- providing young people with a complete picture of HIV and AIDS, and the information and skills that will enable them to make positive decisions about their sexual and reproductive health and understand their rights
- encouraging young people to get tested for HIV, and to seek appropriate care, support and treatment
- addressing the prevention and support needs of young people living with HIV
- challenging social norms and gender inequalities that may render some groups (young women and girls, for example) more vulnerable to contracting HIV
- tackling stigma and discrimination in communities
- encouraging young people to become advocates to prevent the further spread of HIV and AIDS

Although education alone is not a solution to HIV and AIDS, it is an important component of a comprehensive response to the epidemic.

Many argue that the most effective HIV prevention strategy is to promote abstinence until marriage and fidelity within marriage, and significant amounts of funding for HIV programmes around the world are centred on this argument. However, in the places where HIV/AIDS is most prevalent, marriage has not proved to be an effective protection against infection, especially for women (SIECUS Public Policy Office 2005). Moreover, as noted in the evidence section earlier, abstinence-only approaches have been found to be ineffective in preventing new cases of HIV.

It is essential, therefore, to provide young people with effective comprehensive sexuality education programmes that contain comprehensive information about HIV prevention, treatment, care and support. This will allow them to protect themselves and others, lead a fulfilling sexual life and reduce the spread of HIV, benefiting both themselves and future generations.

Appendix 3

Literature and resources

Further reading list

Advocates for Youth *Respect Young People's Right to be Responsible, Support Comprehensive Sexuality Education*, www.advocatesforyouth.org/publications/transitions/transitions1402_insert.pdf

Advocates for Youth (2002) *Transitions* 14(4), www.advocatesforyouth.org

- Considers issues in sexuality education specific to young people who are gay, lesbian, bisexual, transgender and questioning.
- Emphasizes the need to create inclusive programmes and how abstinence-only education stigmatizes and excludes young people who are gay, lesbian, bisexual, transgender and questioning.

American Medical Association (2006) *Sexuality Education, Abstinence, and Distribution of Condoms in Schools* [H-170.968], www.ama-assn.org

- Urges schools to implement comprehensive, developmentally appropriate sexuality education programmes.
- Opposes the sole use of abstinence-only education.

Aradeon S (2000) *Advocacy for Population and Reproductive Health: An Introductory Manual for Advocates and Trainers*. UNFPA, www.un.org/popin/regional/asiapac/fiji/advocacy.htm

- A do-it-yourself manual that attempts to demystify advocacy and enable people to become successful advocates.
- Only Part 1: Preparing the Groundwork is currently available.

Bennett S and Assefi N (2005) School-based teenage pregnancy prevention programs: a systematic review of randomized controlled trials. *Journal of Adolescent Health*, 36: 72–81.

- Compared school-based abstinence-only programmes and 'abstinence-plus' programmes (that include contraceptive information) to determine which has the greatest impact on teenage pregnancy.
- Results show that some abstinence-only and abstinence-plus programmes can change teenagers' sexual behaviours, although effects are relatively modest and may only last in the short term.
- Concerns that abstinence-plus programmes created confusion and increased sexual activity were unfounded.
- Programmes that offered contraceptive education significantly influenced students' knowledge and use of contraception, and one study showed the effects to last for at least 30 months.
- "In the absence of strong evidence that either type of program can affect sexual activity, prohibiting contraceptive education in school-based pregnancy prevention programs prevents students' exposure to information that has the greatest potential to decrease the pregnancy rate."

Blake S and Katrak Z (2002) *Faith, Values and Sex and Relationships Education*. London: Sex Education Forum, National Children's Bureau.

- This book offers approaches and strategies for developing effective sex and relationships education policy and practice in a multi-faith society, and helps teachers and other practitioners to understand the issues.

Collins C, Alagiri P and Summers T (2002) *Abstinence Only vs. Comprehensive Sex Education: What are the Arguments? What is the Evidence?* San Francisco: AIDS Research Institute, University of California, <http://ari.ucsf.edu/science/reports/abstinence.pdf>

- Reviews evidence and arguments for and against both abstinence-only and comprehensive sex education.
- Concludes that health education should be designed to prevent disease and unwanted pregnancy and that policy makers need to base funding and laws on the health needs of young people.

Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) (1979) United Nations, Retrieved 25 May 2006 from www.un.org/womenwatch/daw/cedaw

Dailard C (2003) Understanding 'abstinence': implications for individuals, programs and policies. *The Guttmacher Report on Public Policy*, December 2003, www.guttmacher.org/pubs/tgr/06/5/gr060504.html

- Takes a population and public health approach and considers 'perfect-use' (100 per cent) vs. 'typical-use' (unknown) rate of effectiveness for abstinence.
- Argues that success of abstinence-only education both in the US and Uganda has been wrongly measured and falsely credited for declines in youth pregnancy and HIV prevalence.

Feijoo A (2001) *Adolescent Sexual Health in Europe and in the US – Why the Difference?* Washington, DC: Advocates for Youth, www.advocatesforyouth.org/PUBLICATIONS/factsheet/fseset.htm

- Factsheet comparing data on young people's sexual health from the United States and several European countries.

Flinn S (1996) *Advocates for Youth*, advocacy kit, www.advocatesforyouth.org/publications/advocacykit.pdf

- "All comprehensive sexuality education programs teach about abstinence, and help teens build their skills to remain abstinent if they so desire. These topics include decision-making, negotiating health care and contraceptive use, disease prevention and avoidance of peer pressure. When abstinence is taught as the only option for young people, teens are denied information and skills that will be vitally important to them at some point in their sexual lives."
- Gives tips for advocacy and for answering questions from the opposition.

Health Canada (2003) *Canadian Guidelines for Sexual Health Education*. Ottawa, ON: Population and Public Health Branch, Health Canada.

Hollander D (2005) Adding a skills-based component to STD prevention efforts may increase their success among teenagers. *Perspectives on Sexual and Reproductive Health*, 37(3).

- Looks at the evidence of a study showing that emphasizing sexually transmitted infection risk reduction skills can have a greater impact than information-only interventions.
- Trial in Philadelphia showed less unprotected sex, lower incidence of sexually transmitted infections, less involvement with multiple partners, and less unprotected sex involving alcohol or drugs in intervention group than in control groups.
- Programme aimed at sexually experienced young people.

Human Rights Watch (2005) *The Less They Know, The Better; Abstinence-only HIV/AIDS Programs in Uganda*. March 2005, 17(4A), <http://hrw.org/reports/2005/uganda0305/>

- Uganda is redirecting its HIV prevention strategy for young people towards focusing primarily on promoting sexual abstinence until marriage.
- The strategy is endorsed by powerful religious and political leaders in Uganda, but the shift is orchestrated and funded by the US government.
- Effect of the new direction is to replace "existing, sound public health strategies with unproven and potentially life-threatening messages, impeding the realization of the human right to information, to the highest attainable standard of health, and to life."
- Abstinence-only strategy in Uganda fails to offer young people information on condoms and safer sex, but additionally promotes marriage while withholding information on its inherent risks.
- Looks at evidence base suggesting that AIDS reductions are due mainly to abstinence-only – discredits this argument (ABC strategy – Abstain, Be faithful, use a Condom – not even known in Uganda until 2002).

International Covenant on Civil and Political Rights (1966) United Nations, Retrieved 25 May 2006 from www.unhchr.ch/html/menu3/b/a_ccpr.htm

International Planned Parenthood Federation (2007) *Act Now! A Reference Guide for Sexual and Reproductive Health and Rights Advocates*.

- Offers a framework for organizing and developing advocacy campaigns and programmes.
- Outlines the various steps involved, including building support, shaping your message, reaching the public and the media, developing materials and dealing with the opposition.

International Planned Parenthood Federation (2006) *Framework on Comprehensive Sexuality Education*, www.ippf.org/en/Resources/Guides-toolkits/Framework+for+Comprehensive+Sexuality+Education.htm

- Supports the implementation of the IPPF strategic objective on sexuality education.
- Provides an in-depth overview of comprehensive sexuality education, and a basic planning and implementation framework for comprehensive sexuality education.

International Planned Parenthood Federation (2006) *Rights Resource Pack*

- A CD-ROM guide to implementing a rights-based approach that focuses on practical ways to provide quality information, to ensure young people participate in all decision making processes, and to ensure that services are youth friendly, gender-sensitive and non-discriminatory.
- Available in French, Spanish and English; email info@ippf.org to request a copy.
- A matrix of questions in adopting a rights-based approach to adolescent sexual and reproductive health programming is also available online at www.ippf.org/NR/ronlyres/3358EBEC-234F-416E-9416-81DE6FCA060F/0/questions.pdf

International Planned Parenthood Federation (2008) *Sexual Rights: An IPPF Declaration*, www.ippf.org/en/Resources/Statements/Sexual+rights+an+IPPF+declaration.htm

- Grounds sexual rights within core international human rights instruments.
- Affirms that sexual rights are human rights related to sexuality.
- Provides principles which should inform the development of programmes, services and strategies to ensure that they protect, promote and fulfil sexual rights.

IRIN (2006) *Beyond ABC: The Challenge of Prevention*. PlusNews Special, UN Office for the Coordination of Humanitarian Affairs, www.irinnews.org/webspecials/prevention/default.asp

- Looks at barriers to HIV reduction and argues that there is a need to move beyond ABC messages.
- Inability to change behaviour lies in the nature of messages – “top-down, fear-inducing lectures on safe sex by national AIDS bodies do not acknowledge that sex is about desire, love, the irrational and the illicit; cultural contexts, gender roles, and the influence of peers confound a ‘one size fits all’ approach to awareness and motivating people to change their ways.”

Kirby D (2002) *Do Abstinence-only Programs Delay the Initiation of Sex Among Young People and Reduce Teen Pregnancy?* National Campaign to Prevent Teen Pregnancy, www.thenationalcampaign.org/resources/pdf/pubs/abstinence_only.pdf

- Evaluates the validity of 10 studies providing proof that abstinence programmes reduced early sexual activity.
- Nine out of 10 studies fails to provide credible evidence and one study shows some delay, but only among specific age groups.
- There do not currently exist any abstinence-only programmes with strong evidence that they either delay sex or reduce teenage pregnancy.

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- Looks at curriculum-based programmes in schools and community settings around the world and draws conclusions on important characteristics of effective programmes.

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McKay A (2005) *Sexual Health Education in the Schools: Questions & Answers*. Sex Information and Education Council of Canada, www.sieccan.org/pdf/SHE_SQA.pdf

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- Reviews interventions to prevent HIV infection among young people in a wide range of developed and developing countries.
- Proposes 'Go', 'Ready', 'Steady' and 'Do not go' ratings for different types of interventions to determine whether these should be replicated, researched more or avoided.

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- Argues that abstinence-only is ineffective; there is a need to give information on contraception.
- Looks at ABC approach in Uganda.

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From evidence to action: Advocating for comprehensive sexuality education

IPPF is a global service provider and a leading advocate of sexual and reproductive health and rights for all. We are a worldwide movement of national organizations working with and for communities and individuals.

Good sexuality education is essential to help young people to prepare for healthy and fulfilling lives.

High quality information and comprehensive sexuality education can equip them with the knowledge, skills and attitudes they need to make informed choices now and in the future; to enhance their independence and self-esteem; and to help them to experience their sexuality and relationships in a positive and pleasurable way.

In addition, there is a large body of research showing that high quality, comprehensive and rights-based sexuality education programmes can delay initiation of sexual activity and unprotected intercourse, decrease the number of sexual partners, increase contraceptive and condom use, and therefore decrease unintended pregnancies and sexually transmitted infections among young people.

The resource has been written to help service providers, programme planners, policy makers and young people look critically at the sexuality education programmes and curricula in their country. It is intended as a tool to assist IPPF Member Associations and other organizations working with and for young people to promote rights-based, gender-sensitive and sex-positive comprehensive sexuality education.

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