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**Comprehensive Sexuality
Education**
Knowledge file

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1 Introduction

In this white paper we give an overview of the current state of sexuality education with a focus on Europe and developing countries. We start in chapter 1 with a short introduction on the definition of sexuality and sexuality education and will address several views on and approaches to sexuality education worldwide and the current international policy. We mainly focus on comprehensive sexuality education (CSE) in schools, although we realise that the scope of sexuality education is broader (for example community based interventions, online information, education by youth workers, etc.). In chapter 2 we start with a short history of CSE. Subsequently we present the core objectives, the main content and will describe the main settings, and working within multicomponent approaches. In chapter 3 we focus on the quality, evaluation and implementation process of CSE and effectiveness. Finally in chapter 4, we end with some conclusions and challenges for the future.

1.1 What is meant by sexuality education?

During the process of growing up, children and adolescents gradually acquire knowledge, values, attitudes and skills related to the human body, intimate relationships and sexuality, often referred to as sexual development. Sexuality education aims to support and protect children and young people in their sexual development, for them to benefit from global innovations while being critical towards untrue, misleading (online) information and capable of handling contradicting messages on sexuality and relationships.

What is understood as sexuality education differs across countries and programmes. Very often, sexuality education is interpreted through a narrow understanding and strongly focussed on sexual contacts. In some programmes they use the term 'sex education', which focuses primarily on the biological characteristics and subjects such as sexual anatomy, reproduction, birth control and disease prevention. WHO regional Office for Europe/BZGA and UNESCO both have formulated broader definitions for sexuality education (WHO & BZGA, 2010; UNESCO, 2018).

Ideas on the age at which sexuality education should start are also very different. Most of the countries start with sexuality education from 12-14 year of age or older. In some Western European countries like the Netherlands, Denmark, Norway, Germany and Belgium, they start at a younger age: from 4 or 5 years of age onwards. In some countries, the term 'relationships and sexuality education' is preferred.

Rutgers interpretation of 'sexuality education' is based on, among others, the definitions by the WHO and UNESCO. Rutgers sees sexuality education as a lifelong learning process about the cognitive, emotional, social, interactive and physical aspects of sexuality. It gradually equips and empowers children and young people by acquiring information and forming positive beliefs, values and attitudes about identity, relationships and intimacy, and by supporting them with skills to be able to communicate and make their own decisions in the area of sexuality, sexual health and wellbeing. Sexuality education helps young people to understand and enjoy their sexuality, have safe, mutual, caring and fulfilling relationships and take responsibility for their own and other people's sexual health and wellbeing.

1.2 Several approaches to sexuality education

1.2.1 Comprehensive sexuality education

Rutgers' sexuality education programmes, and many others around the world, choose a comprehensive¹ approach in which sexuality is put in a wider perspective of personal growth, development and building up mutually consensual (sexual) contacts and relationships.

¹ Instead of comprehensive the term holistic has been used also.

Comprehensive Sexuality Education (CSE) is characterised by a positive approach to sexuality² that accepts sexual feelings, desire and pleasure as essential components of young people's sexuality (IPPF, 2017; WHO & BZgA, 2010). CSE is strongly linked with empowerment, gender equality and a rights based approach, and with putting children and young people at the centre of the education. CSE is aimed at enhancing well-being, and therefore strives to achieve ideal experiences, rather than solely working to prevent negative experiences. CSE acknowledges and tackles the various concerns and risks associated with sexuality, but without reinforcing fear, shame or taboo of young people's sexuality and gender inequality (IPPF, 2011).

CSE addresses not only physical, emotional, social and cultural aspects, but it also includes aspects like friendship, feelings of safety, intimacy, gender, security, pleasure and attraction. Comprehensive sexuality education is not value free; it promotes values such as gender equality, dignity, respect for others, awareness of sexual and reproductive rights and freedom from discrimination, exclusion and sexual violence (IPPF, 2017; WHO & BZgA, 2010).

CSE is grounded in young people's right to be informed. Based on the United Nations Convention on the Rights of the Child (UN, 1989; IPPF, 2016a), sexual rights have to be seen as human rights related to sexuality, which encompasses the right for everybody to be informed and to have universal access to comprehensive sexuality education (IPPF, 2008). All people are born as sexual beings³ and have to develop their own sexual potential and identity. Comprehensive Sexuality Education helps to prepare children and young people for building and maintaining satisfactory and consensual (sexual) relationships, now and in the future. CSE should therefore start long before young people become sexually active. CSE starts often at a young age taking in account the needs and developmental phases in a life time approach. In this document we will only focus on CSE during childhood and adolescence.

1.2.2 Other approaches to sexuality education

In many societies, expression of sexual feelings or sexual activities are not allowed or even forbidden before marriage, due to religious and cultural reasons. Therefore comprehensive sexuality education for unmarried young people is seen as not necessary or is forbidden even. In those societies, sexuality education is often based on an 'abstinence only approach' that aims primarily or exclusively at abstaining from sexual intercourse before marriage. The focus in these programs is particularly on self-discipline and restraint to abstain from all sexual activities. This is a strongly normative approach in which sexuality among youth/adolescents is not accepted or tolerated and should be repressed. Rutgers is very critical of these approaches. First, they neglect the realities of adolescent lives. Secondly, abstinence only programs are shown to not be effective, and even harmful to young people who are already sexually active, who are LGBTQ, or have experienced sexual abuse. (Kirby, 2007; Underhill et al., 2007; UNESCO, 2009; Fonner et al., 2014; Santelli et al., 2017; SAHM, 2017).

Another category of sexuality education programmes uses a 'risk prevention approach', aimed particularly at problem solving or disease prevention. These programmes strongly focus on promoting contraception use and safe sex practices in order to prevent sti/hiv and unintended pregnancies. This approach uses a strong negative approach to sexuality, emphasising only the risks. They find their roots in the fact that sexuality has long been perceived as a threat to people's health. In the 1980's, after the sexual revolution, countries were confronted with a high rate of STIs and unintended pregnancies. Therefore sexuality education fulfilled the highly needed function of sexual health promotion and was primarily aimed at preventing sexual diseases.

Since Rutgers adheres to the comprehensive approach, the rest of this paper focusses on CSE.

² A 'sex-positive' approach in CSE recognizes that all people are sexual beings with sexual rights regardless of their age, gender, religion, sexual orientation, HIV-status or (dis)ability. 'Sex positivity is an attitude that celebrates sexuality as an enhancing part of life that brings happiness, energy and celebration.' (IPPF, 2011).

³ 'Being born a sexual being' refers to the perception that sexual development starts from birth (or even conception) and that every individual has its sexuality right from the starts. 'Being a sexual being' does not equal 'being sexually active': also individuals who have never been sexually active, are sexual beings.

1.3 Settings for CSE

Comprehensive Sexuality Education is defined as a structured, curriculum based education. It can be provided in formal settings and non-formal settings (IPPF, 2017). Formal CSE occurs in an education or training institution, and provides structure in terms of learning objectives, learning time/support and delivery which can, but doesn't have to, lead to a recognized qualification. In school, this can be implemented as part of school curriculum or other activities within the school timetable. Out-of-school examples are courses provided by institutions, health services, social service agencies, NGOs, juvenile detention agencies, work preparedness programmes, employers, etc. Formalized in-school CSE is well placed to reach a majority of the target group (WHO 2010; UNFPA, 2015; UNESCO, 2018). There is a growing emphasis that young people need formal sexuality education to complement the informal sexuality education at home or informal learning from peers. By learning about age appropriate topics related to sexuality together with their peers in a structured and safe environment, children and young people gain specific knowledge, attitudes and skills they most often not gain at home.

Non-formal CSE is an extra-curricular educational group activity implemented in a voluntary learning environment. It is structured in terms of learning objectives and time/support. In school, this can occur in school clubs, during special class periods, or after school-time, etc. In the out-of-school settings, these forms of CSE occur through community-based clubs, sport clubs, NGO youth groups, churches or religious settings, community meeting points, hairdressing salons and taxi drivers, etc. Non-formal CSE programmes should not be underestimated, as they can complement an existing in-school curriculum and reach the out-of-school children and youth, who are particularly vulnerable to exclusion, misinformation, coercion and exploitation (UNESCO, 2018). However, to narrow the scope of this white paper, we mainly focus on CSE in formal, in-school settings.

By definition, CSE rules out most education provided in family setting or individual learning through books, magazines or online media, such as discussion platforms, education games and websites. These forms of information gathering and learning opportunities are dependent on individual actions. It is therefore more difficult to structure and thus not included in the CSE definition. However, one cannot overestimate the importance of the individual supportive role by parents/caretakers. They can show trust and maintain a mutually respectful dialogue with their children in a safe environment. A warm and supportive parenting climate at home can contribute to healthy choices at a later stage (De Graaf, 2012). That is why it is important that parents gain the necessary knowledge and skills to adequately accompany their children during their (sexual) development into adulthood, and why CSE programmes should always involve parents/caretakers. During life time young people interact also with partners, peers and media in an online world. Young people learn from and intersect with different sources. They explore and experiment with relationships and sexualised contacts, and learn from these experiences. They are actor themselves in shaping the process of meaning and will act and reflect on it in an interactive and dynamic way. The online world provides another increasingly important channel for young people for their development of knowledge, attitudes and skills regarding sexuality, that can form a very relevant complement to CSE. In 2017, the IDS Bulletin dedicated an issue to digital and online sexuality education, providing a range of articles from around the globe on this topic. In the introduction, the editors argue that there is both need and opportunity to create new types of digital sex education environments that are realistic, emotionally attuned, non-judgemental and open to the messages young people themselves create, which are accessible and youth-friendly (e.g. in local language). The editor stress the urgency of developing digital literacy skills for academics and practitioners: Sex educators cannot help build such environments until they understand how they work. They face the immense power of new supranational commercial digital gatekeepers such as Facebook and Google and must respond to digitally mediated sexual and gender-based violence. Online sex educators thus find it hard to gather the information they need in order to design outreach strategies to provide target groups with realistic, healthy and supportive sex education environments. More and better collaboration with online gatekeepers would be helpful (Oosterhoff et al, 2017).

1.4 Sexuality education in a historical view

Sexuality education has a long history in most of the Western European countries, US and the global South. Sexuality education has been developed by responding to emerging issues in the society. The attention to sexuality education is constantly being influenced by norms and values on sexuality and young people and the current political climate in a country.

Globally, in the 20th century, sexuality education started as “Education, Information and Communication” with names such as Family Life Education, Population Education, Life Skills Education. Stimulated by institutions such as the UNFPA, (inter)national NGOs developed interventions, mostly based on temporary mass media campaigns on specific topics, but sometimes also developing courses for schools as well. These interventions were mostly aimed at behaviour change regarding reproduction. With the increased attention for adolescent health and the rise of HIV/AIDS in the '80, educational programmes in school focussing on health related behaviour change increase rapidly in number. In the '90, a broader vision on SRHR and thus sexuality education emerged and the attention for adolescents and young women in particular increased further. This resulted in the formulation of more progressive and comprehensive international declarations around sexuality, reproduction and gender, at events like the International Conference on Population and Development in Cairo in 1994. This was picked up by (inter)national NGOs and donors, and more comprehensive and rights-based sexuality education programmes started to be developed. However, it was only in 2009 that UNESCO published its Technical Guidance on Sexuality Education, providing a first elaborate international standard for sexuality education.

In Europe and the US, sexuality education as a school curriculum subject, has a history of more than half a century. It officially started in Sweden in 1955 followed by many more Western European countries in the 1970s (like the Netherlands) and 1980s and Eastern European ones in the 1990s and 2000s.

During the 1970s and 1980s formal Sexuality education in schools in Western Europe largely coincided with the introduction of the contraception pill and the legalisation of abortion. The emergence of HIV/AIDs in the early 80s emphasises the need of sexuality education on safe sex and using condoms. In the 1980s, more and more women and girls reported experiences with sexual coercion and sexual violence. It took at least a long time before prevention of sexual violence was integrated into sexuality education programmes. In general, most of the CSE programs focussed on prevention of STI and teenage pregnancy. In the last decades in particular in the North Western countries, responding to a more liberal climate and the changing online world, sexual pleasure, online sexual behaviour like sexting, grooming and pornography is more and more embedded in sexuality education programs.

In the United States in the late 1990s and early 2000s, during a more conservative climate, funding for abstinence until marriage programs began to increase: 1.5 billion of dollars was spent in the US for promoting abstinence only programs. Recently again (during Trump period) funding by the US for NGO's, abortion services and sexuality education programs in the US and worldwide went down considerably.

In many countries around the world, amongst others Pakistan, Indonesia, Hungary, Burundi, Uganda and Brazil, the space for civil society is shrinking and opposition to CSE growing. This calls for reflection on how the language and imagery used in public debate shape people's stances on CSE and how the values and objectives of CSE can be explained in ways that engage people and mobilize support for progressive long-term social change.

1.5 Policy on CSE

Governments have committed to ensure adolescents' and young people's access to sexual and reproductive health information and education, including comprehensive sexuality education in a large number of international and regional resolutions. The formulations are diverse but capture overlapping aspects of CSE. Relevant paragraphs from international agreements, instruments and

standards that are of relevance to comprehensive sexuality education are quoted in appendix 1 of the UNESCO International Guidance on Sexuality education (UNESCO, 2018). The most important ones are:

1. The Programme of Action of the International Conference on Population and Development and the Commission on Population and Development (CPD) :
 - PoA para 7.41: *“the response of societies to the reproductive health needs of adolescents should be based on information that helps them attain a level of maturity required to make responsible decisions” and “information and services should be made available to adolescents to help them understand their sexuality and protect them from unwanted pregnancies, sexually transmitted diseases”.*
 - CPD resolution 2013/1 OP11: *“ensuring the access of adolescents and youth to full and accurate information and education on sexual and reproductive health, including evidence-based comprehensive education on human sexuality”.*
 - CPD Resolution 2012/1, OP26 Calls upon Governments, with the full involvement of young people and with the support of the international community, to give full attention to meeting the reproductive health-service, information and education needs of young people, with full respect for their privacy and confidentiality, free of discrimination, and to provide them with evidence-based comprehensive education on human sexuality, sexual and reproductive health, human rights and gender equality to enable them to deal in a positive and responsible way with their sexuality’.
2. The 2030 Agenda on Sustainable Development including the Sustainable Development Goals⁴:
 - SDG 3.7: *“universal access to sexual and reproductive health care services, including for family planning, information and education”.*
 - SDG 4.7: *“all learners acquire knowledge and skills needed to promote sustainable development, including among others through education for [...] human rights, gender equality...”*
3. The 2016 Political Declaration on HIV and AIDS, para 62.c⁵:
“Commit to accelerating efforts to scale up scientifically accurate, age-appropriate comprehensive education, relevant to cultural contexts, that provides adolescent girls and boys and young women and men, in and out of school, consistent with their evolving capacities, with information on sexual and reproductive health and HIV prevention, gender equality and women’s empowerment, human rights, physical, psychological and pubertal development and power in relationships between women and men, to enable them to build self-esteem and informed decision-making, communication and risk reduction skills and develop respectful relationships, in full partnership with young persons, parents, legal guardians, caregivers, educators and health-care providers, in order to enable them to protect themselves from HIV infection.”
4. Committee on the Rights of the Child urges States that:
‘Age-appropriate, comprehensive and inclusive sexual and reproductive health education, based on scientific evidence and human rights standards and developed with adolescents, should be part of the mandatory school curriculum and reach out-of-school adolescents’.
5. Committee on Social, Economic and Cultural Rights, General Comment 22, para 9⁶:
‘...the right to sexual and reproductive health, combined with the right to education (articles 13 and 14) and the right to non-discrimination and equality between men and women (articles 2 (2) and 3), entails a right to education on sexuality and reproduction that is comprehensive, non-discriminatory, evidence-based, scientifically accurate and age appropriate.’
6. Committee on the Elimination of Discrimination Against Women, General Recommendation 24, para 23 and 26:
‘states need to pay attention to the health education of adolescents, including information and counselling on all methods of family planning” and that such education has to address “gender equality, violence, prevention of sexually transmitted diseases and reproductive and sexual health rights’

⁴ <http://www.unfpa.org/sdg> and <https://www.gutmacher.org/gpr/2015/10/onward-2030-sexual-and-reproductive-health-and-rights-context-sustainable-development>.

⁵ On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030 <http://www.unaids.org/en/resources/documents/2016/2016-political-declaration-HIV-AIDS>

⁶ www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=17168&LangID=E

7. Human Rights Council Resolution on Violence Against Women of 2016⁷:
'implementing social and economic policies that guarantee women full and equal access to quality education, including comprehensive sexuality education.'
8. Regional commitments to comprehensive sexuality education:
 - a. Latin America and the Caribbean: Preventing through Education Declaration⁸
 - b. Eastern and Southern Africa: Ministerial Commitment on CSE and SRH services for Adolescents and Young People⁹.
 - c. Europe: WHO European Regional Strategy on Sexual Reproductive Health (WHO, 1999) and Reference Guide to Policies and Practices in Sexuality Education in Europe (IPPF, 2006, 2007; WHO action plan SRHR of Europe (WHO, 2016).

Most of the documents addresses the urgent need and right to be informed on sexual health issues and emphasizes the importance of comprehensive sexuality education for (sexual) health specifically as well as for gender equality and development in general. However, sexual rights and sensitive topics such as use of condoms and contraceptives by unmarried people, gender equality in sexual consent, same-sex sexual relationships and safe abortion have always been controversial, both in sexuality education and beyond. Even today, societal and political ambivalence and resistance are high, not least in traditional societies such as the USA and many developing countries. It is crucial therefore to acknowledge the political dimension of sexual rights (Bijlmakers, de Haas, and Peters, 2018). At UN and other international gatherings, the inclusion and wording of matters related to sexual rights in conventions is nearly always cause for heated debate.

⁷ A/HRC/32/L.28/Rev.1: Accelerating efforts to eliminate violence against women: preventing and responding to violence against women and girls, including indigenous women and girls.

⁸ www.ippfwhr.org/en/publications/evaluation-of-the-implementation-of-the-ministerial-declaration-preventing-through

⁹ <http://hivhealthclearinghouse.unesco.org/library/documents/eastern-and-southern-africa-commitment-one-year-review-2013-2014>

2 Principles and goals of CSE

In this chapter we describe the main principles and goals of CSE based on key international guidelines and documents.

2.1 Principles of CSE

In several documents the principles of CSE are well described.

The key international standards and documents describing the principles of CSE are:

- Standards for Sexuality Education in Europe – WHO & BZGA, 2010¹⁰.
- International Technical Guidance on Sexuality Education - UNESCO, 2018¹¹.
- DELIVER+ENABLE TOOLKIT: Scaling-up comprehensive sexuality education (CSE) – IPPF, 2017¹².
- UNFPA Operational Guidance for Comprehensive Sexuality Education – UNFPA (2014)¹³.
- It is all in one curriculum. Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV and Human Rights Education - Population Council, 2009¹⁴.

There are several principles mentioned in these different standards and documents of CSE. The most important principles (sometimes combined and rearranged) are:

- a. Sexuality education is adapted to the needs and competencies according to the developmental stages of children and young people.
- b. Sexuality education is based on the core universal value of human rights.
- c. Sexuality education is based on a broad approach to sexuality, health and sexual wellbeing (it is not only focused on prevention of illness or promotion of physical health).
- d. Sexuality education is firmly based on notions of gender equality, by addressing norms and values around gender and sexuality. It promotes equality, empowerment, non-discrimination and respect for diversity.
- e. Sexuality education ideally starts at a very young age and continues through adolescence into adulthood.
- f. Sexuality education corresponds to the wishes, needs, lifestyles and problems of children and adolescents themselves.
- g. Sexuality education is based on evidence and practise based information (based on reliable data on sexual behaviour, sexual health and sexual development), using pedagogical theories and models of influencing behaviour.
- h. Sexuality education is provided and delivered in a safe and healthy learning environment, free of discrimination, harassment and sexual violence.
- i. Sexuality education is strongly linked with youth friendly services (online/offline), so young people can get information, support and supplies.
- j. Sexuality education is delivered by participatory, interactive and effective methods. It uses strategies to strengthen skills in communication, decision making and critical thinking.
- k. Sexuality education aims at strengthening youth advocacy and civic engagement (particular mentioned for developing countries).
- l. Sexuality education works with an inclusive approach and take in account all diversities.

¹⁰ <http://www.bzga-whocc.de/en/publications/standards-in-sexuality-education/>

¹¹ <https://www.unfpa.org/publications/international-technical-guidance-sexuality-education>

¹² <https://www.ippf.org/resource/deliverenable-toolkit-scaling-comprehensive-sexuality-education-cse>

¹³ <http://www.unfpa.org/publications-listing-page/Comprehensive%20sexuality%20education?page=1#sthash.98aLWDXr.dpuf>

¹⁴ <http://www.popcouncil.org/research/its-all-one-curriculum-guidelines-and-activities-for-a-unified-approach-to->

2.2 Main objectives, goals or outcomes of CSE

The way the overall aim of CSE is described in the key international standards and guidelines differs slightly per document, but globally, it can be summarised in:

CSE aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to:

- make self-determined and well informed decisions.
- realize their health, well-being and dignity.
- develop and enjoy respectful and fulfilling relationships and responsible, satisfying, and healthy sexual lives.
- take responsibility for their own and other people's sexual health and well-being.
- and understand and ensure the protection of their rights throughout their lives.

The specific goals or outcomes, are most holistically described in the WHO Standards for Sexuality Education in Europe (WHO & BZGA, 2010):

- a. Contribute to a social climate that is tolerant, open and respectful towards sexuality, various lifestyles, attitudes and values.
- b. To respect sexual diversity and gender differences and to be aware of sexual identity and gender roles.
- c. To empower people to make informed choices based on understanding, and acting responsible towards oneself and one's partner.
- d. To be aware of and have knowledge about the human body, its development and functions, in particular regarding sexuality.
- e. To be able to develop as sexual beings, meaning to learn to express feelings and needs, to experience sexuality in a pleasurable manner and to develop own's gender roles and sexual identity.
- f. To have gained appropriate information about physical, cognitive, social, emotional and cultural aspects of sexuality, family planning, the body, reproduction, abortion, sexual diversity, contraception, pregnancy, pornography, sti/hiv and sexual coercion.
- g. To have the necessary life skills to deal with all aspects of sexuality and relationships.
- h. To have information about provision of and access to counselling and medical services, particularly in the case of problems and questions.
- i. To reflect on sexuality and diverse norms and values with regard to human rights in order to develop own's critical attitudes.
- j. To be able to build (sexual) relationships in which there is a mutual understanding and respect for one another's needs and boundaries to have equal relationships. This contributes to prevention of sexual abuse and violence.
- k. To be able to communicate about sexuality, emotions and relationships and have the necessary language to do so.

In many of the global international documents, more emphasis is put on understanding and advocating for (sexual) rights when describing goals or outcomes.

2.3 Relevant topics in CSE

While the scope of sexuality education has widened over time, disagreements and discussions ensue over what is or should be included at what age. The topics in CSE are described in the WHO standards for sexuality education for Europe (WHO & BZGA, 2010), IPPF's Framework for CSE and Toolkit Enable & Deliver (IPPF, 2010 & 2017) and UNESCO's International Guidance on SE (UNESCO, 2018), among others. See the table 1 below for an overview of the frameworks provided in these documents. In the Netherlands, Rutgers's work relies mostly on the European WHO standards. In Rutgers' international work, we use UNESCO's framework as the minimal standard, and the IPPF framework as the golden standard. Rutgers strongly emphasize the importance of a sex-positive approach, 'not only preventing the risks of sex, but also empowering young people to engage in happy, healthy and mutual relationships and to have fulfilling, responsible and consensual sexual experiences.' (IPPF, 2016b).

Table 1 Frameworks for age specific topics provided by WHO&BZgA, IPPF and UNESCO

	Standards for Europe (WHO & BZgA, 2010)	IPPF Framework & Toolkit (IPPF, 2010 & 2017)	International Guidance (UNESCO, 2018)
Age groups:	6 groups: 0-4, 4-6, 6-9, 9-12, 12-15, 15+ years	3 groups: under 10, 10-18, 18-24+ years	4 groups: 5-8, 9-12, 12-15, 15-18+ years
Categories of learning objectives	knowledge, attitudes and skills	Knowledge and attitudes, skills and engagement	Knowledge, attitudes, and skills
Main thematic categories:	<ol style="list-style-type: none"> 1. The human body and human development 2. Fertility and reproduction 3. Sexuality 4. Emotions 5. Relationships and lifestyles 6. Sexuality, health and wellbeing 7. Sexuality and rights 8. Social and cultural determinants of sexuality 	<ol style="list-style-type: none"> 1. Gender 2. Sexual and reproductive health and HIV 3. Sexual rights and sexual citizenship 4. Pleasure 5. Violence 6. Diversity 7. Relationships 	<ol style="list-style-type: none"> 1. Relationships 2. Values, Rights, Culture and Sexuality 3. Understanding Gender 4. Violence and Staying Safe 5. Skills for Health and Well-being 6. The Human Body and Development 7. Sexuality and Sexual Behaviour 8. Sexual and Reproductive Health

2.4 Rights based approach

In Rutgers's view, CSE is based on a Rights-Based Approach to Sexuality Education: the RBA can be defined as the intersection of four main dimensions. First, it is rooted in the principle that young people have sexual rights, such as access to information and services and self-determination. Second, a rights-based approach goes beyond health-oriented goals such as reducing unintended pregnancies and STIs, to aim for empowerment. Third, it implies the adoption of a broad curriculum, including attention to gender norms, violence, individual rights and responsibilities in relationships, sexual orientation, sexual expression and pleasure. Finally, a participatory teaching approach aims to engage young people in critical thinking. As such, a rights-based approach includes and goes well beyond the health-based approach. Moreover, a rights-based approach requires attention be given to sensitive topics as abortion, sexual diversity and pleasure. The curriculum in Bangladesh, for example, spends ample time on issues such as gender, violence, responsibility and critical thinking.

CSE should denounce ideologies that promote sexist, racist and classist notions of sexuality and stimulate compassion through critical thinking and tolerance towards differences through critical reflection on (cultural, religious, societal) values regarding sexuality (UNESCO, 2018). In essence, this calls for the 'Socratic method': a dialectical method involving discussion to discover beliefs, assumptions and arguments and eliminating contradictions so as to come to more general and shared solutions to value conflicts. Increasing the students' capacity for critical self-examination and critical thinking about one's own culture and traditions, contributes to social justice and compassionate societies (Nussbaum, 1997; Nussbaum, 2011).

This raises questions whether CSE conflicts with local culture. However, CSE aims to be culturally inclusive. This means that it supports young people in navigating the multiplicity of (conflicting) ideologies, values, needs and practices that are, invariably, already present within a multicultural society, not least in relation to gender and sexuality (Mukoro, 2017; Vanwesenbeeck, 2018). Students are better prepared for the existing cultural and societal realities if they are introduced to conflict and given the competence to live, navigate and thrive within it. Mukoro therefore insist that sexuality education should help to cultivate and develop what we might call sex cultural intelligence (Mukuro, 2017). Sex cultural intelligent people realise, among others, that one always operates within a culture or some subsets of culture. They are able to keep an open mind about other sex cultures, and are able to critically engage in their own and others' sexual cultures without being too easily influenced. CSE can also provide an important forum for building solidarity between young people with varying

degrees of access to privilege and sexual rights. It can also strengthen active citizenship skills for working towards a sexual culture that is more just and equal (IPPF, 2016b).

Positive Approach

CSE should be based on a positive approach towards sexuality which acknowledges that human beings, including adolescents and young people, are autonomous sexual beings with the right to have control and agency over their bodies and the right to experience desire, pleasure and happiness in their lives, independently of whether they are sexually active. It should not focus merely on risks and prevention of ill health related to sexuality (UNESCO, 2018). As a result, sex-positive approaches strive to achieve ideal experiences, rather than solely working to prevent negative experiences (IPPF, 2017). In addition to the WHO, the World Association for Sexual Health has also recognised sexual pleasure as a key component of sexual health (WAS, 2008). 'Pleasure' is also included as an essential component of IPPF's Framework for CSE, with the recognition that some form of pleasure is very often a crucial motivation for sexual activity (IPPF, 2010). To exclude elements of positivity and pleasure from CSE programmes creates a disproportionate focus on the negative health and emotional consequences of sex, which risks reinforcing notions that power inequalities, abuse, coercion and violation are, and will always be, the norm. If pleasure is promoted uncritically, a focus on pleasure can risk reinforcing systems of oppression. Narrow definitions of what pleasure is may create new social norms which can lead to self-doubt and disempowerment among adolescents and young people if their experiences of sexual satisfaction diverge from a perceived norm (Fine & McClelland, 2016). For this reason, all conversations around pleasure must emphasise the diversity forms of pleasure can take. Programmes which do this can strengthen the focus on communication and consent, through recognition that giving and receiving pleasure requires sexual partners to reject assumptions, in favour of asking questions and verbalising both desires and boundaries. When paired with an analysis of how social inequalities contribute to a sexual system that is geared towards the pleasure of people who enjoy power based on their gender, race, socio-economic status, nationality or other factors, CSE can contribute towards achieving social and sexual justice.

Pedagogic approach

In its Guidance, UNESCO also promotes a learner-centred approach to CSE and encourages collaborative learning strategies within the programmes (UNESCO, 2018). Traditionally, teachers have been the 'directors' of the learning process and students have played a receptive role in education. Over the past few decades, new approaches have been developed that show that learning always builds upon knowledge that a student already possesses, and that learners construct their own knowledge on the basis of interaction with the environment and the inputs provided (Giroux, 1994). Learner-centred approaches allow learners to actively participate in learning processes and encourage distinctive learning styles. Because learning can be seen as a form of personal growth, students are encouraged to utilize reflective practices to critically think about their own lives (IPPF, 2017).

3 Quality implementation of CSE

3.1 Legal basis and level of implementation

It is extremely difficult to assess to which extent CSE is legal, regulated or implemented in countries. It is often not monitored or evaluated due to a lack of qualified and useful methods and a lack of expertise or money to do so. Furthermore, there is often a large variation of CSE programmes and a wide range of quality criteria.

UNESCO's Global review (UNESCO, 2015) provides a rough overview of the situation regarding formal CSE in 48 countries across the world. In 80% of the surveyed countries there was a national policy or national strategy that supported CSE. Even though the study did not provide any overall estimation of global implementation level, the authors indicated that a significant gap remained between the existing policies and signed commitments, and actual implementation of CSE on the ground: Few strategies or policies are fully operationalized.

Formal in-school sexuality education was found to be mostly embedded in more general objectives in school like healthy lifestyle, citizenship. It was quite evenly split between delivered integrated in existing subjects like biology, people and the world/people and health, basics of life safety, life skills, etc. or being delivered as a stand-alone subject. CSE may be mandatory or it may be delivered through optional courses. UNESCO's review of curricula showed that within existing sexuality education programmes, little or no attention is attributed to the development of key competencies including critical thinking, as well as on examining how gender norms, religion and culture influence learners' attitudes and behaviour.

A survey of CSE in Europe and Central Asia (WHO & BZgA, 2017) demonstrates remarkable progress in developing and integrating CSE in formal school settings. In 21 of the 25 countries, there seems to be a legal basis and political support for sexuality education. 8 countries have used the Standards for sexuality education in Europe to inform politicians and to develop and adapt curricula (WHO & BZgA, 2010). Nowadays in 11 out of the 25 countries, sexuality education is a mandatory subject in all schools. Some countries made big steps forward. For example, in 2012 in Albania, the Ministry of Health adopted CSE for all young people. The CSE programme 'sexuality and life skills' is mandatory and covers the age groups 10 – 18 years. The training programme for teachers comprises 110 training hours spread over one year. Almost 3000 teachers are trained, covering approximately 20% of all public schools. Estonia, the first country of the former Soviet Union officially introduced comprehensive and mandatory school-based sexuality education for the primary and secondary school.

Only in four countries (Georgia, the FYR of Macedonia, the Russian Federation and Serbia) there is no legal or national sexuality education law, policy or strategy. However, it is notable that in some countries (i.e. Spain, Croatia, and Poland) CSE policy has shifted towards a more socially conservative approach in the last few years. In practice, despite the mandatory or statutory footing of CSE in many member states, its implementation is inconsistent between and within countries in terms of quality and quantity (WHO & BZgA, 2017).

3.2 Studies on impact of CSE

Impact evaluations of CSE are complex as well as very costly and is seldom conducted in a randomized controlled trial (golden standard). Research on the effectiveness of CSE is not wide available and mostly focussed on the reduction of risky behaviour like STI or unwanted pregnancies due to the predominantly focus on public health. There is a very limited use of indicators that focuses on positive aspects of sexuality. Even though, indicators such as the ability to communicate about feelings and wishes or self-efficacy are often used, they are usually only considered in respect to the desired behaviour, and not as important on their selves. Indicators measuring the ability to experience pleasurable and satisfying sexual relationships are hardly ever used (Ketting et al., 2016).

Studies show that CSE has great potential to provide young people with the necessary information about their bodies and sexuality, to reduce misinformation, shame and anxiety, and to improve their abilities to make safe and informed choices about their sexual and reproductive health (Boonstra 2011; UNFPA, 2015). There is growing evidence that good quality CSE has positive effects on sexual knowledge, attitudes, communication skills and certain sexual behaviours (Kirby 2011; UNESCO 2009). In comparison to less comprehensive programmes, CSE has been shown to contribute more adequately to gains in young peoples' sexual health (Fine and McClelland, 2006; Haberland and Rogow, 2015; Kirby, 2008; McCave et al, 2007; Trenholm et al., 2007; Underhill et al., 2007; Santelli et al., 2017)). One major study reviewed 17 reviews or meta analyses of SE programs and sti/hiv education, conducted in the US and in some other countries between 2000 and 2014 (Fonner et al, 2014). 15 of the 17 reviews reported statistically significant positive behavioural outcomes for comprehensive sexuality education or abstinence plus programs. However, most of the studies focuses on short term and specific health outcomes of CSE programs like reduction of STI/HIV, increase of condom use and prevention of teenage pregnancies or delay in sexual debut. UNFPA's Global review offers an extensive review and analysis of a wide range of evaluation studies and research methods of different CSE programmes at different stages of development, age groups and from different contexts across the world, focussed on the gender and empowerment dynamics. The review states that 'There is clear evidence that CSE has a positive impact on sexual and reproductive health (SRH), notably contributing towards reducing sexually transmitted infections (STIs), the Human Immunodeficiency Virus (HIV) and unintended pregnancy. CSE has demonstrated impact in terms of improving knowledge and self-esteem, changing attitudes and gender and social norms, and building self-efficacy. [...] sexuality education does not hasten sexual activity but has a positive impact on safer sexual behaviours and can delay sexual debut and increase condom use' (UNFPA,2010; UNFPA, 2015).

Several West European countries have already a long tradition with national comprehensive sexuality education in schools. Looking at the teenage birth rate in European countries, there tends to be a relationship between comprehensive sexuality education and a low rate of teenage pregnancies. The teenage rate tends to be very high in central Asian countries (such as Georgian, Russian Federation, Tajikistan) where sexuality education programs are still in an early stage of development (IPPF & BZgA, 2018). Beyond medical health outcomes, sexuality education can lead also to happier relationships by increasing confidence and strengthening skills. It also has an impact on positive attitudes and values and it evens out the power dynamics in intimate relationships resulting in mutually respectful and consensual partnerships (UNESCO, 2018). Also in schools, learners and teachers feel more at their ease to talk about sexuality. There tends to be a more open atmosphere for young learners to pose questions or ask for help regarding sexuality and relationships (Bachus et al; 2012, Schutte, 2016).

Example in the Netherlands

Research by the Inspectorate for Education in the Netherlands, shows that the quality of delivery of SE differs widely. The inspectorate concluded that the quality of sexuality education is mostly dependent on individual teachers. SE lessons are often given in reaction to incidents; it is isolated and not goal focused enough or structurally embedded in the curriculum and policy of the school. In other words, the inspectorate is critical of the quality of the delivered lessons and the competencies of the teachers. One of the conclusions of the report of the Inspectorate was also, that SE topics did not vary across public schools or confessional schools or schools in large cities versus small towns (OCW, 2016).

3.3 Evidence-based conditions for quality of CSE

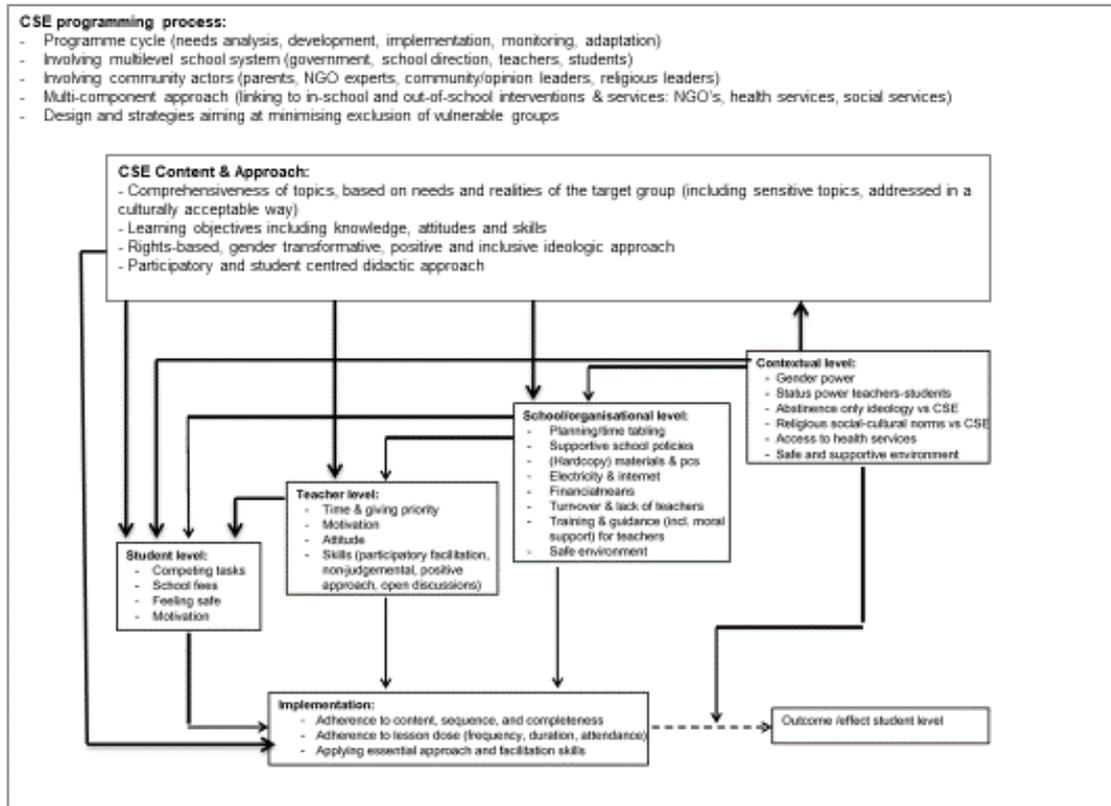
The quality, and thus the outcome, of CSE differs a lot across and within countries. This section describes factors identified in literature which contributes to the outcomes of CSE interventions. Figure 1 presents a model summarising main factors impacting on the quality of CSE.

- Programme implementation fidelity.
- The content and it's ideologic and pedagogic approach to teaching.
- The educator.
- The learner.
- The learning environment (school/organisation level).

- the overall (socio-cultural, economic, political) context in which the learning takes place, interacts with all these above elements.
- the programming process itself, is of great influence on whether all these elements are adequately tackled, leading to effective implementation of the CSE.

Only if all these factors are taken into account in the programme design and implementation, will CSE reach the desired impact (Wiefferink et al 2005, Kirby et al., 2007; Michielsen et al., 2010; Shepherd et al., 2010; Wight, 2011; Vanwesenbeeck et al., 2016; Pound et al., 2017). Each element will be discussed in detail in this the following section.

Figure 1 Factors influencing quality of CSE



Adapted from: Vanwesenbeeck, I., Westenberg, J., de Boer, T., Reinders, J., van Zorge, R., Boer, T., 2016. Lessons learned from a decade implementing Comprehensive Sexuality Education in resource poor settings; *The World Starts With Me. Sex Education* 18:11 pg 1-16.

3.3.1 Programme fidelity

Sexuality education programs are often not implemented in schools in the way they were originally designed (Schaalma et al, 2002, Vanwesenbeeck et al, 2016). Lack of fidelity in the way the developed CSE programme is actually translated into a learning process, are often stated as a main reason for less evidence of impact (Wiefferink et al 2005; O'Connor et al., 2007; Vanwesenbeeck et al., 2016; Pound et al., 2017).

Evidence indicates that modifications to programmes (for example, during an adaptation process) can reduce effectiveness. Such risky adaptations include reducing the number or length of sessions; reducing participant engagement; eliminating key messages or skills to be learned; removing topics completely; changing the theoretical approach; using staff or volunteers who are not adequately trained or qualified; and/or using fewer staff members than recommended (O'Connor et al., 2007). However, some adaptations, such as changing some language, images or cultural references does not impact on effectiveness. Effective educational interventions transported from one setting to another have a positive impact on knowledge, attitudes or behaviours, even when they are implemented in a different setting (Fonner et al., 2014; Kirby et al., 2006).

3.3.2 The content and approach

Content

Not all the CSE programs are truly comprehensive – in content or approach. Content-wise, developers often tend to put too much emphasis on biomedical information, such as changes during puberty and hygiene, anatomy and physiology of reproduction, and sexual behaviour in relation to STI/HIV and other health risks. While, sensitive topics, such as modern contraception, sexual pleasure, mutual consent, gender related power differences, safe abortion and sexual diversity are minimized or left out completely. However, for CSE to be effective, it is important that CSE includes ongoing discussions about personal, social and cultural factors relating to healthy and equitable relationships. This includes topics such as identity and self-esteem, gender and power inequalities, harmful norms and practices and navigation between personal agency and autonomy and sociocultural vulnerability in restricting environments (UNESCO, 2018; Vanwesenbeeck et al, 2018).

Dutch case

Recently Sex under 25, a representative survey on sexual health among youth aged 12-25, has shown that not all topics are well addressed in the schools and knowledge of sexuality, reproduction and sti/hiv is mediocre in some respects. Although almost all young people receives some CSE the information is mainly focussed on safe sex, contraception and sti/hiv. Other topics like sex in the media, sexual diversity, sexual coercion and sexual pleasure are in the view of young people less or poor addressed Young people rated CSE mediocre with a 5.8 (on a scale of one to ten). (Graaf et al, 2017).

As discussed in section 2.4, the WHO&Bzga, UNESCO and IPPF have all recently developed matrixes that present the comprehensive content of CSE adapted to the needs and competencies according to the developmental stages per age group (WHO&Bzga, 2010; UNESCO, 2018; IPPF, 2017).

The CSE content should be context specific. This entails that it should include all issues that are relevant to the diverse circumstances faced by children and young people in their context. The content should also be addressed in ways that are culturally appropriate. This may require adapting the language, message delivery or mechanisms to involve specific groups of the population (IPPF, 2017). However, making CSE context specific does not mean one is allowed 'hide behind culture' to avoid critical reflection or omit certain topics: The fact that certain behaviours are seen as acceptable and desirable does not mean that it is automatically desirable or good (e.g. if something violates fundamental rights such as health, expression or information). Moreover, other behaviours might be considered unacceptable and certain topics taboo. This does not mean that these behaviours do not occur, or that the behaviours and taboo topics should be excluded from discussion within the context of sexuality education (UNESCO, 2018).

Positive human rights approach

There is strong international consensus that sexuality education is most effective when delivered in a positive human rights framework, rather than a reductive biomedical disease prevention approach (Constantine et al., 2015; Rohrbach et al., 2015;). A rights-based approach protects children and young people against the risk of abuse, sexual exploitation and domestic violence (Kohler et al, 2008) and does not lead to earlier sexual initiation or an increase in sexual activity (UNESCO, 2016b; Bennett & Assefi, 2005; Santelli et al., 2017).

A 2015 review study found that sexuality and HIV education programs that address gender and power in intimate relationships are five times more likely to be effective than programs that do not. Fully 80% of such programs were associated with a significantly lower rate of STIs or unintended pregnancy. In contrast, among programs that do not address gender or power, only 17% have such an association (Haberland, 2015; Haberland & Rogow, 2015).

Curriculum design

Sexuality education programmes vary widely in the duration and session frequency. However, few studies have examined the effects of the design in terms of dose and session frequency. Johnson et al (2003) found that interventions could alter condom use behaviour when more time was devoted to condom use knowledge and skills. Other studies (Peskin et al, 2015) showed also better outcomes when students receive 13 lessons on hiv/sti and preventive pregnancy education program instead of 5-8 lessons. To maximize learning, multiple topics addressing sexuality need to be covered in an age-

appropriate manner over the course of several years, using a spiral-curriculum approach. Since the duration and intensity of CSE is a critical factor in its effectiveness, the content needs to be taught in timetabled classroom lessons that can be supplemented by special activities, projects and events (Pound et al., 2017). Positive results have been seen with programmes that offer 12 or more sessions, and sometimes 30 or more sessions, with each session lasting approximately 50 minutes. Given this guidance, classroom curricula and lesson planning during the school year, and across school years, must carefully allocate adequate time and space to CSE to increase its effectiveness (UNESCO, 2009).

Digital and/or online programs, show promise for impacting health risk behaviours among young people, particularly blended learning approaches that mix classroom-based and computer delivered lessons (Desmet et al 2014). Several school-based digital interventions improved sexual health knowledge, attitudes, and behaviours compared to controls and are at least as efficacious as traditional teacher led programs (Noar et al., 2009; Peskin et al, 2015). Therefore, more knowledge is needed on the possibilities of digital CSE and ways of online learning and their impact.

3.3.3 The educator

In the last decade, several guides and studies acknowledged that trained and well-educated teachers, are a key factor in the delivery of good and effective sexuality education. Those studies done on the implementation process and continuation of CSE programs indicate the importance of not only focussing on developing high quality materials, but also investing in high quality delivery through competent educators (Michielsen et al., 2010; Shepherd et al., 2010; Wight, 2011; Vanwesenbeeck et al., 2016; Pound et al., 2017). Also addressing the contextual barriers teachers might face when implementing CSE programmes, increases their effectiveness (Vanwesenbeeck et al., 2016; IPPF, 2017; UNESCO, 2018). A study in Finland on the impact of school-based sexuality education on pupils' sexual knowledge and attitudes showed that positive effects were largely due to the motivation, attitudes and skills of teachers, and the ability to employ participatory teaching techniques (Kontula, 2010).

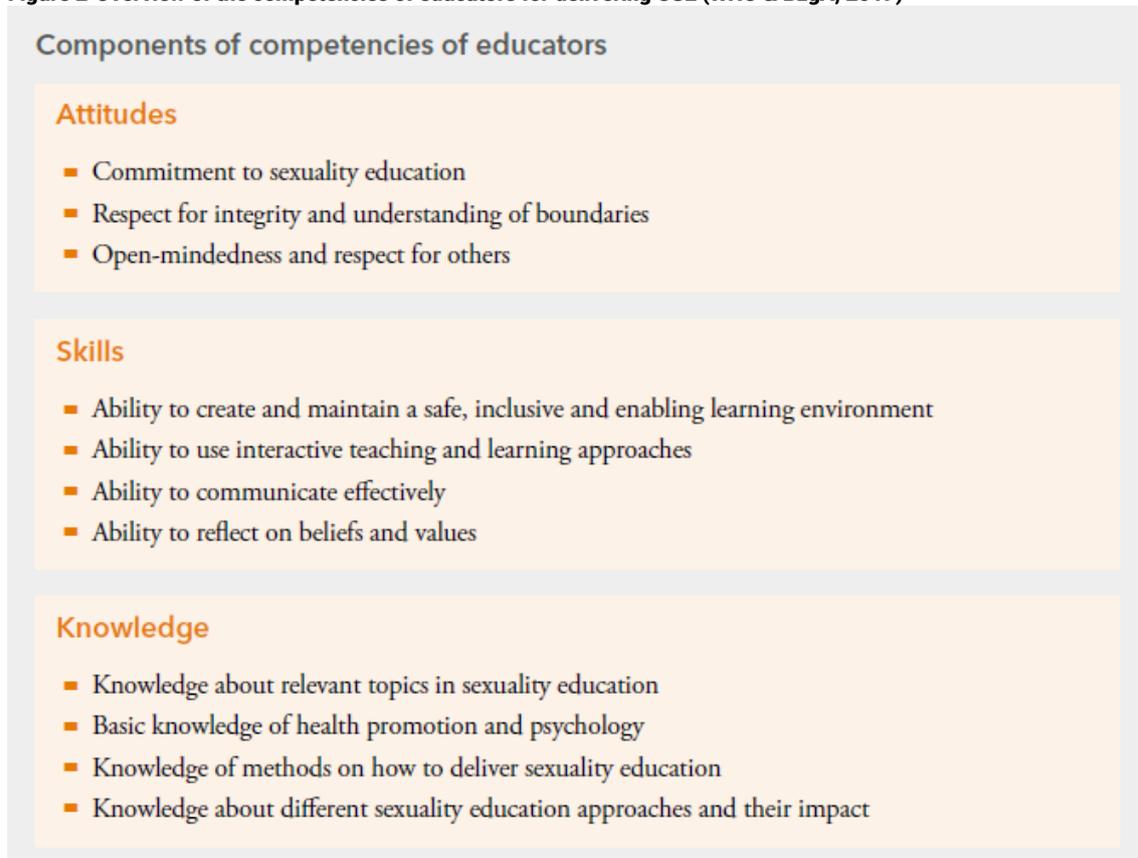
To be effective CSE educators, teachers need to be equipped with certain knowledge, attitudes and skills (Barr et al, 2014; WHO & BZgA, 2017). For lots of educators, sexuality remains a sensitive topic. They don't feel comfortable with sexuality or do not know how to discuss topics openly (Van de Bongardt et al, 2013). There is evidence that the beliefs, attitudes, values and sense of self-efficacy educators hold, influence how they deliver CSE messages (Wiefferink et al 2005, Vanwesenbeeck et al., 2016).

Despite this evidence, there is still too few attention for teachers in the adoption of CSE programs, while there is a great need for continuous technical and didactic support throughout all implementation phases to ensure fidelity (program integrity) and completeness in use of the program. A study on factors of implementation of a Dutch program Long live love showed that instrumentality, self-efficacy, training of teachers, years of experience and extent of familiarity with Long live love, contributes to more fidelity (following the lessons as prescribed). The study emphasizes that guiding the implementation process and changing implementation behaviour of teachers, is not a simple task or automatic process (Schutte, 2017). An European survey demonstrated that only in three out of 25 countries the majority of teachers has been sufficiently trained on CSE (IPPF & BZgA, 2018). Sometimes teachers got incidental training courses in CSE. Only very few were trained in CSE during their initial education in teacher colleges.

This may be because of lack of consensus or real standards regarding needed competences. Therefore, the WHO Europe recently published a framework with core competencies for CSE educators on the level of knowledge, attitudes and skills, see figure 2 (WHO & BZgA, 2017). Also the IPPF toolkit on CSE provides a combination of competences (attitudes, skills and knowledge) to foster effective CSE delivery (IPPF, 2017).

But mostly, all actors in CSE programming, including UN bodies, national and local governments, (inter)national NGOs and the educational institutions themselves have not paid enough attention to building teachers competencies and addressing the structural barriers teachers might face. This issue is further discussed in the section on effective programming below.

Figure 2 Overview of the competencies of educators for delivering CSE (WHO & BzgA, 2017)



3.3.4 The learner

The quality of a CSE programme should also be measured in terms of reach, especially whether it is inclusive for the most vulnerable populations (UNESCO, 2018). In order to reach these groups, it is important to also look outside school settings and/or set up partnerships with school and/or community and religious leaders in marginalized areas, including rural areas. Moreover, CSE programmes should be designed in collaboration with the target groups and key community actors, to ensure their optimal access to the intervention. This means for example obtaining permission of parents, flexible hours, youth friendly settings, adapting materials and methods to the literacy levels and other sociocultural characteristics of the target groups, selecting trusted educators, etc. Since not every student has the same preferred learning strategies, within CSE one should strive for variation the type of activities, e.g. flexible use of whole-class, group and pair work where students discuss a shared task; use of learning materials beyond the textbook, such as video, music and art; open and closed questioning activities; role plays; demonstration and explanation; etc. (IPPF, 2017).

Moreover, the effectiveness of a CSE programme is also determined by its ability to motivate, engage, capture and satisfy the students with the offered content and methodologies. A recent global review provides a qualitative synthesis of young people's views and experiences with CSE. It consists of almost 69 publications with 55 remaining, mostly qualitative eligible studies of young people's views of their school-based sex and relationships education (mostly in secondary schools) around the world for the period 1990-2015. The review showed that although sex is a potent and potentially embarrassing topic, schools appear reluctant to acknowledge this and attempt to teach CSE in the same way as other subjects. According to the students, schools have taken insufficient account of the specialness of sex as a topic. Schools appear to struggle to accept that some young people are sexually active. Young people report feeling vulnerable in CSE, students reported embarrassment and discomfort particularly in mixed sex groups. Strong sex gender norms impeded their engagement, with young men anxious to conceal sexual ignorance and young women risking sexual harassment if they participate. In the view of young people, CSE can be negative, gendered

and heterosexist. The quality of teachers is judged as low, because of blurred boundaries, lack of anonymity, embarrassment and poor training (Pound, 2016).

Although students' views about school-based sexuality and relationships education are diverse and complex, overall they do see it as playing an important role for learning about sexuality and relationships (Johnson et al, 2016). In their Enable & Deliver Toolkit, IPPF states that different studies, as well as anecdotal experience from IPPF programmes, show that children and young people want opportunities to explore the changes they experience and information on sexual practices, behaviours and relationships, among many other issues related to sexuality education. Evaluations of Rutgers' *The World Starts With Me* programmes in Uganda, Malawi, Kenya, Ethiopia and Thailand (RutgersWPF, 2011; van Enck, 2011; Browes, 2014; Flink, 2018; Vanwesenbeeck, 2016) indicate that when CSE is delivered in a more learner centred and positive way, students perceive programmes as comprehensive and adequately combining learning and fun. The students recognized the programme had positive effects on class atmosphere, relationships between boys and girls and communication with their parents. During focus groups discussions and personal interviews of these evaluations, students reported personal outcomes they value greatly, such as feelings of empowerment, positive self-image and growing self-confidence, daring to dream and developing ambitions, and engagement in local advocacy for SRHR. All these findings emphasise the importance of an enabling, motivating and confidential teacher-student relationship for a CSE programme to be appreciated and effective. In order to create such a pedagogic relationship, both the students and the educators need an enabling learning environment, which is further discussed in the next section.

3.3.5 The learning environment

Effective sexuality education takes place in a safe learning environment, where students and their educators feel comfortable to participate and their privacy is respected, where they are protected from harassment and where the school ethos reflects the principles of the CSE content (Pound et al., 2017). That is why, CSE programmes should also address the learning environment, by improving school policy, collegial interactions and school network (Wiefferink et al 2005, Vanwesenbeeck, 2018; Flink, 2017). Schools should be encouraged to improve both the social environment such as positive and respectful communication norms and a violence free code of conduct and, the physical environment such as hygiene facilities, safe and lockable toilets and a safe and clean school compound. There is also heightened awareness that sexuality educators need proper facilitation, training and support, both within and outside schools to deliver sexuality education in an effective, enabling and inclusive way (e.g. Vanwesenbeeck et al. 2016; WHO & BZgA, 2017). Furthermore, SRHR information should be made available also outside the classroom, on posters and noticeboards, in youth corners, by trained peer educators and through thematic extra-curricular school activities such as debate, music or expressive art competitions (Flink, 2017).

Multicomponent approach

Recent reviews (e.g. Chandra-Mouli et al., 2015; Svanemyr et al., 2015) strongly call for multi-component, comprehensive approaches in addressing the social and structural conditions that underlie young people's SRHR problems. This approach links the following three drivers of SRHR:

1. **Demand** - Increasing access and quality of CSE and SRHR information.
2. **Supply** - Increasing access and quality of Youth Friendly Services to meet the increased demand raised by the CSE.
3. **Support** - Creating an enabling environment by building community awareness, acceptance and support for SRHR education and services and informed decision making by young people regarding their sexuality.

Applying this approach to CSE programming is done by analysing the interaction between these components on the CSE objectives and creating links between the components at community and school level to increase impact of CSE. CSE is most impactful as part of a holistic strategy aiming to engage young people in learning about and shaping their sexual and reproductive future. At community level, school-based CSE programmes should be complemented with elements such as condom distribution, SRHR youth clubs, enabling health providers to deliver youth-friendly services

and capacitating parents to accompany their children in their sexual development (Chandra-Mouli et al., 2015; Fonner et al., 2014; UNESCO, 2015).

Also within a school as the learning environment, multi-component approaches can be applied. The quality and impact of school-based CSE is dependent not only on the teaching process and learning setting, but also on the linkages that are made between demand, supply and support in the whole school environment. These linkages can be manifested through among others the availability of in-school counselling and/or health services, in-school practices, involving parents and support staff and referral by school staff to out-of-school interventions and services (UNESCO, 2018). The Whole School Approach (see box below) is an example of how Rutgers applies this multi-component approach to involve the whole school environment when working in formal settings to create an enabling learning environment for sexuality education (Rutgers, 2016; Vanwesenbeeck et al., 2016; Flink et al., 2018; Vanwesenbeeck et al., 2018)

Whole School Approach for Sexuality Education

The Whole School Approach for SE helps schools to implement sexuality education in a sustainable and scalable way, involving teachers and staff at schools, but also reaching out to parents, health workers and community leaders. The WSA for SE is a way of embedding sexuality education into the school structure.

The WSA for SE builds upon the following principles

- Ownership by the school as schools know best what works for them.
- Involvement of all actors at schools as everyone has a role to play.
- Participation and equity of all including students.
- A healthy, safe school environment as effective sexuality education goes beyond class room teaching.
- Cooperation between the education sector and the health sector.
- Contextualisation and embedding to align with existing policies and decision makers to be able to scale up sexuality education in schools and communities.

Research shows that the approach offers opportunities in increasing the number of SRHR sources and creating a supportive, safe and healthy environment for SE, leading to a better academic performance by the students and less absenteeism and dropout.

The WSA for SE focusses on increasing and improving the support of the school management, the social and physical environment at schools, parent's involvement, access to youth-friendly health services and reliable SRHR information and quantity and quality of teaching capacity. Based on a self-assessment done by NGO and school staff an action plan is made to tailor activities to match the needs and the available resources of the school (budget, staff, parents etc.) to ensure sustainability.

The WSA manual 'We All Benefit' is available online¹⁵.

Outcomes were identified in research of the WSA on several levels (Rutgers, 2016; Vanwesenbeeck et al., 2016; Flink et al., 2018; Vanwesenbeeck et al., 2018):

- Schools are reaching more students with SRHR information by timetabling SE lessons.
- Schools have established SRHR youth corners in school and links with nearby SRH service providers, increasing young people's access to SRHR information.
- School environments have become significantly safer and the percentage of pupils who feel completely or mostly secure at school has risen. Hygienic conditions have improved and self-made sanitary pads made available at school.
- The level of student participation and decision-making in schools has increased with students taking part in strategic decision making about the school's code of conduct and in programme monitoring teams. Peer educators have been trained and coached as extra-curricular SRHR educators.

¹⁵ <https://www.rutgers.international/what-we-do/comprehensive-sexuality-education/whole-school-approach-sexuality-education-step-step>

- Parental involvement has also increased substantially and parents are increasingly interested and supportive.
- Schools themselves have taken important steps in creating ownership and future sustainability in terms gaining the (financial) support of parents, community and political stakeholders. Links are being made with extracurricular income generating activities, such as school gardening, making sanitary pads and beads.
- Schools have developed teacher supportive infrastructure, for instance applying techniques to increase teacher motivation, such as teacher teams to improve collaboration and mentorship.
- Teachers have reported changes in their own beliefs, attitudes and knowledge regarding the teaching of sensitive topics such as contraception, abortion and sexual diversity, which they had previously skipped. Teachers also reported the increased use of and confidence in participatory teaching methods.

In The Netherlands Rutgers collaborates with the municipal health centres (GGD) to encourage the whole school approach by promoting health issues, including relationships and sexual health education in an integrated approach ('Gezonde School', the Healthy School approach). The healthy school approach consists of sexuality education, setting rules, policy making, creating a supportive environment and links with service providers like youth health care workers and involvement of parents. Schools can be audited and can get a certificate for being a Healthy School on relationships and sexuality.

3.4 Guidance for CSE programming

The preceding section of this chapter shows that effective CSE programming entails much more than just the development of teaching materials. To improve implementation of CSE in schools, each stage of the adoption and implementation process requires attention (Rogers, 2003; Kirby, 2007). When developing and delivering CSE, it is important to build on existing standards or guidelines, and to develop clear steps for its development, implementation and evaluation (WHO & BZgA, 2013). Table 2 show the characteristics of effective curriculum programming from UNESCO's Technical Guidance. These characteristics are based on findings from a range of studies and reviews of CSE programmes, and provides concrete recommendations for all stages of the development and delivery of CSE including context analysis and development, design, implementation, monitoring, evaluation and scaling-up (UNESCO, 2018).

Table 2 UNESCO's characteristics of effective curriculum programming (UNESCO, 2018)

<p>Preparatory phase for content development</p> <ol style="list-style-type: none"> 1. Involve experts on human sexuality, behaviour change and related pedagogical theory. 2. Involve young people, parents/family members and other community stakeholders. 3. Assess the social, SRH needs and behaviours of children and young people targeted by the programme, based on their evolving capacities. 4. Assess the resources (human, time and financial) available to develop and implement the curricula.
<p>Content development</p> <ol style="list-style-type: none"> 5. Focus on clear goals, outcomes and key learnings to determine the content, approach and activities. 6. Cover topics in a logical sequence. 7. Design activities that are context-oriented and promote critical thinking. 8. Address consent and life skills. 9. Provide scientifically accurate information about HIV and AIDS and other STIs, pregnancy prevention, early and unintended pregnancy and the effectiveness and availability of different methods of protection. 10. Address how biological experiences, gender and cultural norms affect the way children and young people experience and navigate their sexuality and their SRH in general. 11. Address specific risk and protective factors that affect particular sexual behaviours. 12. Address how to manage specific situations that might lead to HIV infection, other STIs, unwanted or unprotected sexual intercourse or violence. 13. Address individual attitudes and peer norms concerning condoms and the full range of contraceptives. 14. Provide information about what services are available to address the health needs of children and young people, especially their SRH needs
<p>Designing and implementing CSE programmes</p> <ol style="list-style-type: none"> 1. Decide whether to use a stand-alone or integrated programme. 2. Include multiple, sequential sessions over several years.

<ol style="list-style-type: none"> 3. Pilot test the CSE curriculum. 4. Employ participatory teaching methods that actively involve children and young people and help them internalize and integrate information. 5. Select capable and motivated educators to implement the curriculum in schools and non-formal settings. 6. Provide educators with sensitization, values clarification, quality pre- and on-the-job training and continuous professional development opportunities. 7. Ensure confidentiality, privacy and a safe environment for children and young people. 8. Implement multicomponent initiatives. 9. Assess the appropriateness of using digital media as a delivery mechanism. 10. Maintain quality when replicating a CSE programme.
<p>Monitoring and evaluation of CSE Programmes</p> <ol style="list-style-type: none"> 1 Assess the programme and obtain ongoing feedback from schools, communities, educators and learners about how the programme is achieving its outcomes. 2 Integrate one or more key indicators in national education monitoring systems to ensure systematic measurement of the delivery of sexuality education. 3 Evaluate the outcomes and impact of the programme on outcome and impact level. (SERAT¹⁶, INSIDE OUT¹⁷ and the Planning and Support Tool¹⁸ are examples of monitoring and evaluation tools for CSE).
<p>Scaling up CSE</p> <ol style="list-style-type: none"> 1 Choose an intervention/approach that can be scaled up within existing systems. 2 Clarify the aims of scaling up and the roles of different players, and ensure local/national ownership/lead role. 3 Understand perceived need and fit within existing governmental systems and policies. 4 Obtain and disseminate data on the effectiveness of pilot programmes before scaling up. 5 Document and evaluate the impact of changes made to interventions on programme effectiveness. 6 Recognize the role of leadership. 7 Plan for sustainability and ensure the availability of resources for scaling up or plan for fundraising. 8 Plan for the long-term (not donor funding cycles) and anticipate changes and setbacks. 9 Anticipate the need for changes in the 'resource team' leading the scaling up process over time. 10 Adapt the scaling up strategy with changes in the political environment; take advantage of 'policy windows' when they occur.

During the programming process in the Netherlands as well as internationally, Rutgers and its partners use the intervention mapping protocol (Kok, et al, 2015) in order to change sexual behaviour in an effective way. Intervention mapping, guides the developers by identifying social cognitive determinants of sexual behaviour, addressing the needs in a systematic way and applying theory and evidence based behaviour change methods. To take in account conditions for a successful adaptation and implementation process of CSE programs, we mostly use the model of TNO (Fleuren, et al, 2002).

¹⁶ SERAT is a tool from UNESCO to analyse HIV prevention and sexuality education programmes at primary and secondary school levels. SERAT is an Excel based tool that supports the collection of data on HIV prevention and sexuality education programmes.

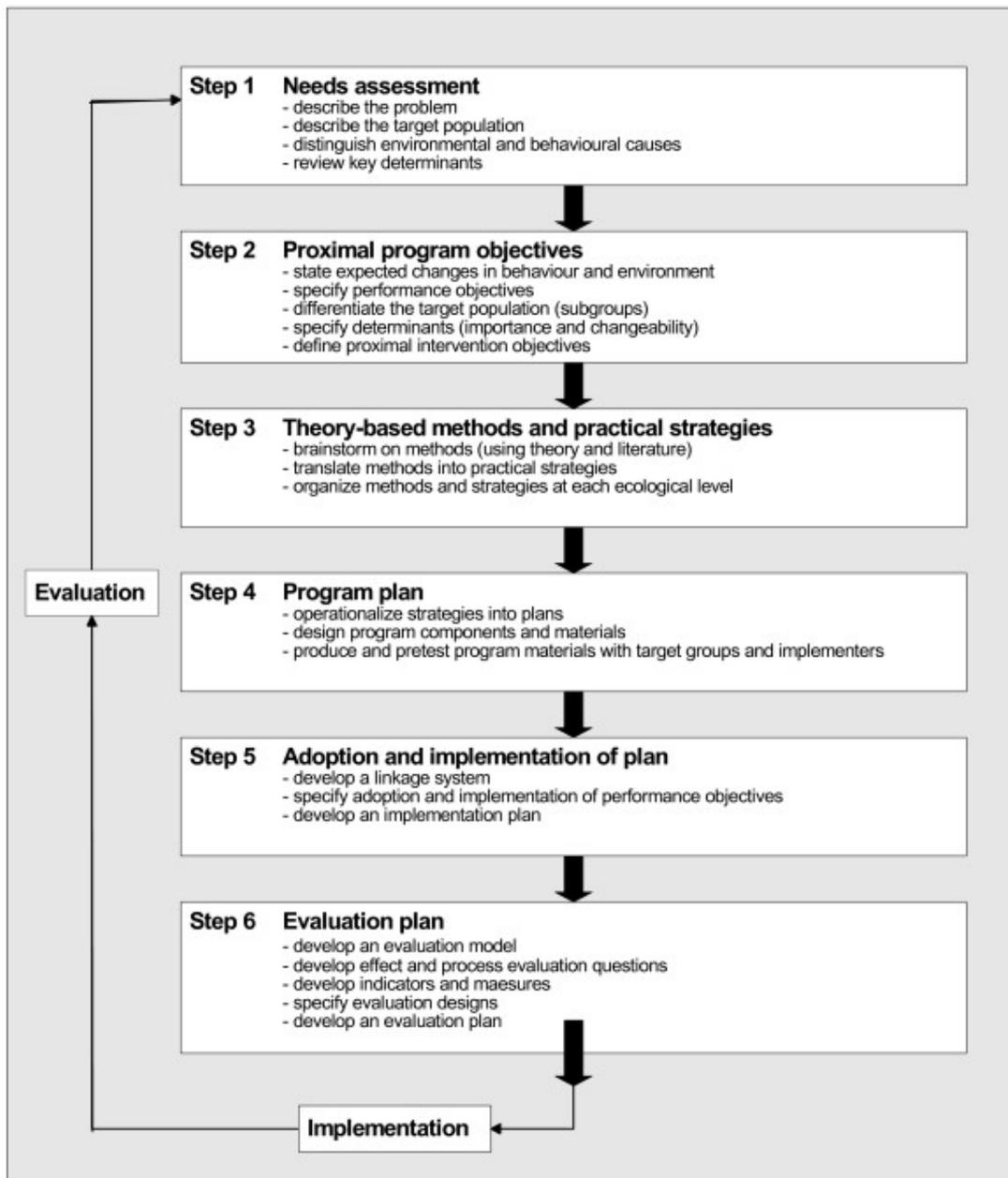
<http://hivhealthclearinghouse.unesco.org/library/documents/sexuality-education-review-and-assessment-tool-serat-0>

¹⁷ The Inside and Out assessment tool from UNESCO, is developed to review and assess the comprehensiveness and quality of sexuality education programmes both inside and outside school setting (especially programmes run by civil society). It can be used to generate data that can inform and guide the development, improvement or reform of sexuality education programmes. <http://hivhealthclearinghouse.unesco.org/library/documents/inside-and-out-comprehensive-sexuality-education-cse-assessment-tool>

¹⁸ The planning and support tool of Rutgers provides an overview of the most important evidence regarding characteristics of effective, rights based SRHR education/HIV prevention interventions for young people. Organizations that are working in the day-to-day practice of SRHR education for young people but have limited time and resources can use the 28 questions in the tool to analyse their intervention or to plan new interventions.

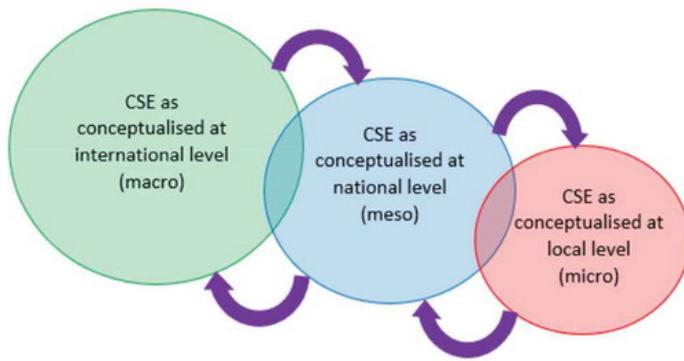
<https://www.rutgers.international/our-products/tools/planning-support-tool>

Figure 3 Model for programming process by TNO



A thorough review of the international literature by Hague, Miedema, and Le Mat (Hague et al., 2017) on CSE related implementation processes shows, that approaches to CSE appear to vary at macro, meso, and micro levels and shape the varied understandings and delivery of CSE as a result. Hague, Miedema, and Le Mat (Hague et al., 2017) express that, rather than the still all too prevalent top-down approach to guidance of CSE, a circular learning process (see Figure 4) will gradually prevail that will increasingly create understanding and consensus among different sets of actors and across varying contexts as to what CSE should, at a minimum, encompass. The question of how to culturally appropriately address the sensitive topics of comprehensive sexuality education, will have to be key priority in these processes (Vanwesenbeeck et al., 2018).

Figure 4 A circular learning process in the development of CSE policies and programmes. (©Hague, Miedema & Le Mat, 2017).



Both the Rutgers' Essential Packages Manual¹⁹ as IPPF's Deliver & Enable Toolkit²⁰ provide a wide range of information, examples, practical recommendations and links to resources for programming and scaling up of CSE in a rights-based, gender transformative and sex-positive way.

¹⁹ <https://www.rutgers.international/our-products/tools/essential-packages-manual>

²⁰ <https://www.ippf.org/resource/deliverenable-toolkit-scaling-comprehensive-sexuality-education-cse>

4 Conclusions and challenges for the future

In general, there is quite a lot of support for CSE on a global level. However the implementation of CSE is mostly poor, inconsistent between and within countries and the quality and quantity differs a lot. In a majority of countries, sexuality education is delivered in the school settings and integrated into broader subjects, such as biology, health, life skills education or citizenship delivered in school settings. Most of the programs provide education on sexually transmitted diseases, unplanned pregnancy, abstinence and contraceptive use. Topics like gender norms, sexual diversity, sexual coercion and sexual pleasure are mostly less addressed. Delivering CSE in a positive and a right based approach seems to be difficult and challenging.

Although Rutgers and other partners emphasise the importance of gender and culture inclusiveness of CSE, it also seems to be difficult to include all aspects with respect to the specific cultural context. In several countries there is strong opposition towards CSE. Learners and teachers living in a more restrictive society or environment, feel reluctance to discuss delicate issues. They tend to exclude or ignore relevant topics while young learners don't get enough support to be critical and discover their own gender and sex identity or to make their own decisions in a safe learning environment. We emphasized the importance of a more learner-centred and pedagogic approach of CSE. This means in practice a more crucial role for teachers. A more pedagogic approach asks active participating of youth and encouraged and educated teachers. They have to facilitate discussions and improve the reflection process taking in account different learning styles and contexts. Trainings for teachers are mostly ignored or lacking.

A multicomponent and integrated approach of CSE seems to be the most effective way to reach impact on sexual health and wellbeing among youth. Still we don't have enough evidence for this. Studies on the implementation, effect- and impact of CSE programs are scare and still lacking. There is still some diffidence and lack of understanding about the benefits of CSE.

Challenges

More focus on gender and cultural norms, equality and pleasure in CSE

Since decades, the focus of sex education is dominated by prevention of risks and sexual health. CSE promotes more positive approaches that go beyond a presentation of biological facts to call attention to less restrictive definitions of sexuality, sexual subjectivity and well-being. From an ethical perspective, it is necessary for CSE to deal with implicit and explicit messages that reinforce a narrow perspective on sexuality and bolsters inequalities of gender, sexual orientation and preferences. CSE must recognize and address the interplay among gender, race, class, ethnicity, etc. It should denounce ideologies that promote sexist, racist and classist notions of sexuality and stimulate compassion through critical thinking and tolerance towards differences. Greater comfort with your body and a positive self-esteem enables greater ability to share and communicate sexual desires and wishes with others. In particular the role of pleasure, informed consent, sexual rights, gender equality and cultural inclusive CSE needs more attention. Measurable outcomes or indicators for gender equality, critical thinking skills, a sense of confidence in consenting (sexual) relationships and sexual pleasure, have yet to be developed.

Dealing with different social contexts and opposition towards CSE

It is notable that in some countries CSE policy has shifted towards a more conservative approach in the last few years. In some countries there is strong opposition towards sexuality education, mostly from conservative religious groups, conservative political parties and conservative parent groups. Unfounded allegations about the risks of sexuality education are still made. In the vision of religious or conservative groups the messages and pictures are too explicit or not appropriate for young learners. Some religious groups, schools and organisations refuse to provide CSE and prefer the abstinence only approach. They do think CSE will encourage young people being sexually active at a young age. CSE programmes should actively engage in dialogues with these types of opposition to increase correct understanding of CSE and its aimed impact. Continuous attention should be paid to involving key stakeholders in every phase of the programme, in order to stimulate local ownership and identifying socio-culturally acceptable ways to address certain sensitive issues.

Case; opposition against CSE in the Netherlands

There is quite little opposition to CSE in The Netherlands. Only in 2014 when the programme 'Dr Corry' was launched in school TV, there was some opposition from small conservative Christian groups. Their main arguments were: sexuality education encourages sexual behaviour (before marriage); sexuality is a private matter (not for the school); and children are too young for sexuality education. By some, the programme on school TV was perceived as too rude and not age appropriate enough. Recently some more Christian oriented groups launched their own lesson packages in response to the more explicit and liberal packages of Rutgers and Soa Aids Nederland like Long live Love.

The need for a more pedagogic and learner centred approach of CSE

In the last decades we strongly admit the role of teachers is crucial for more qualified CSE. In a changing global and online world, young learners navigate and interact with their environment. Young people build up relationships and meet others with different values, norms and beliefs. A learner centred approach with participatory learning activities may support learners in being critical of their own lives. The role of teachers in CSE is changing from a director role to a more facilitating and pedagogic role. This means facilitating discussions with students, let them more dealing with conflicts, improve reflections and setting rules together. However, many professionals and teachers feel mostly embarrassed or they lack specific competences to do so. Delivering CSE within a more pedagogic approach asks adequate training and capacity. Better training and support for teachers can encourage teachers to discuss sensitive topics and use participatory methods. However, including enough attention for the training and support of teachers in CSE programming's, also budget, planning and organisational structure is still challenging.

More research is needed to document impact, benefits and results of CSE

Studies on effectiveness of CSE are scarce. More qualified research, good practices, evaluation and impact of CSE among young people in varied contexts is needed. Impact studies on CSE, mostly short-term evaluations, show mostly an increase in knowledge. Impact of changing attitudes, social norms, skills and sexual behaviour, sexual satisfaction, gender equality and acting within an informed consent is much more difficult to measure. There is also a lack on data of the impact of CSE on the long term. There is a strong need to demonstrate the results, benefits and impact of CSE in an evidence-based way. More knowledge is also needed on the impact of digital CSE and ways of successful and effective online learning.

Implementing and upscaling CSE

Implementation of qualified CSE remains a challenge in many parts of the world. It is most often still seen as a stand-alone element in one specific subject and as the responsibility of certain teachers, and not integrated in the whole school's policies and practices. Where sexuality education is non-compulsory, extracurricular are only partially compulsory, a large number of students will not recap its benefits. The limited duration of courses and piecemeal approach in many countries means that the potential of CSE to help young people to understand and enjoy their sexuality and have safe, mutual, caring and fulfilling relationships is not yet being fully realized. Engaging support staff, parents and communities during the implementation process seems to be supportive for upscaling school-based CSE. There is a need for more knowledge of factors that contribute to successful implementation and upscaling of CSE by involving the whole school environment.

Linking CSE to other (youth) SRHR programmes

In-school CSE should be complemented and re-enforced by innovative offline and online tools for out-of-school CSE and individual learning. Furthermore, could the impact of in-school CSE be catalysed by linking to out-of-school youth-friendly sexual health services and sensitisation and capacity strengthening of community actors and parents on sexuality education. Therefore, more research is needed on effective strategies to link CSE to other SRHR programmes and how this can maximise their impact.

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