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Facing the facts: the case for comprehensive sexuality education

Comprehensive sexuality education is an essential part of a good quality education that helps prepare young people for a fulfilling life in a changing world. It improves sexual and reproductive health outcomes, promotes safe and gender equitable learning environments, and improves education access and achievement. This paper, produced jointly with the Section for Health and Education at UNESCO, discusses how governments can overcome social resistance and operational constraints to scale up these programmes as part of their commitment to SDG 4, the global education goal.

Politicians all over the world have stated and restated their commitment to evidence-based policy-making in recent years. Yet, every so often, other considerations undermine reliance on facts and get in the way of decisions that could save lives and improve well-being. An example, in much of the world, is the continual hesitation about, if not retreat from, the goal of rolling out comprehensive sexuality education.

Comprehensive sexuality education is a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality, going beyond the narrower approaches that were more common in the past. For several reasons, it is vital to the achievement of several Sustainable Development Goals (SDGs). It improves sexual and reproductive health-related outcomes, such as HIV infection and adolescent pregnancy rates, which in turn helps expand education opportunities. It disrupts harmful gender norms and promotes gender equality, which helps reduce or prevent gender-based violence and hence create safe and inclusive learning environments. And it is a key component of good quality education: As an active teaching and learning approach centred on students, it helps develop skills such as critical thinking, communication and decision-making that empower students to take responsibility for and control their actions and help them become healthy, responsible, productive citizens.

Countries have committed at the level of the United Nations General Assembly 'to accelerate 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, ... 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, informed decision-making, communication and risk reduction skills and develop respectful relationships' (United Nations, 2016).

However, even governments that are highly committed to delivering comprehensive sexuality education must deal with two types of challenges. First, they need to overcome negative public attitudes. Many people still hold erroneous beliefs about the effects of teaching young people about sex and relationships. These misconceptions, unsupported by evidence, are often fuelled and propagated by organized opposition and lobbying. As a result, provision of comprehensive sexuality education has become not a matter for evidence-based action, but a highly politicized contest.

United Nations Educational, Scientific and Cultural Organization

Global Education Monitoring Report

Second, governments must overcome the capacity and resource constraints associated with every investment in good quality education. They need to ensure teacher education, curriculum content, assessment, monitoring and evaluation. They must secure the support of communities, education workers, and partners in other sectors, particularly health.

In a year when progress towards SDG 4, the global goal on education, is being reviewed at the highest levels, including in the General Assembly, the urgent task of delivering comprehensive sexuality education to young people across the globe is more relevant than ever. It is part and parcel of the delivery of education of good quality, as governments reaffirmed by including comprehensive sexuality education in the Brussels Declaration at the Global Education Meeting (UNESCO, 2018a). Moreover, comprehensive sexuality education has an essential role to play in preventing the rollback of progress towards achieving good health and gender equality outcomes. This paper reviews the benefits of comprehensive sexuality education and the chief obstacles to its implementation and concludes with a call for action. It is time to face the facts.

COMPREHENSIVE SEXUALITY EDUCATION IS KEY FOR SUSTAINABLE DEVELOPMENT

School-based learning about healthy relationships, sexuality, sex, and sexual and reproductive health empowers students. Such topics have featured in school curricula as part of well-established subjects, such as biology, social studies and geography, as well as in subjects covering learners' social and personal development. The latter have been known by various names, including relationship and sexuality education, family life education, HIV education, and healthy lifestyles.

Traditional models of sexuality education focus on biology, reproduction and prevention of risk and disease. Comprehensive sexuality education goes beyond those areas, proposing learning in a positive and affirming way about eight concepts: relationships; values, rights and culture; gender; violence and staying safe; skills for health and well-being; the human body and development; sexuality and sexual behaviour; and sexual and reproductive health.

Age-appropriateness is a defining characteristic of effective comprehensive sexuality education (Haberland and Rogow, 2015). The learning objectives of the UN's International Technical Guidance on Sexuality Education are grouped according to four age ranges: 5 to 8, 9 to 12, 12 to 15 and 15 to 18 or over (UNESCO et al., 2018). Children as young as 5 need age- and developmentally appropriate sexuality education to enable them to understand basic facts about their bodies, think about families and social relationships, and recognize inappropriate behaviour, including child abuse.

Before they reach adolescence, young people need a clear understanding of the physical and emotional changes they will experience and of how these changes are related to their development and to reproduction. Negative social attitudes limit the amount and accuracy of some of the information adolescents receive at home and in school: for example, 48% of girls in the Islamic Republic of Iran believed menstruation was a disease. Likewise, 51% of girls in Afghanistan and 82% in Malawi were unaware of menstruation before they first experienced it (Water Aid, 2016). It is critical for children and young people to learn about sex and safer sex behaviours before they become sexually active so they are adequately prepared for healthy, consensual relationships.

Early pregnancy and childbirth can have serious health consequences and constitute the leading cause of death for 15- to 19-year-old girls worldwide. And yet, approximately 16 million girls aged 15 to 19 years and 2.5 million girls under 16 years give birth each year in developing regions. About 3.9 million girls aged 15 to 19 years undergo unsafe abortions (WHO, 2018).

In addition to health outcomes, early pregnancy can affect girls' education opportunities. Pregnancy can result in their expulsion from school or to them being shamed and stigmatized while at school, affecting their ability to learn (UNESCO, 2017a). For instance, longitudinal data from Madagascar confirm that teenage pregnancy leads to early school leaving (Herrera Almanza and Sahn, 2018).

COMPREHENSIVE SEXUALITY EDUCATION IS CRUCIAL IN IMPROVING HEALTH

Learning about safer sex behaviours can prevent sexually transmitted infections, including HIV. Young people account for 33% of all new HIV infections among adults (aged 15 and over). Yet, although knowledge about HIV has increased, only 36% of men and 30% of women aged 15 to 24 had comprehensive knowledge of HIV prevention and transmission in the 37 low- and middle-income countries with data for 2011–2016 (UNAIDS, 2017).

Comprehensive sexuality education increases knowledge about numerous aspects of sexuality, sexual behaviours and the risk of pregnancy, HIV and sexually transmitted infections. A review of 64 studies involving over 87,000 young people confirmed that school-based comprehensive sexuality education has a positive impact, resulting in increased and more effective use of contraception, including condom use during last sex; reduced high-risk sexual behaviour; and less frequent condomless sex in the past three months (Fonner et al., 2014). It was also found to decrease the number of adolescents having sex at a very young age, as well as early unintended adolescent pregnancies. And, supported by access to youth-friendly sexual health services, it has reduced HIV and sexually transmitted infections among adolescents. It does not increase sexual activity or the number of sexual partners (Kirby, 2007; Kivela et al., 2014; Oringanje et al., 2016; UNESCO et al., 2018). Comprehensive sexuality education that includes a strong component on gender and power in relationships is more effective at achieving health outcomes than programmes that do not prioritize these aspects (Haberland, 2015).

By contrast, abstinence-only approaches have proved ineffective and even potentially harmful. A review of sexuality education policies and programmes in the United States showed that abstinence-only programmes withheld pertinent sexual health knowledge; provided medically inaccurate information; promoted negative gender stereotypes; stigmatized young people who were sexually active, pregnant or parenting; and marginalized lesbian, gay, bisexual, transgender and intersex adolescents (Santelli et al., 2017). Other studies have demonstrated that abstinence-only approaches are not effective in delaying sexual initiation or reducing frequency of sex or number of sexual partners (Trenholm et al., 2007; UNESCO et al., 2018).

A LOT MORE THAN JUST SEX: COMPREHENSIVE SEXUALITY EDUCATION CONTRIBUTES TO GENDER EQUALITY

Fewer rigorous studies have assessed the non-health outcomes of sexuality education, but the evidence that exists suggests that comprehensive sexuality education may have the potential to prevent and reduce gender-based and intimate partner violence and discrimination; support self-efficacy, confidence and gender-equitable norms; and teach students to build stronger and healthier relationships (UNESCO et al., 2018).

To ensure equal relationships based on trust, respect and dignity, children must learn to critically reflect on gender norms in their community and how these may negatively or positively affect their equality, especially in negotiating difficult decisions, e.g. on having safer sex or refusing sex, and in ensuring that such decisions are respected. Both girls and boys are affected by gender norms. Girls are more likely than boys to be subjected to harmful traditional practices, such as child marriage, and to be exposed to intimate partner violence and sexual abuse. Boys are more likely to engage in health-harming behaviour (Chandra-Mouli et al., 2017; Blum et al., 2017).

Comprehensive sexuality education of good quality encourages positive gender norms and promotes values and attitudes that contribute to safe and inclusive learning environments. It builds awareness of the ways cultural, social and biological differences and similarities shape gender norms, and encourages critical thinking on norms that influence inequality, gender-based violence and discrimination. Data from 15 countries across 5 continents show that gender norms are formed very early in adolescence, highlighting the need for early intervention (Blum et al., 2017).

Some 120 million girls worldwide (slightly more than 1 in 10) have experienced forced intercourse, forced sexual acts or other forms of intimate partner violence at some point in their lives, and violence is the second leading cause of death among adolescent girls globally (UNICEF, 2014). Addressing issues of

consent, coercion and violence within comprehensive sexuality education can break the silence about sexual violence, sexual exploitation and abuse, and inspire young people to seek help (WHO, 2015). A global review found that comprehensive sexuality education builds self-confidence (Unterhalter et al., 2014). This has positive effects on adolescents' and young people's self-esteem and decision-making and negotiating skills (UNESCO et al., 2018).

COMPREHENSIVE SEXUALITY EDUCATION IS A PILLAR IN DELIVERING EDUCATION OF GOOD QUALITY

Comprehensive sexuality education is most effectively delivered in participatory and learner-centred ways (International Sexuality and HIV Curriculum Working Group, 2009). Such approaches encourage young people to explore their attitudes and values, engage with and ask questions, and take an active part in their learning experience. They become empowered to question their social context and challenge negative social norms (IPPF, 2010).

A skills-based curriculum designed with social and emotional learning objectives can connect comprehensive sexuality education with related themes promoting human rights and gender equality, as captured in SDG target 4.7. Such an approach can develop young people's critical thinking, communication and wider life skills (Schonfeld et al., 2012; 2014), which, in turn, help improve academic outcomes (McCormick et al., 2015) and other social and labour market outcomes (OECD, 2015).

Sexual and reproductive health education that is linked to appropriate access to related services in health, child protection, juvenile justice and social safety nets provides a continuum that enables learners to achieve their full potential. The African Union has recognized these synergies in its roadmap for harnessing the potential of the region's youth dividend. It includes key actions and deliverables on comprehensive education on sexual and reproductive health under its Education and Skills Development pillar and its Health and Wellbeing pillar (African Union Commission, 2017).

DESPITE THE BENEFITS, BARRIERS TO COMPREHENSIVE SEXUALITY EDUCATION REMAIN

Countries that are further ahead in implementing comprehensive sexuality education programmes provide important lessons on how to overcome the two main types of barriers, particularly in formal education settings: social opposition due to norms and power relations, and operational constraints.

Social opposition, in the form of resistance or backlash to comprehensive sexuality education, may negatively affect several areas: policy-makers' and civil servants' diligence in taking the necessary measures; teachers' attitudes and readiness to deliver the curriculum and create the right classroom conditions for effective teaching and learning; students' motivation; and parents' cooperation. Operational barriers include insufficient training, guidance and support for teachers to deliver the content of comprehensive sexuality education using evidence-based pedagogical approaches; lack of access to appropriate curricula and training resources covering a comprehensive range of key topics; and insufficient or piecemeal funding to support effective delivery (Panchaud et al., 2018).

COMMUNITY AND PARENTAL RESISTANCE TO COMPREHENSIVE SEXUALITY EDUCATION REMAINS A CHALLENGE

Strong community resistance to comprehensive sexuality education, or even the prospect of such resistance, is a real risk that can prevent enactment of laws and slow implementation of policies related to gender equality and sexual and reproductive rights, particularly affecting women and girls. Resistance may be fuelled by underlying misconceptions about the purpose and scope of comprehensive sexuality education. These misconceptions commonly include concerns that such education is inappropriate for young children, goes against local cultural or religious values, encourages early sexual initiation or causes 'gender confusion' and may be used to recruit young people into 'alternative lifestyles' or non-conforming sexual orientation or gender identity.

Community resistance may be exacerbated by uncertainty about what 'comprehensive' or 'sexuality' means in practice. In Uganda, public backlash led

the education ministry to withdraw the national sexuality education curriculum in 2016, leading to confusion about which topics could be discussed in schools. The curriculum was later revised, but that process also faced considerable resistance. Religious organizations raised concerns, particularly about the term 'sexuality education' and inclusion of content for children aged 3 to 5. The revised curriculum framework does not align with the quality benchmarks promoted by the International Technical Guidance on Sexuality Education, as it does not address some key topics and includes moralizing language (de Haas and Hutter, 2018). In Mali, after the High Islamic Council voiced opposition, the government cancelled workshops that included modules with questions on sexual orientation, tolerance, inclusion and respect (RFI, 2018).

While there is no cross-country evidence on parental attitudes towards comprehensive sexuality education, there is evidence demonstrating public support for elements of it. Asked whether they believed 12- to 14-year olds should be taught about condoms as part of HIV/AIDS prevention – a key element of a comprehensive sexuality education programme – 65% of women aged 15 to 49 in 39 low- and middle-income countries said yes. Five of the seven countries where a majority said no were in Western Africa; the lowest support, 32%, was registered in The Gambia in 2013 (**Figure 1a**).

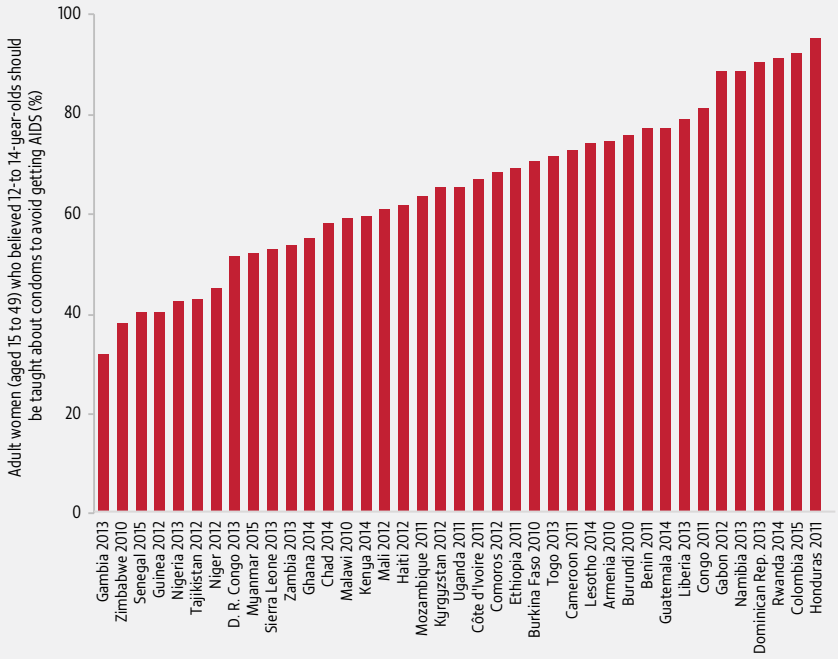
At the same time, 91% of women in 22 countries said they believed teenagers in this age group should be taught to abstain from sexual intercourse until marriage as a way to avoid HIV/AIDS. While this by no means suggests a preference for an abstinence-only approach, it provides context for the design and implementation of comprehensive sexuality education programmes. Only Colombian women were somewhat ambivalent on this question (**Figure 1b**).

FIGURE 1.
Women support the teaching of elements of comprehensive sexuality education, but cultural beliefs need to be considered

Percentage of 15- to 49-year-old women who:

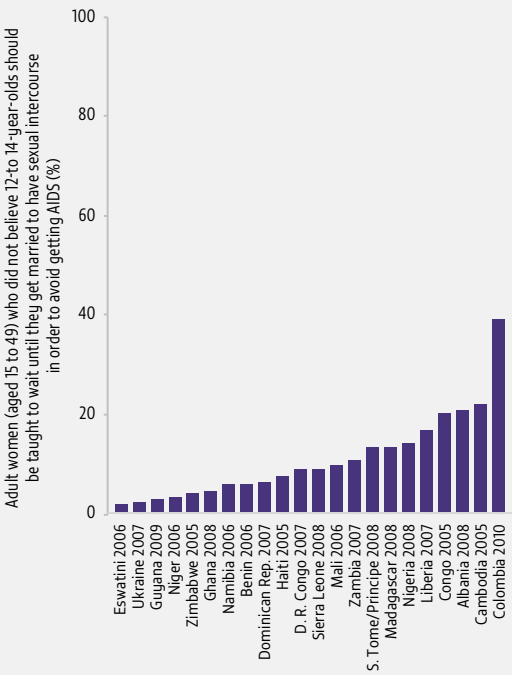
a. believed 12- to 14-year-olds should be taught about condoms to avoid getting AIDS

Selected low- and middle-income countries, 2010–2015



b. did not believe 12- to 14-year-olds should be taught to wait until marriage to have sexual intercourse in order to avoid getting AIDS

Selected low- and middle-income countries, 2005–2010



Source: GEM Report team analysis based on Demographic and Health Survey data.

Perceptions affect attitudes. In Peru, 89% of students thought their parents supported delivery of comprehensive sexuality education in schools. Yet fear of controversy and conflict with parents limits the willingness of some teachers in the country to address such issues as birth control and sexual diversity, and more than one-third teach that sexual relationships are dangerous and should be avoided until marriage (Motta et al., 2017).

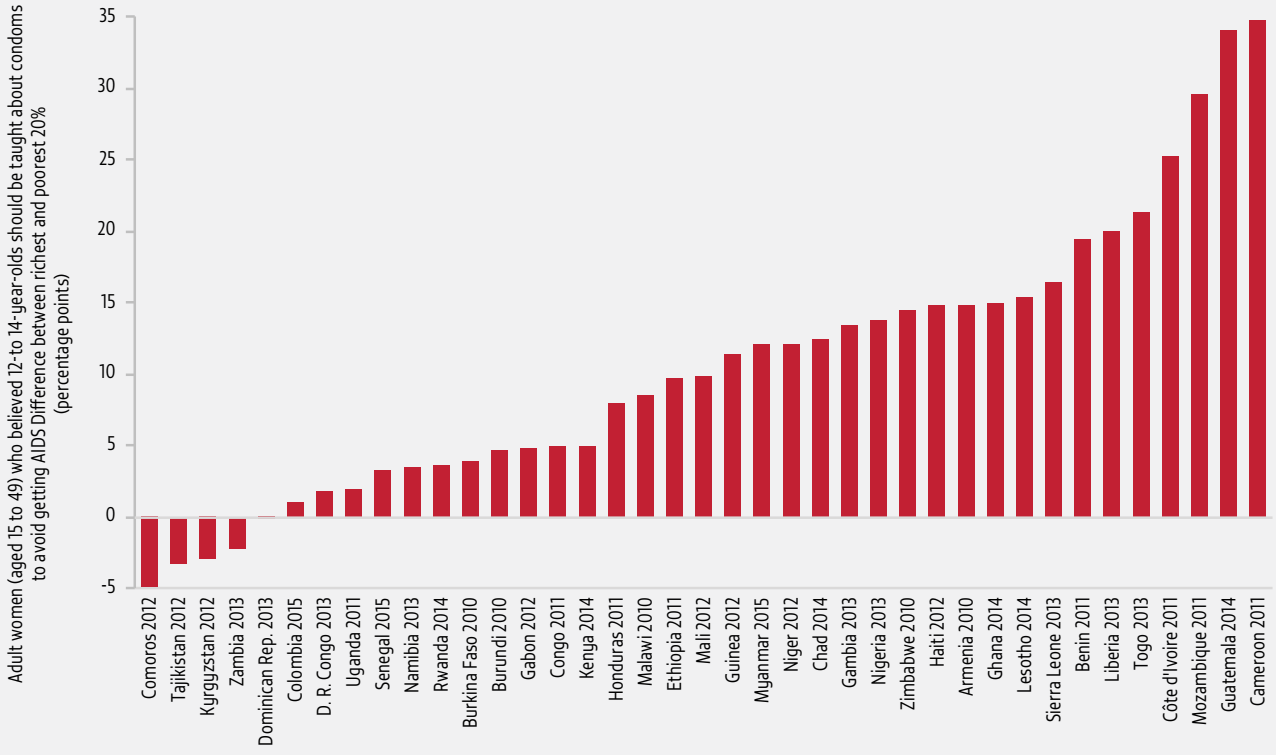
Beliefs also vary within countries. Poorer women, for instance, were less likely to support teaching some elements of comprehensive sexuality education. In 33 of the countries compared, the poorest 20% of women were less likely than the richest 20% to believe 12- to 14-year-olds should be taught about condoms as part of HIV/AIDS prevention. In Cameroon, 81% of the richest but 46% of the poorest supported the idea; the respective shares in Guatemala were 88% and 54% (**Figure 2**).

There were also significant differences in 30 countries between the beliefs of women living in rural and urban areas, and, in 28 countries, between women with and without children aged 12 to 14. Controlling for a variety of characteristics, the probability that a woman would hold a positive belief on teaching about condoms increased by eight percentage points among urban dwellers and by a further nine percentage points among those with at least primary education.

FIGURE 2.

Poorer women are less likely to support teaching elements of comprehensive sexuality education

Difference between the richest 20% and poorest 20% of women aged 15 to 49 regarding the belief that 12- to 14-year-olds should be taught about condoms to avoid getting AIDS, selected low- and middle-income countries, 2010–2015



Source: GEM Report team analysis based on Demographic and Health Survey data.

Different countries are at different stages of addressing and overcoming barriers to comprehensive sexuality education. Experience shows that even with bottlenecks and advocacy challenges, and in the most conservative settings, it is possible to deliver sexuality education. Yet, in recent years, opposition has become more intense, with some seeking to confront and reverse progress made in women's rights and gender equality.

In Mexico, the government adopted a strategy for adolescent pregnancy prevention in 2015, within which it developed a strategy for comprehensive sexuality education. The following year, however, a wave of opposition followed the president's call for members of Congress to modify the civil code and other laws to guarantee the right to same-sex marriage, changes in gender identity and equality in adoption. The education secretary promised to revise the sexuality education curriculum to include sexual diversity. Strong resistance from religious organizations led to the formation of an opposition group, which organized demonstrations. But efforts from non-government organizations to support teacher education and development of educational and advocacy material led to a Supreme Court of Justice ruling establishing children's and young people's right to comprehensive sexuality education and contraception as a component of their basic human right to physical and mental health (Chandra-Mouli et al., 2018a).

Opposition is also present and sometimes influential in high-income countries. In England (United Kingdom), after significant mobilization by teachers, learners and parents, and a wide government consultation process, relationships and sex education was made mandatory in 2018 (Long, 2019). However, the legislation was opposed by a vocal minority of parents and religious schools that wanted the ability to opt out of elements of the curriculum to which they objected, particularly on content related to lesbian, gay, bisexual, transgender and intersex issues. An online petition asking for parents to be given broader power to opt out gathered more than 100,000 signatures (House of Commons, 2019). While the petition highlighted concerns, the legislation was approved.

In the United States, strong opposition to comprehensive sexuality education from a vocal but influential minority is increasingly having an impact on policy. Between 2006–2010 and 2011–2013, the percentage of adolescents who received formal instruction about birth control fell from 70% to 60% among girls and from 61% to 55% among boys. The declines were larger for adolescents who did not live in metropolitan areas (Lindberg et al., 2016). Only about half of school districts require any sexuality education and, of those that do, most mandate or stress abstinence-only instruction (Barrica, 2019). In fact, 18 states require teachers to tell students that sex is acceptable only within the context of marriage (Guttmacher Institute, 2019), despite the 8-year gap between the average age of sexual initiation and marriage. Only 10 states and the District of Columbia refer to sexual assault or consent in their sex education curricula (Shapiro and Brown, 2018).

EVEN FULL PROVISION OF COMPREHENSIVE SEXUALITY EDUCATION IS SUBJECT TO OPERATIONAL CONSTRAINTS

Public opposition by vocal groups can reduce governments' resolve to pursue comprehensive sexuality education policies. However, even in countries with an enabling policy environment, implementation can be thwarted by underestimation of operational challenges in areas such as such as effective teacher preparation and support, development of appropriate curricula and learning materials, and planning, financing and monitoring.

Teachers are not adequately prepared and supported

Teachers and head teachers are part of the wider community and may echo its concerns. Personal views on sex before marriage, on access to contraception or on same-sex relationships influence the way that a teacher delivers curriculum content. In Ghana, a significant majority of teachers believed that young people should be taught that healthy sexuality is a normal part of growing up (99%) and how to use contraceptives to avoid pregnancy (86%), but also that young men and women should abstain from sex before marriage (94%) (Awusabo-Asare et al., 2017).

But teachers' ability to deliver comprehensive sexuality education of good quality also depends at least partly on the quality of training and support that they receive. Young people regularly report that teachers are unprepared to teach comprehensive sexuality education, and teachers themselves express a need for more training (UNESCO, 2019a; Pound et al., 2016). Coverage of comprehensive sexuality education in pre-service teacher training varies. While 78% of teachers in Ghana and 70% in Kenya reported receiving training, only 51% did in Guatemala (UNESCO, 2019a).

Even where training is provided, systems do not always ensure that teachers are motivated and confident about teaching all key topics, particularly those considered 'sensitive'; thus teachers may omit particular lessons. In Kenya, a study of 78 public and private secondary schools showed that while 75% of teachers reported teaching all topics of a comprehensive sexuality education programme, only 2% of students reported learning them all. Only 20% learned about types of contraception and even fewer learned how to use and where to get them. In some cases, incomplete and sometimes inaccurate information was taught. Almost 60% of teachers incorrectly taught that condoms alone were not effective in pregnancy prevention. Moreover, 71% of teachers emphasized abstinence as the best or only method for preventing pregnancy and sexually transmitted infections, and most depicted sex as dangerous or immoral for young people (Sidze et al., 2017).

Another problem for teachers may be a lack of lesson plans or teaching materials that are gender and human rights sensitive and reflect contemporary realities. In Ghana, Guatemala and Peru, around three-quarters of teachers reported a lack of lesson plans, learning activities and other teaching materials. Some teachers do not even receive the national curriculum and schools may be expected to buy their own teaching materials (Keogh et al., 2018). Restricted school budgets, together with integration of comprehensive sexuality education into other subjects, make school administrations less likely to budget specifically for it, so many teachers must develop their own materials. Use of additional materials, such as videos and fact sheets found online, can be helpful but may not be age appropriate or up to date, and teachers do not always have the skills to integrate them into the lesson (UNESCO OREALC, 2019).

High pupil/teacher ratios, large class sizes and non-supportive school environments may make interactive and learner-centred pedagogy more difficult. Teaching methods may be didactic and insufficiently participatory, often reflecting a general lack of teacher capacity for delivering skills-based health education and social-emotional learning (Cahill, 2018). A review in Thailand found that most teachers relied on lectures as a teaching method, with a minority of teachers using activity-based pedagogy. Only half of general secondary teachers and less than half of vocational teachers had received training in providing comprehensive sexuality education. Trained teachers were found to cover more topics and use more activity-based instruction methods than those with no sexuality education training (Thailand Ministry of Education and UNICEF, 2016). In Chile, despite a supportive policy environment, schools and teachers face challenges delivering comprehensive content, with teachers often omitting key topics, particularly those relating to gender, sexual violence and diversity. As learning objectives and content become more complex, teachers struggle to master content conceptually and disentangle their personal values and norms from the lessons (UNESCO OREALC, 2019).

Curricula and teaching resources omit key topics and do not meet young people's needs

The quality of curricula clearly affects the quality of comprehensive sexuality education. Often, curricula and teaching resources focus mainly on reproductive physiology, at the expense of rights and gender, or may not adequately cover topics such as sexual orientation, contraception and how to use condoms (UNESCO, 2019a). A global review by UNESCO on the status of comprehensive sexuality education found that issues of gender and rights were almost always absent or inadequately covered in current curricula across all regions (UNESCO, 2015).

In sub-Saharan Africa, a review of 23 school-based comprehensive sexuality education programmes highlighted the need for increased attention to relationships, sexual and reproductive health, and social norms and gender to make life skills training more relevant and effective (Hospital et al., 2018). A similar review of official curricula in Latin American and Caribbean countries for 9- to 14-year-olds found that, while much of the recommended material was present in various parts of the curricula, overarching essential themes such as gender and rights were not, impeding coherence and integration within subjects and across school years (UNESCO OREALC, 2017).

A synthesis of qualitative studies of young people's views of their school-based sex and relationship education in the United Kingdom found that the content was out of touch, since schools could not accept that some students were sexually active. Young people also reported that the content was negative, gender-biased and not supportive of diversity (Pound et al., 2016).

Involving young people in curriculum development is recognized as key to ensuring that content is relevant and tailored to their needs (Kirby, 2007). However, in practice, this does not happen consistently. Broader consultations with parents, community and religious leaders, and adolescent-health experts are also important to ensure that content is scientifically accurate, contextually relevant and acceptable to community stakeholders. However, where broader consultations are conducted, strong leadership is essential to avoid a lengthy and protracted process. It may be difficult to reach consensus, particularly on more sensitive topics such as contraception, safe abortion, sexual orientation and gender identity. Opposition from religious groups may be strong and can stall comprehensive sexuality education curriculum development.

Planning and implementing comprehensive sexuality education programmes is complex

In most countries, comprehensive sexuality education is not offered as a stand-alone subject in school but is integrated into other key subjects. While integration demonstrates the relevance of the field to other subjects and addresses the issue of overcrowded curricula, it can diminish the importance of sexuality education, as it may not carry the weight of a stand-alone subject for teachers or students. Teachers may spend less time on comprehensive sexuality education topics they do not want to cover and may not be trained to integrate them effectively. This is especially the case when the subjects into which comprehensive sexuality education is integrated are elective and/or non-examinable. In Peru, where comprehensive sexuality education is part of *tutoría*, an hour-long personal development class, it often is reportedly neglected in favour of topics such as drug use (Keogh et al., 2018).

In China, comprehensive sexuality education is integrated into other subjects. A study involving 30 secondary schools across 6 provinces and municipalities that claimed to cover sexuality education showed that, although there was no consensus as to whether sexuality education should be a separate course instead, teachers and school principals tended to think the integrated approach led to shallow, non-systematic learning of the topic (UNESCO and UNFPA, 2018).

Funding is insufficient and piecemeal

With government resources limited, competing priorities between the national and regional or district levels can mean that, even where national policies support comprehensive sexuality education, they may not be implemented locally. Peru's Education Guidelines include a provision on comprehensive sexuality education, yet local education authorities have not implemented it because they have allocated their limited resources to higher-profile issues such as malnutrition, and there are no dedicated teams to monitor implementation.

Funding for programmes is often piecemeal. A variety of agencies may run localized programmes, which governments cannot always sustain when funding ends. Policies 'frequently comprise patchworks of mandates, funding restrictions, omissions, and compromises, often at odds from one level to the next' (Goldfarb and Constantine, 2011). Lack of government funding, together with a reliance on international donors, leads to discontinuity in programme delivery, as funders have different priority areas and do not coordinate with each other. In Kenya, this has resulted in a wide variety of curricula being used around the country. In Ghana, although the government runs the School Health Education Programme and is responsible for coordinating comprehensive sexuality education content taught in schools, it allows other organizations to implement their own programmes in certain districts, with little overall coordination (Keogh et al., 2018).

Monitoring implementation is fraught with challenges

The operational challenges described above make it difficult to provide an accurate picture of the extent to and the way in which comprehensive sexuality education is delivered across and within countries. However, advances in recent years have resulted in the development of a standardised indicator on comprehensive sexuality education and its inclusion in the SDG 4 monitoring framework.

The definition of the monitoring indicator on sexuality education has evolved...

Tools to track progress on delivering elements of health and HIV education have been integrated into education systems for some time, mostly through efforts in the health sector. The role of sexuality education in the response to the HIV epidemic was recognized by the United Nations General Assembly Special Session (UNGASS) Declaration of Commitment on HIV/

AIDS in 2001, which included as a core indicator the 'percentage of schools that provided life skills-based HIV education'. The indicator was supposed to be based on a nationally representative survey of head teachers, who would be asked whether schools provided life skills education in each grade. In 2011, the UNAIDS Monitoring and Evaluation Reference Group dropped this indicator because of concerns about its technical merit. Countries' reports demonstrated coverage but did not reflect content quality.

With education ministries keen to strengthen monitoring of comprehensive sexuality education, UNESCO supported regional consultations which resulted in a revised core indicator being recommended to replace the UNGASS indicator (UNESCO, 2013; 2015). Revisions were made in two areas: the scope was expanded to 'percentage of schools that provided life skills-based HIV *and sexuality* education within the previous academic year', and criteria were added to reflect the basic content of sexuality education curricula and so offer the first steps towards a quality benchmark.

In 2017, the revised indicator was approved as thematic indicator 4.7.2 under SDG target 4.7. The UNESCO Institute for Statistics included a simple question on the number of schools providing life skills-based HIV and sexuality education in its Survey of Formal Education, which is used in 165 countries and territories. It also strengthened the definition of this question to improve the data to be collected in 2018.

...but data collection still presents challenges

While the indicator has been improved, collecting the relevant data still poses two challenges. The first is integrating the question into annual school censuses. When data are collected through a self-administered school survey, a school is considered to provide life skills-based HIV and sexuality education if the head teacher confirms that it delivers generic life skills (e.g. decision-making, communications, refusal skills); sexual reproductive health/sexuality education (e.g. on human growth and development, family life, reproductive health, sexual abuse, transmission of sexually transmitted diseases); and HIV transmission and prevention education. By 2017, 10 eastern and southern African countries, for example, had integrated such questions into their annual school census questionnaire. However, progress is not consistent across the board: recent analysis from the United Republic of Tanzania suggests that school heads are not being oriented on how to collect data and report on HIV and sexuality education indicators (UNESCO, 2018b).

Improvement can be achieved by using an externally administered school survey with a lightly enhanced questionnaire. This allows for more detailed analysis of the topics being delivered through sexuality education. A school is considered to have life skills-based HIV and sexuality education if 16 essential topics (e.g. decision-making skills, human growth and anatomy, family life, gender equality, reproduction) and at least 6 desirable topics (e.g. tolerance, contraception, HIV-related stigma) are covered (UNESCO, 2013).

The second challenge is measuring delivery quality, particularly in terms of teaching methodologies, assessment approaches, and learning outcomes or skills development. There is huge variation in curriculum content, implementation across education levels and age groups, and subject modalities, making it difficult to summarize information and capture nuances. While there have been a few comparative studies, which are summarized in the next section, what is currently known about implementation mainly comes from special studies and small-scale research.

It remains almost impossible to ensure that every teacher covers all key curriculum topics. Due to human resource or technical capacity constraints, school monitoring visits may be infrequent. Moreover, such visits assess teaching quality as a whole and not specific subject or subject component delivery. Where comprehensive sexuality education is integrated into other subjects, monitoring becomes even more challenging. In Guatemala, 40% of head teachers indicated that no one was responsible for monitoring comprehensive sexuality education delivery, showing a clear lack of communication between the government inspectorate and schools (Keogh et al., 2018).

School-based surveys can provide critical information on student exposure to sexuality education programmes. As part of the Global School-based Student Health Survey core-expanded questionnaire, questions are addressed to students on what they were taught (e.g. how to use a condom, how to avoid HIV infection, the benefits of not having sexual intercourse) and what they learned (e.g. how HIV is

transmitted) (WHO, 2013). However, only five countries opted to complete the questionnaire and wider conclusions are not possible.

Assessment of students' comprehensive sexuality education learning outcomes varies significantly across countries. In Ghana, 99% of teachers confirmed that such content was covered in end-of-year exams, while in Peru, 36% of teachers reported that there was no such assessment (Keogh et al., 2018). Questions remain as to how schools should assess learners' progress in comprehensive sexuality education. Given the necessary focus on skills-based learning, countries need to move beyond traditional examinations to include both formative and summative assessments.

Available data suggest that adoption and implementation of comprehensive sexuality education programmes vary

Data collected through the UNAIDS National Commitments and Policy Instruments found that 27 of 32 sub-Saharan African countries had a strategy or policy to promote life skills-based HIV education for young people. However, not all had funding associated with these policies: the analysis noted that only 16 of the 27 countries had earmarked funds for the education sector's contribution to the national AIDS strategy (UNESCO, 2018b).

Germany's Federal Centre for Health Education reviewed the status of comprehensive sexuality education policies in 25 countries in Europe, assessing standards application, policy comprehensiveness, the scope of teacher education, the strength of links with youth, arrangements for monitoring and evaluation, and whether programmes were mandatory or optional. Sexuality education was mandatory in only 11 countries, including some where public opposition exists, such as Albania and Latvia (BzGA and IPPF, 2018b).

In sub-Saharan Africa, UNESCO supported 23 countries in using the Sexuality Education Review and Assessment Tool to assess their national programmes. In 10 countries, curriculum content was reported as the weakest of four components analysed (**Figure 3**). Within the curricula examined, programmes were better at addressing human development and youth empowerment than at adequately covering relationships and sexual and reproductive health.

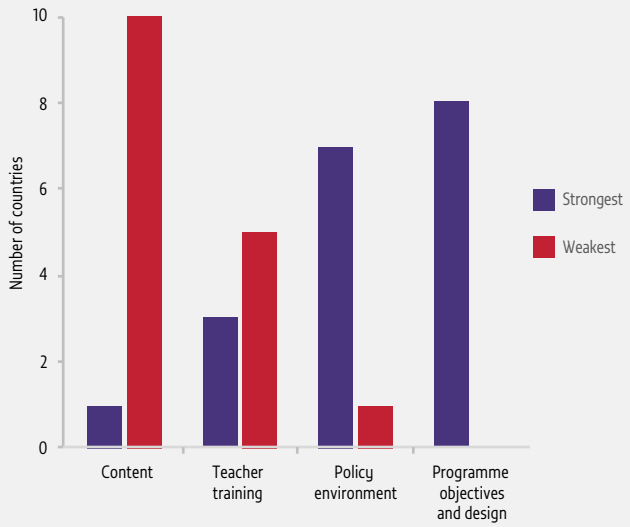
Gender and social norms were given less attention and in nine countries were the weakest point. Curricula for 15- to 18-year-olds were the least developed overall (Hospital et al., 2018).

In Malawi, comprehensive sexuality education is incorporated into Life Skills Education, which became a core learning area in 2006 and since 2010 has been an examinable subject, compulsory in examinations at the end of primary, junior secondary and senior secondary. In Zimbabwe, a review of the HIV and AIDS and Life Skills programme, together with policy and legal frameworks and institutional arrangements, led to the development of a sector-specific strategy on comprehensive sexuality education: the Life Skills, Sexuality, HIV and AIDS Education Strategy, 2012–2015. The Zimbabwe Curriculum Framework 2015–2022 ensured the integration of sexuality education into general education and pathway subjects (UNESCO, 2017b).

FIGURE 3.

Curriculum content is the weak point of comprehensive sexuality education in many African countries

Number of countries by relative strength of key elements of comprehensive sexuality education implementation, selected sub-Saharan African countries 2010–2016



Source: Hospital et al. (2018)

A CALL TO ACTION TO BREAK THE DEADLOCK IN DELIVERY OF COMPREHENSIVE SEXUALITY EDUCATION

The education sector has an opportunity, and a responsibility, to share experiences, generate momentum and advocate for adequate resources to ensure delivery of comprehensive sexuality education in line with commitments made under SDG 4.

COMMIT TO STRONG POLITICAL LEADERSHIP

Comprehensive sexuality education needs to be part of education and health ministries' core business, and must be backed up by supportive laws, coherent policies and dedicated budgets. To overcome social opposition and operational constraints, government leadership must have a clear mandate and justification to help it carry out the actions necessary to successfully provide comprehensive sexuality education: developing appropriate curricula; training and supporting teachers appropriately; effectively monitoring and evaluating programmes; engaging with community organizations and parent associations; supporting the creation of favourable and safe physical environments; and developing linkages with health services. Ghana and Scotland (United Kingdom) provide examples of efforts to mainstream comprehensive sexuality education in education systems (**Box 1**, **Box 2**).

A wealth of technical and operational guidance is available to support country efforts to deliver comprehensive sexuality education effectively. It includes the International Technical Guidance on Sexuality Education for system-wide delivery; first published in 2009, it was revised in 2018 (UNESCO et al., 2018). Other tools include the Sexuality Education Review and Assessment Tool (UNESCO, 2011), teacher training modules, sample classroom curricula and activity-based content for all ages.

INVEST IN TEACHER EDUCATION AND SUPPORT

Pre-service education should not just help teachers learn what to teach in comprehensive sexuality education, but also how to teach it, and should encourage them to explore their attitudes and values towards sexuality issues. In-service training should then help them remain abreast of current evidence and pedagogy; be familiar and comfortable with the subject area; use effective, collaborative teaching methods relevant to real-world situations; use positive discipline strategies to promote respectful student interactions; develop positive teacher-student relationships; and provide well-designed learning activities to develop students' knowledge, skills and capabilities (Cahill, 2018).

Several countries in sub-Saharan Africa are addressing these needs as part of the Eastern and Southern Africa 2013 Ministerial Commitment on sexuality education and sexual and reproductive health services for adolescents and young people (the ESA Commitment).

BOX 1:

Ghana has developed detailed guidelines on comprehensive sexuality education

In late 2018, with the support of the United Nations Population Fund (UNFPA), Ghana issued guidelines on comprehensive sexuality and reproductive health education in school- and community-based programmes, aimed at enabling teachers to deliver these programmes 'with confidence and empathy'. Significant changes in the economic and social context, including the growing role of social media, prompted the development of these guidelines, which consist of 9 modules and 60 topics organized by grade and age. These modules can be taught through a standalone subject or can be integrated into different subjects in primary, lower secondary and upper secondary education.

The preparation of these guidelines was preceded by a review of the curriculum in Ghana and selected other countries, interviews, validation exercises and extensive consultation. The government and UNFPA have also reached out to the media to communicate the guidelines to the wider public and urge journalists to provide more responsible coverage of issues related to adolescent girls.

In recognition of the country's religious leaders as a key stakeholder on issues of sexual and reproductive health, a national summit was organized in 2018 that also addressed the introduction of the guidelines. The summit concluded with their commitment to strengthen knowledge sharing and advocacy efforts for comprehensive sexuality education.

Source: Ghana Education Service (2018), UNFPA (2018a; 2018b).

BOX 2:

Scotland has mainstreamed comprehensive sexuality education as part of an emphasis on health and well-being

Scotland has developed a policy framework that puts health and well-being at the centre of the school curriculum and at the heart of children's learning, alongside literacy and numeracy. The framework is supported by legislation and policies including the Children and Young People (Scotland) Act 2014, which sets out to improve the well-being of children and young people through systematic and consistent recognition of their rights, in accordance with the United Nations Convention on the Rights of the Child. Under the Curriculum for Excellence, all teachers, regardless of subject, and all non-teaching staff are expected to reflect health and well-being, literacy and numeracy in their lessons and work practices.

The health and well-being curriculum covers relationships, sexual health and parenthood. Its use is guided by eight well-being indicators: safe; healthy; achieving; nurtured; active; responsible; respected; and included. Because each child is unique, there is no set 'level' of well-being children should achieve. Instead, the indicators aim to be responsive to pupil needs and fully personalized, while ensuring consistency in how teachers consider the quality of each pupil's life. This allows teachers to respond not only to the local context but also to students' unique circumstances.

The Scottish Education Authority recognizes that there will inevitably be variation in teaching from school to school, as the Curriculum for Excellence is based on learner needs at local level and takes local health and well-being priorities into account. While there are clear expectations about how children should progress, teachers, head teachers and education professionals are given the authority to decide what is taught and how content is delivered.

Source: O'Neill (2017).

A 2018 report found that Namibia had developed resource packs for teachers, including scripted lesson plans; the United Republic of Tanzania had developed training manuals for primary and secondary teachers, including an online toolkit in Swahili; and Zambia had produced 12 titles for learners and teachers (UNESCO, 2018b). In Latin America, since 2016, a 180-hour online diploma course, supported by expert tutors, has reached more than 300 teachers in over 20 countries, filling gaps in in-service training. In Chile, scripted lesson plans are being developed in response to teacher demand for materials to guide teaching practice.

MAKE CURRICULA RELEVANT AND EVIDENCE-BASED

The quality of comprehensive sexuality education depends on complete and context-specific curricula. Curricula should be reviewed and updated to ensure they reflect evidence and good practice and cover areas frequently excluded, including sexuality, contraception, gender, power, gender-based and sexual violence, consent, menstruation and social skills (Keogh et al., 2018; Hospital et al., 2018; UNESCO OREALC, 2017). They should also facilitate learner involvement and take account of learner feedback on content, teaching methods and ways education as a whole can be made more agile, responsive and relevant.

As an integral part of an education of good quality and its delivery, comprehensive sexuality education should be mandatory. This would mean all students would reap its benefits, and also make it more likely for the subject area to be covered in teacher training, improving delivery quality. In Estonia, sexuality education is included by law as a subject in school curricula; it is delivered within the Personal, Social and Health Education Curriculum of primary and secondary schools and is mandatory for all students. Graduate-level teacher training programmes have started to incorporate sexual education training. About half of sexuality education teachers take part in postgraduate sexual education training (BzGA and IPPF, 2018a).

DEVELOP MONITORING AND EVALUATION MECHANISMS

Developing a robust system and providing relevant training is important to make sure education systems have the capacity to consistently monitor and ensure the quality of comprehensive sexuality education programmes. Such assessments are necessary so that progress in rollout and implementation is tracked and at least some outcomes are measured, despite the acknowledged challenges in assessing key competencies and life skills. A heavily centralized system can make it difficult to assess what happens

at the local level. Therefore, some devolution of monitoring activities is required to ensure tighter monitoring and evaluation and to make sure comprehensive sexuality education is responsive to local needs in practice.

Education ministries need to prioritize reporting data on the thematic indicator under SDG target 4.7 so that national monitoring on SDG 4 includes progress on comprehensive sexuality education provision. Zambia's education ministry has been exploring ways to monitor comprehensive sexuality education at different levels of the education system, including by training principal education standards officers to monitor at school level, integrating comprehensive sexuality education indicators into the annual school census, including relevant topics in national examinations and assessments, and reporting all data (UNESCO, 2016; UNESCO and ICF, 2018).

WORK WITH OTHER SECTORS TO BRING ABOUT REAL CHANGE

Effective comprehensive sexuality education cannot be achieved by the education sector alone. It requires cross-sectoral partnerships, particularly with the health sector, to link young people to youth-friendly sexual and reproductive health services and to leverage funding, for instance through international mechanisms (e.g. the Global Fund for AIDS, Tuberculosis and Malaria) or bilateral donors (e.g. the US President's Emergency Plan for AIDS Relief), that could help scale up programmes.

Ministers of health and education from Latin America and the Caribbean jointly declared their commitment to sexuality education in 2008 in the Preventing through Education Ministerial Declaration, promoting integrated strategies and interdepartmental coordination. Countries built on that commitment with the 2013 Montevideo Consensus on Population and Development, which included commitments to provide comprehensive sexuality education of good quality and adolescent sexual and reproductive health services (UNECLAC, 2013). In eastern and southern Africa, a coordination mechanism supports countries in achieving the ESA Commitment targets (UNESCO et al., 2016). A similar process is under way involving health and education ministries of 22 western and central African countries (UNESCO, 2019b). In Estonia and Sweden, school classes regularly visit youth-friendly health clinics and receive sexuality education on site (BzGA and IPPF, 2018b).

ENGAGE WITH COMMUNITY AND PARENT ORGANIZATIONS

Alongside governments, parents and communities have a pivotal role to play in providing good quality comprehensive sexuality education. Studies have highlighted the importance of active involvement of youth-focused groups and civil society organizations willing to promote comprehensive sexuality education even in the face of strong opposition (Panchaud at al., 2018; UNESCO, 2010). One key strategy to address potential opposition is to listen to parents' concerns and to incorporate their suggestions, where feasible or appropriate. In parallel, strategies to sensitize parents and provide them with accurate information on the benefits of such education are critical. Education systems are increasingly also working to facilitate conversations about sexuality education between children and their parents.

Udaan is a school-based adolescent education programme in India's Jharkhand state, implemented statewide in secondary and upper primary schools by the state Department of Education, with technical assistance from the Centre for Catalyzing Change, a non-government organization. In 2007, sexuality education programmes were suspended in 11 states because of fears that the curriculum was too explicit, risked corrupting young people and would cause sexual experimentation. To counter such reactions, the Jharkhand government provided strong leadership and the state AIDS Control Society and Department of Human Resource Development issued statements supporting the programme. While the challenges caused implementation delays, they also increased ownership of the programme by the Jharkhand government, which facilitated integration of Udaan into existing operational structures. Since then, the programme has not encountered large-scale resistance or negative reaction (Chandra-Mouli et al., 2018b).

CONCLUSION

In a world characterized by increasingly complex challenges, it is essential to pose questions about how to improve quality in education and learning and how to adapt school systems and curricula. Just as investing in HIV prevention helped strengthen health systems, investment in comprehensive sexuality education has the potential to strengthen capacity for delivering good quality education and dramatically improving the lives of adolescents and young people. Comprehensive sexuality education is key to providing a good quality education for all because it addresses some persistent challenges to education that young people face today, related to early and unintended pregnancy, HIV, child marriage, and discrimination and violence linked to harmful gender norms.

In addition to improving outcomes related to sexual and reproductive health, comprehensive sexuality education has a positive impact on wider education outcomes, increasing access to education and educational achievement, particularly for girls. It also promotes a safe and inclusive learning environment, free from discrimination and violence. Comprehensive sexuality education helps foster healthy, happy children and young people who can positively contribute to their families, communities and societies.

There are many signs of progress at the country level, and increased attention is being paid to ways to scale up comprehensive sexuality education. However, ensuring the quality of such education remains an urgent priority. Strong political leaders, joining forces from education and health, can confront barriers to effective implementation. Addressing societal resistance and operational roadblocks requires fresh thinking and renewed efforts to strengthen ties, both at international and community level, so as to champion the importance of comprehensive sexuality education.

References for this paper can be found online at the following link:
https://en.unesco.org/gem-report/sites/gem-report/files/CSE_references.pdf

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