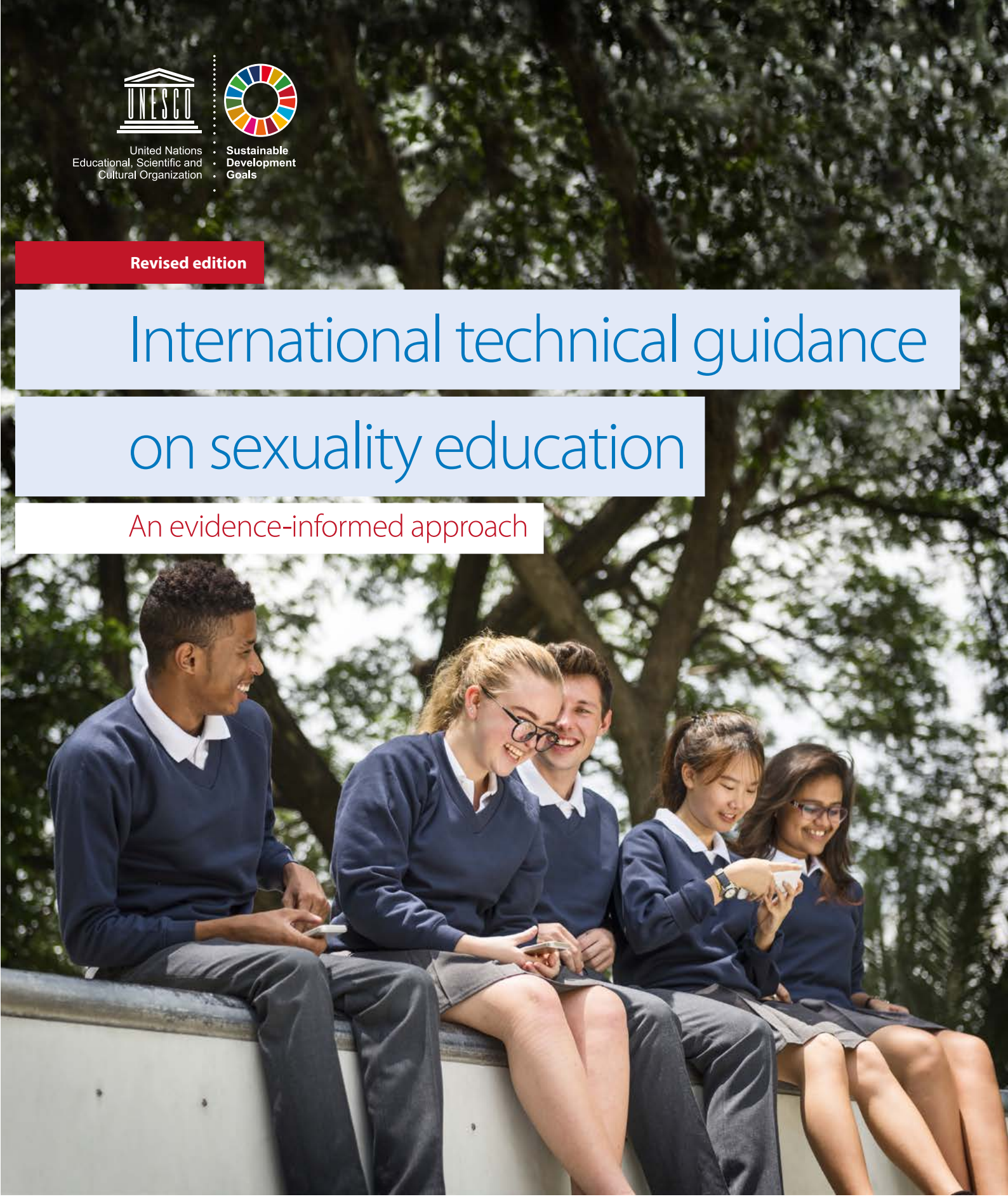
United Nations Educational, Scientific and Cultural Organization

Sustainable Development Goals

Revised edition

International technical guidance on sexuality education

An evidence-informed approach



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Education 2030

Revised edition

International technical guidance on sexuality education

An evidence-informed approach

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Foreword

It has been almost a decade since the *International technical guidance on sexuality education* was first released in 2009. During this period, the global community has come to embrace a bold and transformative development agenda to achieve a just, equitable, tolerant, open and socially inclusive world in which the needs of the most vulnerable are met and where no one is left behind. The 2030 Agenda for sustainable development shows us that quality education, good health and well-being, gender equality and human rights are intrinsically intertwined.

Over this period, more and more young people have joined together to call for their right to sexuality education, and to urge their leaders to deliver on political commitments for current and future generations. At the 2012 Global Youth Forum of the International Conference on Population and Development (ICPD), young people specifically called on governments to 'create enabling environments and policies to ensure that they have access to comprehensive sexuality education in formal and non-formal settings, through reducing barriers and allocating adequate budgets'.

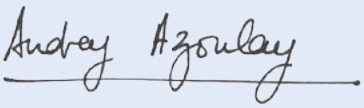
Young people have not stood alone in this effort – they have been joined by communities, parents, faith leaders and stakeholders in the education sector who increasingly champion sexuality education as an essential component of a good quality education that is comprehensive and life skills-based; and which supports young people to develop the knowledge, skills, ethical values and attitudes they need to make conscious, healthy and respectful choices about relationships, sex and reproduction.

Despite these advances, too many young people still make the transition from childhood to adulthood receiving inaccurate, incomplete or judgement-laden information affecting their physical, social and emotional development. This inadequate preparation not only exacerbates the vulnerability of children and youth to exploitation and other harmful outcomes, but it also represents the failure of society's duty bearers to fulfil their obligations to an entire generation.

This revised and fully updated edition of the *International technical guidance on sexuality education* benefits from a new review of the current evidence, and reaffirms the position of sexuality education within a framework of human rights and gender equality. It promotes structured learning about sex and relationships in a manner that is positive, affirming, and centered on the best interest of the young person. By outlining the essential components of effective sexuality education programmes, the Guidance enables national authorities to design comprehensive curricula that will have a positive impact on young people's health and well-being.

Like the original Guidance, this revised version is voluntary, based on the latest scientific evidence, and designed to support countries to implement effective sexuality education programmes adapted to their contexts.

We are convinced that if we do not meet young people's calls for good quality comprehensive sexuality education, we will not achieve the Sustainable Development Goals (SDGs) we have set for 2030, and the commitment that has been made to leave no one behind. With this in mind, we are committed to supporting countries to apply the Guidance, and hope that teachers, health educators, youth development professionals, sexual and reproductive health advocates and youth leaders – among others – will use this resource to help countries to realize young people's right to education, health and well-being, and to achieve an inclusive and gender equal society.



Audrey Azoulay
Director-General, UNESCO

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The updated and additional written content for the overall Guidance was prepared by Marcela Rueda Gomez and Doortje Braeken (independent consultants); specific updates to the key concepts, topics and learning objectives were developed by a team from Advocates for Youth, comprised of Nicole Cheetham, Debra Hauser and Nora Gelperin. Paul Montgomery and Wendy Knerr (University of Oxford Centre for Evidence-Based Intervention) carried out the review of evidence that informed the update of this 2018 edition of the Guidance. Copy-editing and proofreading of the manuscript was done by Jane Coombes (independent consultant).

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Deep appreciation is also expressed to the individuals and organizations that participated in and gave input to the update of the UN *International technical guidance on sexuality education* Stakeholder Consultation and Advisory Group Meeting, which was held 25-27 October 2016 at UNESCO headquarters in Paris.

The UN partners who have jointly published this Guidance wish to especially acknowledge two remarkable individuals whose professional dedication and service to young people's well-being have left an indelible mark on the fields of sexuality education and sexual and reproductive health: the late Dr Douglas Kirby, former Senior Scientist at Education, Training and Research (ETR) Associates, whose extensive research informed the development of the original Guidance; and the late Dr Babatunde Osotimehin, Executive Director of UNFPA.

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Acronyms

AIDS	Acquired immune deficiency syndrome
CEFM	Child Early and Forced Marriage
CSE	Comprehensive sexuality education
FGM/C	Female Genital Mutilation/Cutting
EMIS	Education Management Information System
GBV	Gender-based violence
HIV	Human immunodeficiency virus
HPV	Human Papillomavirus
ICTs	Information and communication technologies
ICPD	International Conference on Population and Development
ITGSE	International technical guidance on sexuality education
LAC	Latin America and the Caribbean
LGBTI	Lesbian, gay, bisexual, transgender, intersex
NGO	Non-governmental organization
PoA	Programme of Action
PEP	Post-exposure prophylaxis
PrEP	Pre-exposure prophylaxis
RCT	Randomized controlled trials
SDGs	Sustainable Development Goals
SERAT	Sexuality Education Review and Assessment Tool
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
STIs	Sexually transmitted infections
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
VMMC	Voluntary medical male circumcision
WHO	World Health Organization
YPLHIV	Young people living with HIV

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1 Introduction

1 - Introduction

Comprehensive sexuality education (CSE) plays a central role in the preparation of young people for a safe, productive, fulfilling life in a world where HIV and AIDS, sexually transmitted infections (STIs), unintended pregnancies, gender-based violence (GBV) and gender inequality still pose serious risks to their well-being. However, despite clear and compelling evidence for the benefits of high-quality, curriculum-based CSE, few children and young people receive preparation for their lives that empowers them to take control and make informed decisions about their sexuality and relationships freely and responsibly.

Many young people approach adulthood faced with conflicting, negative and confusing messages about sexuality that are often exacerbated by embarrassment and silence from adults, including parents and teachers. In many societies, attitudes and laws discourage public discussion of sexuality and sexual behaviour, and social norms may perpetuate harmful conditions, for example gender inequality in relation to sexual relationships, family planning and modern contraceptive use.

A significant body of evidence shows that CSE enables children and young people to develop: accurate and age-appropriate knowledge, attitudes and skills; positive values, including respect for human rights, gender equality and diversity, and, attitudes and skills that contribute to safe, healthy, positive relationships (see *Section 4 – The evidence base for comprehensive sexuality education*). CSE is also important as it can help young people reflect on social norms, cultural values and traditional beliefs, in order to better understand and manage their relationships with peers, parents, teachers, other adults and their communities.

Countries are increasingly acknowledging the importance of equipping young people with the knowledge and skills to make responsible choices in their lives, particularly in a context where they have greater exposure to sexually explicit material through the Internet and other media. The 2030 Agenda and its global Sustainable Development Goals[1] (SDGs) calls for action to leave no one behind, and for the realization of human rights and gender equality for all. The mobilization of political commitment to achieve goals on education, gender equality, health and well-being, also provides an important opportunity to scale up existing or new multisectoral programmes to bring CSE to children and young people everywhere.

CSE programmes should be delivered by well-trained and supported teachers in school settings, as they provide an important opportunity to reach large numbers of young people with sexuality education before they become sexually active, as well as offering a structured environment of learning within which to do so. CSE should also be made available to out-of-school young people and children – often the most vulnerable to misinformation, coercion and exploitation.

1.1 The purpose of the *International technical guidance on sexuality education* and its intended audiences

The *International technical guidance on sexuality education* (the Guidance) was developed to assist education, health and other relevant authorities in the development and implementation of school-based and out-of-school comprehensive sexuality education programmes and materials. It is immediately relevant for government education ministers and their professional staff, including curriculum developers, school principals and teachers. Non-governmental organizations (NGOs), youth workers and young people can also use the document as an advocacy or accountability tool, for example by sharing it with decision-makers as a guide to best practices and/or for its integration within broader agendas, such as the SDGs. The Guidance is also useful for anyone involved in the design, delivery and evaluation of sexuality education programmes both in and out of school, including stakeholders working on quality education, sexual and reproductive health (SRH), adolescent health and/or gender equality, among other issues.

National policies and curricula may use different terms to refer to CSE. These include: prevention education, relationship and sexuality education, family-life education, HIV education, life-skills education, healthy life styles and basic life safety. Regardless of the term used, 'comprehensive' refers to the development of learners' knowledge, skills and attitudes for positive sexuality and good sexual and reproductive health. Core elements of CSE programmes share certain similarities such as a firm grounding in human righs and a recognition of the broad concept of sexuality as a natural part of human development.

The Guidance emphasizes the need for programmes that are informed by evidence, adapted to the local context, and logically designed to measure and address factors such as beliefs, values, attitudes and skills which, in turn, may affect health and well-being in relation to sexuality.

The quality and impact of school-based CSE is dependent not only on the teaching process – including the capacity

1 https://sustainabledevelopment.un.org/post2015/transformingourworld

of teachers, the pedagogical approaches employed and the teaching and learning materials used – but also on the whole school environment. This is manifested through school rules and in-school practices, among other aspects. CSE is an essential component of a broader quality education and plays a critical role in determining the health and well-being of all learners.

The Guidance is intended to:

- provide a clear understanding of CSE and clarify the desired positive outcomes of CSE;
- promote an understanding of the need for CSE programmes by raising awareness of relevant sexual and reproductive health (SRH) issues and concerns that impact children and young people;
- share evidence and research-based guidance to assist policy-makers, educators and curriculum developers;
- increase teachers' and educators' preparedness and enhance institutional capacity to provide high-quality CSE;
- provide guidance to education authorities on how to build support for CSE at the community and school levels;
- provide guidance on how to develop relevant, evidence-informed, age- and developmentally-appropriate CSE curricula, teaching and learning materials and programmes that are culturally responsive;
- demonstrate how CSE can increase awareness about issues that may be considered sensitive in some cultural contexts, such as menstruation and gender equality. CSE can also raise awareness of harmful practices such as child early and forced marriage (CEFM) and female genital mutilation/cutting (FGM/C).

In addition to being informed by the latest evidence, the Guidance is firmly grounded in numerous international human rights conventions that stress the right of every individual to education and to the highest attainable standard of health and well-being. These human rights conventions include the Universal Declaration on Human Rights; the Convention on the Rights of the Child; the International Covenant on Economic, Social and Cultural Rights; the Convention on the Elimination of All Forms of Discrimination against Women; and the Convention on the Rights of Persons with Disabilities. Further information on the relevant international conventions is available in *Appendix I: International conventions, resolutions, declarations and agreements related to comprehensive sexuality education*.

The Guidance is not a curriculum, nor does it provide detailed recommendations for operationalizing CSE at country level. Rather, it is a framework based on international best practices, which is intended to support curriculum developers to create and adapt curricula appropriate to their context, and to guide programme developers in the design, implementation and monitoring of good quality sexuality education.

The Guidance was developed through a process designed to ensure quality, acceptability and ownership at the international level, with inputs from experts and practitioners from different regions around the world. At the same time, it should be noted that the Guidance is voluntary in character, as it recognizes the diversity of different national contexts in which sexuality education is taking place, and the authority of governments to determine the content of educational curricula in their country.

1.2 How is the Guidance structured?

The Guidance comprises seven sections. The first four sections provide the definition and rationale for CSE, together with the updated evidence base. The fifth section presents the key concepts and topics, together with learning objectives sequenced by age group. The final two sections provide guidance on building support for CSE and recommendations for delivering effective programmes.

This comprehensive package, taken as a whole, constitutes the recommended set of topics, as well as guidance on delivery, for effective CSE. These global benchmarks can and should be adapted to local contexts to ensure relevance, provide ideas for how to monitor the content being taught, and assess progress towards the teaching and learning objectives.

1.3 Why do we need a revised version of the Guidance?

The first version of the Guidance was published by UNESCO in 2009, in partnership with the Joint United Nations Programme on HIV and AIDS (UNAIDS), the United Nations Population Fund (UNFPA), United Nations Children's Fund (UNICEF) and the World Health Organization (WHO). Since its publication, the Guidance has served as an evidence-informed educational resource that is globally applicable, easily adaptable to local contexts. It has also been used as a tool to advocate for CSE for all children, adolescents and youth – as an essential component of quality education - in line with their human rights.

The field of CSE has evolved rapidly since the Guidance was first published. The implementation of sexuality education programmes across diverse educational settings has generated improved understanding and lessons-learned, while the evidence base for CSE has been consolidated and broadened. The SDGs now offer a new global development framework within which the scope, position and relevance of sexuality education should be understood. New considerations have emerged, including an increased recognition of gender perspectives and social context in health promotion; the protective role of education in reducing

vulnerability to poor sexual health outcomes, including those related to HIV, STIs, early and unintended pregnancy and gender-based violence; as well as the influence of and widespread access to the Internet and social media. Furthermore, CSE has been recognized as an important component of adolescent health interventions (WHO, 2017b).

Acknowledging these changes, UNESCO, in collaboration with the original UN partners as well as United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) has reviewed and updated the content of the Guidance to reflect the latest evidence; respond to the contemporary needs of young learners; and provide support for education systems and practitioners that seek to address those needs. As well as providing additional evidence, the revised Guidance offers an updated set of key concepts, topics and learning objectives, while retaining the original key features and content that has proven to be effective for its audience.

1.4 The development process

This revised publication is based on a new review of evidence, together with a review of curricula and curricula frameworks, both commissioned by UNESCO in 2016. The new evidence review was conducted by Professor Paul Montgomery and Wendy Knerr of University of Oxford Centre for Evidence-Based Intervention, UK (referenced as UNESCO 2016b) in this Guidance. The review of curricula and curricular frameworks was carried out by Advocates for Youth, USA (referenced as UNESCO 2017c). Both reports are available for reference online at www.unesco.org.

UNESCO also convened an advisory group in order to oversee and guide the revisions of this volume. The Comprehensive Sexuality Education Advisory Group comprised technical experts from across the globe, working in the fields of education, health, youth development, human rights and gender equality. It included researchers, ministry of education officials, young people, NGO programme implementers and development partners. In order to gather input from multiple stakeholders, and to assess the use and usefulness of the original Guidance among its intended audience, the revision process also involved an online survey of user perspectives on the original Guidance; targeted focus group discussions at country level; and a global stakeholder consultation meeting. This revised version is therefore based on wide-ranging expert inputs, including the voices of young people, and an understanding of existing best practices (see *Appendix II: List of participants in the Comprehensive Sexuality Education Advisory Group, 2016–2017*; and *Appendix III: List of participants in the UNESCO Stakeholder Consultation and Advisory Group meetings*).

2

Understanding comprehensive sexuality education

2 - Understanding comprehensive sexuality education

This section provides a new definition and description of comprehensive sexuality education and presents key considerations for understanding the evolving field of CSE.

2.1 What is comprehensive sexuality education (CSE)?

Comprehensive sexuality education (CSE) is a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to: realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and, understand and ensure the protection of their rights throughout their lives.

CSE is education delivered in formal and non-formal settings that is:

Scientifically accurate: the content of CSE is based on facts and evidence related to SRH, sexuality and behaviours.

Incremental: CSE is a continuing educational process that starts at an early age, and where new information builds upon previous learning, using a spiral-curriculum approach.

Age- and developmentally-appropriate: the content of CSE is responsive to the changing needs and capabilities of the child and the young person as they grow. Based on the age and development of learners, CSE addresses developmentally-relevant topics when it is most timely for their health and well-being. It accommodates developmental diversity; adapts content when cognitive and emotional development is delayed; and is presented when the internalization of SRH and relationship-related messages is most likely.

Curriculum based: CSE is included within a written curriculum that guides educators' efforts to support students' learning. The curriculum includes key teaching objectives, the development of learning objectives, the presentation of concepts, and the delivery of clear key messages in a structured way. It can be delivered in either in-school or out-of-school settings.

Comprehensive: CSE provides opportunities to acquire comprehensive, accurate, evidence-informed and age-appropriate information on sexuality. It addresses sexual and reproductive health issues, including, but not limited to: sexual and reproductive anatomy and physiology; puberty and menstruation; reproduction, modern contraception, pregnancy and childbirth; and STIs, including HIV and AIDS. CSE covers the full range of topics that are important for all learners to know, including those that may be challenging in some social and cultural contexts.

It supports learners' empowerment by improving their analytical, communication and other life skills for health and well-being in relation to: sexuality, human rights, a healthy and respectful family life and interpersonal relationships, personal and shared values, cultural and social norms, gender equality, non-discrimination, sexual behaviour, violence and gender-based violence (GBV), consent and bodily integrity, sexual abuse and harmful practices such as child, early and forced marriage (CEFM) and female genital mutilation/cutting (FGM/C).

'Comprehensive' also refers to the breadth and depth of topics and to content that is consistently delivered to learners over time, throughout their education, rather than a one-off lesson or intervention.

Based on a human rights approach: CSE builds on and promotes an understanding of universal human rights – including the rights of children and young people – and the rights of all persons to health, education, information equality and non-discrimination. Using a human rights-based approach within CSE also involves raising awareness among young people, encouraging them to recognize their own rights, acknowledge and respect the rights of others, and advocate for those whose rights are violated. Providing young people with equal access to CSE respects their right to the highest attainable standard of health, including safe, responsible and respectful sexual choices free of coercion and violence, as well as their right to access the information that young people need for effective self-care.

See *Appendix I: International agreements, instruments and standards related to comprehensive sexuality education (CSE)* for more information on international conventions and agreements relating to sexuality education.

Based on gender equality: CSE addresses the different ways that gender norms can influence inequality, and how these inequalities can affect the overall health and well-being of children and young people, while also impacting efforts to prevent issues such as HIV, STIs, early and unintended pregnancies, and gender-based violence. CSE contributes to gender equality by building awareness of the centrality and diversity of gender in people's lives; examining gender norms shaped by cultural, social and biological differences and similarities; and by encouraging the creation of respectful and equitable relationships based on empathy and understanding. The integration of a gender perspective throughout CSE curricula is integral to the effectiveness of CSE programmes. To learn more on how to understand the concept of gender, see *Section 9 - Glossary.*

Culturally relevant and context appropriate: CSE fosters respect and responsibility within relationships, supporting learners as they examine, understand and challenge the ways in which cultural structures, norms and behaviours affect people's choices and relationships within a specific setting.

Transformative: CSE contributes to the formation of a fair and compassionate society by empowering individuals and communities, promoting critical thinking skills and strengthening young people's citizenship. It provides learners with opportunities to explore and nurture positive values and attitudes towards SRH, and to develop self-esteem and respect for human rights and gender equality. Additionally, CSE empowers young people to take responsibility for their own decisions and behaviours, and the ways in which they may affect others. It builds the skills and attitudes that enable young people to treat others with respect, acceptance, tolerance and empathy, regardless of their ethnicity, race, social, economic or immigration status, religion, disability, sexual orientation, gender identity or expression, or sex characteristics.

Able to develop life skills needed to support healthy choices: this includes the ability to reflect and make informed decisions, communicate and negotiate effectively and demonstrate assertiveness. These skills can help children and young people form respectful and healthy relationships with family members, peers, friends and romantic or sexual partners.

Box 1. Conceptual framework for sexuality in the context of CSE

The concept of sexuality is not a simple one to define. Numerous experts in the fields of public health and sexology have discussed basic concepts referring to sexuality and have put forward an agreed working definition and conceptual framework (Pan American Health Organization/World Health Organization, 2000; WHO, 2006a).

'Sexuality' may thus be understood as a core dimension of being human which includes: the understanding of, and relationship to, the human body; emotional attachment and love; sex; gender; gender identity; sexual orientation; sexual intimacy; pleasure and reproduction. Sexuality is complex and includes biological, social, psychological, spiritual, religious, political, legal, historic, ethical and cultural dimensions that evolve over a lifespan.

The word 'sexuality' has different meanings in different languages and in different cultural contexts. Taking into account a number of variables and the diversity of meanings in different languages, the following aspects of sexuality need to be considered in the context of CSE:

- Sexuality refers to the individual and social meanings of interpersonal and sexual relationships, in addition to biological aspects. It is a subjective experience and a part of the human need for both intimacy and privacy.
- Simultaneously, sexuality is a social construct, most easily understood within the variability of beliefs, practices, behaviours and identities. 'Sexuality is shaped at the level of individual practices and cultural values and norms' (Weeks, 2011).
- Sexuality is linked to power. The ultimate boundary of power is the possibility of controlling one's own body. CSE can address the relationship between sexuality, gender and power, and its political and social dimensions. This is particularly appropriate for older learners.
- The expectations that govern sexual behaviour differ widely across and within cultures. Certain behaviours are seen as acceptable and desirable, while others are considered unacceptable. This does not mean that these behaviours do not occur, or that they should be excluded from discussion within the context of sexuality education.
- Sexuality is present throughout life, manifesting in different ways and interacting with physical, emotional and cognitive maturation. Education is a major tool for promoting sexual well-being and preparing children and young people for healthy and responsible relationships at the different stages of their lives.

For more information on definitions and a conceptual understanding of sexuality, please see Pan American Health Organization (PAHO) and WHO. 2000. Promotion of Sexual Health. Recommendations for Action. Washington D.C., PAHO http://www1.paho.org/hq/dmdocuments/2008/PromotionSexualHealth.pdf ; and, WHO. 2006a. *Defining sexual health: Report of a technical consultation on sexual health, 28–31 January 2002*. Geneva, World Health Organization http://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/

2.2 Other key considerations in the evolving field of CSE

CSE goes beyond education about reproduction, risks and disease

Considering the many competing sources of information in the lives of young people, a balanced and comprehensive approach is required to effectively engage them in the learning process and respond to the full range of their needs. As well as content on reproduction, sexual behaviours, risks and prevention of ill health, CSE provides an opportunity to present sexuality in a way that also includes its positive aspects, such as love and relationships based on mutual respect and equality.

In addition, it is important that CSE includes ongoing discussions about social and cultural factors relating to broader aspects of relationships and vulnerability, such as gender and power inequalities, socio-economic factors, race, HIV status, disability, sexual orientation and gender identity.

CSE covers a wide range of topics, some of which may be culturally sensitive, depending on the context. In many settings, CSE curricula omit or avoid key topics, and/or place too much emphasis on the 'mechanics' of reproduction without also focusing on responsible sexual behaviours and the importance of healthy and equitable relationships (UNESCO 2015a). The omission of key topics will lessen the effectiveness of CSE. For example, failure to discuss menstruation can contribute to the persistence of negative social and cultural attitudes towards it. This may negatively impact the lives of girls, contributing to lifelong discomfort about their bodies and leading to reticence in seeking help when problems arise. Other examples include: sexual intercourse; scientific information about prevention of pregnancy; the SRH needs of young people living with disabilities or HIV; unsafe abortion and harmful practices such as CEFM and FGM/C; or discrimination based on sexual orientation or gender identity. Silencing or omitting these topics can contribute to stigma, shame and ignorance, may increase risk-taking and create help-seeking barriers for vulnerable or marginalised populations.

The Guidance highlights the importance of ***addressing the reality and impact of sexuality on young people's lives****, including some aspects that may be sensitive or difficult to discuss in certain communities. Using* ***scientific evidence*** *and rooting the content in* ***gender equality and human rights standards and frameworks*** *helps address sensitive issues.*

Even when good quality curricula on CSE exists, teachers often avoid or minimize topics that they are uncomfortable with teaching. Many teachers lack expertise and experience in teaching sensitive and controversial topics and are not offered access to targeted, professional learning opportunities focused on CSE (Ofsted, 2013). Quality professional learning that builds both teacher competency and comfort level with the subject matter is associated with an increased likelihood that teachers will deliver health and well-being education programmes with the high fidelity and quality that is associated with positive impact on health behaviours (Stead et al., 2007).

A lack of high-quality, age- and developmentally-appropriate sexuality and relationship education may leave children and young people vulnerable to harmful sexual behaviours and sexual exploitation. Excluding complex issues from CSE renders young people vulnerable and limits their agency in their own sexual practices and relationships.

CSE provides information on all approaches for preventing pregnancy, STIs and HIV

CSE promotes the right to choose when and with whom a person will have any form of intimate or sexual relationship; the responsibility of these choices; and respecting the choices of others in this regard. This choice includes the right to abstain, to delay, or to engage in sexual relationships. While abstinence is an important method of preventing pregnancy, STIs and HIV, CSE recognizes that abstinence is not a permanent condition in the lives of many young people, and that there is diversity in the way young people manage their sexual expression at various ages. Abstinence-only programmes have been found to be ineffective and potentially harmful to young people's sexual and reproductive health and rights (SRHR) (Kirby, 2007; Santelli et al., 2017; Underhill et al., 2007).

CSE addresses safer sex, preparing young people – after careful decision-making – for intimate relationships that may include sexual intercourse or other sexual activity. Numerous studies have shown that learners, regardless of sex, want to know more about relationships and feelings (Pound et al., 2016; UNESCO, 2015a) and how to conduct healthy interpersonal relationships, based on respect and communication, which may or may not involve sexual intimacy. Therefore, CSE focuses on encouraging young people to think about ways to express their sexual feelings that are in line with their values. It is essential for young people who plan to have, or are already having sexual intercourse, to receive information about the full range of modern contraception, including the dual protection against pregnancy and STIs provided by condom use. They

need information on how to access male and/or female condoms and use them correctly and consistently; and on the availability of Pre-Exposure Prophylaxis (PrEP) for persons considered to be at significant risk of HIV infection. Young people should also be provided with information on, and referrals to, comprehensive youth-friendly SRH services including services related to sexual abuse or assault, such as psycho-social support, Post-Exposure Prophylaxis (PEP) and pregnancy, STI and HIV services.

CSE uses a learner-centred approach

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). Based on this perspective, learning is more than receiving and processing information transmitted by teachers. Students learn best when they are allowed to construct their own understanding of information and material by critically engaging with personal experiences and information.

Although there is little evidence regarding the impact of learner-centred or collaborative approaches within the context of CSE, research shows that these strategies are integral to the effectiveness of health education programmes in general. 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). The Guidance promotes a learner-centred approach to CSE and encourages collaborative learning strategies within the programmes. 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.

Schools play a central role in the provision of CSE

While different actors and institutions play an important role in preparing children and young people for their adult roles and responsibilities, the education sector plays a critical role in the provision of CSE. As places of teaching, learning and personal development, schools provide an existing infrastructure, including teachers that are likely to be skilled and trusted sources of information, and long-term programming opportunities provided by formal curricula. Teachers are skilled in providing age- and developmentally-appropriate learning experiences for children and young people, and young people see schools and teachers as a trustworthy source of information.

In most countries, children between the ages of 5 and 13 spend relatively large amounts of time in school (UNESCO, 2008) and this provides the school with a practical means of reaching large numbers of young people from diverse backgrounds in ways that are replicable and sustainable. Additionally, a school setting provides an environment where CSE can be delivered in the ideal age- and developmentally-relevant sequence over the years, with added content building on previous content (Gordon, 2008).

Many young people go through puberty whilst at school as well as experiencing their first relationships, including possible sexual ones. This makes it even more important to provide age-appropriate and phased education about rights, relationships and SRH, as well as providing a gender perspective to children and young people through formal education.

Other advantages of CSE in schools include that:

- school authorities have the power to regulate many aspects of the learning environment to make it protective and supportive;
- school-based programmes have been shown to be a very cost-effective way to contribute to HIV prevention and to ensure the rights of young people to SRH education and services (Kivela et al., 2013; UNESCO, 2011a; 2016c);
- schools act as social support centres that are able to link children, parents, families and communities with other services (e.g. health services).

In addition to schools, tertiary educational institutions can also play a significant role. Many people reach tertiary education without having received any sexuality education. The need to deliver CSE at this level is especially critical, given that many students will be living away from home for the first time and may be entering the time of their life when they will begin to develop relationships and become sexually active.

Non-formal and community-based settings are also important opportunities to provide curriculum-based CSE

CSE programmes in non-formal and community-based settings have the potential to reach out-of-school youth and the most vulnerable and marginalized youth populations, especially in countries where school attendance is low or where adequate CSE is not included as part of the national

curriculum. In a world where 263 million children and young people between the ages of 6 and 15 are not attending school or have dropped out (UNESCO, 2016a), non-formal settings, such as community centres, sports clubs, scout clubs, faith-based organizations, vocational facilities, health institutions and online platforms, among others, play an essential role in education (IPPF, 2016).

Young people who do attend school also often go to community-based CSE programmes during weekends, evenings and school holidays. Exposure to these programmes often complements and expands on content offered via classroom-based CSE. For example, in some parts of the world, it is forbidden for teachers to conduct condom demonstrations in classrooms, but not in most community-based settings; and in the community lessons are not limited to typical 40-minute class sessions. CSE offered in non-formal and community settings also offers opportunities to sensitize parents and community leaders and to establish stronger connections with SRH services.

While CSE delivery mechanisms may differ in non-formal and community-based settings, the content should be evidence-informed, follow the broad range of recommended topics for different age groups and integrate the characteristics of effective programmes (see *Section 5 – Key concepts, topics and learning objectives* and *Section 7 – Delivering effective CSE programmes*).

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3

Young people's health and well-being

3 - Young people's health and well-being

This section provides an overview of the sexual and reproductive health (SRH) needs of children and young people and the key issues affecting their health and well-being.

3.1 Children's and young people's sexual and reproductive health (SRH)

SRH encompasses dimensions of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity (WHO, 2006a). Healthy habits, and the understanding of how to maintain good health, begin in early childhood. Adolescence is an opportune time to build healthy habits and lifestyles relating to SRH, as it is a period of ongoing physical, emotional and social change, as well as the period when many individuals will start exploring their sexuality and developing relationships with others.

Key SRH issues that affect young people include:

Puberty: for both boys and girls, the transition from childhood to adulthood may be presented as exciting, and marking a major change. However, for boys, the shift of puberty is much more explicitly linked to sexual feelings in a positive way, whereas for girls this moment often marks the beginning of conflicting messages about sexuality, virginity, fertility and womanhood.

For many girls, menstruation is seen as the start of puberty. In some settings, cultural taboos and stigma force girls to sleep or eat away from their families or to miss school while they are menstruating. In many countries, schools do not have toilets that facilitate privacy, cleanliness or proper disposal of menstruation-related products. Menstruation is a generally neglected issue, and substantial numbers of girls in many countries have knowledge gaps and misconceptions about menstruation that cause fear and anxiety and leave them unprepared when they begin menstruating (Chandra-Mouli and Vipul Patel, 2017).

Puberty for boys is often considered as the onset of sexual desire and 'power' that they can enjoy. Erections and wet dreams, while potentially embarrassing occurrences, are not usually approached from the same narrative of shame that girls experience. A discussion of masculinity has been absent from many sexuality education programmes because masculinity is generally not perceived as problematic, yet boys feel that their needs and questions about their sexuality are not being addressed (UNESCO, 2014b).

Puberty, with its associated physical and psychological changes, can be a particularly challenging period for adolescents who are intersex or questioning their gender identity or expression.

Pregnancy: although global fertility rates have dropped considerably in the last decades, many adolescent girls between the ages of 15 and 19 have already begun bearing children, with variations existing between geographic regions. The 2014 World Health Statistics indicate that the average global birth rate among 15 to 19 year olds is 49 per 1000 girls, with country rates ranging from 1 to 299 births per 1000 girls (WHO, 2014b). Early marriage is a key factor – approximately 90 per cent of births to teenage mothers in developing countries occurs within marriage (Plan, 2017). Early pregnancy and childbirth can have serious health and social consequences and is the second cause of death among girls under 19 years old. Complications during pregnancy or childbirth are one of the leading causes of death among adolescent girls (WHO, 2011). Adolescent girls that are pregnant may be more likely than older women to delay seeking maternal health care because they do not have enough knowledge about pregnancy and its complications; or because they are constrained in making decisions about their access to and use of medical services (e.g. by in-laws, or through restrictive laws and policies related to age of consent to sexual intercourse and access to services) (WHO, 2008). Pregnant adolescent girls are more likely to drop out of school and discontinue education, which limits their future employment and other life opportunities (UNESCO, 2017a).

Access to modern contraception: both young men and women are responsible for using contraceptives, however more is known about women's unmet needs for contraception. Unmarried women generally account for less than half of all women with unmet needs for contraception, although levels of unmet need in this population may be underestimated due to the reluctance of unmarried women in conservative societies to admit that they are sexually active (Sedgh et al., 2016). Adolescent girls also report legal barriers and other access-related reasons, as well as health concerns and worries about side effects of contraceptives (IPPF and Coram Children's Legal Centre, 2014; Guttmacher Institute, 2015b). Additionally, critical gaps in knowledge exist, especially in Africa and Asia, regarding where to obtain and how to use a range of modern contraceptive methods, including condoms and emergency contraception, and where to go for pregnancy or HIV testing services (Guttmacher Institute, 2015b). This highlights the importance of receiving

information on condom use as a method of dual protection against unintended pregnancy and HIV/STIs.

Unsafe abortion: globally, every year, some 3 million girls aged 15 to 19 undergo unsafe abortions (WHO 2014a). Because of the legal restrictions on access to safe abortion that exist in many parts of the world, adolescents often resort to unsafe procedures administered by unskilled providers. Adolescent girls suffer a significant and disproportionate share of deaths and disability from unsafe abortion practices compared to women over 20 years of age (WHO, 2007b; WHO, 2015). Adolescents typically take longer than adult women to realize they are pregnant, and adolescents who want to end their pregnancy consequently have abortions later in the gestational period. In some cases, because of stigma and discrimination or other factors, adolescent girls are also more likely than older women to self-induce an abortion or seek abortion services from untrained providers, and are generally less knowledgeable about their rights concerning abortion and post-abortion care (Guttmacher Institute, 2015a).

Violence, including gender-based violence: global estimates indicate that about 1 in 3 (35 per cent) women worldwide have experienced either physical and/or sexual intimate partner violence or non-partner violence in their lifetime. Violence is a violation of a person's rights and also puts women, girls and already vulnerable populations at heightened risk of HIV infection and unintended pregnancy, among other health and social issues (UNAIDS, 2017). Intimate partner violence is most common (WHO, 2016b). The scale of violence against children and of GBV is demonstrated by the following data:

- Around 120 million girls worldwide (slightly more than 1 in 10) have experienced **forced intercourse or other forced sexual acts** or any other form of intimate partner violence at some point in their lives (UNICEF, 2014b).
- **Child sexual abuse** affects both boys and girls. International studies (Barth et al., 2012) reveal that approximately 20 per cent of women, and between 5 and 10 per cent of men, report having been victims of sexual violence as children.
- Violence among young people, including **dating violence**, is also a major problem (WHO, 2016b).
- At least 200 million women and girls alive today have undergone **undergone female genital mutilation/cutting (FGM/C)** in 30 countries. In most of these countries, the majority of girls were cut before the age of five (Plan, 2016).
- **Child, early and forced marriage/cohabitation** violates fundamental human rights and puts girls in a situation of vulnerability because of the power disparity between the young bride and her husband. Across the globe, rates of CEFM are highest in sub-Saharan Africa, where around 4 in 10 girls marry before age 18; and about 1 in 8 were married or in union before age 15. Latin America and the Caribbean (LAC) follows sub-Saharan Africa, where 24 per cent of women between the ages of 20 and 24 were married in childhood; and the Middle East and North Africa, where 18 per cent were married in childhood (UNICEF, 2014a).
- Every year, an estimated 246 million children are subject to some form of **GBV, including mistreatment, bullying, psychological abuse and sexual harassment in or on the way to school**. Twenty-five per cent of children experience physical violence and thirty-six per cent experience emotional violence (WHO, 2016c).
- Students who are perceived not to conform to prevailing sexual and gender norms, including those who are lesbian, gay, bisexual or transgender are more vulnerable to violence in schools. **Violence based on sexual orientation and gender identity/expression**, also referred to as homophobic and transphobic violence, is a form of school-related gender-based violence (UNESCO, 2016b).
- Early and unintended pregnancy can also be the result of sexual violence from teachers and fellow students. **Pregnancy-related GBV** in schools includes bullying and teasing, perpetrated by classmates and teachers, towards pregnant girls and adolescent mothers (UNESCO, 2017).

HIV and AIDS: some progress has been made globally in the prevention of new HIV infections in youth aged 15 to 24, however the declines have been far too slow. Between 2010 and 2016, new HIV infections fell among young women and men aged 15 to 24 in every region except eastern Europe and central Asia, where new HIV infections among this age group increased by approximately 12 per cent during the same period (UNAIDS, 2017). Globally, HIV and AIDS was the ninth leading cause of death among adolescents between the age of 10 and 19 in 2015 (WHO, 2017b). HIV and AIDS continue to have a significant impact in sub-Saharan Africa. In Africa, adolescent girls and young women between the ages of 15 and 24 face a heightened vulnerability to HIV (UNAIDS, 2017). In many settings, young key populations still bear disproportionate burdens of HIV including young gay and other men who have sex with men and transgender youth (Bekker et al., 2015). Although comprehensive knowledge about HIV has increased, only 36% of young men and 30% of young women (aged 15–24) had comprehensive and correct knowledge of how to prevent HIV in the 37 countries with available data for the period 2011 to 2016 (UNAIDS, 2017). Knowledge of specific risk factors (e.g. transmission through sexual networks or the risks associated with age-disparate sex and anal sex), newer biomedical prevention methods (e.g. PrEP), and of links between HIV and GBV is likely to be lower (UNAIDS, 2016).

Sexually transmitted infections (STIs): each year an estimated 333 million new cases of curable STIs occur worldwide, with the highest rates among 20-24 year olds, followed by 15-19 year olds. One in 20 young people is believed to contract an STI each year, excluding HIV and other viral infections. A minority of adolescents have access to any acceptable and affordable STI services (WHO, 2005). However, data on STIs is limited and inconsistent between and within regions and countries. This is particularly true for data disaggregated by age and sex, which obscures the actual burden and compromises the global response.

3.2 Other key issues affecting children's and young people's health and well-being that can be addressed through CSE

The influence of information and communication technologies on sexual behaviour: countries are increasingly recognizing the importance of equipping young people with the knowledge and skills necessary to help them make responsible choices, particularly in a context where new information and communication technologies (ICTs) and social media play an increasingly important role in their lives. For example:

- **Information and images relating to sexual activity** are widely available on the Internet, and can be the first exposure to sexuality or sexuality education for many children and young people. ICTs and social media have enormous potential to increase access to positive, accurate and non-judgmental information on sexuality and relationships. However, these technologies can also provide access to inaccurate and inappropriate information, and can reinforce harmful gender norms by increasing access to often violent pornography (Brown and L'Engle, 2009; Peter and Valkenburg, 2007).
- **Cyberbullying** – according to a European Union report (European Union Agency for Fundamental Rights, 2014), 1 in 10 women over the age of 15 has experienced cyber harassment (including receiving unwanted, offensive, and/or sexually explicit emails or SMS messages and/or offensive and inappropriate advances on social networking sites). Experiencing cyber harassment can lead to affective disorders; studies show that higher levels of cyberbullying and victimization are related to higher levels of depressive affect, with victims reporting feelings of sadness, hopelessness and powerlessness (Nixon, 2014).
- **Sexting** – the private exchange of self-produced sexual images via cell phone or the Internet has been widely discussed in public and academic discourses as a new high-risk behaviour among youth, that should be addressed and prevented through increased and improved education about the various serious risks associated with the practice.

Young people need support to critically examine the sexual messages they receive, and they also require access to new types of digital sex education environments that are realistic, emotionally attuned and non-judgmental. It is important to provide a better balance between adolescent's vulnerability and sexual agency when discussing how to safely navigate the use of ICTs (Oosterhof et al., 2017).

Poor mental/emotional health: mental health problems are often associated with increased school drop-out rates, grade repetition and poor academic performance (Kennedy et al., 2006). Emotional and mental health problems are also associated with increased rates of unsafe sex, sexually transmitted diseases and early sexual experiences. Risk taking, including unsafe sex, may also represent an indirect expression of anger, or an attempt to exert some control over one's life. Youth with mental health disorders experience more difficulty developing their cognitive and non-cognitive skills and are more likely to attempt suicide (Cash and Bridge, 2009). Although little research has been done focused on the link between mental health problems and SRH, an important relationship exists. For example, for lesbian, gay, bisexual, transgender, and intersex (LGBTI[2]) young people who lack adequate support systems, the feeling of being different and not fitting in, combined with exposure to higher rates of violence, bullying and harassment, can lead to mental health problems including anger, depression, sadness, stress or worry (Baltag et al., 2017; Hillier et al., 2010).

Alcohol, tobacco and drugs: alcohol and substance use can negatively impact both current and future health, as well as other dimensions of young people's well-being. Substance users can quickly become addicted and face numerous problems ranging from cognitive and educational difficulties – including poor academic performance, school absenteeism and early drop out – to low self-esteem and mental disorders that may lead to suicide attempts (Hall et al., 2016). Many researchers have documented a high prevalence of risky sexual behaviour in association with substance misuse, as alcohol and drug consumption may impair decision-making, elevate mood and reduce inhibitions (WHO, 2010). School-based educational programmes are most effective during the period when most students are experiencing initial exposure to psychoactive substances (UNESCO, 2017b).

2 While the term LGBTI is used, it is important to include others who face violence and discrimnination on the basis of their actual or perceived sexual orientation, gender identity and expression and sex characteristics, including those who identify with other terms. (Inter-Agency Statement on Ending Violence and Discrimination Against Lesbian, Gay, Bisexual , Transgender, and Intersex (LGBTI) Adults, Adolescents and Children. 2015)

3.3 Specific SRH needs and other issues affecting subgroups of children and young people

Young people are not a homogeneous group. Their family situation, socio-economic status, sex, ethnicity, race, HIV status, geographical location, religious and cultural beliefs, sexual orientation and gender identity, and many other factors affect their SRH, access to education and life opportunities, and their general well-being. Many young people are marginalized and vulnerable and face stigma and discrimination, including young people who are incarcerated or who live in institutionalized care, indigenous young people, and those who lack access to vital CSE, SRH and other health services. Refugee, asylum-seeking and migrant children are vulnerable to many issues, including CEFM, violence and trafficking. Each of these populations has different CSE needs, and these guidelines can be used to help shape CSE curricula relevant to their realities. Some **non-exhaustive illustrative examples include:**

- **Young people living with HIV (YPLHIV):** current sexuality education programmes have a strong focus on HIV prevention, and often fail to address the needs of YPLHIV. Treatment adherence is lower among YPLHIV (UNAIDS, 2017), and schools play a vital role in providing support to access to services, supporting adherence to treatment, as well as including education about preventing re-infection, onward transmission of HIV to others, living positive, healthy lives and in reducing stigma and discrimination (UNESCO and GNP+, 2012).
- **Young people living in poverty:** poverty is a major constraint to youth development and well-being. Youth living in poor, rural households are materially disadvantaged, socially excluded, and suffer from poor nutrition and housing conditions that have immediate and future negative consequences on their health. Poor children and young people are more likely than others to be exposed to violence and/or perpetrate violence; and to adopt risky behaviours such as disengagement from school, substance use, early sexual initiation, transactional or commercial sex, and unprotected sex (Okonofua, 2007; USAID, 2013). Adolescent girls and young women from the poorest households are also more likely than girls and young women from wealthier households to become pregnant or give birth before the age of 18 (UNFPA, 2013).
- **Young people with disabilities:** historically, people with disabilities have often been perceived as either asexual or sexually uninhibited, and sex education has generally been considered unnecessary or even harmful. Only a few countries have moved forward to implement the human rights of young people living with disabilities as established at the Convention of the Rights of Persons with Disabilities. Research suggests that disabled people are disproportionately affected by sexual violence and may be more vulnerable to HIV infection (Hughes et al., 2012). Existing education for young people with disabilities often depicts sex as dangerous, echoing past constructions of disabled people's sexuality as problematic (Rohleder and Swartz 2012). Young people living with either mental, physical or emotional disabilities are all sexual beings and have the same right to enjoy their sexuality within the highest attainable standard of health, including pleasurable and safe sexual experiences that are free of coercion and violence; and to access quality sexuality education and SRH services.
- **Lesbian, gay, bisexual, transgender and intersex young people (LGBTI):** there are severe restrictions and penalties imposed on LGBTI people in many countries around the world. These restrictions take the form of both direct and indirect persecution, including: active prosecution of individuals (IPPF and Coram Children's Legal Centre, 2014); a failure to protect individuals from harassment, stigmatisation, discrimination and harm on the basis of their sexual orientation, gender identity or expression; or in the case of intersex children and young people, a failure to protect against unnecessary surgical and other procedures that can cause permanent infertility, pain, incontinence, loss of sexual sensation and lifelong mental suffering (OHCHR, 2016); and, a lack of access to redress mechanisms. Insufficient research exists on LGBTI young people's sexual and reproductive lives and needs. CSE programmes often omit relevant content for LGBTI populations, including information about sex characteristics or biological variations which particularly affect intersex children and young people. LGBTI young people enrolled in school are particularly affected by harm and discrimination. For example, homophobia and transphobia in school have been shown to hinder learning and lay the groundwork for more vindictive and violent forms of bullying (UNESCO, 2015b).
- **Children and young people affected by humanitarian crisis:** a total of 28.5 million primary school-aged children living in conflict-affected countries or humanitarian settings do not have access to education – constituting half of the world's out-of-school children (Save the Children, 2015). Furthermore, despite growing awareness of the need for adolescent SRH programmes in humanitarian settings, a global study found significant gaps in programming including access to SRH services (Women's Refugee Commission et al., 2012).

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4

The evidence base for comprehensive sexuality education

4 - The evidence base for comprehensive sexuality education

This section provides evidence on the role that CSE plays in addressing the health needs of children and young people.

4.1 Introduction

This section provides evidence on the impact of sexuality education on primary outcomes (sexual behaviour and health) and on secondary outcomes (knowledge, attitudes and other non-health/behavioural outcomes). The results are based primarily on the main conclusions of two evidence review processes commissioned by UNESCO in 2008 and 2016. The 2008 evidence review is based on results from 87 studies conducted around the world and was carried out by Douglas Kirby of Education, Training and Research Associates. The results are published in the original Guidance (UNESCO, 2009). The 2016 evidence review is based on results from 22 rigorous systematic reviews and 77 randomized controlled trials in a broad range of countries and contexts, in which more than half where situated in low or middle income countries. The review was conducted by Paul Montgomery and Wendy Knerr of University of Oxford Centre for Evidence-Based Intervention, UK, and is referenced as UNESCO 2016c in this Guidance.

4.2 Main conclusions of the evidence reviews

Overall, the evidence base for the effectiveness of school-based sexuality education continues to grow and strengthen, with many reviews reporting positive results on a range of outcomes.

The 2016 review found that, while the evidence base for CSE has expanded since 2008, the conclusions and recommendations of the original Guidance still maintain much of their validity and applicability. This research reaffirms that curriculum-based sexuality education programmes contribute to the following outcomes:

- Delayed initiation of sexual intercourse
- Decreased frequency of sexual intercourse
- Decreased number of sexual partners
- Reduced risk taking
- Increased use of condoms
- Increased use of contraception

The 2016 evidence review concludes that sexuality education has positive effects, including increasing knowledge about different aspects of sexuality, behaviours and risks of pregnancy or HIV and other STIs. Strong evidence also concludes that sexuality education improves attitudes related to sexual and reproductive health (UNESCO, 2016c). The update of the Guidance echoes research from the original Guidance and the wider scientific and practice literature in emphasizing that sexuality education – in or out of schools – does not increase sexual activity, sexual risk-taking behaviour or STI/HIV infection rates.

It is difficult to draw strong conclusions about the impact of CSE on biological outcomes such as STI or HIV rates, as there are still relatively few high-quality trials available, particularly those that take a longitudinal approach (Fonner et al., 2014; Lopez et al., 2016; Oringanje et al., 2009).

The review shows that curricula are likely to have the desired positive effect on young people's health outcomes when they feature certain characteristics that define them as being 'effective' at achieving the goals of CSE (see *Table 4*), when they are comprehensive in scope and delivered as intended. The also concludes that school-based sexuality education should be a part of a holistic strategy aiming to engage young people in learning about and shaping their sexual and reproductive future, encompassing multiple settings, including schools, the community, health services and households/families.

High quality evidence supports the provision of multi-components interventions, especially linking school-based sexuality education with non-school based youth friendly services, including condom distribution. School-based CSE, while not enough to prevent HIV and ensure the health and rights of young people by itself, remains a crucial and cost-effective strategy (UNESCO, 2011a).

While the focus of many studies is on health outcomes, the evolving understanding of CSE recognizes that this kind of education can also contribute to wider outcomes such as gender equitable attitudes, confidence or self-identity, as per the revised definition offered in this Guidance. In addition to the findings from the analysis of systematic reviews, the 2016 review notes that there are a substantial number of studies used to assess CSE programmes since 2008 that did not meet the inclusion criteria (ie. non-randomized, non-controlled or qualitative studies), particularly in low and middle incomes countries. The results of these studies, along with recommendations from the experts in sexuality education

development, implementation and evaluation, indicate the potential effects of CSE programmes in contributing to changes beyond health outcomes including: preventing and reducing gender-based and intimate partner violence and discrimination; increasing gender equitable norms, self-efficacy and confidence; and, building stronger and healthier relationships. There have been limited rigorous studies assessing these types of non-health outcomes to-date.

Linked to this emerging field of study of non-health outcomes, is an increasing recognition of the impact of gender norms and violence as moderators of effectiveness on a range of desired CSE outcomes. Some studies highlight the need to analyze the ways that gender and power norms influence the impact of programmes, including the ability to act on new knowledge about sexual risk, particularly among girls and young women. This highlights the importance of identifying and working on restrictive gender norms as well as knowledge and attitudes. Likewise, it is important for evaluations to consider the role that violence may play in the effectiveness of CSE (Mathews et al., 2012; UNESCO, 2016b).

For more information on the criteria for selection of evaluation studies, review methods, and the full list of studies referenced as part of the 2016 evidence review see *Appendix IV: Criteria for selection of evaluation studies and review methods;* and *Appendix V: Studies referenced as part of the evidence review 2016*.

Summary of the key findings

- Sexuality education – in or out of schools – does not increase sexual activity, sexual risk-taking behaviour or STI/HIV infection rates (UNESCO, 2009; Fonner et al., 2014; Shepherd et al., 2010).
- Sexuality education has positive effects, including increasing young people's knowledge and improving their attitudes related to SRH and behaviours (UNESCO, 2016b). Nearly all sexuality education programmes that have been studied increase knowledge about different aspects of sexuality and the risk of pregnancy or HIV and other STIs.
- Programmes that promote abstinence-only have been found to be ineffective in delaying sexual initiation, reducing the frequency of sex or reducing the number of sexual partners. Programmes that combine a focus on delaying sexual activity with content about condom or contraceptive use are effective (Kirby, 2007; Underhill et al., 2007; UNESCO, 2009; Fonner et al., 2014).
- Programmes addressing both pregnancy prevention and STI/HIV prevention are more effective than single-focus programmes, for instance, in increasing effective contraceptive and condom use and decreasing reports of sex without a condom (Lopez et al., 2016; UNESCO, 2016c).
- Using an explicit rights-based approach in CSE programmes leads to short-term positive effects on knowledge and attitudes, including increased knowledge of one's rights within a sexual relationship; increased communication with parents about sex and relationships; and greater self-efficacy to manage risky situations. There are also longer term significant, positive effects found on psychosocial and some behavioural outcomes (Constantine et al., 2015b; Rohrbach et al., 2015; UNESCO, 2016c).
- Gender-focused programmes are substantially more effective than 'gender-blind' programmes at achieving health outcomes such as reducing rates of unintended pregnancy or STIs. This is as a result of the inclusion of transformative content and teaching methods that support students to question social and cultural norms around gender and to develop gender equitable attitudes (Haberland and Rogow, 2015).
- Programmes with implementation fidelity – that is, when effective curricula are delivered as intended - are much more likely to have the desired positive impact on young people's health outcomes than programmes that do not remain faithful to the original design, content or delivery approaches (Michielsen et al., 2010; Shepherd et al., 2010; Wight, 2011). 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). This is in line with findings from other fields of study, which show that well-designed psychosocial and behavioural interventions found to be effective in one country or culture can be successfully replicated in different contexts, even when they are adjusted from high- to low- resource settings (Gardner et al., 2015; Leijten et al., 2016).

- Whilst sexuality education programmes are shown to improve knowledge, skills and intentions to avoid risky sexual behaviours (such as unprotected sex) and improve intentions to use clinical services, other factors such as social and gender norms, experience of violence as well as barriers in access to services, and may mean that taking action to adopt safer sexual behaviours may be extremely challenges for many young people (UNESCO, 2009).
- Sexuality education is most impactful when school-based programmes are complemented with community elements, including condom distribution; providing training for health providers to deliver youth-friendly services; and involving parents and teachers (Chandra-Mouli et al., 2015; Fonner et al., 2014; UNESCO, 2015a). Multicomponent programmes, especially those that link school-based sexuality education with non-school-based, youth-friendly health services, are particularly important for reaching marginalized young people, including those who are not in school (UNESCO, 2016c).

Table 1. Key characteristics of the 2008 and 2016 evidence reviews

2008 Evidence review	2016 Evidence review
▶ Focuses on programmes designed to reduce unintended pregnancy or STIs, including HIV. Programmes included in the review were not designed to address the varied needs of young people or their right to information. ▶ Focuses on the review of curriculum-based programmes – seven per cent of the programmes were implemented in schools, while the remainder were implemented in community or clinic settings. ▶ Bases its conclusions on a review of 87 studies: 29 studies were from developing countries, 47 from the United States and 11 from other developed countries. ▶ Focuses on children and young people between the ages of 5 and 24.	▶ Bases its conclusions on evidence from systematic reviews of studies aimed at improving the SRH of young people aged 10-24; and randomized controlled trials (RCTs) of school- and curriculum-based sexuality education programmes aimed at young people aged 5-18. ▶ Includes a total of 22 relevant systematic reviews, more than 70 potentially relevant RCTs, and a significant amount of non-trial information from 65 publications and online resources. ▶ Includes a wide geographical range of recent, published studies; more than half of the 70 potentially relevant RCTs identified and included in this review were for trials in low- or middle-income countries, and most of the 22 systematic reviews analyzed included a significant number of relevant trials in low- and middle-income countries, particularly in sub-Saharan Africa. ▶ Focuses on children and young people between the ages of 5 and 24 and extends the reach of the original Guidance to include out-of-school interventions that were analyzed within systematic reviews, as well as school-based interventions.

4.3 Limitations of the evidence reviews

The evidence reviews commissioned by UNESCO have some limitations that make it difficult to make a general statement about the magnitude of the impact of CSE programmes (UNESCO, 2009; UNESCO, 2016c).

Table 2. Limitations of the evidence reviews

2008 Evidence review - limitations	2016 Evidence review – limitations
▶ Not enough of the studies were conducted in developing countries. ▶ Some studies suffered from an inadequate description of their respective programmes.	▶ Absence of pertinent non-randomized, non-controlled studies and qualitative studies that assess various aspects of CSE programmes and provide evidence of their impact on non-health outcomes, especially in low- and middle-income country settings.

- None of the studies examined programmes for gay, lesbian or other young people engaging in same-sex sexual behaviour.
- Some studies had only minimally acceptable evaluation designs, and many were statistically underpowered. Most of the studies did not adjust for multiple tests of significance.
- Few of the studies measured impacts on either STI or pregnancy rates, and fewer still measured impacts on STI or pregnancy rates with biological markers.
- Finally, inherent biases affected the publication of studies: researchers are more likely to try to publish articles if positive results support their theories. Additionally, programmes and journals are more likely to accept articles for publication when the results are positive.

- While CSE is expected to build knowledge and skills useful throughout the life-course, many trials that were reviewed conducted only short-term follow-up assessments, for example, one year after intervention (Hindin et al., 2016; Shepherd et al., 2010). However, it may not be reasonable to expect a programme to show short-term effects. Similarly, there is a lack of longitudinal evidence on the long-term impact of CSE.
- The quality of the methods used to conduct trials affects the reliability of the outcomes of those trials, including how generalizable the results are to other settings or populations.
- Accurately assessing the effectiveness of different components is complicated by a lack of reporting of this information in the published papers of high-quality trials.
- As with the Review of Evidence conducted in 2008, inherent biases affect the publication of studies.

4.4 What evidence do we need in the future?

While the body of evidence on CSE has grown significantly in the last decade, there are areas that require further attention (UNESCO 2016c; UNESCO, 2009). These include:

- Practitioners and experts on sexuality education strongly believe that CSE programmes have the potential to do much more than just change sexual behaviours. For example, CSE can contribute to long-term health improvements, reduce gender-based and intimate partner violence, reduce discrimination, and increase gender-equitable norms. Additionally, CSE programmes empower young people as global citizens that are able to advocate for their own rights. Despite many calls for an assessment of the impact of CSE programmes worldwide, particularly in low- and middle-income countries, only a very limited number of rigorous studies assessing these types of outcomes have been conducted.
- Reviews of evidence should include holistic comprehensive evaluation, including formal and participatory, quantitative and qualitative processes, to shed light on contextual and implementation factors and implications.
- More high-quality, randomized-controlled evaluations of CSE programmes are also needed in low- and middle-income countries to test multi-component programmes (those with school and community components).
- Overall, there is a need to conduct more studies on the effectiveness of curriculum design and implementation, including teacher effectiveness and the learning outcomes of students.
- There is limited information on the impact of CSE curricula on already marginalized groups, including young people with physical and/or cognitive disabilities, YPLHIV and LGBTI young people.
- There are very few systematic reviews of studies that feature violence prevention as a component or key characteristic. Given the high correlation between intimate partner violence and HIV, both before and after diagnosis, as well as the lifelong negative effects of violence against children, this is a gap that urgently needs to be addressed.
- There is need to generate longitudinal evidence on the long-term effectiveness of CSE on sexual and reproductive health outcomes.
- There is need to generate evidence to demonstrate the link between the demand creation potential of CSE and the provision of youth-friendly SRHR services and commodities.

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5

Key concepts, topics and learning objectives

5 - Key concepts, topics and learning objectives

This section provides a comprehensive set of key concepts, topics and illustrative learning objectives to guide development of locally-adapted curricula for learners aged 5 to 18+. It is grounded in the original Guidance (UNESCO, 2009) and based on evidence from curricula demonstrated to change behaviours and practical experience, in addition to emerging expert recommendations and national and regional sexuality education frameworks.

5.1 Goals, age groups and structure

Development goals

The development of the original and updated key concepts, topics and learning objectives was informed by specially-commissioned reviews of existing curricula from 12 countries[3] (UNESCO, 2017c); evidence reviews (UNESCO, 2009; UNESCO, 2016c); regional and national sexuality education guidelines and standards (see *Appendix VII*); searches of relevant databases and websites; in-depth interviews with experts, students, and teachers (see *Appendix VI*); and global technical consultations held in 2009 and 2016; with experts from countries from around the world (see *Appendix III*). Colleagues from UNAIDS, UNDP, UNESCO, UNFPA, UNICEF, UN Women and WHO have also provided input into the key concepts, topics and illustrative learning objectives, and these have been thoroughly reviewed by members of the Comprehensive Sexuality Education Advisory Group (see *Appendix II*).

The guidance provided in this section takes a rights-based approach that emphasizes values such as inclusion, respect, equality, empathy, responsibility and reciprocity as inextricably linked to universal human rights. It is also grounded in the understanding that advancing gender equality is critical to young people's sexual health and well-being. Finally, the guidance promotes a learner-centered approach to education, whereby the focus of instruction is on the student.

The goals of the key concepts, topics and learning objectives are to equip children and young people with the knowledge, attitudes and skills that will empower them to realize their health, well-being and dignity; consider the well-being of others affected by their choices; understand and act upon their rights; and respect the rights of others by:

- providing scientifically-accurate, incremental, age- and developmentally-appropriate, gender-sensitive, culturally relevant and transformative information about the cognitive, emotional, physical and social aspects of sexuality;
- providing young people with the opportunity to explore values, attitudes and social and cultural norms and rights impacting sexual and social relationships; and,
- promoting the acquisition of life skills.

Age groups

This section is organized into eight main key concepts listed below, which are each separated into four age groups (5-8 years; 9-12 years; 12-15 years and 15-18+ years) intended for learners at primary and secondary school levels. The learning objectives are logically staged, with concepts for younger students typically including more basic information, less advanced cognitive tasks, and less complex activities. There is a deliberate overlap between the second and third age groups (ages 9-12 and ages 12-15) in order to accommodate the broad age range of learners who might be in the same class. The last age group, ages 15-18+ acknowledges that some learners in the secondary level may be older than 18 and that the topics and learning objectives can also be used with more mature learners in tertiary institutions. As many young people have not received any sexuality education at primary and secondary school levels, learners in tertiary institutions may also benefit from the guidance even though they are older. The guidance can also be adapted to educate out-of-school children and young people who do not benefit from school-based sexuality education.

All information discussed with learners in the above-mentioned age groups should be in line with their cognitive abilities and inclusive of children and young people with intellectual/learning disabilities. In some communities, it is not unusual for a teacher to have a mix of ages among learners in the classroom. Some learners may start school later and will therefore be at different stages of development and have varying levels of existing knowledge, attitudes and skills that should be taken into consideration.

3 Botswana, Ethiopia, Indonesia, Jamaica, Kenya, Namibia, Nigeria, South Africa, Tanzania, Thailand, USA and Zambia.

In addition, the sexual and reproductive health needs and concerns of children and young people, as well as the age of sexual debut, vary considerably within and across regions, as well as within and across countries and communities. This is likely to affect the perceived age-appropriateness of particular learning objectives when developing curricula, materials and programmes; and to influence teachers' recognition that learners in one class have a variety of different sexual experiences. Learning objectives should therefore be adjusted to learners' realities and based on available data and evidence, rather than on personal discomfort or perceived opposition to discussion of sexuality with children or young people. Literature and research on sexuality education highlight the need to address sensitive issues despite the challenges this poses. Whilst sexuality is not the same as any other school subject and can arouse strong emotions (UNESCO, 2016b), it is critical that children develop the language and capacity to talk about and understand their bodies, feelings and relationships from a young age.

Structure

There are eight key concepts which are equally important, mutually reinforcing and intended to be taught alongside one another.

Topics are repeated multiple times with increasing complexity, building on previous learning using a spiral-curriculum approach.

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

The key concepts are further delineated into two to five topics, each with key ideas and **knowledge, attitudinal, and skill-based learning objectives** per age group. **Knowledge** provides a critical foundation for learners, while **attitudes** help young people shape their understanding of themselves, sexuality and the world. At the same time, **skills** such as communication, listening, refusal, decision-making and negotiation; interpersonal; critical-thinking; building self-awareness; developing empathy; accessing reliable information or services; challenging stigma and discrimination; and advocating for rights, enable learners to take action.

These three domains of learning featured in the illustrative learning objectives – **knowledge, attitudinal and skills-building** – are not necessarily linear, but rather reflect an iterative and mutually reinforcing process, providing learners with multiple opportunities to learn, revisit and reinforce key ideas. The learning objectives provided in this section are deliberately intended to be illustrative rather than prescriptive, and are by no means exhaustive, either within a topic or across the domains of learning. **A combination of all three domains of learning is critical to empowering young people** and for effective CSE. Curriculum developers are therefore encouraged to maintain a balance of learning objectives across all three domains, as the Guidance does not systematically illustrate each type of learning objective for all the topics identified.

The illustrative learning objectives can be interpreted by curriculum developers at the local level, and made measurable based on the local context and/or existing national or regional standards and frameworks. **The guidance is voluntary and non-mandatory, based on universal evidence and practice, and recognizes the diversity of different national contexts in which sexuality education is taking place**. As a result, there are some issues and content that might be considered acceptable in some countries but not others, and each country will have authority to make appropriate decisions, respecting notions of human rights, inclusion and non-discrimination.

Based on needs and country or regionally-specific characteristics, such as social and cultural norms and epidemiological context, lessons based on the learning objectives could be adjusted to be included within earlier or later age groups. However, most experts believe that children and young people want and need sexuality and sexual health information as early and comprehensively as possible, as acknowledged in development psychology and reflected in the Standards for Sexuality Education in Europe (WHO Regional Office for Europe and BZgA, 2010). Furthermore, the learning objectives are sequenced to become increasingly cognitively complex with age and developmental ability. If a programme begins with older learners, it would be necessary to cover topics and learning objectives from earlier age levels to ensure adequate mastery of foundational knowledge on which one can build skills and attitudes.

5.2 Overview of key concepts, topics and learning objectives

Key concept 1: Relationships

Topics:

1.1 Families
1.2 Friendship, Love and Romantic Relationships
1.3 Tolerance, Inclusion and Respect
1.4 Long-term Commitments and Parenting

Key concept 2: Values, Rights, Culture and Sexuality

Topics:

2.1 Values and Sexuality
2.2 Human Rights and Sexuality
2.3 Culture, Society and Sexuality

Key concept 3: Understanding Gender

Topics:

3.1 The Social Construction of Gender and Gender Norms
3.2 Gender Equality, Stereotypes and Bias
3.3 Gender-based Violence

Key concept 4: Violence and Staying Safe

Topics:

4.1 Violence
4.2 Consent, Privacy and Bodily Integrity
4.3 Safe use of Information and Communication Technologies (ICTs)

Key concept 5: Skills for Health and Well-being

Topics:

5.1 Norms and Peer Influence on Sexual Behaviour
5.2 Decision-making
5.3 Communication, Refusal and Negotiation Skills
5.4 Media Literacy and Sexuality
5.5 Finding Help and Support

Key concept 6: The Human Body and Development

Topics:

6.1 Sexual and Reproductive Anatomy and Physiology
6.2 Reproduction
6.3 Puberty
6.4 Body Image

Key concept 7: Sexuality and Sexual Behaviour

Topics:

7.1 Sex, Sexuality and the Sexual Life Cycle
7.2 Sexual Behaviour and Sexual Response

Key concept 8: Sexual and Reproductive Health

Topics:

8.1 Pregnancy and Pregnancy Prevention
8.2 HIV and AIDS Stigma, Care, Treatment and Support
8.3 Understanding, Recognizing and Reducing the Risk of STIs, including HIV

Key concept 1:

Relationships

Topics:

1.1 Families

1.2 Friendship, Love and Romantic Relationships

1.3 Tolerance, Inclusion and Respect

1.4 Long-term Commitments and Parenting

Key concept 1: Relationships

1.1 Families

Learning objectives (5-8 years)

Key idea: There are many different kinds of families that exist around the world

Learners will be able to:

- describe different kinds of families (e.g. two-parent, single-parent, child-headed; guardian-headed, extended, nuclear, and non-traditional families) (knowledge);
- express respect for different kinds of families (attitudinal);
- demonstrate ways to show respect for different kinds of families (skill).

Key idea: Family members have different needs and roles

Learners will be able to:

- identify the different needs and roles of family members (knowledge);
- appreciate how family members take care of each other in many ways, athough sometimes they may not want to or be able to (attitudinal);
- communicate their needs and role within the family (skill).

Key idea: Gender inequality is often reflected in the roles and responsibilities of family members

Learners will be able to:

- list differences in roles and responsibilities of men and women within the family (knowledge);
- describe ways that these differences can affect what each can and cannot do (knowledge);
- perceive that gender inequality impacts the roles and responsibilities within the family (attitudinal);
- reflect on their own role and their feelings about men's and women's roles and responsibilities within the family (skill).

Key idea: Family members are important in teaching values to children

Learners will be able to:

- define what values are (knowledge);
- list values that they and their families care about (knowledge);
- acknowledge that family members' values affect children's values (attitudinal);
- express a personal value (skill).

Learning objectives (9-12 years)

Key idea: Parents/guardians and other family members help children acquire values and guide and support their children's decisions

Learners will be able to:

- describe ways that parents/guardians and other family members support their children's decisions (knowledge);
- acknowledge that parents/guardians and family members influence their decisions (attitudinal);
- reflect on how a family value guided a decision that they made (skill).

Key idea: Families can promote gender equality through their roles and responsibilities

Learners will be able to:

- identify the roles, rights and responsibilities of different family members (knowledge);
- list ways that families can support gender equality through their roles and responsibilities (knowledge);
- recognize that all family members can promote gender equality within the family (attitudinal);
- express support for equitable roles and responsibilities within the family (skill).

Key idea: Health and illness can affect families in terms of their structure, capacities and responsibilities

Learners will be able to:

- describe ways that health and illness can affect family members' roles and responsibilities (knowledge);
- recognize that health and illness can affect how a family functions (attitudinal);
- demonstrate empathy for families affected by illness (skill).

1.1 Families (contd.)

Learning objectives (12-15 years)

Key idea: Growing up means taking responsibility for oneself and others

Learners will be able to:

- identify and examine new responsibilities that they have for themselves and others as they grow up (knowledge);
- acknowledge that as they grow up their worlds and affections expand beyond the family, and friends and peers become particularly important (attitudinal);
- assess and take on new responsibilities and relationships (skill).

Key idea: Conflict and misunderstandings between parents/guardians and children are common, especially during adolescence, and are usually resolvable

Learners will be able to:

- list conflicts and misunderstandings that commonly happen between parents/guardians and children (knowledge);
- describe ways to resolve conflict or misunderstandings with parents/guardians (knowledge);
- acknowledge that conflict and misunderstandings with parents/guardians are common during adolescence and can usually be resolved (attitudinal);
- apply strategies for resolving conflict and misunderstandings with parents/guardians (skill).

Key idea: Love, cooperation, gender equality, mutual caring and mutual respect are important for healthy family functioning and relationships

Learners will be able to:

- identify characteristics of healthy family functioning (knowledge);
- justify why these characteristics are important to healthy family functioning (attitudinal);
- assess their contributions toward healthy family functioning (skill).

Learning objectives (15-18+ years)

Key idea: Sexual relationships and health issues can affect family relationships

Learners will be able to:

- assess how family members' roles and relationships may change when a family member discloses sensitive information (eg. HIV-positive status; HIV-positive status; becomes pregnant; gets married; refuses an arranged marriage; has experienced sexual abuse; or is in a happy sexual relationship) (knowledge);
- reflect on how their roles and relationships may change when they disclose or share information related to sexual relationships or health (skill).

Key idea: There are support systems that young people and family members can turn to when faced with challenges related to sharing or disclosure of information related to sexual relationships and health issues

Learners will be able to:

- describe how siblings, parents/guardians or extended family can provide support to a young person who discloses or shares information related to sexual relationships or health (knowledge);
- acknowledge that families can overcome challenges when they support one another with mutual respect (attitudinal);
- access valid and reliable community resources to support themselves or a family member needing assistance (skill).

1.2 Friendship, Love and Romantic Relationships

Learning objectives (5-8 years)

Key idea: There are different kinds of friendships

Learners will be able to:

- define a friend (knowledge);
- value friendships (attitudinal);
- Recognize that gender, disability or someone's health does not get in the way of becoming friends (attitudinal);
- develop a diversity of friendships (skill).

Key idea: Friendships are based on trust, sharing, respect, empathy and solidarity

Learners will be able to:

- describe key components of friendships (e.g. trust, sharing, respect, support, empathy and solidarity) (knowledge);
- propose to build friendships based on key components of friendships (attitudinal);
- demonstrate ways to show trust, respect, understanding, and to share with a friend (skill).

Key idea: Relationships involve different kinds of love (e.g. love between friends, love between parents, love between romantic partners) and love can be expressed in many different ways

Learners will be able to:

- identify different kinds of love and ways that love can be expressed (knowledge);
- acknowledge that love can be expressed in different ways (attitudinal);
- express love within a friendship (skill).

Key idea: There are healthy and unhealthy relationships

Learners will be able to:

- list characteristics of healthy and unhealthy relationships (knowledge);
- define good touch and bad touch (knowledge);
- perceive that there are healthy and unhealthy friendships (attitudinal);
- develop and maintain healthy friendships (skill).

Learning objectives (9-12 years)

Key idea: Friendship and love help people feel positive about themselves

Learners will be able to:

- list the benefits of friendships and love (knowledge);
- acknowledge that friendships and love can help them feel good (attitudinal);
- express friendship and love in a way that makes someone feel good about themselves (skill).

Key idea: Friendship and love can be expressed differently as children become adolescents

Learners will be able to:

- describe different ways friendship and love are expressed to another person as they are growing up (knowledge);
- recognize that there are many ways to express friendship and love to another person (attitudinal);
- reflect on the way in which they express friendship and love to another person changes as they grow older (skill).

Key idea: Inequality within relationships negatively affects personal relationships

Learners will be able to:

- explore ways that inequality within relationships affects personal relationships (e.g. due to gender, age, economic status or differences in power) (knowledge);
- analyze how more equitable roles between people can contribute to a healthy relationship (knowledge);
- recognize how equality within relationships is a part of healthy relationships (attitudinal);
- adopt equitable roles within relationships (skill).

1.2 Friendship, Love and Romantic Relationships (contd.)

Learning objectives (12-15 years)

Key idea: Friends can influence one another positively and negatively

Learners will be able to:

- compare how friends can influence one another positively and negatively (knowledge);
- acknowledge that friends can positively and negatively influence their behaviour (attitudinal);
- demonstrate ways to avoid being negatively influenced by a friend (skill).

Key idea: There are different kinds of relationships

Learners will be able to:

- identify different kinds of relationships (knowledge);
- distinguish between emotions associated with love, friendship, infatuation and sexual attraction (knowledge);
- discuss how close relationships can sometimes become sexual (skill);
- demonstrate ways to manage emotions associated with different kinds of relationships (skill).

Key idea: Romantic relationships can be strongly affected by inequality and differences in power (e.g. due to gender, age, economic, social or health status)

Learners will be able to:

- analyze how inequality and differences in power can negatively affect romantic relationships (knowledge);
- recall how gender norms and gender stereotypes can impact romantic relationships (knowledge);
- recognize that inequality and differences in power within relationships can be harmful (attitudinal);
- question equality and balance of power within relationships (skill).

Learning objectives (15-18+ years)

Key idea: There are healthy and unhealthy sexual relationships

Learners will be able to:

- compare characteristics of healthy and unhealthy sexual relationships (knowledge);
- perceive that sexual relationships can be healthy and unhealthy (attitudinal);
- demonstrate ways to avoid unhealthy sexual relationships (skill);
- identify trusted adults and demonstrate how to access places to seek help if in an unhealthy relationship (skill).

Key idea: There are different ways to express affection and love as one matures

Learners will be able to:

- describe a range of ways to express affection within healthy sexual relationships (knowledge);
- recognize that sexual behaviour is not a requirement for expressing love (attitudinal);
- express affection and love in appropriate ways (skill).

1.3 Tolerance, Inclusion and Respect

Learning objectives (5-8 years)

Key idea: Every human being is unique, can contribute to society and has a right to be respected

Learners will be able to:

- describe what it means to treat others with fairness, equality, dignity and respect (knowledge);
- identify examples of ways that all human beings can contribute to society regardless of their differences (knowledge);
- list ways that making fun of people is harmful (knowledge);
- recognize that all people are unique and valuable and have a right to be treated with dignity and respect (attitudinal);
- demonstrate ways to show tolerance, inclusion and respect for others (skill).

Learning objectives (9-12 years)

Key idea: Stigma and discrimination are harmful

Learners will be able to:

- define stigma and discrimination and identify ways that they are harmful (knowledge);
- describe self-inflicted stigma and its consequences (e.g. silence, denial and secrecy) (knowledge);
- recall that there are typically support mechanisms that exist to assist people experiencing stigma and discrimination (knowledge);
- acknowledge that it is important to show tolerance, inclusion and respect for others (attitudinal);
- show support for people who are stigmatized or discriminated against (skill).

Key idea: It is disrespectful and hurtful to harass or bully anyone on the basis of their social, economic or health status, ethnicity, race, origin, sexual orientation, gender identity, or other differences

Learners will be able to:

- explain the meaning of harassment and bullying (knowledge);
- describe why harassing or bullying others is hurtful and disrespectful (knowledge);
- acknowledge that everyone has a responsibility to speak out against bullying and harassment (attitudinal);
- demonstrate ways to counter harassment or bullying (skill).

Learning objectives (12-15 years)

Key idea: Stigma and discrimination on the grounds of differences (e.g. HIV, pregnancy or health status, economic status, ethnicity, race, origin, gender, sexual orientation, gender identity, or other differences) are disrespectful, harmful to well-being, and a violation of human rights

Learners will be able to:

- recall the concepts of stigma, discrimination, bias, prejudice, intolerance and exclusion (knowledge);
- examine consequences of stigma and discrimination on people's sexual and reproductive health and rights (knowledge);
- acknowledge that everyone has a responsibility to defend people who are being stigmatized or discriminated against (attitudinal);
- appreciate the importance of inclusion, non-discrimination and diversity (attitudinal);
- seek support if experiencing stigma and discrimination (skill);
- practise speaking out for inclusion, non-discrimination and respect for diversity (skill).

Learning objectives (15-18+ years)

Key idea: It is important to challenge stigma and discrimination and promote inclusion, non-discrimination and diversity

Learners will be able to:

- analyze how stigma and discrimination impact negatively upon individuals, communities and societies (knowledge);
- summarize existing laws against stigma and discrimination (knowledge);
- acknowledge that it is important to challenge discrimination against those perceived to be 'different' (attitudinal);
- express support for someone being excluded (skill);
- advocate against stigma and discrimination and for inclusion, non-discrimination, and respect for diversity (skill).

1.4 Long-term Commitments and Parenting

Learning objectives (5-8 years)

Key idea: There are different family structures and concepts of marriage

Learners will be able to:

- describe the concepts of 'family' and 'marriage' (knowledge);
- list different ways that people might get married (e.g. choose their marriage partners or have arranged marriages) (knowledge);
- recall that some marriages end in separation, divorce and/or death (knowledge);
- acknowledge that even though family structures and ways that people might get married might differ, they are all valuable (attitudinal).

Learning objectives (9-12 years)

Key idea: Child, early and forced marriages (CEFM) are harmful and illegal in the majority of countries

Learners will be able to:

- define CEFM (knowledge);
- list negative consequences of CEFM on the child, the family and society (knowledge);
- acknowledge that CEFM is harmful (attitudinal);
- identify a parent/guardian or trusted adult to speak to if at risk of CEFM (skill).

Key idea: Long-term commitments, marriage and parenting vary and are shaped by society, religion, culture and laws.

Learners will be able to:

- list key features of long-term commitments, marriage and parenting (knowledge);
- describe ways that culture, religion, society and laws affect long-term commitments, marriage and parenting (knowledge);
- acknowledge that all people should be able to decide if, when and whom to marry (attitudinal);
- express their views on long-term commitments, marriage and parenting (skill).

Key idea: Culture and gender roles impact parenting

Learners will be able to:

- discuss ways that culture and gender roles impact upon parenting (knowledge);
- reflect on their own values and beliefs of what it means to be a good parent (skill).

1.4 Long-term Commitments and Parenting (contd.)

Learning objectives (12-15 years)

Key idea: There are many responsibilities that come with marriage and long-term commitments

Learners will be able to:

- summarize key responsibilities of marriage and long-term commitments (knowledge);
- recall key characteristics of successful marriages and long-term commitments (knowledge);
- acknowledge the importance of love, tolerance, equality and respect in marriage and long-term commitments (attitudinal).

Key idea: People become parents in various ways and parenthood involves many different responsibilities

Learners will be able to:

- list responsibilities of parents (knowledge);
- compare the different ways that adults can become parents (e.g. intended and unintended pregnancy, adoption, fostering, with medical assistance and surrogate parenting) (knowledge);
- assert that everyone should be able to decide whether or not and when to become a parent, including but not limited to people with disabilities, and people living with HIV (attitudinal).

Key idea: Child, early and forced marriage (CEFM) and unintended parenting can lead to negative social and health consequences

Learners will be able to:

- describe social and health consequences of CEFM and unintended parenting (knowledge);
- recognize that CEFM and unintended parenting are harmful (attitudinal);
- seek support if concerned about CEFM or unintended parenting (skill).

Learning objectives (15-18+ years)

Key idea: Marriage and long-term commitments can be rewarding and challenging

Learners will be able to:

- assess the rewards and challenges of marriage and long-term commitments;
- acknowledge that parents have the right to continued education (attitudinal).

Key idea: There are many factors that influence if, why, and when people decide to have children

Learners will be able to:

- illustrate different reasons why people may decide to have or not have children;
- recognize that everyone is able to parent, regardless of gender, HIV status, sexual orientation, or gender identity (attitudinal);
- acknowledge that some people may want to become parents; some people may not want to; not everyone is able to become a parent; and some people may have become a parent without wanting to (attitudinal);
- critically assess factors that impact their own opinion about if, why, and when to have children (skill).

Key idea: Children have a variety of needs that parents/guardians have a responsibility to fulfill

Learners will be able to:

- categorize key physical, emotional, economic, health and educational needs of children and associated responsibilities of parents (knowledge);
- illustrate ways that children's well-being can be affected by difficulties in relationships (knowledge);
- perceive the importance of healthy relationships in parenting (attitudinal);
- communicate their physical, emotional, economic and educational needs to parents/guardians (skill).

Key concept 2:

Values, Rights, Culture and Sexuality

Topics:

2.1 Values and Sexuality

2.2 Human Rights and Sexuality

2.3 Culture, Society and Sexuality

2.1 Values and Sexuality

Learning objectives (5-8 years)

Key idea: Values are strong beliefs held by individuals, families and communities about important issues

Learners will be able to:

- define values (knowledge);
- identify important personal values such as equality, respect, acceptance and tolerance (knowledge);
- explain ways that values and beliefs guide decisions about life and relationships (knowledge);
- recognize that individuals, peers, families and communities may have different values (attitudinal);
- share a value that they hold (skill).

Learning objectives (9-12 years)

Key idea: Values and attitudes imparted to us by families and communities are sources of what we learn about sex and sexuality, and influence our personal behaviour and decision-making

Learners will be able to:

- identify sources of values and attitudes that inform what and how one learns about sex and sexuality (e.g. parents, guardians, families and communities) (knowledge);
- describe ways that some parents/guardians teach and exemplify their values to their children (knowledge);
- describe values that affect gender role expectations and equality (knowledge);
- recognize that values and attitudes of families and communities impact behaviour and decision-making (attitudinal);
- reflect on a value that they have learned from their family (skill).

Learning objectives (12-15 years)

Key idea: It is important to know one's own values, beliefs and attitudes, how they impact on the rights of others and how to stand up for them

Learners will be able to:

- describe their own personal values in relation to a range of sexuality and reproductive health issues (knowledge);
- illustrate how personal values affect their own decisions and behaviours (knowledge);
- identify ways that personal values might affect the rights of others (knowledge);
- recognize the importance of being tolerant of and having respect for different values, beliefs and attitudes (attitudinal);
- defend their personal values (skill).

Learning objectives (15-18+ years)

Key idea: It is important to know one's own values, beliefs and attitudes, in order to adopt sexual behaviours that are consistent with them

Learners will be able to:

- compare and contrast behaviours that are and are not consistent with their own values related to sexuality and reproductive health (knowledge);
- appreciate how their values guide sexual behaviours (attitudinal);
- adopt sexual behaviours that are guided by their values (skill).

Key idea: As children grow up, they develop their own values which may differ from their parents/guardians

Learners will be able to:

- differentiate between values that they hold, and that their parents/guardians hold about sexuality (knowledge);
- acknowledge that some of their values may be different from their parents/guardians (attitudinal);
- demonstrate ways to resolve conflict with family members due to differing values (skill).

2.2 Human Rights and Sexuality

Learning objectives (5-8 years)

Key idea: Everyone has human rights

Learners will be able to:

- define human rights (knowledge);
- acknowledge that everyone has human rights and that these should be respected (attitudinal);
- express support for people's human rights (skill).

Learning objectives (9-12 years)

Key idea: It's important to know your rights and that human rights are outlined in national laws and international agreements

Learners will be able to:

- recall the definition of human rights and how they apply to everyone (knowledge);
- name national laws and international agreements that identify universal human rights and the rights of children (knowledge);
- recognize children's rights that are outlined in national laws and international agreements (e.g. Universal Declaration of Human Rights and the Convention on the Rights of the Child) (knowledge);
- appreciate human rights and that human rights apply to everyone (attitudinal);
- reflect on the rights that they enjoy (skill).

Learning objectives (12-15 years)

Key idea: Everyone's human rights include rights that impact their sexual and reproductive health

Learners will be able to:

- describe human rights that impact sexual and reproductive health (knowledge);
- discuss local and/or national laws impacting these rights (knowledge);
- recognize violations of these rights (knowledge);
- acknowledge that there are some people in society who are especially vulnerable to human rights violations (attitudinal);
- demonstrate respect for the human rights of all people, including rights related to sexual and reproductive health (skill).

Learning objectives (15-18+ years)

Key idea: There are local and/or national laws and international agreements that address human rights that impact sexual and reproductive health

Learners will be able to:

- analyze local and/or national laws and policies concerning CEFM, FGM/C, non-consensual surgical interventions on intersex children, forced sterilization, age of consent, gender equality, sexual orientation, gender identity, abortion, rape, sexual abuse, sex trafficking; and people's access to sexual and reproductive health services and reproductive rights (knowledge);
- illustrate violations of human rights impacting sexual and reproductive health (knowledge);
- appreciate human rights that impact sexual and reproductive health (attitudinal);
- advocate for local and/or national laws that support human rights that impact sexual and reproductive health (skill).

Key idea: It's important to know and promote human rights that impact sexual and reproductive health

Learners will be able to:

- examine ways to promote human rights among friends, family, at school and in the community (knowledge);
- recognize why it is important to promote human rights that impact sexual and reproductive health and the right to make decisions concerning reproduction free from discrimination, coercion and violence (attitudinal);
- take actions to promote human rights that impact sexual and reproductive health (skill).

2.3 Culture, Society and Sexuality

Learning objectives (5-8 years)

Key idea: There are many sources of information that help us learn about ourselves, our feelings and our bodies

Learners will be able to:

- list sources of information that help them understand themselves, their feelings and their bodies (e.g. families, individuals, peers, communities, media - including social media) (knowledge);
- acknowledge that the values and beliefs we learn from families and communities guide our understanding of ourselves, our feelings and our bodies (attitudinal);
- identify a trusted adult and demonstrate how they would ask questions they may have about their feelings and their body (skill).

Learning objectives (9-12 years)

Key idea: Culture, religion and society influence our understanding of sexuality

Learners will be able to:

- identify examples of how culture, religion and society affect our understanding of sexuality (knowledge);
- describe different rites of passage to adulthood that are local and across different cultures (knowledge);
- identify cultural, religious or social beliefs and practices related to sexuality that have changed over time (knowledge);
- acknowledge that there are diverse beliefs regarding sexuality (attitudinal);
- demonstrate respect for diverse practices related to sexuality and all people's human rights (skill).

Learning objectives (12-15 years)

Key idea: Social, cultural and religious factors influence what is considered acceptable and unacceptable sexual behaviour in society, and these factors evolve over time

Learners will be able to:

- define social and cultural norms (knowledge);
- examine social and cultural norms that impact sexual behaviour in society and how they change over time (knowledge);
- recognize that social and cultural norms can change over time (attitudinal);
- question social and cultural norms that impact sexual behaviour in society (skill).

Learning objectives (15-18+ years)

Key idea: It is important to be aware of how social and cultural norms impact sexual behaviour while developing one's own point of view

Learners will be able to:

- compare and contrast social and cultural norms that positively and negatively influence sexual behaviour and sexual health (knowledge);
- appreciate the importance of developing their own perspectives on sexual behaviour (attitudinal);
- reflect on the social and cultural norms that they value and how these influence their personal beliefs and feelings about sexuality and sexual behaviour (skill).

Key concept 3:

Understanding Gender

Topics:

3.1 The Social Construction of Gender and Gender Norms

3.2 Gender Equality, Stereotypes and Bias

3.3 Gender-based Violence

Key concept 3: Understanding Gender

3.1 The Social Construction of Gender and Gender Norms

Learning objectives (5-8 years)

Key idea: It is important to understand the difference between biological sex and gender

Learners will be able to:

- define gender and biological sex and describe how they are different (knowledge);
- reflect on how they feel about their biological sex and gender (skill).

Key idea: Families, individuals, peers and communities are sources of information about sex and gender

Learners will be able to:

- identify sources of information about sex and gender (knowledge);
- acknowledge that perceptions about sex and gender are influenced by many different sources (attitudinal).

Learning objectives (12-15 years)

Key idea: Gender roles and gender norms influence people's lives

Learners will be able to:

- identify how gender norms shape identity, desires, practices and behaviour (knowledge);
- Examine how gender norms can be harmful and can negatively influence people's choices and behaviour (knowledge);
- recognize that beliefs about gender norms are created by societies (attitudinal);
- acknowledge that gender roles and expectations can be changed (attitudinal);
- practise everyday actions to influence more positive gender roles in their homes, schools and communities (skill).

Key idea: Romantic relationships can be negatively affected by gender roles and gender stereotypes

Learners will be able to:

- analyze the impact of gender norms and gender stereotypes on romantic relationships (both norms relating to masculinity and femininity) (knowledge);
- illustrate how relationship abuse and violence are strongly linked to gender roles and stereotypes (knowledge);
- recognize the impact of harmful gender roles and gender stereotypes on relationships (attitudinal);
- question gender roles and gender stereotypes within relationships (skill).

Learning objectives (9-12 years)

Key idea: Social and cultural norms and religious beliefs are some of the factors which influence gender roles

Learners will be able to:

- define gender roles (knowledge);
- Identify examples of how social norms, cultural norms, and religious beliefs can influence gender roles (knowledge);
- acknowledge that many factors impact gender roles (attitudinal);
- reflect on social, cultural and religious beliefs that impact on how they view gender roles (skill).

Key idea: The way that individuals think of themselves, or describe themselves to others in terms of their gender, is unique to them and should be respected

Learners will be able to:

- define gender identity (knowledge);
- explain how someone's gender identity may not match their biological sex (knowledge);
- acknowledge that everyone has a gender identity (attitudinal);
- appreciate their own gender identity and demonstrate respect for the gender identity of others (skill).

Learning objectives (15-18+ years)

Key idea: It is important to challenge one's own and others' gender biases

Learners will be able to:

- recall examples of gender bias against men, women and people of diverse sexual orientation and gender identity (knowledge);
- recognize that their own and others' gender biases may be harmful to others (attitudinal);
- critically assess their own level of gender bias and analyze gender bias within their community (skill);
- rehearse strategies to counter their own and others' gender bias (skill).

Key idea: Homophobia and transphobia are harmful to people of diverse sexual orientation and gender identity

Learners will be able to:

- define homophobia and transphobia (knowledge);
- analyze social norms that contribute to homophobia and transphobia and their consequences (knowledge);
- recognize that all people should be able to love who they want free from violence, coercion or discrimination (attitudinal);
- demonstrate ways to show support for people experiencing homophobia or transphobia (skill).

3.2 Gender Equality, Stereotypes and Bias

Learning objectives (5-8 years)

Key idea: All persons are equally valuable, regardless of their gender

Learners will be able to:

- identify how people may be treated unfairly and unequally because of their gender (knowledge);
- describe ways to make relationships between genders more fair and equal in their home, school and communities (knowledge);
- recognize that unfair and unequal treatment of people of different genders is wrong and against their human rights (attitudinal);
- recognize that it is important to respect the human rights of others, regardless of differences in gender (attitudinal).

Learning objectives (12-15 years)

Key idea: Gender stereotypes and bias impact how men, women, and people of diverse sexual orientation and gender identity are treated and the choices they can make

Learners will be able to:

- recall social norms that shape how society portrays men, women and people of diverse sexual orientation and gender identity (knowledge);
- illustrate examples of gender bias in all its forms (knowledge);
- acknowledge the importance of treating all people equally (attitudinal);
- recognize that bias against persons that do not conform to gender norms can negatively impact their ability to make choices, including about their health;
- demonstrate ways to treat people without gender bias (skill);
- reflect on how their values can impact their beliefs and gender bias (skill).

Key idea: Gender equality can promote equal decision-making about sexual behaviour and life planning

Learners will be able to:

- describe characteristics of gender equality within a sexual relationship (knowledge);
- llst ways that gender roles affect decisions about sexual behaviour, contraceptive use and life-planning (knowledge);
- analyze how more gender equitable roles can contribute to a healthier sexual relationship (knowledge);
- defend why gender equality is a part of healthier sexual relationships (attitudinal);
- build relationships that are grounded in gender equality (skill).

Learning objectives (9-12 years)

Key idea: Gender inequalities and differences in power exist in families, friendships, relationships, communities and society

Learners will be able to:

- define gender inequality (knowledge);
- describe how gender inequality is linked to differences in power within families, friendships, communities and society (knowledge);
- recall negative consequences of gender inequality and power differences in relationships (e.g. GBV) (knowledge);
- foster a belief that everyone has a responsibility to overcome gender inequality (attitudinal);
- demonstrate ways of promoting gender equality in their relationships at home, school and in the community (skill).

Key idea: Stereotypes about gender can lead to bias and inequality

Learners will be able to:

- define stereotypes and bias related to gender (knowledge);
- recognize that gender stereotypes and expectations have a strong influence on how people live their lives, both positive and negative (knowledge);
- acknowledge that differences due to gender may lead to exploitation or unequal treatment, especially if people behave differently from the expected norm (attitudinal);
- question the fairness of gender roles and demonstrate ways to challenge those practices that are unjust and harmful as a result (skill).

Learning objectives (15-18+ years)

Key idea: Gender inequality, social norms and power differences influence sexual behaviour and may increase the risk of sexual coercion, abuse and GBV

Learners will be able to:

- identify ways that gender inequality and differences in power affect sexual behaviour and risk of sexual coercion, abuse, and GBV (knowledge);
- acknowledge that gender inequality and power differences can impact sexual behaviours and the ability to make, and act on, safe choices choices e.g. condom use, accessing SRH services (attitudinal);
- access support or help others to do so if experiencing sexual coercion, abuse, or GBV (skill).

3.3 Gender-based Violence

Learning objectives (5-8 years)

Key idea: It is important to know what GBV is and where to go for help

Learners will be able to:

- define GBV and recognize that it can take place in different locations (e.g. school, home or in public) (knowledge);
- understand that our ideas about gender and gender stereotypes can affect how we treat other people, including discrimination and violence (knowledge);
- acknowledge that all forms of GBV are wrong (attitude);
- identify and describe how they would approach a trusted adult to talk to if they or someone they know are experiencing GBV, including violence in or around school (skill).

Learning objectives (9-12 years)

Key idea: All forms of GBV are wrong and a violation of human rights

Learners will be able to:

- list examples of GBV (e.g. bullying, sexual harassment, psychological violence, domestic violence, rape, FGM/C, CEFM, homophobic violence) and identify spaces where GBV may occur, including at school, in the home, in public or online (knowledge);
- acknowledge that all forms of gender-based violence are a violation of human rights (attitudinal);
- identify and demonstrate ways to talk to a trusted adult if they or someone they know is experiencing gender-based violence or if they are concerned that they may engage in gender-based violence (skill).

Key idea: Gender stereotypes can be the cause of violence and discrimination

Learners will be able to:

- explain how gender stereotypes can contribute to bullying, discrimination, abuse and sexual violence (knowledge);
- explain that sexual abuse and GBV are crimes about power and dominance, not about one's inability to control one's sexual desire (knowledge);
- recognize that gender inequality and gender-role stereotypes contribute to gender-based violence (attitudinal);
- demonstrate ways to argue for gender equality and to stand-up to gender discrimination or GBV (skill).

Learning objectives (12-15 years)

Key idea: All forms of GBV by adults, young people and people in positions of authority are a violation of human rights

Learners will be able to:

- recall that sexual abuse and GBV, including intimate partner violence and rape, are crimes about power and dominance, not about one's inability to control one's sexual desire (knowledge);
- formulate specific strategies for recognizing and reducing GBV (knowledge);
- recognize that bystanders and witnesses to violence can take some safe steps to intervene, and may also feel affected by the violence (knowledge);
- acknowledge that GBV can be carried out by adults, people in positions of power and young people, and is always wrong (attitudinal);
- demonstrate ways to approach trusted adults and services that support prevention of GBV and survivors of GBV (skill).

Learning objectives (15-18+ years)

Key idea: Intimate partner violence is harmful, and support exists for those who experience it

Learners will be able to:

- recognize that intimate partner violence can take in many different forms (e.g. psychological, physical, sexual) (knowledge);
- recognize that intimate partner violence is wrong and that it is possible to leave an abusive relationship (attitudinal);
- demonstrate how they would approach a trusted adult for support if they are experiencing this type of violence (skill).

Key idea: Everyone has a responsibility to advocate for gender equality and speak out against human rights violations such as sexual abuse, harmful practices and other forms of GBV

Learners will be able to:

- analyze examples of successful advocacy efforts to promote gender equality and reduce GBV (knowledge);
- appreciate the importance of speaking out against human rights violations and gender inequality in public and private spaces, including online (attitudinal);
- advocate for gender equality and the elimination of GBV (skill).

Key concept 4:

Violence and Staying Safe

Topics:

4.1 Violence

4.2 Consent, Privacy, and Bodily Integrity

4.3 Safe use of Information and Communication Technologies (ICTs)

4.1 Violence

Learning objectives (5-8 years)

Key idea: It is important to be able to recognize bullying and violence, and understand that these are wrong

Learners will be able to:

- define teasing, bullying and violence (knowledge);
- acknowledge that bullying and violence are wrong, and are never the victim's fault, including violence that is carried out by a family member or other adult (attitudinal);
- demonstrate safe actions that they can take to respond to bullying or violence among their peers (skill).

Key idea: It is important to be able to recognize child abuse and understand that this is wrong

Learners will be able to:

- define child abuse including sexual abuse and online child sexual exploitation (knowledge);
- acknowledge that child abuse violates a child's rights, and is never the victim's fault, including child sexual abuse that is carried out by an adult, someone known and trusted, or even a family member (attitudinal);
- demonstrate actions they can take if an adult tries to sexually abuse them (e.g. say 'no' or 'go away', and talk to a trusted adult) (skill);
- identify parents/guardians or trusted adults and demonstrate how to communicate mistreatment if they are being abused (skill).

Key idea: It is important to understand that violence between parents or romantic partners is wrong

Learners will be able to:

- recognize types of violence that can take place between parents or romantic partners (e.g. physically hurting, saying mean things, or forcing the partner to do something) (knowledge);
- recognize that violence between parents or romantic partners is wrong (attitudinal);
- identify and describe how they would approach a trusted adult for support if they are seeing this type of violence in their family (skill).

Learning objectives (9-12 years)

Key idea: Sexual abuse, sexual harassment and bullying (including cyberbullying) are harmful and it is important to seek support if experiencing them

Learners will be able to:

- describe examples of sexual abuse (including rape, incest and online sexual exploitation), sexual harassment and bullying (including cyberbullying) (knowledge);
- recognize that child sexual abuse is illegal and that there are authorities and services available to assist those who have experienced it (knowledge);
- acknowledge the importance of seeking support if experiencing sexual abuse, sexual harassment, incest or bullying (attitudinal);
- demonstrate effective ways to respond when they know someone who is being bullied, sexually abused or harassed (skill);
- demonstrate ways to seek help for themselves or someone they know in the case of sexual abuse, harassment, incest and bullying (skill).

Key idea: Intimate partner violence is wrong and it is important to seek support if witnessing it

Learners will be able to:

- define intimate partner violence (knowledge);
- describe examples of intimate partner violence (knowledge);
- recognize that intimate partner violence is wrong and that children who see this can benefit from getting support (attitudinal);
- demonstrate how they would approach a trusted adult for support if they are experiencing this type of violence in their family (skill).

4.1 Violence (contd.)

Learning objectives (12-15 years)

Key idea: Sexual abuse, sexual assault, intimate partner violence and bullying are a violation of human rights

Learners will be able to:

- compare and contrast bullying, psychological violence, physical violence, sexual abuse, sexual assault, intimate partner violence (knowledge);
- acknowledge that sexual abuse, sexual assault, intimate partner violence, and bullying by adults, young people and people in positions of power are never the victim's fault and are always a violation of human rights (attitudinal);
- demonstrate how to report sexual abuse, sexual assault, intimate partner violence and bullying (skill);
- demonstrate ways to approach trusted adults and services that support survivors and prevention of sexual abuse, sexual assault, intimate partner violence and bullying (skill).

Learning objectives (15-18+ years)

Key idea: Everyone has a responsibility to advocate for people's health and well-being free from violence

Learners will be able to:

- analyze successful examples of efforts to reduce different forms of violence including physical, psychological and sexual (knowledge);
- appreciate the importance of speaking out against violence and human rights violations in all spaces including at school, in the home, online and within the community (attitudinal);
- advocate for safe environments that encourage dignified and respectful treatment of everyone (skill).

Key concept 4: Violence and Staying Safe

4.2 Consent, Privacy and Bodily Integrity

Learning objectives (5-8 years)

Key idea: Everyone has the right to decide who can touch their body, where, and in what way

Learners will be able to:

- describe the meaning of 'body rights' (knowledge);
- identify which parts of the body are private (knowledge);
- recognize that everyone has 'body rights' (attitudinal);
- demonstrate how to respond if someone is touching them in a way that makes them feel uncomfortable (e.g. say 'no', 'go away', and talk to a trusted adult) (skill);
- identify and describe how they would talk to a parent/guardian or trusted adult if they are feeling uncomfortable about being touched (skill).

Learning objectives (9-12 years)

Key idea: It is important to understand what unwanted sexual attention is and the need for privacy when growing up

Learners will be able to:

- explain that, during puberty, privacy about one's body and private space become more important for both boys and girls, particularly access to toilets and water for girls (knowledge);
- define unwanted sexual attention (knowledge);
- recognize that unwanted sexual attention towards both boys and girls is a violation of privacy and the right to decide about one's own body (attitudinal);
- communicate assertively to maintain privacy and counter unwanted sexual attention (skill).

Learning objectives (12-15 years)

Key idea: Everyone has the right to privacy and bodily integrity

Learners will be able to:

- describe what is meant by the right to privacy and bodily integrity (knowledge);
- acknowledge that everyone has the right to privacy and bodily integrity (attitudinal);
- express how they feel about their right to privacy and bodily integrity (skill).

Key idea: Everyone has the right to be in control of what they will and will not do sexually, and should actively communicate and recognize consent from their partners

Learners will be able to:

- define consent and explain its implications for sexual decision-making (knowledge);
- acknowledge the importance of giving and perceiving sexual consent (attitudinal);
- express consent and not giving consent in relation to their personal boundaries regarding sexual behaviour (skill).

Learning objectives (15-18+ years)

Key idea: Consent is critical for healthy, pleasurable and consensual sexual behaviour with a partner

Learners will be able to:

- analyze the benefits of giving and refusing sexual consent and acknowledging someone else's sexual consent or lack of consent (knowledge);
- compare and contrast how men's and women's bodies are treated differently and the double standards of sexual behaviour that can affect consensual sexual behaviour (knowledge);
- recognize that consensual sexual behaviour is an important part of a healthy sexual relationship (attitudinal);
- demonstrate ways to communicate giving and refusing consent and to recognize consent or lack of consent (skill).

Key idea: It is important to be aware of factors that can impact the ability to acknowledge or give consent

Learners will be able to:

- discuss what it means to listen for, acknowledge and act, or not act, on sexual consent (knowledge);
- compare and contrast examples of situations where consent is and is not acknowledged or given (knowledge);
- analyze factors (e.g. alcohol and other substances, GBV, poverty, power dynamics) that can affect the ability to acknowledge or give consent (knowledge);
- recognize that it is important to avoid factors that can impair sexual consent (attitudinal);
- demonstrate ability to give and refuse consent (skill);
- demonstrate ability to acknowledge someone else's consent or lack of consent (skill).

4.3 Safe Use of Information and Communication Technologies (ICTs)

Learning objectives (5-8 years)

Key idea: The Internet and social media are ways of finding out information and connecting with others, which can be done safely but can also put people, including children, at risk of harm

Learners will be able to:

- describe what the Internet and social media are (knowledge);
- list benefits and potential dangers of the Internet and social media (knowledge);
- appreciate the Internet and social media while recognizing that they can be unsafe (attitudinal);
- identify and demonstrate ways to talk to a trusted adult if something they have done or seen on the Internet or social media makes them feel uncomfortable or scared (skill).

Learning objectives (9-12 years)

Key idea: Internet and social media use require special care and consideration

Learners will be able to:

- describe examples of the benefits and possible dangers of the Internet and social media (knowledge);
- recognize the importance of being careful about how they use the Internet and social media (attitudinal);
- demonstrate how to decide what information to share with whom on social media (skill).

Key idea: Sexually explicit images and media are easily accessible through social media and can promote harmful gender stereotypes.

Learners will be able to:

- describe what sexually explicit media (pornography) and sexting are (knowledge);
- explain that sexually explicit media often portrays men, women and sexual relations unrealistically (knowledge);
- perceive that sexually explicit media can be misleading through inaccurate portrayals about men, women and sexual relations (attitudinal);
- identify and demonstrate ways to talk to a trusted adult about sexually explicit media or sexting (skill).

Learning objectives (12-15 years)

Key idea: The Internet, cell phones and social media can be sources of unwanted sexual attention

Learners will be able to:

- illustrate ways that the Internet, cell phones and social media can be sources of unwanted sexual attention (knowledge);
- acknowledge that there are ways to counter unwanted sexual attention that can come from the Internet, cell phones and social media (attitudinal);
- develop and practise a plan to stay safe when using the Internet, cell phones and social media (skill).

Key idea: Sexually explicit media and images can be sexually arousing and potentially harmful

Learners will be able to:

- analyze why sexually explicit media (pornography) is so common (knowledge);
- summarize ways that sexually explicit media can be harmful, and where to report these harms and get help (knowledge);
- differentiate when sexually explicit images can be illegal for minors to send, receive, purchase or be in the possession of (knowledge);
- recognize the importance of knowing the laws, with respect to sharing or securing sexually explicit images (attitudinal);
- express feelings about sexually explicit media use (skill).

Learning objectives (15-18+ years)

Key idea: Social media use can result in many benefits, but also has the potential for moral, ethical and legal situations that require careful navigation

Learners will be able to:

- analyze strategies for using social media safely, legally and respectfully (knowledge);
- acknowledge that social media use has many benefits, but can also result in unsafe situations or violations of law (attitudinal);
- develop and practise a plan for responsible use of social media (skill).

Key idea: Sexually explicit media can result in unrealistic expectations about sexual behaviour, sexual response and body appearance

Learners will be able to:

- evaluate ways that sexually explicit media can contribute to unrealistic expectations about men, women, sexual behaviour, sexual response and body appearance (knowledge);
- acknowledge that sexually explicit media can reinforce harmful gender stereotypes and can normalize violent or non-consensual behaviour (attitudinal);
- reflect on how sexually explicit media can impact their self-image, self-confidence, self-esteem and perception of others as a result of unrealistic portrayals of men, women and sexual behaviour (skill).

Key concept 5:

Skills for Health and Well-being

Topics:

5.1 Norms and Peer Influence on Sexual Behaviour

5.2 Decision-making

5.3 Communication, Refusal and Negotiation Skills

5.4 Media Literacy and Sexuality

5.5 Finding Help and Support

5.1 Norms and Peer Influence on Sexual Behaviour

Learning objectives (5-8 years)

Key idea: Peer influence can exist in different ways and be good or bad

Learners will be able to:

- define peer pressure (knowledge);
- describe examples of good and bad peer influence (knowledge);
- perceive that peer influence can be good and bad (attitudinal);
- demonstrate ways to counter peer pressure (skill);
- model a positive behaviour that could influence peers (skill).

Learning objectives (12-15 years)

Key idea: Social and gender norms and peer influence can affect sexual decision-making and behaviour

Learners will be able to:

- define gender and social norms (knowledge);
- describe ways that gender and social norms and peer influence affect sexual decisions and behaviours (knowledge);
- acknowledge that their sexual decisions and behaviours are influenced by gender and social norms and peers (attitudinal);
- demonstrate ways to collectively assert inclusiveness, support and respect for each other (skill).

Key idea: Peers can influence sexual decisions and behaviour

Learners will be able to:

- compare and contrast positive and negative ways that peers can influence sexual decisions and behaviour (knowledge).

Key idea: There are strategies for challenging negative peer influences on sexual decisions and behaviour

Learners will be able to:

- describe what it means to be assertive in the face of peer pressure that negatively influences sexual decision-making and behaviour (knowledge);
- aspire to challenge negative peer influence on sexual decisions and behaviours (attitudinal);
- demonstrate assertiveness by speaking out when someone is being bullied or pressured into making a sexual decision that they don't want to take (skill).

Learning objectives (9-12 years)

Key idea: Peers can influence decisions and behaviours related to adolescence and sexuality

Learners will be able to:

- describe positive and negative peer influences on decisions and behaviours related to adolescence and sexuality (knowledge);
- acknowledge that peers can influence decisions and behaviours related to puberty and sexuality (attitudinal);
- question the influence of their peers (skill).

Key idea: There are ways to challenge negative peer pressure and accept and promote positive peer influences related to adolescence and sexuality

Learners will be able to:

- list ways to challenge negative peer pressure and promote positive peer influence related to adolescence and sexuality (knowledge);
- acknowledge the importance of being able to counter negative peer pressure related to adolescence and sexuality (attitudinal);
- demonstrate the ability to refuse to do something that they don't want to do (skill);
- demonstrate ways to accept and promote positive peer influence (skill).

Learning objectives (15-18+ years)

Key idea: It is possible to make rational decisions about sexual behaviour

Learners will be able to:

- compare and contrast scenarios illustrating young people's decisions about sexual behaviour that are and are not influenced by gender and social norms or negative peer pressure (knowledge);
- assess factors that make it easier or more difficult to make rational decisions about sexual behaviour (knowledge);
- aspire to make rational decisions about sexual behaviour (attitudinal);
- demonstrate ways to counter negative gender and social norms and peer influence in sexual decision-making (skill).

Key concept 5: Skills for Health and Well-being

5.2 Decision-making

Learning objectives (5-8 years)

Key idea: Everyone deserves to make their own decisions and all decisions have consequences

Learners will be able to:

- describe a decision that they made and are proud of (knowledge);
- identify examples of decisions that they or others have made that had either good or bad consequences (knowledge);
- acknowledge that sometimes children and young people may need help from parents/guardians or trusted adults to make certain decisions (attitudinal);
- demonstrate understanding of circumstances that can help them make a good decision (skill);
- identify a parent/guardian or trusted adult who can help them make good decisions (skill).

Learning objectives (9-12 years)

Key idea: Decision-making is a skill that can be learned and practised

Learners will be able to:

- describe the main steps in decision-making (knowledge);
- acknowledge that decision-making is a skill that can be learned (attitudinal);
- apply the decision-making process to address problems (skill);
- name a parent/guardian or trusted adult who can be a source of help for decision-making (skill).

Key idea: There are multiple influences on decisions, including friends, culture, gender-role stereotypes, peers and the media

Learners will be able to:

- list things that influence the decisions that they make (knowledge);
- realize that their decisions are influenced by numerous factors (attitudinal);
- express how they feel about the different things that influence their decisions (skill).

Learning objectives (12-15 years)

Key idea: The process of making decisions about sexual behaviour includes consideration of all positive and negative potential consequences

Learners will be able to:

- evaluate the positive and negative consequences of different decisions related to sexual behaviour (knowledge);
- explain how decisions about sexual behaviour can affect people's health, future and life plan (knowledge);
- apply the decision-making process to address sexual and/or reproductive health concerns (skill).

Key idea: There are factors that can make it difficult to make rational decisions about sexual behaviour

Learners will be able to:

- identify a range of emotions that can influence decision-making about sexual behaviour (knowledge);
- describe ways that alcohol and drugs can impact rational decision-making on sexual behaviour (knowledge);
- explain how poverty, gender inequality and violence can all influence decision-making about sexual behaviour (knowledge);
- understand that there are many factors that influence people's decisions about sexual behaviour, some of which are out of their control (attitudinal);
- demonstrate ways to assess and manage emotions that can influence sexual decision-making (skill).

Learning objectives (15-18+ years)

Key idea: Sexual decision-making has consequences on oneself and others, including social and health consequences

Learners will be able to:

- analyze potential social and health consequences of decisions related to sexual behaviour on the individual, family, and society (knowledge);
- recognize that sexual decision-making affects oneself, the family and society (attitudinal);
- express empathy for others who are affected by their sexual decision-making (skill);
- make responsible decisions about sexual behaviour (skill).

Key idea: Sexual decision-making can result in possible legal consequences

Learners will be able to:

- identify national laws that affect what young people can and cannot do related to sexual behaviour (e.g. age of sexual consent, access to health services including contraception, STI/HIV status, same sex sexual behaviour) (knowledge);
- acknowledge the importance of knowing your rights in assessing decisions about sexual behaviour (attitudinal);
- assess potential legal consequences of action upon certain decisions related to sexual behaviour (skill).

5.3 Communication, Refusal and Negotiation Skills

Learning objectives (5-8 years)

Key idea: Communication is important in all relationships including between parents/guardians or trusted adults and children, and between friends and others

Learners will be able to:

- identify different types of communication (including verbal and non-verbal communication) (knowledge);
- identify the difference between healthy communication and unhealthy communication (knowledge);
- list the benefits of healthy communication between parents/guardians or trusted adults and children, and between friends and others (knowledge);
- recall how clearly communicating 'yes' and 'no' protects one's privacy and bodily integrity, and is a central part of building happy relationships (knowledge);
- acknowledge that all people have the right to express themselves (attitudinal);
- demonstrate verbal and non-verbal communication and ways to say 'yes' and 'no' (skill).

Key idea: Gender roles can affect communication between people

Learners will be able to:

- recall examples of gender roles (knowledge).
- acknowledge that gender roles can affect communication between people (attitudinal).

Learning objectives (9-12 years)

Key idea: Effective communication uses different modes and styles, and is important to expressing and understanding wishes, needs and personal boundaries

Learners will be able to:

- describe characteristics of effective and ineffective verbal and non-verbal communication (e.g. active listening, expressing feelings, indicating understanding, having direct eye contact versus not listening, not expressing feeling, not showing understanding, looking or turning away) (knowledge);
- perceive the importance of being able to express wishes, needs and personal boundaries, and understand that of others (attitudinal);
- recognize that negotiation requires mutual respect, cooperation and often compromise from all parties (attitudinal);
- demonstrate effective ways to communicate wishes, needs and personal boundaries, and listen and show respect for that of others (skill).

Learning objectives (12-15 years)

Key idea: Good communication is essential to personal, family, school, work and romantic relationships

Learners will be able to:

- list the benefits of effective communication to personal, family, school, work and romantic relationships (knowledge);
- analyze the potential implications of verbal and non-verbal communication that contradict each other (knowledge);
- identify barriers that can stand in the way of negotiation with a romantic partner (including gender roles and expectations) (knowledge);
- demonstrate confidence in using negotiation and refusal skills with a romantic partner (skill).

Learning objectives (15-18+ years)

Key idea: Effective communication is key to expressing personal needs and sexual limits

Learners will be able to:

- analyze examples of effective communication for expressing personal needs and sexual limits (knowledge);
- illustrate examples of giving and not giving sexual consent, and listening for sexual consent (knowledge);
- explain why consensual and safer sex requires effective communication (knowledge);
- acknowledge that assertiveness and negotiation skills can help counter unwanted sexual pressure or reinforce the intention to practise safer sex (attitudinal);
- demonstrate effective communication of personal needs and sexual limits (skill).

Key concept 5: Skills for Health and Well-being

5.4 Media Literacy and Sexuality

Learning objectives (5-8 years)

Key idea: There are different forms of media, which present information that may be correct or incorrect

Learners will be able to:

- list different forms of media (e.g. radio, television, books, newspapers, the Internet and social media) (knowledge);
- discuss examples of information provided through media that is either true or false (knowledge);
- acknowledge that not all information provided by media is true (attitudinal);
- demonstrate awareness of how they view information provided through different forms of media (skill).

Learning objectives (9-12 years)

Key idea: Media can positively or negatively influence values, attitudes, and norms about sexuality and gender

Learners will be able to:

- define different types of media (e.g. social media, traditional media) (knowledge);
- share examples of how men and women and relationships are portrayed in the media (knowledge);
- describe the impact of media upon personal values, attitudes and behaviour relating to sexuality and gender (knowledge);
- recognize the power of media to influence values, attitudes and behaviour relating to sexuality and gender (attitudinal);
- question how men and women are portrayed in the media (skill).

5

Learning objectives (12-15 years)

Key idea: Some media portray unrealistic images about sexuality and sexual relationships, which can influence our perceptions of gender and self-esteem

Learners will be able to:

- identify and critique unrealistic images in the media concerning sexuality and sexual relationships (knowledge);
- examine the impact of these images on gender stereotyping (knowledge);
- acknowledge that media influences ideals of beauty and gender stereotypes (attitudinal);
- reflect on how unrealistic images about sexuality and sexual relationships can affect their perceptions of gender and self-esteem (skill).

Learning objectives (15-18+ years)

Key idea: Negative and inaccurate media portrayals of men and women can be challenged to influence behaviour positively and promote gender equality

Learners will be able to:

- critically assess the potential positive and negative influences of media messages about sexuality and sexual relationships (skill);
- propose ways in which the media could make a positive contribution to promoting safer sexual behaviour and gender equality (knowledge);
- perceive the potential power of media to positively impact perceptions of sexuality, sexual relationships and gender (attitudinal);
- demonstrate ways to challenge gender stereotypes and inaccurate portrayals of sexuality and sexual relationships in the media (skill).

5.5 Finding Help and Support

Learning objectives (5-8 years)

Key idea: Friends, family, teachers, religious leaders and community members can and should help each other

Learners will be able to:

- describe what is meant by a trusted adult (knowledge);
- describe specific ways in which people can help each other (knowledge);
- acknowledge that all people have the right to be protected and supported (attitudinal);
- demonstrate ways to seek out and ask a trusted adult for help (skill).

Learning objectives (9-12 years)

Key idea: There are different sources of help and support in school and the wider community

Learners will be able to:

- recognize problems for which children may need to seek help (e.g. abuse, harassment, bullying, illness) and identify relevant sources of help (knowledge);
- recall that abuse, harassment and bullying needs to be reported to a trusted source of help (knowledge);
- acknowledge that some problems may require asking for help outside of the school or community (attitudinal);
- demonstrate ways to seek out and access help in the wider community (skill).

Learning objectives (12-15 years)

Key idea: It's important to assess sources of help and support, including services and media sources, in order to access quality information and services

Learners will be able to:

- list sources of help and support for sexual and reproductive health and rights issues (knowledge);
- describe characteristics of good sources of help and support (including maintaining confidentiality and protecting privacy) (knowledge);
- understand that there are places where people can access support for sexual and reproductive health (e.g. counseling, testing and treatment for STIs/HIV; services for modern contraception, sexual abuse, rape, domestic and gender-based violence, abortion and post-abortion care[4] and stigma and discrimination) (knowledge);
- explain characteristics of reliable media sources (e.g. websites) of help and support (knowledge);
- perceive the importance of critically assessing sources of health and support (attitudinal).

Learning objectives (15-18+ years)

Key idea: Everyone has the right to affordable, factual and respectful assistance that maintains confidentiality and protects privacy

Learners will be able to:

- identify where to access relevant sexual and reproductive health services or assistance (knowledge);
- acknowledge that young people should be able to access affordable, factual and non-judgemental services and support that maintain confidentiality and protect privacy (knowledge);
- demonstrate appropriate help-seeking behaviour (skill);
- practise asking for help, assistance or support without guilt or shame (skill).

4 In no case should abortion be promoted as a method of family planning…In circumstances in which abortion is not against the law, such abortion should be safe. In all cases, women should have access to quality services for the management of complications arising from abortion. Post-abortion counselling, education and family-planning services should be offered promptly, which will also help to avoid repeat abortions." ICPD POA, para. 8.25 "In circumstances where abortion is not against the law, health systems should train and equip health-service providers and should take other measures to ensure that such abortion is safe and accessible." Key actions ICPD+5, para. 63iii

Key concept 6:

The Human Body and Development

Topics:

6.1 Sexual and Reproductive Anatomy and Physiology

6.2 Reproduction

6.3 Puberty

6.4 Body Image

6.1 Sexual and Reproductive Anatomy and Physiology

Learning objectives (5-8 years)

Key idea: It is important to know the names and functions of one's body and it is natural to be curious about them, including the sexual and reproductive organs

Learners will be able to:

- identify the critical parts of the internal and external genitals and describe their basic function (knowledge);
- recognize that being curious about one's body, including the genitals, is completely normal (attitudinal);
- practise asking and responding to questions about body parts that they are curious about (skill).

Key idea: Everyone has a unique body that deserves respect, including people with disabilities

Learners will be able to:

- identify ways that men's, women's, boys', and girls' bodies are the same; the ways they are different; and how they can change over time (knowledge);
- explain that all cultures have different ways of seeing people's bodies (knowledge);
- acknowledge that everyone's body deserves respect, including people with disabilities (attitudinal);
- express things that they like about their body (skill).

Learning objectives (9-12 years)

Key idea: Everyone's body has parts involved in one's sexual health and reproduction, and it is common for children to have questions about them

Learners will be able to:

- describe the body parts involved with sexual health and reproduction (knowledge);
- acknowledge that it is normal to be curious and have questions about their bodies and sexual functions (attitudinal);
- acknowledge that everyone's body is unique and that variations exist in size, shape, functioning and characteristics (attitudinal);
- identify a trusted adult to whom they can ask questions, and demonstrate ways to ask about sexual and reproductive anatomy and physiology (skill).

Key idea: Women's bodies can release eggs during the menstrual cycle, and men's bodies may make and ejaculate sperm, both of which are needed for reproduction

Learners will be able to:

- explain the key functions of the body that contribute to reproduction (e.g. menstrual cycle, sperm production and ejaculation of semen) (knowledge);
- explain that both women's and men's bodies play an important role in reproduction (attitudinal);
- express confidence in understanding how the menstrual cycle or ejaculation of sperm happens (skill).

Learning objectives (12-15 years)

Key idea: During puberty and pregnancy, hormones impact many processes involved with maturation and reproduction

Learners will be able to:

- explain that the sex of a foetus is determined by chromosomes, and occurs at the early stages of pregnancy (knowledge);
- describe the role hormones play in growth, development, and the regulation of reproductive organs and sexual functions (knowledge);
- recognize the important role that hormones play in puberty and pregnancy (attitudinal).

Key idea: All cultures have different ways of understanding sex, gender and reproduction, and when it is appropriate to become sexually active

Learners will be able to:

- distinguish between the biological and social aspects of sex, gender and reproduction (knowledge);
- compare and contrast ways that culture and religion influence how society views sex, gender and reproduction (knowledge);
- acknowledge that cultural, religious, societal and personal views about sex, gender and reproduction can differ (attitudinal);
- reflect on and articulate their own perspectives on sex, gender and reproduction (skill).

Learning objectives (15-18+ years)

Key idea: Men's and women's bodies change over time, including their reproductive and sexual capacities and functions

Learners will be able to:

- summarize the sexual and reproductive capacity of men and women over the life cycle (knowledge);
- acknowledge that people are sexual beings throughout the life cycle (attitudinal);
- express how they feel about changes in reproductive capacity over the life cycle (skill).

Key concept 6: The Human Body and Development

6.2 Reproduction

Learning objectives (5-8 years)

Key idea: A pregnancy begins when an egg and sperm unite and implant in the uterus

Learners will be able to:

- describe the process of reproduction – specifically that a sperm and egg must both join and then implant in the uterus for a pregnancy to begin (knowledge).

Key idea: Pregnancy generally lasts for 40 weeks and a woman's body undergoes many changes during the span of a pregnancy

Learners will be able to:

- describe the changes that a woman's body undergoes during the duration of a pregnancy (knowledge);
- express how they feel about the changes that a woman's body undergoes during pregnancy (skill).

Learning objectives (12-15 years)

Key idea: There are differences between reproductive functions and sexual feelings and these can change over time

Learners will be able to:

- recall that pregnancies can be planned and can be prevented (knowledge);
- understand that there is a difference between reproductive function and sexual feelings (knowledge);
- acknowledge that men and women experience changes in their sexual and reproductive functions and desires throughout life (attitudinal);
- plan for how to prevent unintended pregnancy in the future (skill).

Learning objectives (9-12 years)

Key idea: In order for a pregnancy to begin, criteria must be just right for sperm to join with an egg and implant in the uterus

Learners will be able to:

- list the steps necessary for reproduction to occur (knowledge);
- recall that pregnancy can occur as a result of sexual intercourse during which a penis ejaculates into the vagina (knowledge);
- recall that sexual intercourse doesn't always lead to pregnancy (knowledge).

Key idea: The menstrual cycle has different stages, including the time around ovulation in which, if sperm are present, pregnancy is most able to occur

Learners will be able to:

- explain the menstrual cycle, including the specific phase in which pregnancy is most able to occur (knowledge);
- recall that changes in hormones regulate menstruation and when a pregnancy is most likely to occur (knowledge);
- appreciate how the menstrual cycle works (attitudinal);
- reflect on their feelings about menstruation (skill).

Key idea: There are common signs of pregnancy, which should be confirmed through a pregnancy test that can be taken as soon as the menstrual period is missed or late

Learners will be able to:

- describe the signs of pregnancy and stages of foetal development (knowledge);
- appreciate that steps can be taken to promote a healthy pregnancy and childbirth (attitudinal);
- describe the tests available to confirm a pregnancy (knowledge).

Learning objectives (15-18+ years)

Key idea: Not everyone is fertile and there are ways of trying to address infertility for those who would like to conceive

Learners will be able to:

- list options for those who would like to conceive but who are experiencing infertility (knowledge);
- recognize that there are options for addressing infertility (attitudinal);
- demonstrate empathy towards people who want to conceive but are experiencing infertility (skill).

6.3 Puberty

Learning objectives (5-8 years)

Key idea: Puberty is a time of physical and emotional change that happens as children grow and mature

Learners will be able to:

- define puberty (knowledge);
- understand that growing up involves physical and emotional changes (knowledge);
- acknowledge that puberty is a normal and healthy part of adolescence (attitudinal).

Learning objectives (12-15 years)

Key idea: Puberty is a time of sexual maturation that leads to major physical, emotional, social and cognitive changes that can be exciting as well as stressful throughout adolescence

Learners will be able to:

- distinguish between puberty and adolescence (knowledge);
- recall that puberty occurs at different times for different people, and has different effects on boys and girls (knowledge);
- assess and categorize examples of the different types of changes that occur during adolescence (e.g. physical, emotional, social, cognitive) (knowledge);
- compare the similarities and differences between girls and boys in relation to these changes (knowledge);
- recognise that puberty may be particularly challenging for some children, particularly those who are gender-non-conforming, transgender or intersex (knowledge);
- acknowledge that these physical, emotional, social and cognitive changes are a normal part of adolescence (attitudinal);
- acknowledge that teasing, shaming or stigmatizing others based on the changes of puberty is hurtful and may have long-lasting psychological impacts (attitudinal);
- demonstrate ways to manage these changes (skill).

Learning objectives (15-18+ years)

Key idea: Hormones play a major role in a person's emotional and physical changes over their lifetime

Learners will be able to:

- analyze the role hormones play in one's emotional and physical changes over their lifetime (knowledge).

Learning objectives (9-12 years)

Key idea: Puberty signals changes in a person's reproductive capability

Learners will be able to:

- describe the process of puberty and the maturation of the sexual and reproductive system (knowledge);
- list the major physical and emotional changes that take place during puberty (knowledge);
- demonstrate ways to find credible information about puberty (skill).

Key idea: During puberty, hygiene is important to keep one's sexual and reproductive anatomy clean and healthy

Learners will be able to:

- describe personal hygiene and sanitation practices (knowledge);
- appreciate the importance of personal hygiene (attitudinal);
- apply their understanding of hygiene to a personal plan for staying healthy while growing up (skill).

Key idea: Menstruation is a normal and natural part of a girls' physical development and should not be treated with secrecy or stigma

Learners will be able to:

- describe the menstrual cycle and identify the various physical symptoms and feelings that girls may experience during this time (knowledge);
- describe how to access, use and dispose of sanitary pads and other menstrual aids (knowledge);
- recall how gender inequality can contribute to girls' feelings of shame and fear during menstruation (knowledge);
- recognize that it is important for all girls to have access to sanitary pads and other menstrual aids, clean water and private toilet facilities during their menstruation (attitudinal);
- demonstrate positive and supportive strategies for girls to feel comfortable during their menstruation (skill).

Key idea: During puberty, adolescents may experience a variety of physical responses (e.g. erections and wet dreams)

Learners will be able to:

- understand that young men may experience erections, either due to arousal or for no particular reason, and that this is normal (knowledge);
- recall that some adolescents may experience arousal and release of fluids at night, often called a wet dream, and that this is normal (knowledge);
- acknowledge that having erections, wet dreams or other sexual responses are a normal part of puberty (attitudinal).

6.4 Body Image

Learning objectives (5-8 years)

Key idea: All bodies are special and unique and people should feel good about their bodies

Learners will be able to:

- recall that all bodies are special and unique (knowledge);
- explain what it means to have pride for one's body (knowledge);
- appreciate one's body (attitudinal);
- express how they feel about their body (skill).

Learning objectives (9-12 years)

Key idea: A person's physical appearance does not determine their worth as a human being

Learners will be able to:

- explain that physical appearance is determined by heredity, environment, and health habits (knowledge);
- acknowledge that physical appearance does not determine a person's worth as a human being (attitudinal);
- show acceptance of a variety of physical appearances, including among their peers (attitude).

Key idea: There is wide variation in what people find attractive when it comes to a person's physical appearance

Learners will be able to:

- describe differences in what people find attractive when it comes to physical appearance (knowledge);
- acknowledge that what people think is physically attractive changes over time and can vary between cultures (attitudinal);
- reflect on what they find attractive and how it may be different from what others find attractive (skill).

6

Learning objectives (12-15 years)

Key idea: People's feelings about their bodies can affect their health, self-image and behaviour

Learners will be able to:

- discuss the benefits of feeling good about their bodies (knowledge);
- describe how the appearance of a person's body can affect how other people feel about and behave towards them, and compare how this differs for girls and boys (knowledge);
- analyze common things that people do to try and change their appearance (e.g. using diet pills, steroids, bleaching cream) and evaluate the dangers of those practices (knowledge);
- critically assess gendered standards of beauty that can drive people to want to change their appearance (knowledge);
- explain the various disorders (e.g. anxiety and eating disorders such as anorexia and bulimia) that people can struggle with connected to their body image (knowledge);
- perceive that using drugs to change your body image can be harmful (attitudinal);
- demonstrate how to access services that support people struggling with their body image (skill).

Learning objectives (15-18+ years)

Key idea: Unrealistic standards about bodily appearance can be challenged

Learners will be able to:

- analyze particular cultural and gender stereotypes and how they can affect people's body image and their relationships (knowledge);
- recognize that unrealistic standards about bodily appearance can be harmful (attitudinal);
- reflect on their own body image and how it can affect self-esteem, sexual decision-making and subsequent sexual behaviours (skill);
- demonstrate ways to challenge unrealistic standards about physical appearance (skill).

Key concept 7:

Sexuality and Sexual Behaviour

Topics:

7.1 Sex, Sexuality and the Sexual Life Cycle

7.2 Sexual Behaviour and Sexual Response

Key concept 7: Sexuality and Sexual Behaviour

7.1 Sex, Sexuality and the Sexual Life Cycle

Learning objectives (5-8 years)

Key idea: It is natural for humans to enjoy their bodies and being close to others throughout their lives

Learners will be able to:

- understand that physical enjoyment and excitement are natural human feelings, and this can involve physical closeness to other people (knowledge);
- understand that there are many words to describe physical feelings, and some are related to showing feelings for and being close to others (knowledge);
- recognize that there are appropriate and inappropriate language and behaviours related to how we express our feelings for and closeness to others (attitudinal).

Learning objectives (12-15 years)

Key idea: Sexual feelings, fantasies and desires are natural and occur throughout life although people do not always choose to act on those feelings

Learners will be able to:

- list ways that people express their sexuality (knowledge);
- state that sexual feelings, fantasies and desires are natural and not shameful, and occur throughout life (knowledge);
- explain why not all people choose to act on their sexual feelings, fantasies and desires (knowledge);
- state that interest in sex may change with age and can be expressed throughout life (knowledge);
- appreciate the importance of respecting the different ways that people express sexuality across cultures and settings (attitudinal);
- demonstrate ways to manage emotions related to sexual feelings, fantasies, and desires (skill).

Learning objectives (9-12 years)

Key idea: Human beings are born with the capacity to enjoy their sexuality throughout their life

Learners will be able to:

- understand that sexuality involves emotional and physical attraction to others (knowledge);
- describe ways that human beings feel pleasure from physical contact (e.g. kissing, touching, caressing, sexual contact) throughout their life (knowledge);
- perceive that sexuality is a healthy part of being human (attitudinal);
- acknowledge that discrimination against people who are attracted to the same sex, or who are believed to be attracted to the same sex is wrong and can have negative effects on these individuals (attitude);
- communicate and understand different sexual feelings and talk about sexuality in an appropriate way (skill).

Key idea: It's natural to be curious about sexuality and important to ask a trusted adult questions

Learners will be able to:

- acknowledge that it is natural to be curious and have questions about sexuality (attitudinal);
- identify a trusted adult with whom they feel comfortable, and demonstrate asking questions about sexuality (skill).

Learning objectives (15-18+ years)

Key idea: Sexuality is complex and includes biological, social, psychological, spiritual, ethical and cultural dimensions that evolve over the lifespan

Learners will be able to:

- explain and analyze the complexity of sexuality and how it is multifaceted and includes biological, social, psychological, spiritual, ethical and cultural components (knowledge);
- acknowledge that sexuality is a natural part of being human and can enhance well-being (attitudinal);
- reflect on their own sexuality and factors that influence it (skill).

7.2 Sexual Behaviour and Sexual Response

Learning objectives (5-8 years)

Key idea: People can show love for other people through touching and intimacy

Learners will be able to:

- state that people show love and care for other people in different ways, including kissing, hugging, touching, and sometimes through sexual behaviours (knowledge).

Key idea: Children should understand what is and what is not appropriate touching

Learners will be able to:

- define 'good touch' and 'bad touch' (knowledge);
- recognize that there are some ways of touching children that are bad (attitudinal);
- demonstrate what to do if someone is touching them in a bad way (skill).

Learning objectives (12-15 years)

Key idea: The sexual response cycle is about how the body reacts physically to sexual stimulation

Learners will be able to:

- understand that sexual stimulation involves physical and psychological aspects, and people respond in different ways, at different times (knowledge);
- recognize that sexual response can be impacted by issues such as illness, stress, sexual abuse, medication, substance use and trauma (attitudinal).

Key idea: Every society, culture and generation has its own myths about sexual behaviours and it's important to know the facts

Learners will be able to:

- differentiate myths from facts when it comes to information about sexual behaviour (knowledge);
- appreciate the importance of knowing the facts about sexuality (attitudinal);
- question myths about sexual behaviours (skill).

Key idea: It is important to be able to make informed decisions about sexual behaviour

Learners will be able to:

- recognize that informed sexual decision-making (i.e. being knowledgeable and confident in deciding if, when and with whom to become sexually active) is important to their health and well-being (attitudinal);
- recognize that each person's decision to be sexually active is a personal one, which can change over time and should be respected at all times (attitudinal);
- make responsible decisions about their sexual behaviour (skill).

Learning objectives (9-12 years)

Key idea: People have a sexual response cycle, whereby sexual stimulation (physical or mental) can produce a physical response

Learners will be able to:

- describe male and female responses to sexual stimulation (knowledge);
- state that during puberty boys and girls become more aware of their responses to sexual attraction and stimulation (knowledge);
- explain that many boys and girls begin to masturbate during puberty or sometimes earlier (knowledge);
- acknowledge that masturbation does not cause physical or emotional harm but should be done in private (knowledge).

Key idea: It is important to be able to make informed decisions about sexual behaviour, including whether to delay sex or become sexually active

Learners will be able to:

- compare and contrast advantages and disadvantages of choosing to delay sex or to become sexually active (knowledge);
- understand that abstinence means choosing not to have sex, or deciding when to start having sex and with whom, and is the safest way to prevent pregnancy and STIs, including HIV (knowledge);
- reflect on how plans for their future can be impacted by the decisions they take in relation to sex and relationships (attitudinal).

7.2 Sexual Behaviour and Sexual Response (contd.)

Learning objectives (12-15 years contd.)

Key idea: There are ways to avoid or minimize risk of sexual behaviours that can impact negatively on one's health and well-being

Learners will be able to:

- explain possible choices that people can make to minimize risks associated with sexual behaviour and support their life plans (knowledge);
- explain that condoms and other contraceptives reduce the risk of unintended consequences of sexual behaviours (e.g. HIV, STIs or pregnancy) (knowledge);
- recall that non-penetrative sexual behaviours are without risk of unintended pregnancy, offer reduced risk of STIs, including HIV, and can be pleasurable (knowledge);
- recognize that there are options for minimizing risks associated with sexual behaviour and realizing life plans (attitudinal);
- make well-informed choices about their sexual behaviour (skill).

Key idea: Transactional sexual activity, the exchange of money or goods for sexual favours, can pose risks to one's health and well-being

Learners will be able to:

- define transactional sexual activity (knowledge);
- describe risks associated with transactional sexual activity (knowledge);
- recognize that intimate relationships involving transactions of money or goods increase unequal power relations can increase vulnerability and limit the power to negotiate safer sex (attitudinal);
- demonstrate assertive communication and refusal skills for declining transactional sexual activity (skill).

Learning objectives (15-18+ years)

Key idea: Engaging in sexual behaviours should feel pleasurable and comes with associated responsibilities for one's health and well-being

Learners should be able to:

- summarize key elements of sexual pleasure and responsibility (knowledge);
- recall that many people have periods in their lives without sexual contact with others (knowledge);
- justify why good communication can enhance a sexual relationship (knowledge);
- reflect on how gender norms and stereotypes influence people's expectations and experience of sexual pleasure (knowledge);
- recognize that understanding their body's sexual response can help them understand their body, and can help identify when things are not functioning properly so they can seek help (knowledge);
- acknowledge that both sexual partners are responsible for preventing unintended pregnancy and STIs, including HIV (attitudinal);
- communicate sexual needs and limits (skill).

Key idea: Sexual decision-making requires prior consideration of risk-reduction strategies to prevent unintended pregnancy and STIs, including HIV

Learners will be able to:

- analyze risk reduction strategies that are critical to the prevention of unintended pregnancy and STIs, including strategies to reduce transmission of STIs, including HIV, if already acquired through birth, sexual abuse or unprotected sex (knowledge);
- recall that relationships involving transactions of money or goods can limit the power to negotiate safer sex (knowledge);
- perceive that there are options for reducing risk of unintended pregnancy and STIs/ including HIV, or transmission of these (attitudinal);
- consider and apply risk reduction strategies to prevent pregnancy and STIs, including HIV and/or to prevent transmission of STIs to others (skill).

Key concept 8:

Sexual and Reproductive Health

Topics:

8.1 Pregnancy and Pregnancy Prevention

8.2 HIV and AIDS Stigma, Care, Treatment and Support

8.3 Understanding, Recognizing and Reducing the Risk of STIs, including HIV

Key concept 8: Sexual and Reproductive Health

8.1 Pregnancy and Pregnancy Prevention

Learning objectives (5-8 years)

Key idea: Pregnancy is a natural biological process and can be planned

Learners will be able to:

- recall that pregnancy begins when egg and sperm unite and implant in the uterus (knowledge);
- explain that pregnancy and reproduction are natural biological process, and that people can plan when to get pregnant (knowledge);
- explain that all children should be wanted, cared for and loved (attitude);
- recognise that not all couples have children (knowledge).

Learning objectives (9-12 years)

Key idea: It is important to understand the key features of pregnancy

Learners will be able to:

- list the common signs of pregnancy (knowledge);
- describe the tests available to confirm a pregnancy (knowledge);
- list health risks associated with early marriage (voluntary and forced) and early pregnancy and birth (knowledge);
- recognize that unintended pregnancy at an early age can have negative health and social consequences (attitudinal);
- identify a parent/guardian or trusted adult to talk to if experiencing signs of pregnancy (skill).

Key idea: Modern contraception can help people prevent or plan pregnancy

Learners will be able to:

- correct myths about modern contraceptives, condoms and other ways to prevent unintended pregnancy (knowledge);
- explain that not having sexual intercourse is the most effective form of avoiding unintended pregnancy (knowledge);
- describe the steps to using both male and female condoms correctly for reducing the risk of unintended pregnancy (knowledge).

Key idea: Gender roles and peer norms may influence decisions about contraceptive use

Learners will be able to:

- discuss ways that gender roles and peer norms may influence contraceptive use (knowledge);
- acknowledge that deciding to use a condom or other contraceptives is the responsibility of both sex partners (attitudinal);
- acknowledge that preventing pregnancy is the responsibility of both men and women (attitudinal);
- reflect on how they feel about contraception and the gender roles and peer norms that affect these feelings (skill).

8.1 Pregnancy and Pregnancy Prevention (contd.)

Learning objectives (12-15 years)

Key idea: Different forms of contraception have different effectiveness rates, efficacy, benefits and side effects

Learners will be able to:

- analyze effective methods of preventing unintended pregnancy and their associated efficacy (e.g. male and female condoms, contraceptive pills, injectables, implants, emergency contraception) (knowledge);
- explain the concept of personal vulnerability to unintended pregnancy (knowledge);
- state that abstaining from sexual intercourse is an effective method to prevent unintended pregnancy if practised correctly and consistently (knowledge);
- state that correct and consistent use of condoms and modern contraception can prevent unintended pregnancy among the sexually active (knowledge);
- demonstrate how to use a condom correctly (skill);
- explain that emergency contraception (where legal and available) can prevent unintended pregnancy, including pregnancy through lack of contraception, contraceptive misuse or failure, or sexual assault (knowledge);
- state that natural contraceptive methods are not as reliable as modern methods but, in the absence of modern methods, natural methods are better than nothing and may be considered with advice from a health professional (knowledge);
- state that sterilization is a permanent method of contraception (knowledge).

Key idea: Young people who are sexually active and could benefit from contraception should be able to access it without significant barriers, regardless of ability, marital status, gender, gender identity or sexual orientation

Learners will be able to:

- analyze where condoms and contraceptives can typically be accessed locally - although barriers may prevent or limit young people's ability to obtain them (knowledge);
- recognize that no sexually active young person should be refused access to contraceptives or condoms on the basis of their marital status, their sex or their gender (attitudinal);
- demonstrate ways to access sources of contraception (skill).

Learning objectives (15-18+ years)

Key idea: Contraceptive use can help people who are sexually active to prevent pregnancy, or plan if and when to have children, with important related benefits for individuals and societies

Learners will be able to:

- assess personal benefits and possible side effects and/or risks of available modern methods of contraception (e.g. male and female condoms, contraceptive pills, injectables, implants, emergency contraception) (knowledge);
- examine factors (e.g. perceived risk, cost, accessibility) that help determine the most appropriate method or mix of contraceptives among the sexually active (knowledge);
- recognize the importance of using contraception correctly, including condoms and emergency contraception, (attitudinal);
- demonstrate confidence in discussing and using different contraceptive methods (skill);
- develop a plan for accessing a preferred method of modern contraception for when they may need it (skill).

Key idea: Unintended pregnancies occur, and all young people should be able to access the services and protections necessary for their health and well-being

Learners will be able to:

- examine the relevant laws and policies to protect the rights of adolescent mothers to continue and complete their education and have access to reproductive health services without discrimination (knowledge);
- acknowledge that excluding or expelling an adolescent girl who becomes pregnant while she is in school is a violation of her human rights (attitudinal);
- identify the range of health and support services available to a pregnant woman or girl, in the case of unintended or intended pregnancy (knowledge);
- understand that unsafe abortion poses a serious health risk to women and girls (knowledge);
- recognize that even if a pregnancy is early or unintended, the pregnant woman or girl should have access to good quality, safe and comprehensive health care and support (attitudinal);
- demonstrate how to support a friend or loved one who experiences intended or unintended pregnancy, or who has a child, with regards to their health, education and wellbeing (skill).

Key concept 8: Sexual and Reproductive Health

8.1 Pregnancy and Pregnancy Prevention (contd.)

Learning objectives (12-15 years contd.)

Key idea: There are health risks associated with too early child-bearing and closely spaced births

Learners will be able to:

- define too early child-bearing and explain the associated health risks (knowledge);
- describe the benefits of child-spacing (knowledge);
- recognize the importance of delaying and spacing pregnancies (attitudinal);
- express preferences about if and when to become pregnant (skill).

Learning objectives (15-18+ years contd.)

Key idea: Adoption is an option when someone is not ready or able to become a parent

Learners will be able to:

- evaluate the risks and benefits of adoption (knowledge);
- acknowledge that adoption is an important option for people who are not ready or able to become parents (attitudinal).

Key idea: There are practices that can contribute to or threaten a healthy pregnancy

Learners will be able to:

- assess prenatal practices that either contribute to a healthy pregnancy or threaten a healthy pregnancy (knowledge);
- acknowledge that ensuring a healthy pregnancy is not just the responsibility of the mother (attitudinal);
- develop a plan for supporting a healthy pregnancy (skill);
- demonstrate how to access prenatal services (skill).

8.2 HIV and AIDS Stigma, Treatment, Care and Support

Learning objectives (5-8 years)

Key idea: People living with HIV have equal rights and live productive lives

Learners will be able to:

- state that with the right care, treatment and support, people living with HIV are able to live fully productive lives and to have their own children if they wish to (knowledge);
- recognize that people living with HIV have the right to equal love, respect, care and support (and timely treatment) as everyone (attitudinal).

Key idea: There are effective medical treatments that can help people living with HIV

Learners will be able to:

- state that there are effective medical treatments that, with care, respect and support, people living with HIV can now take to manage their condition (knowledge).

Learning objectives (9-12 years)

Key idea: It's important for people living with HIV to be able to talk about their HIV status in a safe and supportive environment

Learners will be able to:

- describe some of the benefits and challenges that people living with HIV face upon talking about their HIV status (knowledge);
- recall that some people living with HIV were born with HIV, and others acquire HIV during their lifetime (knowledge);
- acknowledge that everyone has a responsibility to ensure safe and supportive environments for people living with HIV (attitudinal);
- demonstrate ways to contribute to safe and supportive environments (skill).

Key idea: A person living with HIV will have unique needs for care and treatment, some of which may come with possible side effects

Learners will be able to:

- explain why a person living with HIV has unique needs for care and treatment, including some possible side effects (knowledge);
- recall that treatment for HIV is a lifelong commitment, and can often come with side effects and other challenges, and may require careful attention to nutrition (knowledge);
- state that children and young people living with HIV can also benefit from treatment, although careful attention is required during puberty to ensure proper dosage and adherence, and management of side-effects (e.g. bone density, ARV drug resistance) (knowledge);
- list and demonstrate how people can access HIV care and treatment services (skill).

Key idea: HIV and AIDS can affect family structure, family roles and responsibilities

Learners will be able to:

- explain that HIV is not a barrier for relationships, family or having a sexual life, because people with different HIV statuses can live together and be sexual partners without risk of acquiring HIV, and have children free of HIV (knowledge);
- illustrate how HIV and AIDS can affect families, their structure, roles and responsibilities (knowledge);
- explain that with support from family, the community, services and treatment, women living with HIV can be healthy and deliver and breastfeed children who are HIV free (knowledge);
- acknowledge that everyone has a responsibility to support people living with HIV (attitudinal);
- demonstrate ways to support people living with HIV (skill).

Key concept 8: Sexual and Reproductive Health

8.2 HIV and AIDS Stigma, Treatment, Care and Support (contd.)

Learning objectives (12-15 years)

Key idea: With the right care, respect and support, people living with HIV can lead fully productive lives free from discrimination

Learners will be able to:

- conclude that discrimination against people on the basis of their HIV status is illegal (knowledge);
- recognize that some people have been living with HIV since birth and can expect to live full, healthy and productive lives with treatment and support (attitudinal).

Key idea: Everyone, including people living with HIV, have the equal right with all others to express sexual feelings and love for others, through marriage and long-term commitments – should they choose to do so

Learners will be able to:

- justify why everyone, including people living with HIV, have the right to express sexual feelings and love for others (knowledge);
- support the right for everyone, including people living with HIV, to express their sexual feelings and love for others (attitudinal).

Key idea: Support groups and programmes run by and with people living with HIV can be helpful

Learners will be able to:

- explain how support groups and programmes run by and with people living with HIV can be helpful, and describe the services that they offer(knowledge);
- appreciate the assistance that support groups and programmes run by and with people living with HIV provide (attitudinal);
- demonstrate ways to access local support groups and programmes (skill).

Learning objectives (15-18+ years)

Key idea: With the right care, respect and support, people living with HIV can lead fully productive lives across the lifespan

Learners will be able to:

- analyze causes and impacts of stigma and discrimination on people living with or affected by HIV and AIDS (knowledge);
- identify leading activists living with HIV (men, women and transgender people) in their country, and describe their achievements in terms of changing how people think about HIV and support and protect others living with HIV (knowledge);
- appreciate the achievements of people living with HIV (attitudinal);
- advocate for everyone's right, including people living with HIV, to live free of stigma and discrimination (skill).

8.3 Understanding, Recognizing and Reducing the Risk of STIs, including HIV

Learning objectives (5-8 years)

Key idea: The immune system protects the body from illness and helps people stay healthy

Learners will be able to:

- describe the concepts of 'health' and 'illness' (knowledge);
- explain that humans have an immune system that protects them from illness (knowledge);
- list ways people can try to protect their health (knowledge).

Key idea: People can have an illness and look healthy

Learners will be able to:

- recall that even though someone has an illness they can still look and feel healthy (knowledge).

Key idea: Everyone, whether they have an illness or not, needs love, care and support

Learners will be able to:

- describe how people need love, care and support, regardless of their health status (knowledge).

Learning objectives (12-15 years)

Key idea: STIs such as chlamydia, gonorrhoea, syphilis, HIV and HPV can be prevented and treated or managed

Learners will be able to:

- describe the different ways that people acquire STIs, including HIV (i.e. through sexual transmission, during pregnancy, birth or breastfeeding, through blood transfusion with contaminated blood, sharing of syringes, needles or other sharp instruments) (knowledge);
- state that not having sexual intercourse is the most effective protection from acquiring HIV and other STIs through sexual transmission (knowledge);
- explain that if one is sexually active, there are specific ways to reduce the risk of acquiring or transmitting HIV and other STIs including: consistently and correctly using condoms; avoiding penetrative sex; practising 'mutual monogamy'; reducing the number of sexual partners; avoiding concurrent partnerships; and getting tested and treated for STIs (knowledge);
- explain that in certain settings where there are high levels of HIV and other STIs, age-disparate/intergenerational relationships can increase vulnerability to HIV (knowledge);
- demonstrate skills in negotiating safer sex and refusing unsafe sexual practices (skill);
- demonstrate the steps for correct condom use (skill).

Learning objectives (9-12 years)

Key idea: People can acquire STIs, including HIV, as a result of having sex with someone who already has an STI, and there are ways people can lower their vulnerability to infection

Learners will be able to:

- list the most common STIs, (e.g. HIV, HPV, herpes, chlamydia, gonorrhoea) among youth in their community, and the most common modes of transmission (knowledge);
- describe how HIV cannot be transmitted through casual contact (e.g. shaking hands, hugging, drinking from the same glass) (knowledge).

Key idea: HIV is a virus that can be transmitted in various ways, including unprotected sex with someone who is living with HIV

Learners will be able to:

- list the different ways that HIV can be transmitted (e.g. unprotected sex with someone who is positive, blood transfusion with contaminated blood, sharing syringes, needles or other sharp instruments; during pregnancy, at birth or while being breastfed) (knowledge);
- state that most people acquire or transmit HIV through unprotected penetrative sexual intercourse with someone who is living with HIV (knowledge).

Key idea: There are ways that people can reduce their vulnerability to STIs, including HIV

Learners will be able to:

- describe ways to reduce the risk of acquiring or transmitting HIV, before (i.e. using a condom and where available, voluntary medical male circumcision (VMMC) or Pre-Exposure Prophylaxis (PrEP) in combination with condoms); and after (i.e. where available, Post-Exposure Prophylaxis (PEP)) exposure to the virus (knowledge);
- describe the steps to using a condom correctly (knowledge);
- where available, describe at what age and where the vaccine for genital human papillomavirus (HPV) can be accessed (knowledge);
- demonstrate communication, negotiation and refusal skills for countering unwanted sexual pressure or asserting the intention to practise safer sex, including the correct and consistent use of condoms and contraceptives (skill).

Key idea: Testing is the only way to know for sure whether someone has an STI, including HIV, and treatment exits for HIV and most STIs

Learners will be able to:

- demonstrate their understanding of STI testing and treatment for the most common STIs, including HIV, in their community (knowledge);

8.3 Understanding, Recognizing and Reducing the Risk of STIs, including HIV (contd.)

Learning objectives (12-15 years contd.)

Key idea: Sexual health services can offer HIV testing, treatment, provision of condoms, and some may provide PrEP and PEP or VMMC, among other services that can help people assess their vulnerability to HIV and access testing and treatment as needed

Learners will be able to:

- examine ways of accessing health systems to get tested for HIV, and programmes that provide support to people living with HIV (knowledge);
- illustrate the types of HIV tests available and how they are administered (knowledge);
- describe VMMC and how it can reduce vulnerability to HIV among men (knowledge);
- define PrEP and PEP if locally available, as ways to reduce the likelihood of acquiring HIV before or after a potential exposure to HIV (knowledge);
- state that everyone has a right to voluntary, informed, and confidential testing and should not be required to disclose their HIV status (knowledge);
- acknowledge the importance of testing for assessing vulnerability to HIV, and accessing treatment as needed (attitudinal);
- demonstrate how to be supportive of a friend who wants to get tested (skill).

Learning objectives (9-12 years contd.)

- explain ways to be supportive of someone who may want to get tested (knowledge);
- acknowledge the importance of safe and supportive environments for people to get tested (attitudinal);
- demonstrate where to go to get tested (skill).

Learning objectives (15-18+ years)

Key idea: Communication, negotiation and refusal skills can help young people to counter unwanted sexual pressure or reinforce the intent to practise safer sex (i.e. consistently using condoms and contraception)

Learners will be able to:

- recall that a person's negotiation skills can be impacted by social norms, power inequality and the individual belief and confidence in their power to make a decision (knowledge);
- apply effective communication, negotiation and refusal skills they can use to counter unwanted sexual pressure and employ safer-sex strategies (skill).

Key idea: Among those who are sexually active, the decision about which strategy to use to reduce vulnerability is influenced by one's self-efficacy, perceived vulnerability, gender roles, culture and peer norms

Learners will be able to:

- critique all of the potential influences on a person's decision to decrease vulnerabilities when sexually active (knowledge);
- acknowledge that exclusion and discrimination of certain groups in society increases their vulnerability to HIV and other STIs (attitudinal);
- construct and practise a personal plan for health and well-being (skill);
- demonstrate ways to access condoms (skill).

Key idea: Sexual health services can offer condoms, HIV testing, treatment; and some may provide PrEP and PEP or VMMC, among other services such as testing and treatment for other STIs, contraception and gender-based violence, which can help people assess their vulnerability to HIV and access testing and treatment as needed

Learners will be able to:

- evaluate the sexual health services that a person can utilize to both prevent and minimize their vulnerability to HIV (knowledge);
- identify where to access safe and confidential HIV testing and other services, including PrEP and PEP (knowledge).

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6

Building support and planning for the implementation of CSE programmes

6 - Building support and planning for the implementation of CSE programmes

This section describes how different stakeholders can make the case for CSE programmes. Additionally, it outlines how different actors can support CSE planning and implementation, both in and out of school, and provides an overview of the stakeholders that should be involved and their roles and contributions.

6.1 Strengthening commitment for CSE

Despite the clear and pressing need for effective CSE, it remains unavailable in many countries throughout the world. There are many reasons for this, including perceived or anticipated resistance to CSE programmes, resulting from misunderstandings about the nature, purpose and effects of sexuality education. It is important to address this resistance, real or perceived, in order to include CSE on the agenda.

The following points can help establish a clear rationale for the introduction and national rollout of CSE:

Use evidence that demonstrates young people´s existing needs within the national/local context: Evidence should include local data on HIV, other STIs, teenage pregnancy and sexual behaviour patterns of young people, including those thought to be most vulnerable, as well as studies on specific factors associated with HIV and other STI risk and vulnerability. Ideally, this will include both formal and participatory, quantitative and qualitative information; sex and gender-specific data regarding the age and experience of sexual initiation; partnership dynamics; data on GBV including rape, coercion or exploitation; duration and concurrency of partnerships; use of condoms and modern contraception; and use of available health services. Making use of the available evidence can help show that CSE lessons are essential to improving students' lives.

Use existing international, regional and local frameworks and international agreements that support CSE: Different regions have shown leadership in the development and implementation of CSE programmes, ranging from demonstrating increased political will, to developing and investing in CSE programming.

Box 2. Examples of international UN standards and agreements between Member States, in relation to CSE

The International Conference for Population and Development (ICPD) Programme of Action, the Beijing Platform for Action and the outcome documents of their review conferences, call upon government to: 'give full attention to meeting the sexual and 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'.

The 2030 Agenda for Sustainable Development, including the Sustainable Development Goals (SDGs) is set to: Ensure healthy lives and promote well-being for all at all stages (SDG3); Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all (SDG4); Achieve gender equality and empower all women and girls (SDG5)'.

The Human Rights Council calls upon States to: 'Develop and implement educational programmes and teaching materials, including comprehensive sexuality education, based on full and accurate information, for all adolescents and youth, in a manner consistent with their evolving capacities'.

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'.

Committee on Economic, Social and Cultural Rights recommends: 'The realization of the right to sexual and reproductive health requires that State parties meet their obligations, such as the right to education on sexuality and reproduction that is comprehensive, non-discriminatory, evidence-based, scientifically accurate and age-appropriate'.

See *Appendix I: International agreements, instruments and standards, related to comprehensive sexuality education (CSE).*

- **Western Europe** pioneered the introduction of school-based CSE programmes 50 years ago. Countries such as Sweden, Norway and the Netherlands have long-standing CSE programmes in schools, and significantly lower adolescent birth rates than countries in Eastern Europe and Central Asia (EECA), a region where open discussion of issues related to sexuality and SRHR in schools remains more sensitive. In Estonia, for example, several research results demonstrate the strong correlation over time between the development of CSE and the steady improvement of sexual health indicators among young people. These recent improvements, which include lower rates of unintended pregnancy, abortion and HIV infection, are attributed to the development of a mandatory CSE programme in schools, in combination with the evolution of youth-friendly sexual health service delivery (UNESCO, 2011a).
- **In Latin America and the Caribbean (LAC)**, ministers of health and education declared their commitment to CSE through the Preventing through Education Ministerial Declaration, signed in 2008. Governments committed to ensuring interdepartmental coordination and agreed to implement and strengthen 'multi-sectoral strategies of comprehensive CSE and promotion of sexual health, including HIV/STI prevention' (UNESCO, 2015a). The Declaration's focus on the essential collaboration between health and education sectors, marked a turning point for country-level work on CSE policy and content; more accessible SRH services for youth and the links between them.
- Similarly, in **Eastern and Southern Africa**, decision-makers have affirmed the political will to ensure access to CSE, as evidenced by the Eastern and Southern African Ministerial Commitment on comprehensive sexuality education and sexual and reproductive health services for adolescents and young people. This key commitment adopts a culturally-relevant approach and explicitly prioritizes ensuring access to high-quality, comprehensive, life skills-focused CSE and youth-friendly HIV and SRH services for all adolescents and young people (UNESCO, 2013b).
- **The Asia-Pacific region** has traditionally had a highly favourable policy environment for the implementation of HIV education, with the majority of countries in the region integrating a focus on CSE into their national HIV strategies (UNESCO, 2012). The Asian and Pacific Population and Development Conference issued a commitment in 2013 focused on ensuring SRHR for all, particularly the poorest and most marginalized populations (ESCAP, 2013).

Share arguments on the importance of the social and emotional well-being of children and young people: Social-emotional learning is an essential part of learning and contributes to students' well-being and cognitive results. Additionally, it increases prosocial behaviours such as kindness, sharing and empathy; improves student attitudes towards school and reduces depression and stress among students (Durlak et al., 2011; OECD, 2017). CSE programmes help develop skills that are closely linked to effective social and emotional learning, including self-awareness, self-management, social awareness, relationship skills and responsible decision-making.

Responding to questions and concerns about CSE

Table 3 provides information on common misconceptions and concerns that are frequently raised when CSE programmes are initially proposed, as well as suggestions on how to respond to them. A clear understanding of these questions and responses is important, as education and health ministry staff, school principals and teachers may be unsure of the need for the education or health sector to provide CSE, or may be reluctant to provide CSE programming because they lack the confidence and skills to do so. Teachers' personal or professional values might also conflict with the issues they are asked to address, or teaching professionals may need clear guidance about what to teach and how to teach it.

Table 3. Common concerns about CSE

Concerns	Response
▶ CSE leads to early sexual initiation	▶ Research from around the world clearly indicates that sexuality education rarely, if ever, leads to early sexual initiation. Research has shown that CSE has either no direct impact on the age of sexual initiation, or that it actually leads to later and more responsible sexual behaviour. For more information, see *Section 4*.
▶ CSE deprives children of their 'innocence'	▶ Evidence illustrates that children and young people benefit from receiving appropriate information that is scientifically accurate, non-judgmental and age- and developmentally-appropriate, in a carefully planned process from the beginning of formal schooling. In the absence of CSE, children and young people can be vulnerable to conflicting and sometimes even damaging messages from their peers, the media or other sources. Good quality sexuality education provides complete and correct information with an emphasis on positive values and relationships. Sexuality education is about more than sex – it includes information about the body, puberty, relationships, life skills, etc.
▶ CSE goes against our culture or religion	▶ The Guidance stresses the need to engage and build support among the custodians of culture in a given community, in order to adapt the content to the local cultural context. Key stakeholders, including religious leaders, can assist programme developers and providers to engage with the key values central to the relevant religions and cultures, as people's religious beliefs will inform what they do with the knowledge they possess. The Guidance also highlights the need to reflect on and address negative social norms and harmful practices that are not in line with human rights or that increase vulnerability and risk, especially for girls and young women or other marginalized populations.
▶ It is the role of parents and the extended family to educate our young people about sexuality	▶ As the primary source of information, support and care in shaping a healthy approach to sexuality and relationships, parents and family play a fundamental role. However, through education ministries, schools and teachers, the government should support and complement the role that parents and family play by providing holistic education for all children and young people in a safe and supportive learning environment, as well as the tools and materials necessary to deliver high-quality CSE programming.
▶ Parents will object to sexuality education being taught in schools	▶ Parents play a primary role in shaping key aspects of their children's sexual identity and their sexual and social relationships. Parents' objections to CSE programmes in school are often based on fear and lack of information about CSE and its impact, as they want to be sure that messages about sexuality and SRH are rooted in the family's values system. CSE programmes are not meant to take over the role of parents, but rather are meant to work in partnership with parents, and involve and support them. ▶ Most parents are among the strongest supporters of quality sexuality education programmes in schools. Many parents value external support to help them approach and discuss 'sex issues' with their children, ways to react to difficult situations (e.g. when a child watches porn on the Internet or is bullied on social media) and how to access and provide accurate information.
▶ CSE may be good for adolescents, but it is inappropriate for young children	▶ Young children also need information that is appropriate for their age. The Guidance is based on the principle of age- and developmental-appropriateness, reflected in the grouping of learning objectives outlined in Section 5. Additionally, the Guidance provides flexibility to take into account the local and community contexts and encompasses a range of relationships, not only sexual relationships. Children recognize and are aware of these relationships long before they act on their sexuality and therefore need the skills and knowledge to understand their bodies, relationships and feelings from an early age. ▶ The Guidance lays the foundations for healthy childhood by providing children with a safe environment to learn the correct names for parts of the body; understand principles and facts of human reproduction; explore family and interpersonal relationships; learn about safety, prevention and reporting of sexual abuse etc. CSE also provides children with the opportunity to develop confidence by learning about their emotions, self-management (e.g. of hygiene, emotions, behaviour), social awareness (e.g. empathy), relationship skills (e.g. positive relationships, dealing with conflicts) and responsible decision-making (e.g. constructive and ethical choices). These topics are introduced gradually, in line with the age and evolving capacities of the child.

▶ Teachers may be uncomfortable or lacking the skills to teach CSE	▶ Well-trained, supported and motivated teachers play a key role in the delivery of high-quality CSE. Teachers are often faced with questions about growing up, relationships or sex from learners in a school setting, and it is important that they have a suitable and safe way of responding to these questions. ▶ Clear sectoral and school policies and curricula help support teachers, as does institutionalized pre- and in-service teacher training and support from school management. Teachers should be encouraged to develop their skills and confidence through added emphasis on formalizing CSE in the curriculum, as well as stronger professional development and support.
▶ Teaching CSE is too difficult for teachers	▶ Teaching and talking about sexuality can be challenging in social and cultural contexts where there are negative and contradictory messages about sex, gender and sexuality. At the same time, most teachers and educators have the skills to build rapport with learners, to actively listen and help identify needs and concerns and to provide information. Teachers can be trained in CSE content through participatory methodologies and are not expected to be experts on sexuality. This training can be included as part of the curriculum of teacher training institutes (pre-service) or as in-service teacher training.
▶ CSE is already covered in other subjects (biology, life-skills or civics education)	▶ Using the Guidance provides an opportunity to evaluate and strengthen the curriculum, teaching practice and the evidence, based on the dynamic and rapidly changing field of CSE, and to ensure that schools fully cover a comprehensive set of topics and learning objectives, even if the learning is distributed across a range of school subjects. In addition, effective CSE includes a number of attitudinal and skills-based learning outcomes which may not necessarily be included in other subjects.
▶ Sexuality education should promote positive values and responsibility	▶ The Guidance supports a rights-based approach that emphasizes values such as respect, acceptance, equality, empathy, responsibility and reciprocity as inextricably linked to universal human rights. It is essential to include a focus on values and responsibility within a comprehensive approach to sexuality education. CSE fosters opportunities for learners to assess and clarify their own values and attitudes regarding a range of topics.
▶ Young people already know everything about sex and sexuality through the Internet and social media	▶ The Internet and social media can be excellent ways for young people to access information and answers to their questions about sexuality. Young people often use online media (including social media) because they are unable to quickly and conveniently access information elsewhere. However, online media doesn't necessarily provide age-appropriate, evidence-based facts and can in fact provide biased and distorted messages. It is difficult for young people to distinguish between accurate and inaccurate information. While online media can offer a lot of information, it does not offer the space for young people to discuss, reflect and debate the issues, nor to develop the relevant skills. CSE offers a forum for young people to understand and make sense of the images, practices, norms and sexual scripts that they observe via social media and pornography. It provides an opportunity to learn about the aspects of sexuality that are absent from pornography, such as emotional intimacy, negotiating consent and discussing modern contraception. CSE can also support young people to safely navigate the Internet and social media and can help them identify correct and fact-based information.
▶ Religious leaders may not support sexuality education	▶ Religious leaders play a unique role in supporting CSE in schools. Faith-based organizations can provide guidance to programme developers and providers on how to approach religious leaders to begin a discussion about sexual health and sexuality education. Acting as models, mentors and advocates, religious leaders are ambassadors for faith communities that value young people's well-being. Young people seek moral guidance that is relevant to their lives, and all young people deserve reliable information and caring guidance about sexuality that enables them to engage in both emotionally and physically healthy relationships. Sexuality education that is factually inaccurate and withholds information ignores the realities of adolescent life, and puts young people at unnecessary risk of disease and unintended pregnancy and, above all, endangers their lives and human dignity. Many faith communities know from experience, and numerous studies show, that young people tend to delay mature sexual activity when they receive sexuality education that focuses on responsible decision-making and mutual respect in relationships (UNESCO, 2009).
▶ CSE is a means of recruiting young people towards alternative lifestyles	▶ The main principle of the Guidance is that everyone has the right to accurate information and services in order to achieve the highest standard of health and well-being, without making judgement on sexual behaviour, sexual orientation, gender identity or health status. The Guidance takes a rights-based approach that is also focused on gender, and acknowledges that people express themselves differently in all societies, sometimes not conforming to gender or social norms, including on the issue of sexual behaviour and sexual orientation or gender identity. It does not endorse or campaign for any particular lifestyle other than promoting health and well-being for all.

The role of key stakeholders in demonstrating leadership and commitment to CSE

At the national level, ministries of education and health, as well as gender, play a critical role in offering the policy and moral leadership that provides an enabling and supportive environment for strengthening CSE. Equally, they are at the heart of building consensus among the diverse parts of government and civil society that must be involved in developing and delivering sexuality education.

Other key stakeholders that can provide leadership and commitment include parents and parent-teacher associations; educational professionals and institutions, including teachers, head teachers, school inspectors and training institutions; religious leaders and faith-based organizations; teachers' trade unions; researchers; community and traditional leaders; LGBTI groups; NGOs, particularly those working on sexual and reproductive health and rights with young people; people living with HIV; media (local and national); and relevant donors or outside funders.

The role of champions

Engaging with 'champions' can help enhance awareness of and a positive approach to sexuality education. Champions are influential thought leaders, including politicians, celebrities, young people, religious leaders, and others from inside and outside the educational field, who believe in the importance of CSE. They understand the local context and are valued by the communities. Through their networks, they can advocate at national or local level, in parliament, in school or community settings; engage with the press; and use social media to raise awareness of the positive impact of CSE on the health and emotional well-being of young people.

Box 3. Youth participation in CSE advocacy and implementation

The UN Convention on the Rights of the Child recognizes the right to participation: 'to express … views freely in all matters affecting [them], …being given due weight in accordance with [their] age and maturity.' (Article 12). In addition, the 1994 POA of the ICPD specifically recognized young people's right to participate in reproductive health programmes, as did the 2012 Commission on Population and Development outcome document and the World POA on Youth (adopted by the UN in 2007). Young people can play multiple roles to advocate for, develop, implement and evaluate CSE programmes (Kirby, 2009). Evidence from operational research on programme interventions shows that employing young people's ideas, connections and unique expertise in programmatic work increases the reach, attractiveness, relevance and effectiveness of interventions (Jennings, et al., 2006; SRHR Alliance, 2016; Villa-Torres and Svanemyr, 2015; IPPF, 2016).

6.2 Supporting CSE programme planning and implementation

Diverse stakeholders from multiple levels should be involved in the planning and implementation of school-based and out-of-school CSE. National and regional authorities, schools and communities should be engaged, at different stages and to different extents, in the development of national policy; update of curricula; creation of mechanisms and plans for rolling out a new curriculum. The following section provides information on how different actors at different levels can support CSE planning and implementation, both in and out of school.

National and regional level

In some countries, local education ministries have established National Advisory Councils and/or Task Force Committees to inform the development of relevant policies, improve the national curriculum and assist in the development and implementation of CSE programmes.

Council and committee members can often get involved in sensitization and advocacy efforts; review draft materials and improvements for national curricula and policies; and develop a comprehensive work plan for in-classroom delivery, together with plans for monitoring and evaluation. At the policy level, a well-developed national policy on CSE can be explicitly linked to education sector plans, as well as to the national strategic plan and policy framework on HIV and SRH.

School level

Role of school authority and management: overall, a positive school environment has been shown to facilitate the full implementation of programmes, thus supporting their effectiveness (Picot et al., 2012 in UNESCO, 2016c). Some ways that school authorities and management can make a difference include:

- **Providing leadership and management:** school management is expected to take the lead in motivating and supporting CSE, as well as in creating the appropriate climate for implementing CSE and addressing the needs of young people. From a classroom perspective, instructional leadership calls on teachers to lead children and young people towards a better understanding of sexuality through discovery, learning and growth. In a climate of uncertainty or conflict, the leadership abilities among managers and teachers can make the difference between a successful programmatic intervention and a failed one.

- **Creating or strengthening policies that support the provision of CSE:** the sensitive, and sometimes controversial nature of CSE, makes it important for supportive and inclusive laws and policies to be in place, demonstrating that the implementation of CSE is a matter of institutional policy, rather than the personal choice of individuals. Implementing CSE within a clear set of relevant national and school-wide policies or guidelines has numerous advantages, including providing an institutional basis for the implementation of CSE programmes; anticipating and addressing the sensitivities concerning the implementation of CSE programmes; setting standards on confidentiality; setting standards of appropriate behaviour; protecting and supporting the teachers responsible for delivering CSE; and, if appropriate, protecting or increasing their status within the school and the community.

  Although some of the aforementioned issues are defined through pre-existing school policies, in the absence of pre-existing guidance, a policy on CSE will clarify and strengthen the school's commitment to:

  - a curriculum delivered by trained teachers;
  - parental involvement;
  - promoting gender equality and non-discrimination regardless of sex, gender, sexual orientation and gender identity, and respecting the rights of all learners;
  - allocating financial and human resources to support the implementation of CSE;
  - setting up procedures to respond to parental concerns;
  - supporting pregnant learners to continue their education;
  - making the school a safe environment for the provision of CSE, for example by having zero-tolerance policies for sexual harassment and bullying, including stigma and discrimination on the grounds of sexual orientation and gender identity;
  - making the school a health-promoting environment, for example through the provision of clean, private and separate toilets with running water for girls and boys;
  - taking action in cases of policy infringement, for example in case of breach of confidentiality, stigma and discrimination, sexual harassment or bullying;
  - promoting access and links to local SRH services and other services in accordance with local laws; and
  - upholding (and strictly enforcing) professional codes of conduct that prohibit teacher-learner sexual relationships and taking consistent action with teachers found to be in violation of the code of conduct.

Role of teachers: teachers are central to the implementation of CSE. They need to have the confidence, commitment and resources to be able to teach the more complex issues of sexuality and SRH. To implement the CSE curriculum effectively, they must feel supported by a legal framework, the school management and local authorities, and have access to training and resources. CSE is not the effort or the responsibility of any particular teacher, but rather should be a joint effort whereby all educators support each other and share experiences of implementing the CSE programme. Teachers responsible for the delivery of CSE also require training on the specific skills needed to address sexuality accurately and clearly, as well as the use of active, participatory learning methods.

Role of health providers and other non-teaching staff operating within the school setting: the combination of CSE and related services has been shown as an effective way to support young people's SRH (UNESCO, 2015a; Hadley et al., 2016). For example, school nurses can provide additional information and counselling, support classroom activities and refer children and young people to external SRH or other services. All other non-teaching staff, for example, janitors and cleaners, must be aware of the policies and principles of CSE and child protection, as well as the guidelines regarding young people living with HIV, LGBTI and others.

Role of students in school: students need to play an active role in building support for CSE. Student councils, other student groups and individual youth leaders should be actively encouraged to provide input on the design, monitoring and evaluation of CSE programmes; collect information about their peers' needs to develop the justification for CSE; or initiate dialogues with parents and other community members about the importance of CSE in their lives.

Community level

Diverse groups of stakeholders in the community, including faith-based organizations and non-governmental organizations (NGOs):

- Community leaders can pave the way for acceptance and support of CSE programmes implemented in formal and non-formal settings. It is crucial to work with these stakeholders to counter inaccurate information and dispel any existing myths and misconceptions around CSE that the community might have. Community leaders can also provide support for efforts to contextualize the content of the programme.

- Religious and faith-based organizations play an important role in the lives of many communities. The influence and authority that religious leaders have in communities allows them to speak from a theological foundation of respect for human dignity and wholeness (Religious Institute, 2002). It is important to keep a dialogue going with these organizations, as well as with young people

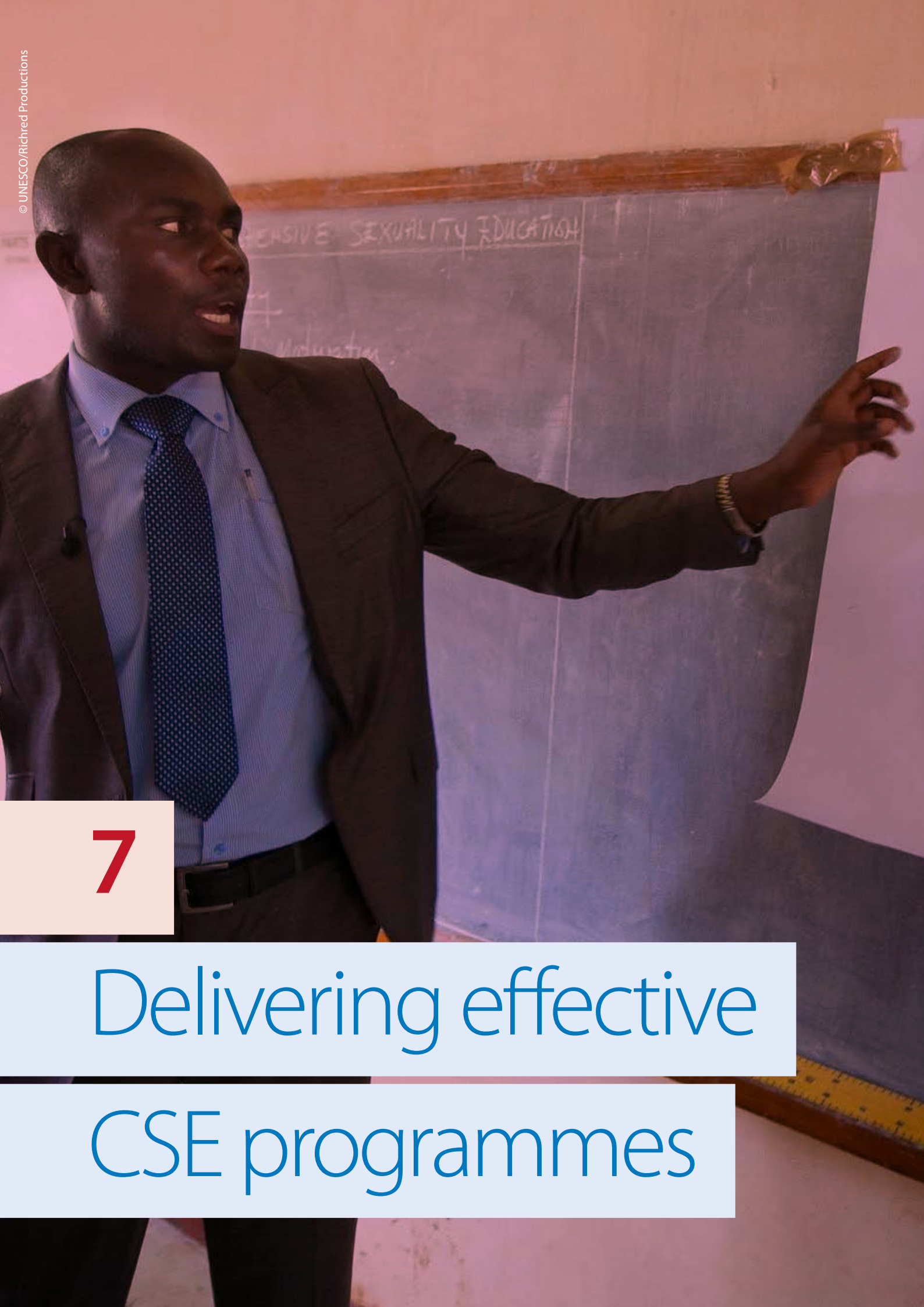
of different faiths. It is only through discussion that the complex issues of the content of CSE programmes can be addressed. Most religions promote building healthy and loving relationships free from coercion and abuse, and all religions want young people to be healthy and happy. Dialogue can help find the balance between what religion teaches, what scientific evidence proves, and what the lived reality is for local young people.

- Local NGOs serve as a valuable resource for schools and teachers to turn to for more information, or to invite as guest speakers to discuss topics that reinforce or complement the CSE curriculum. Some NGOs also have community-based CSE programmes in place.

Parents: young people's perceptions and behaviours are greatly influenced by family and community values, social norms and conditions. Therefore, the cooperation and support of parents, families, and other community actors needs to be sought from the outset and regularly reinforced. It is important to emphasize the primary concern of promoting the safety and well-being of children and young people that is shared by both schools and parents/caregivers. Ensuring that parents/caregivers understand, support and get involved with the delivery of CSE is essential to ensure long-term results. Research has shown that one of the most effective ways to increase parent-to-child communication about sexuality is by providing students with homework assignments to discuss selected topics with parents or other trusted adults (UNESCO, 2009). The chances of personal growth for children and young people are likely to be much better if teachers and parents support each other in implementing a guided and structured teaching/learning process.

Media and other gatekeepers: the mass media – television, newspapers, magazines and the Internet – has a significant impact on people's ideas and misconceptions regarding CSE. These outlets are not always concerned with the outcome of their messages, and are occasionally more focused on attracting audiences than on promoting healthy sexuality. It is important for the media to have access to evidence-based information to help communicate accurate messages.

Health providers: health providers are well-positioned to support CSE by providing information about the common SRH needs of young people; sharing information and lessons-learned about the outcomes of their education strategies; and by actively participating in efforts to strengthen the link between CSE and health services.



7

Delivering effective CSE programmes

7 - Delivering effective CSE programmes

This section outlines the characteristics, common among evaluated CSE programmes that have been found to be effective in terms of increasing knowledge, clarifying values and attitudes, increasing skills and impacting behaviours. It also includes recommendations for all stages of the development and delivery of CSE including design, implementation monitoring, evaluation and scale-up.

7.1 Introduction

The following characteristics of effective curriculum development, implementation and monitoring are based on findings from a range of studies and reviews of CSE programmes (UNESCO, 2009; WHO Europe and BZgA, 2010; UNFPA, 2014; UNESCO, 2016c; Pound et al., 2017). When developing and delivering CSE, it is important to build on existing standards or guidelines, and to develop clear steps for its implementation and evaluation.

Evidence is increasingly showing that the delivery of CSE is as important as the content. Effective sexuality education must take place in a safe environment, where young people 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 content (Pound et al., 2017).

These recommendations can be complemented by existing practical manuals, guides, toolkits and action frameworks that have been developed by CSE subject matter experts and practitioners in different regions of the world.

7.2 Characteristics of effective curriculum development

During the preparatory phase:

1 **Involve experts on human sexuality, behaviour change and related pedagogical theory:** just like mathematics, science and other fields, human sexuality is an established field based on an extensive body of research and knowledge. Experts familiar with this research and knowledge should be involved in developing, selecting and adapting curricula. Additionally, CSE curriculum developers must be knowledgeable about issues such as gender, human rights and health; as well as the risky behaviours that young people engage in at different ages; what environmental and cognitive factors affect these behaviours; and how best to address those factors through participatory methodologies that address the three domains of learning. CSE curriculum developers also need knowledge about other CSE programmes that have delivered positive outcomes, especially those that addressed similar communities and young people. When developers lack this experience, experts in child and adolescent development and sexuality should be engaged to ensure the appropriate content and context.

2 **Involve young people, parents/family members and other community stakeholders:** the quality of sexuality education is enhanced by systematic youth participation. Learners are not the passive recipients of sexuality education, but rather can, and should, play an active role in organizing, piloting, implementing and improving the content of sexuality education. This ensures that sexuality education is needs-oriented and grounded in the contemporary realities within which young people navigate their sexualities, rather than simply following an agenda determined in advance by educators (WHO Europe and BZgA, 2010). Young people's input can help determine how the curriculum is used by different types of educators, including peer educators, and how to adapt activities to different contexts, including formal and non-formal settings. Parents and community leaders also play an important role. Interventions with higher levels of parental involvement and community sensitization, for example, homework assignments; after-school sessions for parents and children; and encouraging parents to learn about the programme, showed the greatest impact on improving the sexual health of their their children (Wight and Fullerton, 2013 in UNESCO, 2016c).

3 **Assess the social, SRH needs and behaviours of children and young people targeted by the programme, based on their evolving capacities:** the curriculum planning process should take into account evidence-based information on young people´s sexual needs and behaviours, including about existing barriers that lead to unwanted, unintended and unprotected sexual activity. Additionally, the process of developing CSE curricula must consider the evolving capacities of children and young people, as well as their

differing needs based on their particular circumstances, settings, cultural values, etc. It is also important to ensure that the process builds on children's and young people's existing knowledge, positive attitudes and skills. The needs and assets of young people can be assessed through focus groups and interviews with the young people themselves, as well as with professionals who work with them. These interactions can be complemented with reviews of research data from the target group or similar populations.

4 **Assess the resources (human, time and financial) available to develop and implement the curricula:** this is an important step for all programmes. While this may seem obvious, there are numerous examples of curricula that could not be fully implemented or were prematurely terminated because they were not consistent with the resources available, including staff time, staff skills, facility space and supplies.

When developing the curriculum content:

5 **Focus on clear goals, outcomes and key learnings to determine the content, approach and activities:** an effective curriculum has clear health-related goals and behavioural outcomes that are directly related to these goals. In addition to behavioural outcomes, curricula should focus on developing attitudes and skills that contribute to safe, healthy and positive relationships, as well as positive values, including respect for human rights, gender equality and diversity. Emphasis should also be placed on key issues that affect children and young people of different ages, sex and characteristics (e.g. HIV, GBV or unintended pregnancy). For more information, see Section 5. Key concepts, topics and learning objectives.

6 **Cover topics in a logical sequence:** many effective curricula first focus on strengthening and motivating learners to explore values, attitudes and norms concerning sexuality, before going on to address the specific knowledge, attitudes and skills required to develop safe, healthy and positive lifestyles; prevent HIV, STIs and unintended pregnancies; and protect learner's rights and the rights of others.

7 **Design activities that are context-oriented and promote critical thinking:** learners may come from diverse socio-economic backgrounds and differ in their age, gender, sexual orientation, gender identity, family and community values, religion and other characteristics. It is important to implement curricula that pay appropriate attention to the learner's environment, and that promote understanding and critical thinking about existing personal and community values and perceptions of family, community and peers on sexuality and relationships.

8 **Address consent and life skills:** education about consent is essential for building healthy and respectful relationships, encouraging good sexual health and protecting potentially vulnerable people from harm. Teaching young people to acknowledge and respect other people's personal boundaries can help create a society where no one feels ashamed to willingly engage in sexual activity, or to reject it or revoke consent at any point (IPPF, 2015b). Quality education on consent should strive to support young people in assessing risks and protecting themselves from situations that may lead to unwanted sexual practices, and should help them develop the knowledge and confidence to seek positive relationships with other individuals.

Life skills, such as risk assessment and negotiation abilities are essential for children and young people. Risk assessment skills help learners identify their susceptibility to negative or unintended SRH outcomes and understand the implications of HIV, other STIs and unintended pregnancy, among other issues. Testimonials, simulations and role playing have all been found to be useful complements to statistical and other factual information, helping learners explore the concepts of risk, susceptibility and severity. Negotiation skills are essential for children and young people to be able to put into practice protective behaviours such as delaying the age of sexual initiation; responding to peer pressure to engage in sexual practices; and increasing condom use and use of modern contraception when they do decide to become sexually active. Negotiation skills also provide children and young people with the tools to navigate conversations on sexuality, come to agreements and settle differences with others. Role-playing activities representing a range of typical situations are commonly used to help teach these skills, with elements of each skill identified through progressively complex scenarios. Condom demonstrations and visits to places where condoms are available are also used to teach negotiation 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:** information in the curriculum should be informed by evidence; scientifically accurate and balanced; and neither exaggerating nor understating of the risks or effectiveness of condoms and other forms of contraception (traditional and modern). Many curricula fail to provide adequate information about modern contraception – particularly, but not limited to, emergency contraception and female condoms – or about PrEP and PEP. Abstinence-only programmes are still delivered in many countries despite robust evidence that this approach is ineffective. Abstinence-only programmes are also more likely to contain incomplete or inaccurate information regarding topics such as sexual intercourse, homosexuality, masturbation, abortion, gender roles and expectations, condoms and HIV (UNFPA, 2014).

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:** biological experiences, gender and other cultural norms affect the way children and young people live their sexuality and their SRH in general. Menstruation, for instance, is a significant biological experience for many girls. However, in some resource-poor areas, girls face unique challenges related to menstruation that reinforce gender inequalities (Secor-Turner et al., 2016). Gender discrimination is common, and young women often have less power or control in their relationships, making them more vulnerable to coercion, abuse and exploitation by boys and men, particularly older men. Men and boys may also feel pressure from their peers to fulfill male sexual stereotypes (e.g. physical strength, aggressive behaviours and sexual experience) and engage in harmful behaviours.

In order to effectively promote equal relationships and reduce risky sexual behaviours, curricula need to address and critically examine these biological experiences, gender inequalities and stereotypes. Programmes should discuss the specific circumstances faced by young women and young men and provide effective skills and methods of avoiding unwanted or unprotected sexual activity. These activities should focus on transforming gender inequality, social norms and stereotypes, and should in no way promote harmful gender stereotypes.

11 **Address specific risk and protective factors that affect particular sexual behaviours:** providing clear messages about risky and protective behaviours appears to be one of the most important characteristics of effective programmes. Most effective CSE programmes repeatedly reinforce clear and consistent messages about protective behaviours in a variety of formats. Some examples of these messages include:

- **Preventing HIV and other STIs:** young people should either avoid sexual intercourse or use a condom correctly every time they have sexual intercourse with every partner. Certain effective programmes emphasize being monogamous and avoiding multiple or concurrent sexual partners. Culturally-specific messages in some countries also emphasize the dangers of 'sugar daddies' (older men who offer gifts, cash or favours, often in return for sexual activity) and the increased risks associated with multiple and concurrent partnerships when condoms are not used consistently. Other programmes encourage testing and treatment for STIs, including HIV. Curriculum content and teacher capacity should also keep pace with the latest science and evidence on HIV prevention, including newer biomedical prevention technologies such as PrEP and how young people who need it can access integrated HIV prevention services including condoms, HIV testing, PrEP and PEP (UNAIDS, 2016).
- **Preventing pregnancy:** young people should abstain from sexual relations and/or use modern contraception every time they have sex. Additionally, young people should know where to access SRH services.
- **Preventing gender-based violence and discrimination:** CSE programmes should include clear messages on ways to change behaviours that reinforce inequality (at home, at school and in the community) and on the need to transform harmful practices against women.

Risk and protective factors play an important role in young people's decision-making about sexual behaviour. They include cognitive and psychosocial factors, as well as external factors, such as access to adolescent-friendly health and social support services. Curriculum-based programmes, especially school-based programmes, typically focus on internal cognitive factors, although they also include information on how to access reproductive health services. The knowledge, values, norms, etc. that are highlighted in sexuality education need to also be supported by social norms and promoted by trusted adults who both model and reinforce them.

12 **Address how to manage specific situations that might lead to HIV infection, other STIs, unwanted or unprotected sexual intercourse or violence:** it is important, ideally with the input of young people themselves, to identify the specific situations in which young people run the risk of being pressured into unwanted sexual activity, and to rehearse strategies for avoiding or negotiating them. It is equally critical for all young people to understand consent and how to avoid pressuring others into unwanted situations or actions. In communities where drug and/or alcohol use is associated with unprotected sexual intercourse, it is also important to address the impact of drugs and alcohol on sexual behaviour.

13 **Address individual attitudes and peer norms concerning condoms and the full range of contraceptives:** individual attitudes and peer norms affect condom and contraceptive use. Effective CSE curricula present clear messages about condoms and other modern contraceptive methods, along with accurate information about their effectiveness. These programmes also help students explore their attitudes towards condoms and modern contraception, and help identify perceived barriers to their use. They offer opportunities to discuss ways to overcome these barriers, for example, difficulties obtaining and carrying condoms; possible embarrassment when asking one's partner to use a condom; or any difficulties actually using a condom.

14 **Provide information about what services are available to address the health needs of children and young people, especially their SRH needs:** effective CSE curricula include information on how to access youth-friendly health services – including, but not limited to counselling on sexuality and relationships; menstrual health management; modern contraception and pregnancy testing; abortion (where legal); STI and HIV prevention, counselling, testing and treatment; vaccination against HPV; VMMC; and FGM/C prevention and management of consequences, among others.

The activities, included as part of the curriculum, should also encourage young people to understand how they can and should play an active role in the decision-making around their care, for example by reflecting on the importance of informed consent, privacy and confidentiality; and learning about how existing legal frameworks support or hinder their ability to make decisions about their health. Finally, the curriculum should help learners understand how they can play an active role in supporting their peers or partners to access SRH services, for example by reflecting on the barriers that some youth may face when accessing these services because of their sex, sexual orientation, gender identity, geographical location, marital status, disability; and learning about existing legal requirements regarding the provision of care (IPPF, 2017).

Table 4. Characteristics of an effective CSE curriculum

Preparatory phase

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.

Content development

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.

7.3 Designing and implementing CSE programmes

1 **Decide whether to use a stand-alone or integrated programme** – decisions need to be made about whether sexuality education should be taught as a stand-alone subject; integrated within an existing mainstream subject, such as health or biology; taught as both a stand-alone subject and integrated across the curriculum; or included in the life skills programme (UNESCO, 2015a). This decision will be influenced by general educational policies, availability of resources, competing priorities in the school curriculum, needs of learners, community support for CSE programmes and timetabling issues. A pragmatic response might acknowledge that, while it would be ideal to introduce sexuality education as a separate subject, or place CSE content within one exisiting subject like life skills; it may be more practical to build upon and improve what teachers are already teaching, and to integrate CSE into existing subjects such as social science, biology or guidance counselling. In these situations, it is important to safeguard against the dilution of the CSE content and consider the increased teacher training requirements and teaching and learning materials needed to cater for CSE content across various carrier subjects.

Other important considerations include whether CSE content will be considered mandatory as per the mode of delivery (stand-alone versus integrated) and whether the CSE-related content will be formally examined. Both teachers and learners tend to take the content more seriously when exams or other assessment approaches are involved, and exams also provide more opportunities to measure teacher effectiveness and learner outcomes.

Table 5. Stand-alone or integrated CSE - key considerations

Stand-alone	Integrated
Reflects importance of the subject as it has its own separate status.	Complements the existing curriculum subjects and specific skills or knowledge areas are linked to other themes (e.g. social studies, life skills).
May not be sufficient time or space in the curriculum to teach a whole separate subject.	In-depth aspects of learning, or challenging topics, may be squeezed out by the other subject content deemed more critical for examinations as teachers try to 'fit it in'.
Only one teacher needs to be trained – but the subject is also dependent on a single individual's commitment and abilities.	Many teachers require training, support and a coordination mechanism to ensure that the full 'curriculum' is being covered across all subjects.
Assessment and examination may be more straight-forward.	Examination spread across multiple subjects in line with curriculum framework makes it possibly more complicated to have an overview of progress and assessment for the full curriculum.
Potentially cost-effective in term of numbers of teachers to be trained, and the number of teaching and learning resources to be developed.	Costs of training, materials and assessment may be spread across different existing areas by adding the specific, relevant CSE components.
Teachers may feel isolated or lacking in support for this sensitive subject.	Greater number of staff involved, and understanding of CSE can lead to a more holistic 'whole school' approach.

2 **Include multiple, sequential sessions over several years:** 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. It is important to provide young people with clear messages about behaviour, and reinforce important concepts over the course of several years. Both risk and protective factors that affect decision-making need to be addressed to reduce sexual risk-taking among young people. These approaches take time; a review of studies from sub-Saharan Africa (Michielsen et al., 2010 in UNESCO, 2016c) reported greater impact among young people that received more of the intervention. Since the duration and intensity of 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).

3 **Pilot test the CSE curriculum:** pilot-testing the CSE curriculum allows for adjustments to be made to any of its components. This gives programme developers an opportunity to fine-tune the content and discover important changes that need to be made. The entire curriculum should be pilot-tested, and practical feedback from participants should be obtained, especially on what elements of the curriculum participants thought worked well and those that didn't, as well as ways to make weak elements stronger, more relevant and more effective.

4 **Employ participatory teaching methods that actively involve children and young people and help them internalize and integrate information:** educators should use a diverse range of interactive, participatory and learner-centred approaches that enable learning across the key domains of learning (knowledge, attitudes, skills). Findings from high-quality trials suggest that the most effective school-based interventions are interactive and provide a variety of activities (Lopez et al., 2016 in UNESCO 2016c) complementing knowledge-based learning with practical skills, and the opportunity to reflect on values and attitudes. Methods should be matched to specific learning objectives, for example, role-playing, integrating ICT use in assignments, anonymous question boxes, lecture and information sessions and group reflection (Amaugo et al., 2014; Fonner et al., 2014; Tolli, 2012).

5 **Select capable and motivated educators to implement the curriculum in schools and non-formal settings:** sexuality education programmes are most commonly delivered by teachers, peers, health professionals or a combination of all three (Fonner et al., 2014). According to Pound et al. (2016), young people's views on the qualities of a good educator [include] that they: (a) are knowledgeable; (b) have expertise in sexual health; (c) be professional; (d) be specifically trained in [sex and relationship education]; (e) are confident, unembarrassed, straightforward, approachable and unshockable, experienced at talking about sex, use everyday language; (f) are trustworthy, able to keep information confidential; (g) have experiential knowledge and feel comfortable with their own sexuality; (h) are good at working with young people; (i) have the ability to relate to and accept young people's sexual activity; (j) are respectful of young people and their autonomy, treat them as equals; (k) have similar values to youth, provide balanced views and are non-judgmental.

Additionally, educators should be able to clarify and separate personal values and attitudes from professional roles and responsibilities. Taking the views of young people into consideration is vital to ensuring that a CSE programme has positive outcomes.

Educators may be existing classroom or subject teachers (especially health education or life-skills education teachers) or specially trained teachers who only teach sexuality education and move from classroom to classroom covering all relevant grades in the school. Studies have demonstrated that programmes can be effectively delivered by both types of teachers (Kirby et al., 2006). The effectiveness of the programme can be affected by many factors, including the level and quality of training that adults receive; the quality of the programme; whether the programme is delivered as intended; and the school and wider social environment (UNESCO, 2016c).

6 **Provide educators with sensitization, values clarification, quality pre- and on-the-job training and continuous professional development opportunities:** delivering sexuality education often involves new concepts and teaching methods, and sensitization, values clarification and training opportunities are important for teachers. These processes should teach and provide practice in participatory learning methods; provide a good balance between learning content and skills; be based on the curriculum that is to be implemented; provide opportunities to rehearse key lessons in the curriculum; have clear goals and objectives; and provide constructive feedback to each teacher on their effectiveness in delivering the content. Additionally, the training should help educators distinguish between their personal values and the health needs of learners; increase the confidence and capability of the educators; encourage educators to teach the curriculum in full, not selectively; address challenges that will occur in some communities (e.g. very large class sizes); last long enough to cover the most important knowledge content and skills; and should allow teachers time to personalize the training and raise questions and issues. If possible, the training will also address teachers' own concerns about their SRH and sexuality in general. Finally, experienced and knowledgeable trainers should conduct the training, and at the end of the training, solicit participants' feedback.

School managers should provide encouragement, guidance and support to teachers involved in delivering it. Supervisors need to make sure that the curriculum is being implemented as planned, that all parts are fully implemented (not just the biology content that often may be part of examinations) and that teachers have access to support to help them respond to new and challenging situations as they arise during the course of their work. It is necessary for supervisors to stay informed about important developments in the field of sexuality education in order to make any necessary adaptations to the school's programme. This may include opportunities for supervisers and school

inspectors to participate in some of the same or modified teacher training modules that classroom teachers undergo, as well as have nationally endorsed observation tools that will systematically guide the monitoring and evaluation of CSE (classroom) delivery.

7 **Ensure confidentiality, privacy and a safe environment for all children and young people:** considering that sexuality is a subject that can arouse strong emotions, reactions and feelings of anxiety, embarrassment and vulnerability, among others (Pound et al., 2016, p. 4), it is important for all children and young people to have a confidential, private and safe environment to share their questions, learn and participate without feeling singled-out. This sense of safety can be achieved by ensuring that teachers are well-trained to handle difficult questions and testimonials, and by encouraging smaller class sizes or small-group discussions. Educators also need to be aware that learners that have experienced sexual abuse might decide to disclose this information once they have learned more about their rights. Schools should be prepared, with procedures in place in line with local laws and policies, to support and refer those who disclose or seek help and require additional services.

8 **Implement multicomponent initiatives:** one of the most promising developments in ensuring the SRH of young people is multicomponent programmes that offer school-based sexuality education alongside extra-curricular, community or health facility-based services. Some reports suggest that the highest levels of impact are seen when school-based programmes are complemented with community elements, including training health providers to deliver youth-friendly services, condom distribution and involving parents and teachers (Chandra-Mouli et al., 2015; Fonner et al., 2014; UNESCO, 2015a; 2016c).

9 **Assess the appropriateness of using digital media as a delivery mechanism:** digital media-based delivery of sexuality education appears to offer rich opportunities, especially because of the ability to tailor digital interventions to the specific needs of users, including sub-groups of young people who may not be adequately addressed in static, curriculum-based programmes that are delivered to school classes (UNESCO, 2016c). Recent studies of sexuality education programmes delivered via digital media have found changes in target behaviours, including delayed initiation of sex, as well as changes in knowledge and attitudes, for example on condom self-efficacy, abstinence attitudes and knowledge of HIV/STIs and pregnancy (Guse et al., 2012 in UNESCO 2016c).

Implementing CSE using digital media should take into careful consideration a wide range of factors, for example how much technological support and equipment is required to adequately implement the programme. In many cases, mobile phones are widely available and/or cheap to provide, so they may offer an effective means for communicating information to young people. There are also ethical implications related to providing sexuality education through digital media, whether as part of a larger curriculum-based programme or as a stand-alone intervention, including whether young people's online behaviour or personal profiles should be revealed to programme staff, teachers or researchers (Guse et al., 2012 in UNESCO, 2016c). The opportunities and risks that digital-media delivery of sexuality education presents may be best understood by involving young people in the planning process, as they are often far more expert users of these technologies than their teachers, parents or other elders.

10 **Maintain quality when replicating a CSE programme:** programmes that are found to be effective in one country or culture can be successfully replicated in different contexts, even when they are transported from high- to low-resource settings (Gardner et al., 2015; Leijten et al., 2016). However, social, community, programme, practitioner and organizational influences, and even the implementation process itself, can impact the implementation quality of replicated programmes (Durlak, 2013 in UNESCO 2016c). This includes adaptations intended to meet the particular needs of the environment, the school, the students, the faculty or even the community. Adaptation should be done with careful consideration and understanding of the core components of the programme or curriculum. Some adaptations are likely to have a limited effect on fidelity. These can include, for example, changing language (translating and/or modifying vocabulary); replacing images to show youth, families or situations that look like the target audience or context and replacing cultural references. Such risky adaptations include: reducing the number or length of sessions, reducing participant engagement, eliminating key messages or skills to be learned, or 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 in UNESCO 2016c). Changing some language, or images or cultural references to make the content more relevant does not impact on effectiveness.

Table 6. Designing and implementing CSE programmes

1. Decide whether to use a stand-alone or integrated programme.
2. Include multiple, sequential sessions over several years.
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.

7.4 Monitoring and evaluation of CSE programmes

1 **Assess the programme and obtain ongoing feedback from schools, communities, educators and learners about how the programme is achieving its outcomes:** regular monitoring and assessment of the programme should involve frequent reviews of data, for example, the number of participants, demographics of learners – and accessing documentation on teacher training, messaging and interventions. Monitoring and assessment should also include sample classroom observations and interviews to gather data on the teaching approaches being used, the fidelity to the curriculum, student perceptions of their learning experience, and the safety of the learning environment (UNFPA, 2014).

A variety of monitoring and evaluation tools have been developed in recent years that can be adapted to different contexts, such as the Sexuality Education Review and Assessment Tool (UNESCO, 2011b) and IPPF's Inside and Out (IPPF, 2015a) which provide a framework for assessing the scope, content and delivery of sexuality education both in and out of school.

2 **Integrate one or more key indicators in national education monitoring systems to ensure systematic measurement of the delivery of sexuality education**: systematic monitoring of the implementation of sexuality education can be done through national systems where regular data collection on a range of education questions can include one or two key questions on sexuality education. The following indicator is recommended for use by countries within their Education Management Information System (EMIS). The indicator was developed by UNESCO and the Inter-Agency Task Team on Education to examine the quality, comprehensiveness and coverage of life skills-based HIV and sexuality education as part of a wider monitoring framework for education sector responses to HIV and AIDS (UNESCO, 2013a).

The indicator can be tracked through either EMIS Annual School Census or a school-based survey. The survey allows for a more detailed analysis of the breadth of content being taught and may be carried out through a nationally representative sample of schools. In the latter case, the indicator measures the extent to which certain essential or desirable criteria have been included in school-based sexuality education. The essential topics are those that have the greatest direct impact on HIV prevention, while the desirable topics are those that have an indirect impact on HIV prevention, but are important as part of an overall sexuality education programme. See *Appendix VIII* for full information on the proposed essential and desirable criteria.

Table 7. Indicator recommended for use by countries within their Education Management Information System (EMIS) to examine the quality, comprehensiveness and coverage of life skills-based HIV and sexuality education

Did students at your school receive comprehensive life skills-based HIV and sexuality education in the previous academic year? Yes/No If Yes, indicate which of these topics were covered in the life skills-based HIV and sexuality education programme:		
Teaching on generic life skills (e.g. decision-making/communications/refusal skills).	Yes	No
Teaching on sexual reproductive health/sexuality education (e.g. teaching on human growth and development, family life, reproductive health, sexual abuse, transmission of STIs).	Yes	No
Teaching on HIV transmission and prevention.	Yes	No

Source: UNESCO. 2013a. *Measuring the education sector response to HIV and AIDS: Guidelines for the construction and use of core indicators*. Paris, UNESCO.

3 Evaluate the outcomes and impact of the programme:

Outcome evaluation assesses risk/protective factors such as changes in attitudes, behaviours or skills, percentage of young people reached in the identified target groups, and other short-term indicators. Evidence for some indicators can be collected through specific types of research. For example, interviews with the target population and analysis of programme monitoring data can be used to assess young peoples' participation in CSE. Peer-review methodologies – in which members of the beneficiary group conduct conversational interviews with other programme beneficiaries – offer an opportunity to gain insight into the stories and perspectives of beneficiaries (IPPF, 2013). Direct observation and interviews can be used to assess young people's ability to demonstrate critical skills, while validated scales and surveys can be used to provide information on changes in knowledge, attitudes and practices, for example, the 'self-esteem scale', the 'correct condom use self-efficacy scale', the 'Hemingway Measure of Adolescent Connectedness', the 'parent-adolescent communication scale' and the 'sexual relationship power scale', among others (UNFPA, 2014).

Impact evaluation links observed outcome changes to a particular programme. Indicators include ultimate programme goals, for example, reduced rates of HIV and AIDS, unintended pregnancy, and STIs; gender equality or other outcomes that may have been identified for inclusion in the goals of a CSE programme in a specific setting. Impact is assessed using research methods such as randomized controlled trials that allow causal attribution. However, monitoring the impact of CSE according to health indicators such as adolescent pregnancy or HIV incidence can be challenging. It is important to remember that other factors, such as access to services, may play an important role in the changes observed (UNESCO, 2014a).

7.5 Scaling up CSE programmes

In order to have a significant impact, high-quality sexuality education must be delivered at scale on a sustained basis, and must become institutionalized within national systems of education. In particular, when CSE training is established in teacher-training colleges, the country benefits from a constantly expanding workforce capable of covering the comprehensive range of CSE topics and delivering them effectively. This commitment to investing in the future growth of CSE delivery contributes to sustainability and implementation fidelity. This investment also mititgates future costs for in-service teacher training which may need to be implemented in an ad-hoc manner if CSE is not systematically integrated into teacher training. The institutionalization of CSE is a key contributor to social change, influencing social and gender norms that may ultimately benefit population-level public health indicators, as well as the well-being and development of adolescents. The scaling-up of CSE may also involve the institutionalization of linkages between education and health services, through school-level referral mechanisms and national level coordination approaches.

UNESCO has identified ten key principles for scaling up sexuality education (UNESCO, 2014):

Box 4. UNESCO's ten key principles for scaling up sexuality education

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.

Scaling up requires favourable conditions and actions to introduce and implement sexuality education. According to UNESCO (2010), levers of success have been found to include:

- a commitment to addressing both HIV and sexuality education reflected in a favourable policy context;
- partnerships (and formal mechanisms for these), for example between education and health ministries, and between government and civil society organizations;
- organizations and groups that represent and contribute to young peoples' perspectives;
- collaborative processes of curriculum review;
- civil society organizations willing to promote the cause of CSE, even in the face of considerable opposition;
- identification and active involvement of 'allies' among decision-makers;
- availability of appropriate technical support (such as from UN partners and international non-governmental bodies) for example, in relation to: sensitization of decision-makers; promoting the use of participatory learning methods by teachers; and engagement in international networks and meetings;
- removal of specific barriers to CSE, such as the withdrawal of homophobic teaching material.

In many countries, national policies and strategies on sexuality education are in place. However, implementation of these programmes has been limited and patchy. Nonetheless, in a small and growing number of low and middle-income countries, concerted, government-led efforts are underway and taking hold, which are both large in scale (i.e. they cover all or most regions of a country), and sustained (i.e. their funding is not limited to a defined period).

Critical to the success in these countries were: strong leadership from the government; partnerships between the government and experienced non-government organizations and universities; adequate resources; and, a shared commitment between stakeholders to the long process of translating policy and plans into actions which ultimately will have an impact in young people's lives.

While many scaled-up programmes have shortcomings and faced challenges in sustaining their achievements, there is strong indication that, with the right mix of commitment, expertise, effort and resources, scaling up sexuality education is possible in all regions of the world.

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8 - References

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9

Glossary

9 - Glossary

The terms and concepts used in this document reflect widely accepted definitions, as well as definitions used in documents prepared by the United Nations Educational, Scientific and Cultural Organization (UNESCO) and other United Nations (UN) agencies.

Definitions for common terms and concepts used in this document include:

Adolescent: a person aged 10 to 19 years, as defined by the UN.

Bisexual: a person who is attracted to people of more than one gender.

Bullying: behaviour repeated over time that intentionally inflicts injury or discomfort through physical contact, verbal attacks, or psychological manipulation. Bullying involves an imbalance of power.

Child: a person under 18 years of age, as defined by the UN.

Coercion: the action or practice of persuading someone to do something by using force or threats.

Curriculum: a curriculum addresses questions such as what students of different ages should learn and be able to do, why, how and how well.

Cyberbullying: the use of electronic communication to bully a person, typically by sending messages of an intimidating or threatening nature.

Discrimination: any unfair treatment or arbitrary distinction based on a person's race, sex, religion, nationality, ethnic origin, sexual orientation, disability, age, language, social origin or other status.

Equity: fair and impartial treatment, including equal treatment or differential treatment to redress imbalances in rights, benefits, obligations and opportunities.

Gay: A person who is primarily attracted to and/or has relationships with someone of the same gender. Commonly used for men, some women also use this term.

Gender: Refers to the social attributes and opportunities associated with being male and female and the relationships between women and men and girls and boys, as well as the relations between women and those between men. These attributes, opportunities and relationships are socially constructed and are learned through socialization processes.

Gender norms or roles: Gender attributes, opportunities and relationships between women and men, boys and girls or other gender identities vary from society to society, can change over time, and are learned through socialization processes around culturally expected, allowed or valued behaviours on what to do and how to be in relation to gender. Rigid, discriminatory gender conceptions can lead to inequality and harmful practices defended on the basis of tradition, culture, religion or superstition.

Gender expression: how a person expresses their own gender to the world, for example, through their name, clothes, how they walk, speak, communicate, societal roles and their general behaviour.

Gender identity: a person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned to them at birth. This includes the personal sense of the body which may involve, if freely chosen, modification of bodily appearance or function (by medical, surgical or other means).

Gender non-conformity/non-conforming: people who do not conform to either of the binary gender definitions of male or female, as well as those whose gender expression may differ from standard gender norms. In some instances, individuals are perceived by society as gender non-conforming because of their gender expression. However, these individuals may not perceive themselves as gender non-conforming. Gender expression and gender non-conformity are clearly related to individual and social perceptions of masculinity and femininity.

Gender variance: expressions of gender that do not match those predicted by one's assigned sex at birth.

Gender-based violence: violence against someone based on gender discrimination, gender role expectations and/or gender stereotypes; or based on the differential power status linked to gender that results in, or is likely to result in, physical, sexual or psychological harm or suffering.

Harassment: any improper and unwelcome conduct that might reasonably be expected or be perceived to cause offence or humiliation to another person. Harassment may take the form of words, gestures or actions that tend to annoy, alarm, abuse, demean, intimidate, belittle, humiliate or embarrass another person; or that create an intimidating, hostile or offensive environment.

Heteronormativity: the belief that heterosexuality is the normal or default sexual orientation.

Homophobia: the fear, discomfort, intolerance or hatred of homosexuality and people based on their real or perceived sexual orientation.

Homophobic violence: a gendered type of bullying that is based on actual or perceived sexual orientation.

Homosexual: a person who is physically, emotionally and/or sexually attracted to people of the same sex.

Inclusive education: the process of strengthening the capacity of the education system to reach out to all learners.

Informed consent: the process for getting voluntary agreement to participate in research or an intervention.

Intersex: people who are born with sex characteristics (including genitals, gonads and chromosome patterns) that do not fit typical binary notions of male or female bodies. 'Intersex' is an umbrella term used to describe a wide range of natural bodily variations. In some cases, intersex traits are visible at birth, while in others they are not apparent until puberty. Some chromosomal intersex variations may not be physically apparent at all. Being intersex relates to biological sex characteristics and is distinct from a person's sexual orientation or gender identity. An intersex person may be straight, gay, lesbian or bisexual, and may identify as female, male, both or neither.

Lesbian: a woman who experiences physical, emotional and/or sexual attraction to, and the capacity for an intimate relationship, primarily, with other women.

Pedagogy: the way that educational content is delivered, including the use of various methodologies that recognize that individuals learn in different ways and help different children engage with educational content and learn more effectively.

Reproductive health: a state of complete physical, mental and social well-being in all matters relating to the reproductive system, and not merely the absence of reproductive disease or infirmity. Reproductive health deals with the reproductive processes, functions and systems at all stages of life, and implies that people are able to have a satisfying and safe sex life, the capacity to reproduce and the freedom to decide if, when and how often to do so.

Reproductive rights: embrace human rights recognized in national laws, international human rights documents and other consensus documents, and are the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children; and to have the information, education and the means to do so, and the right to the highest attainable standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free from discrimination, coercion and violence, as expressed in human rights documents (see *Appendix I*).

School-related gender-based violence: threats or acts of sexual, physical or psychological violence occurring in and around schools, perpetrated as a result of gender norms and stereotypes and enforced by unequal power dynamics.

Sex: Biological and physiological characteristics (genetic, endocrine, and anatomical) used to categorize people as members of either the male or female population (see also the definition of intersex).

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

Sexual orientation: Each person's capacity for profound emotional, affectional, and sexual attraction to, and intimate and sexual relations with, individuals of a different gender (heterosexual) or the same gender (homosexual) or more than one gender (bisexual or pansexual).

Stigma: opinions or judgements held by individuals or society that negatively reflect on a person or group. Discrimination occurs when stigma is acted on.

Transgender: a person whose internal sense of their gender (gender identity) differs from their sex assigned at birth. Transgender people may be heterosexual, homosexual or bisexual. Transgender people may identify as male or as female or with an alternate gender, a combination of genders or no gender.

Transsexual: The term 'transsexual' is sometimes used to describe transgender people who have undergone or want to undergo medical procedures (which may include surgical and hormonal treatment) to make their body more congruent with their gender identity.

Transphobia: the fear, discomfort, intolerance or hatred of transgender people.

Transphobic violence: a gendered type of violence that is based on actual or perceived gender identity.

Violence: any action, explicit or symbolic, which results in, or is likely to result in, physical, sexual or psychological harm.

Young person: a person between 10 and 24 years old, as defined by the UN.

Youth: a person between 15 and 24 years old, as defined by the UN. The UN uses this age range for statistical purposes, but respects national and regional definitions of youth.

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10

Appendices

10 - Appendices

Appendix I
International agreements, instruments and standards related to comprehensive sexuality education (CSE)

Relevant paragraphs from international agreements, instruments and standards that are of relevance to comprehensive sexuality education are quoted below:

Transforming our world: the 2030 Agenda for Sustainable Development (A/RES/70/1) Political Declaration including the Sustainable Development Goals (SDGs), 2015

19. We reaffirm the importance of the Universal Declaration of Human Rights, as well as other international instruments relating to human rights and international law. We emphasize the responsibilities of all States, in conformity with the Charter of the United Nations, to respect, protect and promote human rights and fundamental freedoms for all, without distinction of any kind as to race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth, disability or other status.

20. Realizing gender equality and the empowerment of women and girls will make a crucial contribution to progress across all the Goals and targets. The achievement of full human potential and of sustainable development is not possible if one half of humanity continues to be denied its full human rights and opportunities. Women and girls must enjoy equal access to quality education, economic resources and political participation as well as equal opportunities with men and boys for employment, leadership and decision-making at all levels. We will work for a significant increase in investments to close the gender gap and strengthen support for institutions in relation to gender equality and the empowerment of women at the global, regional and national levels. All forms of discrimination and violence against women and girls will be eliminated, including through the engagement of men and boys. The systematic mainstreaming of a gender perspective in the implementation of the Agenda is crucial.

25. We commit to providing inclusive and equitable quality education at all levels – early childhood, primary, secondary, tertiary, technical and vocational training. All people, irrespective of sex, age, race or ethnicity, and persons with disabilities, migrants, indigenous peoples, children and youth, especially those in vulnerable situations, should have access to life-long learning opportunities that help them to acquire the knowledge and skills needed to exploit opportunities and to participate fully in society. We will strive to provide children and youth with a nurturing environment for the full realization of their rights and capabilities, helping our countries to reap the demographic dividend, including through safe schools and cohesive communities and families.

26. To promote physical and mental health and well-being, and to extend life expectancy for all, we must achieve universal health coverage and access to quality health care. No one must be left behind. We commit to accelerating the progress made to date in reducing newborn, child and maternal mortality by ending all such preventable deaths before 2030. We are committed to ensuring universal access to sexual and reproductive health-care services, including for family planning, information and education.

Sustainable Development Goals (SDGs)

SDG3: Ensure healthy lives and promote well-being for all at all ages

3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases

3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

SDG4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

4.1 By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes

4.7 By 2030, ensure that all learners acquire the knowledge and skills needed to promote sustainable development, including, among others, through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship and appreciation of cultural diversity and of culture's contribution to sustainable development

SDG5: Achieve gender equality and empower all women and girls

5.1 End all forms of discrimination against all women and girls everywhere

5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation

5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation

5.6 Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences

SDG10: Reduce inequality within and among countries

10.3 Ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard

SDG16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

16.1 Significantly reduce all forms of violence and related death rates everywhere
16.2 End abuse, exploitation, trafficking and all forms of violence against and torture of children
16.b Promote and enforce non-discriminatory laws and policies for sustainable development

Education 2030 Incheon Declaration and Framework for Action for the implementation of Sustainable Development Goal 4. Towards inclusive and equitable quality education and lifelong learning for all 2015. World Education Forum

Comprehensive sexuality education is listed in relation to education for sustainable development (ESD) and global citizenship education (GCED). Thematic Indicators to Monitor the Education 2030 Agenda. Indicator for SDG target 4.7: 28. (p. 79): "Percentage of schools that provide life skills-based HIV and sexuality education".

63. Indicative strategies: Develop policies and programmes to promote ESD and GCED and bring them into the mainstream of formal, non-formal and informal education through system-wide interventions, teacher training, curricular reform and pedagogical support. This includes implementing the Global Action Programme on ESD* and addressing themes such as human rights, gender equality, health, comprehensive sexuality education, climate change, sustainable livelihoods and responsible and engaged citizenship, based on national experiences and capabilities.

Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030, 2016 (A/RES/70/266)

41. Remain deeply concerned that, globally, women and girls are still the most affected by the epidemic and that they bear a disproportionate share of the caregiving burden, note that progress towards gender equality and the empowerment of all women and girls has been unacceptably slow and that the ability of women and girls to protect themselves from HIV continues to be compromised by physiological factors, gender inequalities, including unequal power relations in society between women and men and boys and girls, and unequal legal, economic and social status, insufficient access to health-care services, including sexual and reproductive health, and all forms of discrimination and violence in the public and private spheres, including trafficking in persons, sexual violence, exploitation and harmful practices;

61. (c) Pledge to eliminate gender inequalities and gender-based abuse and violence, increase the capacity of women and adolescent girls to protect themselves from the risk of HIV infection, principally through the provision of health care and services, including, inter alia, sexual and reproductive health, as well as full access to comprehensive information and education, ensure that women can exercise their right to have control over, and decide freely and responsibly on, matters related to their sexuality, including their sexual and reproductive health, free of coercion, discrimination and violence, in order to increase their ability to protect themselves from HIV infection, and take all necessary measures to create an enabling environment for the empowerment of women and to strengthen their economic independence, and, in this context, reiterate the importance of the role of men and boys in achieving gender equality;

62. (c) 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, 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;

* Endorsed by the UNESCO General Conference (37C/Resolution 12) and acknowledged by the UN General Assembly (A/RES/69/211) as follow up to the UN Decode of ESD.

Human Rights Instruments, Covenants and Standards:

1 The Universal Declaration of Human Rights (1948)

2 Convention on the Elimination of All forms of Discrimination against Women (CEDAW 1979)

3 Convention on the Rights of the Child (1989/90)

4 International Covenant on Economic, Social and Cultural Rights (1966/76)

5 The Convention on the Rights of Persons with disabilities (2006)

Human Rights Council: Accelerating efforts to eliminate violence against women: engaging men and boys in preventing and responding to violence against all women and girls. A/HRC/35/L.15 2017

(g) Developing and implementing educational programmes and teaching materials, including comprehensive sexuality education, based on full and accurate information, for all adolescents and youth, in a manner consistent with their evolving capacities, with appropriate direction and guidance from parents and legal guardians, with the active involvement of all relevant stakeholders, in order to modify the social and cultural patterns of conduct of men and women of all ages, to eliminate prejudices and to promote and build decision-making, communication and risk reduction skills for the development of respectful relationships based on gender equality and human rights, as well as teacher education and training programmes for both formal and non-formal education.

Human Rights Council: Accelerating efforts to eliminate violence against women: preventing and responding to violence against women and girls, including indigenous women and girls A/HRC/32/L.28/Rev.1, 2016

7 (c) Taking measures to empower women by, inter alia, strengthening their economic autonomy and ensuring their full and equal participation in society and in decision-making processes by adopting and implementing social and economic policies that guarantee women full and equal access to quality education, including comprehensive sexuality education, and training, and affordable and adequate public and social services, as well as full and equal access to financial resources and decent work, and full and equal rights to own and to have access to and control over land and other property, and guaranteeing women's and girls' inheritance rights.

Committee on Economic, Social and Cultural Rights General Comment No. 22 on the Right to sexual and reproductive health (article 12 of the International Covenant on Economic, Social and Cultural Rights) 2016

II. 5.The right to sexual and reproductive health entails a set of freedoms and entitlements. The freedoms include the right to make free and responsible decisions and choices, free of violence, coercion and discrimination, over matters concerning one's body and sexual and reproductive health. The entitlements include unhindered access to a whole range of health facilities, goods, services and information, which ensure all people full enjoyment of the right to sexual and reproductive health under article 12 of the Covenant.

II.6. Sexual health and reproductive health are distinct from, but closely linked, to each other. Sexual health, as defined by WHO, is 'a state of physical, emotional, mental and social well-being in relation to sexuality. 'Reproductive health, as described in the ICPD Programme of Action, concerns the capability to reproduce and the freedom to make informed, free and responsible decisions. It also includes access to a range of reproductive health information, goods, facilities and services to enable individuals to make informed, free and responsible decisions about their reproductive behaviour.

9. The realization of the right to sexual and reproductive health requires that States parties also meet their obligations under other provisions of the Covenant. For example, 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.

28. The realization of women's rights and gender equality, both in law and in practice, requires repealing or reforming the discriminatory laws, policies and practices in the area of sexual and reproductive health. Removal of all barriers interfering with women's access to comprehensive sexual and reproductive health services, goods, education and information is required. To lower rates of maternal mortality and morbidity requires emergency obstetric care and skilled birth attendance, including in rural and remote areas, and prevention of unsafe abortions. Preventing unintended pregnancies and unsafe abortions requires States to adopt legal and policy measures to guarantee all individuals access to affordable, safe and effective contraceptives and comprehensive sexuality education, including for adolescents, liberalize restrictive abortion laws, guarantee women and girls access to safe abortion services and quality post-abortion care including by training health care providers, and respect women's right to make autonomous decisions about their sexual and reproductive health.

Committee on the Rights of the Child CRC/C/GC/20, General comment No. 20) on the implementation of the rights of the child during adolescence 2016

33. Adolescents who are lesbian, gay, bisexual, transgender and intersex commonly face persecution, including abuse and violence, stigmatization, discrimination, bullying, exclusion from education and training, as well as a lack of family and social support, or access to sexual and reproductive health services and information. In extreme cases, they face sexual assault, rape and even death. These experiences have been linked to low self- esteem, higher rates of depression, suicide and homelessness.

59. The Committee urges States to adopt comprehensive gender and sexuality-sensitive sexual and reproductive health policies for adolescents, emphasizing that unequal access by adolescents to such information, commodities and services amounts to discrimination. Lack of access to such services contributes to adolescent girls being the group most at risk of dying or suffering serious or lifelong injuries in pregnancy and childbirth. All adolescents should have access to free, confidential, adolescent-responsive and non- discriminatory sexual and reproductive health services, information and education, available both online and in person, including on family planning, contraception, including emergency contraception, prevention, care and treatment of sexually transmitted infections, counselling, pre-conception care, maternal health services and menstrual hygiene.

60. There should be no barriers to commodities, information and counselling on sexual and reproductive health and rights, such as requirements for third-party consent or authorization. In addition, particular efforts need to be made to overcome barriers of stigma and fear experienced by, for example, adolescent girls, girls with disabilities and lesbian, gay, bisexual, transgender and intersex adolescents, in gaining access to such services. The Committee urges States to decriminalize abortion to ensure that girls have access to safe abortion and post-abortion services, review legislation with a view to guaranteeing the best interests of pregnant adolescents and ensure that their views are always heard and respected in abortion-related decisions.

61. 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. Attention should be given to gender equality, sexual diversity, sexual and reproductive health rights, responsible parenthood and sexual behaviour and violence prevention, as well as to preventing early pregnancy and sexually transmitted infections. Information should be available in alternative formats to ensure accessibility to all adolescents, especially adolescents with disabilities.

Human Rights Council: Protection against violence and discrimination based on sexual orientation and gender identity A/HRC/32/L.2/Rev.1 (2016)

1. Reaffirms that all human beings are born free and equal in dignity and rights, and that everyone is entitled to all the rights and freedoms set forth in the Universal Declaration of Human Rights, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status;

2. Strongly deplores acts of violence and discrimination, in all regions of the world, committed against individuals because of their sexual orientation or gender identity.

Human Rights Council: Human rights, sexual orientation and gender identity (after gender identity) A/HRC/27/L.27/Rev.1 (2014)

Expressing grave concern at acts of violence and discrimination, in all regions of the world, committed against individuals because of their sexual orientation and gender identity,

Welcoming positive developments at the international, regional and national levels in the fight against violence and discrimination based on sexual orientation and gender identity.

CEDAW General Recommendation No. 24: Article 12 of the Convention (Women and Health) Adopted at the Twentieth Session of the Committee on the Elimination of Discrimination against Women, in 1999 (Contained in Document A/54/38/Rev.1, chap. I)

18. In particular, States parties should ensure the rights of female and male adolescents to sexual and reproductive health education by properly trained personnel in specially designed programmes that respect their right to privacy and confidentiality.

23. Particular attention should be paid to the health education of adolescents, including information and counselling on all methods of family planning.* (* Health education for adolescents should further address, inter alia, gender quality, violence, prevention of sexually transmitted diseases and reproductive and sexual health rights.)

31. (b) Ensure the removal of all barriers to women's access to health services, education and information, including in the area of sexual and reproductive health, and, in particular, allocate resources for programmes directed at adolescents for the prevention and treatment of sexually transmitted diseases, including HIV/AIDS.

The Convention on the Rights of Persons with disabilities (2006)

Article 5, Equality and non-discrimination: 1. States Parties recognize that all persons are equal before and under the law and are entitled without any discrimination to the equal protection and equal benefit of the law. 2. States Parties shall prohibit all discrimination on the basis of disability and guarantee to persons with disabilities equal and effective legal protection against discrimination on all grounds;

Article 24, Education: 1. States Parties recognize the right of persons with disabilities to education. With a view to realizing this right without discrimination and on the basis of equal opportunity, States Parties shall ensure an inclusive education system at all levels and lifelong learning directed to: (a) The full development of human potential and sense of dignity and self-worth, and the strengthening of respect for human rights, fundamental freedoms and human diversity.

Beijing Declaration and Platform for Action, the Fourth World Conference on Women, 1995 and the outcome documents of its review conferences

Resolution 60/2 Women, the girl child and HIV and AIDS. The Commission on the Status of Women E/CN.6/2016/22 2016

9. Urges governments to eliminate gender inequalities and gender-based abuse and violence, increase the capacity of women and adolescent girls to protect themselves from the risk of HIV infection, principally through the provision of health care and services, including, inter alia, sexual and reproductive health care, as well as full access to comprehensive information and education, ensure that women can exercise their right to have control over, and decide freely and responsibly on, matters related to their sexuality, including their sexual and reproductive health, free of coercion, discrimination and violence, in order to increase their ability to protect themselves from HIV infection, and take all necessary measures to create an enabling environment for the empowerment of women and strengthen their economic independence and, in that context, reiterates the importance of the role of men and boys in achieving gender equality;

11. Calls upon governments 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, 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, 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.

Challenges and achievements in the implementation of the Millennium Development Goals for women and girls, Commission on the Status of Women, Agreed Conclusions 2014

(o) Ensure the promotion and protection of the human rights of all women and their sexual and reproductive health, and reproductive rights in accordance with the Programme of Action of the International Conference on Population and Development, the Beijing Platform for Action and the outcome documents of their review conferences, including through the development and enforcement of policies and legal frameworks and the strengthening of health systems that make universally accessible and available quality comprehensive sexual and reproductive health-care services, commodities, information and education, including, inter alia, safe and effective methods of modern contraception, emergency contraception, prevention programmes for adolescent pregnancy, maternal health care such as skilled birth attendance and emergency obstetric care which will reduce obstetric fistula and other complications of pregnancy and delivery, safe abortion where such services are permitted by national law, and prevention and treatment of reproductive tract infections, sexually transmitted infections, HIV, and reproductive cancers, recognizing that human rights include the right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free from coercion, discrimination and violence;

x) Develop and implement educational programmes and teaching materials, including comprehensive evidence-based education for human sexuality, based on full and accurate information, for all adolescents and youth, in a manner consistent with their evolving capacities, with the appropriate direction and guidance from parents and legal guardians, with the involvement of children, adolescents, youth and communities and in coordination with women's, youth and specialized non-governmental organizations, in order to modify the social and cultural patterns of conduct of men and women of all ages, to eliminate prejudices and to promote and build informed decision-making, communication and risk reduction skills for the development of respectful relationships and based on gender equality and human rights, as well as teacher education and training programmes for both formal and non-formal education.

International Conference on Population and Development (ICPD) Programme of Action (PoA), the key actions for its further implementation and the outcome documents of its review conferences

Resolution 2014/1, Assessment of the status of implementation of the Programme of Action of the International Conference on Population and Development, The Commission on Population and Development, 2014

11. Urges Governments, the international community and all other relevant stakeholders to give particular attention to the areas of shortfall in the implementation of the Programme of Action, including, the elimination of preventable maternal morbidity and mortality through strengthening health systems, equitable and universal access to quality, integrated and comprehensive sexual and reproductive health services, and by 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, and promotion, respect, protection and fulfilment of all human rights, especially the human rights of women and girls, including sexual and reproductive health and reproductive rights, and by addressing the persistence of discriminatory laws and the unfair and discriminatory application of laws.

Resolution 2012/1 Adolescents and youth. The Commission on Population and Development, (2012)

26. 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.

ICPD + 5 (1999)

63. (i) In no case should abortion be promoted as a method of family planning. All Governments and relevant intergovernmental and non-governmental organizations are urged to strengthen their commitment to women's health, to deal with the health impact of unsafe abortion as a major public-health concern and to reduce the recourse to abortion through expanded and improved family planning services. Prevention of unwanted pregnancies must always be given the highest priority and every attempt should be made to eliminate the need for abortion. Women who have unwanted pregnancies should have ready access to reliable information and compassionate counselling. Any measures or changes related to abortion within the health system can be determined only at the national or local level according to the national legislative process. In circumstances where abortion is not against the law, such abortion should be safe. In all cases, women should have access to quality services for the management of complications arising from abortion. Post-abortion counselling, education and family planning services should be offered promptly, which will also help to avoid repeat abortions; (ii) Governments should take appropriate steps to help women to avoid abortion, which in no case should be promoted as a method of family planning, and in all cases provide for the humane treatment and counselling of women who have had recourse to abortion; (iii) In recognizing and implementing the above, and in circumstances where abortion is not against the law, health systems should train and equip health-service providers and should take other measures to ensure that such abortion is safe and accessible. Additional measures should be taken to safeguard women's health.

Regional references

Ministerial Commitment on comprehensive sexuality education and sexual and reproductive health services for adolescents and young people in Eastern and Southern African (ESA), (2013)

3.0 Based on the above considerations, we the ministers of education and health, will lead by bold actions to ensure quality comprehensive sexuality education and youth-friendly sexual and reproductive health services in the ESA region. Specifically, we commit to:

3.1 Work together on a common agenda for all adolescents and young people to deliver comprehensive sexuality education and youth-friendly SRH services that will strengthen our national responses to the HIV epidemic and reduce new HIV/STI infections, early and unintended pregnancy and strengthen care and support, particularly for those living with HIV. Establish inter-sectoral coordination mechanisms led through the existing regional economic communities, EAC, SADC and ECSA. Where such mechanisms already exist they must be strengthened and supported.

3.5 Initiate and scale up age-appropriate CSE during primary school education to reach most adolescents before puberty, before most become sexually active, and before the risk of HIV transmission or unintended pregnancy increases. Using agreed international standards, ensure that CSE is age, gender and culturally appropriate, rights-based and includes core elements of knowledge, skills and values as preparation for adulthood: decisions about sexuality, relationships, gender equality, sexual and reproductive health and citizenship. Wherever possible, make in-school CSE programmes intra-curricular and examinable.

3.6 Ensure that the design and delivery of CSE and SRH programmes includes ample participation by communities and families - particularly adolescents, young people, civil society and other community structures including faith-based organisations. At the same time, adolescents and young people should be guaranteed safe spaces, the right to be their own advocates and agents of change in their own communities, and to recommend good practices and innovations which meet their needs.

3.7 Integrate and scale up youth-friendly HIV and SRH services that take into account social and cultural contexts to improve age-appropriate access to and uptake of high quality SRH services and commodities, including condoms, contraception, HPV vaccine, HIV counselling and testing (HCT), HIV/STI treatment and care, family planning, safe abortion (where legal), post abortion care, safe delivery, prevention of mother-to-child transmission (PMTCT) and other related services for young people in and out of school.

3.9 Strengthen gender equality and rights within education and health services including measures to address sexual and other forms of violence, abuse and exploitation in and around school and community contexts whilst ensuring full and equal access to legal and other services for boys and girls, young men and women.

First session of the Regional Conference on Population and Development in Latin America and the Caribbean Full integration of population dynamics into rights-based sustainable development with equality: key to the Cairo Programme of Action beyond 2014 (Montevideo Consensus on Population and Development), UNECLAC (2013)

11. Ensure the effective implementation from early childhood of comprehensive sexuality education programmes, recognizing the emotional dimension of human relationships, with respect for the evolving capacity of boys and girls and the informed decisions of adolescents and young people regarding their sexuality, from a participatory, intercultural, gender-sensitive, and human rights perspective;

12. Implement comprehensive, timely, good-quality sexual health and reproductive health programmes for adolescents and young people, including youth-friendly sexual health and reproductive health services with a gender, human rights, intergenerational and intercultural perspective, which guarantee access to safe and effective modern contraceptive methods, respecting the principles of confidentiality and privacy, to enable adolescents and young people to exercise their sexual rights and reproductive rights, to have a responsible, pleasurable and healthy sex life, avoid early and unwanted pregnancies, the transmission of HIV and other sexually transmitted infections, and to take free, informed and responsible decisions regarding their sexual and reproductive life and the exercise of their sexual orientation;

14. Prioritize the prevention of pregnancy among adolescents and eliminate unsafe abortion through comprehensive education on emotional development and sexuality, and timely and confidential access to good-quality information, counselling, technologies and services, including emergency oral contraception without a prescription and male and female condoms.

Addis Ababa Declaration on Population and Development in Africa Beyond 2014 (2013)

40. Adopt and implement relevant comprehensive sexuality education programmes, both in and out of school, that are linked to sexual and reproductive health services, with the active involvement of parents, community, traditional, religious and opinion leaders; and young people themselves.

The Sixth Asian and Pacific Population Conference (APPC) ICPD Review (2013)

59. Noting that evidence-based comprehensive sexuality education and life skills, which are consistent with evolving capacities and are age appropriate, are essential for adolescents and young people to be able to make responsible and informed decisions and exercise their right to control all aspects of their sexuality, protect themselves from unintended pregnancy, unsafe abortion, HIV and sexually transmitted infections, to promote values of tolerance, mutual respect and non-violence in relationships, and to plan their lives, while recognizing the role and responsibilities of parents, as well as of teachers and peer educators, to support them in doing so;

113. Prioritize the provision of free education for girls at all levels, access to sexual and reproductive health information services and efforts to eliminate early and forced marriage;

146. Design, ensure sufficient resources and implement comprehensive sexuality education programmes that are consistent with evolving capacities and are age appropriate, and provide accurate information on human sexuality, gender equality, human rights, relationships, and sexual and reproductive health, while recognizing the role and responsibilities of parents.

Appendix II
List of participants in the Comprehensive Sexuality Education Advisory Group, 2016-2017

Name	Organization
Qadeer BAIG	Rutgers WPF (former)
Doortje BRAEKEN	International Planned Parenthood Federation (IPPF) (former)
Shanti CONLY	United States Agency for International Development (USAID) (former)
Esther CORONA	World Association of Sexology
Helen CAHILL	University of Melbourne
Pia ENGSTRAND	Swedish International Development Cooperation Agency (Sida)
Nyaradzayi GUMBONZVANDA	Rozaria Memorial Trust; African Union Goodwill Ambassador on Ending Child Marriage
Nicole HABERLAND	Population Council
Wenli LIU	Beijing Normal University
Anna-Kay MAGNUS-WATSON	Ministry of Education, Jamaica
Peter MLADENHOV	Y-Peer
Sanet STEENKAMP	Ministry of Education, Namibia
Remmy SHAWA	Sonke Gender Justice (former)
Aminata TRAORÉ SECK	Ministry of Education, Senegal
Alice WELBOURN	Salamander Trust
Christine WINKELMANN	Die Bundeszentrale für gesundheitliche Aufklärung (BZgA)
UN Partners:	
UNAIDS	Aurelie ANDRIAMIALISON, Kreena GOVENDER, Hege WAGAN
UNDP	Caitlin BOYCE, Natalia LINOU, Suki BEAVERS
UNFPA	Ilya ZHUKOV, Maria BAKAROUDIS, Elizabeth BENOMAR
UNICEF	Susan KASEDDE, Abdelkader BACHA, Vivian LOPEZ, Myungsoo CHO, Sudha Balakrishnan
UN Women	Nazneen DAMJI, Elena KUDRAVTSEVA
WHO	Venkatraman CHANDRA-MOULI
UNESCO	Chris CASTLE, Joanna HERAT, Jenelle BABB, Karin NILSSON, Christophe CORNU, Yong Feng LIU, Xavier HOSPITAL, Patricia MACHAWIRA, Mary Guinn DELANEY, Tigran YEPOYAN, Hongyan LI, Alice SAILI

Appendix III
List of participants in the UNESCO Stakeholder Consultation and Advisory Group meeting

Consultation on updating International technical guidance on sexuality education (ITGSE)

25-27 October 2016

UNESCO International Institute for Educational Planning, Paris, France

Maria-Antonieta Alcalde
International Planned Parenthood Federation/Western Hemisphere Region (IPPF/ WHR)
United States of America

Aurelie Andriamialison
Joint United Nations Programme on HIV and AIDS (UNAIDS)
Switzerland

Ben Aliwa
Save the Children
Republic of South Africa

Jenelle Babb
United Nations Educational, Scientific and Cultural Organization (UNESCO)
France

Qadeer Baig
Rutgers WPF
Pakistan

Maria Bakaroudis
United Nations Population Fund (UNFPA)
East and Southern Africa

Diane Bernard
University of Oxford
United Kingdom of Great Britain and Northern Ireland

Margaret Bolaji
Population and Reproductive Health Initiative
Nigeria

Elisa Bonilla-Ruis
Secretaria de Education
Mexico

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International Planned Parenthood Federation (IPPF)
United Kingdom of Great Britain and Northern Ireland

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France

Nicole Cheetham
Advocates for Youth
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Christophe Cornu
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Esther Corona
World Association for Sexual Health (WAS)
Mexico

Nazneen Damji
The United Nations Entity for Gender Equality and the Empowerment of Women (UN Women)
United States of America

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Chile

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France

Pia Engstrand
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Sweden

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Argentina

Iehente Foote
Global Youth Coalition
Canada

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United Kingdom of Great Britain and Northern Ireland

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United States of America

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France

Xavier Hospital
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The PACT, Youth Coalition
Bolivia (Plurinational State of)

Temir Kalbaev
Kyrgz Indigo
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Jane Kato-Wallace
Promundo
Cabo Verde

Jean Kemitare
Raising Voices
Uganda

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Evert Kettering
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Ministry of Education
Jamaica

Vincent Maher
Irish Aid
Ireland

Manak Matiyani
YP Foundation
India

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Belgium

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Ministry of Education
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Ministry of National Education
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Germany

Susan Wood
International Women's Health Coalition (IWHC)
United States of America

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Russian Federation

Justine Sass
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Jihad Zahir
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United Nations Population Fund (UNFPA)
United States of America

Appendix IV
Criteria for selection of evaluation studies and review methods

Evidence review 2016 (conducted by Paul Montgomery and Wendy Knerr, University of Oxford Centre for Evidence-Based Intervention)

Component	Study context
Population	Children and adolescents aged 5-18 (please note that analyses of systematic reviews included young people up to age 24).
Intervention	School-, group- and curriculum-based STI, HIV, sexuality, reproductive health or relationship education interventions (which may be identified using different names, e.g. life-skills or 'family life' programmes, or similar), focused primarily on influencing sexual behaviour, knowledge and attitudes, (as opposed to those mainly aimed at reducing other risk behaviours, such as drug or alcohol use).
Comparison intervention	We will include studies that used the following comparison groups: no intervention; attention-control: interventions that were equal in format and time, but targeted non-sexuality education-related behaviours; comparisons between enhanced and non-enhanced versions of the same programme; usual care or services as usual.
Outcomes	Primary: Behavioural/biological/health outcomes (e.g. incidence of STIs, HIV, pregnancy; age of sexual debut; condom use; other contraceptive use; abstinence; number of sexual partners). Secondary: Knowledge and attitudes about sexual health, sexual risk behaviour and gender; self-confidence, self-awareness, social skills; and other related non-biological outcomes.
Study design	We will include only controlled interventions that evaluated the effects of programmes designed to influence behaviour change or knowledge/attitudes/self-confidence (see outcome measures listed above). These include randomized and quasi-randomized controlled trials. We define quasi-randomized controlled trials as those that approximated randomization by using a method of allocation that was unlikely to lead to consistent bias, such as flipping a coin or alternating participants. Further, all trials must contain a contemporaneous comparison group.

Evidence review 2008 (from the International Techncial Guidance on Sexuality Education. An evidence-informed approach for schools, teachers and health educators. Volume I. The rationale for sexuality education. UNESCO, 2009)

To be included in this review of sex, relationships and HIV/STI education programmes, each study had to meet the following criteria:

1. The evaluated programme had to (a) be an STI, HIV, sex, or relationship education programme that is curriculum-based and group-based (as opposed to an intervention involving only spontaneous discussion, only one-on-one interaction, or only broad school, community, or media awareness activities); and curricula had to encourage more than abstinence as a method of protection against pregnancy and STIs; (b) focus primarily on sexual behaviour (as opposed to covering a variety of risk behaviours such as drug use, alcohol use and violence, in addition to sexual behaviour); and (c) focus on adolescents up to age 24 outside of the US or up to age 18 in the US; (d) be implemented anywhere in the world.

2. The research methods had to (a) include a reasonably strong experimental or quasi-experimental design with well-matched intervention and comparison groups and both pre-test and post-test data collection; (b) have a sample size of at least 100; (c) measure programme impact on one or more of the following sexual behaviours: initiation of sex, frequency of sex, number of sexual partners, use of condoms, use of contraception more generally, composite measures of sexual risk (e.g. frequency of unprotected sex), STI rates,

pregnancy rates, and birth rates; (d) measure impact on those behaviours that can change quickly (i.e. frequency of sex, number of sexual partners, use of condoms, use of contraception, or sexual risk taking) for at least 3 months; or measure impact on those behaviours or outcomes that change less quickly (i.e. initiation of sex, pregnancy rates, or STI rates) for at least 6 months.

3. The study had to be completed or published in 1990 or thereafter. In an effort to be as inclusive as possible, the criteria did not require that studies had been published in peer-reviewed journals.

Review methods:

In order to identify and retrieve as many of the studies throughout the world as possible, several task were completed, several of them on an ongoing basis over two to three years.

1. Reviewed multiple computerized databases for studies meeting the criteria (i.e., PubMed, PsychInfo, Popline, Sociological Abstracts, Psychological Abstracts, Bireme, Dissertation Abstracts, ERIC, CHID, and Biologic Abstracts).

2. Reviewed the results of previous searches completed by Education, Training and Research Associates and identified those studies meeting the criteria specified above.

3. Reviewed the studies already summarized in previous reviews completed by others.

4. Contacted 32 researchers who have conducted research in this field and asked them to review all the studies previously found and to suggest and provide any new studies.

5. Attended professional meetings, scanned abstracts, spoke with authors and obtained studies whenever possible.

6. Scanned each issue of 12 journals in which relevant studies might appear. This comprehensive combination of methods identified 109 studies meeting the criteria above. These studies evaluated 85 programmes (some programmes had multiple articles).

The review team identified the following number of sexuality education programmes demonstrating effects on sexual behaviours:

	Developing countries (N=29)	United States (N=47)	Other developed countries (N=11)	All countries (N=87)	
Initiation of Sex					
Delayed initiation	6	15	2	23	37%
Had no significant impact	16	17	7	40	63%
Hastened initiation	0	0	0	0	0%
Frequency of Sex					
Decreased frequency	4	6	0	10	31%
Had no significant impact	5	15	1	21	66%
Increased frequency	0	0	1	1	3%
Number of Sexual Partners					
Decreased number	5	11	0	16	44%
Had no significant impact	8	12	0	20	56%
Increased number	0	0	0	0	0%
Use of Condoms					
Increased use	7	14	2	23	40%
Had no significant impact	14	17	4	35	60%
Decreased use	0	0	0	0	0%
Use of contraception					
Increased use	1	4	1	6	40%
Had no significant impact	3	4	1	8	53%
Decreased use	0	1	0	1	7%
Sexual Risk-Taking					
Reduced risk	1	15	0	16	53%
Had no significant impact	3	9	1	13	43%
Increased risk	1	0	0	1	3%

Appendix V
Studies referenced as part of the evidence review 2016[5]

(Those marked with * were included in the analysis of systematic reviews and high-quality evaluations.)

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Appendix VI
People contacted and key informant details for updating key concepts, topics, and learning objectives 2017

A total of 16 interviews were conducted to inform findings and recommendations from the ITGSE update process, with a primary focus on CSE content in order to inform the key concepts, topics, and learning objectives section. Learners and teachers were identified as important key stakeholders, as well as additional expert stakeholders.

Eight primary and secondary school learners ages 10-18 were interviewed from Burkina Faso, Kenya, Ghana, the United States and Guatemala. A total of five teachers, including four primary school teachers and one secondary school teacher were interviewed from Algeria, Burkina Faso, Ghana, and India. In addition, three experts from Bangladesh, Algeria and Malawi, with expertise in curriculum development, gender, life skills, and education, took part.

Key informants were contacted by email or phone either directly or through local organizations and contacts. Once informants had agreed to participate, informed consent protocols were followed. In the case of minors, parental consent forms were also developed and translated for parents of learners under the age of 18. Once informed- and parental-consent had been obtained, arrangements were made for calls. Question guides for each category of respondent were developed consisting of a set of pre-determined questions that were used to guide interviews in English, French and Spanish. All the interviews took place by Skype or telephone, except two where the informants completed the questionnaire in writing, scanned, and returned by email. The Skype and telephone interviews ranged in duration from one to one and half hours. Responses were documented and findings were summarized and incorporated into the desk review that informed updates to the Guidance.

Students, primary and secondary

First name	Age	Country
Soubeiga	10	Burkina Faso
Nacro	10	Burkina Faso
Emmanuel	12	Kenya
Vacaecelia	12	Kenya
Sandra	14	Ghana
Caleb	16	United States
Madelyn	18	United States
Ana	18	Guatemala

Teachers

Name	School level	Country
Angela Bessah Sagoe	Primary school teacher	Ghana
Sam Talato Sandine Nacro	Primary school teacher	Burkina Faso
Sylvie Kansono	Primary school teacher	Burkina Faso
Sakshi Rajeshirke	Primary school teacher	India
Mohamed Beldjenna	Headmaster and secondary school teacher	Algeria

Other stakeholders

Name	Title	Country
Joyce Carol Kasambara	Senior Curriculum Development Specialist	Malawi
Dr. Kamel Bereksi	Président de l'association Santé Sidi El Houari SDH	Algeria
Dr. Rob Ubaidur	Senior Associate and Bangladesh Country Director, Population Council (including oversight of Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents Project)	Bangladesh

Appendix VII
Bibliography of references and resources used in the updating of the key concepts, topics and learning objectives 2017[6]

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Appendix VIII
Proposed indicator for monitoring life skills-based HIV and sexuality education

To assess progress towards implementation of life-skills based HIV and sexuality education in all schools, UNESCO and the UNAIDS Inter-Agency Task Team on HIV and Health Education (IATT), recommend that the education sector measures the indicator **'Percentage of schools that provided life skills-based HIV and sexuality education in the previous academic year'**.

This indicator proposes a set of 'essential' and 'desirable' components of a life skills-based HIV and sexuality education programme that is provided within the formal curriculum (as a standalone examinable subject, or integrated into other curriculum subjects) and/or as part of extra-curricular activities (UNESCO, 2013a). These essential and desirable components are presented below:

Topics/Content

Generic life skills	
Essential topics	Decision-making/assertiveness Communication/negotiation/refusal Human rights empowerment
Desirable topics	Acceptance, tolerance, empathy and non-discrimination Other generic life skills
Sexual and reproductive health (SRH)/Sexuality Education (SE)	
Essential topics	Human growth and development Sexual anatomy and physiology Family life, marriage, long-term commitment and interpersonal relationships Society, culture and sexuality: values, attitudes, social norms and the media in relation to sexuality Reproduction Gender equality and gender roles Sexual abuse/resisting unwanted or coerced sex Condoms Sexual behaviour (sexual practices, pleasure and feelings) Transmission and prevention of sexually transmitted infections (STIs)
Desirable topics	Pregnancy and childbirth Contraception other than condoms Gender-based violence and harmful practices/rejecting violence Sexual diversity Sources for SRH services/seeking services Other content related to SRH/SE
HIV and AIDS-related specific contents	
Essential topics	Transmission of HIV Prevention of HIV: practising safer sex including condom use Treatment of HIV
Desirable topics	HIV-related stigma and discrimination Sources of counselling and testing services/seeking services for counselling, treatment, care and support Other HIV and AIDS-related specific content

Source: UNESCO. 2013a. *Measuring the education sector response to HIV and AIDS: Guidelines for the construction and use of core indicators*. Paris, UNESCO.

United Nations
Educational, Scientific and
Cultural Organization

Education
Sector

Revised edition

International technical guidance on sexuality education

An evidence-informed approach

The UN *International technical guidance on sexuality education* was first published in 2009 as an evidence-informed approach for schools, teachers and health educators. Recognizing the dynamic shifts in the field of sexuality education that have occurred since then, an expanded group of UN co-publishing partners has reviewed and updated the content to respond appropriately to the contemporary needs of young learners, and to provide support for education systems and practitioners seeking to address those needs.

The *International technical guidance on sexuality education (revised edition)* provides sound technical advice on the characteristics of effective comprehensive sexuality education (CSE) programmes; a recommended set of topics and learning objectives that should be covered in comprehensive sexuality education; and, recommendations for planning, delivering and monitoring effective CSE programmes.

This revised edition of the Guidance reaffirms the position of sexuality education within a framework of human rights and gender equality, and promotes structured learning about sex and relationships in a manner that is positive, affirming, and centred on the best interests of the young person. It is based on a review of the latest evidence and lessons-learned from implementing CSE programmes across the globe. The revised Guidance reflects the contribution of sexuality education to the realization of multiple Sustainable Development Goals, notably Goal 3 on good health and well-being for all, Goal 4 on quality education for all, and Goal 5 to achieve gender equality.

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4 QUALITY EDUCATION

Sustainable Development Goals