CSE in school curricula

Monica Ferro, UNFPA Geneva

Social Forum

2 october 2019

Many children and young people receive a range of scientifically incorrect, conflicting and confusing messages about sexuality and gender on a daily basis.

This can lead to serious risks for their health, well-being and dignity.

As a result, poor sexual and reproductive health outcomes are a reality for many children and young people today.

**Comprehensive sexuality education 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 provides opportunities to learn and acquire complete, accurate, evidence-informed and age appropriate knowledge on sexuality and sexual and reproductive health issues, such as: sexual and reproductive anatomy and physiology; puberty and menstruation; reproduction, modern contraception, pregnancy and childbirth; STIs, HIV and AIDS.
* 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.

The family plays a significant role in educating children and young people about sexuality, usually in an unplanned and often unconscious way. Children learn about love, touch, relationships, communication and gender by observing those around them, being guided and corrected, and from the way they are treated, in addition to what they are taught explicitly. Therefore, the cooperation and support of **parents and families** need to be sought from the outset and regularly reinforced.

**Community leaders** can pave the way for acceptance and support of CSE programmes implemented in formal and non-formal settings.

**School-based CSE programmes are essential and should also be complemented with out-of-school programmes to reach the most vulnerable**. This type of CSE programmes have also been shown to be a very cost-effective way to contribute to HIV prevention and to ensure the rights of young people’s education on sexual and reproductive health and services. The 2030 Agenda for Sustainable Development emphasizes reaching those furthest behind first and empowering vulnerable groups, including children and young people, people with disabilities, those living with HIV, Indigenous communities, refugees and migrants. Out-of-school CSE programmes must be planned to address their needs effectively, in terms of both content and delivery modalities.

**CSE should be implemented by governments seeking to increase rates of school completion and reduce adolescent pregnancies.** CSE contributes to young people completing their education and supports young people with the crucial knowledge and skills needed to prevent unintended pregnancies. Adolescent pregnancies cause high rates of school drop-outs and discontinuation of girl’s education. Pregnancy and birth-related complications continues to be a one of the leading causes of death and ill-health for adolescents, as well as a major hindrance for them to participate fully and equally in society.

**CSE curricula should include elements related to gender and power in relationships.** ‘Gender-focused’ programmes are substantially more effective than ‘gender-blind’ programmes at achieving health outcomes such as reducing rates of unintended pregnancy, STIs, sexual or gender-based violence. This is 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. CSE contributes to gender equality if a gender perspective is mainstreamed throughout the CSE curricula, including discussions and awareness of respectful and equitable relationships based on empathy and understanding.

T**he impact of CSE can be maximized** when school-based programmes are complemented with non-discriminatory youth-friendly sexual and reproductive health services, including access to modern contraception**.**

**CSE implementation should include national policy support and effective monitoring and evaluation.** National policy support for CSE is crucial to realize the sustainable development goals for children and young people’s health and well-being, gender equality and human rights. Monitoring and advancing the implementation of CSE that addresses these perspectives within the national curricula is key.

**Teachers require support in their training** and in their day to day work, to ensure that quality CSE is delivered, which empowers and equips young people with the knowledge and skills they need in their lives.

Key facts

1. Comprehensive sexuality education does not lead to earlier sexual activity or riskier sexual behaviour.

2. In fact, these programmes [reduce](http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.0040275)risky behaviours:

About [two thirds](http://www.sidastudi.org/resources/inmagic-img/dd2891.pdf) of evaluations [show](http://www.un.org/esa/population/meetings/egm-adolescents/p07_kirby.pdf)[reductions](http://thenationalcampaign.org/sites/default/files/resource-primary-download/EA2007_full_0.pdf)in targeted risky behaviours.

About 60 per cent of programmes had a positive effect on at least one behavioural or biological outcome, such as increased condom use or reduced unplanned pregnancies.

3. [Studies](http://thenationalcampaign.org/sites/default/files/resource-primary-download/EA2007_full_0.pdf)of [abstinence](http://unesdoc.unesco.org/images/0018/001832/183281e.pdf)-only programmes are either inconclusive or show abstinence-only education to be ineffective.

4. Delivering high-quality comprehensive sexuality education requires [training](http://www.sciencedirect.com/science/article/pii/S1054139X03002441)and support.

5. Addressing gender and power issues also leads to better health outcomes.

6. To be most effective, curricula must be tailored to the specific context and needs of young people.

7. Engaging parents and communities as part of this education is critical.