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LSHTM**



How should we define sexual health?

“Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.” (WHO, 2006)

Components of sexual health



Sexually
transmitted
infection



Unplanned
pregnancy



Sexual
violence



Sexual
function

How should we define sexuality education?

'Sexuality Education is defined as an age-appropriate, culturally relevant approach to teaching about sex and relationships by providing scientifically accurate, realistic, non-judgmental information. Sexuality education provides opportunities to explore one's own values and attitudes and to build decision-making, communication and risk reduction skills about many aspects of sexuality' (UNESCO, 2009)

A rights-based approach to sexual health education

Is characterised by:

- an underlying principle that youth have sexual rights;
- an expansion of programmatic goals beyond reducing unintended pregnancy and STDs;
- a broadening of curricula content to include such issues as gender norms, sexual orientation, sexual expression and pleasure, violence, and individual rights and responsibilities in relationships;
- a participatory teaching strategy that engages youth in critical thinking about their sexuality and sexual choices.

Berglas NF, 2014

Rights of the child

UN Convention on Human Rights:

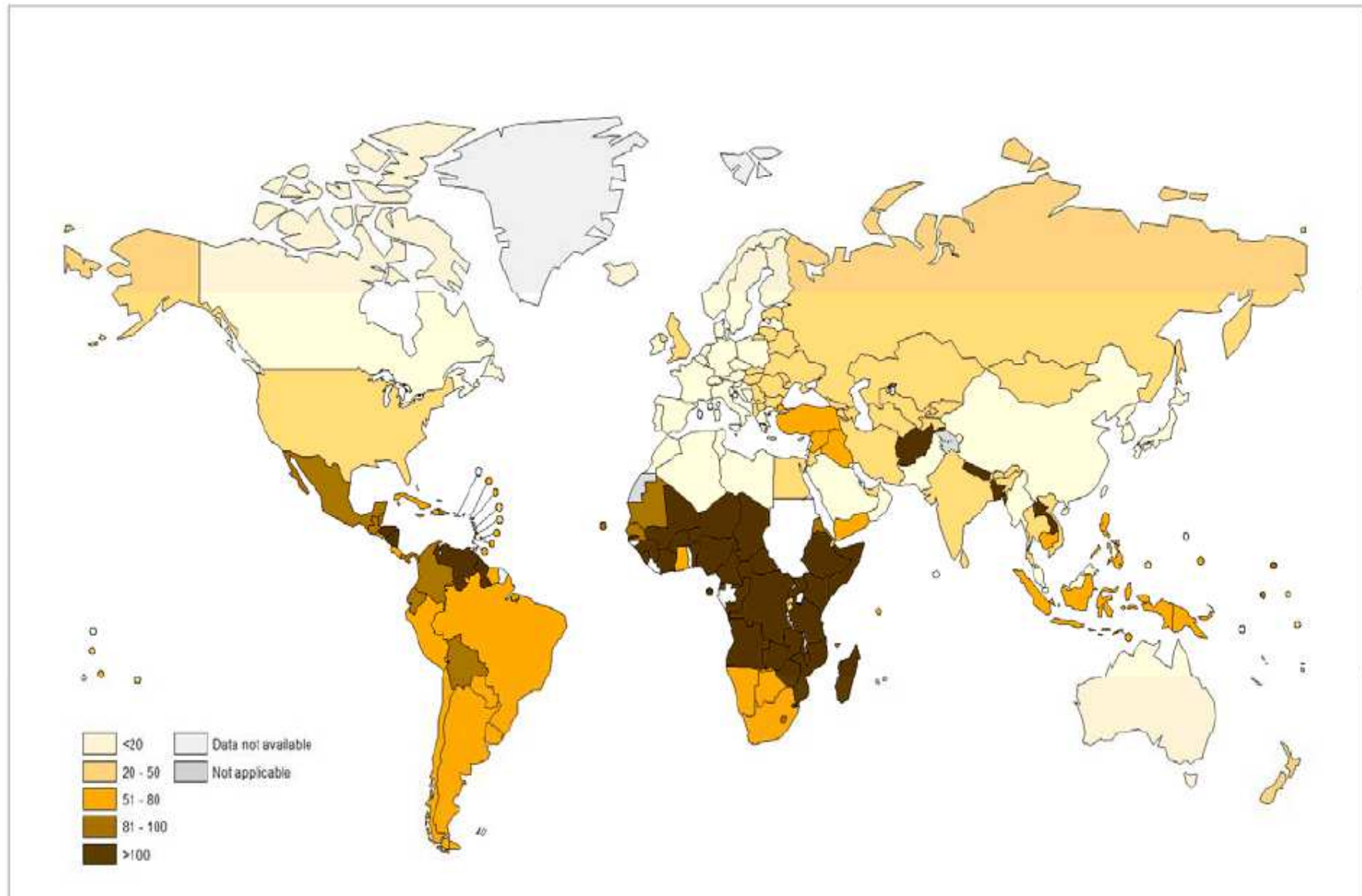
‘Children and young people have the right to the highest attainable health (Article 24) ... and access to information which will allow them to make decisions about their health, (Article 17) including family planning (Article 24).

Young people also have the right to be heard, to express opinions, and be involved in decision making (Article 12)

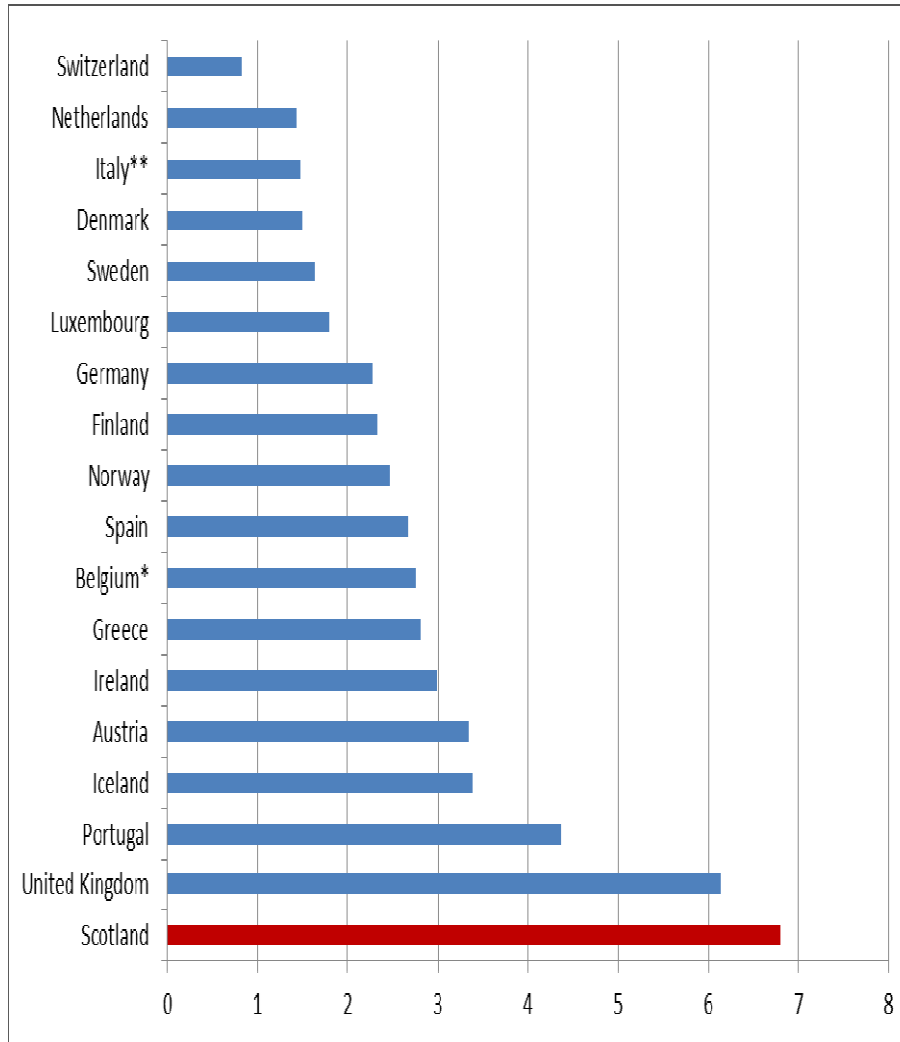
They have the right to education which will help them learn, develop and reach their full potential and prepare them to be understanding and tolerant towards others (Article 29).

Additionally young people have the right not to be discriminated against (Article 2)

A needs based approach: Adolescent fertility rate, per women aged 15-19



Under 18 pregnancy rates, per 100 women

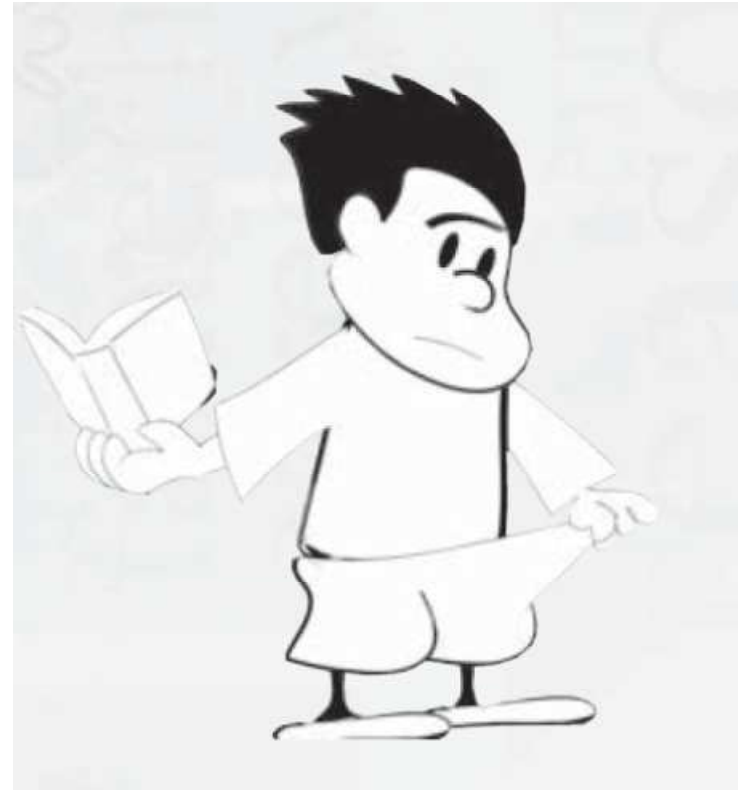


The consequences of ignorance: ill-prepared adults

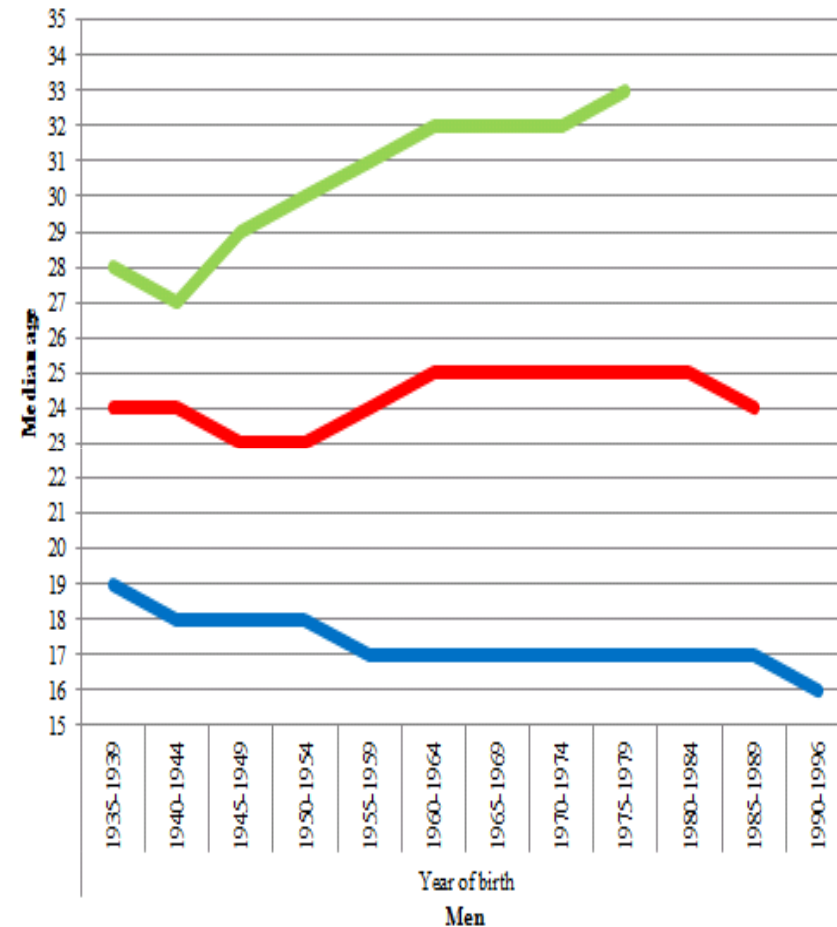
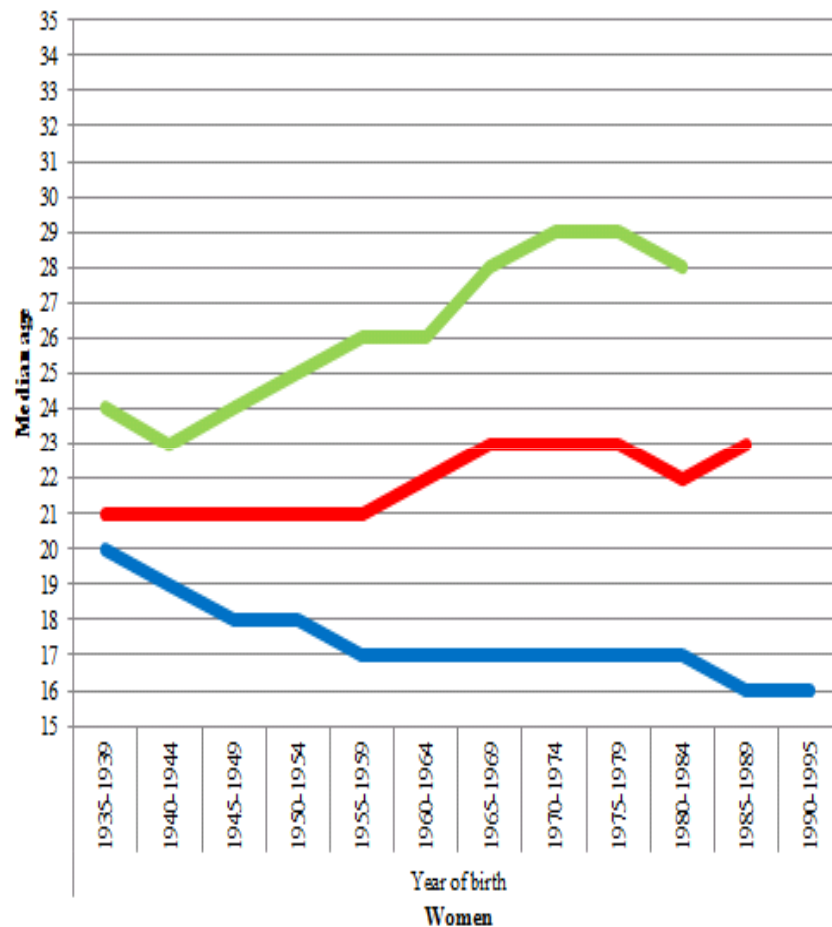
Research and programme experience suggests that most adolescent boys and young men need:

- information about sexual and reproductive health,
- opportunities to discuss their doubts about these matters,
- access to condoms, and
- exposure to messages and role models that reinforce more gender-equitable ways of interacting with females.

Source: Gary Barker, Engaging Adolescent Boys and Young Men in Promoting Sexual and Reproductive Health: Lessons, Research, and Programmatic Challenges, www.popcouncil.org



Intervals between first sex, first live-in relationship, and first birth



■ First intercourse ■ First live-in relationship ■ First natural child

Natsal 3; Wellings et al, Lancet 2013

Which approach to choose?

Abstinence-only sex education

- Emphasis on self discipline and sexual morality
- Recourse to moral values to ratify approach and content
- Tendency to emphasize absolute moral values
- Single abstinence message, not to have sex, before a specific age or marriage
- In corporation of pledges and rewards

Comprehensive sex education

- Emphasis on choice and personal responsibility
- Recourse to public health principles to ratify approach and content
- Relativistic ethics tailored to time and context
- Range of harm limitation messages can be modified to individuals and to social context
- Incorporation of risk reduction strategies, re. readiness for sex, avoidance of risk behaviours, risk reduction practices

What should it contain?

(Key Concepts in UNESCO, International technical guidance on sexuality education, 2009)

Relationships

Values, Attitudes and Skills

Culture, Society and Human Rights

Human Development

Sexual Behaviour

Sexual and Reproductive Health

6. Overview of key concepts and topics

Key Concept 1: Relationships Topics: 1.1 Families 1.2 Friendship, Love and Romantic Relationships 1.3 Tolerance and Respect 1.4 Long-term Commitment, Marriage, and Parenting	Key Concept 2: Values, Attitudes and Skills Topics: 2.1 Values, Attitudes and Sources of Sexual Learning 2.2 Norms and Peer Influence on Sexual Behaviour 2.3 Decision-making 2.4 Communication, Refusal and Negotiation Skills 2.5 Finding Help and Support	Key Concept 3: Culture, Society and Law Topics: 3.1 Sexuality, Culture and Law 3.2 Sexuality and the Media 3.3 The Social Construction of Gender 3.4 Gender-Based Violence, Sexual Abuse and Harmful Traditional Practices
Key Concept 4: Human Development Topics: 4.1 Sexual and Reproductive Anatomy and Physiology 4.2 Reproduction 4.3 Puberty 4.4 Body Image 4.5 Body Rights	Key Concept 5: Sexual Behaviour Topics: 5.1 Sex, Sexuality and the Sexual Life Cycle 5.2 Shared Sexual Behaviour and Sexual Response	Key Concept 6: Sexual and Reproductive Health Topics: 6.1 Pregnancy Prevention 6.2 Understanding, Recognising and Reducing the Risk of STIs including HIV 6.3 HIV and AIDS Stigma, Care, Treatment and Support

Why is comprehensive sexuality education important?

- **Risky sexual behaviour among teenagers leads to negative health outcomes**
 - Teenage pregnancy reduces life chances
 - 1 in 4 teens has a sexually transmitted infection
- **Teenagers experience high rates of dating violence and sexual assault**
 - 1 in 10 women in richer countries, 1 in 20 in poorer countries, has suffered sexual violence
- **Teenagers worry about sexual matters**
 - 1 in 4 report anxieties about sexual matters
- **Significant racial and ethnic disparities in teen sexual health outcomes**

Doug Kirby's 17 criteria for effectiveness

Curriculum development

- ✓ Interdisciplinary design team
- ✓ Needs assessment carried out
- ✓ Logic model adopted specifying goals, pathways to goals
- ✓ Activities compatible with community values and level of resources
- ✓ Pilot-testing the programme

Curriculum content

- ✓ Clear goals, eg. prevention sexual coercion, STIs, unplanned pregnancy
- ✓ Focus on specific behaviours leading to goals, eg. abstinence, condom use
- ✓ Addressing multiple protective factors affecting sexual health (eg. knowledge, perceived risks, values, attitudes, norms, skills)

Curriculum implementation

- ✓ Securing minimum support from appropriate authorities, eg. ministries, school staff, community
- ✓ Training, monitoring and support for selected educators
- ✓ Addressing barriers to participation
- ✓ Implementation with optimal fidelity

What factors contribute to effective implementation?

- Favourable policy context
- Preparatory sensitization of head teachers, parents, religious leaders, community members
- Joint working between sectors, governments departments, federal and local level
- Involvement of young people in curriculum design
- Involvement of 'allies' among decision makers
- In-service training for teachers and dissemination of appropriate materials
- Observation of school bases sex education by decision makers
- Effective mechanisms for dealing with opposing forcesn

UNAIDS

**Is comprehensive sex education
effective?**

Why is the question asked?

Fears for sex education are that it:

- hastens onset of sexual activity?

The evidence from three separate reviews (Kirby, 2007; UNESCO, 2009; NICE, 2010) is that it does not

- promotes values and behaviour that are against religions and culture

Good sex education programmes work with the community to achieve acceptance and synergy

- usurps the role of parents

Only a minority of parents provide adequate sex education (Macdowall et al 2004; Tanton et al, 2014)

- would raise objections from parents

- Good sex education programmes work with parents to achieve acceptance and synergy

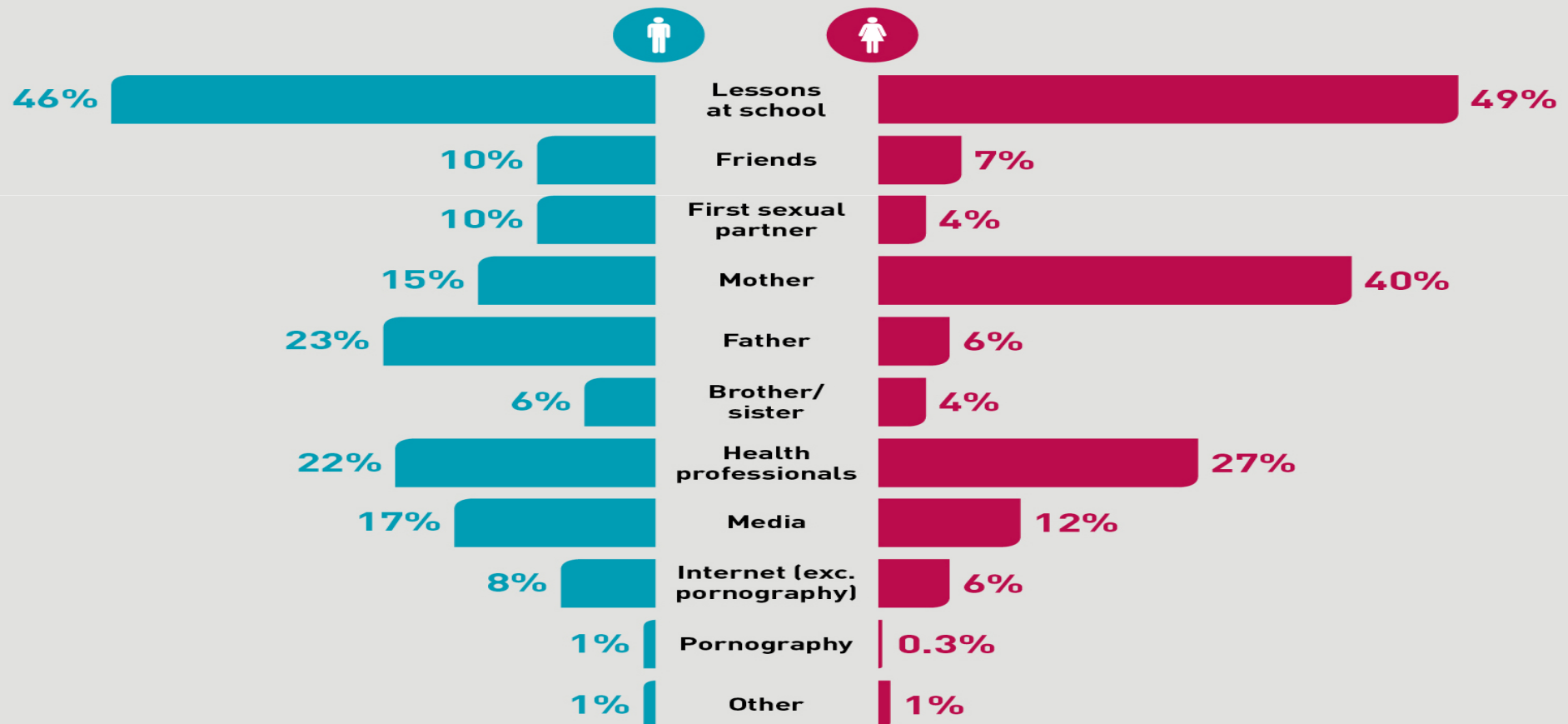
- begins too early and deprives children of their innocence

One third of young people have sexual intercourse before age 16. Sex education does not encourage young people to become sexually active but focuses on 'readiness'

Young people want to obtain information about sexual matters from school

Preferred source of information about sex when growing up (people aged 16-24)

70% of young people said they didn't know enough when they first felt ready to have some sexual experience. They would have liked to get more information from the following sources:



Participants could give one or two answers so the percentages sum to more than 100%.

Is comprehensive sex education effective?

Comprehensive sexuality education programs have been associated with

... positive behaviour change among young people

- Postponement or delay of sexual initiation
- Reduction in frequency of sexual intercourse
- Reduction in the number of sexual partner/ increase in monogamy
- Increase in the use of effective methods of contraception, including condoms

and

• **positive health outcomes among young people**

- Reduced rates of teen pregnancy
- Reduced rates of STIs
- Reduced rates of HIV
- Increased resilience

SRE programmes showing effects on 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%

The effectiveness of sexuality education – an overview

- Early 1993 global review of evaluations of comprehensive sex education and HIV/STI prevention programmes showed that they do not increase rates of sexual initiation, do not lower the age at which youth initiate sex, and do not increase the frequency of sex or the number of sex partners among sexually active youth (Grunseit, A. & Kippax, S. Effects of Sex Education on Young People's Sexual Behaviour, unpublished review, WHO, 1993)
- 2006 review of evaluations of sex education and HIV/AIDS education interventions in developing countries showed that most significantly delayed sex, decreased the number of sexual partners, increased the use of condoms or contraceptives, or reduced the incidence of unprotected sex (Kirby D et al in Preventing HIV/AIDS in young people, WHO 2006)
- 2008 global review showed that sexuality education programmes do not increase sexual activity. Some sexuality/HIV education programmes delay initiation of sexual intercourse, reduce number of sexual partners, increase use of condoms/contraception, reduce unprotected sex, reduce pregnancy and STI rates. Some do none of these. (UNESCO, International Technical Guidance on Sexuality Education, 2009)

Evidence for an effect on gender equality

Promotion of health and gender equality

Complementary interventions: Program M for young women (mulheres and mujeres); H for young men (homens and hombres) originally developed & validated in Latin America and the Caribbean consisting of group workshops and campaigns

Impact evaluation from 2 developing countries showed among young men: increase in gender equitable attitudes, increase in condom use, decrease in violence against women

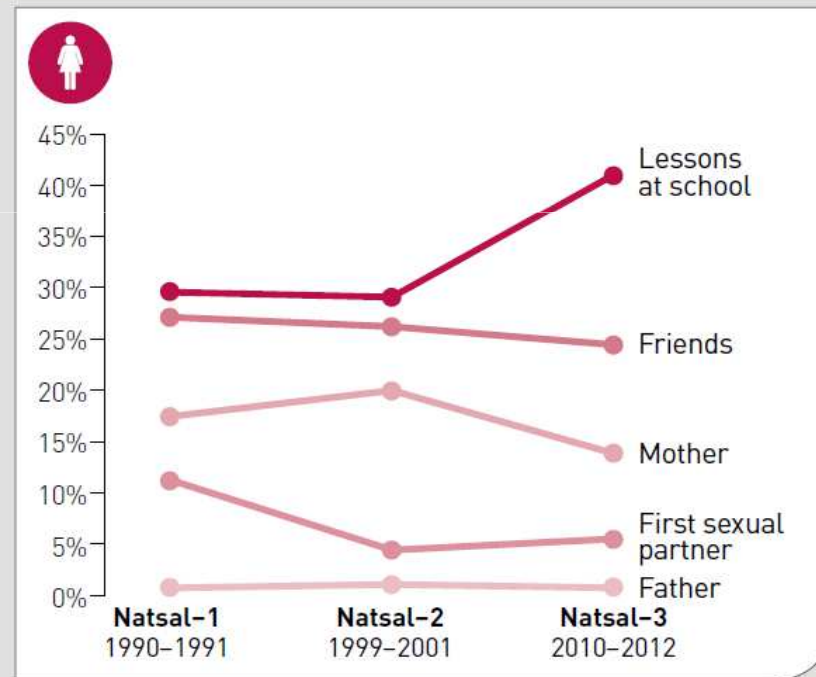
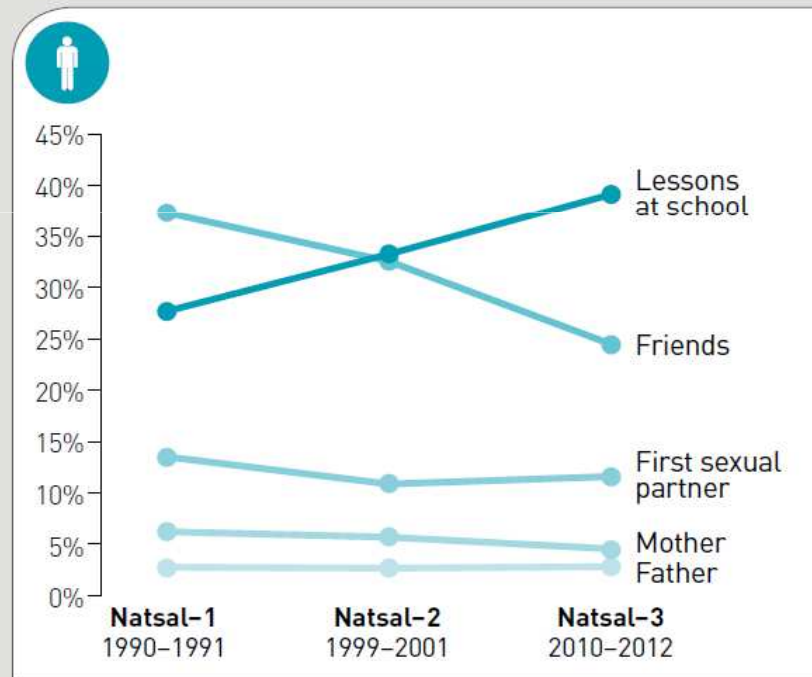
•Among young women: increase in gender equitable attitudes, increase in self-efficacy, increase in communication with partners, decrease in drug & alcohol use (c.ricardo@promundo.org.br)

•School-based programmes to prevent dating violence

Focus on healthy, non-violent relationship skills through practice with peers to develop positive strategies for dealing with pressures and conflict resolution without abuse or violence (WHO Preventing intimate partner and sexual violence against women, 2010)

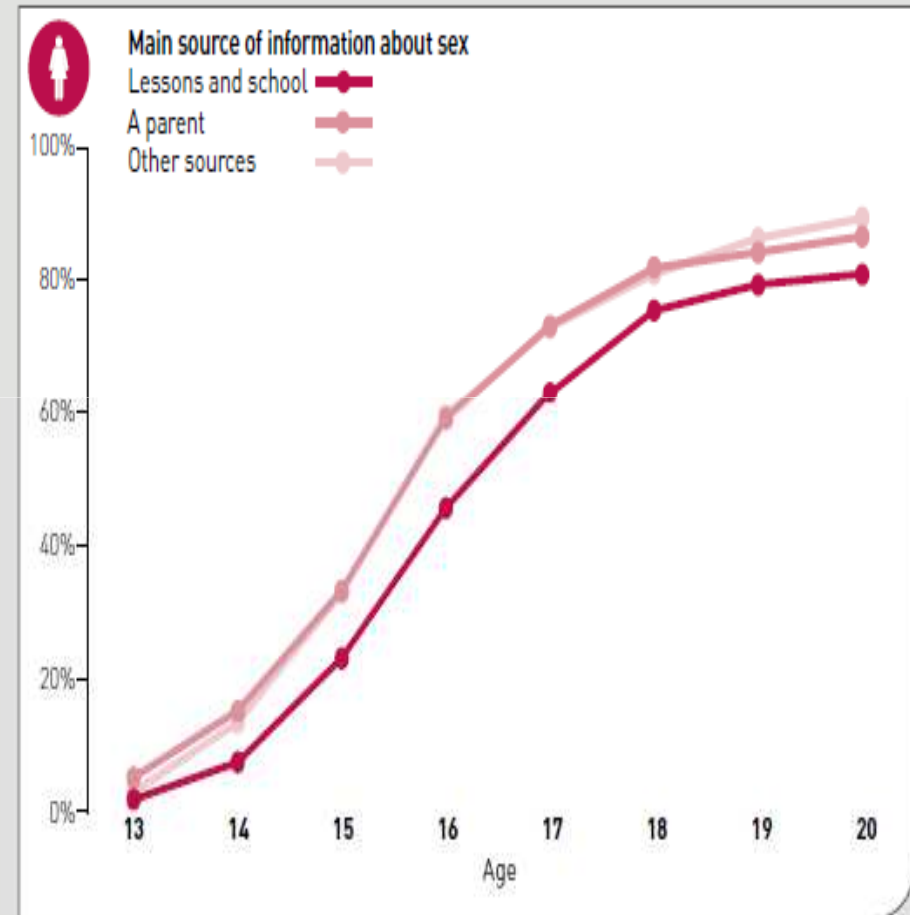
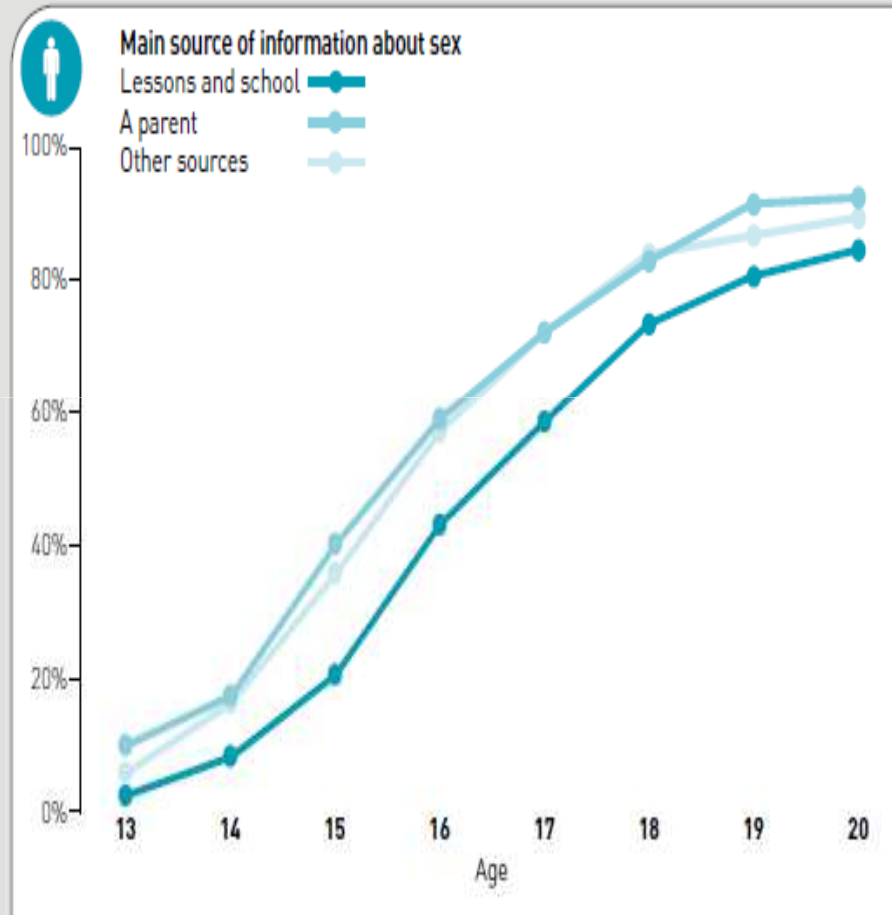
Young people are increasingly obtaining information about sexual matters from school

Change over time in main source of information about sex



What is the evidence of effectiveness?

School-based sex education delays onset of sexual activity



Those who said that they mainly learned about sex from lessons at school were more likely to have started having sex at a later age than those who mainly learned from parents or other sources, even after taking account of age at interview and educational level.

Characteristics of European sex education programmes

	M							
Austria	No							
Belgium	Yes							
Bulgaria	No							
Denmark	Yes							
Greece	Yes							
Ireland	Yes							
Norway	Yes							
Spain	No							
Sweden	Yes							
UK	No							

Conclusions

- Sexuality is a core part of the human existence, albeit a sensitive topic in most societies
- Adolescents require information and skills to assist them to learn about sexuality, to explore their attitudes and values, and to practice the decision-making and other life skills they need to make informed choices about their sexual lives and protect their health
- Good international technical guidance and country examples exist on which to inspire expanded and improved efforts on sexuality education
- Sound evidence on effectiveness exists with which to ratify efforts to provide sex education