THE IMPACT OF COMPREHENSIVE SEXUALITY EDUCATION ON YOUNG PEOPLE'S SEXUAL BEHAVIOUR

WHAT IS 'COMPREHENSIVE SEXUALITY EDUCATION'?

The international community has moved towards a consensual definition of comprehensive sexuality education (CSE), steering away from a primary focus on disease prevention to a more positive and holistic focus on well-being.[1] **Key stakeholders** including the German Federal Centre for Health Education (BZgA),[2] WHO,[3] UNFPA,[4] UNESCO[5] and the International Planned Parenthood Federation (IPPF)[6] **agree that CSE**

- is an **evidence- and curriculum-based** process of teaching about the cognitive, emotional, social, interactive and physical aspects of sexuality.[7]
- starts from birth and progresses in a way that is **developmentally appropriate** through childhood and adolescence into adulthood.
- plays a key role in ensuring young people's **safe emotional and physical development.** It gradually equips and empowers children and young people with **information, life skills and positive values** to understand and enjoy their sexuality, have safer, healthier and more fulfilling relationships and take responsibility for their own and other people's sexual health and well-being.[8]
- strengthens children's and young people's ability to exercise their **sexual and reproductive rights** to make conscious, satisfying and healthy choices regarding relationships, sexuality and their physical and emotional health.
- is based on a **respect for human rights, gender equality and diversity** that underpins individual and community well-being.
- helps young people to **reflect on, understand and challenge harmful social and gender-based norms** and the impact these have on relationships with peers, parents, teachers, other adults and their communities.
- covers a **comprehensive range of topics** beyond **biological aspects of reproduction and sexual behaviour**, including (but not limited to) sexuality, gender, different forms of sexual expression and orientation; gender-based violence (GBV); feelings, intimacy and pleasure; contraception, pregnancy and childbirth; and sexually transmitted infections (STIs), including human immunodeficiency virus (HIV).

CSE is an integral part of the human right to health; in particular, the right to access appropriate health-related information, and is supported by a number of international agreements, including the *1994 International Conference on Population and Development (ICPD) Programme of Action* and related resolutions. Additionally, the UN Committee on Economic, Social and Cultural Rights views a failure to ensure that up-to-date, accurate information on sexual and reproductive health (SRH) is publicly available and accessible to all, and incorporated into educational curricula, as a violation of a State's obligations.[9]

In countries where CSE is integrated into schools, evidence shows that young people wait until a later age to have their first sexual experiences; have lower teenage pregnancy and abortion rates; have higher rates of contraceptive use; and report less discrimination based on sexual orientation and gender differences.[10,11,12] This is in contrast to 'abstinence-only' approaches, which have been found to be ineffective, stigmatizing and unethical.[13,14,15]

UNFPA

World Health Organization
REGIONAL OFFICE FOR Europe

BZgA Federal Centre for Health Education

WHO Collaborating Centre for Sexual and Reproductive Health

SUMMARY OF KEY EVIDENCE: CSE AND YOUNG PEOPLE'S SEXUAL BEHAVIOUR

There is evidence that CSE has an impact on young people's sexual behaviour.

- **CSE can decrease the number of young people having sex at a very young age ('early-starters') and reduce high-risk sexual behaviour**.[16] A study in Kenya involving over 6,000 students showed that CSE decreased the number of young people having sex at a very young age and, once sexually active, it increased condom use.[17] Studies in the Netherlands[18] and Germany,[19] which have well-established CSE programmes, show that young people felt it was better to delay sex and initiated sex at a later age than their peers in countries without CSE.

- **CSE increases young people's knowledge and promotes positive attitudes in relation to sexual and reproductive health**. Nearly all CSE programmes studied in a review of evidence commissioned by UNESCO in 2016 were shown to increase knowledge about different aspects of sexuality and the risks associated with unprotected sex in terms of unintended pregnancy and STIs, including HIV.[20]

- **CSE has a positive impact on behaviour among young people, increasing effective and consistent use of contraception, including condoms**. An extensive review of 64 studies (including in the Russian Federation) involving over 87,000 young people, confirmed the positive impact of school-based CSE on increased and effective use of contraception (including condoms) during last sex; on reduced high-risk sexual behaviour; and on less frequent sex without a condom in the past three months.[21] School-based CSE, together with access to youth-friendly clinics, was also shown to increase the effective use of contraception in Estonia.[22] In Germany, there has been a significant increase in condom use at first sexual intercourse over the past three decades, which correlates with the introduction and expansion of CSE in the country.[23]

- **CSE does not increase sexual activity, numbers of sexual partners or sexual risk-taking behaviour**. This has been confirmed in research studies in Europe, including in Finland,[24] and across the most rigorous trials and systematic reviews.[25,26] Most recently, it has been re-confirmed in UNESCO's 2016 review of evidence.[27] Indeed, two thirds of the 87 global studies included in an earlier evidence review demonstrated a positive impact of CSE on behaviour, including self-efficacy related to condom use and refusing unwanted sex; reduced number of sexual partners; and fewer young people engaging in sex at a very early age.[28]

- **In contrast to CSE, abstinence-based approaches have consistently proven ineffective and potentially harmful.** A 2017 review of sexuality education policies and programmes in the United States concluded that abstinence-only-until-marriage programmes were ineffective. These programmes were found to withhold pertinent sexual health knowledge; provide medically inaccurate information; promote negative gender stereotypes; stigmatize young people who are already sexually active, pregnant and/or parenting; and marginalize lesbian, gay, bisexual, transgender, intersex, queer/questioning (LGBTIQ) adolescents.[29] Further studies demonstrate that abstinence-only approaches are not effective in delaying sexual initiation,[30] reducing the frequency of sex or reducing the number of sexual partners.[31,32] They are also more likely to contain inaccurate information about key topics such as homosexuality, masturbation, abortion, gender roles, condoms and HIV.[33]

KEY FACTS:

ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH AND BEHAVIOUR

- **21 % of adolescents aged 15 in Europe and Central Asia are sexually active**. Rates for boys culminate at 40 % in Bulgaria, with rates over 30 % in Albania, North Macedonia and the Republic of Moldova.[34]

- **Globally, young people have high rates of STIs,** although data on STIs is limited and inconsistent between and within regions and countries.[35] Across Eastern Europe and Central Asia, incidence of syphilis and gonorrhoea among 15 to 19 year-olds is declining, but remains very high in some countries including Belarus, Kazakhstan, the Republic of Moldova and the Russian Federation.[36] Chlamydia trachomatis infections are increasing in Europe and Central Asia.[37]

- **Worldwide, 1.8 million adolescents aged 10 to 19 were living with HIV in 2017**[38] **and young people aged 15 to 24 account for 33 % of all new HIV infections among adults** (aged 15 and over).[39] Eastern Europe and Central Asia has one of the world's fastest-growing HIV epidemics[40]; HIV prevalence in the region more than doubled between 2001 and 2011 among young people aged 15 to 24.[41]

- **Around 16 million girls aged 15 to 19 give birth every year**, accounting for 11 % of all births worldwide. A further 1 million girls under 15 give birth every year.[42]

- **Adolescent fertility rates remain high in countries in Eastern Europe and Central Asia**, including Bulgaria, Georgia, Romania and Tajikistan, culminating in Azerbaijan where there were 60 births per 1000 women aged 15 to 19 in 2015.[43]

- **Some 120 million girls worldwide (slightly more than 1 in 10) have experienced forced intercourse, other forced sexual acts or other forms of intimate partner violence (IPV)**.[44] In Europe and Central Asia, one in every four women is subjected to IPV during her lifetime.[45]

By the end of adolescence, many young people have initiated sexual activity.[46] In many cases young people reach this stage in their development without the knowledge, skills and access to services they need to be properly prepared. This can limit their ability to negotiate safe, consensual and pleasurable sexual activity, to prevent unintended pregnancy and to protect themselves and their partners from STIs, including HIV.

ADOLESCENT SEXUAL BEHAVIOUR

Adolescence is a period of ongoing physical, emotional and social changes, and the time when many young people start to explore their sexuality, develop intimate relationships with others and initiate sexual activity.[47] It can also be a time of risk-taking and peer pressure. Attitudes and values related to gender equality, sexuality and health behaviours are established in this period and have important implications for health and social well-being in later life. **Therefore, adolescence is a critical time to develop healthy behaviours in relation to sexual and reproductive health.**

Many young people do not have the information, access to contraception or skills they need to negotiate safe sex and to protect their sexual and reproductive health. In many settings school-based CSE is not available, and even where it is many young people—especially girls who experience child, early and forced marriage (CEFM)—do not attend school. **The world's 1.8 billion young people have the highest rates of unmet need for contraception of any age group**.[48] In addition to existing barriers such as distance and cost, young people face further restrictions to accessing sexual and reproductive health services as a result of age restrictions, need for parental consent and/or attitudes of health-care providers towards young people.

Social and gender-based norms have significant impact on girls' and boys' life choices and experiences. Gender inequality influences sexual expression and behaviour. Often gender norms dictate that girls should marry and begin childbearing in adolescence, well before they are physically or mentally ready to do so. **In many settings, adolescent girls and young women have low levels of power or control in their sexual relationships**; they may be unable to negotiate sexual activity or condom use with their partners, especially if they are in relationships with older men and/or relationships that involve the exchange of sex for money or gifts.[49] In some contexts **young men may face destructive male stereotypes and experience pressures from their peers, or society as a whole, to fulfil these stereotypes and to engage in controlling or harmful behaviours towards women and girls.** In Europe and Central Asia, one in every four women is subjected to IPV (including physical and sexual violence) during her lifetime, and IPV has remained the second leading cause of death among adolescent girls aged 15 to 19 in the region since 1990.[50]

LINKING ADOLESCENT SEXUAL BEHAVIOUR AND CSE

The 1994 International Conference on Population and Development (ICPD) Programme of Action states that CSE programmes should address SRH and sexuality, gender relations and equality, as well as violence against adolescents. Later resolutions reinforce the call for CSE as part of 'promoting the well-being of adolescents, enhancing gender equality and equity as well as responsible sexual behaviour, to protect them from early marriage and unwanted pregnancy, sexually transmitted diseases including human immunodeficiency virus (HIV)/AIDS, and sexual abuse, incest and violence'.[51]

CSE provides knowledge and life skills that are essential to enable young people to make informed, voluntary and healthy choices about engaging in sex. It supports them to exercise their **sexual and reproductive rights** and builds skills to develop healthy and fulfilling relationships and negotiate safe and pleasurable sex. This includes understanding what constitutes risky or harmful behaviours; and **developing the skills to reject unwanted sexual activity and to seek help in case of coercive sex, IPV or GBV**.

CSE that is age- and developmentally appropriate begins very early in childhood; is based on the principles of human rights and gender equality; and continues through adolescence into adulthood. Many adolescents are already sexually active, and where CSE starts in late phases of young people's development some experience problems resulting from early and unprotected sexual activity.

Increasing young people's control over when, where, with whom and how they have sex, and ensuring that when they do, they have **access to youth-friendly services including contraceptives, condoms for dual protection and testing for STIs, including HIV, is critical to protect their own and their partners' sexual and reproductive health**.

Contrary to some widespread beliefs and fears, **CSE does not encourage young people to have sex earlier, increase sexual activity or deprive them of their 'innocence'**.[52,53] Evidence supports the correlation between positive changes in behaviour and the introduction of CSE. Where CSE is integrated into schools, these countries have **lower abortion rates, higher rates of contraceptive use** and young people report **less discrimination on sexual orientation and gender differences**.[54] **CSE can delay sexual activity for very young adolescents**.[55] Evidence also shows that, once engaged in voluntary sexual activity CSE **increases consistent use of effective contraception,**[56] **including condoms, reducing the likelihood of unintended pregnancy and STIs, including HIV**.[57]

Research conducted in several European countries shows that **long-term CSE programmes can contribute to reductions in teenage pregnancy**,[58,59] **abortion,**[60] **STIs**[61],

and HIV infections[62,63] among young people aged 15 to 24[64]. Consequently, **CSE is an investment in the younger generation that provides clear benefits later, including in terms of lower health-care and social-support costs**.[65,66]

In addition to improving sexual and reproductive health and rights outcomes, the life skills developed through CSE—including critical thinking, communication, negotiation, assertiveness, critical reflection, responsibility, empathy, self-confidence and self-efficacy—**all contribute to young people's development and well-being more broadly**.[67,68]

The **behaviours and relationships developed during adolescence have a lifelong impact**,[69] and providing accurate, non-judgmental and age- and developmentally appropriate **information that covers the full range of topics in a carefully phased process benefits all individuals and can contribute to the development of healthier, more equitable societies.**[70]

Scaling-up and expanding CSE to include non-formal and community-based settings is also paramount, with the potential to reach out-of-school and most vulnerable and marginalized adolescents, especially in countries where school attendance is low, or where CSE is not provided as part of the national curriculum.[71]

EVIDENCE IN PRACTICE

Across Europe and Central Asia, countries with well-developed CSE programmes, such as the Netherlands and Switzerland, have the lowest percentages of young people initiating sexual activity by age 15—at 15 % compared with, for example, a high of 30 % in Bulgaria where CSE is not well-implemented.[72] CSE increases consistent use of effective contraception,[73] including condoms, reducing the likelihood of unintended pregnancy and STIs, including HIV.[74] **The impact of CSE increases when delivered together with efforts to expand access to high quality, youth-friendly services that offer a full range of services and contraceptive choices**[75,76,77] **and when legislation is in place that protects and empowers young people**.

A 2017 study of young people in the Netherlands, where CSE is well-established, found that the **numbers of young people having their first sexual experience at a very young age—between 12 and 14—decreased** from an earlier study in 2012.[78] This is important, as young people who start having sex at a very early age are more often forced or persuaded to do so and more frequently have unprotected sex. The same study found that **more young people reported using a contraceptive method when they had sex for the first time and showed a reduction in the numbers of young people coerced or forced into sex**.

COUNTRY CASE STUDY:

PROMOTING SAFER SEXUAL BEHAVIOUR AND HEALTHY PRACTICES THROUGH SCHOOL-BASED CSE IN THE NETHERLANDS

In the Netherlands, school-based CSE programmes are the main way that adolescents receive information and life skills related to safer sex, sexuality and relationships. Rutgers developed the 'Springfever' programme, which provided CSE across a third of primary schools in the country. The Municipal Health Services provided teacher training, and the programme used a school-wide approach to deliver CSE to children aged 4 to 12, and included parents.

With the aim of ensuring a continuous curriculum for children and young people of different ages, Rutgers and Soa Aids Nederland (STI/AIDS Netherlands) also developed **Long Live Love (Lang Leve de Liefde—LLL)** to support the delivery of CSE in secondary schools. This programme is one of the most successful, evidence-based CSE programmes for adolescents aged 13 to 15, and is implemented widely across half of target secondary schools in the Netherlands. First developed in 1990, it has been reviewed and updated regularly to reflect up-to-date evidence on effective approaches and changes in youth culture, and to ensure that content continues to meet adolescents' needs.

The fourth generation of the programme was launched in 2012, and includes 26 learning activities divided over six lessons of one hour. It aims to provide students with the knowledge and skills to develop healthy and respectful relationships; promote safer sexual practices; and reduce negative health outcomes, including unintended pregnancy and STIs. The revised programme also focuses on sexual, cultural and gender diversity. Elements of the programme include a student magazine, a teachers' manual, a film series of six episodes and two optional computer-based lessons.

The Netherlands has the lowest (15%) percentage across Europe of young people initiating sexual activity by age 15, and contraceptive use among those adolescents engaging in sex is very high: 90% used contraception at first intercourse.[79] This cannot be attributed solely to the implementation of CSE, as national safer-sex campaigns; access to reliable, affordable and acceptable contraception; youth-friendly services; and a supportive environment for adolescent sexual and reproductive health have all been key contributing factors. Nevertheless, **Long Live Love is recognized as having an important impact on changing adolescent attitudes and behaviours in relation to sexuality and sexual and reproductive health.**

For further information see http://www.longlivelove.nl

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The **Federal Centre for Health Education (BZgA)** has been a World Health Organization Collaborating Centre for Sexual and Reproductive Health (WHO CC) since 2003, with a focus on comprehensive sexuality education (CSE) in Europe and Central Asia. In this role, BZgA develops documents, resources and standards for different target groups and engages in research and the organization of seminars and conferences to promote knowledge transfer and learning in the field of CSE.

United Nations Population Fund (UNFPA)
Regional Office for Eastern Europe and Central Asia
Istanbul, Turkey
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UNFPA is the United Nations sexual and reproductive health agency. Its mission is to deliver a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled, and it works in more than 150 countries and territories around the world. Guided by the 1994 Programme of Action of the International Conference on Population and Development (ICPD), UNFPA's work includes partnering with governments, civil society and other agencies to implement comprehensive sexuality education, both in schools and through community-based training and outreach. UNFPA promotes policies for, and investment in, sexuality education programmes that meet internationally agreed standards.

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