# THE IMPACT OF COMPREHENSIVE SEXUALITY EDUCATION ON ADOLESCENT PREGNANCY

## 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 ADOLESCENT PREGNANCY

**There is strong evidence to show that CSE is effective in developing essential knowledge, skills and behaviours to prevent unintended adolescent pregnancy**.

- **CSE is effective in reducing early and unintended pregnancy**. Multiple reviews and studies across a diverse range of settings in Europe, the United States, Nigeria and Mexico confirm that CSE contributes to preventing unintended adolescent pregnancies.[16,17,18,19] By providing students with knowledge, life skills and information on contraceptive options, it can decrease the number of very young adolescents who initiate sexual activity and prevent early and unintended pregnancy.[20]

- **European countries with well-established national CSE programmes have significantly lower rates of adolescent births and abortions** than those countries where CSE is under-developed or non-existent.[21,22] Both Estonia[23] and Finland[24] demonstrate a strong correlation between the introduction of mandatory school-based CSE, delivered in combination with the development and expansion of youth-friendly sexual health services, and significantly reduced rates of unintended pregnancy.

- **CSE increases effective and consistent use of contraception, including condoms, once adolescents become sexually active**. An extensive review of 64 studies involving over 87,000 young people demonstrated the positive impact of school-based CSE on effective use of contraception (including condoms) during last sex; on increased condom use; and on less frequent sex without a condom in the past three months.[25] Similarly, there was a significant increase in reported condom use at last sex in a review of 53 studies involving over 105,000 young people receiving CSE.[26] In countries with well-established CSE programmes, young people report high rates of contraceptive use. For example, in 2017, 70% of young people aged 12 to 25 in the Netherlands reported using a condom when they had sex for the first time.[27]

- **CSE that aims to prevent both unintended pregnancy and STIs, including HIV, is more effective than single-focus programmes** in increasing effective contraceptive use and decreasing reports of sex without a condom.[28]

- **CSE programmes that address gender are significantly more effective at reducing unintended pregnancy.** 'Gender-focused' programmes are substantially more effective than 'gender-blind' programmes in achieving positive health outcomes such as reduced rates of unintended pregnancy and STIs, including HIV. This is as a result of their transformative content and teaching methods that support students to question social and cultural norms around gender, and to develop gender-equitable attitudes.[29] Gender-transformative programmes can also reduce partner violence, increase female control over sex, and lead to less sexual coercion.[30]

- **Linking CSE with youth-friendly health services increases the chances of preventing adolescent pregnancies.** Results from over 40 trials involving more than 95,000 adolescents showed that providing both CSE *and* access to contraception lowered the rate of unintended pregnancy among adolescents.[31] In Estonia, the provision of school-based CSE together with visiting a youth-friendly clinic was shown to increase the effective use of contraception among young women aged 16 to 24 and contributed to a reduction in unintended pregnancies.[32]

- **In contrast to CSE, abstinence-based approaches are not effective in delaying sexual initiation, reducing the frequency of sex or the number of sexual partners**.[33,34,35] They are more likely to contain inaccurate information about topics such as abortion, gender roles and condoms, and are potentially harmful to young people's sexual and reproductive health.[36] One study in a 2017 review of US-based programmes showed higher rates of non-marital pregnancy among young women who had taken a 'virginity pledge' than among those who had not.[37,38]

KEY FACTS:

# ADOLESCENT PREGNANCY

- **Globally, around 16 million girls aged 15 to 19, and 1 million girls under 15, give birth every year**.[39]

- **11 % of all births worldwide are to girls aged 15 to 19** and 95 % of these are in low- and middle-income countries. Across Eastern Europe and Central Asia adolescent fertility rates in countries including Bulgaria, Georgia, Kyrgyzstan, Romania and Tajikistan remain high; in Azerbaijan there were 60 births per 1000 women aged 15 to 19 in 2015.[40]

- **Early pregnancy and childbirth can have serious health consequences** and is the second cause of death for girls aged 15 to 19 globally.[41]

- **Babies born to adolescent mothers face a substantially higher risk of dying than those born to women aged 20 to 24**. The younger the mother, the greater the risk to the baby.[42]

- **Babies born to adolescent mothers are also more likely to have low birth weight**, with the risk of long-term effects.[43]

- **Every year, some 3 million girls aged 15 to 19 undergo unsafe abortions**. Unsafe abortions account for up to 20 % of all deaths during pregnancy in several countries across Europe and Central Asia.[44]

- **More than 1 in 10 adolescent girls worldwide experience violence, including forced intercourse or other forced sexual acts**.[45] School-related gender-based violence (SRGBV)—in the form of sexual violence or coercion from teachers and fellow pupils—is a cause of unintended adolescent pregnancy.[46] In Europe and Central Asia, one in every four women is subjected to intimate partner violence (IPV) during her lifetime.[47]

Across Eastern Europe and Central Asia, adolescent fertility rates are generally on the decline, although the regional rate remains three times higher than in Western Europe as a consequence of the barriers that young people continue to face in accessing information and services in many countries in the Eastern Europe and Central Asia region.[48] In Azerbaijan, where adolescent fertility rates are actually rising, the rate of 60 births per 1000 young women aged 15 to 19 is over ten times higher than in many Western European countries. When compared with countries such as Switzerland (with a rate of 2.84 per 1000 young women of this age group), the Netherlands (rate of 3.88) and Denmark (rate of 3.96)—all with well-established CSE programmes—the difference is even more pronounced.[49]

# ADOLESCENT PREGNANCY—CAUSES AND CONSEQUENCES

**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**.[50] It can also be a time of risk-taking and peer pressure. In many cases young people reach this stage in their development without the knowledge, skills and access to services they need in order to protect themselves and their partners from unintended pregnancy.

**Early and unintended pregnancy is a global concern affecting high-income countries as well as low- and middle-income countries**. **For some adolescents, pregnancy and childbirth are planned and wanted, but for many they are not, often resulting in abortion.** Many factors contribute to young people's vulnerability to unintended pregnancy.

**Many young people do not have the information, access to contraception or skills they need to negotiate safe sex and to protect themselves against unintended pregnancy**. In many settings school-based CSE is not available, and even where it is many young people—especially those who experience child, early and forced marriage (CEFM)—do not attend school.

**Adolescent girls may lack access to contraception because services are not easily available; are inaccessible due to age constraints; are too expensive; or require adult consent**. Restrictive national laws and policies can also have a negative impact and adolescent girls also report **legal barriers** and other access-related issues, as well as health concerns and worries about side effects of contraceptives.[51] **Young people's care-seeking behaviour may also be restricted because of fear of people finding out** and other confidentiality issues that may result in violence, embarrassment, lack of knowledge, misinformation and myths, stigma and shame.[52]

**Attitudes of health-care providers—particularly towards young people seeking sexual and reproductive health and rights (SRHR) services—present an important barrier to health care across many settings.[53] These factors result in the world's 1.8 billion young people having the highest rates of unmet need for contraception of any age group**.[54]

**Social and cultural norms have a significant impact on girls' life choices and experiences, and consequently on adolescent pregnancy**. Gender inequality and gender-based discrimination result in girls in many settings being less likely than boys to get an education; to have access to health care; and to have the opportunity to grow and develop before taking on adult roles. In many parts of the world, gender norms dictate that girls should marry and begin childbearing in adolescence, well before they are physically or mentally ready to do so.

**Early marriage exposes girls to a range of risks including high-risk pregnancies and births, intimate partner violence (IPV), and the transmission of STIs, including HIV**.[55] In many settings, adolescent girls and young women have low levels of power or control in their sexual relationships; they may be unable to refuse unwanted sex or resist coerced sex, which tends to be unprotected. **Around 120 million girls worldwide (slightly more than 1 in 10) have experienced forced intercourse, other forced sexual acts or another form of IPV**.[56]

In addition to IPV, perpetrators of gender-based and sexual violence (GBV and SV) include peers, family members or other influential adults, such as teachers. **School-related gender-based violence (SRGBV) in the form of sexual violence or coercion from teachers and fellow pupils is a key contributing factor in adolescent pregnancy**.[57]

**Adolescent pregnancy has a major impact on the lives of young people—especially girls—in terms of their health, social, economic and educational outcomes**. According to the World Health Organization (WHO), 'Complications during pregnancy and childbirth are the second [leading] cause of death for 15 to 19 year old girls globally. Young girls who marry later and delay pregnancy beyond their adolescence have more chances to stay healthier, to complete their education and build a better life for themselves and their families'.[58] **Early childbearing has serious health risks for both mothers and babies, including significantly increased risks of child mortality, obstetric fistula, low birth weight and other health risks to babies**.

**Pregnancy in adolescence also places some 3 million girls aged 15 to 19 at risk of unsafe abortions each year.**[59] Unsafe abortions account for up to 20 % of all deaths during pregnancy in several countries across Europe and Central Asia.[60,61] **Adolescent girls who have an unintended pregnancy can also face challenges that include partner abandonment and dropping out of school, limiting their chances of future employment and other life opportunities and contributing to the cycle of ill-health and poverty.**[62]

# LINKING ADOLESCENT PREGNANCY AND CSE

The 1994 International Conference on Population and Development (ICPD) Programme of Action states that 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'.[63]

**Preventing adolescent pregnancy was the main impetus for countries in Western Europe to pioneer the introduction of school-based sexuality education during the 1960s and 1970s.** Over time, sexuality education has evolved and expanded to include a more comprehensive range of topics, and to develop the values, attitudes and skills that are critical to support young people's empowerment and enable them to fulfil and enjoy their sexual and reproductive health and rights, including preventing unintended and early pregnancy. **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.**[64]

Adolescence is a period of transition, growth, exploration and opportunities. **CSE begins early in childhood and continues into early adulthood, and targeting early adolescence (ages 10 to 14) is crucial[65] as this period marks a critical transition between these two phases.**[66] CSE with children and young adolescents delivered *before* they become sexually active is critical in order to provide them with the knowledge and skills to develop healthy behaviours and protect their sexual and reproductive health (see Factsheet 1). **When CSE starts in late phases of young people's development, some experience problems, including unintended pregnancy**, resulting from early and unprotected sexual activity.[67]

**Extensive research and evidence exists to demonstrate that CSE is effective in preventing and reducing early and unintended pregnancy.**[68,69,70] CSE empowers girls to negotiate sexual relationships and can affect gender norms that contribute to early marriage and pregnancies among adolescents. At the same time, it can help boys to understand and be part of the responsibility for sexual and reproductive health, including understanding GBV, healthy relationships and issues around consent. Research also shows that **CSE does not encourage young people to have sex earlier; increase sexual activity or numbers of sexual partners; or deprive young people of their 'innocence'.**[71,72,73,74]

**WHO recognizes CSE as one of the most important ways to improve adolescent reproductive health and to prevent unintended and early pregnancy.**[75] **UNFPA** includes CSE as one of the five

prongs in its Adolescent and Youth Strategy.[76] **UNESCO** includes the implementation of school-based CSE programmes as a key evidence-based recommendation to strengthen the education sector's response to early and unintended pregnancy.[77]

**Key stakeholders, including BZgA[78], WHO[79], UNFPA[80], UNESCO[81] and IPPF[82], also highlight the importance of CSE that begins early in childhood, well before puberty, so that adolescents fully understand the changes in their bodies and have the information and skills needed, prior to becoming sexually active, to prevent early and unintended pregnancy**.[83] Understanding what constitutes risky or harmful behaviour and developing skills to reject unwanted sexual activity and seek help in case of coercive or forced sex are critical in protecting children and young people and supporting them to exercise their sexual and reproductive rights.

**CSE empowers young people to make informed choices about if, when and with whom to have sex and/or a child**. It can support them to enjoy their sexuality and develop healthy, respectful and fulfilling relationships, helping them to avoid the risks associated with unintended pregnancy: early childbearing, complication of potentially unsafe abortions and STIs, including HIV. **CSE empowers girls to negotiate sexual relationships and to challenge gender norms** that contribute to early marriage and unintended pregnancy. 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 discusses the sensitive topic of abortion—which is stigmatized all over the world—can dispel myths, help to reduce silence and stigma around the topic and provide young people with factual information about health and the law that can help them to access safe services when they need them.[84]

# EVIDENCE IN PRACTICE

**Countries that have long-standing CSE programmes, such as Sweden, Finland and the Netherlands, have significantly lower teenage birth rates and higher rates of contraceptive use among young people**. Conversely, teenage birth rates are high in countries where CSE is either non-existent or in an early stage of development. Switzerland, where CSE is well-developed and starts between the ages of 4 and 8, has the lowest teenage birth rate in Europe at less than 3 per 1,000 girls aged 15 to 19. However, across countries in Eastern Europe and Central Asia, where discussions on sexuality and sexual and reproductive health in schools remain more sensitive, rates are much higher, with the highest rate of almost 61 per 1000 girls in the same age group in Azerbaijan.[85]

**Studies in several European countries, including Estonia, Finland and the United Kingdom, have shown that the introduction of long-term national CSE programmes has led to a reduction in teenage pregnancies and abortions**.[86,87] Although there are challenges in attributing impact of biological outcomes to one single intervention, there is strong evidence to show that CSE increases knowledge about contraception, including condoms; develops positive attitudes and intention to use contraception; increases self-efficacy in using contraception; builds negotiation skills to engage in voluntary sexual activity and condom use; and increases ability to access contraceptive services.[88]

Estonia provides clear evidence to demonstrate the **strong correlation between the implementation of a national CSE programme, together with youth-friendly sexual health services, and the improvement of sexual health indicators among young people**. This includes significantly **lower rates of unintended pregnancy and abortion** due to sharp **increases in condom and contraceptive use** among young people, in addition to **reduced infections of HIV and other STIs.**[89]

In Finland, school-based CSE and sexual and reproductive health services for young people were introduced in 1990, leading to **an immediate reduction in teenage pregnancy rates**. When these programmes were drastically reduced from 1998 to 2006 due to budget constraints, this had an immediate impact on adolescent birth and abortion rates, with adolescent abortions rising by 50 %. When CSE became compulsory again in 2006, the rates decreased once more and the numbers of adolescents initiating sexual intercourse at age 14 and 15 also reduced.[90]

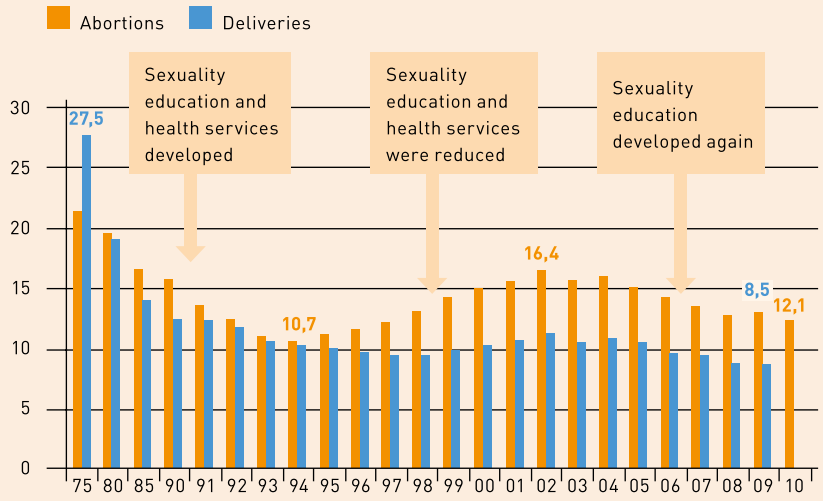


**Figure 1: Abortions and deliveries per 1000 girls aged 15 to 19, Finland, 1975–2010**[91]

COUNTRY CASE STUDY:

# SCALING UP SCHOOL-BASED CSE TO ADDRESS EARLY AND UNINTENDED PREGNANCY IN THE UNITED KINGDOM

In most Western European countries, the rates of unintended pregnancies among adolescents have steadily declined in recent years. However, the adolescent pregnancy rate in the United Kingdom was the highest in the region, and the UK Government committed to addressing this, developing a 10-year Teenage Pregnancy Strategy for England (1999–2010). This ensured a multisectoral approach to promoting more widespread contraceptive use by expanding the provision of high-quality CSE; facilitating easier access to SRH services; and improving training for health-care providers to meet young people's needs.

Key elements of the approach included: sex and relationship education in schools; dedicated support for teenage parents, including sex and relationships education and access to contraception; scaling-up youth-friendly contraceptive and SRH services and condom programmes; and promoting access to contraception and sexual health advice in non-health youth settings. Providing training to health and other professionals (e. g. teachers) to build their confidence and skills to provide sex and relationships education, and providing advice and support for parents to discuss these issues with their children, were also critical components of the programme. As a result, England and Wales experienced a 56 % reduction in the under 18 birth rate between 1998 and 2013.[92]

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## PUBLISHED BY

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The content was reviewed by the European Expert Group on Sexuality Education. The members of the Expert Group are representatives of the following organizations: **Austrian Institute for Family Studies – University of Vienna; European Society for Contraception; International Centre for Reproductive Health – University of Ghent, Belgium; International Planned Parenthood Federation European Network (IPPF EN); Lucerne University of Applied Sciences and Arts, Switzerland; Lust und Frust – Fachstelle für Sexualpädagogik und Beratung, Switzerland; Väestöliittoo, Finland; Russian Association for Population and Development; Rutgers, Netherlands; SENSOA, Belgium; United Nations Educational, Scientific and Cultural Organization (UNESCO); United Nations Population Fund, Regional Office for Eastern Europe and Central Asia – UNFPA/EECARO; University of Tartu, Estonia; University of Uppsala, Sweden; VL-Medi Oy Research and Sexual Health Centre, Finland; Integrated Sexual Health Service, Sherwood Forest Hospitals, NHS Foundation Trust and WHO Regional Office for Europe.**

*Acknowledgements:* We gratefully acknowledge Helen Parry as author of the factsheet series.

Print: This brochure was produced by climate-neutral printing.
Warlich Druck Meckenheim GmbH, Am Hambuch 5,
53340 Meckenheim

Edition: 1.3.06.21
Order number: 60596081