

# THE IMPACT OF COMPREHENSIVE SEXUALITY EDUCATION ON YOUTH EMPOWERMENT



## 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.<sup>1</sup>

**Key stakeholders** including the German Federal Centre for Health Education (BZgA),<sup>2</sup> WHO,<sup>3</sup> UNFPA,<sup>4</sup> UNESCO<sup>5</sup> and the International Planned Parenthood Federation (IPPF)<sup>6</sup> agree that CSE

- is an **evidence- and curriculum-based** process of teaching about the cognitive, emotional, social, interactive and physical aspects of sexuality.<sup>7</sup>
- 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.<sup>8</sup>
- 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.<sup>9</sup>

**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.**<sup>10,11,12</sup> This is in contrast to 'abstinence-only' approaches, which have been found to be ineffective, stigmatizing and unethical.<sup>13,14,15</sup>



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## SUMMARY OF KEY EVIDENCE: CSE AND YOUTH EMPOWERMENT

- **CSE builds self-efficacy skills.<sup>i</sup>** An extensive global review of 87 studies found that two thirds of sexuality programmes demonstrated increased self-efficacy related to condom use and refusing unwanted sex.<sup>16</sup> A further high-quality trial in the United States also demonstrated greater self-efficacy to manage risky situations.<sup>17</sup>
- **CSE has a positive outcome on young people's confidence, self-esteem and decision-making and negotiating skills.<sup>18</sup>** A global review of evidence from the education sector found that CSE builds confidence.<sup>19</sup> Self-confidence benefits young people's well-being and is recognized as having a lifelong impact. Increased confidence can also help young people to wait until they feel prepared and ready to engage in sexual activity, and then to use contraception, including condoms, when they do.<sup>20</sup>
- **Building life skills through CSE empowers young people to make positive choices about their sexual and reproductive health.** CSE increases young people's capacity for critical thinking, decision-making and communication. It builds competencies and skills that empower them to fulfil their rights and make positive choices about sexuality and reproduction that are self-affirming and respectful of others.<sup>21</sup> The World Health Organization (WHO) reiterates that CSE builds a sense of agency, essential to equip young people to make responsible choices about their sexual health.<sup>22</sup>
- **Empowerment approaches to CSE are particularly effective in strengthening SRH outcomes.** Systematic reviews of a wide range of different programmes—including reproductive health interventions for married girls; interventions with men in maternity projects; and microcredit programmes for marginalized women—found that those taking an empowerment approach in order to challenge gender inequalities resulted in improved reproductive health outcomes.<sup>23</sup>
- **Using explicit rights-based approaches in CSE leads to 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.<sup>24</sup>
- **CSE develops life skills, providing protective factors from GBV.<sup>25</sup>** Evidence shows that CSE has a positive impact on life skills, including confidence, self-efficacy and decision-making. Together with improved gender relations, these skills provide protective factors against violence. An evaluation of a life-skills-based CSE programme in Nigeria showed that participating girls took on leadership roles and were more able to make informed decisions in their relationships.<sup>26</sup>

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<sup>i</sup> Having the necessary information and confidence to exert control over one's behavior and social environment and to make conscious and informed decisions.

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## UNDERSTANDING AN ‘EMPOWERMENT’ APPROACH TO CSE

**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.**<sup>27</sup> 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 their sexual and reproductive health and rights (SRHR) and that of their partners. **They often lack the information, skills and confidence to challenge harmful social norms; to take responsibility and make healthy choices; and to realize their sexual and reproductive rights.**

**Empowerment is a process that encourages and supports young people to take control of their lives and achieve their full potential** by having access to the necessary knowledge, skills, authorities and opportunities in order to be responsible and accountable for their actions. The aim of an empowerment approach is to maximize participation; encourage learners to question and critically reflect; enhance control through shared decision-making; and create opportunities to learn, practise and increase skills.<sup>28,29</sup> **Empowerment approaches are increasingly recognized as the most effective ways to deliver CSE in terms of improving SRHR outcomes.**<sup>30</sup>

**Empowering young people supports them to become agents of change and to know and exercise their rights.** This includes the right to choose with whom to develop friendships and sexual relationships; the right to refuse or delay marriage; the right to choose if, when and with whom to have a child; and the right to refuse unwanted sexual advances. Empowerment approaches can support young people to stay healthy, to challenge social norms that restrict their rights, and to become the critical thinkers of the future.<sup>31</sup>

**The importance of youth empowerment is reflected in the goals of CSE, and in policies and strategies at both international and national levels, which have broadened to emphasize a more explicit human rights, life skills and empowerment focus.**<sup>32</sup>

**An ‘empowerment’ approach requires focusing on the methods to deliver CSE, in addition to the topics. The most effective teaching methods are participatory and learner-centred methodologies.**<sup>33</sup> These encourage young people to explore their attitudes and values; engage with and ask questions of one another; and participate actively in their learning. They are rooted in rights-based models, promoting self-reflection and critical thinking about power and social norms around gender. Consequently, they have aspirations beyond behaviour change, and aim to create broader social change.<sup>34</sup> Educators’ ability and comfort to discuss

CSE topics and their capacity to deliver participatory approaches varies. **Continued investment in teacher training to deliver CSE is essential** to ensure that they have reflected upon their own values and attitudes before they engage in teaching, and that their messages do not conflict with the contents of a curriculum.<sup>35,36</sup> **An enabling school environment with policies in place to support teachers and learners is also important.**

**Recognizing young people’s rights and participation is key in all SRHR programmes, service delivery, CSE and policymaking. Delivering programmes that enable young people to feel that they are in charge of their lives, in addition to providing them with essential knowledge and services, is critical.** Empowerment is therefore an important concept that underpins young people’s SRHR programming—particularly when it comes to serving marginalized youth.<sup>37</sup> Engaging with young people as partners in designing and implementing CSE programmes is key. Ensuring that the content of CSE is informed by the lived experiences of young people is essential to making it applicable to their lives.<sup>38</sup>

**Peer education approaches have been shown to have limited effects in promoting healthy behaviours and improving health outcomes when used alone,** benefitting peer educators (as recipients of training and supervision) rather than their intended beneficiaries.<sup>39</sup>

However, these approaches support broader empowerment goals for young people, and building peer education into programming to support adolescent sexual and

reproductive health recognizes the unique value that peer educators offer as a source of sensitization, and as a referral point to experts and services.<sup>40</sup> **Youth participation**

**is also a right and a core value and principle in and of itself. It should not be evaluated only in terms of health outcomes and impact.<sup>41</sup>**

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## LINKING EMPOWERMENT WITH YOUTH SRHR AND OTHER DEVELOPMENT OUTCOMES

**CSE has gained global recognition as a critical element in efforts to empower children and young people; enable them to improve and protect their health, well-being and dignity; and support them in developing critical-thinking skills, citizenship, equality and healthy, positive relationships.<sup>42</sup>** Promoting and supporting the empowerment of young people is vital to ensure their health; to challenge social norms that restrict their rights; and to encourage them to become the critical thinkers of our future. Failing to do so will compromise not only their future, but also the future of generations to come.<sup>43</sup>

**By increasing confidence and strengthening skills to deal with different challenges, CSE can empower young people to develop stronger, more meaningful and equitable relationships.<sup>44</sup>** CSE is a continuous and lifelong process that begins from birth or very early childhood and lays the foundations for healthy future relationships with

partners, family and friends, positive SRH and health-seeking behaviour. It is particularly important that young adolescents between the ages of 10 and 14 have access to CSE, as this is a key transition between childhood and older adolescence and adulthood, setting the stage for future SRH and gendered attitudes and behaviours.<sup>45, 46</sup>

**Empowerment strengthens young people's capacities for critical thinking, decision-making and communication, building competencies and skills that allow them to make positive choices about sexuality and reproduction that are self-affirming and respectful of others.** Promoting empowerment approaches that develop young people's negotiation and self-efficacy skills can also increase their confidence and ability to negotiate consensual and pleasurable sex, and to ask questions that may help them to protect their health, including potentially from violence, abuse and exploitation.<sup>47</sup>

**CSE can also contribute to promoting 'responsible citizenship'.** The International Planned Parenthood Federation (IPPF) recognizes sexual rights and citizenship as one of seven core components of CSE.<sup>48</sup> **When young people are supported to become critical thinkers, empowered in their sexuality, and informed about their sexual and reproductive choices, the positive impact is felt across society.<sup>49</sup>** They become empowered to question their social context and challenge social norms and behaviours that undermine their health, well-being and rights, including sensitive cultural practices, such as child, early and forced marriage (CEFM).<sup>50</sup> This can encourage young people's readiness to engage in social development processes that benefit communities and nations more broadly, bringing about positive changes in culture and contributing to a healthier, more tolerant and gender-equitable society.<sup>51</sup>



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## EVIDENCE IN PRACTICE

To date, evaluations of CSE programmes have primarily focused on measuring outcomes such as age at first sex; frequency of intercourse; number of sexual partners; contraceptive and condom use; and sexual risk-taking. This links to the two main public health indicators: pregnancy and STIs. Where indicators such as 'self-efficacy' or the 'ability to communicate effectively about feelings or wishes' are used, these are usually linked to

the behaviours mentioned and are not generally considered important in their own right.<sup>52</sup> However, the strong contribution CSE makes to wider outcomes beyond a narrow health focus is increasingly recognized. The revised UNESCO<sup>53</sup> definition of CSE acknowledges its wider contribution to developing 'life skills' and BZgA,<sup>54</sup> WHO,<sup>55</sup> UNFPA<sup>56</sup> and IPPF<sup>57</sup> also emphasize this in their CSE guidance.

This broader approach calls for an increased focus on 'soft outcomes' that include: awareness of human rights; respect, acceptance, tolerance and empathy for others; gender equality; confidence and self-esteem; skills in contraceptive use; empowerment and solidarity; skills in negotiation, decision-making and assertiveness; parent-child communication; and sexual pleasure and mutually respectful relationships.<sup>58</sup>

## COUNTRY CASE STUDY:

# YOUTH EMPOWERMENT AND ADVOCACY FOR CSE IN SCHOOLS IN NORTH MACEDONIA

North Macedonia has traditionally not included CSE within its national curriculum. However, in 2015 nine youth groups and organizations came together to advocate for the implementation of a national schools-based CSE programme. Catalysed by the youth group associated with Health Education and Research Association (HERA; IPPF's Member Association in North Macedonia), a Youth Platform on CSE was established. Members included the National Youth Council of Macedonia, Young European Federalists, Youth Educational Forum, Healthy Options Project Skopje, Y-PEER, Youth Can, Shadows and Clouds, HERA and Izlez. The Youth Platform was led by young people and supported by adults, particularly HERA staff working on youth and advocacy issues. These young activists lobbied the conservative government to implement CSE in schools, and the Youth Platform provided a valuable mechanism to support and coordinate their activities.

Individual youth groups had different areas of focus and experience in CSE and youth

advocacy, but were united in their common purpose. Some, including Y-PEER and the Youth Educational Forum, were already receiving (and sometimes delivering) CSE in non-formal settings, which empowered them and gave them the skills to advocate for the scaling-up of CSE to reach greater numbers of young people in school settings. For other organizations, CSE was a new topic but they brought significant experience in youth advocacy and were leading the process to develop a new National Youth Strategy. The voices of vulnerable young people injecting drugs were also represented through Healthy Options Project Skopje.

In the first year, the Youth Platform on CSE developed a strategy and organized high-profile events to increase public awareness and support for CSE, including a public CSE class, to which celebrities and politicians were invited. In the second year, the group worked with political parties, and members participated in working groups established to develop the National Youth Strategy. The Youth Platform on CSE also sent a shadow report to the United Nations Committee

for Economic, Social and Cultural Rights in Geneva, which resulted in tangible recommendations for the Government to improve access to age-appropriate CSE in schools. The youth advocates also worked with political parties and their youth wings during elections. As a result, two political parties added CSE to their electoral programmes, while eight pledged their support should they be elected to Parliament.

After three years of advocacy work, the Youth Platform on CSE succeeded in its mission: the conservative government recommended the introduction of CSE as one of the key objectives of the new National Youth Strategy 2016–2025. In 2018 this led the Bureau for the Development of Education and Science (working under the Ministry of Education) to establish an intersectoral working group on CSE, which is guided by WHO, UNESCO and IPPF international guidance and good practice on CSE. This working group is tasked with suggesting the most suitable model of CSE to be piloted in schools.

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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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