

# THE IMPACT OF COMPREHENSIVE SEXUALITY EDUCATION ON ADDRESSING GENDER INEQUALITY AND GENDER-BASED VIOLENCE



## 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>



## SUMMARY OF KEY EVIDENCE: CSE, GENDER AND GBV

There is a lack of robust evidence on the impact of CSE on GBV, as few interventions have measured this sufficiently as an outcome. Nevertheless, **there is compelling evidence that CSE plays an important role in transforming harmful gender norms; reducing the risk of violence; and consequently mitigating the negative effects of violence and gender inequality on adolescent sexual and reproductive health and rights (SRHR).**

- **CSE programmes that address gender are significantly more effective.**<sup>16</sup> Programmes addressing gender, rights and power are up to five times more effective in reducing negative outcomes including unintended pregnancy and STIs.<sup>17</sup> This is due to their transformative content and teaching methods that support students to question social and cultural norms around gender; and to develop gender-equitable attitudes. More equitable power between heterosexual partners is associated with more consistent condom use, lower pregnancy rates and reduced risk of HIV infection,<sup>18</sup> and has been shown to reduce partner violence.<sup>19</sup>
- **CSE that addresses gender has a positive impact on gender-equality outcomes, including transforming harmful gender norms and attitudes towards**

**GBV.** An evaluation of a Gender Equity Movement in Schools (GEMS) curriculum to foster more gender-equitable norms and reduce violence—critical elements of CSE—showed that participating students were more likely to support higher education for girls, openly express opposition to GBV and be champions for delaying early marriage.<sup>20</sup>

- **CSE's basis in human rights and gender equity reduces the risk factors related to violence and is an important entry point for violence prevention.**<sup>21</sup> Evidence demonstrates that CSE contributes to gender equality, school attendance, shifting harmful notions of masculinity and reductions in alcohol use and harsh parenting.<sup>22</sup> Addressing gender equality through CSE is an important entry point for violence prevention among children and young people, including reducing school-related gender-based violence (SRGBV)—sexual violence from teachers and fellow students.<sup>23</sup>
- **CSE that addresses gender equality and harmful gender norms can reduce partner violence, increase female control over sex and lead to less sexual coercion.**<sup>24</sup> An evaluation of the well-established international curriculum *Stepping Stones*

showed a reduction in rates in intimate partner violence (IPV) in South Africa.<sup>25</sup> An evaluation of *Project H (Hombres)*, implemented by Instituto Promundo in Brazil, reported that a gender-focused approach led to a decline in self-reported IPV and to positive changes in attitudes and behaviour in terms of gender equity in a number of countries.<sup>26</sup>

- **CSE can break silences about sexual violence, sexual exploitation and abuse, and inspire young people to seek help.**<sup>27</sup> *The Stop Violence against Girls (SVAGs)* project coordinated by ActionAid in Ghana, Mozambique and Kenya led to changes in attitudes towards gender and violence, and to increased knowledge on how and where to report incidents. Where the girls' clubs also included discussion on intimacy and sex and relationships, reporting of violence increased.<sup>28</sup>
- **Interventions targeted at children and adolescents who are especially vulnerable to violence, as well as their parents, can help reduce violence, including sexual violence.** These interventions that address child maltreatment, which is a recognized risk factor for later perpetration or experience of IPV or sexual violence, show promise.<sup>29</sup>

## KEY FACTS:

# ADOLESCENTS, GENDER INEQUALITY AND GBV

- **Violence is the second leading cause of death among adolescent girls globally;** every 10 minutes, somewhere in the world an adolescent girl dies as a result of violence.<sup>30</sup>
- **Around 120 million girls (one in 10) under the age of 20 have experienced sexual violence.**<sup>31</sup>
- **Violence against women and girls (VAWG) increases the risk of adverse sexual and reproductive health outcomes,** including unintended pregnancy and acquisition of STIs, including HIV, in addition to affecting their emotional health and well-being.
- **In Europe and Central Asia, one in every four women is subjected to IPV** during her lifetime. IPV remains the second leading cause of death among adolescent girls aged 15 to 19 in this region, a figure that has not improved since 1990.<sup>32</sup>
- **Gender norms impact on girls' risk of child, early and forced marriage (CEFM).** Globally, 15 million girls marry before the age of 18 each year—the equivalent of one every two seconds.<sup>33</sup> In countries across Eastern Europe and Central Asia, rates of officially registered marriages involving girls aged 15 to 19 are highest in Albania (27.2%), Turkey (23%) and Kyrgyzstan (19.1%), and lowest in Kazakhstan (0.9%) and Ukraine (2.2%).<sup>34</sup>
- **An estimated 200 million girls and women alive today have experienced female genital cutting/mutilation (FGC/M);** the majority of girls are cut before they turn 15.<sup>35</sup> This figure includes approximately 500,000 women living in Europe, with a further 180,000 girls at risk every year.<sup>36</sup>
- **Violence in schools and other educational settings is a global problem and includes bullying, harassment and physical and/or sexual violence.** More than 246 million children experience violence in or around schools every year.<sup>37</sup>
- **School-related gender-based violence (SRGBV) may include sexual violence or coercion from teachers, school personnel and fellow pupils.**<sup>38</sup>
- **Violence in schools based on sexual orientation and gender identity/expression—also referred to as homophobic and transphobic violence—is a form of SRGBV and is one of the most common forms of bullying.** It includes physical, sexual and psychological violence and bullying.<sup>39</sup> Lesbian, gay, bisexual, intersex and queer/questioning (LGBTIQ) students report experiencing significantly higher rates of violence in schools.<sup>40</sup>

Gender inequality, stigma and discrimination, violence, ignorance, and some cultural and traditional practices threaten young people's SRHR, and have a life-long impact. Adolescent girls and young women in particular experience severe forms of inequalities, including sexual violence, CEFM,

FGC/M and other harmful practices. Adolescent girls are especially vulnerable to IPV: in 27 of the 45 countries with recent age-disaggregated data, young women aged 15 to 19 reported a higher prevalence of recent IPV than women aged 15 to 49.<sup>41</sup>

'Gender-based violence against girls and women remains one of the most pervasive human rights violations of current times. It affects society as a whole, has major public health consequences and constitutes an obstacle to women's active participation in society.'<sup>42</sup>

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# GENDER INEQUALITY AND GBV— CAUSES AND CONSEQUENCES

**Social and gender-based norms have significant impact on girls' and boys' life choices and experiences.**

Gender-based discrimination results in girls being less likely than boys to get an education and the health care they need, and 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 emotionally ready to do so.** Early marriage exposes them to a range of risks including high-risk pregnancies and births, IPV and the transmission of HIV.<sup>43</sup> Gender inequality also influences sexual expression and behaviour.

**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.**<sup>44</sup> In 2017, the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) introduced the term 'gender-based violence against women' highlighting gender discrimination as a root cause of violence against women and girls.

In some contexts, young men may face destructive male stereotypes and experience pressures from their peers or society to fulfil these stereotypes and to engage in controlling or harmful behaviours towards women and girls. As a result, **gender has a major impact**

**on SRHR and is a key driver of the HIV epidemic, significantly affecting adolescent health outcomes, including adolescent pregnancy, STIs and violence.**

**Violence starts early in the lives of many girls; perpetrators may sometimes be strangers, but are most often caregivers, family members, teachers or other influential adults or peers.** This makes it harder for girls to refuse unwanted sex or to resist coerced sex. **Globally, one in three women will experience violence at some point in their lifetime, most commonly by an intimate partner.**<sup>45</sup> **In some settings, up to 45 per cent of adolescent girls report that their first sexual experience was forced,**<sup>46</sup> **with condoms rarely used during forced sex.** 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.<sup>47</sup> **Experience of IPV and sexual violence can place adolescents on a lifelong trajectory of violence, either as victims or perpetrators.**<sup>48,49</sup>

Rates of violence are even higher among girls and women who are particularly vulnerable, including those with disabilities, women who use drugs and women who sell sex. There is also a growing body of evidence indicating that **LGBTIQ students—often perceived as not conforming to prevailing sexual and gender norms—frequently experience physical and psychological violence on the basis**

**of their sexual orientation or gender identity/expression.**<sup>50</sup>

In many countries violence may occur within or on the way to school; **school-related gender-based violence (SRGBV) is defined as '... acts or threats of sexual, physical or psychological violence occurring in and around schools, perpetrated as a result of gender norms and stereotypes, and enforced by unequal power dynamics'**.<sup>51</sup> Gender norms not only make such violence acceptable in society, but may also force women, girls and those identifying as LGBTIQ to bear this burden in silence by blaming and stigmatizing themselves. **Violence is a manifestation of power and control, a way to maintain gender inequalities, impacting upon the health, safety and freedom of girls and women globally and limiting their potential.**

**Gender inequality also fosters harmful practices such as FGC/M, which is an extreme form of violence against girls and young women,** intended to exert control over their sexuality and to deprive them of sexual pleasure. It has serious implications for girls' and women's SRHR and can be a vector for infection, including hepatitis and HIV.<sup>52</sup> Although there are no reliable data from Europe and Central Asia, the region is home to large numbers of migrants and refugees from countries that practise FGC/M. There is also emerging evidence of the practice among some communities, for example Avar communities in the north Caucasus region of the Russian Federation and Georgia.

# ADDRESSING GENDER INEQUITY AND GBV THROUGH CSE

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The 1994 International Conference on Population and Development (ICPD) Programme of Action articulates 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’.<sup>53</sup>

CSE’s capacity to change sexual behaviours and improve health outcomes, such as a reduction in early and unintended pregnancy (see Factsheet 2) and STIs, including HIV (see Factsheet 3), is well-established. **CSE also has the potential to reduce GBV, IPV and gender-based discrimination, and to increase gender-equitable norms.**

**Transforming gender norms impacts on a range of adolescent behaviours and health outcomes.** For example, adolescents with more egalitarian attitudes about gender roles, or who form more equal intimate heterosexual relationships, are more likely to wait until they feel ready to begin sexual activity, use condoms and other forms of contraception. They also have lower rates of STIs, including HIV, and are less likely to be in a violent relationship.<sup>54</sup>

**CSE’s participatory methodologies can encourage young people to question sensitive cultural practices such as CEFM or FGC/M.**<sup>55</sup> This can enable them to

challenge harmful social norms and enter into informed debates with community leaders, which can benefit the wider community. CSE has a positive impact on attitudes and values and can challenge power dynamics in intimate relationships, fostering mutually respectful and consensual partnerships. **Gender-transformative CSE programmes that engage men and boys and the wider community to transform gender and other social norms—including harmful notions of ‘masculinity’—also show promise.**<sup>56</sup> CSE is increasingly recognised as part of a holistic approach to addressing violence.<sup>57</sup> It helps to build the skills and knowledge of boys and girls to promote gender equality; shift harmful gender and social norms; and address power dynamics, gender-based and sexual violence, and harmful practices including CEFM and FGC/M.

**There is strong evidence for investing in CSE that includes a focus on gender, rights and empowerment, which is more effective at reducing rates of STIs**

**and unintended pregnancy, and in responding to the needs and realities of girls and young women worldwide.**<sup>58</sup> An ‘empowerment approach’ to CSE supports young people, especially girls and others who may be marginalised, to view themselves and others as equal members in their relationships, able to protect their own health and to contribute actively to society<sup>59</sup> (see Factsheet 4). **Addressing gender inequality to ensure more equitable relationships has been shown to reduce partner violence, increase female control over sex and lead to less sexual coercion.**<sup>60</sup>

**CSE also includes discussions about consent, essential for building healthy and respectful relationships; good sexual health; and promoting young people’s well-being.** Teaching young people to respect other people’s personal boundaries can help create a society where no one feels ashamed to willingly engage in, or to reject, sexual activity. Taking a ‘sex-positive’ approach to CSE, by supporting young people to have safe, pleasurable and satisfying experiences, can help them to understand what constitutes coercive sex. It also builds skills to seek help in case of coercive sex and to reject unwanted sexual activity. This is critical in supporting young people to exercise their sexual and reproductive rights and helping them to protect their health, including potentially from abuse and exploitation.<sup>61</sup>

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## EVIDENCE IN PRACTICE

Despite global policies and good practice guidelines that increasingly emphasise the importance of CSE as an optimal entry point for violence prevention, programme evaluations have not yet caught up with the aims of policy and advocacy strategies.<sup>62</sup> Consequently, the existing evidence on the impact of CSE on GBV remains limited because most interventions have not sufficiently measured violence as an outcome. UNESCO states that 'There are very few systematic reviews of studies that feature violence prevention as a

component or key characteristic... this is a gap that urgently needs to be addressed.'<sup>63</sup> UNESCO's revised International Guidance on Sexuality Education includes 'violence and staying safe' as one of eight key concepts to be addressed when developing a CSE curriculum.

Across Europe and Central Asia, a number of projects aimed at preventing violence against young people have been implemented, including the United States Agency for International Development (USAID)-

supported *Safe Schools Program* to reduce SRGBV in Tajikistan. This project challenged negative gender stereotypes about girls; trained teachers and school counsellors to prevent and recognise different types of violence; and developed appropriate reporting and referral systems in cases of violence. Violence prevention is also increasingly being integrated within different subjects across school curricula in countries including Armenia, Belarus, Kazakhstan, Moldova and Ukraine.<sup>64</sup>

### COUNTRY CASE STUDY:

## PREVENTING SCHOOL VIOLENCE AND BULLYING THROUGH CSE IN CHINA<sup>65</sup>

In 2007, Beijing University began a pilot project that aimed to integrate CSE within China's primary education system. The project has developed curricula and resources; trained and supported teachers to deliver CSE; worked with parents to build their confidence and skills in talking to children about these issues; and monitored, evaluated and disseminated the results of CSE in order to advocate for the scaling-up of the project.

The curriculum covers grades 1 to 6 and has been updated and revised in line with international evidence and standards on CSE, specifically UNESCO's International Technical Guidance on Sexuality Education.<sup>66</sup> The new curriculum is progressive,

sex-positive—including concepts such as sexual desire and masturbation—and takes a 'building blocks' approach to CSE, where topics are discussed in more depth as children get older.

The project explicitly addresses school violence, including bullying, to enable a more inclusive and safer school environment and to promote learning. Within the programme, school violence and bullying is recognised as an infringement of learners' rights, causing harm to children's physical health, psychological well-being and academic performance. Key topics within the CSE curriculum include: discussions on gender roles; gender equality; eliminating discrimination; children's sexual rights; preventing

and coping with abuse; and asking for help and support. Pre- and post-test questionnaires for children and parents have demonstrated significantly increased knowledge on key topics. '*Cherish Life*'—a CSE booklet for primary school children—has also been developed, with accompanying guides for parents and teachers. The project has been scaled-up, reaching over 20,000 primary school children in seven provinces: Beijing, Guangdong, Guangxi, Hebei, Shandong, Yunnan and Zhejiang.

Source: Laboratory of Comprehensive Sexuality Education for Children, Beijing Normal University. January 2017. *Preventing school violence and bullying through Comprehensive Sexuality Education Curriculum*



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## PUBLISHED BY

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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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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; Väestöliitto, 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: 60596084