

Science-Based Sexuality Education

Madrid Consensus Paper

Recommendations of an International Expert Group



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Preface

In order to ensure the development of healthy sexuality, free of discomfort, risks, suffering, guilt, and shame, sexual rights must be recognized, promoted, respected, protected, and defended by all societies, through all available means. Sexual rights include the right to comprehensive science-based sexuality education which fosters the right to make free, responsible reproductive decisions, and the autonomous exercise of other sexual rights.

It is important to distinguish between *sexual information* (transmission of facts and data about how the body works and how to prevent situations that are frequently associated with, or cause health problems) and genuine sexuality education. Sexuality information is geared toward the “accrual” of a collection of facts and data that are usually “dispensed” in such a way as to be taken in without critique or assimilation. In contrast, *sexuality education* is designed to develop and foster certain skills and attitudes in interpersonal relations in a particular society. In sexuality education processes the facts and data acquired encourage anticipatory thinking and analysis so that impulsive action does not prevail over logical thinking.

In practice, sexuality education and sexual health promotion involve bringing a holistic approach to the study of needs, planning, implementation, and evaluation of education and health programs designed to effectively reach different groups of people.

In recent years, professionals and institutions working on sexual health have found that:

- Sexuality education is still a work in progress in many countries.
- Many practitioners, institutions, and groups involved in sexuality education face barriers and stumbling blocks in carrying out their work.
- In some cases, far from progress, there appear to have been setbacks in many of the victories achieved in the realm of sexual rights and sexual health.

These circumstances are not confined exclusively to Ibero American countries, including Spain, but rather are present in many other countries. It is therefore necessary to advocate for a professional and social movement to promote science-based sexuality education as a basic strategy for moving the sexual rights agenda forward and, with this in mind, to convene a World Meeting of Sex Education Experts. This was the objective set out in the conclusions of the XV Latin American Congress for Sexology and Sexual Education (CLASSES) held in October 2010 in Alicante, Spain.

The meeting of experts was organized and convened by the Spanish Academy of Sexology and Sexual Medicine (AESMES); the Spanish Association of Sexology Specialists (AEES); the World Association for Sexual Health (WAS); the Latin American Federation of Sexology and Sexual Education (FLASSES); the Modular Sexual Health Program of the National University of Distance Education (UNED); and the Institute of Sexology and Psychotherapy (Espill).

The Ministry of Health, Social Policy and Equality of Spain lent its support to the meeting, which included the participation of the following international organizations: Regional Office for Europe of the World Health Organization (WHO); Federal Centre for Health Education (BZgA) of Cologne (Germany); Pan American Health Organization (PAHO); United Nations Educational, Scientific and Cultural Organization (UNESCO); International Planned Parenthood Federation (IPPF); United Nations Population Fund (UNFPA); University of Minnesota Program in Human Sexuality, University of Alberta (Canada); National Pedagogical University of Mexico; and the Universities of Salamanca and Vigo in Spain.

The objective of the World Meeting of Experts on Sex Education was to develop a document that would serve as a reference and source of support for practitioners and institutions working

on sexuality education, and to propose specific, consensus-based strategies and actions geared towards implementing science-based sexuality education with a view to attaining the full exercise of sexual rights.

The document is divided into two sections. The first section describes the conclusions of the meeting of experts, which set out the basis for sexuality education and strategies needed to promote it, including advocacy strategies, and strategies to obtain the necessary resources and to implement programs. The second section offers relevant information and reflections to

promote science-based sexuality education. This section includes standards for sexuality education, general and specific factors for the success of education programs that have been carried out in different regions of the world, and technical guidance on sexuality education that describes the characteristics of effective programs and the learning components of comprehensive sexuality education.

Finally, the report cites the scientific documents used as references and includes annexes on definition of concepts, sexual rights, and the legal framework.

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Conclusions of the Expert Meeting in Madrid

THE FOUNDATIONS FOR SEXUALITY EDUCATION

Sexuality education needs to be a compulsory part of education in order to attain the optimal development of any person from early childhood. Sexuality education must also be understood in the framework of human rights. Access to high quality, science-based sexuality education is a universal and inalienable human right of every person and therefore one of his or her specific sexual rights.

As guarantors of the fulfillment of these universal rights, States have the duty to take all necessary and sufficient measures to ensure that sexuality education is offered within the education system. Accordingly, neither States nor parents or legal guardians have the option of preventing minors from receiving sexuality education, nor may they exempt themselves from the responsibility to promote and impart it.

Sexuality education is essential to the full development of health, as defined by the World Health Organization (WHO), which implies the total well-being of the person, rather than merely reproductive health and the prevention of sexually-transmitted diseases. It is therefore necessary to “*depathologize*” the traditional vision of sexual health and sexuality education. It is not just a matter of preventing sexually transmitted diseases, but involves a much broader approach related to the complete development, well-being, and health of the person, and an education in and for love, and a full and satisfactory life.

Sexuality education is appropriately understood from a positive and holistic standpoint. It has to do with the well-being of people and with an education for life, love, autonomy, freedom, and respect; with respect for people’s dignity and individual value; with guarantees of non-discrimination of any nature; with gender equality; with the eradication of violence and sexual abuse in couple relationships; with enabling people to discover the richness found in differences and in personal enrichment. Ultimately it means to advocate for a full and healthy

life in which people are able to experience their sexuality in a happy and responsible way, as part of the complete development of their personality.

A key factor in the successful achievement of these objectives is the early beginning of sexuality education. Every institution that deals with people should be involved in comprehensive education, including the subject of sexuality, understanding that this as a lifelong process and adapting its contents to the needs of each developmental stage.

[Sexual health and sexuality education] is not just a matter of preventing sexually transmitted diseases, but involves a much broader approach related to the complete development, well-being, and health of the person, and an education in and for love, and a full and satisfactory life.

In addition to the legal framework and the perspective of health and well-being, the contents of this sexuality education should be designed with the following parameters in mind:

- A **gender** perspective
- Respect for **diversity**
- **Cultural** and social context **specificity** (including work with communities)
- **Sexual abuse prevention**, working with children as both potential victims and potential aggressors

The methodology for designing sexuality education programs should:

- Ensure content quality
- Guarantee the empirical evidence underlying contents and arguments and, therefore, their scientific basis

- Involve children and adolescents in the design of the programs and their contents

STRATEGIES TO PROMOTE SEXUALITY EDUCATION

The experts at the meeting identified the following strategies as particularly relevant to the promotion of sexuality education:

1. Messages targeting decision-makers in different fields should be designed to include the following:
 - a. The **public health perspective**, with a cost-benefit approach and arguments that support the benefits of investing in sexuality education. Not only does sexuality education do no harm, it is also conducive to complete human development and reduces medium and long-term health costs.
 - b. The State's responsibility and duty to ensure **investment in individual health and well-being**, in addition to institutional and social benefits. The State has a role to play in the context of interpersonal relations by promoting values education and the incorporation of models of non-violent affective relationships.
 - c. The **human rights framework**, which spotlights the role of the State, as well as that of regions, provinces, autonomous communities, federal entities, departments, municipalities, and any other level of government as guarantors of respect for human rights, including sexual rights. It is incumbent on States to include science-based sexuality education in the education curriculum and to ensure that sufficient human and economic means are available for its implementation.
 - d. The **social justice** perspective, since sexuality education contributes to equality, nondiscrimination, and the empowerment of vulnerable and disadvantaged groups.

2. If sexuality education programs are to be implemented effectively, the **education and health systems** must coordinate their efforts around sexuality education and the promotion of complete health.
3. Political advocacy must employ **science-based and convincing arguments**. These arguments are premised on four essential principles: human rights, gender equality, personal autonomy in decision-making, and acceptance and respect for diversity. It is necessary to identify conceptual errors and inaccuracies in opposing arguments and expose them publicly, making the distinction between values and scientific data, and using relevant empirical evidence to substantiate arguments in favor of sexuality education.
4. It is important to demand that States comply with **international human rights legal instruments**.

SYSTEMATIZATION AND INTERNAL COHERENCE OF MESSAGES

5. It is necessary to **standardize messages** about sexuality education intended for political agents and decision-makers, and for society as a whole.
6. It is necessary to **recognize accomplishments** and maintain a positive outlook concerning the progress made, while maintaining a critical perspective as to what remains to be done, and the specific concerns that we are working to address.
7. **Networking** among the institutions and agents involved in sexuality education is essential for its implementation. It is necessary to develop resources that facilitate networking and ensure that professionals have access to them (web, consensus papers, educational programs, etc.).

STRATEGIES TO PROMOTE THE NECESSARY RESOURCES AND PROGRAMS

8. Design and promote specific **professional training programs for educators**. This training should be part of the university curricula and also offered through in-service training for educators already working in the field. Training should include:

- a. The use of participatory pedagogical tool: understanding, listening, learning.
- b. Science-based content based on previously developed minimum standards.

9. Propose the inclusion of **sexuality education as a stand-alone subject in the curriculum**—as opposed to just a cross-cutting theme—with its own contents, time frame, and specific evaluation. The following should be taken into account in designing content:

- a. Apply previously developed minimum curricular standards. These contents should include the cognitive, emotional, social, psychological, and interpersonal relations components of sexuality.
- b. Tailor contents to the age and special needs of particular groups.
- c. Develop and disseminate materials that are sensitive and tailored to different ages and groups.
- d. Involve children and adolescents in content development and program implementation.
- e. Conduct surveys on how children and adolescents view sexuality education and the main issues that concern them.
- f. Work specifically on strategies for internet social networks and include formal and informal education strategies.

10. The implementation of sexuality education programs should involve **the entire community**, including educational agents beyond school walls such as families, the

media, health professionals, informal educators, NGOs, and street educators.

11. **In order to include families** in sexuality education it is necessary to:

- a. Involve them in the contents imparted to their sons and daughters. Integration and normalization of sexuality means taking the issue into the private sphere, while maintaining a respectful public sphere.
- b. Distinguish between school and family as two areas that contribute to sexuality education, but from different perspectives.
- c. Conduct surveys to ascertain the attitudes of parents and guardians toward sexuality education and their main concerns.

12. Develop specific strategies to ensure the availability of sexuality education for **specific groups** such as:

- a. Institutionalized people
- b. Seniors
- c. Persons with physical, sensory, and intellectual disabilities
- d. People with chronic mental disorders
- e. Immigrants or refugees
- f. Minority groups (sexual diversity, sex workers, and indigenous communities)
- g. LGTB youth

13. It is essential to develop strategies for working with the **media** as key agents in sexuality education.

- a. Media professionals should be offered training in sexuality education contents.
- b. Press releases should be issued frequently and with regularity, and include unified, simple, positive messages.
- c. Scientific advances in the field should be publicized, along with successful intervention programs.
- d. Youth should be involved in crafting social sensitization messages and media campaigns.

14. **Sexuality education programs should be evaluated** with indicators that go beyond strictly health indicators.
15. Resources should be created that encourage **networking** among the institutions and professionals involved in sexuality education and ensure that practitioners have access to them (web, consensus papers, training programs).

When society, and parents in particular, understand the rationale for sexuality education, they participate in it, promote it, and demand it for their children.

SOCIAL AWARENESS-BUILDING STRATEGIES

16. Awareness building messages should be **simple and positive**.
17. A **unified, science-based “intelligent discourse”** should be established.
18. Social sensitization messages should make the connection between sexuality education and **the everyday problems** of children, adolescents, and young adults.
19. Professionals and institutions are responsible for conveying the need for, and presenting approaches to sexuality education in a **non-confrontational manner**, dispelling the notion that sexuality education is harmful to children and adolescents. When society, and parents in particular, understand the rationale for sexuality education, they participate in it, promote it, and demand it for their children. In light of the subject matter, however, excessively confrontational, biased, or complicated messages can lead to reticence and an uncooperative attitude that hampers the sexuality education of their sons and daughters.
20. Social sensitization efforts should reach out to the entire community and should be carried out **through networking** among institutions, civil society, nongovernmental organizations, and community agents.

CONSENSUS ON FACTORS FOR THE SUCCESS OF SEXUALITY EDUCATION

- Support for in-service training for teachers and for the dissemination of appropriate materials.
- Tradition of addressing sexuality, however tentatively, within the education system.
- Preparatory sensitization for head teachers, teachers, and community members.
- Partnerships (and formal mechanisms for these), for example, between education and health ministries and between state and civil society organizations.
- Agencies and groups that represent and contribute young peoples’ perspectives.
- Collaborative process of curriculum review.
- Commitment to addressing both HIV and AIDS and sexuality education reflected in a favorable policy context.
- Civil society organizations willing to promote the cause of comprehensive sexuality education, even in the face of considerable opposition.
- Identification and active involvement of “allies” among decision-makers.
- Availability of appropriate technical support (such as from UN partners and international nongovernmental bodies), for example, in relation to: sensitization of decision-makers, promoting participatory learning methods by teachers, and engagement in international networks and meetings.
- Involvement of young people in awareness building of parents, teachers, and decision-makers.
- Opportunities for decision-makers to participate in school-based sexuality education through observation and dialogue with teachers and students.
- Removal of specific barriers to comprehensive sexuality education, such as the withdrawal of homophobic teaching material.
- Willingness to resort to international policy and legal bodies.

Relevant Information and Reflections to Promote Science-Based Sexuality Education

Sexual health promotion is a priority in every society, since promoting and maintaining sexual health is vital to attaining comprehensive health.

The WHO has recognized health as a basic human right. Because health promotion requires changes in society, policy, the law, and culture, it should be promoted in the framework of the human rights.

The WHO defines health as a state of complete physical, social, and mental well-being and not merely the absence of disease. Therefore, the term sexual health refers to the experience of the ongoing process of physical, psychological, and socio-cultural well-being related to sexuality, which requires an environment free of coercion, discrimination, and violence. In order for sexual health to be attained, the sexual rights of persons must be recognized and guaranteed.

Human rights are principles that are universally regarded to protect human dignity and promote justice, equality, freedom, and life itself. Since protection of health is a basic right of every human being, it is obvious that sexual health entails sexual rights.

Sexual rights were set out at the XIII World Congress of Sexology in Valencia, Spain, in 1997 and were reviewed and approved by the General Assembly of the World Association for Sexology (WAS) on 26 August 1999, during the 14th World Congress of Sexology in Hong Kong, China(1).

In order to assure the development of healthy and risk-free sexuality, sexual rights must be recognized, promoted, respected, and defended by all societies through all their means (2).

The Pan American Health Organization (PAHO), a WHO Regional Office, in collaboration with the WAS, convened a regional meeting of experts in Antigua Guatemala, Guatemala, in 2000 in order to reevaluate strategies for promoting sexual health, including the role of the health sector in attaining and maintaining sexual health.

The objectives of the consultation are listed below:

- Establish a conceptual framework for sexual health promotion.
- Identify concerns and problems related to sexual health in the Region of the Americas.
- Suggest measures and strategies to attain and maintain sexual health.

The expert working group recommended the following five goals for governmental and non-governmental agencies and institutions:

1. Promote sexual health, including the elimination of barriers to sexual health.
2. Provide comprehensive sexuality education to the population at large.
3. Provide education, training, and support to professionals working in sexual health related fields.
4. Develop and provide access to comprehensive sexual health care services to the population.
5. Promote and sponsor research and evaluation in sexuality and sexual health, and the dissemination of the knowledge derived from it.

With regard to the second goal, to provide sexuality education to the population at large, there was a clear consensus among the expert working group that comprehensive sexuality education, considered as a life-long process that informally and formally provides and transforms knowledge, attitudes, skills, and values related to all aspects of human sexuality, is one of the best investments a society can make when promoting sexual health among its people.

Comprehensive sexuality education should begin early in life, should be age and developmentally appropriate, and should provide a positive attitude towards sexuality. Since it is recognized that sexual information alone is not adequate, sexuality education must include skills development in addition to acquisition of knowledge.

Six strategies were proposed for the attainment of this goal:

1. Provide school-based comprehensive sexuality education.
2. Integrate sexuality education into the general curriculum of educational institutions as appropriate.
3. Provide comprehensive sexuality education to persons with mental and physical disabilities.
4. Provide access to comprehensive sexuality education to special populations (e.g. prisoners, undocumented immigrants, the institutionalized, homeless people).
5. Provide access to comprehensive sexuality education to other populations (e.g. documented immigrants, ethnic minorities, refugees).
6. Integrate mass media into efforts to deliver and promote comprehensive science-based sexuality education.

A complementary goal proposed in the document is to provide training and support to professionals working in sexual health related fields, including a wide range of specialists such as physicians, psychologists, sexologists, nurses, therapists, family planning staff, educators, and community activists.

In practice, sexuality education and sexual health promotion requires bringing a holistic approach to the study of needs, planning, implementation, and evaluation of education and health programs designed to effectively reach different groups of people.

The promotion of sexual health is central to the attainment of wellness and well-being and the achievement of sustainable development and, more specifically to the implementation of the Millennium Development Goals (3).

Sexual Health for the Millennium conceptualizes sexual health as multi-dimensional and specifically identifies and examines eight specific goals that together encompass an integrated and comprehensive approach to sexual health promotion:

1. Recognize, promote, ensure, and protect sexual rights for all.
2. Advance toward gender equality and equity.

3. Condemn, combat, and reduce all forms of sexuality related violence.
4. Promote universal access to comprehensive sexuality education and information.
5. Ensure that reproductive health programs recognize the centrality of sexual health.
6. Stop and reverse the spread of HIV infection and other sexually transmitted infections.
7. Identify, address, and treat sexual concerns, dysfunctions and disorders.
8. Achieve recognition of sexual pleasure as a component of holistic health and well-being.

STANDARDS OF SEXUALITY EDUCATION

The WHO Regional Office for Europe and the Federal Centre for Health Education (BZgA), have prepared a document setting out the standards for sexuality education in Europe (4).

The standards indicate what children and young people at different ages should know and understand, what situations or challenges they should be able to handle at those ages, and which values and attitudes they need to develop.

From a historical global perspective, sexuality education programs can be grouped into three basic categories:

1. Programs that focus primarily or exclusively on abstaining from sexual intercourse before marriage, known as “abstinence only” programs.
2. Programs that include abstinence as an option, but also pay attention to contraception and safe sex practices. These programs are referred to as “comprehensive sexuality education.”
3. Programs that include the elements of the second category, but also place them in a broader perspective of personal and sexual growth and development. These are referred to as “holistic sexuality education.”

An extensive study comparing the results of programs in the first and second category in the United States of America has indicated that “abstinence only” programs have no positive effects on sexual behavior or the risk of teenage pregnancy, whereas comprehensive programs do have such an effect (5).

The document sets out several core concepts relating to sexuality education:

- Sexuality is a central aspect of being human.
- People have a right to be informed about science-based sexuality.
- Informal sexuality education is inadequate for modern society.
- Young people are exposed to many new sources of information that is frequently distorted, unrealistic, and degrading, particularly for women.
- There is a need for sexual health promotion.

The following principles for sexuality education are proposed:

- Sexuality education should be age-appropriate with regard to the young person’s level of development and understanding, and culturally and socially sensitive with a gender perspective.
- Sexuality education should be based on human rights.
- Sexuality education should be based on a holistic concept of well-being, which includes health.
- Sexuality education should be firmly based on gender equality, self-determination, and the acceptance of diversity.
- Sexuality education starts at birth.
- Sexuality education is understood as a contribution towards a fair and compassionate society by empowering individuals and communities.
- Sexual education should be based on scientifically accurate information.

International Standards of Educational Practice for Educators

The WAS has developed a set of standards of practice for professionals (6) to serve as a guide for professional educators and regulatory bodies in any part of the world for writing educational objectives and designing curricula and assessment tools for the education of specialist sexologists.

The WAS International Standards of Practice—hereinafter, the Standards—are specifically designed to provide generic parameters of professional practice. They are written in terms of

outcome measures, in other words they describe demonstrable behaviors of the qualified specialist. The aim is to provide professional educators and regulatory bodies in any part of the world with a guide for writing educational objectives and designing curricula and assessment tools for the education of specialist sexologists.

The Standards have been prepared by WAS on behalf of, and in consultation with, experienced sexologists working in the relevant disciplines. The WAS intends to provide the profession with a benchmark for the knowledge, skills, and attributes of an effective, ethical, and professional service provider specializing in sexology.

The practice of sexuality education and sexual health promotion involves the study of program needs, planning, implementation, and evaluation. The services provided will be determined by a range of factors including the profile of the student, the setting, and the nature of the needs and demands of the target group.

High quality performance in practice is the aspiration of the profession and ensures the effectiveness of practice and promotes the status of the sexologist and sexology. It also provides protection for those who seek services from professional sexologists.

There are nine standards, each of which covers a key outcome area required of all specialists. All standards are equally important.

Standard 1	Demonstrate professional standards appropriate to sexuality education and sexual health promotion
Standard 2	Communicate effectively
Standard 3	Access, interpret, and apply information for the continuous improvement of sexuality education and pedagogy
Standard 4	Assess the needs of target groups
Standard 5	Interpret and analyze assessment findings
Standard 6	Develop an appropriate programme plan
Standard 7	Implement effective and safe teaching and learning plans
Standard 8	Evaluate the effectiveness and efficiency of program implementation
Standard 9	Operate effectively across a range of settings

Format of the Standards

The standards are formatted with a title, explanatory statement, elements, and criteria, followed by examples of evidence that will demonstrate that a standard has been achieved.

Elements	The elements are key contributing outcomes of each standard, all of which should be demonstrated by the entry level specialist.
Criteria	The criteria describe the knowledge, actions, demonstrations and level of performance required to meet the element. The criteria are work-based criteria that may be used to demonstrate competency.
Evidence	This section provides additional information to assist in the interpretation of the elements and criteria.

Considerations for Different Groups of People

In practice, sexuality education and sexual health promotion involve bringing a holistic approach to the study of needs, planning, implementation, and evaluation of education and health programs designed to effectively reach different groups of people. The following aspects should be taken into account:

- A range of age groups
- A range of cultural, belief and language backgrounds
- Differing social and economic circumstances
- Differing family and relationship situations
- Differing physical and cognitive abilities
- A range of sexual orientations and identities
- Vulnerable people: immigrants, ethnic minorities, prisoners
- Female and male sex workers

Services are Provided Through:

- Governmental and nongovernmental institutions, including schools, higher education institutes, universities, community groups and organizations, health and social services

- Institutional settings
- Community settings

Awareness of diversity is vital when working as an educator and/or health promoter. The specialist must have the capacity to see beyond her/his own socio-cultural and psycho-sexual experiences and to present an objective approach to their practice. Attitudes vary considerably and the specialist must be prepared to consider how different belief systems and experiences might influence such concepts as:

- Sexual values and norms
- Relationships and family systems
- Differences in modesty and personal values
- Seeking professional services and the structure of service provision
- Differences in physical, intellectual, and mental capacities
- Differences in learning styles
- Attitudes towards the educator and the educational content
- Faith based systems

**“It’s All One Curriculum”
Concept and Key Characteristics**

Concept

“It’s All One Curriculum” is a set of resources to develop a standardized curriculum on sexuality, gender, HIV, and human rights.

It is based on international research on sexual health risks. It is consistent with the Millennium Development Goals and related policy mandates, contributing a very fresh and needed approach to educating young people in a diverse and rapidly changing world.

Specifically, “a single curriculum” allows educators and policy-makers to address not only the individual sexual and reproductive health determinants of young people, but also the social determinants of their health and well-being.

The content of the curriculum was designed for use with adolescents, age 15 and up, from a range of cultures and social contexts, both within and outside the school system.

The ultimate goal is to enable young people to

enjoy and defend their right to dignity, equality, and to healthy, responsible and satisfactory lives by reducing the rates of unintended teenage pregnancy, sexually transmitted infections, and unwanted relations as a result of gender-based coercion and violence (7).

Key Characteristics

“It’s All One Curriculum” is:

1. Evidence-based: “It’s All One Curriculum” is based on the lessons learned from curricula evaluated by researchers in the international plane, and incorporates relevant findings on the ties between gender dynamics and sexual health outcomes.
2. Comprehensive: it includes accurate information on all of the psychosocial and health subjects necessary for designing a comprehensive curriculum that covers sexuality, HIV prevention, the right to abstain from having sexual relations, and family life education.
3. Based on core values and human rights: it promotes principles of equity, human dignity, and equal treatment, opportunities for participation, and human rights for all people as the basis for attaining sexual health, reproductive health, and general well-being.
4. Gender-sensitive: it stresses the importance of gender equality and the social setting in general in attaining sexual and reproductive health, as well as the general well-being of boys and girls.
5. Promotes academic growth and critical thinking: it promotes the thinking habits necessary for understanding one’s relationship to self, others, and society, and the way in which these relationships profoundly affect our lives.
6. Promotes civic participation: by advocating the notion that each person is important and can make a positive difference in the world around him or her.
7. Culturally appropriate: it reflects the differing circumstances and situations of young people throughout the world.

FACTORS FOR THE SUCCESS OF NATIONAL SEXUALITY EDUCATION PROGRAMS

The United Nations Educational, Scientific and Cultural Organization (UNESCO) recently (2010) published a report titled *Levers of Success*, based on case studies of national programs in countries in the Asian and African hemispheres, Latin America and the Caribbean.

The report states that effective sexuality education provides young people with age-appropriate, culturally relevant, and scientifically accurate information. Sexuality education also provides them with structured opportunities to explore attitudes and values and to practice the skills they will need to be able to make informed decisions about their sexual lives.

Sexuality education is an essential element of HIV prevention and is critical to achieving universal access targets for prevention, treatment,

... “[A] single curriculum” allows educators and policy-makers to address not only the individual sexual and reproductive health determinants of young people, but also the social determinants of their health and well-being.

care, and support. Properly designed and implemented programs can reduce the risk of HIV and other sexually transmitted infections (STI), unintended pregnancies, and coercive or abusive sexual activity.

The term “levers of success” is used to describe the conditions and actions that have been found to be conducive to the introduction or implementation of sexuality education. Such levers are both general and specific. General levers are those that are necessary for the successful implementation of any new program. However the successful implementation of sexuality education also depends upon specific levers, particular either to the nature of sexuality education, or to the social and cultural setting in which it is implemented (8).

INTERNATIONAL TECHNICAL GUIDANCE ON SEXUALITY EDUCATION

Based on a rigorous, up-to-date review of evidence on sexuality education programs, the International Technical Guidance is aimed at education and health sector decision-makers and professionals. It is intended to support education, health authorities, and other relevant sectors to develop and implement the materials and programs for sexuality education in the schools (9).

The guidance focuses on the rationale for sexuality education, provides sound technical advice on characteristics of effective programs, and the topics and learning objectives to be covered in a “basic minimum package” on sexuality education programs for boys, girls, and young people from 5 to 18 years of age.

It is based on the following assumptions:

- Sexuality is a fundamental aspect of human life: it has physical, psychological, spiritual, social, economic, political, and cultural dimensions.
- Sexuality cannot be understood without reference to gender.
- Diversity is a fundamental characteristic of sexuality.
- The rules that govern sexual behavior differ widely across and within cultures. Certain behaviors are seen as acceptable and desirable while others are considered unacceptable.

Studies show that effective programs can:

- Reduce misinformation
- Increase correct knowledge
- Clarify and strengthen positive values and attitudes
- Increase skills to make informed decisions and act upon them
- Improve perceptions about peer groups and social norms
- Increase communication with parents or other trusted adults

Moreover, research shows that programs sharing certain key characteristics can help to:

- Abstain from or delay the debut of sexual activity

- Reduce the frequency of unprotected sexual activity
- Reduce the number of sexual partners
- Increase the use of protection against unintended pregnancy and STIs during sexual intercourse

The purpose of the International Technical Guidance is to:

- Promote an understanding of the need for sexuality education programs by raising awareness of salient sexual and reproductive health issues and concerns affecting children and young people
- Provide a clear understanding of what sexuality education comprises, what it is intended to do, and what the possible outcomes are
- Provide guidance to education authorities on how to build support at the community and school level for sexuality education
- Build teacher preparedness and enhance institutional capacity to provide good quality sexuality education
- Provide guidance on how to develop responsive, culturally relevant and age-appropriate sexuality education materials and program

Effective Program Characteristics

Among effective program characteristics are:

1. Involvement of experts in research on human sexuality, behavior change, and related pedagogical theory.
2. Assessment of the reproductive health needs and behaviors of young people in order to inform the development of the logic model.
3. Use of a logic model approach that specifies the health goals, the types of behavior affecting those goals, the risk and protective factors affecting those types of behavior, and activities to change those factors.
4. Designing activities that are sensitive to community values and consistent with available resources.
5. Pilot-testing the program and obtaining ongoing feedback from the learners about

- how the program is meeting their needs.
6. Focusing on clear goals in determining the curriculum content, approach, and activities. These goals should include the prevention of HIV, other STIs, and/or unintended pregnancy.
 7. Focusing narrowly on specific risky sexual and protective behaviors leading directly to these health goals.
 8. Addressing specific situations that might lead to unwanted or unprotected sexual intercourse and how to avoid these and how to get out of them.
 9. Giving clear messages about behaviors to reduce risk of STIs or pregnancy.
 10. Focusing on specific risk and protective factors that affect particular sexual behaviors and that are amenable to change by the curriculum-based program.
 11. Employing participatory teaching methods that actively involve students and help them internalize and integrate information.
 12. Implementing multiple, educationally sound activities designed to change each of the targeted risk and protective factors.
 13. Providing scientifically accurate information about the risks of having unprotected sexual intercourse and the effectiveness of different methods of protection.
 14. Addressing perceptions of risk.
 15. Addressing personal values and perceptions of family and peer norms about engaging in sexual activity and/or having multiple partners.
 16. Addressing individual attitudes and peer norms concerning condoms and contraception.
 17. Addressing both skills and self-efficacy to use those skills.
 18. Covering topics in a logical sequence.

Components of Learning

Components of learning include:

- Information
- Values, attitudes, and social norms
- Interpersonal and relationship skills
- Responsibility

Key Concepts

Key concepts include:

- Relations
- Values, attitudes, and skills
- Culture, society, and human rights
- Human development
- Sexual behavior
- Sexual and reproductive health

Comprehensive Sexuality Education

In a report based on an international consultation to review current evidence and experience, the United Nations Population Fund (UNFPA) organized a global consultation on sexuality education in Bogota, Colombia, to discuss the most effective approaches to sexuality education that promote human rights, advance gender equality and improve sexual and reproductive health (10).

The participants affirmed that comprehensive sexuality education is a human right and that the long-term goal must be to ensure that all young people have access to effective programs.

They underscored that sexuality education should be guided by core principles, including that it should:

- Foster norms and attitudes, and build skills for achieving gender equality
- Address vulnerabilities and fight exclusion
- Promote young people's participation and strengthen capacities for citizenship
- Encourage local ownership and cultural relevance
- Take a positive life-cycle approach to sexuality

They proposed a series of recommendations for approach and content, implementation and delivery, scale-up and sustainability, and monitoring and evaluation:

- Address norms around gender and sexuality, and promote equality, empowerment, non-discrimination, and respect for diversity
- Use theoretical models that locate individual behaviors within broader contexts
- Foster critical thinking and respect for human rights and build capacities for citizenship

- Apply pedagogical theories and curricular standards that are backed up by expertise and evidence
- Deliver clear messages, use scientifically accurate information, and address personal values and perceptions
- Start at a young age and continue through adolescence
- Create a safe environment where young people are respected and encouraged to participate
- In school systems, integrate sexuality, gender, and citizenship objectives into educational goals and incorporate them across the curriculum
- Build a critical mass of educators and provide continuous training and support
- Find innovative ways to reach those out-of-school and otherwise marginalized
- Employ participatory teaching methods
- Conduct an on-going process of advocacy and build alliances and support among diverse stake-holders and gate-keepers
- Develop, implement, and monitor public policies and laws and promote multi-sectoral collaboration
- Work with local government and civil society organizations
- Foster youth leadership and participation
- Plan for evaluation and monitoring and ensure that data are disaggregated by sex, age, race, socioeconomic status, and other variables
- Develop indicators that go beyond the biomedical to measure effectiveness



Participants of the World Meeting of Experts on Sex Education, held 20-21 June 2011 in Madrid, Spain.

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ANNEX 1: Definition of Concepts

Sex: refers to the sum of biological characteristics that define the spectrum of humans as females and males.

Sexuality: the way in which people experience and express themselves as sexual beings. It is the result of the interplay between biological, psychological, socioeconomic, cultural, ethical, and religious/spiritual factors. Based on sex, it includes: gender, sexual and gender identities, sexual orientation, eroticism, emotional attachment and love, and reproduction.

Sexual health: the experience of the ongoing process of physical, psychological, and socio-cultural well-being related to sexuality, which requires an environment free from coercion, discrimination, and violence.

Reproductive health: a continuous state of physical, mental and social well-being in all aspects related to the reproductive system, its functions and processes. It involves the capacity to enjoy satisfactory and risk-free sexual activity and to procreate, and the freedom to decide whether or not to engage in it, when, how often.

Health promotion: the process by which people increase their control over health determinants and improve them as a result. In this sense, it is an overall political and social process that encompasses not only skills- and capacity-building activities, but also those geared towards changing social, environmental and economic conditions in order to mitigate their impact on public and individual health.

Sexual information: (how the body works, and how to prevent situations that can cause health problems) this is data that is received, but without critique or assimilation.

Sexuality education: (to develop and foster skills and attitudes in interpersonal relationships in a given society). The data received encourages anticipatory thinking and analysis to keep impulsive action from prevailing over logical thinking.

Formal sexuality education: involves planning for learning processes directly and indirectly related to sexual behavior patterns and experiences and patterns of social and cultural values related to sexuality, and is mainly imparted through the education and health system.

Informal sexuality education: a teaching and learning process that is not consciously planned or guided, and is transmitted in the family setting, the mass media, and through peer groups.

Sexuality education models: are tailored to the notions that a particular society and culture have about education and sexuality and preserve and perpetuate those notions. As conceptions about sexuality have evolved throughout different historical periods, sexuality education models coherent with those beliefs about sexuality have been developed.

Moral model: are reaction of conservative institutions to other approaches to sexuality education. The model asserts that sexuality is only legitimate in the context of a heterosexual marriage and exclusively for reproductive purposes. Its main goals are to foster abstinence as the only safe method and strengthen character and the will not to succumb to premarital sex.

Risk model: is based on an understanding of health as the mere absence of disease, which means that sexuality only deserves attention when there is a particular problem or a risk of disease or contagion. Its main goal is to prevent health problems caused by sexual activity and their attendant personal, social, and economic consequences.

Integrative model: is based on a positive concept of health in general and sexual health in particular, in which both are understood as vital to promoting personal well-being and the quality of life of all persons, and erotophilic attitudes towards sexuality are encouraged. The frame of reference is shaped by human rights, sexual rights, women's rights, children's rights, and diverse international legal systems.

Gender: refers to the expectations that societies and families have concerning the different social roles, attributes, and behaviors of men and women. Gender is not synonymous with biological differences based on sex.

Identity: is the way in which people think of themselves or describe themselves to others. The way people identify themselves can change over time.

Sexual identity: it includes the way in which someone self-identifies as a man or a woman, or as a combination of both, and the sexual orientation of the person.

Gender identity: defines the degree to which each person self-identifies as male or female or some combination of both. It is an internal frame of reference, constructed over time, which allows individuals to organize a self-concept and behave socially based on their perception of their own sex and gender.

Sexual roles: are the roles that society assigns to men and women, which condition how people socially express their sense of identity. They are learned, rather than innate, and differ across cultures and over time.

Social norms: are expectations about how people should act or think in a community. Norms differ from place to place and over time. Social norms influence people's attitudes and behaviors.

Values: refers to the set of beliefs or convictions that determine what people consider right or wrong. Values differ among individuals, families, and cultures. Some values are virtually and universally accepted as characteristic of ethical human behavior.

ANNEX 2: Human Rights

Human rights are principles that are universally regarded to protect human dignity and promote justice, equality, freedom, and life itself. Since health is a fundamental human right, it follows that sexual health entails sexual rights.

These rights include but are not limited to:

- Equal treatment under the law
- Food, water, shelter and clothing
- Treatment with respect and dignity
- Freedom from torture
- Freedom of expression
- Freedom of thought, conscience, and religion
- The right to assemble and to participate in the society
- The right to education
- The right to health, including access to information and health services

People must be able to exercise their basic human rights in order to enjoy a safe and satisfactory sexual life. Only when people are able to exercise these rights can they truly choose whether or not to have sexual relations, negotiate the use of condoms and contraception, and seek the services they need.

Sexual rights were set out in 13th World Congress of Sexology, held in Valencia, Spain in 1997 and were reviewed and adopted by the General Assembly of the World Association for Sexology on 26 August 1999, during the 14th World Congress of Sexology held in Hong Kong, China. These rights are:

1. **The right to sexual freedom.** Sexual freedom encompasses the possibility for individuals to express their full sexual potential. However, this excludes all forms of sexual coercion, exploitation and abuse at any time and situations in life.
2. **The right to sexual autonomy, integrity, and safety of the sexual body.** The ability to make autonomous decisions about one's sexual life within a context of one's own personal and social ethics. It also encompasses control

and enjoyment of our own bodies free from torture, mutilation and violence of any sort.

3. **The right to sexual privacy.** The right for individual decisions and behaviors about intimacy as long as they do not intrude on the sexual rights of others.
4. **The right to sexual equity.** This right refers to freedom from all forms of discrimination, regardless of sex, gender, sexual orientation, age, race, social class, religion, or physical or emotional disability.
5. **The right to sexual pleasure.** Sexual pleasure, including autoeroticism, is a source of physical, psychological, intellectual, and spiritual well-being.
6. **The right to emotional sexual expression.** Sexual expression is more than erotic pleasure or sexual acts. Individuals have a right to express their sexuality through communication, touch, emotional expression and love.
7. **The right to sexually associate freely.** The possibility to marry or not, to divorce, and to establish other types of responsible sexual associations.
8. **The right to make free and responsible reproductive choices.** Encompasses the right to decide whether or not to have children, the number and spacing of children, and the right to full access to the means of fertility regulation.
9. **The right to sexual information based on scientific inquiry.** Implies that sexual information should be generated through the process of unencumbered and yet scientifically ethical inquiry, and disseminated in appropriate ways at all societal levels.
10. **The right to comprehensive sexuality education.** This is a lifelong process from birth throughout the life cycle and should involve all social institutions.
11. **The right to sexual health care.** Sexual health care should be available for prevention and treatment of all sexual concerns, problems, and disorders.

ANNEX 3: Legal Framework

OFFICIAL HUMAN RIGHTS DOCUMENTS

Universal Declaration of Human Rights, adopted by the UN General Assembly in 1948.

Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), adopted in 1979.

United Nations Convention on the Rights of the Child (CRC), adopted in 1989.

International Conference on Population and Development (ICPD), held in 1994, adopted the Programme of Action.

Fourth World Conference on Women (FWCW), held in Beijing in 1995, adopted the Platform for Action.

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Report on Adolescent Pregnancy. WHO. Geneva, 2004.

Intensifying HIV prevention. UNAIDS. Geneva, 2005.

United Nations Convention on the Rights of Persons with Disabilities. UN. New York, 2006.

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