

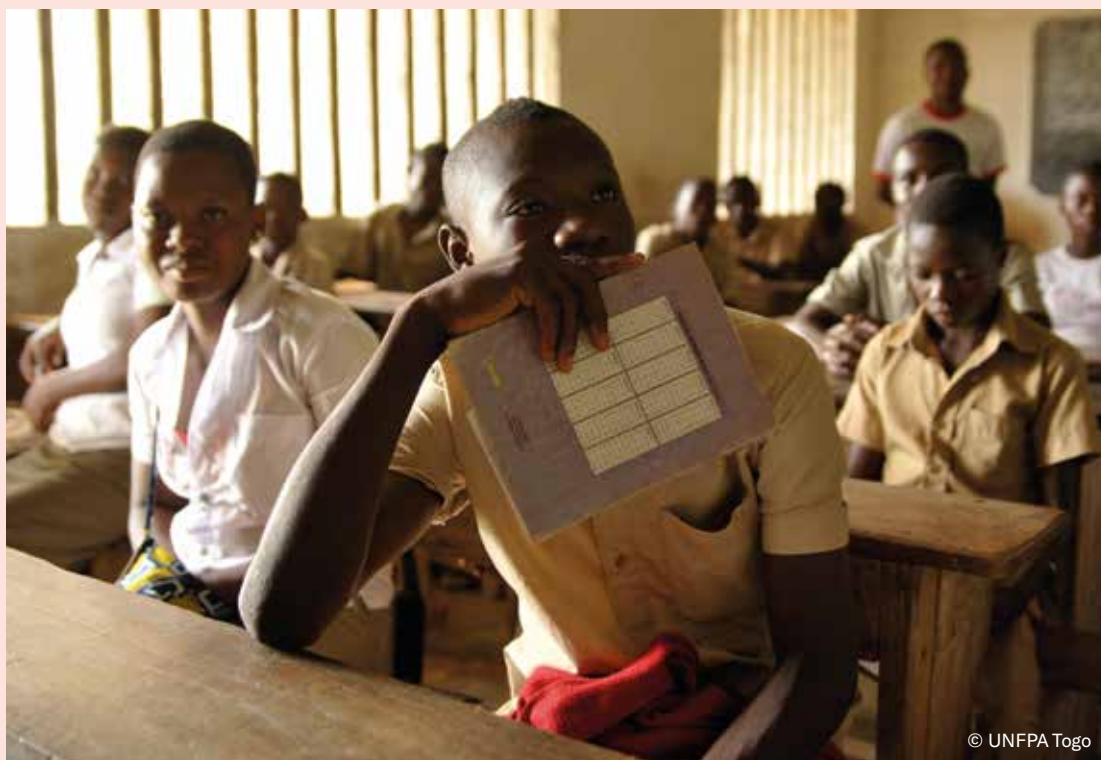


Comprehensive Sexuality Education

Evidence and promising practices
in West and Central Africa



This brochure documents the key elements for the implementation of Comprehensive Sexual Education (CSE). Using concrete examples from four countries in West Africa (Benin, Côte d'Ivoire, Senegal and Togo), the brochure documents promising practices, challenges and lessons learned, and makes key recommendations to be shared with all countries in the region.



What is CSE?

Comprehensive sexuality education (CSE) is a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to: realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and, understand and ensure the protection of their rights throughout their lives.¹

Why introduce CSE?

More than 64% of West Africa's population is aged below 24 years,² with the pregnancy rate among adolescents more than twice the global average, and more than one out of 10 girls aged 15-19 years giving birth.³



If faithfully implemented, CSE can: ^{4 5}	True	False
Reduce misinformation and increase relevant knowledge.	×	
Reduce risk-taking behaviours, decrease the frequency of unprotected sex and lower the number of sexual partners.	×	
Increase protective behaviours such as abstaining from or delaying the onset of sexual relations, and increasing the use of condoms and other contraceptives.	×	
Identify and enhance positive values and attitudes.	×	
Foster positive peer and social norms	×	
Develop the ability to take informed decisions and abide by them.	×	
Foster communication with parents or other trusted adults.	×	
Programmes focusing on gender equality are considerably more efficient than programmes that ignore the issue.	×	
Promote early or risky sexual activity.		×
Programmes that advocate abstinence have proved to be effective.		×

Young people's needs

Research has shown that CSE programmes linked to adolescent and youth sexual and reproductive health (AYSRH) services are more effective. However, to be effective both require an enabling environment for behavioural change, which calls for interventions at the community and societal levels.

Good quality
CSE in formal
and non-formal
settings

Social and Behaviour
Change Communication

**CSE linked
to AYSRH
services**



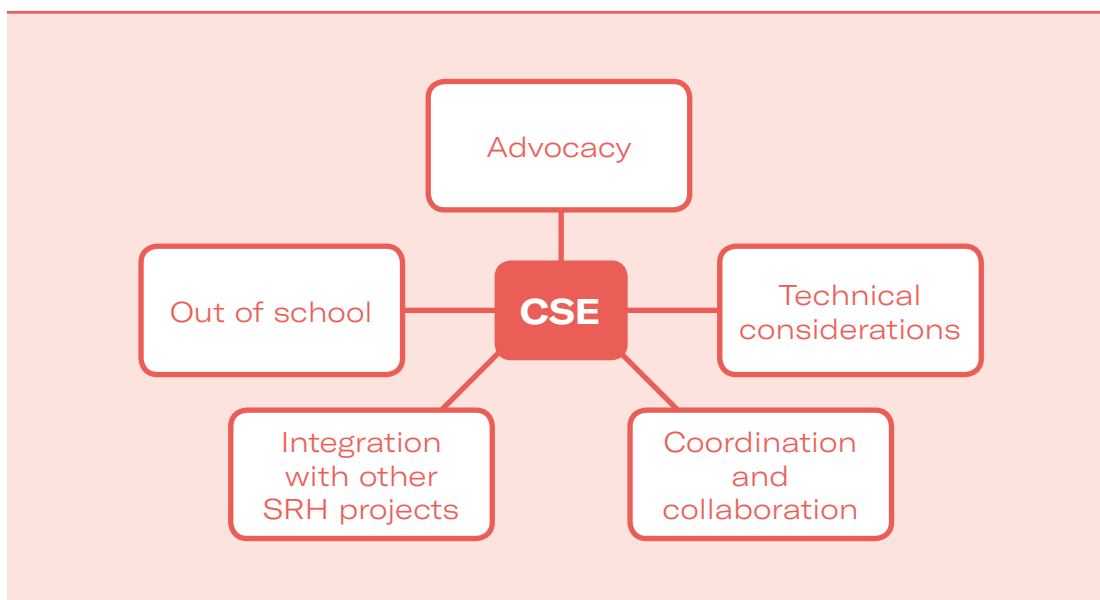
Good quality
integrated SRH
services adapted
to the needs of
adolescents and
youth

Community and
gatekeeper sensitisation
and involvement in
programme development
and implementation



Key elements for CSE implementation

Five elements have been identified for effective implementation of CSE. Ideally, all these elements should be addressed simultaneously and in synergy.



Advocacy

Why?

Sustaining sexuality education programmes over time requires building social capacity and political commitment – the ability of allies and other stakeholders to support CSE, especially when confronted by opposition or changes in government.⁶

Advocacy is not an isolated effort, but rather a long-term process that should adapt to a changing environment.

Advocacy work with policymakers, such as parliamentarians and ministers, as well as with civil society, is essential if CSE is to be included in national priorities. This inclusion will facilitate the development of a legal framework and strategic plans suitable for scaling up, and ensure that CSE can be implemented in all schools and in informal settings.

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How?

The first step requires establishing the rationale for sexuality education by collecting updated information on STIs, early pregnancy and marriage, age of sexual debut; access to AYSRH information and services; status of young people (demographic, economic...); the sociocultural environment; and the impact of AYSRH on education and the country's development.

Drawing on its global experience on the demographic dividend, CSE and AYSRH, and its strong relationships with ministries and professionals in the health, education, youth and child protection sectors, UNFPA is well-positioned to take the lead to build a convincing case for CSE. The evidence gathered will enable the development of an advocacy strategy that should, among others:

- ↪ Identify the goals:
For instance, improving understanding of the importance and impact of CSE, including CSE in national laws, integrating CSE into government policies and strategies, etc.
- ↪ Assess the political environment.
- ↪ Identify stakeholders (including the most influential) and their points of view on CSE.
- ↪ Take local data, experiences and ongoing discourse on CSE into account.
- ↪ Identify interventions required at all levels – national to operational (media plan, awareness campaign, meetings, workshops, participation of young people, teachers, parents and the community...).

Outcomes?

Effective advocacy reduces the obstacles and challenges to implementing and scaling up CSE and ensures that leaders, policy-makers and educators have a common understanding of CSE. Setting up a CSE support group comprising technical partners and other key stakeholders can have a positive influence, rally stakeholder support and bring about change in social norms as well as change negative perceptions about CSE. Working together with young people and fostering youth leadership and participation are also key to ownership of CSE by young people while ensuring broader awareness of AYSRH.



Ivory Coast

During the 2012-2013 academic year, a study found that there were 6,718 STI cases and 5,076 unintended pregnancy cases registered in schools, including 1,137 in primary and 3,939 in secondary schools. In all, 77.6% of the cases were among students aged 11 to 15 years.

While there have always been cases of unintended pregnancies in schools, the 2012-2013 study clearly pointed to the need to take urgent action. Intense advocacy efforts by stakeholders, coupled with awareness-raising among political authorities on the magnitude of the problem, led to the development of an accelerated plan (2013-2015) to reduce school pregnancies through the “zero pregnancy in schools” campaign. Without the political will to address this issue, this campaign would not have been developed or implemented.

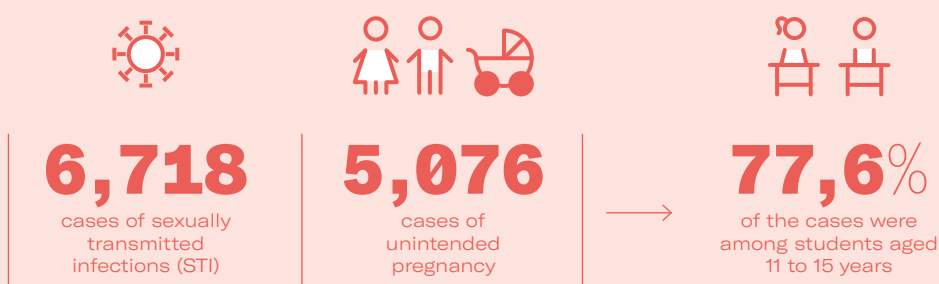
Stakeholders seized the opportunity of the publication of the study to draw the nation’s attention to the issue of unintended pregnancies. This led to political support to address this issue; support that continues to this today.

Adolescent unintended pregnancies and the campaign are still discussed at the Cabinet level. This interest at the highest level has not only opened up discussion on AYSRH, but also created a shared sense of responsibility.

The campaign includes teaching activities in class (life skills), activities in school clubs, extracurricular activities, SRH services and use of information and communication technologies. The campaign was launched on 28 February 2014, in the presence of several ministers, demonstrating its multi-sectoral dimension.

While this approach looks promising, having galvanized all stakeholders, more needs to be done. To meet the needs of young people for a quality sexuality education, the country is developing the 2016-2020 National Comprehensive Sexuality Education programme. None of this would be possible without the ownership and the political backing of the Ministry of Education and the Government of the Ivory Coast.

During the 2012-2013 academic year:



Technical considerations

“Entry point” activities

Several “entry point” activities can facilitate implementation of CSE. These include national campaigns, strategies, changes in policies or laws on child marriage, early pregnancy and AYSRH in general.

Integrated or standalone discipline

The choice to integrate CSE into one or several pre-existing carrier subjects or create a new standalone discipline is one of the most important decisions to be taken, as it impacts on the scaling up process.

Integration reduces the pressure on an already overcrowded timetable. However, the high cost of developing additional teaching materials, training more teachers and increased supervision, among other things, makes implementation more difficult and costly.

As a standalone discipline, development and implementation costs are reduced and supervision and support to the appointed teacher facilitated. However, this calls for a slot in the school timetable, which requires reducing the time available for one or several existing disciplines. Regardless of the choice made, CSE should be mandatory and assessed to maximize its impact and ensure that all young people in school are reached.⁷

Developing the curricula and teaching aids

Implementation of CSE requires the development of several materials including curricula or reference documents, handbooks for learners and teachers, and other teaching aids such as visual aids and didactic materials.

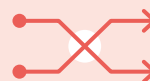
Entry points activities which can facilitate implementation of CSE



National Campaigns



Strategies



Changes in policies or laws on child marriage, early pregnancy and AYSRH

Development of curricula and support materials

- ↪ Scientifically accurate
- ↪ Incremental
- ↪ Age- and developmentally-appropriate
- ↪ Curriculum based
- ↪ Comprehensive
- ↪ Based on a human rights approach
- ↪ Based on gender equality
- ↪ Culturally relevant and context appropriate
- ↪ Transformative
- ↪ Able to develop life skills needed to support healthy choices



Strengthening institutional capacity for CSE implementation



Training, teacher support and monitoring & evaluation

Global experience has shown that teacher training that only includes training on content and methodology is less efficient than one that also includes a personal reflection on one's own values and attitudes towards sexuality. Good quality pre-service teacher training is more effective in terms of cost, allows for more in-depth training and may even contribute to the trainee teacher's own sexual and reproductive health. While it may be costlier and sometimes disrupt the running of the school, in-service teacher training is essential for staff already in place.

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Supervision and support given to teachers by their supervisors, inspectors and other senior staff are vital for quality implementation. Appropriate training is therefore required at all levels. Monitoring & evaluation is critical to implementation, as it facilitates analysis of the implementation process and its impact; and enables adjustments to the programme to ensure optimal results. Monitoring & evaluation should therefore be conducted at three levels: national, regional/district and operational.

Institutional context

Implementing CSE requires efficient coordination and collaboration within and between ministries and with non-governmental partners. This responsibility often rests with a unit of the Ministry of Education (by virtue of its mandate), with support from other key ministries such as Health and Youth. Despite variations in the institutional context of countries, appropriate staff with the relevant skills (in terms of CSE, coordination...) and financing are required for effective implementation by the unit in charge.



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Benin – an approach integrated into existing disciplines

Benin is developing its CSE programme through an inclusive process and has decided to integrate CSE into existing carrier subjects. Participation of key stakeholders in situation analysis workshops facilitated the development of a common understanding of CSE and its importance. Initially, six CSE themes⁸ (and 25 sub-themes) were identified:

1. Human Development
2. Sexual behaviour
3. Interpersonal relations
4. Values, attitudes and behaviours
5. Sexual and reproductive health
6. Culture, society and human rights

A curriculum development framework was developed. It presents the CSE conceptual framework, the methodology, and for each sub-theme, the learning goals per education level as well as behaviours to be acquired and developed. For each sub-theme, the document provides:

- Learning goals;
- Behaviours targeted;
- Risk and protection factors;
- Teaching activities and methodology; and
- Where the sub-theme can be integrated within the curricula.

This document allows teachers to see how and where to integrate CSE in the school curriculum without affecting their schedule. Teachers' guides and student handbooks have also been developed and validated, as well as a CSE communication plan.

Coordination and collaboration

While coordination and collaboration are essential for a successful programme, they are often the weak link, owing to the complexity and number of stakeholders working in the areas of CSE and AYSRH. Identifying the roles and responsibilities of every stakeholder in an official document (such as a national strategy for scaling up CSE) may mitigate this risk. Furthermore, coordination and collaboration should be introduced at all levels. This could take the form of a steering committee or technical working groups, depending on existing mechanisms in the country and their mandates. The first step is to analyse the context before creating a new structure that could prove burdensome for stakeholders.



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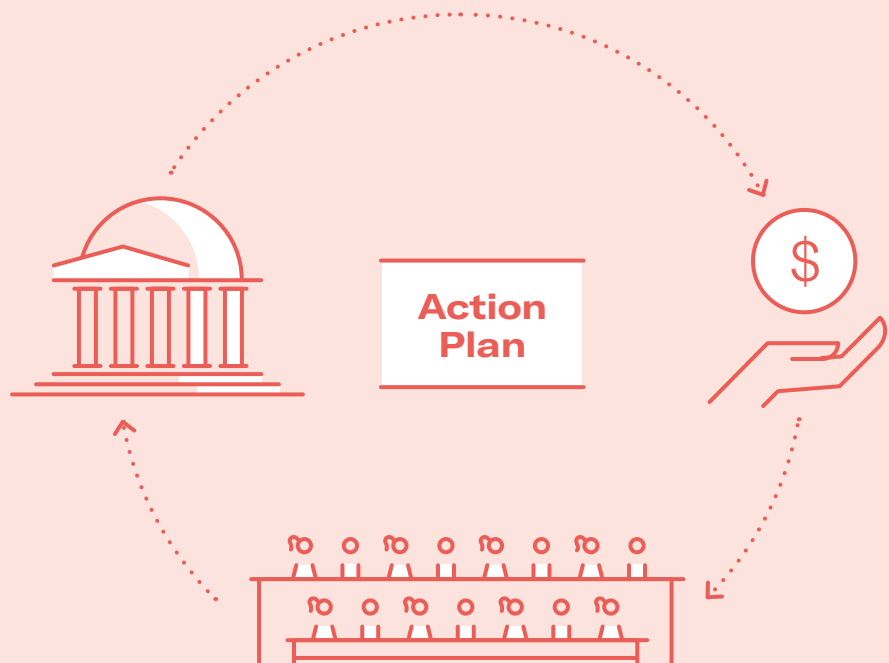
Senegal

In Senegal, the Coalition for Adolescent and Youth Reproductive Health, established in late 2012, comprises the Ministry of Education, United Nations agencies and civil society organizations. The coalition supports the education sector to integrate CSE into the curricula.

One of the strengths of the coalition is that it involves all key stakeholders. In addition, low staff turnover in member organisations has facilitated the development of a common understanding of CSE, what is required, and the most appropriate way to move forward.

The Coalition has enabled:

- Coordination of advocacy efforts to strengthen CSE provision in schools;
- Pooling of technical and financial resources to support the Ministry of Education for the provision of CSE in schools;
- Development of an action plan;
- Coordinating the identification of strategic areas for implementing and scaling up CSE (for instance, identifying the seven components of a CSE).



Integration with other SRH projects

To be effective, CSE should be linked to accessible sexual and reproductive health services that are adapted to the needs of adolescents and young people. Demand creation interventions are also required to ensure utilization of these services. While some schools have clinics that offer AYSRH services, the majority do not and will need to develop linkages and referral systems to their local health service centres.

Creating linkages is insufficient. SRH services must be responsive to the needs of adolescents and young people. WHO has developed criteria that should be implemented in all health centres that receive adolescents and young people, whether it is in existing centres or in school clinics. WHO criteria require those services to be:⁹

- ↳ **Accessible**
Adolescents are in a position to obtain the services provided.
- ↳ **Acceptable**
Health services are delivered in such a way to meet the expectations of adolescents (a way that is appealing to them).
- ↳ **Equitable**
All adolescents, and not only some groups, are able to obtain the health services they need.
- ↳ **Appropriate**
Health services provided are responsive to the needs of adolescents.
- ↳ **Efficient**
Appropriate health services are delivered and contribute positively to the health of adolescents.



Togo

School infirmaries are an opportunity to bring AYSRH services closer to adolescents and young people, and ensure that these services meet their needs. In 2012, a situation analysis noted the limited number (37) of school infirmaries in Togo and identified the main stumbling blocks as being inadequate infrastructure, equipment and qualified human resources; as well as limited services.

To support the government in responding to the SRH needs of adolescents and young people, a public-private partnership was forged with North Star Alliance and UNFPA to set up Blue Boxes (prefab school infirmaries) in general education secondary schools with a student body higher than or equal to 1,000.

The specific goals of the Blue Box project include:

- Setting up a functional health unit in schools with a large student body.
- Providing a package of primary health care services, including reproductive health and HIV in infirmaries.
- Improving knowledge and behaviour of students in hygiene and sexual and reproductive health, using IEC/BCC activities.
- Improving sexual and reproductive health education, including HIV prevention, in the teaching programme.
- Introducing early prevention practice in schools.
- Reducing health-related absenteeism.
- Ensuring better monitoring of students presenting chronic pathologies or disabilities.

In some schools, the existing infirmaries have been improved while in others, the project acquired containers designed for this purpose, and fitted them with medical equipment, furniture, and a stock of medical supplies. The composition of the health team (paid by the State and Parent-Teacher associations) is dependent on the number of students in the school:¹⁰

- 1 Medical assistant or registered nurse,
- 1 Auxiliary nurse.

Service providers underwent specific training in AYSRH.

Services providers offer a package of services:

- IEC/BCC activities (counselling service, educational chats, films...)
- Medical consultations and first aid
- Daytime observation
- RH/HIV services (contraception and STI management)

Out of school CSE programmes

Context

In West and Central Africa, a large number of young people are not in school. As the region has the lowest school enrolment rate of the continent, it is essential that CSE also be provided in non-schools contexts.

How?

Out of school CSE can be delivered in a number of different ways: community-based CSE; clinic-based CSE; parent and family-based CSE; and through the use of technology. Community programmes and initiatives outside school are often on a small scale, but are more likely to reach the most vulnerable, such as out of school girls. The variety of target groups requires that contents and teaching methodologies be adapted to specific needs. Various interventions may ensure more expanded coverage of CSE. These include clubs outside school, safe spaces for young girls, integration of CSE into informal education and through community projects or AYSRH programmes. These interventions are often implemented by civil society organizations.

Coordination and collaboration

For effective scaling up of CSE, linkages and synergies should be identified between the provision of CSE in the formal education sector and out of school provision. Collaboration and coordination of CSE out of school will ensure that no young person is left out, and will also contribute to creating a harmonized approach. Out of school CSE is often characterized by ad hoc implementation with contents that are neither harmonized nor checked for quality. In some regions, there are overlapping projects while other regions have none. Harmonization, of the contents in particular, is key to ensuring quality. One solution would be to establish minimum criteria (or a gold standard) based on the 2018 International technical guidance on sexuality education (UNESCO) that would establish CSE content requirements but enable different materials and programmes to be developed.



Ivory Coast – The “Zero pregnancy in school” campaign – a multi-pronged approach

The “zero pregnancy in school” campaign uses several out of school strategies to broaden coverage of the programme. To reach adolescents and young people who do not attend school, community-based strategies have been rolled out, and ICT is being used:

- The “Healthy youth, protect yourself” caravan is going around the country providing SRH information and services (led by health providers such as midwives and SRH educators). In 2013, 207,235 adolescents and young people were reached with awareness messages from the youth caravans.
 - Counselling and youth centres and other social settings for young people are used to broadcast messages and raise awareness about unintended pregnancy, its prevention, sexuality, condom use, etc.
 - Visual aids, brochures, banners, kakemonos, etc. have been prepared by the Ministry of Youth, in close collaboration with the Ministry of Education, to ensure that the content is standardized and harmonized with CSE in schools.
 - To harmonize the out-of-school content, AIBEF, a civil society organization, is developing a CSE manual, a teacher’s guide and a participant’s guide.
 - Arts, culture and sports are used to raise awareness about SRH and unintended pregnancies. The main awareness-raising themes for the 2013 national arts and culture festival for schools were SRH and gender-based violence through the medium poetry, storytelling and drama.
- A multimedia campaign was developed (6 posters, 1 flyer on early pregnancies and means of prevention, 5 audio commercials, 3 video commercials, hundreds of SMS).
 - A web site connected to social networks to allow young people to hold discussions was developed.
 - An SMS system on SRH was activated.
 - A free and confidential hotline (107) on SRH receives 90 to 120 calls a day.
 - The Agence Ivoirienne de Marketing Social, in partnership with the Ministry of Education, developed an annual campaign dubbed “Take control of your life” on unintended pregnancies that was shared on TV, radio, and billboards. Radio plays are also broadcasted four to five times a day for a week, through community radios, with a special programme, at the end, which allows individuals to call in with their questions or opinions on the weekly theme. A presenter presents the play and opens discussion with young people on the theme of the play of the week.

To overcome barriers of access to SRH/ family planning services and information for adolescents and young people, different stakeholders have been working to raise awareness among community and faith-based leaders, parents and members of the community. These activities are accompanied by projects aimed at improving communication between parents and their children.

What should be done? Recommendations for key stakeholders

Political leaders can create an enabling environment for scaling up CSE through a protective legal framework; develop policies and strategies that make CSE a priority; allocate human and financial resources for scaling up of CSE; and publicize CSE to help break taboos and change social norms.

Religious and traditional leaders play a major role in social norms and are vital for fighting against taboos, biases and harmful practices such as early marriages. By putting their weight behind CSE and AYSRH and discussing them openly, they can contribute to reducing taboos and changing social norms which adversely affect the health of adolescents and young people.

Journalists and other media personnel are crucial for advocacy work. They can influence public opinion and also change the discourse. The media are particularly important for fighting gender inequality.

Individuals, families and communities can participate in developing and implementing CSE and supporting efforts of the education sector and civil society to implement CSE. They can also engage community dialogue and initiate communication between parents and their children, especially on AYSRH. By openly discussing CSE and AYSRH and their consequences on their communities, they can contribute to changing social norms and reducing taboos.

Young people can mobilize themselves, join or establish youth associations, request to create communication spaces to make their voices heard and discuss CSE and AYSRH issues (through radio, for example). They can also participate in developing and implementing CSE, create ownership and advocate for its scale up, as well as work to bring about changes in societal norms.

Civil society organizations collaborate with all stakeholders to ensure coordinated, efficient and good quality implementation, by focusing their interventions on the gaps identified and using harmonized content based on the 2018 International technical guidance on sexuality education (UNESCO).

Technical and financial partners build the capacities of stakeholders through technical and financial support; and coordinate to support scaling up CSE.

Scaling up CSE and ensuring access to good quality AYSRH services is a long-term effort, which entails institutional changes at all levels as well as societal changes. As a result, existing projects should continue to be implemented while CSE is being integrated into governmental systems. Scaling up plans should therefore have both short and long term goals to ensure that adolescents and young people receive enough sexuality education to be able to protect themselves.

The difficulty of implementation and the time required to scale up the CSE are offset by the positive impact on the health and education of each adolescent and young person and thus on the development of their country.

Notes

- 1 UNESCO. 2018. Revised Edition. International technical guidance on sexuality education. An evidence-informed approach.
- 2 UNFPA. Transforming and Uplifting lives One Region One Mission. Annual Report 2015. West and Central Africa Regional Office.
- 3 UNFPA. Motherhood in Childhood. Facing the challenge of adolescent pregnancy. State of world population 2013.
- 4 UNESCO. 2018. Revised Edition. International technical guidance on sexuality education. An evidence-informed approach.
- 5 Operational Guidance for Comprehensive Sexuality Education: A Focus on Human Rights and Gender. UNFPA, New York, 2014.
- 6 UNFPA. 2014. Operational Guidance for Comprehensive Sexuality Education: A Focus on Human Rights and Gender.
- 7 UNESCO. 2015. Emerging Evidence, Lessons and Practice in Comprehensive Sexuality Education – a Global Review. Paris, UNESCO.
- 8 These topics are based on: International Technical Guidance on Sexuality Education: An evidence-informed approach for schools, teachers and health educators: UNESCO, Paris, December 2009.
- 9 http://www.who.int/maternal_child_adolescent/topics/adolescence/health_services/en/ (consulted on 5 December 2016)
- 10 While this number is ideal, it does not always represent the reality on the ground.

