

The VALUE of COMPREHENSIVE SEXUALITY EDUCATION: Considerations for East and Southern Africa during the pandemic



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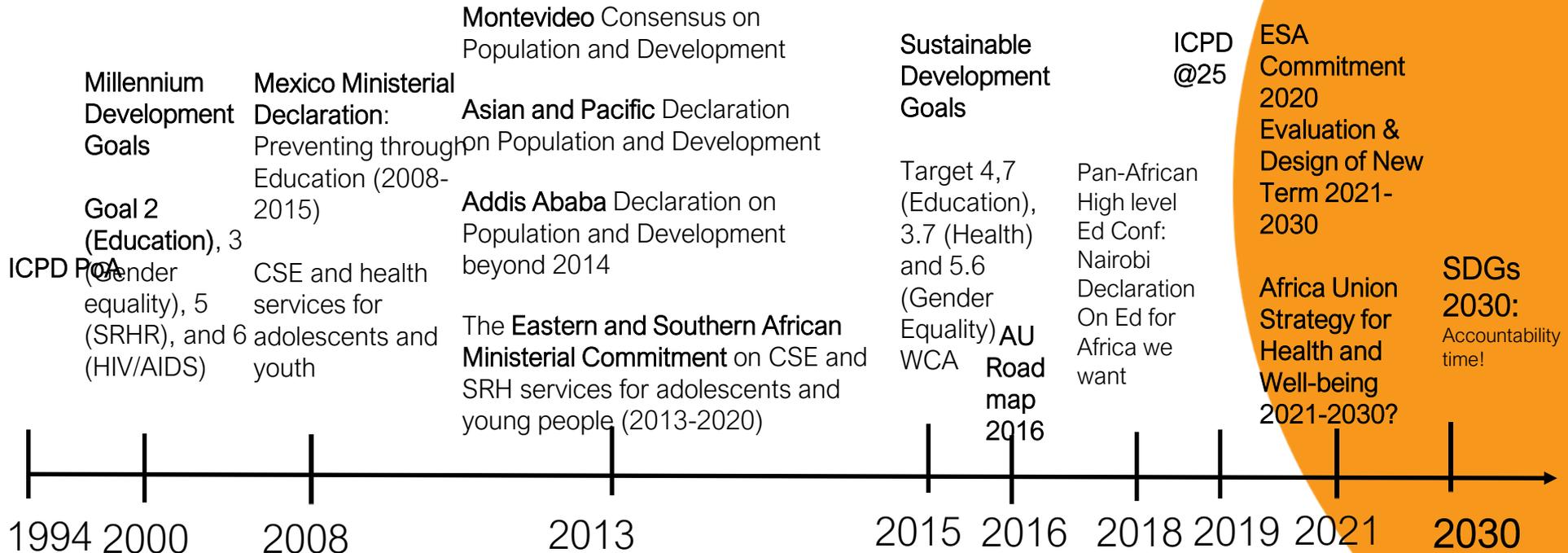
What is Comprehensive Sexuality Education?

CSE is a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. CSE is comprehensive when it covers the full range of topics related to human sexuality, rights and gender, without omitting challenging or sensitive topics. (UN International Technical Guidance on Sexuality Education, 2018)

Qualities of effective CSE

scientifically accurate
incremental,
age and developmentally appropriate,
based on human-rights and gender equality,
culturally relevant and context appropriate,
inclusive of the life skills, and
transformative.

Global and Regional Commitments on Comprehensive Sexuality Education



COVID-19 Challenges in delivering CSE:

Some insights:

- The **longer** learners are out of school, the **less likely** they will all return to school
- **Girls are more impacted** in terms of distance learning (chores, sharing computer, internet, airtime) and risk of not returning to school
- **Alternative methods of assessment** will need to be considered since examinations and traditional methods will not work under physical distancing guidelines
- There is a distinction between **online learning** opportunities and **remote or distance learning**.
- **Limited online access** for masses of learners throughout the region and **lack of electricity** make even radio a prohibitive means of education in some cases.
- **Virtual/online/e-learning** is here to stay but going forward **hybrid or blended learning** methods to be employed and quality assurance an ongoing challenge.
- **South-South collaboration** and beyond: those academic institutions that have online learning in place to share these and other open sources for education to maximize immediate education opportunities

COVID-19 Challenges in delivering CSE:

Providing gold standard of CSE in terms of its breadth and depth of sessions/content, teacher effectiveness, etc. is rare in the best of times: whether in schools, out of school and becomes more challenging among hardest to reach groups, among trendy digital solutions, and now, even harder with lockdowns/physical distancing/limited distance learning

In school CSE- Ministries of Education are struggling with how to provide even the most basic education and will likely prioritise what they consider the most fundamental subjects: literacy, mathematics, etc. so **keeping CSE in distance learning offerings is/will be a hard sell....**yet so important because sex, sexuality, menstruation, puberty, pregnancy, all SRHR concerns, do not stop or pause for pandemics and in some cases, intensify as in the case of SGBV, unintended pregnancies.

Other bottlenecks to effective CSE

- Global countermovement, misinformation, disinformation
- Cultural taboos
- Lack of harmonized, conducive laws and policies and weak enforcement of policies related to CSE/SRHR for young people (for example management of learner pregnancies)
- Political will and multi-sectoral collaboration differs across Member States
- Some schools do not provide CSE at all or in limited forms (only some years of schooling, or not geographically saturated)
- CSE often not inclusive enough to cater to specific needs of LNOB groups
- On-going need for pre and in-service teacher training that leads to high teacher effectiveness not yet costed and institutionalized fully in national systems
- Use of regional resources aimed at capacity building/training the CSE workforce with fidelity unknown
- CSE not often examinable/assessed or mandatory
- Quality assurance issues in and out of school
- Significant need of ongoing resources required for advocacy, capacity building, implementation, M&E and other evidence generation
- Lots of evidence gaps (dosage, modes of delivery-stand alone/integrated, long term impact, data disaggregation, etc.)
- Attrition and other challenges with out of school CSE
- Agility and flexibility to incorporate mega trends and emerging issues
- M&E systems need strengthening
- Resources needed for scaling up scope/coverage and geographical saturation
- Infrastructure and access for digital solutions
- Weak linkages to SRHR services and commodities including school health programmes

Debunking the myths about CSE

CSE does **NOT**

- Focus on sexual intercourse or encourage young people to have sex
- Teach young people how to have sex or take away their innocence
- Follow an abstinence only until marriage approach
- Disregard abstinence as an option
- Perpetuate myths about condoms
- Undermine parents or the authority of families
- Disregard nor impose cultural or religious values and morals
- Promote or encourage LGBTI issues.

Evidence on CSE and its benefits

When delivered with **fidelity**, by **trained teachers/facilitators** using **participatory methods** extensive **evidence** suggests CSE:

- delays age of sexual debut
- decreases number of sexual partners and frequency of sex
- increases use of contraception including condoms
- reduces misinformation
- increases correct knowledge about sexuality, relationships and HIV
- clarifies and strengthens positive/health promoting values and attitudes
- increases skills to make informed decisions and the self efficacy to act on them
- improves perceptions about peer groups and social norms
- increases communication with parents and other adults
- abstinence only or abstinence focussed programmes do NOT work and are potentially harmful
- CSE is most impactful when paired with SRH services and involve parents and community members

CSE is an essential part of SRH service package within Universal Health Coverage



CSE's Value Added

- CSE can reach **large numbers of young people** within the 10-24 year old age range in and out of school over time, hence the importance of **scaling up, geographically saturating, and institutionalizing** the implementation of CSE in sustainable national systems within and outside the formal education sector.
- CSE is a true form of **prevention** in that it aims to impart knowledge, essential life skills, health-promoting attitudes and behaviors, often at strategic opportune moments before the information is needed. Thus, its focus is towards the **development and maintenance of healthy SRHR behaviors, versus the need for behavior change**. That said, it also addresses the importance of **behavior change** and **mitigation** of negative SRHR at individual, inter-personal, and socio-cultural levels.
- CSE **creates demand** for the **utilization of SRHR services and commodities**

We need to give CSE a long term chance to follow through on its theoretical and evidence based promises

What would the ideal state of sustainable CSE in light of COVID-19 look like in terms of:



- Meaningful youth leadership in CSE
- National/regional/continental ownership and institutionalization
- Multi-sectoral collaboration and coordination with strong community advocates
- Harmonized, conducive laws and policies
- Gender and rights based national curricula that aligns to international standards and remains flexible to incorporate emerging issues (COVID-19, climate change, MHM, etc.)
- Out of school CSE that complements in school CSE
- Implementation modalities (integrated, stand-alone, mandatory, assessed)
- Pre and in-service teacher training that leads to high teacher effectiveness
- Development of state of the art teaching and learning materials
- Strong M&E systems, research, knowledge sharing and utilization of data
- Leaving no one behind: entry points, inclusive CSE, trauma informed CSE
- Innovations in CSE including digital solutions and blended forms of learning
- Links and measurable referral mechanisms to youth friendly SRH services
- Significant impact on the health and well-being young people

What is it going to take for us to get there **TOGETHER?**

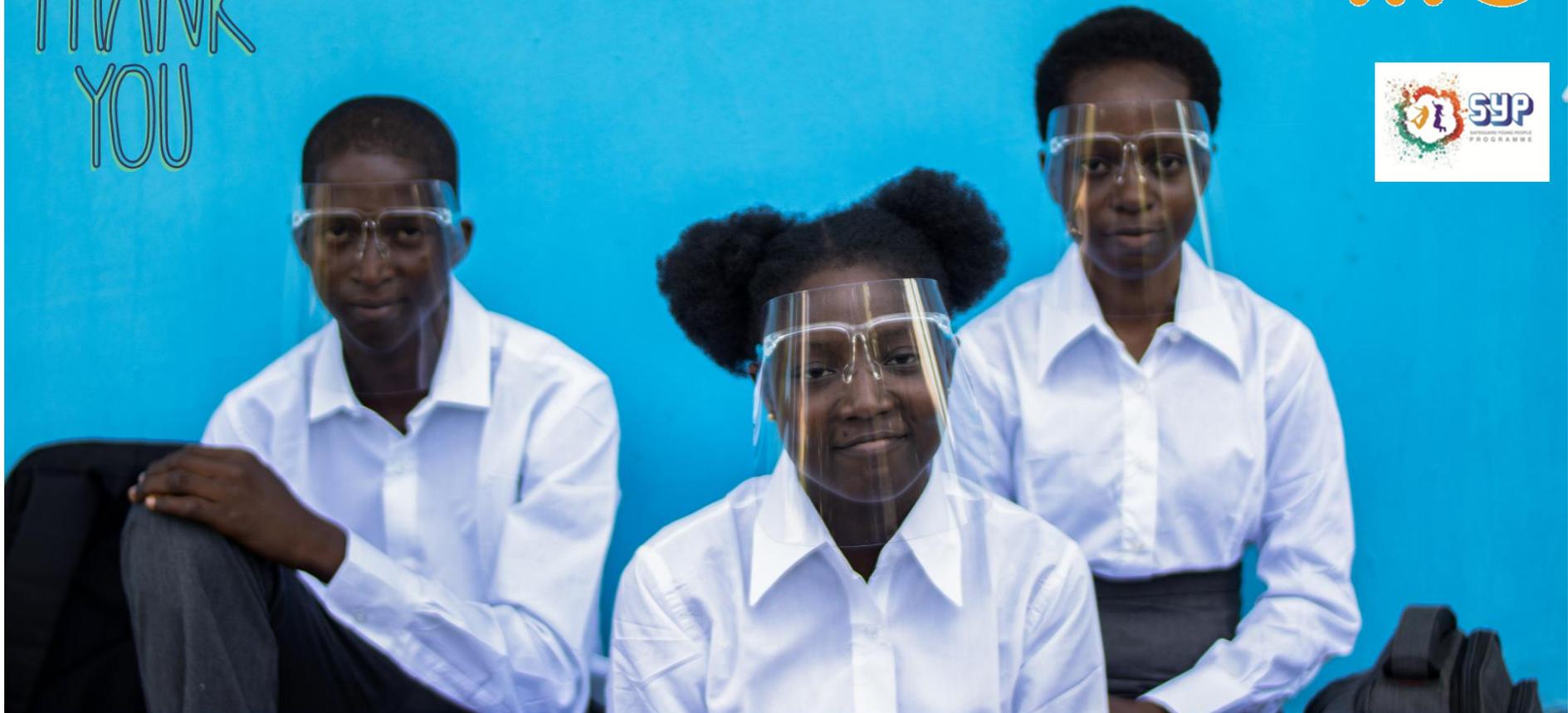


ESA Commitment Vision

A young African, a global citizen who is empowered, educated, healthy, resilient and socially responsible - an autonomous decision-maker and has the capacity to reach their full potential and contribute to the development of their community, country and the region

CSE is more critical now than ever...in its truest PREVENTION potential, in its DEMAND GENERATION potential for SRH services, and in its potential towards knowledge just for knowledge sake towards the health and well-being of the 199 million young people in East and Southern Africa.

THANK
YOU



The United Nations sexual and reproductive health agency
delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled.