SESSION THREE

Talking About Sexuality Education

LEARNING OBJECTIVES

By the end of this session, teachers will be able to:

1. Define sexuality education and describe its benefits.
2. Locate at least four learning objectives by age–range and topic in the International Technical Guidance on Sexuality Education.
3. Appreciate efforts undertaken to date to advance school–based sexuality education and describe the status of its implementation.
4. Share and acknowledge some of the social cultural and contextual factors that can impact sexuality education.
5. Correct at least three common myths about sexuality education.

ACTIVITIES

Activity 1 Defining Sexuality Education and its Benefits

Activity 2 International Technical Guidance on Sexuality Education

Activity 3 Review of Sexuality Education Country Curriculum and Framework

Activity 4 Discussion on Social Cultural and Contextual Realities and their Impact on Sexuality Education

Activity 5 Debunking Myths About Sexuality Education

Activity 1: Defining Sexuality Education and Its Benefits

TOTAL TIME REQUIRED

1 hour

MATERIALS NEEDED

- ✔ Flip chart
- ✔ Markers
- ✔ Projector
- ✔ Laptop computer

RESOURCES NEEDED

- ✔ PowerPoint on Sexuality Education

LEARNING OBJECTIVES

By the end of this activity, teachers will be able to:

1. Define sexuality education and describe its benefits.

INSTRUCTIONS

1. Explain that now that everyone has a sense of some of the sexual and reproductive health challenges facing young people in the region and in the country, let's take a moment to define and talk about one of the things that schools can do to address these challenges—that is, provide comprehensive sexuality education.
2. Divide teachers into groups of five and give each group a flip chart with markers. Ask each group to take 15 minutes to brainstorm how they would define sexuality education and to note these on a flip chart. Let teachers know that you will be asking for volunteers to share what they have come up with.
3. Call time and ask for a group to volunteer to post their flip chart on a wall and share their definition. Once they have done so, ask the remaining groups to follow and circle similarities within definitions as each group presents.
4. Summarize by crafting a definition that encompasses the various contributions and say that now we will see how it is defined in the International Technical Guidance on Sexuality Education and review the benefits of sexuality education and the purpose of the International Technical Guidance using the PowerPoint.
5. Ask participants if they think that the content they identified is in line with the definition and lead a discussion requesting their perspectives/observations along these lines.
6. Conclude the PowerPoint by noting that having a clear, common definition of sexuality education and understanding of its breadth and benefits is important for teachers responsible for delivering sexuality education in order to be informed about what it means and the positive outcomes it can bring to learners.

Sexuality Education

Sexuality Education

- Sexuality Education provides young people with age-appropriate, scientifically accurate, non-judgemental, and culturally relevant information and opportunities to explore attitudes, practice decision-making, communication, and other skills needed to make informed decisions about their sexual and reproductive health and well-being.

Sexuality Education

Why is sexuality education needed?

- Lack of adequate preparation among learners for their sexual lives
- Resulting vulnerability to unintended pregnancy, STIs, and coercion
- Right to sexual and reproductive health information and services

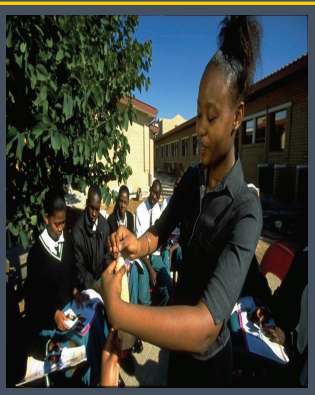
Sexuality Education

What is sexuality education for?

- To equip learners with the knowledge and skills to be able to make responsible decisions about their sexual and reproductive health.

Benefits of Sexuality Education

- Reduction of misinformation
- Increased correct knowledge about sexuality, relationships and HIV
- Clarified and strengthened positive values and attitudes
- Increased skills to make informed decisions and act on them
- Improved perceptions about peer groups and social norms
- Increased communication with parents and other adults



Impact of Sexuality Education

Good quality and well implemented sexuality education programmes have been shown to:

- Delay initiation of sexual activity
- Reduce frequency of unprotected sexual activity
- Reduce number of sexual partners
- Increase use of protection against unintended pregnancy and STIs
- Foster empowerment of girls and women and greater gender equality

International Technical Guidance on Sexuality Education

- To address the absence of international standards in sexuality education;
- To provide an evidence-informed justification for sexuality education and to strengthen existing sexuality and HIV education programmes

Use of Volume I and Volume II of the Guidance

Volume I provides a **wealth of evidence** to show that comprehensive sexuality education does no harm and has many benefits

Volume II provides guidance for curriculum development on sexuality education, organized by six key concepts and by age (5-8; 9-12; 12-15; 15-18)

What is the International Technical Guidance?

A set of international standards –

- ✓ Motivated by the **urgent need to address the knowledge gap on HIV prevention** amongst young people
- ✓ **Based on the most current evidence on the impact of sexuality education** programmes on sexual behaviour
- ✓ Developed with a **comprehensive approach** to sexuality education – and includes attention to **human rights** issues and **gender**
- ✓ Providing a global template that can be **adapted to national needs**

Assumptions for the Guidance

- **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.

Assumptions for the Guidance

- The rules that govern sexual behaviour differ widely across and within cultures. Certain behaviours are seen as acceptable and desirable while others are considered unacceptable. This does not mean that these behaviours do not occur, or that they should be excluded from discussion within the context of sexuality education.

What is inside Volume II?

Key Concept 1: Relationships *Friendship, love, romantic relationships, parenting*	**Key Concept 2: Values, Attitudes and Skills** *Values, decision-making, communication*	**Key Concept 3: Culture, Society and Human Rights** *Sexuality, culture and rights, gender, sexual abuse and violence*
Key Concept 4: Human Development *Reproduction, Puberty, Bodily Integrity*	**Key Concept 5: Sexual Behaviour** *Sex, sexuality and the sexual life cycle; sexual behaviour*	**Key Concept 6: Sexual and Reproductive Health** *Pregnancy prevention, HIV and STI Risk Reduction, HIV Stigma*

How do risk and protective factors fit in?

Studies of curriculum-based sex and STD/HIV education programs have underscored the importance of addressing the following factors:

1. Knowledge
2. Perception of risk
3. Personal values
4. Perception of peer norms
5. Self-efficacy
6. Intentions
7. Parent-child communication

Knowledge

- Facts, information, and skills acquired by a person through experience or education
  - For example, getting facts about contraception

Perception of Risk

- The perception of negative consequences that result from a course of action or behavior.
  - For example, increasing the perception that having unprotected sex even just once can lead to an unintended pregnancy.

Values

What we value and consider important in life:

- They serve as guidelines for behavior.
- When we act in accordance with our values, we feel good about our actions.
- When we act in a way that violates our values, we feel bad about our actions.
- For example, understanding one's personal value of education/staying in school .

Perception of Peer Norms

- Perceived peer norms are what we perceive to be standards of acceptable behaviors (norms) among peers
- All of us are affected by our perceptions of what others are doing and our perceptions of what others think we should be doing.
- We do this because we often desire to conform to social norms (standards of acceptable behavior)
  - For example, countering the perception that peers are having unprotected sex

Self-Efficacy

- People's confidence in their ability to perform particular behaviors well.
- If people think they can do something well, they are more likely to try to do it.
  - For example, increasing the sense of self-efficacy to access contraception

Intentions

- Intentions are courses of actions that people expect to follow.
  - –For example, developing a plan for using contraception.

Parent-child communication

- Parents communicate with their children about knowledge, beliefs, values, expectations and many other messages, all of which affect their children's behavior.
  - For example, interviewing parents about what puberty was like for them.

What you teach in addition to *how* you teach can address these factors (more on that later).

In Summary

- Young people face significant challenges to their sexual and reproductive health and realizing their full potential
- Sexuality education can reduce these vulnerabilities by building knowledge and skills that enable young people to reduce sexual risk behaviors
- The education sector has a critical role to play and tremendous opportunity to prepare learners for leading sexually healthy lives

Sources

- Machawira, P. PowerPoint presentation entitled Comprehensive Sexuality Education in Eastern and Southern Africa Region, 2013.
- Kirby, D., et al. Reducing Adolescent Sexual Risk: A Theoretical Guide for Developing and Adapting Curriculum-Based Programs. Scotts Vallye, CA: ETR Associates, 2011.
- UNESCO, International Technical Guidance on Sexuality Education. Paris: UNESCO, 2009.

Activity 2: International Technical Guidance on Sexuality Education

TOTAL TIME REQUIRED

1 hour

MATERIALS NEEDED

- ✔ Scissors
- ✔ Tape

RESOURCES NEEDED

- ✔ Half-page cut-outs from the Technical Guidance Search Activity Sheet
- ✔ The International Technical Guidance on Sexuality Education, Volume II located here: *http://unesdoc.unesco.orgimages/0018/001832/183281e.pdf*

LEARNING OBJECTIVES

By the end of this session, teachers will be able to:

1. Locate at least four learning objectives by age-range and topic in the International Technical Guidance on Sexuality Education.

INSTRUCTIONS

1. Explain that now that everyone has a clear understanding of what constitutes sexuality education, why it is important, and its benefits, let's go a little deeper into understanding the types of content included in sexuality education by reviewing a key resource developed by UNESCO and other UN partners, the International Technical Guidance on Sexuality Education.
2. Using the same PowerPoint or pre-printed flip charts with the same information, explain what the guidance is; the reason for its development and goals of its use; and the overall contents of Volume I and Volume II.
3. Next, explain that to further familiarize ourselves with the Guidance, we will be doing a "search" for suggested age-appropriate content for sexuality education.
4. Ask teachers to count off in order to form teams of six. Explain that each group will form a team and supply each team with a copy of Volume II of the International Technical Guidance.
5. Next, distribute half sheets to each team, which request that the team find learning objectives on certain topics for certain age-ranges.
6. Tell the teams that they have 10 minutes to search through the guidance to identify the requested learning objectives and that at the end, each team will be asked to read their findings to the group.
7. Call time and any teams with learning objectives for the age group 5-8 to share their topic and learning objective. Repeat for the remaining three age groups.
8. Ask participants the following questions:

- ✔ What was it like to engage in this game?
- ✔ What did you notice as your team was searching for the learning objectives?
- ✔ What did you find useful about the technical guidance? Unexpected?
- ✔ How can this inform your work to teach sexuality education in the classroom? Does the breadth and depth of topics respond to some of the challenges identified within the region/country?

Activity 2: International Technical Guidance on Sexuality Education

INSTRUCTIONS (CONTINUED)

9. Conclude the activity by noting that the International Technical Guidance provides recommendations for sexuality education content and skills across six topics and four age ranges. These guidelines can be used by teachers, curriculum developers, and others working to educate young people in order to ensure that they receive comprehensive, quality, and age–appropriate information and skills in support of their well–being and sexual and reproductive health.

Technical Guidance Search Activity Sheet

TEAM #1

Find ONE illustrative learning objective for the following topics for the indicated age range.

1. Puberty, ages 9–12

2. Gender Based Violence, Sexual Abuse, and Harmful Practices, ages 5–8

3. Understanding, Reducing, and Recognizing STIs Including HIV, ages 15–18

4. Pregnancy Prevention, ages 12–15

TEAM #2

Find ONE illustrative learning objective for the following topics for the indicated age range.

1. HIV and AIDS Stigma, Treatment, Care, and Support, ages 5–8

2. Privacy and Bodily Integrity, ages 9–12

3. Communication, Refusal, and Negotiation Skills, ages 12–15

4. Norms and Peer Influence on Sexual Behavior, ages 15–18

Technical Guidance Search Activity Sheet

TEAM #3

Find ONE illustrative learning objective for the following topics for the indicated age range.

1. Reproduction, ages 9–12

2. The Social Construction of Gender, ages 12–15

3. Communication, Refusal, and Negotiation Skills, ages 5–8

4. Pregnancy Prevention, ages 15–18

TEAM #4

Find ONE illustrative learning objective for the following topics for the indicated age range.

1. Understanding, Reducing, and Recognizing STIs Including HIV, ages 12–15

2. Gender Based Violence, Sexual Abuse, and Harmful Practices, ages 9–12

3. Sexual and Reproductive Anatomy and Physiology, ages 5–8

4. Sexuality and the Media, ages 15–18

Technical Guidance Search Activity Sheet

TEAM #5

Find ONE illustrative learning objective for the following topics for the indicated age range.

1. Norms and Peer Influence on Sexual Behavior, ages 12–15

2. Communication, Refusal, and Negotiation Skills, ages 9–12

3. Values, Attitudes, and Sources of Sexual Learning, ages 15–18

4. Sexuality and the Media, ages 5–8

TEAM #6

Find ONE illustrative learning objective for the following topics for the indicated age range.

1. Tolerance and Respect, ages 12–15

2. HIV and AIDS Stigma, Treatment, Care, and Support, ages 15–18

3. Sexual and Reproductive Anatomy and Physiology, ages 9–12

4. Understanding, Reducing, and Recognizing STIs Including HIV, ages 5–8

Activity 3: Review of Sexuality Education Country Curriculum and Framework

TOTAL TIME REQUIRED

1 hour

MATERIALS NEEDED

- ✔ To be determined by local presenters

RESOURCES NEEDED

- ✔ Ministerial Commitment on Comprehensive Sexuality Education and Sexual and Reproductive Health Services for Adolescents and Young People in Eastern and Southern African Handout

LEARNING OBJECTIVES

By the end of this session, teachers will be able to:

1. Appreciate efforts undertaken to date to advance school–based sexuality education and describe the status of its implementation.

INSTRUCTIONS

1. In advance of the session, invite a resource person to present on the status of sexuality education implementation and the country's sexuality education curriculum and/or framework.
2. Explain that now that we have a good sense of what constitutes sexuality education and the International Technical Guidance on Sexuality Education, let's turn our attention to how sexuality education is supported within the region and particularly, the status of sexuality education implementation in the country.
3. Distribute the Ministerial Commitment on Comprehensive Sexuality Education and Sexual and Reproductive Health Services for Adolescents and Young People in Eastern and Southern African. Explain that stakeholders from the Ministers of Education and Health from 20 countries in Eastern and Southern Africa gathered in South Africa in December of 2013 to identify how best to support a vision of young Africans who are global citizens of the future, are educated, healthy, resilient, socially responsible, and informed decision–makers, and are equipped with the capacity to contribute to their community. As a result, leaders committed to the following by the end of 2015:
   - A good quality CSE curriculum framework is in place and being implemented in each of the 20 countries
   - Pre– and in–service sexual and reproductive health and comprehensive sexuality education training for teachers, health and social workers are in place and being implemented in all 20 countries
4. Note that given these commitments, countries across the region have been working toward realizing these targets and that this country is no exception. Explain that next teachers will hear from a representative who is involved in the curriculum development processes and who will discuss the status of sexuality education implementation and the country's curriculum on sexuality education and framework.
5. Introduce the guest speaker and provide 20 minutes for the presentation followed by 15 minutes for questions and answers.

Activity 3: Review of Sexuality Education Country Curriculum and Framework

INSTRUCTIONS (CONTINUED)

6. Thank the guest speaker for their time and then ask participants the following questions:

- ✔ What was it like to hear about the commitment for sexuality education in the region and the status of its implementation in your country?
- ✔ Was this information new to you and your peers?
- ✔ What information was particularly important from this presentation?
- ✔ How does this inform the work that you will do in the classroom?

7. Conclude the session by noting that as sexuality education teachers, it's important to know that your efforts to build life skills among learners and to equip them with information and skills to support their sexual and reproductive health is part of a regional commitment to improving young people's lives. As sexuality education teachers, you are also contributing to country–level efforts that are already underway to making this commitment a reality.

Ministerial Commitment on Comprehensive Sexuality Education and Sexual and Reproductive Health Services for Adolescents and Young People in Eastern and Southern African Handout

FINAL VERSION AFFIRMED 7th December

Ministerial Commitment on comprehensive sexuality education and sexual and reproductive health services for adolescents and young people in Eastern and Southern African (ESA)

1.0 Preamble

We, the Ministers of Education and Health from 20 countries in Eastern and Southern Africa[1] , gathered in Cape Town, South Africa on 7 December 2013, working towards a vision of young Africans who are global citizens of the future who are educated, healthy, resilient, socially responsible, informed decision-makers and with the capacity to contribute to their community, country and region, hereby:

1.1. ***Affirm*** our commitment to the right to the highest possible level of health, education, non-discrimination and well-being of current and future generations;

1.2. ***Recognize*** the responsibility of the State to promote human development, including good quality education and good health, as well as to implement effective strategies to educate and protect all children, adolescents and young people, including those living with disabilities, from early and unintended pregnancy, unsafe abortion, sexually transmitted infections (STIs) including HIV, risks of substance misuse and to combat all forms of discrimination and rights violations including child marriage;

1.3. ***Reiterate*** our conviction that the education and health sectors, working jointly, have enormous potential to promote the good health and wellbeing of all individuals and communities, and to prevent early and unintended pregnancy, the transmission of HIV and other STIs and to facilitate access to care and support, particularly for adolescents and young people living with HIV (YPLHIV) or those with heightened vulnerability to STIs including HIV;

1.4. ***Acknowledge*** that our countries are signatories to various conventions at international and regional levels including the Education for All (EFA) Dakar Framework for Action, Maputo

[1] Angola, Botswana, Burundi, Democratic Republic of Congo, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, South Sudan, Swaziland, Uganda, United Republic of Tanzania, Zambia, Zimbabwe.

Ministries of education and health in Rwanda were part of the ESA commitment process, but were unable to attend the high level ministerial meeting on 6-7 December due to other commitments.

Ministerial Commitment on Comprehensive Sexuality Education and Sexual and Reproductive Health Services for Adolescents and Young People in Eastern and Southern African Handout

FINAL VERSION AFFIRMED 7th December

Plan of Action, Southern African Development Community (SADC) Protocol on Gender and Development, International Conference on Population Development (ICPD) Global Youth Conference, Abuja Declaration and Framework for Action on HIV/AIDS, the United Nations Convention on the Rights of the Child (CRC), the African Youth Charter, the Millennium Declaration and the African Union Second Decade of Education Plan of Action and a range of other regionally focused declarations;

1.5. ***Recognize*** the significant progress made by member states in Eastern and Southern Africa to address the needs of adolescents and young people with respect to ensuring access to life skills-based HIV and comprehensive sexuality education (CSE)[2] and youth-friendly sexual and reproductive health services;

1.6. ***Realize*** that in demographic terms, the region is experiencing major growth in the youth population which has major implications for education, health and development overall. Young people will drive the development of the region in the coming decades and beyond;

1.7. ***Recognize*** that working in collaboration with relevant ministries including ministries of gender, youth and others will greatly enhance the effectiveness of our efforts and ensure a coordinated, multi-sectoral approach that will benefit adolescents and young people;

1.8. ***Acknowledge*** that Eastern and Southern Africa remains the region that is most affected by HIV despite the positive signs that HIV prevalence is declining among young people in some countries. This region is also more heavily affected by adolescent maternal mortality and morbidity than other regions in the world;

1.9. ***Commit*** ourselves to strengthening HIV prevention, treatment, care and support, and sexual and reproductive health and rights (SRHR) efforts in Eastern and Southern Africa by ensuring access to good quality, comprehensive, life skills-based HIV and sexuality education (CSE) and youth-friendly sexual and reproductive health services for all adolescents and young people, recognizing each country's socio-cultural context.

2.0 Whereas

2.1 Several advances have been made in Eastern and Southern Africa there are still significant challenges:

2.1.1 HIV remains an urgent problem, with 430 000 new infections per year among young people aged 15-24[3]; with young women still more heavily affected and with an increase of 50% in deaths amongst adolescents living with HIV globally[4];

2.1.2 With the advent of antiretroviral (ARV) treatment and care, more children living with HIV are surviving, reaching adolescence and adulthood. Young people living with HIV also require good quality comprehensive sexuality education, services and

[2] Sexuality Education is defined as an age-appropriate, culturally relevant approach to teaching about sex and relationships by providing scientifically accurate, realistic, non-judgemental information. Sexuality education provides opportunities to explore one's own values and attitudes and to build decision- making, communication and risk reduction skills about many aspects of sexuality. UNESCO (2009) *International Technical Guidance on Sexuality Education: An evidence informed approach for schools, teachers and health educators,* Paris.

[3] The CRC protects the rights of children, adolescents and young people below the age of 18 and this Commitment document includes young people up to the age of 24.

[4] Children and AIDS, 6th Stocktaking Report, UNICEF, New York, 2013.

Ministerial Commitment on Comprehensive Sexuality Education and Sexual and Reproductive Health Services for Adolescents and Young People in Eastern and Southern African Handout

FINAL VERSION AFFIRMED 7th December

psychosocial support to be skilled for life, to make healthy sexual and reproductive health choices and in order to fulfill their potential;

2.1.3 Alcohol and substance abuse significantly increase risky behavior and sexual violence resulting in increased HIV and STI transmission, unintended pregnancy and unsafe, illegal abortions;

2.1.4 While trends show increases in HIV-knowledge levels in some countries, overall knowledge levels in the region are low with less than 40% of young men and women demonstrating desirable levels of knowledge about HV prevention (compared to the agreed international target of 95%);

2.1.5 School completion rates remain low with young people completing an average of less than 6.5 years of education, and low levels of progression from primary to secondary education is a great concern. Fewer adolescents and young people therefore have access to HIV prevention and life-skills based CSE before they become sexually active;

2.1.6 Early and unintended pregnancies in the Eastern and Southern Africa region remain high and by age 17, at least 1 in 5 young women in six countries in the region have started childbearing. This rises to over 35% amongst 19 year olds in 10 countries;

2.1.7 Health risks caused by adolescent pregnancy are high and include higher rates of maternal mortality than for older women. Sub-Saharan Africa accounts for 44% of all unsafe abortions among adolescents between the ages of 15 and 19 in the developing world (excluding East Asia);

2.1.8 Gender inequality continues to limit the potential and the achievement of girls in this region, through lower school completion rates (e.g. 28% of girls enroll in secondary school compared to 32% of boys), child marriage and cultural norms which define the roles of girls and boys;

2.1.9 Gender-based violence, including sexual violence, increases vulnerability to HIV transmission, remains a cause for concern with a high percentage of young women - between 15-35% - reporting having experienced sexual violence in nine ESA countries where data was available. For many girls and young women in this region, sex, marriage and pregnancy remain neither voluntary, consensual nor informed;

2.1.10 Child marriage remains a serious obstacle to the realization of all rights for young people, notably adolescent girls and young women, and has direct and negative impact on their education, health and social status;

2.1.11 All forms of discrimination, including that based on age, sex, health, marital, legal or social status, as experienced by children, adolescents and young people, including marginalized and key populations, undermines their rights and dignity[5];

2.1.12 Poverty and wealth inequality have a direct and detrimental impact on education and health outcomes, and increase vulnerability to HIV.

[5] Key populations, or key populations at higher risk, are groups of people who are more likely to be exposed to HIV or to transmit it and whose engagement is critical to a successful HIV response. In all countries, key populations include people living with HIV. In most settings, men who have sex with men, transgender people, people who inject drugs and sex workers and their clients are at higher risk of exposure to HIV than other groups. However, each country should define the specific populations that are key to their epidemic and response based on the epidemiological and social context. *UNAIDS (2011) Getting to Zero, UNAIDS Strategy 2011-2015, Geneva.*

Ministerial Commitment on Comprehensive Sexuality Education and Sexual and Reproductive Health Services for Adolescents and Young People in Eastern and Southern African Handout

FINAL VERSION AFFIRMED 7th December

2.2 We acknowledge that:

2.2.1 Investment in quality education that includes comprehensive, life-skills based sexuality education fulfills the right to education whilst also contributing to well-being and future quality of life. Adolescents and young people aged 10-24 make up 33% of the population in the region. Investment in health and education will, together with the resulting reduction in fertility rates, contribute to the realization of demographic dividends in the future;

2.2.2 Faith and faith-based teachings on life, family, community, sexuality and reproductive issues play a major part in the beliefs, practices and norms of many communities in the region;

2.2.3 Families, carers, guardians and community members play a primary role in the education and guidance available to adolescents and young people as they transition to becoming young adults;

2.2.4 Most adolescents and young people in the region reported that they were not sexually active until age 18. However, Demographic and Health Survey data from the region indicate that a significant number of adolescents have their first sexual experience at an early age (ranging from 3.3% to 24.5% of females under age 15), and, in many cases do not use any form of protection to prevent pregnancy or sexually transmitted infections. Young people should be supported to delay sexual debut until they choose to be sexually active and ensure that it is voluntary and protected;

2.2.5 Comprehensive sexuality education starting from primary school onwards enables the gradual acquisition of information and knowledge necessary to develop the skills and attitudes needed for a full and healthy life as well as to reduce sexual and reproductive health risks. The most recent scientific evidence demonstrates that comprehensive sexuality education, including education on safer sex and condom use, does not lead to early sexual initiation. Instead, quality sexuality education can help to delay the initiation and frequency of sexual activity, reduce the number of sexual partners, increase the use of condoms and contraception, and reduce sexual risk-taking[6]. When sexuality education includes a strong focus on rights and gender, greater benefits are possible[7];

2.2.6 In order to fully exercise their right to health, including sexual and reproductive health, all adolescents and young people require safe, effective, acceptable and affordable access to a range of commodities and services, regardless of gender. These services include but are not limited to condoms, contraception, vaccinations, pregnancy prevention, ante-natal care, safe delivery and post-partum care, diagnostic testing, treatment and care for STIs including HIV, safe abortion (where legal), post-abortion care and treatment, care and support in response to sexual violence. Restrictive abortion laws lead to many abortions being performed in an

6 UNESCO (2009) Op cit.

7 Population Council (2009) It's All One Curriculum, New York.

Ministerial Commitment on Comprehensive Sexuality Education and Sexual and Reproductive Health Services for Adolescents and Young People in Eastern and Southern African Handout

FINAL VERSION AFFIRMED 7th December

unregulated and unsafe environment which threatens the lives of adolescents and young women;

2.2.7 In-school and out-of-school life skills-based CSE must be linked to and supported by a comprehensive package of youth-friendly sexual and reproductive health services and commodities. Services delivered by trained youth-friendly health workers are more likely to be used;

2.2.8 Quality education and health outcomes which can be achieved through comprehensive sexuality education require us to invest in teachers who are well trained, resourced and supported to deliver programmes in and out of school. At the same time, CSE programmes need to be within the formal curriculum and examinable to ensure effective implementation;

2.2.9 A stronger research agenda in the region is necessary to improve the quality and effectiveness of programming for adolescents and young people including research into HIV testing and provision of condoms and other SRH commodities in schools.

3.0 Based on the above considerations, we the ministers of education and health, will lead by bold actions to ensure quality comprehensive sexuality education and youth-friendly sexual and reproductive health services in the ESA region. Specifically, we commit to:

3.1 ***Work together on a common agenda*** for all adolescents and young people to deliver comprehensive sexuality education and youth-friendly SRH services that will strengthen our national responses to the HIV epidemic and reduce new HIV/STI infections, early and unintended pregnancy and strengthen care and support, particularly for those living with HIV. Establish inter-sectoral coordination mechanisms led through the existing regional economic communities, EAC, SADC and ECSA. Where such mechanisms already exist they must be strengthened and supported.

3.2 ***Urgently review - and where necessary amend - existing laws and policies on age of consent, child protection and teacher codes of conduct*** to improve independent access to sexual and reproductive health services for adolescents and young people and also protect children. Laws, policies and practices regulating access to services and in child protection must recognise the need for a balance between protection and autonomy and the evolving capacity of adolescents as they begin to make their own choices about their education and health needs.

3.3 ***Make an AIDS-free future a reality*** by investing in effective, combination prevention strategies to build on current declines in HIV prevalence amongst young people in the region as well as addressing underlying structural factors including poverty and a lack of livelihoods. Concerted effort will be made to build the capacity of teachers, health service providers and young people and to particularly advocate for increasing HIV testing and counselling, treatment access and expansion of agreed essential SRH services especially in marginalised communities and hotspot areas and including in non-formal and out of school settings.

Ministerial Commitment on Comprehensive Sexuality Education and Sexual and Reproductive Health Services for Adolescents and Young People in Eastern and Southern African Handout

FINAL VERSION AFFIRMED 7th December

3.4 ***Maximise the protective effect of education*** through Education for All by keeping children and young people in school which reduces HIV risk, maternal mortality and improves gender equality, whilst ensuring access to educational opportunities for those living with HIV or adolescent and young women who may be pregnant.

3.5 ***Initiate and scale up age-appropriate CSE during primary school education*** to reach most adolescents before puberty, before most become sexually active, and before the risk of HIV transmission or unintended pregnancy increases. Using agreed international standards, ensure that CSE is age, gender and culturally appropriate, rights-based and includes core elements of knowledge, skills and values as preparation for adulthood: decisions about sexuality, relationships, gender equality, sexual and reproductive health and citizenship[8]. Wherever possible, make in-school CSE programmes intra-curricular and examinable.

3.6 ***Ensure that the design and delivery of CSE and SRH programmes includes ample participation by communities and families*** - particularly adolescents, young people, civil society and other community structures including faith-based organisations. At the same time, adolescents and young people should be guaranteed safe spaces, the right to be their own advocates and agents of change in their own communities, and to recommend good practices and innovations which meet their needs.

3.7 ***Integrate and scale up youth-friendly HIV and SRH services*** that take into account social and cultural contexts to improve age-appropriate access to and uptake of high quality SRH services and commodities, including condoms, contraception, HPV vaccine, HIV counselling and testing (HCT), HIV/STI treatment and care, family planning, safe abortion (where legal), post abortion care, safe delivery, prevention of mother-to-child transmission (PMTCT) and other related services for young people in and out of school.

3.8 ***Ensure that health services are youth-friendly***, non-judgemental, and confidential and reach adolescents and young people when they need it most, and are delivered with full respect for human dignity, including for young people considered most at risk, young people living with disabilities, or young people experiencing any other forms of discrimination. Reliable, affordable commodities must be made available as part of service delivery through public, private and civil society channels.

3.9 ***Strengthen gender equality and rights*** within education and health services including measures to address sexual and other forms of violence, abuse and exploitation in and around school and community contexts whilst ensuring full and equal access to legal and other services for boys and girls, young men and women.

3.10 ***Mobilise national and external resources*** by exploring new, innovative finance mechanisms and seeking technical and financial support from national and international sources to fulfil these commitments.

8 UNESCO (2009) Op cit.

Ministerial Commitment on Comprehensive Sexuality Education and Sexual and Reproductive Health Services for Adolescents and Young People in Eastern and Southern African Handout

FINAL VERSION AFFIRMED 7th December

4.0 Targets

To ensure effectiveness, impact and accountability, working together within a multi-sectoral and whole government approach, as education and health ministers we affirm our determination to achieve all of the aforementioned ten Commitments and the following targets by the end of 2015:

4.1 A good quality CSE curriculum framework is in place and being implemented in each of the 20 countries;

4.2 Pre and in-service SRH and CSE training for teachers, health and social workers are in place and being implemented in all 20 countries;

4.3 By the end of 2015, decrease by 50% the number of adolescents and young people who do not have access to youth-friendly SRH services including HIV that are equitable, accessible, acceptable, appropriate and effective.

In the longer term, we will work towards reaching the following targets by the end of 2020:

4.4 Consolidate recent and hard-won gains in the reduction of HIV prevalence in ESA, and push towards eliminating all new HIV infections amongst adolescents and young people aged 10-24;

4.5 Increase to 95% the number of adolescents and young people, aged 10-24, who demonstrate comprehensive HIV prevention knowledge levels;

4.6 Reduce early and unintended pregnancies among young people by 75%;

4.7 Eliminate gender-based violence;

4.8 Eliminate child marriage;

4.9 Increase the number of all schools and teacher training institutions that provide CSE to 75%.

5.0 Accountability

5.1 There is a need for governments to renew, accelerate and improve the implementation of the commitments that they have previously made related to human rights, HIV and AIDS, sexual and reproductive health and the wellbeing of children, adolescents and youth. Strong efforts will be taken to ensure wide awareness among key stakeholders about the existence of the Commitment, its purpose and targets, and to ensure their full opportunity for engagement.

5.2 In order to ensure the achievement of the agreed Commitments, we hereby establish an inter-ministerial, multi-sectoral mechanism (aligned with, or utilising existing systems) to strengthen planning, coordination and to monitor the implementation of these Commitments. These country mechanisms will be convened by UNAIDS and will engage key stakeholders including government, civil society, young people, UN and other development partners. SADC and EAC will lead in regional monitoring of these Commitments, with support from development partners.

5.3 We agree to review and report on this Commitment annually at SADC and EAC Summits involving the relevant ministers through national status reports.

Ministerial Commitment on Comprehensive Sexuality Education and Sexual and Reproductive Health Services for Adolescents and Young People in Eastern and Southern African Handout

FINAL VERSION AFFIRMED 7th December

5.4 We agree to institutionalise monitoring and evaluation systems in our respective ministries and improve on the collection of age- and sex- disaggregated data through existing monitoring and evaluation mechanisms such as EMIS and HEMIS. These will be supplemented by periodic adolescent and youth surveys on the education and health status of adolescents and young people.

Annex A

International and regional commitments/declarations

Education

- Dakar Framework for Education 2000
- Millennium Development Goals 2000
- SADC protocol on Education and Training 1997

Health

- Maseru Declaration 2003
- Maputo Plan of Action 2006
- Africa Health Strategy 2010–2015
- SADC Sexual and Reproductive Health and Rights Strategy 2006-2015
- SADC HIV and AIDS Strategic Framework 2010–2015
- Regional Strategic Plan on Sexual and Reproductive Health and Rights in East Africa: 2008–2013
- SADC Protocol on Gender and Development 2008
- Addis Ababa Declaration on Population and Development in Africa beyond 2014

Human rights

- Convention on the Rights of the Child 1990
- The Protocol to the African Charter on Human and People's Rights on the Rights of Women 2003
- Solemn Declaration on Gender Equality in Africa (SDGEA) 2004
- African Youth Charter 2006
- African Union Plan of Action for the Decade of Youth 2008-2019

Annex B:

The countries affirming this commitment are as follows:

Angola, Botswana, Burundi, Democratic Republic of Congo, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, South Sudan, Swaziland, Uganda, United Republic of Tanzania, Zambia, Zimbabwe[9].

9 Ministries of education and health in Rwanda were part of the ESA commitment process, but were unable to attend the high level ministerial meeting on 06-07 December due to other commitments.

Activity 4: Discussion on Social Cultural and Contextual Realities and Their Impact on Sexuality Education

TOTAL TIME REQUIRED

40 minutes

MATERIALS NEEDED

- ✔ Note cards

RESOURCES NEEDED

- ✔ None

LEARNING OBJECTIVES

By the end of this session, teachers will be able to:

1. Share and acknowledge some of the social cultural and contextual factors that can impact sexuality education.

INSTRUCTIONS

1. Explain that while all these efforts are underway, it's also important to talk about some of the challenges facing implementation of sexuality education. The purpose of this next activity is to allow for teachers to share some of these challenges faced to date.
2. Distribute note cards to the teachers and ask that everyone think about some of the social or cultural realities in their communities that may impact the teaching of sexuality education. Ask them to write down two of these on their note card.
3. Next, divide teachers into pairs and ask that they take a total of 15 minutes to share the issues that they wrote down on their note card with each other. Note that once they have shared their thoughts among pairs, you will be asking for volunteers to talk about some of the issues raised in the discussions.
4. After 10 minutes, call time and ask for volunteers to share highlights from their discussion. Note issues raised by teachers on a flip chart as they share these with the group.
5. Ask teachers the following questions:
   - ✔ What was it like to share some of the social and cultural factors and realities that may impact teaching sexuality education?
   - ✔ What were some of the issues raised by your colleagues—how were they similar or different?
   - ✔ What were some of the most common challenges you heard?
   - ✔ How can being aware of these challenges impact how you approach and teach sexuality education?
6. Conclude by noting that even given the substantial benefits that sexuality education brings to young people, there are still many challenges to its implementation in terms of contextual factors such as cultural and social norms and attitudes. Sharing these challenges with each other in order to be able to better anticipate obstacles is important to developing strategies for your school and community.

Activity 5: Debunking Myths About Sexuality Education

TOTAL TIME REQUIRED

1 hour and 20 minutes

MATERIALS NEEDED

- ✔ Note cards
- ✔ Tape
- ✔ Scissors

RESOURCES NEEDED

- ✔ Debunking Myths Activity Sheet
- ✔ Note cards with the concern taped on one card and the response taped on a corresponding card. Make enough pairs of note cards by duplicating them so that each pair of teachers will receive two concerns with corresponding responses.

LEARNING OBJECTIVES

By the end of this session, teachers will be able to:

1. Counter at least three common myths about sexuality education.

INSTRUCTIONS

1. Explain that now that everyone has shared some of the social, cultural, and contextual realities that impact sexuality education efforts, it's time to practice addressing some of the classic concerns about sexuality education in order to be able to address these with accurate information.
2. Take 15 minutes to brainstorm common concerns and share ways to address them.
3. Ask teachers to split up into pairs and explain that next, they will be doing a role-play where one of them pretends to be the person who is concerned about sexuality education and the other person will pretend to be the teacher who tries to counter the concerned person's arguments.
4. Distribute a pair of note cards to each pair of teachers with a concern about sexuality education noted on one card and a response noted on the other card. If possible, screen the note cards to use the ones most identified by teachers during the brainstorm.
5. Indicate that each pair has 5 minutes to role-play the scenario where one expresses concern and the other defends sexuality education using the note cards as a basis for the conversation.
6. Once the role-plays are complete, ask teachers to share what was difficult about the conversation and any tactics used by the teachers to counter the concerned person's arguments.
7. Take about 10 minutes to note these tactics on flip chart paper.
8. Ask for one or two pairs to volunteer to do their role-play in front of the larger group. Ask the others to observe the role-play and search for use of the noted tactics.
9. At the end of the role-play(s), ask those who were the concerned person in the role-play to share whether they were convinced by the teacher and if so why. Ask those who were the teachers to share what tactics they used to put forward their arguments. Then ask everyone else to share any observations about what worked well and/or any further suggestions to strengthen arguments for sexuality education. If any additional tactics are mentioned, add them to the list.

Activity 5: Debunking Myths About Sexuality Education

INSTRUCTIONS (CONTINUED)

10. Ask participants the following questions:

- ✔ What was it like to engage in this role–play activity?
- ✔ What was it like to try to address a concern about sexuality education?
- ✔ Are these concerns ones that you have come across in your community or that you have yourself?
- ✔ How can you prepare yourself to address concerns like these?

11. Conclude the activity by noting that there is often controversy around sexuality education, but many times it is unfounded and/or based on misinformation or misconceptions. As a teacher of sexuality education, it is important to anticipate some of these concerns and be able to address them.

Debunking Myths Activity Sheet

CONCERN	RESPONSE
SEXUALITY EDUCATION LEADS TO EARLY SEX.	Research from around the world clearly indicates that sexuality education rarely, if ever, leads to early sexual initiation. Sexuality education can lead to later and more responsible sexual behavior or may have no discernible impact on sexual behavior.
SEXUALITY EDUCATION DEPRIVES CHILDREN OF THEIR 'INNOCENCE'.	Getting the right information that is scientifically accurate, non–judgmental, age–appropriate, and complete in a carefully phased process from the beginning of formal schooling is something from which all children and young people benefit. In the absence of this, children and young people will often receive conflicting and sometimes damaging messages from their peers, the media or other sources. Good quality sexuality education balances this through the provision of correct information and an emphasis on values and relationships.
SEXUALITY EDUCATION IS AGAINST OUR CULTURE OR RELIGION.	Sexuality education stresses the need for cultural relevance and local adaptations, through engaging and building support among the custodians of culture in a given community. Key stakeholders, including religious leaders, must be involved in the development of what form sexuality education takes. However, it's also important to change social norms and harmful practices that are not in line with human rights and increase vulnerability and risk, especially for girls and young women.
IT IS THE ROLE OF PARENTS AND THE EXTENDED FAMILY TO EDUCATE OUR YOUNG PEOPLE ABOUT SEXUALITY.	Traditional mechanisms for preparing young people for sexual life and relationships are breaking down in some places, often with nothing to fill the void. Sexuality education recognizes the primary role of parents and the family as a source of information, support, and care in shaping a healthy approach to sexuality and relationships. The role of governments through ministries of education, schools and teachers, is to support and complement the role of parents by providing a safe and supportive learning environment and the tools and materials to deliver good quality sexuality education.

Debunking Myths Activity Sheet

CONCERN	RESPONSE
PARENTS WILL OBJECT TO SEXUALITY EDUCATION BEING TAUGHT IN SCHOOLS.	Parents and families play a primary role in shaping key aspects of their children's sexual identity, and sexual and social relationships. Schools and educational institutions where children and young people spend a large part of their lives are an appropriate environment for young people to learn about sex, relationships, and HIV and other STIs. When these institutions function well, young people are able to develop the values, skills, and knowledge to make informed and responsible choices in their social and sexual lives. Teachers should be qualified and trusted providers of information and support for most children and young people. In most cases, parents are among the strongest supporters of quality sexuality education programs in schools.
SEXUALITY EDUCATION MAY BE GOOD FOR YOUNG PEOPLE, BUT NOT FOR YOUNG CHILDREN.	Sexuality education is built upon the principle of age–appropriateness with flexibility to take account of local and community contexts. Sexuality education encompasses a range of relationships, not only sexual relationships. Children are aware of and recognize these relationships long before they act on their sexuality and therefore need the skills to understand their bodies, relationships, and feelings from an early age. Sexuality education lays the foundations, such as by learning the correct names for parts of the body, understanding principles of human reproduction, exploring family and interpersonal relationships, learning about safety, and developing confidence. These can then be built upon gradually, in line with the age and development of a child.

Debunking Myths Activity Sheet

CONCERN	RESPONSE
TEACHERS MAY BE WILLING TO TEACH SEXUALITY EDUCATION BUT ARE UNCOMFORTABLE, LACKING IN SKILLS OR AFRAID TO DO SO.	Well–trained, supported, and motivated teachers play a key role in the delivery of good quality sexuality education. Clear sectoral and school policies and curricula help to support teachers in this regard. Teachers should be encouraged to specialize in sexuality education through added emphasis on formalizing the subject in the curriculum, as well as stronger professional development and support.
SEXUALITY EDUCATION SHOULD PROMOTE VALUES.	Sexuality education encourages young people to explore their values and be able to communicate these to others. At the same time, sexuality education itself is grounded in a rights–based approach in which values such as respect, acceptance, tolerance, equality, empathy, and reciprocity are inextricably linked to universally agreed human rights. It is not possible to divorce considerations of values from discussions.