

# SEXUALITY EDUCATION

November 2014

Primary school learners in Northern Uganda defined quality CSE as:

- “Accurate and complete information
- In time before they experience situations
- Topics which are relevant to their lives
- Participatory and interactive, including *time to ask questions!*”

*“I want to learn about my health and how to avoid early pregnancy...It is good for us young people to learn ourselves very well.”*

- Primary 6 learner, Northern Uganda

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## Sexuality Education

When young people are equipped with accurate and contextually relevant information, skills, access to services and support related to their sexuality, they are better able to:

- ✓ Make healthy decisions now and in the future;
- ✓ Avoid unintended pregnancies and unsafe abortions;
- ✓ Protect themselves against harassment & abuse, and STIs, including HIV.

UNESCO’s *International Technical Guidance on Sexuality Education* guides age-appropriate, culturally relevant and scientifically accurate sexuality education, with structured opportunities to explore attitudes and values, and to practice the decision-making and other life skills to make informed choices.

## Our Approaches

### Very young adolescents (VYA)

Given primary school enrollment rates, and the growing body of evidence of the importance of the 10-14 year old period to establish life-long body pride and health, Save the Children invests in primary school CSE, develops context-specific and links VYA to protective services.

### Adolescent –centered

Save the Children takes a positive, adolescent-centered approach to sexuality education to ensure their voices are heard and their needs are addressed through accurate information, skill building, protection and support.

### Innovate on forming gender norms

We work to form age-appropriate pro-social gendered attitudes and behaviors. This is done through separate curricula as well as supplemental lessons and activities integrated into curricula for adolescents – as well as parents and communities.

### Ecological model

Our programs are designed to affect change through an ecological model – with the individual adolescent, in their relationships with others, at family school and community levels, and at the policy level. We also work to **actively link young people to health services.**

### Partnerships: designed to scale-up

For school-based delivery of sexuality education, we work in partnership with national and local education departments to institutionalize CSE based on evidence of what works.



Save the Children International Zambia/ Agnes Zalila



Components of our sexuality education curricula as detailed in the International Technical Guidance on Sexuality Education, UNESCO, 2009



Save the Children's global sexuality education portfolio

## Selected Country Programs

### ETHIOPIA AND UGANDA: KEEP IT REAL

Save the Children Netherlands implements **KEEP IT REAL**, funded by the Netherlands Ministry of Foreign Affairs, with Save the Children International's (SCI) Ethiopia and Uganda Country Offices, and technical assistance from Save the Children US. A youth-centered comprehensive sexuality education (CSE) project, Keep It Real aims to equip 140,000 *in school and out of school* young people 10-14, 15-19 and 20-24 years of age in urban and rural Ethiopia and Uganda with knowledge, skills and services to make informed and healthy decisions about their sexuality.

The project collaborates with local civil society organizations and regional /district education and health offices to train and support teachers to deliver age-appropriate curricula in selected grades/levels in primary schools and secondary schools, as well as clubs. In Uganda, the national Ministry of Education & Sports and Ministry of Health also support teacher training and supportive supervision. For out of school young people, the project works with regional /district community services to train and support members of existing youth groups to deliver sexuality education to their peers.

Multi-sectoral coordination mechanisms at regional/district and national levels bring together stakeholders for joint action and sustained efforts to adopt and scale-up national guidance. A robust monitoring, evaluation and learning component, including evaluation of school-based activities in urban areas by the International Center for Research on Women (ICRW), and youth-led research led by the International Institute of Social Studies (ISS), is generating evidence for advocacy efforts to institutionalize sexuality education into national strategies.

### ETHIOPIA: YAFLANET HIWOT

Save the Children UK and SCI Ethiopia works with a local partner, ANPPCAN, and government stakeholders to implement the EU-funded **YAFLANET HIWOT** project in Amhara Region. It aims to strengthen the capacity of civil society to advocate for the improved SRH of adolescents and reaches 373,397 boys and girls *in school and out of school*. In one year from July 2012 to June 2013, over 800 early marriages were stopped and 923 girls were protected from FGM.

The project works at multiple levels to affect change through schools, youth clubs using an adapted *Stepping Stones* curriculum, community conversations, youth-friendly health service strengthening. Multi-sectoral task forces from the regional to the local level comprised of government authorities monitor activities, resolve challenges and sustain activities.

### GEORGIA: HEALTHY LIFESTYLES CURRICULUM (HLC)

SC is a key partner on the **GEORGIA HIV PREVENTION PROJECT (GHPP)**, a USAID-funded project from 2010-2015, led by Research Triangle Institute (RTI). For young people *in secondary schools*, the project is expanding HIV prevention education through a consolidated *Healthy Lifestyles Curriculum (HLC)*. With UN agencies, the Ministry of Education and Science (MOES) and other partners, the project developed a consolidated curriculum for 9th and 10th grade biology and physical education classes, and piloted it in 21 secondary schools in Tbilisi (capital) and Telavi (Kakheti region) through an operations research study. The study found a significant increase of 11% in knowledge. The findings were used to provide recommendations to MOES on institutionalizing the use of the HLC.

## HAITI: EVIH-T

Save the Children US is a partner on a USAID-funded HIV prevention project in Haiti, **EVIIH-T (Avoid HIV and its Transmission)**. The project is managed by the Johns Hopkins University Bloomberg School of Public Health Center for Communication Programs (JHU-CCP), and is implemented from 2013 to 2017. SCI Haiti leads efforts to institutionalize *Comprehensive Life Skills and Sexuality Education* in Haiti *in and out of school adolescents* through two activities (1) Advocate for the standardization of Comprehensive Sexuality Education and (2) Deliver CSE using tested UNESCO/Ministry of Education curricula, and evaluate teacher training programs. The project collaborates with the School Health Unit within the Ministry of Education to work across sectors and actors to move forward a proposed CSE institutionalization “roadmap”.

## PAN-AFRICAN COMPREHENSIVE SEXUALITY EDUCATION PROJECT

Save the Children Sweden in partnership with the SCI Regional Office in South Africa implements a regional project “**Children’s Access to Comprehensive Sexuality Information and Education in Sub-Saharan Africa**”. The overall aim is to reach out to 340,000 children and young people to improve their knowledge and understanding, with appropriate messages, on sexuality issues so that they could make informed age appropriate decisions which can translate in safer sexual practices among them. The project’s strategic direction has been set up with the objectives to a) improved partner organization capacity to provide CSE&I for children and b) improved advocacy capacity of partner organizations for children’s early access to CSE&I and SRH/HIV prevention. In addition, the project aims at reaching the parents, peer educators, community leadership to create enabling environment where child and young people have access to appropriate information on CSE&I. The project also has a component to strengthen the advocacy efforts around children’s rights to early access to SRH and HIV prevention-related services across Africa region.

The 2012-2015 program started with Cycle I in 7 countries (Swaziland, South Africa, Kenya, Nigeria, Senegal and Cote d’Ivoire and Zambia) and expanded to 5 more countries (Zimbabwe, Malawi, Uganda, Tanzania and Liberia) in its Cycle II.

## UGANDA: GENDER ROLES, EQUITY AND TRANSFORMATION (GREAT)

The Gender Roles, Equity and Transformation (**GREAT**) Project with Georgetown University’s Institute of Reproductive Health (IRH) and Pathfinder International aims to promote gender-equitable attitudes among adolescents (10-14 years, 15-19 years and newly married and parenting 15-19 years) and adults and behaviors to reduce gender-based violence and improve SRH outcomes.

GREAT uses the Community Action Cycle (CAC) to engage communities to support adolescents, a radio drama, and age- and stage-specific packages of tools for *in and out of school* adolescents. Mid-term results show improved knowledge about puberty, more equitable gender attitudes, and contraception use among adolescent couples.

## UGANDA: POSITIVE LIVING, POSITIVE LOVING FOR ALHIV

In 2012-2013, SCUS, SC Denmark, SC Uganda Country Office and Health Alert Uganda worked with Adolescents Living with HIV (ALHIV) in 2012-2013 to conduct participatory research on risk and resilience, and prepared a guide for *out of school* peer supporters share information, inclusive of sexuality, and provide social support to adolescent peers living with HIV, with a special emphasis on girls.

## VIETNAM: TEACH FOR HEALTH, LEARN FOR LIFE

From 2008-2010, PEPFAR/USAID through Pact/Vietnam, SCI Vietnam and SCUS supported the Ministry of Education and Training (MOET) to design, deliver and evaluate sexuality education for 65,000 learners in *lower and upper secondary schools* in collaboration with UN agencies and provincial education offices.

The evaluation showed significant increases in knowledge, health-seeking behaviors, gender equity, and protective factors, including parent-child communication and school-connectedness. The curriculum will be integrated into national textbooks. The project was highlighted in UNESCO’s *Lever of Success* Report, and selected by UNFPA as a “Best Practice in Youth HIV Programming”.

## Focus on Uganda:

### Adding volume to Sexuality Education advocacy efforts

In December 2013, 21 countries in East and Southern Africa signed a “Ministerial Commitment on comprehensive sexuality education and sexual and reproductive health services for adolescents and young people in East and Southern Africa”. Ministries of Health and Education committed to initiatives including:

*“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 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, SRH and citizenship.”*

<http://www.unesco.org/new/fileadmin/MULTIMEDIA/HQ/HIV-AIDS/pdf/ESACCommitmentFINALAffirmedon7thDecember.pdf>

In **UGANDA**, Dr. Judith Elsie Adokorach, Save the Children’s Program Advisor for ASRHR, partnered with UNESCO and UNFPA to support the Uganda Ministry of Education and Sports (MOES) and Ministry of Health (MOH) to prepare for the discussions and follow-up on the commitments signed.

The engagement of Youth Parliamentarians in the preparation of Uganda’s ESA Ministerial Commitment workplan is helping to hold ministries accountable for the commitments they made.

Youth advocates, being trained by a partner, Restless Development, will bring youth voices onto the Inter-ministerial Task Force. Youth advocates have prepared an advocacy strategy to guide a systematic process of advocacy through media, youth consultations and community dialogues.



“We really like the active learning method. This is something new for our school and class. It helps us to open up, and to remember what we discuss in class. I wish all students could learn this course.”  
- S1 student, Uganda

“After learning the sexuality education course, I began to refuse men who do not use condoms. And I am making a plan for my future.”  
-out of school girl 17 years, Kampala, Uganda