IPPF International Planned Parenthood Federation

DELIVER+ENABLE
TOOLKIT:

Scaling-up comprehensive sexuality education (CSE)

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ACRONYMS AND ABBREVIATIONS

CSE:	Comprehensive Sexuality Education
HIV:	Human Immunodeficiency Virus
LGBTIQ:	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer and Questioning
STI:	Sexually Transmitted Infections

GLOSSARY

Adolescents/Young People/Youth/Children:
In IPPF we use the following definitions based on recommendations from the WHO:

- Youth is defined as 15 – 24 years old
- Adolescence is defined as 10 – 19 years old
- Young People is defined as 10-24 years old (also used in the IPPF Policy 4.7 - Meeting the needs of young people)
- Children are under 18 years old (a legal definition as per the Convention of the Right of the Child)

Empowerment: Empowerment is based on the idea that holding people responsible and accountable for the outcomes of their actions while ensuring that they are given the necessary knowledge, skills, authority and opportunities contributes to each individual becoming more motivated and able to take control of their lives.

Engagement: In this document, the term engagement refers to how (young) people interact with and show their commitment to their community and society.

Gender transformative: Gender-transformative policies and practices examine, challenge and ultimately transform structures, norms and behaviours that reinforce gender inequality, and strengthen those that support gender equality.

Pedagogy: Pedagogy refers to methods of teaching and activities that support the learning process.

Sexuality: Sexuality is an integral part of being human. IPPF recognizes that young people are sexual beings, whether or not they have sexual feelings or are sexually active. IPPF also recognizes that all young people, regardless of age, need to be protected from inappropriate, unwanted or harmful sexual contact or relationships.

Sex positive: A sex-positive approach in CSE recognizes that all people are sexual beings with sexual rights, regardless of their age, gender, religion, sexual orientation, HIV status or (dis)ability. "Sex positivity is an attitude that celebrates sexuality as an enhancing part of life that brings happiness, energy and celebration. Sex-positive approaches strive to achieve ideal experiences, rather than solely working to prevent negative experiences. At the same time, sex-positive approaches acknowledge and tackle the various concerns and risks associated with sexuality without reinforcing fear, shame or taboo of young people's sexuality and gender inequality."[1]

ACKNOWLEDGEMENTS

We would like to express great appreciation to Doortje Braeken, who led the development of this toolkit, as well as to Marcela Rueda Gómez and Luis Alcala (IWORDS Global), who prepared the contents. We are also grateful to our colleagues from the IPPF Central Office and Regional Offices that reviewed this document and also provided their input about the main needs and requests of Member Associations and young people.

PROLOGUE

In 2016 IPPF embarked on a journey to strengthen and scale up its comprehensive sexuality education (comprehensive sexuality education) programmes and activities to implement Outcome 2 of the Strategic Framework 2016-2022 – one billion people will act freely on their sexual and reproductive health and rights.

Comprehensive sexuality education is not new to IPPF. For decades, our Member Associations have provided comprehensive sexuality education in both formal and non-formal settings.

This document aims to showcase the progress we have made, to unravel the challenges and to share opportunities for improvement.

The document is a practical toolkit. Member Associations can use the tools whether it is about understanding the principles of IPPF's approach to comprehensive sexuality education; getting insight into the key learning outcomes; improving methods of delivery; introducing difficult issues in the community; working with parents and other stakeholders or linking comprehensive sexuality education with services. The toolkit includes recommendations on how Member Associations should deliver comprehensive sexuality education and/or how they can enable others to do so.

We hope that the thoughtful and inspirational insight of our Member Associations' work reflected in this document will help to contribute to transforming young people's lives and to promote and fulfill their sexual and reproductive health and rights.

Dr. Sarah Onyango
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INTRODUCTION

Comprehensive sexuality education (CSE) has gained global recognition as a vital effort to empower adolescents and young people; enable them to improve and protect their health, well-being and dignity; and support them in developing critical thinking skills, citizenship, and equal, healthy and positive relationships.

In line with this increasing recognition, IPPF has reaffirmed its commitment to CSE by including it as one of the objectives included within its new Strategic Framework 2016-2022. Outcome Two states: "One billion people to act freely on their sexual and reproductive health and rights." By 2022, IPPF is targeting:

- # of Member Associations with a strategy to deliver or enable the delivery of CSE
- # of national curricula adapted according to IPPF's vision on CSE
- # of underserved/marginalised young people reached through CSE
- # of Member Associations that have a delivered or enabled high-quality CSE programme
- # of educators who have received quality training and follow up on CSE
- # of Member Associations conducting rigorous evaluations of their CSE programmes, including measurement of young people's ability to exercise their sexual rights

As part of the IPPF Secretariat's support of these efforts, this toolkit offers guidance and resources on ways to: a) deliver CSE for children, adolescents, and youth in non-formal and formal settings and b) encourage other stakeholders to develop and implement CSE policies and programmes.

To learn more about IPPF's approach to CSE, please see our Framework on CSE (updated 2010) and additional guidelines on

- peer education,
- sex positivity
- and youth-centred approaches.

WHAT WILL YOU FIND IN THIS TOOLKIT?

- What and why: This section covers IPPF's understanding of CSE, including its rationale and founding principles.
- How: This section focuses on the essentials required to deliver AND/OR enable CSE, including content, educational approaches, key stakeholders that should be involved, types of settings and examples of interventions. Individuals can decide which parts of the 'How' section are the most relevant for them according to their role within the Member Association/Secretariat.
- Tips: This section includes a section of frequently asked questions on CSE and suggests some possible answers. Clear messaging is the first step in positioning the importance of CSE.

When developing this toolkit, the IPPF Secretariat considered the needs, cultural diversity and challenges shared by different Member Associations in regards to CSE. We recognize that some countries or regions may need to expand on certain content based on the characteristics of the population, or that the way to introduce a sensitive topic may vary depending on social context – for instance, in some contexts CSE

DID YOU KNOW?

International and regional agreements are increasingly recognizing the importance of CSE:

- In 2008, ministers of education and health from across Latin America and the Caribbean signed the Preventing through Education Declaration, committing to deliver sexuality education and health services.
- In 2013, 20 countries across Eastern and Southern Africa endorsed a Ministerial Commitment on CSE and SRH services for Adolescents and Young People, setting specific targets to ensure access to high-quality, comprehensive life skills-based HIV and sexuality education and appropriate youth-friendly health services for all young people.
- Many countries in the Asia-Pacific region, West Africa and across Europe are also revising their policies and approaches to scale up sexuality education.
- Implementation plans for the new Sustainable Development Goals explicitly recognize the importance of CSE to achieve different goals.

might be known as life-skills education. As a result, some sections offer more in-depth or detailed information and examples.

IS THIS TOOLKIT FOR YOU?

This publication is primarily intended for use by the following staff of Member Associations and Regional Offices:

- youth programmers and project coordinators
- other staff members and volunteers involved in the design, implementation or monitoring of CSE initiatives
- peer educators and other community based volunteers

It can also be used by other sexual and reproductive health organizations, CSE and education programme leads (public and private) and the broader development community – including United Nations agencies that are working to improve CSE access for children, adolescents and young people.

UNDERSTANDING CSE

The concept

We recognize that there is no single definition of CSE. At IPPF, we understand CSE as:

A holistic, developmental and age appropriate, culturally and contextually relevant and scientifically accurate learning process grounded in a vision of human rights, gender equality, sex positivity and citizenship that is aimed at:

- Empowering children and young people to uphold their own rights and the rights of others and to contribute to achieving an equal, diverse, compassionate and just society: CSE should lead to an increased understanding of human rights, sexual and reproductive rights and gender equality and of the barriers that limit people´s ability to access equal opportunities. It should also plant the seed for active citizenship.

- Enabling children and young people to make decisions about their health and access key sexual and reproductive health services: CSE should lead to increased health literacy, improving children's and young people´s capacity to obtain, process and understand basic health information;[II] explore their options; ask key questions about their choices; and actively participate in decisions concerning their care. When necessary, CSE is also an opportunity to refer individuals to comprehensive and friendly sexual and reproductive health services.

- Enhancing children's and young people's capacity to engage in equal, happy, healthy, fulfilling and consensual relationships and experiences: CSE should lead to individuals feeling they have better tools and skills to forge their own destiny and establish relationships with others.

Recommended video: Being a Young Person, Comprehensive Sexuality Education (UNESCO, 2016)

Why do we need CSE?

- CSE is a right: Access to CSE is a universal human right. It is grounded in the right to education and the right to health as established in numerous international agreements, such as the Convention on the Rights of the Child; the International Covenant on Economic, Social and Cultural Rights; the International Covenant on Civil and Political Rights; the Convention on the Elimination of All Forms of Discrimination against Women; and the Convention on the Rights of Persons with Disabilities.

- CSE has demonstrated impact: CSE has been shown to increase correct knowledge, clarify and strengthen positive values and attitudes, increase skills to be able to make informed decisions and act upon them, improve perceptions about peer groups and social norms, increase communication with parents or other trusted adults, contribute to delayed sexual debut, reduce the frequency of unprotected sexual activity, reduce the number of sexual partners, and increase the use of protection against unintended pregnancy and STIs during sexual intercourse.[III]

- Children and young people want CSE: Different studies, as well as anecdotal experience from our programmes, show that children and young people want opportunities to explore the changes they experience and information on sexual practices, behaviours and relationships, among many other issues.

CSE - AN OPPORTUNITY TO LINK EDUCATION AND SERVICES

CSE works best when combined with other strategies, such as the provision of youth-friendly services (in sexual and reproductive health facilities, stand-alone youth centres or through youth peer providers).
During CSE activities, children and young people should:

- receive referrals to services when needed – including, but not limited to: counselling on sexuality and relationships; contraception; abortion; STI and HIV prevention, counselling, testing and treatment; vaccination against human papillomavirus and female genital mutilation prevention and management of consequences, among others
- gain an understanding of how they can play an active role in making decisions about their care – e.g. by reflecting about the importance of informed consent, privacy and confidentiality and learning about how the legal frameworks support or prevent them from making decisions about their health
- learn how they can play an active role in supporting their peers or partners access sexual and reproductive health services – e.g. by reflecting on the barriers that some youth face when trying to access sexual and reproductive health services due to their sex, gender identity, geographical location, etc. and by informing them about existing services and legal requirements to access care

Are CSE and information/counselling sessions the same?

CSE and information/counselling sessions differ in the following ways:

- Information sessions focus on providing facts and guidance on specific issues related to gender equality and sexual and reproductive health and rights in a friendly and non-judgmental way. While they can be participatory, information sessions are often a 'one-way' communication, where the person who has the information transfers knowledge to individuals or groups.
- A sexual and reproductive counselling session provides a space for individuals or couples to explore options and make decisions regarding a specific situation affecting their lives.
- CSE is a process with clear learning objectives that is delivered over a period of time using a specific methodology. Learning involves supporting lasting changes in knowledge and comprehension, attitudes and values, skills to deal with real-life situations and in ways of engaging with the world/people around us. As not all individuals learn in the same way, opportunities must be provided to observe, experiment, imitate, practice, be actively engaged and/or critically examine different views, evidence and information.

What are the founding principles of CSE?

Human rights

A CSE programme based in human rights seeks to reinforce children's and young people's understanding of their rights and the rights of others and promotes equal rights for all individuals.

What does this mean in practice?

CSE programmes should:

- use rights-based language instead of needs-based language - e.g. "Young people have the right to information and services so they can protect themselves," rather than "Young people need to be informed so they do not become pregnant"
- provide opportunities to discuss characteristics or circumstances that can affect some individuals' enjoyment of their sexual and reproductive rights - e.g. harmful gender norms, social views on sexual orientation, socioeconomic status, etc.
- use a participatory learning process that engages children and youth in critical thinking about their sexuality and sexual choices
- make CSE equally available to the most underserved and vulnerable populations

- ensure that all children and youth have equal access, voice and participation during CSE delivery - e.g. because of traditional gender roles, young girls and adolescents need to be empowered to share their views and experiences

- promote active citizenship to ensure children and youth develop the tools to protect their rights and the rights of others

Gender-transformative approach

CSE based on a gender-transformative approach seeks to foster equitable social norms and structures, advance personal gender-equitable behaviour, transform gender roles, create more gender-equitable relationships and engage participants in efforts to change existing policy and legislation to support equitable social systems.

What does this mean in practice?

CSE programmes should:

- increase awareness about harmful gender practices while delivering CSE activities – e.g. by sharing disaggregated data, using stories and testimonials of girls, young women and LGBTIQ individuals and showing how media and the law treat individuals with different gender identities differently

- increase knowledge about the costs of adhering to rigid gender norms – e.g. by sharing data and testimonials and encouraging debates with open-ended questions

- share positive examples of changing harmful gender norms – e.g. efforts to eradicate female genital mutilation

- develop skills that help children and youth transform harmful gender norms – e.g. non-violent means of conflict negotiation, couple's communication about sex/condoms/getting tested, etc.

- increase skills needed to engage in more gender-equitable behaviour – e.g. by providing training to communicate assertively

- strengthen models of gender equality in the learning environment – e.g. by using inclusive language, making sure children and youth with diverse gender identities get the opportunity to participate and lead activities

- cultivate children's and young people's ability to recognize, understand and respond to another person's reality, focusing on empathy as a key step to motivate children and youth to change harmful gender norms

- integrate gender into the learning process beyond a specific thematic session dedicated to this issue

- present clear, consistent and equitable messages about gender across all the CSE activities – e.g. messages on empowerment, autonomy and self-confidence

Citizenship

CSE based on the principle of citizenship promotes the involvement of all children and young people in their communities, decision-making processes and in upholding their rights and the rights of others, as well as instils values of solidarity, justice and democracy.

What does this mean in practice?

CSE programmes should:

- integrate sexual rights into CSE content

- provide opportunities through the learning process to discuss how people with certain genders and characteristics dominate decision-making processes in the political arena, the community, the family and in other social structures

- involve children and young people in the design, implementation, monitoring and evaluation of CSE so they feel they are a part of the change processes

Understanding the evolving capacities of individuals

A CSE programme grounded in the evolving capacities of individuals promotes learning processes that adapt to the gradual development of the ability of children and young people to understand and process information, manage complex situations and make decisions about issues affecting their lives.

What does this mean in practice?
CSE programmes should:

- advocate for the provision of continuous CSE over several years in order to cover different topics in an age-appropriate manner

- assess the social expectations and developmental needs of children and young people within the specific context to inform the content of the programme

- adapt the messages, methodologies and activities to children and young people of different ages - more information can be found in the section on

- monitor how children and young people of different ages internalize the material in order to decide if some thematic areas require additional time or if new methodologies should be explored to increase comprehension

- recognize young people's capacity to make decisions about their health and well-being by linking them to essential services and reflecting on the importance of informed consent

- involve parents/tutors and other support networks to help them understand how they can support children and young people in their decision-making processes while also taking into consideration their evolving capacities – often, parents have not received CSE themselves, so they may need to participate in educational activities

- implement sessions where children and young people of different ages and genders can mentor each other and learn to share and effectively communicate with other individuals, while also providing spaces exclusively for children and young people of a similar age and the same gender to better respond to their informational needs and learning capacities

Sex positivity

CSE based on sex positivity acknowledges that human beings, including adolescents and young people, are autonomous sexual beings with the right to have control and agency over their bodies and the right to experience desire, pleasure and happiness in their lives, independently of whether they are sexually active. As a result, sex-positive approaches strive to achieve ideal experiences, rather than solely working to prevent negative experiences.

What does this mean in practice?
CSE programmes should:

- develop the skills and confidence of CSE educators to feel comfortable talking about sex and sexuality – e.g. by providing values clarification, job aids, mentorship programmes, guidelines on assertive communication, etc.

- ensure that CSE related activities are implemented using language that makes sense to educators and learners and that is appropriate within the context where the interventions are implemented – e.g. avoid language that is vague, too scientific or that reinforces fear, shame or taboo; avoid words like normal or abnormal, natural or unnatural, sinful or dirty, good or bad

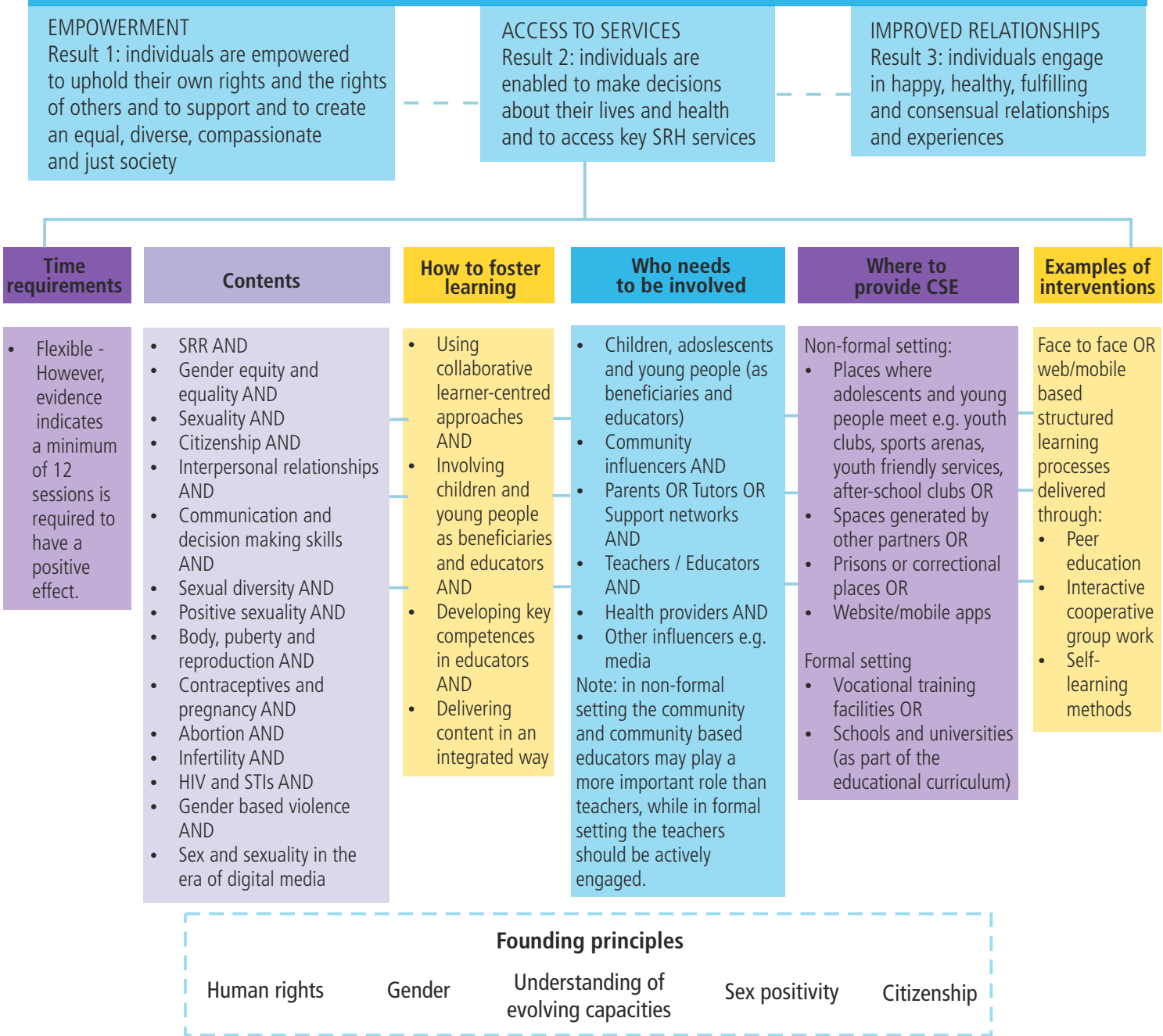
- be aware that learners may not have had the same experiences with sex – e.g. they can have no experience, positive experiences or might be survivors of sexual and gender based violence; they may have had an unwanted pregnancy/unsafe abortion or they may have had an STI or be living with HIV

- develop a referral network to ensure that children and young people can access friendly and stigma-free services, including prioritizing referral points where children and young people are likely to find services that guarantee their right to privacy and confidentiality

SECTION A. DELIVERING CSE FOR CHILDREN, ADOLESCENTS AND YOUTH IN NON-FORMAL AND FORMAL SETTINGS

When delivering CSE, we need to think about: a) time requirements, b) age-appropriate content adapted to the context, c) the best approaches and methods to foster effective learning, d) the stakeholders involved in CSE and e) the setting where the education is provided. The combination of these elements allows us to achieve the expected results and shape our essential package to effectively deliver CSE:

Diagram I. Essential package to deliver CSE for in and out-school children, adolescents and youth in non-formal and formal settings



In this section, we expand on each component of the essential package and provide detailed recommendations on ways to deliver CSE in formal and non-formal settings.

1.1 DELIVER: TIME REQUIREMENTS

While the amount of time dedicated to CSE may vary in each context, evidence suggests that to develop long-lasting learning, programmes should include at least 12 or more sessions. Nearly all the school-based programmes found to have a positive effect on long-term behaviour included 12 or more sessions that lasted roughly 50 minutes, with some programmes including 30 or more sessions.[IV]

Delivering this number of sessions can be achieved by combining classroom activities with community-based CSE and by planning a CSE programme that offers a package of key sessions followed by booster activities delivered months later, providing an opportunity to discuss and reflect on the knowledge, attitudes, skills and actions of the students.

Remember! Single training sessions to address a specific sexual and reproductive health issue cannot be considered CSE unless they are part of a learning programme delivered over a period of time.

1.2 DELIVER: AGE-APPROPRIATE CONTENT ADAPTED TO THE CONTEXT

Getting the balance right: IPPF standards and adapting to different contexts

In 2005, IPPF developed a framework for CSE (updated in 2010) that includes seven essential components to be delivered in an integrated way. These components are: Gender, Sexual and reproductive health and HIV, Sexual rights and citizenship, Pleasure, Violence, Diversity, and Relationships. The components guided the development of the 'Inside & Out' tool, a tool that uses international evidence and best practices on effective curricula to assess CSE programmes.

The existence of the framework and standards should not be understood as a limit on additional context adaptation. The following recommendations can help achieve the right balance between following the standards and adapting to the needs and characteristics of your context:

- Introduce CSE content in ways that are culturally appropriate: This may require adapting the language, message delivery or mechanisms to involve specific groups of the population.
- Introduce content on issues that are relevant to the diverse circumstances faced by children and young people in your context: For example, in some contexts it may be more relevant to include in-depth content on female genital mutilation prevention, consequences and care.
- Do not hide behind culture: The fact that something is considered part of the culture does not mean that it is acceptable or good. For example, if something violates fundamental rights such as health, expression or information.
- Work with communities and parents to build support for CSE and a culture that supports choice and respect for young people and their sexual and reproductive health and rights: Research suggests that parental concern can be allayed by offering parallel programmes for parents to familiarize them with the content of their children's programme and by equipping parents with skills to communicate more openly about sexuality with their children.
- Avoid conflicting messages: These can reinforce harmful cultural practices and negative views about sexuality and undermine the programme's success.

Age-appropriate approach

When talking about sexuality with children and young people, it is important to make sure the conversation is age and/or development appropriate. This means that you need to explain things in a way that young people can understand and act upon. You don't have to cover everything at once. In fact, it's good to repeat things at different ages and in different ways. It is our responsibility to equip young people with the skills and information they need to recognize positive and negative sexual experiences.

The 'Key Learnings' section provides guidance on the key knowledge, attitudes and skills expected for individuals under the age of 10, 10-18 years old, and 18-24+. The age division is arbitrary, as young people's sexuality, sexual debut, concerns and needs develop in different ways around the globe. However, in general we can say that children's interests, needs and capacities will change as they start going through puberty around the age of 10. Also, young people's engagement in decision-making processes and participation in society will transform once they reach the legal age of consent. An effective CSE programme

needs to respond to these changes by adapting the content and learning formats. Member Associations are encouraged to use existing evidence to assess the best age parameters for their local context, ensuring that the evolving capacities of individuals are considered in the delivery of their CSE programmes. The content delivered to specific age groups should not be influenced by personal views on what is acceptable.

Expected key learnings

Excellent guidelines providing more detailed information about age-appropriate content have been developed by UNESCO: International Technical Guidance on Sexuality Education, Volume II, 2009. This publication provides information about the topics and learning objectives for individuals aged 5-8, 9-12, 12-15 and 15-18+. Also BZgA/WHO Europe has developed standards and guidelines for the age groups 0-4, 4-6 , 6-9, 9-12, 12-15 and 15+: http://www.oif.ac.at/fileadmin/OEIF/andere_Publikationen/WHO_BZgA_Standards.pdf

As mentioned previously, learning involves supporting lasting changes in knowledge and comprehension, attitudes and values, skills to deal with real-life situations and ways of engaging with the world/people around us. This section provides a non-exhaustive list of key learnings expected for different age groups on different topics that are recommended for inclusion in a CSE programme.
It is important to highlight that CSE materials should be delivered in an integrated way, as children's and young people's realities and health outcomes are profoundly interconnected. For example, we cannot implement a learning process on abortion without addressing issues of anatomy, gender equality, autonomy, rights, decision making skills, contraception and relationships, among others.

Key learnings: Sexual and reproductive rights

Under 10	10-18	18-24+
	KNOWLEDGE AND ATTITUDES	
• All human beings have rights. Rights are things every person has – regardless of who she/he is, what she/he likes and where she/he comes from – and they ensure each person's ability to survive, grow and be happy and healthy in life. • We all have rights and we all have the responsibility to respect the rights of others. • You always have rights; your rights cannot be taken away from you under any circumstances. • You have the right to be who you want to be, to understand and enjoy your own body and to be safe.	• Human rights are fundamental entitlements that belong to every person simply because he/she is a human being. They are based on the principle that every human being is born equal in dignity and rights. • All human rights are equally important and they cannot be taken away under any circumstance. • Based on international agreements and covenants, sexual rights are human rights. Sexual rights include, among others, the right to choose sex partners and to form relationships based on choice and consent; the right to say yes or no to sex; the right to express sexuality, including the right to seek pleasure; the right to enjoy bodily autonomy, free from sexual violence or exploitation; and the right to obtain full and accurate information, education and services. • Some societies may not recognize your rights. The social norms about sex and sexuality may or may not coincide with the laws, which may or may not coincide with international agreements and covenants.	• See '10-18.' • To ensure human rights are fulfilled, it is necessary to understand who the duty bearers are (the ones responsible for fulfilling and upholding rights), e.g. governments, health professionals, schools, etc.
	SKILLS	
• Refusal skills – No one can touch you if you don´t want them to. During childhood, children should learn about the basic social conventions of privacy, nudity and respect for others in relationships so they can identify situations where their right to safety is being violated. • Help-seeking skills – There are ways to find support when your rights are violated.	• See 'Under 10.' • Decision-making skills – e.g. to assent to procedures affecting your health, to exercise your right to decide about your sexual and reproductive life • Communication skills – to uphold your rights and the rights of others	• See '10-18.' • Decision-making skills – e.g. to consent to medical procedures
	ENGAGEMENT	
• You must respect other people's rights, so don't do things or say things that are hurtful to others.	• You have ways to get support if your rights or the rights of other people are being violated. • Be active and speak out against discrimination and show your solidarity with those whose sexual rights are being violated, e.g. young gay and lesbian people. • Be active and speak out when you see situations where someone's rights are being violated because of gender, e.g. women are prevented from accessing services without their husband/parents.	• See '10-18.' • As a citizen with voting and legal rights, you can play an active role in demanding the recognition of sexual and reproductive rights for all.

Key learnings: Gender identity and gender equality

Under 10	10-18	18-24+
	KNOWLEDGE AND ATTITUDES	
• At birth, newborns are identified as male or female based on their sex organs. In different places, people indicate a baby's sex using specific names, jewellery, clothing and so forth. • Some babies whose genitals are not clearly male or female are termed intersex. • Some children do not feel comfortable being identified as male or female based on their sex organs. • Boys, girls or intersex children can like similar things. Being identified as male or female does not mean you can only do or like certain things, games or activities. • You have the same rights regardless of your sex or your identity.	• See 'Under 10.' • Gender roles are learned, which means they can change over time. They are not innate or 'natural'. In fact, almost everything that males can do, females can also do. And almost everything that females can do, males can also do. • Your gender identity does not condition your sexual orientation. Regardless of how you identify, you may like people of the same sex or of the opposite sex. • In every society, gender norms and gender roles influence people's lives, including their sexual lives, their capacity to exercise their rights and their access to opportunities. In some societies, for example, girls/women cannot access contraceptives without the consent of their parents or husbands, or are expected to get pregnant very young. • Restrictive gender roles and preconceptions have harmful consequences on different populations. Female genital mutilation and child marriage, among other practices, respond to gender stereotypes that value women less. For example, young women are supposed to be innocent, know nothing about sex and abstain from sex before marriage. If they carry condoms, they may be accused of 'sleeping around' and may have a 'bad' reputation. Young men, however, can feel forced to be sexually active to be seen as a 'real' man, and are often afraid to ask questions about sex as this may show they are inexperienced and affects their 'masculinity'. • Greater equality and more flexible gender roles allow all individuals to enjoy the same opportunities and develop to his or her full capacity as a human being. • Young men have specific sexual and reproductive health needs of their own.	• See '10-18.' • Gender equality means equality of opportunity for women, men, intersex and transgender people to realize their full rights and potential through the transformation of structural inequalities, behaviour patterns and social norms, leading to social change and sustainable development. Gender equality requires specific strategies aimed at eliminating gender inequities
	SKILLS	
• Help-seeking skills – There are ways to find support when your rights are violated because of your sex or gender identity.	• See 'Under 10.' • Decision-making skills – e.g. to choose your identity; to make decisions about your life, body and sexuality regardless of your sex or gender identity • Communication skills – e.g. to demand equal rights regardless of sex or gender identity, to promote non-discriminatory practices, to engage in non-violent communication	• See '10-18.'

Key learnings: Gender identity and gender equality

Under 10	10-18	18-24+
	ENGAGEMENT	
• Promote equal relationships in your family; share chores with your brothers and sisters, and make sure you do not treat your family members differently because of their sex or the way they behave.	• See 'Under 10.' • Everyone can take an active role in changing harmful gender practices and norms – join campaigns, make your voice heard if you are a young woman and promote equal treatment for all in your school and community. • Young men can play an important role in supporting women's sexual and reproductive health and rights and gender equality.	• See '10-18.' • As a citizen with voting and legal rights, you can play an active role in demanding gender equality.

Key learnings: Sexual and gender based violence

Under 10	10-18	18-24+
	KNOWLEDGE AND ATTITUDES	
• People can experience different types of violence. Violence is not only physical; it can also be experienced when someone yells at you, forces you to do something you don´t want or restricts your freedoms. • No one should ever touch you against your will. • If you feel you are experiencing violence, you should talk to someone you trust – your parents, a teacher, a friend or a doctor. Find help! • Everyone has the right to feel safe from violence. • Violence should not be used to solve our disagreements with someone.	• Violence against women and girls, or against individuals who do not conform to dominant gender norms (e.g. transgender people), is called gender-based violence. • Gender-based violence includes sexual, physical, psychological and economic violence. Sexual violence includes rape, harassment and any unwanted touching. Both sexual and gender-based violence can occur in a relationship (e.g. within marriage or dating) or be perpetrated by a stranger. • Sexual and gender-based violence is a violation of human rights and a public health problem. It can lead to short- or long-term physical and mental health problems. • It is important to find support and report cases of sexual and gender-based violence. Young people can play an active role in transforming gender roles, social practices and laws that encourage or fail to prevent, report and respond to cases of sexual and gender-based violence. • LGBTIQ youth often grow up experiencing homophobic or transphobic bullying from classmates, peers and even teachers. This bullying often remains invisible and can cause a lot of psychological or physical suffering that may result in depression, anxiety and even suicide.	• See '10-18.' • Adults who engage in the sexual exploitation or trafficking of a child, adolescent or young person must be criminalized
	SKILLS	
• Help-seeking skills – If you or someone you know experiences unwanted or unwelcome sexual contact, or any other type of violence, you might want to talk to an adult you can trust.	• See 'Under 10.' • Help-seeking skills – If you experience any type of violence, you have the right to access services and take legal action.	• See '10-18.'

Key learnings: Sexual and gender based violence

Under 10	10-18	18-24+
	SKILLS	
	• Decision-making skills – e.g. to decide when and how to engage in sexual or affective relationships • Communication skills – e.g. to engage in non-violent communication, to develop respectful and consensual relationships	
	ENGAGEMENT	
• Do not use violence to solve your differences or problems with other people.	• See 'Under 10.' • Provide support to individuals who decide to report cases of sexual or gender-based violence. • Create awareness about the different types of violence among members of your family and community.	• See '10-18.'

Key learnings: Sexuality

Under 10	10-18	18-24+
	KNOWLEDGE AND ATTITUDES	
• Sexuality is a part of you from the moment you are born. Your sexuality develops and changes throughout your life. • Sexuality is not the same as sex. • You express your sexuality with physical feelings, emotions and thoughts, or when you have emotional or intimate relationships with others. • Sexuality includes desires or practices involving someone of the other sex, the same sex or both. • At different times, most of us will experience various emotions related to sexuality. We may feel excitement, desire, confusion, anguish, happiness or many other feelings. Such emotions may be intense or, at other times, mild. • As you grow up, you might start to be interested in people of the same or opposite sex. This is completely normal.	• See 'Under 10.' • People are sexual beings throughout their lives. During some periods in their lives, however, people might experience little or no sexual desire. • Cultural norms, individual experiences and hormones all influence the way we understand and experience sexuality. • Sexuality – expressed alone or in a mutually consensual and respectful situation with a partner (of the same or opposite sex) – can be a source of pleasure and meaning in life. It can enhance happiness, well-being, health and the quality of life. It can also foster intimacy and trust between partners. • Sex and sexual relationships can be painful as well as enjoyable, un-pleasurable as well as pleasurable, uncomfortable as well as satisfying, violent as well as empowering, and sometimes all of these things at the same time. • Developing comfort and confidence about sexuality is part of growing up. This comfort is also influenced by individual, familial and social factors and experiences. • Everyone has sexual feelings. Good sexual health is about being able to understand and enjoy your sexuality, as well as understand issues around sex and how to behave responsibly to prevent unwanted pregnancy or sexually transmitted infections. It is also about having personal choice – you should be able to choose what kind of sexual relationships you want and with whom. • Gender norms, sexism, homophobia, transphobia and other forms of prejudices and stereotypes can limit many people's development and opportunities for sexual expression (particularly of young women and LGBTIQ youth) LGBTIQ people often endure bullying, violence and discrimination in many forms and in different settings (at school, work, even within their own family).	• See '10-18.' • While in most countries the age of consent is 16 or above, many young girls are forced to engage in relationships or marriages against their will. Forced marriage is a human rights violation.
	SKILLS	
• Help-seeking skills – Some people have experienced unwanted or unwelcome sexual contact. If this is something that has happened to you – even in the past – then you might want to talk to an adult you can trust.	• See 'Under 10.' • Help-seeking skills – e.g. If you are being, or have been, forced into emotional and/or sexual relationships, there are ways to protect your rights. • Decision-making skills – e.g. to choose your identity, to decide when and how to engage in sexual relationships.	• See '10-18.'

Key learnings: Sexuality

Under 10	10-18	18-24+
	SKILLS	
	• Communication skills – e.g. to engage in non-violent communication, to develop respectful and consensual relationships.	
	ENGAGEMENT	
• Develop respectful relationships with your friends – don't do things or say things to others that will hurt them.	• You can take an active role in defending comprehensive sexuality education and making governments accountable. • You can take an active role in fighting against homophobia, sexism, transphobia and other forms of prejudice and stereotypes.	• See '10-18.'

Key learnings: Citizenship

Under 10	10-18	18-24+
	KNOWLEDGE AND ATTITUDES	
• You are part of a society. As part of that society, you are considered a citizen. • As a citizen, you should respect other´s rights, care for people and other living things and be active in your community. • All citizens should have equal rights. • Children and young people can be active players in their communities.	• Good citizens are transparent, accountable for their actions, compassionate, respectful, responsible and active players in their communities. • As citizens, we should promote democratic societies. • Social justice is important in a democratic society. We uphold the principles of social justice when we promote gender equality or the rights of indigenous peoples and migrants. We advance social justice when we remove barriers that people face because of gender, age, race, ethnicity, religion, culture or disability.[VI] • Reproductive justice is important in a democratic society. Reproductive justice is the complete physical, mental, spiritual, political, social and economic well-being of women and girls, based on the full achievement and protection of women's human rights.[VII]	• A citizen is a person furnished with knowledge of public affairs, instilled with attitudes of civic virtue and equipped with skills to participate in the public arena.
	SKILLS	
• You can develop skills to be an active citizen: - social skills (living and working with others, conflict resolution) - communication skills (listening, understanding and engaging in discussion) - intercultural skills (establishing intercultural dialogue and appreciating cultural differences)	• See 'Under 10.' • Communication skills – e.g. to uphold your rights and the rights of others • Critical-thinking skills – e.g. willingness to investigate issues in the local, school and wider community; ability to analyse issues and to participate in action aimed at achieving a sustainable future	• See '10-18.' • Critical-thinking skills – e.g. readiness to recognize social, economic, ecological and political dimensions of issues
	ENGAGEMENT	
• As a citizen, you have the right to participate in decisions that affect your life	• Young people can play an active role as advocates, as well as in the design, implementation, monitoring	• As a citizen with voting and legal

Key learnings: Citizenship

Under 10	10-18	18-24+
	ENGAGEMENT	
and the life of others in your community.	and evaluation of programmes and projects affecting their lives and the well-being of their communities.	rights, you can take a more active role in society. For example, by choosing politicians that respect and promote gender equality and sexual and reproductive rights and through mechanisms such as petitioning.

Key learnings: Interpersonal relationships

Under 10	10-18	18-24+
	KNOWLEDGE AND ATTITUDES	
• You can have different types of relationships with other individuals, including friendships, love relationships and intimate relationships. Your culture may dictate the way you can establish relationships with the other sex. • Relationships aren't just about having a boyfriend or girlfriend. Throughout your life, you will have different kinds of relationships – e.g. with your schoolmates and, later in life, your work colleagues. • You should never be forced to be in an emotional or intimate relationship with another person. • Some relationships may involve sexual activity. Sexual activity should always be mediated by consent. This means that each individual agrees, free from any pressure, to engage in intimate relationships. • Sexual activity may be part of different types of relationships, including dating, marriage or commercial sex work, among others. • Relationships require honesty, empathy and respect.	• See 'Under 10.' • Interpersonal relationships exist between any two or more persons who interact and fulfil one or more physical or emotional need(s). Close emotional connections and relationships may provide a sense of safety and security that reduces stress and promotes good health. • Strong interpersonal relationships exist between people who fulfil many of each other's emotional and physical needs. For example, a mother may have strong interpersonal relationships with her children because she provides her children shelter, food, love and acceptance. The needs that a mother fulfils are greater than the needs that are fulfilled between, for example, you and someone at school and/or work. • Friendship is a crucial part of strong relationships. • Interpersonal relationships become problematic when one or more of the participants has needs that are not met within the relationship. Someone who wishes to end a relationship may intentionally neglect the needs of the other person, but sometimes needs simply change and people fail to keep up with those changes. • Being forced to be in an emotional or intimate relationship with another person is a violation of your rights. Relationships should be based on consent, i.e. the mutual agreement of those involved. • You can engage in emotional or intimate relationships with people of the same or opposite sex.	• See '10-18.' • Various factors contribute to having mutually satisfying, responsible and safe relationships: knowing that you and your partner both have the same rights; treating each other as equals and as people, not just as bodies; feeling comfortable in communicating what each partner wants or does not want; respecting a partner's right to not do anything that feels uncomfortable or unsafe; being honest with each other; feeling intimacy; feeling cared for; using safe and effective ways to protect yourself and your partner from unwanted pregnancy and sexually transmitted infections, including HIV; working to

Key learnings: Interpersonal relationships

Under 10	10-18	18-24+
	KNOWLEDGE AND ATTITUDES	
	• All relationships have ups and downs. If one of your relationships is going through a rough patch, it might be a good idea to communicate your feelings to the other person. It may not be easy, and you might feel scared doing it, but it's very possible the other person is happy that you want to talk about the relationship. You might be surprised at the good that can come from communicating openly with other people.	protect yourself and your partner from emotional harm; being aware of your own desires and comfort level and those of your partner; and being able to give and to accept pleasure.
	SKILLS	
• Communication skills – e.g. to connect and empathize with other people and to solve conflict and differences without recurring to violent behaviours.	• See 'Under 10.' • Communication skills – e.g. negotiation skills, assertiveness and capacity to solve problems without recurring to violent behaviours	• See '10 –18.'
	ENGAGEMENT	
• If you want to achieve satisfying and healthy relationships, you should respect the rights of other people •	• Child marriage and other types of forced relationships must be eradicated. Young people can play an active role in changing these practices. • Young people can play an active role in ensuring that all types of relationships – including between people of the same sex – are legally recognized and respected by all members of society.	• See '10-18.' • As a citizen with legal and voting rights, you can take actions to demand respect for same-sex relationships and legal protection in cases of intimate partner violence.

Key learnings: Communication and decision–making skills

Under 10	10-18	18-24+
	KNOWLEDGE AND ATTITUDES	
• Knowing how to express yourself so that you are understood, and being able to understand what other people are trying to say, is important to ensure we develop happy and healthy relationships. • Knowing how to communicate can contribute to improved interpersonal relationships and help avoid violence as a way of solving your disagreements with other people. • Knowing how to communicate is important in your intimate relationships. It ensures that people can freely and comfortably express if they are okay with any sexual practice.	• You use communication and decision-making skills in every part of your life: with family, friends and partners. • Communication is an important part of a sexual relationship. It ensures that individuals are free to consent and are able to negotiate safer sexual practices that prevent sexually transmitted infections, including HIV, and unwanted pregnancy. • Gender roles and cultural patterns affect the way we communicate and our capacity to negotiate safer sexual practices.	• See '10-18.'

Key learnings: Communication and decision–making skills

Under 10	10-18	18-24+
	KNOWLEDGE AND ATTITUDES	
• Making decisions may be difficult. However, having information and support to identify the benefits and disadvantages of your options can make you feel more confident. • Your capacity and comfort with decision making will grow as you get older	• We have the right to make decisions about our life, health and future. This includes the right to decide if and when to have children, when to start a relationship and when to engage in sexual activity. • You have the right to access timely and accurate information to facilitate your decision-making processes.	
	SKILLS	
• Assertiveness and negotiation skills.	• See 'Under 10.' • Critical-thinking skills – When making decisions, you should consider all your options, identify the benefits and disadvantages of each option carefully, seek information or advice from people you trust, consider whether your decision is one that will be easy or hard to change later, and be sure that other people are not forcing you before acting on that decision.	• See '10-18.'
	ENGAGEMENT	
• Do not use violence to solve your differences or problems with other people. • Develop respectful relationships with your friends – don't do things or say things to others that will hurt them.	• You must address key interpersonal considerations when you communicate with others about difficult issues – e.g. do the people involved in the decision agree to respect one another and engage in an open and honest discussion. Try not to take it personally when people don't agree with what you say or decide; it is about the issue, not you. Be accepting and tolerant when people have a different opinion that you.	• See '10-18.'

Key learnings: Sexual diversity

Under 10	10-18	18-24+
	KNOWLEDGE AND ATTITUDES	

• Everyone is different. Someone can different from you because he she has a different religion, has a disability or not, is living with HIV, etc.
 	
• Families can also be different; sometimes there is a father and a mother, sometimes a mother or a father, or two fathers or two mothers. Sometimes families have children and other times they don't.
 	
• Some people prefer to be intimate with someone of the same sex.
	• The concept of diversity encompasses acceptance and respect. It means understanding that everyone is unique and recognizing our individual differences. These differences can include race, ethnicity, gender, sexual orientation, socio-economic status, age, physical abilities, religious beliefs, HIV status, etc.
	
	• Sexual orientation is a person's affection and sexual preference.
	  ○ Gay = a person who is physically and emotionally attracted to someone of the same sex. The word gay can refer to both male and females, but is commonly used to identify males only.
	  ○ Lesbian = a female who is attracted physically and emotionally to other females.
	  ○ Straight = a person who feels attracted physically and emotionally to someone of the opposite sex.
	  ○ Bisexual = a person who is attracted physically and emotionally to both males and females.
	  ○ Transgender = a person whose gender identity, outward appearance, expression and/or anatomy does not fit into conventional expectations of male or female.
	
	• Everyone has the same rights. No one can discriminate against someone else because they are different.
		• See '10-18.'
		
		• Gender norms, sexism, racism, homophobia, transphobia and other forms of prejudice, stereotypes, discrimination and violence are responsible for many structural factors that limit the development and possibilities for expression of LGBTIQ people and create inequality at different levels.
		
		• Social acceptance of sexual orientations, gender identity /expression and sexual practices can change over time.

	SKILLS	
• Communication skills – e.g. how to connect and empathize with other people.	• See 'Under 10.' • Help-seeking skills – If you are bullied or discriminated against because of your sexual orientation, you can find support. • Decision-making skills – e.g. choosing your identity, deciding when and how to engage in sexual relationships. • Communication skills – e.g. engaging in non-violent communication, developing respectful and consensual relationships.	• See '10-18.'

Key learnings: Sexual diversity

Under 10	10-18	18-24+
	ENGAGEMENT	
• Bullying or discriminating against someone who is not the same as you is not acceptable. People who are bullied or discriminated against may feel lonely, rejected and feel forced to harm him/herself to fit in. • You can show respect and be supportive of people who are different from you by listening and not judging others.	• It is important that you recognize the different layers of inequality. Find ways to counter harmful stereotypes, to increase awareness and to reduce stigma against LGBTIQ people. • Discrimination and bullying because of sexual orientation can lead to unequal access to services and education, suicide, and other negative outcomes. We can all do our part to reduce homophobia and transphobia. • You can play an active role in ensuring that all types of relationships – including between people of the same sex – are legally recognized and respected by all members of society.	• As a citizen with legal and voting rights, you can take actions to demand respect for same-sex relationships and protect individuals from homophobia, sexism and transphobia.

Key learnings: Positive sexuality

Under 10	10-18	18-24+
	KNOWLEDGE AND ATTITUDES	
• It is good to be proud of yourself and your body. • Touching your body can feel great; so can touching your genitals, but privacy is recommended. Nobody should touch you when you don't want them to. • Having sex with someone is one of the ways to express a person's feelings. • Having sex can mean many different things, including touching, kissing and caressing. Any sexual practice should be agreed to (consented to) by those involved. • No one has the right to force you to have sex. Only you have the right to decide when to have sex.	• In relationships, you can experience pleasure and enjoy each other's company in many ways. Having intercourse is not the only way to have a satisfying relationship. • In some societies, young people, especially girls, are not supposed to be sexually active before they are married. However that doesn't mean they do not have the right to enjoy and express their sexuality or that it doesn't happen. • Sex as it is portrayed in films and what you see online may not be the same as how you experience it in real life. Having sex is not about putting on a performance; it is not an exam, and it is not only about achieving orgasm(s). • There is a difference between fantasy and reality. People can have fantasies about different sexual acts, however that doesn't mean that they always want them to happen in real life. • What is acceptable? People need certain stimuli for sexual pleasure. Some of these might be seen as "abnormal" in one society (such as sexual behaviours between two people of the same sex), while they can be totally accepted in other societies.	• See '10-18.'

Key learnings: Positive sexuality

Under 10	10-18	18-24+
	KNOWLEDGE AND ATTITUDES	
	• Sex can be more satisfactory if you know you are safe. Using methods to prevent unintended pregnancy, STIs, and HIV can help you feel safe, while using drugs or alcohol can interfere with your safety and your decisions about having sex. • Having positive sexual relationships is every individual's right. The most important thing is for the individual to be able to freely decide (without coercion or violence) when, with whom and how s/he wants to have sexual relationships, and for s/he to be able to communicate and negotiate with their partner(s) regarding the safety and quality of the relationship. • There is a difference between sexual well-being and sexual pleasure; well-being is being content and satisfied with the sexual interaction, while pleasure is more about achieving orgasm and full enjoyment.	
	SKILLS	
• Communication and refusal skills – You have the right to say no to relationships that make you feel uncomfortable.	• See 'Under 10.' • Communication skills – When you decide to have sex, always discuss/communicate with your partner what you want/don't want; never force your partner to do things he/she doesn't want. Being open about what you want/don't want can make sex much more enjoyable.	• See '10-18.'
	ENGAGEMENT	
• Never force others to do things they don't want to do.	• You can take an active role in upholding the delivery of education that promotes positive messages about sexuality.	• See '10-18.'

Key learnings: Body, puberty and reproduction

Under 10	10-18	18-24+
	KNOWLEDGE AND ATTITUDES	
• As you approach adolescence, your body and behaviours will likely change – this is known as puberty. You may feel awkward about the physical changes of your body or about your emotions. This is normal. • Puberty occurs early for some people and later for others. Girls typically reach puberty at an earlier age than boys do. Don't worry if your friends experience changes earlier or later than you. • At puberty, sexual and reproductive organs begin to mature and our curiosity about sex increases. Some people decide to explore their sexuality by themselves, with a friend, or with a sexual or romantic partner. • Some organs are involved primarily in reproduction, in sexual pleasure or both. • Gender roles often intensify dramatically before or around puberty. You might experience this in different ways, including different rituals for boys and girls in your society (e.g. female genital mutilation), unequal access to opportunities, changes in expectations about how you should behave based on your sex.	• People's bodies differ in appearance. There is no "perfect" or "normal" body type or appearance, despite cultural and media messages to the contrary. Learning to be comfortable with one's own body – having a positive body image – is an important element of self-esteem. • Many young people develop eating disorders and other poor health outcomes as a result of negative body image and/or bullying and discrimination linked to physical appearance. • Knowing your body and how your sexual and reproductive organs work is important to achieve satisfactory sexual experiences, prevent unwanted pregnancies, sexually transmitted infections, including HIV, and to know when to seek health services. • Nearly all people with a physical disability or chronic illness can still experience all aspects of their life, including their sexuality. Oftentimes, however, they suffer discrimination and physical and social isolation because of their physical or health status.	• See '10-18.'
	SKILLS	
• Help-seeking skills – e.g. if you are forced into passage rituals that harm your physical or mental integrity	• See 'Under 10.' • Decision-making skills – e.g. deciding when and how to engage in sexual relationships.	• See '10-18.'
	ENGAGEMENT	
• Bullying or discriminating someone who is not the same as you is not acceptable. People who are bullied or discriminated against may feel lonely, rejected or forced to harm him/herself in order to fit in. • You can show respect and be supportive to people who are different from you by listening and not judging others.	• Young people can play an active role in fighting against bullying and discrimination linked to body image, and in upholding everyone´s right to enjoy their sexuality regardless of their physical or health status. • Young people can promote sexual and reproductive rights among members of their community.	• See '10-18.' • As a citizen with legal and voting rights you can take actions to demand recognition of sexual and reproductive rights for all; and eradication of gender harmful practices, such as female genital mutilation.

Key learnings: Contraception and pregnancy

Under 10	10-18	18-24+
	KNOWLEDGE AND ATTITUDES	
• You have the right to decide if and when to have children. • You can get pregnant even if it is the first time you have sex. • There are actions, devices and procedures that help individuals prevent an unplanned pregnancy.	• Young people have the right to access information and services to prevent, manage or end a pregnancy. • Contraceptive methods include natural and hormonal options. Natural alternatives have a higher chance of failure. Some methods are classified as short term, others as long acting and some are permanent. Contraceptives include female and male condoms, pills, injectables, IUDs, the implant, among others. Our health status, life style and preferences are important when choosing a method. • Young women can safely use long acting contraceptive methods. • Condoms are the only contraceptive method that simultaneously prevents STIs, including HIV. • Emergency contraceptive methods can be used to prevent pregnancy after sex. These methods include several kinds of Emergency Contraceptive Pills (ECPs) as well as insertion of an intrauterine device (IUD). They offer women an important second chance to prevent pregnancy when a regular method fails, no method was used, or sex was forced. • When pregnancy occurs young women have different options: continue or end a pregnancy. If a woman decides to continue, she can keep the child or give it for adoption – in any case, she should seek prenatal care. If a woman decides to have an abortion, there are safe methods available • All young people – including those under 16 – should have the right to confidential advice and information about pregnancy prevention. • Gender inequality has damaging effects on women's sexual health and wellbeing and on their access to sexual and reproductive health services. For example, in some societies girls/women cannot access contraceptives without the consent of parents or husbands; in many places, it is not always seen as appropriate for a girl to carry a condom.	• See '10-18.'
	SKILLS	
	• Decision making skills – e.g. to consent to the use of contraceptives, including emergency contraception. • Communication skills – including negotiation skills for the use of condoms and contraception methods.	• See '10-18.'
	ENGAGEMENT	
	• Young people can play an active role in the design, implementation, monitoring and evaluation of contraceptive services. • Support your peers in accessing high quality contraceptive services.	• See '10-18.'

Key learnings: Abortion

Under 10	10-18	18-24+
	KNOWLEDGE AND ATTITUDES	
• Not all pregnancies are wanted or planned. • Young people have the right to decide about continuing or ending a pregnancy they don't want.	• Abortion is the voluntary ending of a pregnancy. • Some societies and/or legislations put in place barriers that make it difficult for women to access a safe and legal abortion. This doesn't mean abortions do not occur. • Women who need/had an abortion should not be rejected or discriminated against. • Access to safe abortion isn't viewed as a human right in many societies. However, abortion is firmly associated with a number of established human rights, including the right to autonomy and bodily integrity. Denying women access to abortion services is a violation of their human rights. • There are two main methods of safe abortion: medical abortion, where medication is used to end the pregnancy, and surgical abortion, which involves a medical procedure performed by a trained professional. • Abortion is a safe procedure when it is performed within the appropriate context. For surgical abortion, that means when it is performed by a trained provider in sanitary conditions; for medical abortion, that means when a person has access to high quality medication, information and support. There are different websites where women can access information about safe access to medications. Information on safe abortion can also be accessed through friends, health providers or pharmacies. • Unsafe abortion can lead to increased mortality and morbidity among young women. • Countries have different legislations regarding abortion and access to services for young people, which can directly affect their ability to seek care. • Young people who are pregnant, in particular those who are unmarried, may feel stigmatized whether they choose to have an abortion or continue with the pregnancy. Abortion-related stigma is the association of negative attributes with people involved in seeking, providing or supporting abortion. Abortion stigma should not prevent young people from accessing the services they need.	• See '10-18.' • Anti-choice movements actively promote restrictive legislation on abortion, such as requirements for parental/spousal consent to access services.
	SKILLS	
	• Help-seeking skills – e.g. how to identify high quality services that provide safe abortion services	• See '10-18'.

Key learnings: Abortion

Under 10	10-18	18-24+
	SKILLS	
	• Decision-making skills – e.g. to consent to ending a pregnancy and the use of contraceptive methods • Communication skills – e.g. negotiation skills for the use of condoms and other contraception methods	• See '10-18'.
	ENGAGEMENT	
	• You can participate in efforts to reduce abortion stigma and to increase access to safe abortion services – e.g. by writing blogs, sharing testimonials and disseminating information about safe methods and their availability. • You can provide support to a woman who has decided to have an abortion – e.g. by helping her find a safe method or provider, searching for accurate information on abortion, and by being present during the abortion process.	• See '10-18.' • As a citizen with legal and voting rights, you can take actions to demand recognition of a woman's right to choose and of their right to receive information and confidential services.

Key learnings: Infertility

Under 10	10-18	18-24+
	KNOWLEDGE AND ATTITUDES	
• Some people want to have biological children, but cannot achieve this because of medical reasons; this is called infertility. • Not being able to have children can make people sad, but it doesn't make them less than people who have children. • When people have fertility problems, they can seek health treatments to address the problem (if available) or find alternatives, such as adopting or fostering children. • Both men and women can have fertility problems. • Touching your body (masturbating) or using contraceptive methods will not make you infertile.	• Many individuals – both men and women – want to have children, but have fertility problems. Fertility begins to decline rapidly at age 35, and obesity, eating disorders, smoking and drugs can all affect the chances of having children. Using contraception won´t make you infertile. • For some women/men, being unable to have children can cause great sadness. It is important to be supportive if someone is going through this situation. • Some people can have secondary infertility – infertility that comes after they've already had a child. The fact that someone already has a child does not mean secondary infertility is less important. Having a child (or children) doesn't take away the pain of being unable to have more, especially if you've always imagined your family being bigger. • There are sometimes treatments to support a woman become pregnant, including in vitro fertilization, but these treatments can be very expensive or not possible. Other options include adoption or fostering. • Some religions or ideologies disagree with the use of alternatives such as in vitro fertilization to support a woman become pregnant. This can create barriers for people to enjoy their right to decide if and when to have children.	• See '10-18.' • In general, it is advised that women under 35 should try for over a year before seeking an infertility diagnosis. Women over 35 are advised to contact their doctor to assess their health status before trying to get pregnant. • Infertility treatment can be physically uncomfortable, time-consuming, exhausting and costly - all without a guarantee of success.

Under 10	10-18	18-24+
	KNOWLEDGE AND ATTITUDES	
		• The infertility experience can include multiple diagnostic procedures, as well as progressively more aggressive treatment options, all of which impose demands upon the emotional and physical self. As a result, many women experience severe stress, depression or anxiety during the process.
	SKILLS	
	• Help-seeking skills – e.g. how to find high quality services. • Decision-making skills – e.g. to consent to infertility treatment procedures. • Communication skills	• See '10-18'.
	ENGAGEMENT	
	• Create awareness about infertility and a woman's right to choose if and when to have children.	• See '10-18'.

Key learnings: HIV and STIs

Under 10	10-18	18-24+
	KNOWLEDGE AND ATTITUDES	
• You can experience both positive and negative consequences as a result of sexual activity. Positive outcomes include pleasure, intimacy, and (among heterosexual couples) desired pregnancy. Negative consequences may include emotional and physical harm; sexually transmitted infections, including HIV; or (among heterosexual couples) unintended pregnancy. • Sexually transmitted infections (also called STIs) are infections that spread through sexual activity (both penetrative sex and oral sex). They can be prevented and treated. • HIV can also be transmitted by other means, including from mother to child, through blood transfusions and by sharing hypodermic syringes. • People living with HIV are sometimes rejected, bullied or discriminated against. • People living with HIV have the right to live free of discrimination, access services and treatment and exercise their rights as any other human being.	• STIs, including HIV, are preventable using condoms, or by engaging in lower-risk sex activity (e.g. mutual masturbation, using lubricants to avoid condom ruptures). All STIs can be treated to manage their consequences; however, not all can be cured. • Some STIs cause symptoms or discomfort. Others sometimes don't have symptoms (especially among females). Even when an infection does not produce symptoms, it can have serious health consequences, including putting the patient's fertility, or even life, in danger. Some of the STIs that can have serious consequences are: HIV, HPV (genital warts), syphilis, gonorrhoea, chlamydia, trichomonas, and herpes. Girls are physiologically more vulnerable to infection from certain STIs than boys. • One of the most serious infections that people can acquire through sex is HIV, the virus that causes AIDS. AIDS is a major cause of illness and death in many parts of the world. HIV weakens the body's immune system, allowing infections and cancers to develop. Without treatment, it eventually leads to death. • Rates of HIV infection vary across countries and within countries. In some contexts, specific population groups are more affected by HIV due to barriers to access information and services, physiological characteristics or social discrimination – e.g. young people (particularly girls), men who visit sex workers and men who have sex with men. • People living with HIV have the right to live free of discrimination, to access services and treatment and to exercise their rights as any other human being.	• See '10-18'.
	SKILLS	
	• Help-seeking skills – e.g. finding high quality services that provide voluntary counselling and testing, as well as treatment options. • Decision-making skills – e.g. engaging in consensual and safe relationships. • Communication skills – including negotiation skills for the use of condoms.	• See '10-18.'
	ENGAGEMENT	**ENGAGEMENT**
	• Young people can play an active role in fighting against discrimination linked to HIV. • Young people can create awareness about gender norms and practices that may put some groups at higher risk of HIV infection.	• See '10-18.' • As a citizen with legal and voting rights, you can take actions to demand access to high quality HIV-related services and prevent discrimination against people living with HIV/AIDS.

Key learnings: Sex in the digital media era

Under 10	10-18	18-24+
	KNOWLEDGE AND ATTITUDES	
• Using technology can be very positive for your personal growth and your education, but it can also bring risks for your life and health. Be smart when using technology: never share your personal information with strangers (e.g. your address), don´t share anything on social networks that you want to keep a secret, do not open pictures or messages from people you have never met before, and make sure you really know who someone is before you allow them on to your friends list. • Passwords shouldn't be shared with friends or with anyone else online. Passwords also shouldn't be easy to guess – your birthday, your nickname and your pet's name are all out. Ideally, make your password something entirely random – or at least include a number in it. • Talk with your parents/tutors/teachers about good ways to stay safe and how to seek help when you feel at risk. • Be careful when posting/saying things about other people on social networks, WhatsApp groups and other platforms. You may be harassing/bullying them or putting them at risk. • Avoid meeting people you only know through social networks in real life. • Do not share other people's pictures or messages if they do not explicitly consent to it.	• See 'Under 10.' • Social networks and technology are very important mechanisms to socialize, learn and grow as a person and even to be an active player in your community. However, you should be aware of potential risks, such as cyberbullying (use of the Internet, cell phones, or other technology to spread hurtful or embarrassing pictures and messages about another person) or sexting (sending sexually explicit photographs, messages or video in a text message or email). • Protect your passwords and your phone, tablet or any other technology device you use to store personal information and photos.	• You may feel curious about watching pornography. Pornography should be understood as a form of 'fantasy' rather than reality. Pornography involving children or people who are unable to give consent is a crime. • Sending or distributing sexual content involving someone under 18 years of age is considered a crime under many laws. Make sure you don't inappropriately use content shared by intimate partners or friends.
	SKILLS	
• Help-seeking skills – e.g. to ask for help in case of cyberbullying or harassment.	• Help-seeking skills – e.g. to find help in case of cyberbullying or in case of cybercrimes • Decision-making skills – e.g. to consent to practices such as sexting and to make decisions about sending or distributing sexual content • Communication skills – e.g. negotiation skills.	• See '10-18.'
	ENGAGEMENT	
• If you or a friend have been cyberbullied, it is important for you to report what happened. Identify people you trust and can support you.	• See 'Under 10.'	• See '10-18.'

1.3 DELIVER: HOW TO FOSTER LEARNING

Four key elements interact during the learning process: 1) the pedagogic practice or approach to teaching, 2) the educator, 3) the learner and 4) the content (addressed in the previous section). The interaction among these elements leads to permanent changes in an individual's knowledge, skills and competences.

The pedagogy practice: Implementing a collaborative, learner-centred approach

What do we mean by pedagogy practice?

Pedagogy is defined as a conscious activity by a person or group that is designed to enhance learning in others. Over time, pedagogy has evolved to include a focus on models that involve learners in a more active way.

Key things to remember about pedagogy include:

- There are different models of learning. Some models are based on biology, while others take into consideration the social context and the emotions of the learner as key factors in the learning process.

- Traditional models of learning are often educator-led, while current approaches are more learner-centred, with more emphasis on the characteristics of each learner and a more cooperative relationship between educators and learners.

- The format of the lessons may vary based on the model of learning selected – e.g. flexible use of whole-class, group and pair work where students discuss a shared task; use of learning materials beyond the textbook; open and closed questioning activities; demonstration and explanation; etc.

Does IPPF promote a specific type of pedagogy?

Without denying the value of traditional models, IPPF prefers to focus on a collaborative, learner-centred approach to deliver CSE from a rights-based perspective, where children and young people interact and actively engage during the learning process. Research shows that using this approach in teaching or facilitation gives better results, promotes critical thinking skills and helps learners to internalize the information and acquire new skills.

What this means in practice: Tips for using a collaborative, learner-centred approach

- Involve learners beyond just the implementation of CSE activities. Children and young people can be a great asset during the design, implementation and evaluation of these sessions.

- Create a safe space and promote trust. Ask learners what will help them to feel 'safe' and the best ways to work together. All learners should feel involved, heard, comfortable and safe from bullying, especially when they take risks with new ideas or with sharing personal experiences. Of course, it is also important to ensure the safety and privacy of the physical space.

- Encourage participation, particularly among those who feel alone or intimidated. Various conditions and situations can trigger these types of feelings. For example, differences in social power associated with gender, social class, or age can be a factor.

- Assure learners that you respect their privacy and ask the same of learners; remind them not to disclose information exchanged during CSE activities. Consider how some learners might intimidate or even abuse others after leaving a session in which sensitive topics have been discussed. Make certain that learners understand that they have the right to not participate or share if doing so makes them feel at risk.

- All organizations providing CSE must have a strong child protection policy. Training should be provided to all staff and volunteers, and the policy should be communicated to all partners, including the establishment in which you are working. This is especially important when talking about sensitive issues surrounding sexuality, as the educator will need to be clear on laws and policies regarding the age of consent and young people disclosing sexual activity or abuse.

- Show respect for learners. Some practical ways of showing respect include asking participants how they want to be introduced or referred to and learning the names of participants as quickly as possible. Educators also need to be conscious of starting and ending on time. Always acknowledge and give credit to what your learners know and contribute.

- One of the characteristic of a leaner-centred approach is that it is task-driven, with the educator/facilitator actively supporting the learner to discover. However, a learner-centred approach does not mean that all responsibilities for learning lie with the learners. Your role as an educator/facilitator does not end when you have given the learners a task to do. Overloading the learners with too much information is also not helpful, and you will need to find the right balance. When you give information, use language/words that everybody understands, and ensure that the information is evidence-based, accurate and relevant for learners.

- People learn in different ways; some people learn by reading/seeing, some by hearing and some by doing. It is important that you use a variety of methods to adapt to the different needs of your learners. It helps to use audio-visual materials, small group discussions, roleplay, music, art tools, etc. The Internet also provides a lot of good and positive information, quizzes and videos about sex and sexuality, but you need to look carefully for reliable websites.

- Be aware that participants won´t have the same level of focus all the time; respond to their energy level and be willing to stop for a break or an energizer.

- Always answer questions with honesty and care and admit if you don't know the answer to something. You don't need to be an expert on every single topic.

- Focus on using experiences and examples that are familiar to the context where children and young people live. Ask learners to relate the content to their own lives and world.

- Be clear with young people that you trust them as capable of making their own decisions. Emphasize that most young people try to, and do, manage their sexual health and relationship choices well, even if they make mistakes and have challenges along the way. Encourage learners not to be afraid to make mistakes.

- Promote critical thinking by using activities such as debates or plenaries that approach open ended questions. You can also use the Socratic method (asking "Why?") or case study analysis to help learners explore contradictions and inequalities in their communities. Encourage them to consider the material considering principles of fairness and social justice.

EXAMPLES FROM THE FIELD: PARTICIPATORY LEARNING APPROACHES

Escuela Nueva is an innovative educational model that has been implemented in Colombia and other countries of the world since 1976. It is intended to promote "active, participatory and cooperative learning" among primary school students.

The model combines:

- a classroom pedagogy centred on self-paced and self-directed learning guides
- the involvement of children of different ages and grades in the same physical space
- spaces for parent and community involvement
- implementation of a school government system led by the students
- tutors who stay with each child during sufficiently long time spans to support individualized learning
- teachers who are trained in group management and the simultaneous use of different curricula for children of different ages

The educator: Competences and types

The educator is an individual of any gender or age who has been trained to implement a learning process according to specific methods, models and practices. To foster effective learning during CSE activities, educators must have the right combination of attitudes, skills and knowledge:

ATTITUDES

- Commitment to sexuality education and its founding pillars - human rights, gender, citizenship, sex positivity and evolving capacities of the child.
- Respect of integrity and understanding of boundaries
- Open mindedness and respect for others
- Awareness of his/her own attitudes
- Understanding of young people as sexual beings

+

SKILLS

- Ability to create and maintain a safe, inclusive and enabling learning environment
- Ability to use interactive teaching processes which provoke a visible response from the learners
- Ability to communicate effectively
- Ability to reflect on believes and values
- Ability to draw, when appropriate, on learner's backgrounds and reality

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KNOWLEDGE

- Knowledge about relevant topics in sexuality education
- Basic knowledge on health promotion and psychology
- Knowledge about different CSE programs and curriculums and their impact
- Knowledge abouth children and young people evolving capacities
- Knowledge of youth realities and characteristics
- Bacis knowledge about key context specific legal frameworks related to sexuality
- Basic knowledge of referral places and platforms where learners can seek help or additional information

Different people involved at the Member Association level can play the role of educator, including community health workers, peer educators, peer providers, service providers and other volunteers/community leaders. Regardless of who takes responsibility for this role, in-depth training should be provided.

The training should:

- provide pre, on the job and refresher training opportunities on both CSE topics and collaborative, learner-centred approaches
- combine training sessions with sensitization and activities to clarify the educator's values
- include strategies to help educators overcome embarrassment and avoid judgement when leading sexuality education interventions
- include strategies for educators to overcome possible opposition from parents, community members or learners
- provide opportunities for supportive supervision
- provide job aids and friendly materials (videos, flyers, games) for the educator to use during the CSE sessions
- provide a list of key referral points where educators can send children or young people who may need additional services

EXAMPLES FROM THE FIELD: INVOLVING YOUNG PEOPLE AS PEER EDUCATORS

For over three decades, most of the IPPF Member Associations have worked to involve young people as peer educators. This long-term experience in peer education has resulted in key lessons learned and best practices:

DO:

- Encourage children and young people to become peer educators, particularly those from groups prioritized for the intervention. Deliver information sessions about the peer education programme, clarify expectations, and offer flexibility to accommodate their schedules and locations. Potential peer educators can be identified by other peers, schools/universities, community leaders or through social media.
- Gain support from parents and community leaders for them to actively support peer educators in their role.
- Provide competency training and sensitization opportunities.
- Acknowledge young people for completing the training cycle.
- Conduct follow-up refresher trainings and monitor activities implemented by the peer educators.
- Involve peer educators in assessing the strengths and areas for improvement of their work through participatory evaluation methodologies.
- Offer incentives to prevent turnover – e.g. opportunities to participate in conferences and keep learning, vouchers, etc.
- Encourage young people to create their own platforms to disseminate positive messages on sexuality (e.g. social networks, YouTube channels, blogs, other).
- Ensure that peer educators visit your services, understand what type of care is offered by the Member Association, learn about the role of service providers and get information about how to implement effective referrals.

DON´T:

- Set ambitious targets for the number of children and young people that peer educators should reach. It is more important to ensure that they can deliver a complete CSE programme than to push them to reach big numbers by focusing only on information sessions.

The learner: Reaching the most vulnerable populations

The learners are children and young people of any gender who participate in the learning processes. Effective learners should develop the following characteristics: curiosity, reflection, collaboration with others, autonomy and creativity. Children and young people can be both learners and educators. As learners, they may participate in training sessions or engage in self-learning processes (through experimenting, reading or discussing with others). As educators, they may participate in peer education or in intergenerational education programmes.

IPPF prioritizes CSE programmes that work with the most vulnerable populations. In order to reach these groups, it is important to look outside school settings and/or set up partnerships with school and/or community and religious leaders in marginalized areas, including rural areas. Key recommendations for bringing CSE to those hardest to reach include:

- Explore meeting places where children and young people interact, such as after-school clubs, churches, sports facilities, internet cafes, disability organizations, street children associations, LGBTIQ groups, etc.
- Discuss effective ways to involve children and young people in the planning, implementation and monitoring of CSE programmes with key stakeholders in the community/area. This consultation process may highlight the need to bring parents on board, arrange flexible hours to deliver CSE sessions (e.g. late afternoons, evenings or weekends), involve teachers who are committed to the issue and wish to work on CSE beyond the school-curriculum. Use social media

to invite children and young people to join.

- Make teaching materials available that are adaptable to the literacy levels and other sociocultural characteristics of the target groups.
- Involve children and young people from the target groups throughout all the phases of the intervention.

DID YOU KNOW?

UNFPA and authoritative sources recognize that:

- while community based CSE programmes may operate at a smaller scale and reach fewer young people, they are often better at reaching those who are particularly vulnerable, including girls not attending school
- we need to balance priorities by reaching large numbers of young people through school-based CSE while also implementing similar programmes in non-formal settings for out-of-school, more vulnerable young people
- in many countries, CSE is not consistently delivered in schools, and non-formal settings provide the only opportunity for delivering sexuality education

1.4 DELIVER: ENGAGEMENT OF KEY STAKEHOLDERS

Bringing the community on board for CSE delivery

Before explaining how to engage the community, it is important to clarify what we mean by this term:

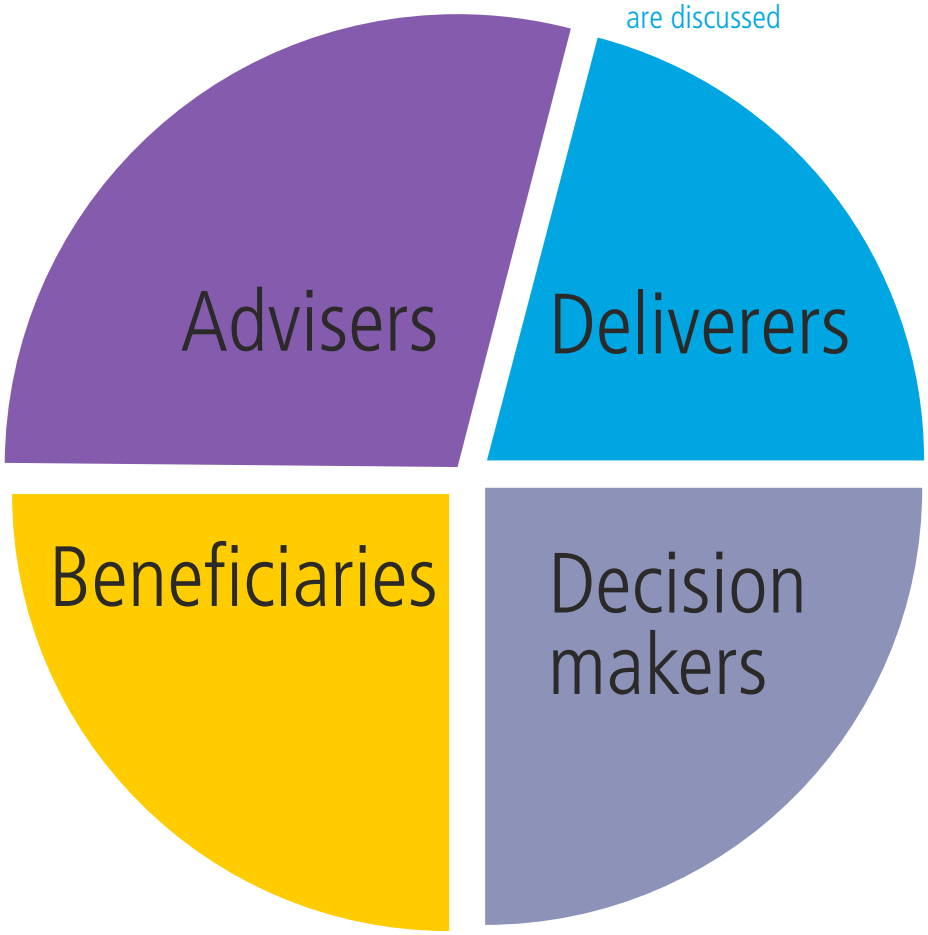
- Community often refers to a group of people that live in a defined geographical area, but this is not a requirement.
- A community can be formed by a group of people who share a common culture, values, and norms and who are arranged according to a social structure that has evolved over time.
- Communities can include people living locally, nationally or in other countries.
- Communities can also include a group of people that comes together because of specific or broad interests.
- Individuals may belong to more than one community.

Children and young people may belong to one community based on their religion, but to a different community based on the area where they live. These days, some children and young people also belong to online communities. All communities have different power structures, priorities and shared values.

We need to be aware of these differences to develop a good plan to engage the community.
To ensure the effective implementation of CSE programmes, we also need to be clear about the role we expect the community to play:

Involvement in consultations to develop or improve the CSE programme

Involvement in the implementation of CSE e.g. as educators, lecturers or to lead intergenerational spaces where CSE topics are discussed



As secondary beneficiaries of CSE activities

A Involvement in decision making about the content,the methodologies, the logistics, etc.

Regardless of the role we prioritize for the community, we must ensure that we engage the community and foster an effective appropriation of CSE to ensure long-term sustainability.

Engaging the community: Tips

In many places, CSE is neither legally required nor something that is in high demand. As a result, we must first focus on developing a good reputation, transparency and trust with the communities where we work. Here are some ideas about how you can include the community you are working with and broach the topic of sensitive issues:

STEPS

PREPARE: KNOW YOUR COMMUNITY

- Identify and work with the community to understand their context, realities, communities and safe spaces; identify supportive attitudes and existing accurate knowledge about adolescent sexuality.
- Spend time getting to know the young people – for example, who is having sex (and at what age), what data is available, is sex only taking place within marriage and what concerns and issues do young people have?
- Explore possibilities for partnerships, including with learning institutions, service providers, YouTubers and other online communities (if relevant).
- Develop strategies to work with parents, families and communities, not only the young people themselves.
- Reach out and develop partnerships with community groups that have links with the intended beneficiaries.
- Involve different groups of young people in the development of the CSE content, and address young people's feedback on current/previous CSE programmes.
- Meet with peer educators and other community leaders to find out what should be done differently in CSE programmes based on previous experiences.

BUILD TRUST

- Involve community members – including young people – in the discussion. Parents, teachers, religious leaders, role models and service providers are gatekeepers to young people accessing CSE. It is crucial to work with them to counter inaccurate information and dispel myths and misconceptions around sexual and reproductive health, citing published evidence whenever possible.
- Identify young people who can be trained as (co-) facilitators of the discussions. Trust comes from being equal partners; young people trust you if you trust them. Work with them when planning the discussions.
- Create or find safe spaces to interact with community members (e.g. existing meeting places, online spaces).

START DISCUSSIONS WITH THE COMMUNITY

- Open a discussion to find out what the most urgent issues in the community are regarding sexuality and sexual and reproductive health.
- Introduce the CSE content you want to discuss. Make sure that there is time for answering questions and addressing the concerns of parents and others. Topics such as sexual pleasure need a lot of explanation; be prepared!
- Once you've provided sensitization on sexual and reproductive health and a general orientation on CSE, involve the community in the design, implementation and monitoring of the CSE programme.
- Intergenerational dialogues can help transform attitudes to be supportive of young people's sexual and reproductive health and rights.

DEVELOP MESSAGES AND CONTENT

- Identify and work with religious leaders and scholars who are supportive of sexual and reproductive health and rights to develop positive messages about how religious teachings support and can be reconciled with sensitive issues in CSE.
- The use of language in developing content and messaging for CSE programmes is crucial – try to avoid any language/words that are subjective or biased or that can be interpreted in different ways.
- Discuss which words should be used in the local language to ensure that the language is respectful, accurate and non-judgemental.
- Discuss how you can ensure that the content is development/age appropriate.
- Discuss how teachers, parents and other community members can follow up the lessons you want to deliver and support them to feel more comfortable answering difficult questions.

FOLLOW UP

- Update community members about your progress in implementation, as well as changes in your plans and any challenges and ideas for improving CSE delivery.

Bringing parents on board for CSE delivery

Parents – and/or relatives – play a fundamental role in children's and young people´s education. Ensuring that they understand, support and are involved in the delivery of CSE is essential to ensure long-term results. While some parents may claim they should be the only source of information on sexuality for their children, most of them value external support that teaches them how to discuss issues pertaining to sex with their children, how to react to difficult situations (e.g. when a child watches porn on the Internet or is bullied on social media), and how to access and provide accurate information. Children and young people also want to be able to talk about these issues with their parents, but don´t want to feel judged.

Engaging parents: Tips

- Parents can be targeted through activities with the community or identified/invited to participate through tailored strategies, such as home visits, parents' associations, or through their own children.
- Prepare and deliver CSE courses for parents. These can run in parallel to CSE education for children and young people.
- Develop question and answer materials for parents to help show that you want to support them to deliver accurate and rights-based information to their children.
- Implement CSE sessions for families to encourage intergenerational dialogues.

Key messages on CSE for parents, children and young people

For parents

- You can learn to talk about sex. If you are uncomfortable with saying sexual words out loud you can practice them — alone, with your partner or in conversations with a friend — until they feel natural.
- Listen to your child; show you are open to their questions and opinions.
- You need to brush up on some basic facts to provide your child with accurate knowledge about masturbation, intercourse, safer sex and sexually transmitted diseases, including HIV.
- You need to provide values about sex. Standards of behavior are good for adolescents, as well as for adults. Adolescents want and need sensible guidelines from their parents.
- You need to recognize and validate your child's feelings. This is a unique opportunity to get to know your child better.
- Don't be afraid to say, "I don't know the answer to that question, but let's find out together!" Be sure to actually follow up.
- Don't condemn your child; you can disagree with their behaviour, but don't humiliate him/her.
- Be a good role model!

For children and young people

- You can help parents overcome their awkwardness by always being open and honest.
- Find the right moment; sometimes it helps to talk about sex without looking directly at your father or mother. While you're doing the dishes, for instance.
- Don't give up, walk away or get angry if you feel your parents don't listen to you or don't understand you; they need some time to understand and adjust to the fact you are growing up and have your own opinions.
- Share leaflets and brochures on sex education with your parents; they might need the information as much as you do.
- Ask your father or mother how they coped with their sexuality and their questions when they were young.
- At the end of the day, your parents are still the captains of the family 'ship,' but that doesn't mean that you can't help guide them safely into the harbour.

Engaging teachers and health providers

Teachers can be key allies to bringing CSE to a school's formal curriculum (this is further discussed in the 'Enabling' section), but can also help support your CSE work in non-formal settings:

- Teachers can provide access to parents/tutors of children and young people and can share key messages on your behalf.
- They can provide access to children and young people and mobilize these groups to attend your CSE programme.
- In some cases, teachers facilitate access to schools for community educators. Teachers follow up with students, encourage them to participate in CSE sessions and promote CSE activities in and outside of the classroom.
- Many teachers are looking for opportunities to learn about CSE. They often face difficult questions from their students and do not always feel prepared to give accurate information.

Service providers can also be key supporters or deliverers of CSE:

- In small facilities, for example, nurses or social workers already play a role in educating clients. Many run waiting room activities or do outreach work to bring information and services to the community. Providing CSE training to service providers from your Member Association can increase the number of team members that are able to deliver the programme.
- One of the primary results expected from CSE programmes is an increase in each individual's health literacy and ability to access sexual and reproductive health services. As referral points, health service providers will complement the information delivered through your CSE programme.

Engaging teachers: Tips

- Identify key teachers who are willing to support your efforts to deliver CSE in non-formal settings.
- Invite teachers to sessions on the rationale behind CSE, and share evidence on impact.
- Develop training programmes for teachers so that they can follow up on the learning processes delivered in non-formal settings.
- Develop and disseminate leaflets and other materials that teachers can use to follow up on the learning processes delivered in non-formal settings.

Engaging health providers: Tips

- Identify health providers who have regular contact with children and young people.
- Invite health providers to sessions on the rationale behind CSE and share evidence on impact.
- Ask health providers to deliver factual information within the context of CSE sessions or in activities aimed at engaging parents and other community members.
- Ask for feedback from health providers about gaps in information and knowledge that they have identified in children and young people who access referral services.
- Prepare health providers to interact with and respond to more informed young clients. When health literacy increases, it is expected that children and young people will more willing to ask questions about their choices and treatments. Health providers, in turn, should be ready to answer and encourage this active participation from clients during the provision of services.

1.5 DELIVER: WHERE TO DELIVER CSE

IPPF Member Associations often play a more important role in delivering CSE in non-formal settings. When working in formal settings (schools, vocational training facilities, universities, etc.), Member Associations' focus is on enabling the delivery of CSE as part of the curricula (this will be further discussed in Section B). However, in the absence of legislation that requires mandatory delivery of CSE in schools, it is possible that some educational facilities will invite a Member Association to take full responsibility for the delivery of CSE to some groups instead of training their own teachers to do so.

The following settings can be considered as options for CSE delivery:

Non-formal settings: Non-formal learning is an extra-curricular, educational activity based on a voluntary learning environment. It is structured in terms of learning objectives and time/support provided.

In-school children and youth:

- extracurricular activities/after-school clubs

Out-of-school children and youth:

- places where adolescents and young people meet, e.g. youth clubs, sports arenas, youth friendly services
- spaces generated by partners
- prisons or correctional environments
- websites/mobile apps/YouTube channels created by and for young people.

Formal settings: Formal learning occurs in an educational or training institution. It is structured in terms of learning objectives and learning time/support, which might, but isn't required to, result in a recognized qualification.

In-school children and youth:

- vocational training facilities
- schools
- universities/colleges

Out-of-school children and youth:

- institutions, social service agencies, NGO courses, juvenile detention agencies, work preparedness programmes

1.6 DELIVER: MONITORING AND EVALUATION

IPPF is in the process of developing indicators to measure the impact of CSE in terms of reaching the goals established in the Strategic Framework 2016-2022. However, this should not prevent Member Associations from monitoring and evaluating their current CSE efforts. The "Inside & Out" tool supports the collection of data on sexuality education programmes to enable immediate analysis of the strengths and areas for improvement of a CSE programme, as well as the programme's relevance to sexual and reproductive health priorities in the country.

Member Associations can also conduct operational research on issues linked to CSE, such as:

- effective practices to increase the linkages between CSE and health services
- the impact of CSE in terms of changing knowledge, attitudes and practices linked to gender equality
- the impact of CSE in terms of strengthening citizenship
- other issues that may be relevant to make the case for CSE within the particular context of the Member Association

The IPPF Member Association in Honduras is currently implementing the project "Operational Research to Find Evidence on the Effect of Comprehensive Sexuality Education (CSE) and Masculinity Interventions on Attitudes and Behaviour Related to Sexual Violence and Gender-based Violence." 70 young people were selected to participate in a training process and become peer educators. These young people will reach approximately 2,000 adolescent over the course of the project, which uses the slogan "Youth for Equality." This project is expected to gather fundamental evidence and lessons learned about using CSE with a focus on masculinity as a primary prevention strategy for sexual and gender-based violence.

SECTION B. ENABLING OTHERS TO DEVELOP, IMPLEMENT AND MONITOR CSE INTERVENTIONS

Member Associations can enable others to deliver CSE programmes, including government agencies, schools, universities and partner organizations. Each partner's motivation for working on CSE, as well as our specific role, may vary. Some stakeholders may want us to get involved as advisers or trainers, while others might prefer that we fulfil monitoring, quality assurance and evaluation functions. As a result, we cannot ensure that CSE programmes implemented by others will fully integrate our essential contents and approaches. However, it is our role to promote effective, evidence-based programmes that have a strong foundation and respond to the rights and needs of children and young people. Diagram II summarizes key elements that should be considered in our role as enablers:

Diagram II. Enabling others to develop, implement and monitor CSE policies and programmes: key elements

Result 1: individuals are empowered to uphold their own rights and the rights of others and to support and to create an equal, diverse, compassionate and just society

Result 2: individuals are enabled to make decisions about their lives and health and to access key SRH services

Result 3: individuals engage in happy, healthy, fulfilling and consesual relationships and experience

Enabling Implementation of Effective Programmes

SRR AND
Gender equity and equality AND
Sexuality AND
Citizenship AND
Interpersonal relationships AND
Communication and decision making skills AND
Sexual diversity AND
Positive sexuality AND
Body, puberty and reproduction AND
Contraceptives and pregnancy AND
Abortion AND
Infertility AND
HIV and STIs AND
Gender based violence AND
Sex and sexuality in the era of digital media

LEARNING APPROACHES
Collaborative leaner centred approach OR
Other leaner-centred participatory appoaches

Our different roles as enablers

Advocacy OR
Training OR
Technical assistance to adapt an existing curriculum OR
Technical assistance to monitor delivery of comprehensive sexuality education

How: as part of a task force, partnership, advisory group, social audit or quality assurance team

Relevant stakeholders

Adolescents and young people (10-25) AND
Policy makers OR
Teachers and relevant schools personnel OR
Parents OR Tutors OR
support networks OR
Other influencers e.g. media

Founding principles

Human rights | Gender | Understanding of evolving capacities | Sex positivity | Citizenship

2.1 ENABLE: PROMOTING EFFECTIVE PROGRAMMES

When enabling others to deliver CSE, IPPF Member Associations should make the case for the implementation of effective programmes. Such programmes must include a wide range of topics that address areas of interest for children and young people and go beyond anatomy. Participatory, non-judgemental and safe learning environments should also be promoted as more conducive to achieving long-term results for children and young people.
The following are key characteristics of effective programmes (UNESCO):

Table 3. Summary of characteristics of effective programmes

CHARACTERISTICS	
1. Involve experts in research on human sexuality, behaviour change and related pedagogical theory in the development of curricula.	10. Focus on specific risk and protective factors that affect particular sexual behaviours and that are amenable to change by the curriculum-based programme (e.g. knowledge, values, social norms, attitudes and skills).
2. Assess the reproductive health needs and behaviours of young people in order to inform the development of the logic model.	11. Employ participatory teaching methods that actively involve students and help them internalise and integrate information.
3. Use a logic model approach that specifies the health goals, the types of behaviour affecting those goals, the risk and protective factors affecting those types of behaviour, and activities to change those risk and protective factors.	12. Implement multiple, educationally sound activities designed to change each of the targeted risk and protective factors.
4. Design activities that are sensitive to community values and consistent with availables resources (e.g. staff time, staff skills, facility space and supplies).	13. Provide acientifically accurate information about the risks of having unprotected sexual intercourse and the scientifically of different methods of protection.
5. Pilot test the programme and obtain on-going feedback from the learners about how the programme is meeting their needs.	14. Address perceptions of risk (especially susceptibility).
6. Focus on clear goals in determining the curriculum content, approach and activities. These goals shloud include the prevention of HIV, other STIs and/or unintended pregnancy.	15. Address personal values and perceptions of family and peer norms about engaging in sexual activity and/or having multiple partners.
7. Focus narrowly on specific risky sexual and protective behaviours leanding directly to these health goals.	16. Address individual attitudes and peer norms toward condoms and contraception.
8. Address specific situations that might lead to unwanted or unprotected sexual intercourse and how to avoid these and how to get out of them.	17. Address both skills and self-efficacy to use those skills.
9. Give clear message about behaviours to reduce risk of STIs or pregnancy.	18. Cover topics in a logical sequence.

2.2 ENABLE: OUR ROLE

Advocacy/advisory roles:

- Participate in task forces and other advisory groups on education and CSE.
- Develop an advocacy strategy to include CSE in school curricula and in the formal teacher training programmes.
- Work with research organizations to make sure that the development of a body of evidence on CSE is included among their priorities.

Training/coaching:

- Offer the Member Association expertise to provide training to teachers and other staff members in schools/universities.
- Develop a formal face-to-face or online course for key stakeholders on how to effectively deliver CSE. To increase interest in the programme, aim to have the endorsement of the Ministry of Education and/or other relevant entity.
- Develop written publications to complement the training offered by the Member Association. These publications can include job aids, training of trainers guidance, monitoring checklists, among others.

Curriculum adaptation:

- Offer the Member Association expertise to strengthen existing CSE curricula – e.g. the inclusion of new sensitive topics, adaptation of activities to include participatory techniques, mainstreaming founding principles throughout the curriculum.

Monitoring CSE:

- Using the 'Inside & Out' tool, develop a CSE programme quality assurance protocol for external organizations, and offer the Member Association expertise and support to implement the process on a regular basis.
- Provide training on how to involve young people during monitoring activities – e.g. leading the monitoring process or as part of an intergenerational multidisciplinary team.

2.3 ENABLE: RELEVANT STAKEHOLDERS

Children and young people as enablers:

- Involve children and young people in all CSE advocacy efforts; they can lead some of these efforts, represent the Member Association on task forces, provide advice to strengthen an advocacy strategy and serve as key speakers in public arenas.
- Involve children and young people in training programmes; they can serve as key informants during the development process for the training programme, offering insights on how teachers can implement more participatory approaches or deliver activities in formats that are more attractive to them.
- Invite children and young people to participate in intergenerational spaces to discuss the rationale and evidence that support CSE.
- Enable youth-led organizations and movements to develop their own CSE to reach children and youth in non-formal settings.

Working with policy makers:

- Identify champions, e.g. parliamentarians´ groups sensitized on issues of sexual and reproductive health and rights. They can be key allies during debates on the inclusion of CSE in the formal curriculum.
- Develop key messages that parliamentarians can use in debates, speeches or meetings with the communities they represent.

Active collaboration with teachers and school personnel:

- Work with teachers' associations to support their advocacy efforts to strengthen the recognition/inclusion of CSE in the school curriculum.
- Identify champions that are willing to play a more active role in the delivery of CSE.
- Train teachers on the delivery of CSE through face-to-face or online programmes. Buy-in from school authorities can increase motivation for teachers to participate in the trainings.

- Link teachers to health providers so they can work together to agree on the best strategies to refer young people from educational activities to health services.

Parents as enablers of CSE: How can we support them?

- Identify champions in parents' associations or groups.
- Develop key messages that parents can use to highlight the importance of including CSE as part of the school curriculum.

Working with other influencers to enable CSE:

- Invite media to evidence-sharing sessions on CSE.
- Make agreements with media channels to share op-ed articles on CSE (see an example here).
- Conduct live-chats on CSE that involve young people, parents, community members and partners (see an example here).

SECTION C. QUESTIONS AND ANSWERS ON CSE

Below, you'll find a list of some commonly asked questions that different stakeholders have raised about some of the pros and cons of CSE. We suggest complementing this list with context specific questions and answers and disseminating it among staff and volunteers at the Member Association level.

Q: Won't teaching about sexuality just encourage young people to have more sex at a younger age, leading to more unintended pregnancies and STIs?

A: No, teaching young people about their bodies, sexuality, and relationships is shown to have a 'protective' effect on their health and well-being. There is no evidence that receiving CSE leads to earlier sexual experience, and research shows that young people who have taken part in a quality sexuality education programme are more likely to use condoms and contraception when they do have sex. Sexuality education has also demonstrated impact in terms of improving knowledge and self-esteem, changing attitudes and gender and social norms, and building self- efficacy.

B: "There is clear evidence that CSE has a positive impact on sexual and reproductive health, notably in contributing to reducing STIs, HIV and unintended pregnancy. Sexuality education does not hasten sexual activity but has a positive impact on safer sexual behaviours and can delay sexual debut.[XII] A 2014 review of school-based sexuality education programmes has demonstrated increased HIV knowledge, increased self-efficacy related to condom use and refusing sex, increased contraception and condom use, a reduced number of sexual partners and later initiation of first sexual intercourse.[XIII]

Q: Won't parents refuse to agree to their children receiving sexuality education in school or outside the home?

A: Despite vocal opposition from some groups, parents in many parts of the world do support their children learning about topics related to their sexual and

reproductive health. It's important for schools and other CSE providers to work in partnership with parents and guardians to support and complement their role in providing a safe space to learn more about sexuality and health issues.

B: "A recent online poll of parents in China indicated that 90 per cent of those questioned were in favour of incorporating sexuality education into school curricula, including information about family planning and how to cope with inappropriate sexual advances."[XIV] Demographic and Health Survey (DHS) data from countries in Eastern and Southern Africa show that, in a large majority of countries, over 60 per cent of adults agree that children aged from 12 to 14 years old should be taught about condoms.[XV]

Q: Aren't children in primary school too young to receive CSE?

A: A recent survey in the UK found that a quarter of girls had started their periods before having the chance to learn about it in school. Children and young people have a right to learn about the issues that affect them and quality, age-appropriate education can help them make informed choices and understand the changes that are happening to their bodies. Research suggests that CSE for young adolescents (10–14 year-olds) is critical, as this age marks a key transition between childhood and older adolescence. Younger children will receive information that is relevant to their development. In fact, a focus on important concepts like respect and bodily autonomy can help keep children safe by helping them to recognize and report abuse.

B: "International standards and guidance recommend that sexuality education start early in childhood and progresses through adolescence and adulthood…The International Technical Guidance on Sexuality Education proposes an age-appropriate set of topics and learning objectives that constitute a CSE programme for ages 5 to 18+. The Standards for Sexuality Education in Europe recommends starting CSE education from birth…CSE with very young adolescents between the ages of 10 to 14 years is critical, as this age marks a key transition between childhood and older adolescence and adulthood.[XVI]

Q: Isn't sexuality education a luxury? Don't we have more urgent issues to focus on?

A: International human rights agreements such as the Commission on Population and Development have called on governments to provide young people with CSE. CSE is a crucial part of the broader education young people receive to help them develop as citizens and to keep them well-informed, healthy and safe.

B: "Young people's access to CSE is grounded in internationally recognized human rights, which require governments to guarantee the overall protection of health, well-being and dignity, as per the Universal Declaration on Human Rights, and specifically to guarantee the provision of unbiased, scientifically accurate sexuality education…lack of access to sexual and reproductive health education remains a barrier to complying with the obligations to ensure the rights to life, health, non-discrimination and information, a view that has been supported by the Statements of the Committee on the Rights of the Child, the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) Committee, and the Committee on Economic, Social and Cultural Rights."[XVII]

Q: Isn't providing sexuality education a waste of vital funds?

A: UNESCO has shown that CSE programmes can be highly cost effective, especially when compulsory and integrated into the mainstream school curriculum. Spending funds on high-quality CSE programmes helps prevent future costs related to unwanted pregnancy, STIs, etc.

B: "Sexuality education programmes are potentially highly effective, cost-effective and cost-saving in their objective to reduce adverse health events, including HIV infections, other STIs and unintended pregnancies."[XVIII]

Q: Shouldn't we just be teaching young people not to have sex until they're married?

A: Not everyone will choose to get married, and many countries have restrictions on who is able to get married (for example, members of same sex relationships). Teaching young people to wait until they are married is unfair and unrealistic. There is also

evidence to suggest that education programmes that focus on 'abstinence' (advising young people not to have sex until they are married) do not provide the information young people need to negotiate their real lives and do not produce positive health outcomes.

B: "At present, there does not exist any strong evidence that any abstinence programme delays the initiation of sex, hastens the return to abstinence, or reduces the number of sexual partners."[XIX]

Q: How can CSE change deeply entrenched views and behaviours?

A: Evidence shows that providing sexuality education programmes can have a real impact on young people's behaviours, as well as views and values of the community. For example, UNESCO notes that attitudes towards gender-based violence have changed over generations: "In Afghanistan, teenage girls are 6% less likely to accept 'wife beating' as compared to adult women. In East Timor, teenage boys are nearly 10% less likely to accept 'wife beating' as compared to adult men."[XX]

B: "A review of 22 curriculum-based sexuality education programmes found that 80 per cent of programmes that addressed gender or power relations were associated with a significant decrease in pregnancy, childbearing or STIs."[XXI]

Q: How can you justify teaching young people from religious communities about sexuality?

A: Young people from all different backgrounds and faiths have questions about sexuality, their changing bodies and current and future relationships. Although there are religious-based groups and individuals who oppose the provision of CSE to young people, it is a mistake to assume that all faith groups will be against education on this topic. Many faith leaders and community members recognize the importance of giving young people accurate, non-stigmatizing information about their health and sexual lives so that they may be happy, safe and healthy. Groups such as Catholics for Choice and the Religious Coalition for Reproductive Choice show that religious support for young people's access to information and services relating to sexual and reproductive health does exist.

B: "As people of faith, we must take seriously our duty to care for our bodies and sexual well-being, as well as our duty to live in right-relationship with one another. Instilling these values of self-love, mutual respect, honesty, compassion and knowledge in our young people is also moral responsibility." Religious Coalition for Reproductive Choice

Q: Is peer education effective?

A: The majority of IPPF Member Associations are involved with peer education programmes. Peer education is a particularly effective way to reach young people from key populations who prefer to discuss these issues with 'someone like them' who fully understands their situation, and who often face stigmatizing, judgemental attitudes. A recent article in the Global Health: Science and Practice Journal stated that although peer education programmes have been shown to contribute to information sharing, and to be especially beneficial to peer educators themselves, on their own they have limited effects in improving health outcomes. The authors suggest that peer education should be integrated into holistic interventions, with young peer educators defined as a source for "sensitization and referral to experts and services." Peer education can complement and reinforce the delivery of effective CSE.

B: "Peer education is based on the reality that many people make changes not only based on what they know, but on the opinions and actions of their close, trusted peers. Peer educators can communicate and understand in a way that the best-intentioned adults can't, and can serve as role models for change…Peer educators can help raise awareness, provide accurate information, and help their classmates develop skills to change behaviour."[XXII]

Q: Is there actually a commitment to CSE around the world/in my region?

A: UNESCO's recent report on CSE demonstrates that a majority of countries are now "embracing the concept of CSE, informed by evidence and international guidance, and are engaged in strengthening its implementation at a national level." Although there is significant work to be done to ensure that the content and delivery of CSE truly benefits all young people, there is increasing political

commitment to providing CSE worldwide.

B: "In 2008, ministers of education and health from Latin America and the Caribbean signed the Preventing through Education Declaration committing to delivering sexuality education…20 countries across Eastern and Southern Africa (ESA) endorsed a Ministerial Commitment on CSE and sexual and reproductive health services for adolescents and young people… UNAIDS and the African Union have recently cited comprehensive, age-appropriate sexuality education as one of five key recommendations to fast track the HIV response and end the AIDS epidemic among young women and girls across Africa. Many countries in the Asia-Pacific region, West Africa and Europe are also revising their policies and approaches to scale up sexuality education."[XXIII]

Q: Why is it important to talk about gender in CSE?

A: A recent review of CSE programmes by Haberland (2015) found that "programmes that addressed gender or power were five times as likely to be effective as those that did not; fully 80% of them were associated with a significantly lower rate of STIs or unintended pregnancy." Haberland's analysis suggests that young people who have egalitarian attitudes about gender roles in relationships are more likely to delay sexual debut, to use condoms and to use contraception when having sex which can lead to pregnancy. Gender and rights should be consistently strengthened across curricula and address the needs of young people living with HIV and other key populations.

B: Programmes that addressed gender and power and significantly reduced pregnancy and STIs shared the following elements: They addressed gender and power explicitly, used participatory and learner-centred teaching approaches, facilitated critical thinking about gender and power in participants' society, fostered personal reflection about how these concepts affect one's own life and relationships, and helped participants value their own potential as individuals and as change agents.[XXIV]

RECOMMENDED RESOURCES

IPPF RESOURCES

- Putting Sexuality back into Comprehensive Sexuality Education: tips for delivering sex-positive workshops for young people
  http://www.ippf.org/resource/putting-sexuality-back-cse-tips-sex-positive-workshops-young-people

- Fulfil! Guidance document for the implementation of young people's sexual rights (IPPF-WAS)
  http://www.ippf.org/resource/fulfil-guidance-document-implementation-young-peoples-sexual-rights-ippf-was

- Healthy, Happy and Hot
  http://www.ippf.org/sites/default/files/healthy_happy_hot.pdf

- Keys to Youth Friendly Services: Adopting a sex positive approach
  http://www.ippf.org/sites/default/files/positive_approach.pdf

- The 'Changing Lives' series features a number of IPPF MAs' CSE interventions, including the Nepal example which mentions learning about sexual pleasure:
  http://www.ippf.org/resources/publications/Changing-Lives

- From evidence to action: Advocating for comprehensive sexuality education
  http://www.ippf.org/sites/default/files/from_evidence_to_action.pdf

- Inside-Out: Comprehensive Sexuality Education
  http://www.ippf.org/resource/inside-and-out-comprehensive-sexuality-education-cse-assessment-tool

- Case studies:
- Everyone's right to know: delivering comprehensive sexuality education for all young people. Pages 26-29
  http://www.ippfen.org/sites/ippfen/files/2016-12/Everyone%E2%80%99s%20right%20to%20know%__20-%20delivering%20comprehensive%20sexuality%20education%20for%20all%20young%20people.pdf

OTHER ORGANIZATIONS:

- Advocates for Youth: Learning About Sex Resource Guide for Sex Educators, Revised Edition, 2011.
- Advocates for Youth: Resources for Educators and Trainers. Parent-Child Communication about Sexuality for Asian/Pacific Islander, Latino, and Native American Families, 2002.
- International Women's Health Coalition: Positively Informed: Lesson Plans and Guidance for Sexuality Educators and Advocates, 2004.
- Commonwealth Secretariat and Healthlink Worldwide: Gender and relationships: a practical action kit for young people, 2001
- Department of Education & Training Victoria, Communication Division: The Catching On Teaching and Learning Activities, 2004.
- European Network: Report IPPF EN Competencies Workshop "Comprehensive Sexuality Education", Brussels, 2016.
- Family Health International: Standards for Curriculum-Based Reproductive Health and HIV Education Programmes, 2006.
- Georgetown University, Institute for Reproductive Health, The FAM Project: My Changing Body Puberty and Fertility Awareness for Young People, 2nd Edition, 2011.
- GLSEN's: Elementary School Toolkit: READY, SET, RESPECT!, 2016.
- International HIV/AIDS Alliance: Sexuality and life skills. Participatory activities on sexual and reproductive health with young people, 2008.
- IPPF /Population Council /CREA / IWHC / MEXFAM / Girls Power Initiative (Nigeria): It's All One Curriculum: Guidelines for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education, Vol. 1, 2011.
- PATH. Games for Adolescents Reproductive Health, An International Handbook, 2002
- Promundo / UNFPA / MenEngage: Engaging Men and Boys in Gender Equality and Health. A global toolkit for action. Tool, 2010.
- Restless Development Sierra Leone: Gender based-violence training Manual, 2013.
- Sexuality Information and Education Council of the United States: Guidelines for Comprehensive Sexuality Education: Kindergarten-12th Grade, National Guidelines Task Force, 3rd edition.
- SIECUS. Filling the Gaps. Hard to teach sexuality education, 1998.
- SIECUS: Families are talking; SIECUS Report Supplement, Volume 1, Number 2, 2001.
- The Mediterranean Institute of Gender Studies (MIGS): Youth to Youth. A manual for empowering young people in preventing gender based -violence through peer education, 2012.
- UNESCO: Capacity Building in Comprehensive Sexuality Education Community Outreach: A Manual for Programmers in Schools and Communities Advocating in Schools and Communities for CSE and Youth Friendly Services across Eastern and Southern Africa, 2014.
- UNESCO: International Technical Guidance on Sexuality Education, Volume I and II, 2009.
- UNESCO: Lesson Plans for teaching about sexual and gender diversity in Thailand, 2014.
- UNFPA: Operational Guidance for Comprehensive Sexuality Education: A Focus on Human Rights and Gender, 2014.
- UNFPA: Comprehensive Sexuality Education: Advancing Human Rights, Gender Equality and Improved Sexual and Reproductive Health, 2010.
- UNFPA: The Evaluation of Comprehensive Sexuality Education Programmes: A Focus on the Gender and Empowerment Outcomes, 2015.
- United Nations: World Youth Report, 2016.
- University of Southern California Lesbian Gay Bisexual Transgender (LGBT), Resource Center, 2013.
- Vermont Network against Domestic and Sexual and Violence: Youth and Child Advocate and Educator. Manual of Activities and Exercises for Children and Youth, 2011.
- Victorian Department of Education & Training STD/AIDS Prevention Education Project: Catching on: For years 9 and 10, 2003.
- WHO Regional Office for Europe and BZgA. Available at: http://www.oif.ac.at/fileadmin/OEIF/andere_Publikationen/WHO_BZgA_Standards.pdf
- Women´s Aid: The Expect Respect. Educational Toolkit. Available at: https://www.womensaid.org.uk/what-we-do/safer-futures/expect-respect-educational-toolkit/
- YouthNet: Assessing the Quality of Youth Peer Education Programs, 2006.
- YouthNet: Theatre-based Techniques for Youth Peer Education: A Training Manual, 2005.

ONLINE RESOURCES

- Australian Research Centre in Sex, Health and Society - The Practical Guide to Love, Sex and Relationships. Available at: http://www.lovesexrelationships.edu.au/
- The Resource Center for Adolescent Pregnancy Prevention (ReCAPP). Available at: http://recapp.etr.org/recapp
- Kids Health - Grades 6 to 8: Personal Health Series Online Safety and Cyberbullying Available at: http://kidshealth.org/classroomhttp://kidshealth.org/classroom
- The Gender Roles, Equality and Transformations (GREAT) Project works to improve gender equity and reproductive health in Northern Uganda. Available at: http://www.thehealthcompass.org/campaign-kit-or-package/great-project-toolkit
- German Foundation for World Population - Sexual and Reproductive Health Training Manual for Young People 2006. Available at: https://www.k4health.org/sites/default/files/DSW_training%20manual_Eng_0.pdf
- Southern Poverty Law Center - Teaching Tolerance. Available at: http://www.tolerance.org/classroom-resources
- The Pleasure Project. Available at: www.thepleasureproject.org/resources/2013/08-things-that-give-me-pleasure/
- Swedish Association for Sexuality Education - Dicktionary (about male genitalia). Available at: http://www.rfsu.se/en/Engelska/About-rfsu/Resources/Publications/Dicktionary/
- Swedish Association for Sexuality Education - Pussypedia (about female genitalia). Available at: http://www.rfsu.se/en/Engelska/About-rfsu/Resources/Publications/Pussypedia/
- Swedish Association for Sexuality Education - Guide to Masturbation. Available at: http://www.rfsu.se/en/Engelska/About-rfsu/Resources/Publications/Masturbation/
- Swedish Association for Sexuality Education - Guide to Clitoral Sex. Available at: http://www.rfsu.se/en/Engelska/About-rfsu/Resources/Publications/A-guide-to-clitoral-sex/
- Swedish Association for Sexuality Education - A Booklet About Sex for Teens. Available at: http://www.rfsu.se/Bildbank/Dokument/Fakta/sex-your-own-way.pdf?epslanguage=en
- Swedish Association for Sexuality Education - 'Careful not careless'. Available at: https://youtu.be/FvnqvPA6fyU
- FPA – Policy Statement on Sexual Wellbeing and Pleasure. Available at: http://www.fpa.org.uk/sites/default/files/sexual-wellbeing-policy-statement.pdf

OTHER RELEVANT RESOURCES AND ARTICLES:

- LGBT Youth Scotland - Booklet for men who have sex with men about 'good sex'. Available at: https://www.lgbtyouth.org.uk/files/documents/Good_Sex_Is_-_web_use.pdf
- Vice article – 'Why Don't we Teach Pleasure in Sex Ed?'. Available at: http://www.vice.com/read/why-dont-we-teach-pleasure-in-sex-ed
- Teaching sex ed article on 'The Forbidden P-Word'. Available at: https://teachingsexed.com/2015/04/23/the-forbidden-p-word-effectively-teaching-young-people-about-pleasure/
- Love matters. Available at: https://www.rnw.org/activities/love-matters
- Bish training (including resources on porn, masturbation etc). Available at: http://www.bishuk.com/porn/
- Scarleteen. Available at: www.scarleteen.com/
- The 'Good sex' project. Available at: https://goodsexproject.wordpress.com/training-resources/

ANNEX 1. EXAMPLES OF CSE ACTIVITIES ON SENSITIVE ISSUES

ANNEX 1
Examples of CSE activities on sensitive issues

SEXUAL DIVERSITY

Examples activities with children under 10
Example of Activities

Name: Art and LGBT Rights: Study of Symbols[1]
Materials: Different pictures of pink triangle and rainbow symbols.
Duration: 30 -60 minutes.
Summary: In groups, participants see images of two symbols and they work to identify the importance of them and the importance of LGBT rights and movement.
Source: Teaching Tolerance web. A project of the southern poverty law centre.
To view this activity click here:
http://www.tolerance.org/lesson/art-and-lgbt-rights-study-symbols

Name: Every Peanut is Special (Diversity)
Materials: Peanuts in the shell (at least one for each participant) in a bag o basket.
Duration: 30 minutes
Summary: In groups, participants explore how people share commonalities that add to the diversity of the large group and also define and discuss what stereotypes are.
Source: Youth and Child Advocate and Educator. Manual of Activities and Exercises for Children and Youth, Vermont Network against Domestic and Sexual and Violence, USA. 2011
To view this activity click here:
http://www.ncdsv.org/images/VTnetwork_YouthAdvocateAndEducatorActivityManual_1-2011.pdf

Examples activities with young people Above 10
Examples of activities

Name: The Mixing it Up
Materials: Possible scenarios card.
Duration: 90 minutes.
Summary: In smalls groups, participants develop role play of different possible scenarios where they experience sexual gender bullying, and then discuss in the group about appropriate and inappropriate ways to respond to situations like these scenarios.
Source: Lesson Plans for teaching about sexual and gender diversity in Thailand, by UNESCO Bangkok office, Thailand, 2014.
To view this activity click here:
http://unesdoc.unesco.org/images/0022/002277/227707e.pdf

Name: Think, Feel, Do
Materials: Situation Cards – Question Guide
Duration: 60-90 minutes.
Summary: In small groups (3 or 4 person) participants, explore feelings, thoughts and actions in different situations involving sexual attraction and gender identity issues.
Source: The Catching On Teaching and Learning Activities Published by the Communications Division, for the Department of Education & Training, Victoria, Australia, 2004.
To view this activity click here:
http://www.education.vic.gov.au/Documents/school/teachers/teachingresources/social/physed/catchingonteach.pdf

Name: Imagine how you'd feel
Materials: Guidance fantasy for the exercise.
Duration: 10 minutes.
Summary: In groups, participants have the opportunity in the exercise to feel what it's like to be ridiculed, excluded and discriminated against on the basis of sexual orientation, in this case, heterosexual orientation and the discussion about these.
Source: University of Southern California Lesbian Gay Bisexual Transgender (LGBT) Resource Center, 2013.
To view this activity click here:
https://lgbtrc.usc.edu/files/2015/05/Imagine-How-Youd-Feel.pdf

Name: Rites of Passage
Materials: Masking tape - Sheets of paper (about 5-10 sheets per person or per group) Markers.
Duration: 60 minutes.
Summary: In groups, participants work about rites of passages through childhood to adulthood and analyze if will different for a GLTB person.
Source: University of Southern California Lesbian Gay

Bisexual Transgender (LGBT) Resource Centre.
To view this activity click here:
https://lgbtrc.usc.edu/education/activities/

Name: Non-Gender Specific Dating Conversation[2]
Materials: None.
Duration: 10 minutes
Summary: Participants in couples discuss their last date with a persona using non-gender specific language and then discuss in group.
Source: University of Southern California Lesbian Gay Bisexual Transgender (LGBT) Resource Centre.
To view this activity click here:
http://www.lgbt.ucla.edu/Resources/LGBTQIA-Resources

Name: Felling sexually attracted to someone of the same sex: personal stories
Materials: Board – Chalk – Copies of "Case studies about growing up gay".
Duration: 45 -50 minutes.
Summary: In groups, participants read case studies to describe experiences of young people, who are attracted to other of the same sex, to discuss adolescent´s feelings, experiences and clarify misinformation.
Source: IPPF /Population Council /CREA / IWHC / MEXFAM / Girls Power Initiative (Nigeria): It's All One Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education, Vol. 2, 2011.
To view this activity click here:
http://www.popcouncil.org/uploads/pdfs/2011PGY_ItsAllOneActivities_en.pdf

POSITIVE SEXUALITY

Examples activities with children under 10
Examples of activities

Name: Things that give me pleasure[3]
Materials: Paper – Box – Marker pens.
Duration: 20 minutes.
Summary: In groups, participants think and write anonymously about pleasure and then in a group dialogue about it.
Source: The Pleasure Project web.
To view this activity click here:
http://thepleasureproject.org/resources/2013/08-things-that-give-me-pleasure

Examples activities with young people Above 10
Examples of activities

Name: Talking about Sex and Pleasure[4]
Materials: Flipchart sheet – Marker pens
Duration: 45 minutes.
Summary: In groups, participants with flipchart sheet, ask to brainstorm about sex, sexuality and pleasure to explore cultural associations people have with these words and learn about the diverse opinions in groups discussion.
Source: The Pleasure Project web.
To view this activity click here:
http://thepleasureproject.org/resources/2013/07-talking-about-sex-and-pleasure/

Name: Pleasure session[6]
Materials: Flipchart Paper – Marks pens -
Duration: 2 hours 30 minutes.
Summary: In groups, participants ask to share which words should be included for teaching about sexual pleasure and discuss about if it possible in their country and describe the way they develop (by age group, geographic, non formal setting, etc.).
Source: European Network: Report IPPF EN Competencies Workshop "Comprehensive Sexuality Education", Brussels, 2016.

Name: The Erotic Body
Materials: Magazines and newspapers – scissors – paper - glue.
Duration: 1 hour.
Summary: In groups, each participant produces a collage and then reflect on how men and women experience sexual desire, excitement and orgasm and the different messages they receive from society about sexuality and eroticism.
Source: Report IPPF EN Competencies Workshop "Comprehensive Sexuality Education", European Network, 2016.
To view this activity click here:
https://drive.google.com/file/d/0B9EuTDSj4dLaWTlKbWVlanZWbTA/view

Name: The true about desire
Materials: Post-It notes – Slide presentation
Duration: 15 minutes.
Summary: In groups, participants come up to with a definition for sexual desire using non-sexual examples.

Source: The practical guide to love, sex and relationships web.
To view this activity click here:
http://static1.squarespace.com/static/5678f534d8af10364e1c847f/t/56b2b37f0442624cfad68c6d/1454551958164/Topic+4+%E2%80%93+The+truth+about+desire.pdf

PREGNANCY, PREGNANCY PREVENTION AND OPTIONS: CONTRACEPTION, ABORTION AND FERTILITY

Examples activities with children under 10
Examples of activities

Name: The Baby is crying
Materials: A doll – resource sheet
Duration: 1 hour
Summary: In groups, participants discuss about the difficulties and conflicts of caring for children using the doll.
Source: Promundo / UNFPA / MenEngage: Engaging Men and Boys in Gender Equality and Health. A global toolkit for action. Tool, UNFPA, 2010
To view this activity chick here:
http://www.unfpa.org/sites/default/files/pub-pdf/tools.pdf

Name: Fertility Dance
Materials: Challenge cards (optional: signs for players to wear, props for contraception, calendar prop)
Duration:
Summary: In groups, participants design and act in a play or dance the mechanisms of ovulation, contraception and fertilization by choosing one card and "directing" the participant to act out the challenge.
Source: PATH. Games for Adolescents Reproductive Health, 2002.
To view this activity click here:
http://www.iwtc.org/ideas/10_games.pdf

Examples activities with young people Above 10
Examples of activities

Name: Positively pregnant: prenatal care – the difference it makes
Materials: Large cards (each with a "Step to Healthy Pregnancy")
Pregnancy: A Case Study Worksheet and The Difference It Makes: The Importance of Prenatal Care Worksheet.
Duration: 1 hour.
Summary: In groups, participants seek to empower young women and men, whether now or in their future, to identify a possible pregnancy, to get help from people they trust in making decisions about pregnancy, and to access appropriate community resources.
Source: SIECUS. Filling the gaps. Hard to teach topics in sexuality education, USA, 1998.
To view this activity click here:
http://www.siecus.org/_data/global/images/filling_the_gaps.pdf

Name: Abortion: teaching all sides without taking sides
Materials: Prizes for the winning "state" (candy, gum) - Newsprint and markers
Duration: 60 minutes
Summary: In groups, participants think about all of the abortion issues with which they are familiar and to take a position and defend it. By having to defend a position with which they might not agree, participants will become aware of the reasoning and beliefs of other people and gain some understanding of other positions different from their own. This activity will also help participants think about their own values and beliefs.
Source: SIECUS. Filling the gaps. Hard to teach topics in sexuality education, USA, 1998.
To view this activity click here:
http://www.siecus.org/_data/global/images/filling_the_gaps.pdf

Name: Walking in her shoes: the decision to end a pregnancy
Materials: Board- chalk – Abortion Cases handout
Duration: 60 minutes.
Summary: In small groups, participants discuss abortion case and work to find out three reasons that women and girls choose to have an abortion. It promotes analytic thinking and dialogue respecting each participant's decision.
Source: IPPF /Population Council /CREA / IWHC / MEXFAM / Girls Power Initiative (Nigeria): It's All One Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education, Vol. 2, 2011
To view this activity click here:
http://www.popcouncil.org/uploads/pdfs/2011PGY_ItsAllOneActivities_en.pdf

Name: Emergency contraception: good reasons to use it for emergencies only
Materials: Flip chart or chalk board - Markers or chalk - Paper and pens/pencils - Watch or clock
Duration: 20 minutes.
Summary: In groups, participants follow up the lesson on the range of safe and appropriate birth control methods, including emergency contraception (EC); it's designed to clarify why EC is best used only for emergency situations rather than a usual contraceptive method.
Source: The Resource Center for Adolescent Pregnancy Prevention (ReCAPP) Web.
To view this activity click here:
http://recapp.etr.org/recapp/index.cfm?fuseaction=pages.LearningActivitiesDetail&PageID=14

SEXUAL AND GENDER-BASED VIOLENCE

Examples activities with children under 10
Examples of activities

Name: Safe Hands, Helping Hands
Materials: Blank paper – markers – crayons – scissors – poster board.
Duration: 40 minutes
Summary: In groups, participants understanding is that all feelings are ok and identifying positive things and safe people for them to go when they have these emotions, especially violence.
Source: Youth and Child Advocate and Educator. Manual of Activities and Exercises for Children and Youth, Vermont Network against Domestic and Sexual and Violence, USA. 2011
To view this activity click here:
http://www.ncdsv.org/images/VTnetwork_YouthAdvocateAndEducatorActivityManual_1-2011.pdf

Name: Story Time Game
Materials: Several "Face Cards" with pictures of different faces on them (happy, sad, frustrated, etc.); several 'Situation Cards' with pictures or words describing situations on them (Grocery store, library, school, Christmas or Hanukkah, Birthday, etc.)
Duration: 15 minutes – 1 hour.
Summary: In groups, participants makeup feelings stories as related to situations using different cards and discuss in group.
Source: Youth and Child Advocate and Educator. Manual of Activities and Exercises for Children and Youth, Vermont Network against Domestic and Sexual and Violence, USA. 2011
To view this activity click here:
http://www.ncdsv.org/images/VTnetwork_YouthAdvocateAndEducatorActivityManual_1-2011.pdf

Name: Healthy Friendships
Materials: Paper – Markers and tape to make bracelets.
Duration: 30 minutes.
Summary: In small groups, participants will list characteristics of bullies and friends in how to keep friends and deal with conflict in healthy ways and then make a friendship bracelet.
Source: Youth and Child Advocate and Educator. Manual of Activities and Exercises for Children and Youth, Vermont Network against Domestic and Sexual and Violence, USA. 2011.
To view this activity click here:
http://www.ncdsv.org/images/VTnetwork_YouthAdvocateAndEducatorActivityManual_1-2011.pdf

Examples activities with young people Above 10
Examples of activities

Name: From Violence to respect in intimate relationships
Materials: Board - Chalk
Duration: 90 minutes
Summary: In groups, participants aim to discuss different types of violence in intimate relationships and ways to promote healthy relationships based on respect.
Source: IPPF /Population Council /CREA / IWHC / MEXFAM / Girls Power Initiative (Nigeria): It's All One Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education, Vol. 2, 2011.
To view this activity click here:
http://www.popcouncil.org/uploads/pdfs/2011PGY_ItsAllOneActivities_en.pdf

Name: Action against gender-based violence
Materials: Board – Chalk.
Duration: 2 hours.
Summary: In small groups, participants state ideas for action to prevent violence against women by

developing strategies as television newscasts or local o national government representant.
Source: IPPF /Population Council /CREA / IWHC / MEXFAM / Girls Power Initiative (Nigeria): It's All One Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education, Vol.2, 2011.
To view this activity click here:
http://www.popcouncil.org/uploads/pdfs/2011PGY_ItsAllOneActivities_en.pdf

Name: Snakes and Ladder Game
Materials: Game Board.
Duration: 1 hour or more.
Summary: In small groups, participants play the game meanwhile men understand the role of them in violence against women and the inequities women face and think of action they can take to prevent.
Source: Promundo / UNFPA / MenEngage: Engaging Men and Boys in Gender Equality and Health. A global toolkit for action. Tool, UNFPA, 2010
To view this activity chick here:
http://www.unfpa.org/sites/default/files/pub-pdf/tools.pdf

SEX IN THE ERA OF DIGITAL MEDIA

Examples activities with children under 10
Examples of activities

Name: Don´t Go, Jo!
Materials: Computes with internet access or pen and paper
Duration: 30 minutes.
Summary: In groups, participants learn why it´s never safe to meet online "friends" in person.
Source: Grades 6 to 8. Personal Health Series Online Safety and Cyber bullying, Kids Health classroom web.
To view this activity click:
http://kidshealth.org/classroom/9to12/personal/safety/online_safety_cyberbullying.pdf?ref=search

Name: Everyone's Involved
Materials: Computer with Internet access - "Everyone's Involved" handout
Duration: 1 hour
Summary: In groups, participants consider the effects of cyber bullying and learn how to get help if they are affected by it, or if they witness cyber bullying.
Source: Grades 6 to 8. Personal Health Series Online Safety and Cyber bullying, Kids Health classroom web.
To view this activity click:
http://kidshealth.org/classroom/9to12/personal/safety/online_safety_cyberbullying.pdf?ref=search

Examples activities with young people Above 10
Examples of activities

Name: A Fun Way to Talk about Music videos and Their Messages
Materials: Music videos from different channels.
Duration: 60 minutes.
Summary: Participants will see music videos to identify and talk about images and messages and then dialogue to clarify values, knowledge, beliefs and attitudes.
Source: FAMILIES ARE TALKING; SIECUS Report Supplement, Volume 1, Number 2, 2001.
To view this activity click here:
http://www.thetalkinstitute.com/articles/Families_Newsletter2_media.pdf

Name: What Messages and Values are expressed by Media Messages?
Materials: Media messages examples.
Duration: 30 – 60 minutes.
Summary: Participants will talk about values expressed on media messages and identified specific messages for the group.
Source: The Resource Center for Adolescent Pregnancy Prevention (ReCAPP) Web.
To view this activity click here:
http://recapp.etr.org/Recapp/index.cfm?fuseaction=pages.YouthSkillsDetail&PageID=114#whatmessages

Name: Digital Footprints
Materials: Teen magazines and scissor – word processing program or pen and paper.
Duration: 45 minutes
Summary: In groups, participants think critically about their digital footprints and examine the power of words and the context such as they relate to online profiles.
Source: Grades 9 to 12 Personal Health Series Online Safety and Cyber bullying, Kids Health classroom web.
To view this activity click here:
http://kidshealth.org/classroom/9to12/personal/safety/online_safety_cyberbullying.pdf?ref=search

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Published in July 2017
by the International Planned Parenthood Federation
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