

HOW EFFECTIVE IS COMPREHENSIVE SEXUALITY EDUCATION IN PREVENTING HIV?

What are the key findings?

In-school CSE in the ESA region leads to:



Improved knowledge



Increased condom use



Decrease in multiple partners



Increase in self-efficacy for HIV protection



Delays in sexual debut

What are the key recommendations?

National government departments need to implement policies to promote scientifically accurate, age-appropriate, culturally relevant and locally adapted CSE that is aligned to international standards and integrates gender, rights and empowerment into the content as well as in teacher and/or facilitator training. Opportunities should be taken to link CSE with SRH services.

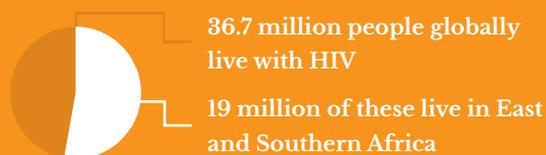
Context

YOUNG PEOPLE FROM EAST AND SOUTHERN AFRICA (ESA) ARE AT INCREASED RISK OF CONTRACTING HIV

Although HIV prevalence has dropped in the region, young people are disproportionately affected, and particularly young women.

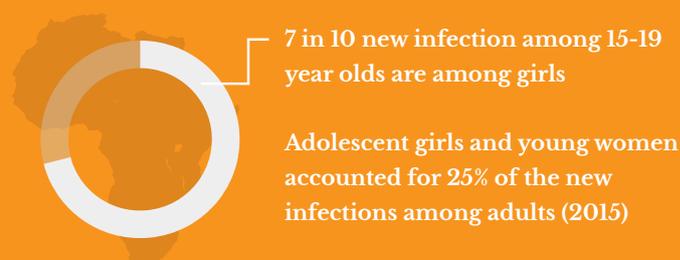
East and Southern Africa is the epicenter of the epidemic

More than half of the people living with HIV globally live in East and Southern Africa



Adolescent girls (10-19) and young women (15-24) are at increased risk

In Sub-Saharan Africa:



In 2015, more than 236,000 young women (aged 15-24) were newly infected



AIDS is the leading cause of death among adolescents (10-19) in ESA

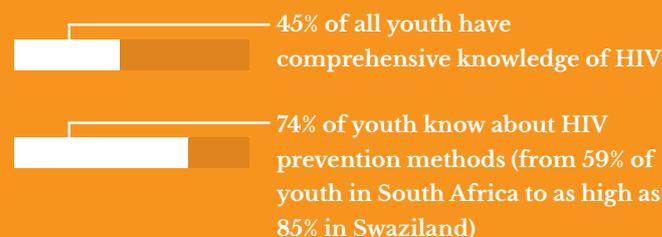
Adolescents (aged 10-19) constitute the only age group in which AIDS deaths rose between 2001 and 2013.

In 2013, 44% of new infections in adolescents were from six East and Southern African countries:



HIV knowledge remains low among young people ²

Recent research conducted by UNFPA in seven ESA countries shows that:



Comprehensive knowledge of HIV varied across countries, between males and females, and among the different age-groups of young people

WHAT IS COMPREHENSIVE SEXUALITY EDUCATION (CSE) AND WHY SHOULD IT BE A KEY FOCUS AREA?

“CSE is a rights-based and gender-focused approach to sexuality education, whether in school or out of school.³ It refers to curriculum-based, age-appropriate, culturally relevant and scientifically accurate sexuality education that provides balanced information about relationships, safer sex including condoms, contraception, partner reduction and abstinence.”^{4,5}

In this region, in 2013, Ministers of Health and Education from 20 countries endorsed the **Eastern and Southern African (ESA) Commitment** to scale up access to quality CSE, as well as Sexual and Reproductive Health (SRH) and HIV prevention for adolescents and young people. Specifically, it sets a target that by 2020, **ninety per cent of teachers are trained in CSE** and that at least **90 per cent of schools have CSE curricula integrated**.⁶ CSE is also critical to achieve Sustainable Development Goal 3 on health, 4 on education and 5 on gender.⁷ UNFPA has proposed a set of nine components of CSE, which are being implemented through global, regional, and national programmes (Boxes 1 and 2).

UNFPA's nine essential components of CSE



1.

A basis in the core universal values of human rights



2.

An integrated focus on gender



3.

Strengthened youth advocacy and civic engagement



4.

A safe and healthy learning environment



5.

Link to sexual and reproductive health services



6.

Cultural relevance in tackling human rights violations and gender inequality



7.

Thorough and scientifically accurate information



8.

Participatory teaching methods



9.

Reaching across formal and informal sectors and across age groupings

WHAT DOES THE EVIDENCE TELL US?

How was the evidence review conducted?

The literature for this review was sourced through multiple electronic databases, and included grey literature. Literature deemed eligible for the review included systematic reviews, and intervention evaluations of specific CSE programmes conducted in East or Southern Africa between 2005 and 2015. In total, four systematic reviews were found and a total of seven papers published after the latest systematic review. An annex presenting more details about the methodology and a table presenting the details of the studies included in this review are available on <http://bit.ly/ESAROHIVBrief>.

What are the limitations of this body of evidence?

The majority of studies used experimental design-randomised controlled trials or quasi-experimental designs, which generate robust results. However, few published studies, and only three in the ESA region, have measured HIV or other health outcomes of CSE. It is also challenging to assess the long-term impact of CSE on HIV transmission and other SRH outcomes as longitudinal studies that track school leavers over time are lacking. There are very few rigorous evaluations of out-of-school interventions from East and Southern Africa.

Other limitations were noted and are analysed in the online Annex.

UNFPA Safeguard Young People (SYP) programme



The SYP Programme aims to identify and scale up comprehensive sexual

and reproductive health interventions for adolescents and young people in 8 Southern African countries. UNFPA is supporting the implementation of the programme in collaboration with regional and government partners, young people, as well as NGOs. CSE is operationalised in the SYP Programme through several inter-related strategies: it supports teacher training and in school CSE for young people, community based CSE, a music album with CSE messages, various social media platforms and a mobisite, TuneMe that links information on CSE with youth friendly services. In the past 2 years of implementation, SYP has reached over 4.39 million young people.

UNFPA's contribution to CSE in the East and Southern African region

UNFPA, in collaboration with partners, is supporting the ESA commitment to upscale and support in- and out-of-school CSE. UNFPA engagement with CSE began decades ago when much of the content was referred to as Population Education, Family Life Education, HIV prevention, SRH Education, and Life Skills Education. From 2008, UNFPA ESARO and later in collaboration with UNESCO and other partners, conducted curriculum scans, training of curriculum developers, and more recently rolled out pre-service and in-service teacher training courses including an online module and a set of scripted lesson plans to institutionalise CSE in the formal education sector. UNFPA ESARO has also developed a CSE resource package for out-of-school young people, including a dedicated resource for young people living with HIV and has trained youth focal points and implementing partners in CSE programming for out-of-school young people. The ESA Commitment has strengthened efforts to scale up CSE and youth-friendly services.

Summary of the evidence for the effectiveness of CSE programmes on HIV and other SRH outcomes

In-school interventions

	HIV/SRH outcomes	Evidence from East and Southern Africa
EFFECTIVE	HIV knowledge increase ^{9,10}	13 studies from this region.
	Condom use increase ^{9,10,11}	Nine studies from ESA with 27,815 participants.
	Increased self-efficacy for HIV protection ^{9,12}	Three studies from East and Southern African region, including 11,677 participants showed an increase in being able to refuse sex and/or use a condom during sex.
	Initiation of first sex ⁹	In five studies of 12,256 participants from ESA, there was a significant delay in initiation of first sex.
	Multiple partners decrease ^{9,10,11}	Three studies from ESA including 9,297 participants showed a significant decrease in number of partners. An additional three studies showed a non-significant difference.
	Increased pregnancy prevention knowledge ¹²	One study with 4,684 youth aged 18-22 years in Zimbabwe showed significant increases in knowledge about pregnancy prevention.
	Improved attitudes related to HIV prevention and/or females right to refuse sex ^{12,13}	Two randomised controlled trials from ESA totaling 14,509 participants showed significant improvements.
CONFLICTING	STI clinical signs and symptoms ^{10,13}	One RCT in Tanzania, which enrolled 9,645 adolescents found the reported clinical STI symptoms were substantially lower in intervention communities. Two other studies did not find a statistically significant decrease.
	Pregnancy ¹⁴	One evidence review found that of 10 studies, three had a significant impact on pregnancy or childbearing including two from ESA.
INEFFECTIVE	Access to SRH and contraception services ¹³	One RCT in Tanzania enrolled 9,645 adolescents and did not find an increase in access to SRH and contraceptive services.
	HIV incidence ^{12,13}	RCTs in rural areas of Tanzania and Zimbabwe did not show significant HIV reductions though a non-significant decrease in HIV amongst young women was measured in Tanzania.
	STI incidence ^{13,14}	Four studies – two RCTs and two longitudinal cohort designs – with a total of 12,953 participants showed no impact on STI incidence.

There is strong evidence that in-school CSE leads to improved knowledge, increased condom use, decrease in multiple partners, increase in self-efficacy for HIV protection, favourable attitudes to safer sex and delays in initiation of first sexual intercourse.

When CSE has an explicit gender and rights focus, better health outcomes are noted.¹⁴ Not only HIV knowledge, attitudes and behaviours related to sexual risk are improved but also wider SRH outcomes such as access to SRHR services. While the evidence for the impact of CSE to decrease HIV incidence is limited in East and Southern Africa, there is strong evidence that CSE decreases HIV risk behaviours including Intimate Partner Violence, as well as biological outcomes such as HSV-2 which is a co-factor for HIV. The evidence clearly shows that CSE does not lead to negative outcomes such as high-risk behaviour or earlier sexual debut, while abstinence-only programmes have been shown to be largely ineffective in preventing HIV and related undesirable SRH outcomes.⁸ There are however, several barriers to implementation as outlined below.⁴

Out-of-school interventions

HIV/SRH outcomes		Evidence from East and Southern Africa and abroad
EFFECTIVE	STI prevalence ¹⁴	Out of six studies, five (a total of 3,427 participants) found a significant decrease, including one RCT in South Africa, which found a 33 per cent reduction in HSV2 incidence for males and females.
	IPV by men ¹⁵	In South Africa, Stepping Stones found a significant decrease in physical violence or sexual assault perpetrated by men.
PROMISING	Transactional sex in men ¹⁵	An RCT of Stepping Stones in South Africa showed that a lower proportion of men had transactional sex with a casual partner at 12 months though there was no difference at 24 months.
	Increase knowledge ¹⁴	Three studies of out-of-school interventions, all from the US, showed an increase in HIV knowledge.
	Increase condom use ¹⁴	In an evidence review, five studies of out of school interventions with a total of 4,445 participants showed an increase in condom use.
CONFLICTING	Multiple partnerships ¹⁴	Four RCTs all from the US found a decrease in multiple partnerships.
	Decreased pregnancy ¹⁴	Two RCTs from the US with a total of 1,006 participants found the interventions had a significant impact on pregnancy rates, while three studies did not find an impact (including one RCT from South Africa).
INEFFECTIVE	HIV incidence ¹⁵	RCT in rural areas of South Africa did not show HIV reductions from behavioural interventions. A non-significant decrease in HIV amongst young women was measured in Tanzania.

Interventions, implementation barriers and the way forward

Barriers to implementation	Recommended strategies
Lack of clear legal framework for programmes	<ul style="list-style-type: none"> • Advocate for the implementation of policy and develop legislation that is aligned to the SDGs 2030, ICPD beyond 2014 agenda and the ESA Commitment • Build alliances and multi-sectoral networks between governments, NGOs, youth and religious sectors to advocate for CSE
Resistance to CSE by parents, educators and broader community	<ul style="list-style-type: none"> • Advocate with education sector • Develop and implement programmes for parents that strengthen their skills • Advocate at national and local levels, and engage communities to promote the benefits and importance of CSE, in partnership with young people
Lack of accessible health services for youth and negative attitudes from clinic staff to young people who require SRH services	<ul style="list-style-type: none"> • Implement and strengthen youth-friendly health services and linkages between school-based and community based CSE programmes and health services
Weak implementation frameworks for CSE at country level	<ul style="list-style-type: none"> • Strengthen monitoring and evaluation frameworks • Include indicators that track SRH outcomes and gender and rights elements of CSE ¹⁷
Lack of well-trained CSE teachers; teachers are often judgemental and uncomfortable discussing sensitive sexuality issues with young people	<ul style="list-style-type: none"> • Institutionalise participatory, interactive approaches to CSE in pre-service and in-service teacher training • Support teachers to clarify their personal and professional values and attitudes within CSE training
Weak CSE curricula and/or poor integration of CSE in the curriculum	<ul style="list-style-type: none"> • Encourage CSE as a stand-alone subject that has dedicated teaching staff and is examinable • Curriculum must benefit from the input from various experts (adolescent sexual health, behaviour change and human sexuality, consultation with adolescents) • Widely disseminate existing curricula, teaching and learning materials and other resources • Review and analyse current content against international standards • Strengthen curricula through inclusion of gender and rights as well as critical thinking and other life skills • Pre-test materials with target groups
Sexual harassment, violence and bullying at schools	<ul style="list-style-type: none"> • Promote a safe learning environment through school based policies and processes to address bullying and violence at school • Enforce disciplinary action when codes of conduct have been violated, for example when sexual relations between teachers and students are known
High levels of gender-based violence, sexual abuse and transactional sexual practices	<ul style="list-style-type: none"> • Address structural barriers to SRHR for adolescents and young people • Strengthen legal frameworks for addressing gender-based violence • Strengthen livelihood options for young women • Increase focus on gender norms for both girls and boys

CONCLUSION

CSE is:



An effective intervention

CSE is effective in decreasing HIV risk factors in adolescents and young people, and improving SRH in general, including creating demand for SRH services. When programmes are designed with a gender, empowerment and rights focus, along with appropriately trained staff to deliver CSE through participatory learning approaches, beneficial outcomes have been demonstrated on knowledge, attitudes, self-efficacy and SRH outcomes.



That works inside and outside schools

School based programmes have the potential to ensure maximum coverage over time, while programmes for out-of-school youth aim to reach the most vulnerable, particularly young girls. CSE is best delivered as a lifecycle approach that should start in primary school before the onset of puberty and sexual activity.



Needing policy support

National government departments need to formalise or implement existing policies to promote age-appropriate, culturally relevant and locally adapted CSE that integrates gender, rights and empowerment into the content, including teacher/facilitator training in line with the ESA Commitment and international standards.

Research gaps

- Studies with **long-term follow-up** to capture the impact of CSE including HIV incidence and safer sex behaviour.
- **Qualitative studies** to better understand the experiences of young people with CSE.
- Evaluation of the effectiveness of **out-of-school CSE** in the East and Southern African region.
- Studies looking at CSE impact on gender-based violence, transactional sex, gender attitudes, female condom use, and condom use at first sex.
- Studies measuring the impact of CSE on: demand generation for and access to youth-friendly services including referral mechanisms.
- **Cost-effectiveness** studies to clarify whether in-school programmes are more cost-effective if they are stand-alone or integrated into curriculum carrier subjects; cost-effectiveness for out-of-school CSE comparing various delivery options in community based settings.
- Assessment of the comparative effectiveness of the various **implementation modalities**: stand-alone, integrated, examinable, mandatory, extra-curricular and out-of-school.
- Evaluation of the effect of gender, rights and empowerment focused CSE on HIV biological outcomes, using a mix of methods including rigorous RCT study designs where feasible.

Through the framework of the ESA Commitment, improvements are expected in the quality and coverage of CSE content and delivery, establishing more explicit and measurable links between the demand creation potential of CSE and the supply of youth friendly SRH services to young people, and better designed and evaluated CSE programmes. Thus, it is expected that the evidence towards the effectiveness of CSE in preventing HIV and improving other SRH outcomes will continue to be strengthened.



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UNFPA:
Delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is realized.

Background documents and references numbered in this text are available online at: <http://bit.ly/ESAROHIVBrief>