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From ideas to action

Addressing barriers to comprehensive sexuality education in the classroom[1]

Evidence for the positive outcomes of comprehensive sexuality education (CSE) on adolescent sexual and reproductive health (ASRH) is well documented. However, in many low- and middle-income countries (LMICs) this has not been translated into practice; although some form of sexuality education may be provided, a number of barriers exist that impede delivery of CSE that is in keeping with evidence-based, international guidance.

Data gathered in 2015 in secondary schools in Ghana, Kenya, Peru and Guatemala, provide an in-depth understanding of a range of implementation bottlenecks at various levels, from national programme planning challenges to classroom level barriers. Based on this learning, this paper presents seven recommendations, which are applicable beyond these four countries, for overcoming common bottlenecks in LMICs and thereby improving CSE implementation. These recommendations provide strategies to enhance CSE implementation at a number of interdependent levels, and spanning key education system inputs and processes, including:

- learner-centred approaches in CSE delivery;
- use of curricula and teaching materials;
- adequate preparation of teachers;
- stakeholder engagement in CSE planning and implementation;
- enhancing the status of CSE and finding it a dedicated 'home' within ministries of education; and
- strengthening CSE monitoring and evaluation.

1. This paper draws on the results of a four-country study. In each country, the Guttmacher Institute partnered with a local research organization to conduct the study: University of Cape Coast (Ghana); the African Population and Health Research Centre (Kenya); Universidad Peruana Cayetano Heredia (Peru); and, Facultad Latinoamrica de Ciencas Sociales (Guatemala). A more detailed analysis of these data can be found on the Guttmacher Institute website: https://www.guttmacher.org.

This Technical brief is the result of a partnership between UNESCO's Education Sector and the Guttmacher Institute to analyse and document classroom implementation of CSE curricula and bottlenecks encountered in four lower and middle income countries.

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Introduction

School-based CSE is a critical building block for preparing adolescents to lead healthy and fulfilled sexual and reproductive lives. In many LMICs, adolescent SRH outcomes remain poor, with high rates of child marriage, sexual coercion and violence, sexually transmitted infections (STIs) and HIV, unintended pregnancy, and unsafe abortion. In these settings, CSE can help empower children and adolescents with the information and skills that they need to protect themselves and make safe, informed decisions about their relationships and their sexual health and behaviour (Biddlecom, 2017; Woog, 2015; Woog and Kågesten, 2017). CSE is important from both rights-based and public health perspectives, with firm evidence that when well-delivered, it can delay initiation of sexual activity and unprotected sexual intercourse, decrease the number of sexual partners, increase contraceptive and condom use, and therefore decrease unintended pregnancies and STIs (UNESCO et al., 2018).

Based on this evidence, governments in many LMICs have worked with national and international experts to develop context-specific CSE curricula for implementation in the classroom. However, the translation of these curricula from paper into practice can be slow and complicated, and a range of bottlenecks impedes the effective implementation of programmes and the use of curricula in schools. To date, there has been little investigation into the factors responsible for this. A clearer understanding of the common bottlenecks encountered in the process of implementation can inform the development of strategies to address these barriers. This brief draws out the lessons around managing a range of CSE implementation bottlenecks that were identified through research carried out in 2015 in four countries: Ghana, Kenya, Peru and Guatemala.

Both qualitative and quantitative methods were used to investigate implementation bottlenecks for CSE in secondary school settings in the four countries studied. In-depth interviews were conducted with 25–30 key informants per country, representing central and local government (including policy-makers, programme implementers and curriculum developers); advocates; non-governmental organizations (NGOs) and international agencies; community leaders; youth and women's organizations; and parent-teacher associations. In addition, in each country, surveys of principals, CSE teachers and around 2,500–3,000 students aged 15–17 were conducted in a representative sample of 60–80 secondary schools (both public and private) distributed across three selected regions of each country.

The findings reveal strikingly similar implementation bottlenecks across the four countries. These bottlenecks operate at various levels, from national programme planning challenges to classroom level barriers. The analysis of these common challenges should not, however, diminish the countries' progress and achievements in the field of CSE. Based on the experiences in these countries, this paper presents learning that may be applicable beyond these particular settings, in the form of seven recommendations for overcoming common bottlenecks in LMICs, and thereby improving CSE implementation.

The study context

Adolescent sexual and reproductive health in the four countries

These four countries represent a range of contexts with respect to ASRH issues and the programmes in place to address them. National data on ASRH in the four focus countries provide a strong rationale for the need for prevention and response strategies. In all four countries, many adolescents aged 15–19 have already started having sex, ranging from 28% in Guatemala (MSPAS, 2010) to 39% in Kenya (KNBS, 2015); and few of those sexually active are using contraception, with modern method prevalence as low as 22% in Ghana (GSS, 2015) and 31% in Guatemala (MSPAS, 2010). This puts adolescents at risk for unintended pregnancies: the majority of births are unplanned, from 59% in Kenya (KNBS, 2015) to 75% in Ghana (GSS, 2015), and many more pregnancies end in unsafe abortion (APHRC, 2013; Ferrando, 2006; Ghana Maternal Health Survey, 2017; Segeplán, 2015). In addition to these common issues, each country has also faced particular challenges, for example Kenya, and to a lesser extent Ghana, has had to tackle high rates of HIV infection in its young population, while Guatemala and Peru have seen particularly high rates of sexual

violence among adolescents. To address these challenges, the governments in these four countries have devised ASRH programmes that vary in scope and stage of implementation, but all of which include some form of school-based sexuality education as a key intervention.

Examining sexuality education in national curricula

Reflecting the diversity of different national contexts in which it is taking place, and the authority of governments to determine the content of educational curricula in their country, sexuality education looks different in different places. However, the evidence is clear, that in order to be deemed truly 'comprehensive', sexuality education must provide structured opportunities for children and adolescents to learn along three dimensions that allow them to:

- gain knowledge and information;
- explore their attitudes and values; and
- practise the decision-making and other life skills necessary for making informed choices about their sexual health and behaviour.

These dimensions of learning are common to the several definitions of comprehensive sexuality education that have been developed in the last few years (UNFPA, 2014; WHO Regional Office for Europe and BZgA, 2010) including the most recent definition of CSE, reached by consensus among the several United Nations (UN) agencies working in this area (UNESCO et al., 2018).

Recognizing that each of the four countries is at a different stage of progress in their national sexuality education programmes, the focus of this brief is not on evaluating the merits of the countries' sexuality education curricula and the extent to which they satisfy international benchmarks and guidance. Instead, we concentrate on assessing the quality and fidelity of the curriculum's[2] implementation. For this reason, the term 'CSE' is used regardless of whether the curriculum is truly comprehensive or not in terms of the scope of the content covered and according to the learning dimensions described above. Since none of the four countries offers CSE as a standalone subject (CSE-related content is instead integrated into various other subjects) the researchers assessed the implementation of a core set of 18 topics (Box 1) that are part of the official curriculum in all four countries (although the topics may have slightly different names). The topic list offered a standardized way to assess, across the four countries, whether these topics that are included in the curriculum were actually being taught in schools. Topics were selected by the investigators to represent major themes that, according to international guidance (UNESCO et al., 2018; UNFPA, 2014; WHO Regional Office for Europe and BZgA, 2010) should be addressed as part of a comprehensive programme.

Box 1. List of 18 topics assessed

Sexual and reproductive physiology
Puberty/physical changes in body
Reproductive organs
Menstruation
Pregnancy and childbirth

HIV/STI prevention
HIV/AIDS and other STIs
Where to access HIV/STI services

Contraception and unintended pregnancy
Abortion
Contraceptive methods
How to use contraceptive methods
Where to get contraceptive methods

Values and interpersonal skills
Sexual behaviour
Decision-making skills
Communicating within relationships
Saying no to sex/abstinence

Gender and SRH rights
Sexual and reproductive rights
Equality between men and women
Prevention of violence/sexual abuse
Sexual orientation

2.
Guatemala: MINEDUC. 2014. Currículo Nacional Base Guatemala, Tabla de contenidos del CNB–básico.
Ghana: Ministry of Education (MoE). 2010. Teaching Syllabus for Social Studies (Senior High School 1–3). Accra, Ghana MoE.
MoE. 2010. Teaching Syllabus for Integrated Science (Senior High School 1–3). Accra, Ghana MoE.
MoE. 2010. Teaching Syllabus for Biology (Senior High School 1–3). Accra, Ghana MoE.
MoE. 2010.Teaching Syllabus for Management in Living (Senior High School 1–3). Accra, Ghana MoE.
Kenya: Kenya Institute of Education. 2008. Secondary Education Curriculum. Life Skills Education Syllabus. Nairobi, Kenya Institute of Education.
Peru: "Curriculo nacional de la educacion basica". 2017

Topics were organized into five core areas:

- sexual and reproductive physiology;
- HIV/STI prevention;
- contraception and unintended pregnancy;
- values and interpersonal skills; and
- gender and sexual and reproductive health (SRH) rights.

Within each topic, no specific content was imposed, as this is determined by cultural norms and country priorities.

Implementing CSE

CSE has the greatest impact when it is implemented in an enabling environment that simultaneously operates at multiple levels, each interacting with the other, with the ultimate focus being the learner (Figure 1). Such an enabling environment encompasses positive cultural norms and values, and CSE accompaniments such as youth-friendly SRH services, supportive links between schools and the community, as well as strong policy-level and community support (Chau et al., 2016; UNESCO, 2010). Within a national education system, a favourable policy and programming environment underpins effective CSE implementation and determines the attention paid to key education inputs such as curriculum development and teacher training. Appropriate and impactful teaching and learning at classroom level are contingent on well-prepared and supported teachers, dedicated space in the curriculum, and availability of good quality curricula and learning resources.

Based on this model, the bottlenecks – and concomitant recommendations for overcoming them – can be identified at three main levels of implementation: classroom, school and national/local.

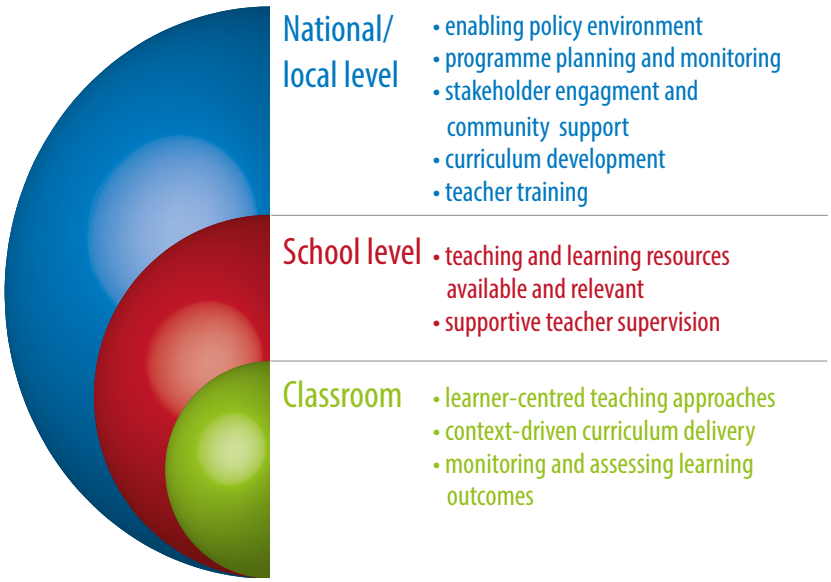

Figure 1. Factors enabling successful CSE implementation at different operational levels of the education system

Addressing common bottlenecks

Key recommendations

1. Implementation in the classroom

Recommendation 1. Apply participatory, learner-centred approaches in CSE delivery

Successful implementation of a CSE curriculum in the classroom depends on the use of effective teaching methods that engage students. Collaborative learning strategies are important because they involve students in peer-to-peer interaction and provide them with the opportunity to practise the social and critical thinking skills associated with respectful relationships. Despite their importance, studies have shown that use of collaborative or peer-to-peer learning strategies tends to be the exception rather than the norm in general teaching practice (Natvig et al., 2013). They can be intimidating for teachers to manage when they are not familiar with them, do not understand the education rationale behind their design, or are worried about maintaining control of student behaviour (Cahill et al., 2013). Omission of these strategies is problematic, as research studies show that when collaborative learning activities are omitted from evidence-informed programmes, these programmes do not generate the same positive results (Reyes et al., 2013).

Overall, students in all four countries reported mostly learning CSE through lectures (65–87%). In Ghana and Kenya, many students reported doing group work (44–50%) and creative participatory activities (61–64%). However, these activities occurred less in Guatemala and Peru, with under 30% engaging in group work, and only 11% in Peru and 6% in Guatemala engaging in creative participatory activities. The most popular activities among students (which might indicate the most effective learning methodologies for them), were audio-visual activities, alongside lectures, which were in high demand.

In terms of what content is reportedly being delivered through these various approaches, although this brief does not review the quality and detailed content of the national curricula, an assessment of the implementation of the core set of 18 topics reveals a mismatch between what teachers report teaching, and what students report learning (Box 2).

Box 2. A contrast between what teachers report teaching, and what students report learning in CSE

The CSE topics that teachers reported delivering in the classroom contrasted sharply with what students themselves said that they had been taught. In all four countries, while the percentage of schools covering each of the 18 topics – based on teachers' reports – was consistently high (84–100%), the average proportion of students who reported covering that topic in these schools was much lower. The highest proportions were for physiology (63–97%), which confirms key informants' reports that CSE tends to focus on biology. Proportions of students who reported covering each topic were much lower for other categories. Although there was a huge range, in Guatemala only 35% of students reported exposure to content on HIV/STI prevention; and in Kenya, only 14% reported any content on contraception and unintended pregnancy. This last category was the least covered overall in all countries.

Values and interpersonal skills also scored poorly overall, with the only higher-scoring topic being abstinence in Ghana and Kenya. Under HIV/STI prevention, the factual topics were better covered, while the skills-based topics (for example, where to access HIV/STI services) scored worse. This emphasis on facts over skills was also visible in the contraception category. The proportion of students who reported covering all topics in each category was even lower: for example, only 16% covered all topics related to values and interpersonal skills in Guatemala, and just 8% covered all contraception topics in Kenya.

In terms of the topics students said they wanted to learn more about, top interests in Kenya were puberty, STIs, decision-making and gender equality; in Ghana, mainly physiology topics; in Peru, physiology, HIV and decision-making; and in Guatemala, values and interpersonal skills and prevention of sexual abuse. Decisions about curriculum revision and the focus of lesson plans should take into account learner preferences while also being informed by available local evidence on the SRH needs and issues of young people.

2. School-level resources and materials available

Recommendation 2. Ensure access to, and use of, curricula and teaching materials

The availability of resources at the school level is a critical determinant of successful CSE implementation, yet informants in all four countries reported a lack of adequate teaching materials. Around three quarters of teachers in Guatemala, Peru and Ghana, and just over half in Kenya, reported lacking teaching materials (Figure 2).

In Guatemala, this was blamed mainly on lack of funds. According to several informants, teachers often do not even receive the national curriculum. When surveyed, 71% of teachers reported using the national curriculum to teach. At the time of the study, other CSE teaching materials had been published by UNFPA, but their distribution was hindered by the government. Only 40% of teachers reported using a teaching manual for CSE, 39% had access to other teaching materials, while 76% were developing their own.

Peru's CSE teaching resources centered less on the curriculum (only half of teachers in the survey were using the national curriculum) and more on CSE guidelines, which identify age- and grade-specific competencies.

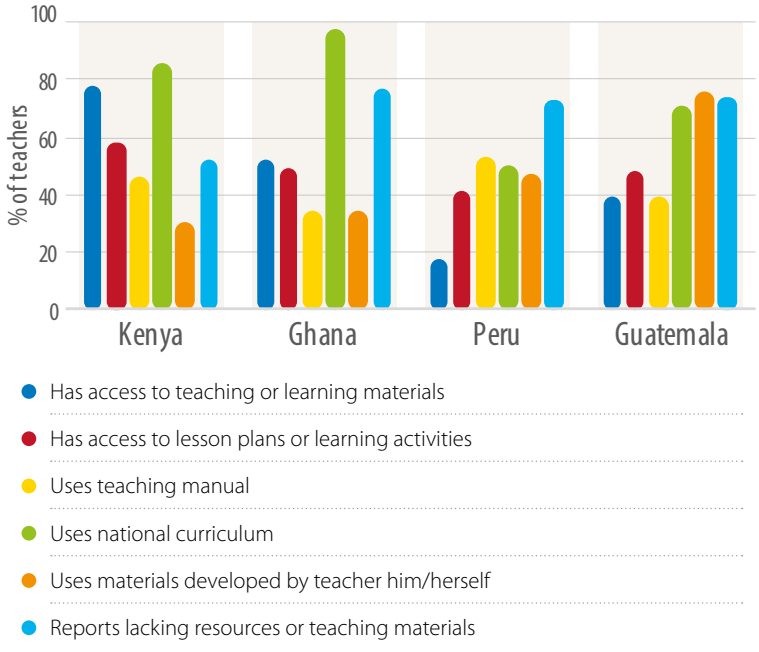

Figure 2. Access to, and use of materials by teachers

However, informants stressed the lack of a training and monitoring programme to accompany these competency guidelines and to support teachers in their implementation; without this, teachers tend to fall back on their personal beliefs to interpret the curriculum. Only 45% said they used a teaching manual, 42% had access to suggested learning activities, and a mere 17% had access to other teaching materials. Unsurprisingly, 53% were developing their own materials.

In Ghana, nearly all teachers (98%) were using the national curriculum, but beyond that, schools were expected to buy their own teaching resources:

> **"You know, the way the senior high schools operate, they collect their school fees and they are expected to provide teaching and learning materials for the schools. So it depends on what the heads of the various departments requisition for. From national level we do not legislate what they should buy. Needs are driven by the schools. So if the school wants ABCD, and the head has funds, he or she is expected to provide them."**
>
> [Ghana central government official]

As a result, only 58% of teachers reported having access to a teaching manual, with even fewer (34%) actually using it, and 34% developed their own materials. Around half of teachers had access to suggested lesson plans, learning activities and other teaching materials. Informants reported that the lack of support material could be due to the integration of CSE into other subjects, making school administrations less likely to budget specifically for CSE. Numbers were similar for Kenya, where most teachers (86%) used the national curriculum and 69% had access to a teaching manual, but only 46% used it, and 31% were developing their own materials.

Without printed resources that outline the curriculum, learning objectives and core content, teachers will continue to be challenged in the way that they are able to deliver CSE. Lessons

may rely more heavily on teacher's own knowledge or perceptions, rather than factual information or rights-based and participatory approaches to building learners' competences in health.

3. Teacher training

Recommendation 3. Adequately prepare teachers through in-service and pre-service training

Competent teachers are the backbone of a successful CSE programme. Yet in all four countries, informants reported that teachers were often unprepared to teach CSE. This is a common refrain (Mkumba, 2012; UNESCO et al., 2015). While some teachers were uncomfortable talking about sexuality, and other teachers refused outright to teach it even if it was in the curriculum, most teachers simply did not know enough about CSE to know how to teach it, despite being willing and having access to teaching materials:

> **"The same teachers who grew up in that silence before, they do not feel comfortable to talk about these issues, they are not trained. To talk about these issues it is necessary to train, sensitize and know correctly what we are going to talk about, because they might say to me, 'talk about this issue', but if I do not really know what this issue is, I will not be able to impart it well."**
>
> [Guatemala government official]

Adequate preparation of teachers involves ensuring that they feel comfortable to deliver the required breadth of CSE topics; that they have correct knowledge to do so; and that they are able to engage appropriately with students on discussions about sexuality, without being biased by their own values and convictions and without fear that they will not be supported by the school administration. When surveyed, nearly all teachers (90–100% depending on the country) reported being "comfortable" or "very comfortable" teaching CSE. However, digging deeper, over one in five teachers in three of the countries (Kenya, Ghana and Guatemala) reported feeling embarrassed about certain topics or terms, or felt conflicted due to personal beliefs. In addition, many reported lacking specific knowledge to teach CSE topics, particularly in Guatemala and Peru (Figure 3). As a result, in Peru, during *tutoría* (a weekly personal development class), teachers often skipped teaching about CSE altogether, while other teachers gave students assignments for CSE to avoid having to actively teach it in the classroom. This is concerning given strong evidence that effective CSE requires active learning methodologies to impart skills and values (see Recommendation 1). Data collected on the topics taught reiterate that teachers lack confidence in some topics more than others.

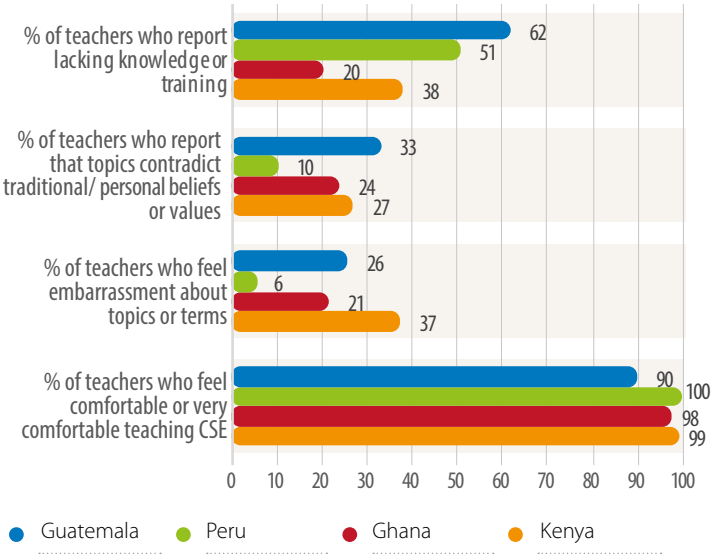

Figure 3. Teachers' comfort level with teaching CSE

Teachers' discomfort is sometimes felt by students: in Ghana and Kenya, 19–21% of students felt that teachers were embarrassed to talk about CSE and 15–19% sensed that the teachers did not know enough. Teaching scientifically correct information is at the heart of effective CSE. However, data show that large proportions of teachers in Kenya, Ghana and Guatemala were teaching that condoms are not effective for STI/HIV prevention (27%, 34% and 37% respectively) and pregnancy prevention (58%, 86% and 43%), and that contraceptives are ineffective for pregnancy prevention (21%, 24% and 30%). Yet teachers who taught inaccurate information were as likely to have received training as

those delivering accurate content, although they were more likely to report feeling uncomfortable teaching CSE. This therefore brings into question the quality of pre-service and in-service teacher training along with the availability of reliable teaching materials to support the learning process.

Pre-service teacher training is a first step in preparing educators to teach CSE. Teacher training approaches should also be aligned with the agreed modality for delivering CSE. As CSE is usually integrated into other subjects in the secondary level curriculum, it may be appropriate to train all teachers in CSE, or, if this is not feasible, target those teachers delivering subjects into which CSE topics are infused. In the absence of specialist CSE teachers, subject teachers' competencies should be appropriately strengthened to enable them to effectively deliver CSE. At pre-service level this involves understanding the specific objectives of CSE, and the ways in which social and emotional learning curricula, such as CSE, may differ from and complement subject curricula more focused on cognitive learning. Teachers' capacities also need to be built so that they are better able to manage integrated topics within a limited timetable and number of hours of contact time with students, along with practical skills for developing and evaluating lesson plans on CSE topics that are delivered in an integrated fashion. This kind of capacity building appears to be far from universal however, with between 51% (in Guatemala) and 78% (in Ghana) reporting pre-service training for teaching CSE. Moreover, the training may not cover key areas:

"It would surprise you that most of the teachers are not even trained teachers. Like those coming from Legon, they do not have any training on HIV and such a person in the classroom is definitely challenged. There is also the teacher establishment quota so if you need a physics teacher, you go and bring a sex education teacher, it would not match. They would prefer looking for a physics teacher."

[Ghana local government official]

In-service training should provide teachers with ongoing opportunities for professional skills development. Yet evidence suggests that it can be difficult to implement. Over half of teachers in Kenya (54%) and Ghana (61%) had never received any in-service training. In-service training was more common in Peru and Guatemala, where 83% and 70% respectively, had received some form of training. A well-planned and coordinated in-service training model must be accessible to teachers in schools across the country. A recurring theme in all countries was that there wasn't enough funding to organize training that reaches beyond the central level. This means that most teachers, particularly in hard-to-access rural areas, miss out:

"Here it is much more complex, especially to (provide training to) these teachers who are in the Amazon, in Andean areas, in remote rural areas… how do you train them? With what materials? How do you adapt things to their needs and do it with cultural relevance?"

[Peru civil society representative]

To circumvent this issue, the 'training of trainers' model is often used: a few district representatives, or sometimes school principals, are trained by the central government with the intention that they will subsequently train teachers at a district or school level. But downstream trainings do not always materialize, partly due to lack of funding, and partly because tepid government commitment means that local and school authorities are not sufficiently sensitized to their importance:

"… sometimes you find that the training does not really go down to where it should be, or as it goes down it is watered down and it does not, in some places, have the desired impacts as you would want it to be."

[Ghana central government official]

Those teachers who had received training were asked to assess that training's quality. Between 31% and 50% of teachers qualified their training as "very adequate", while 8–19% qualified it as "inadequate" (Figure 4).

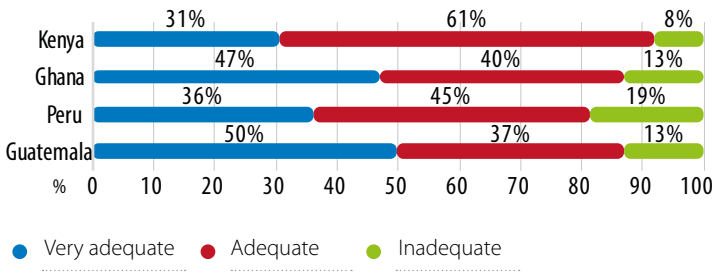

Figure 4. Teachers' perceptions of adequacy of training

Between 44% (in Ghana) and 68% (in Kenya) requested more training. Close attention should also be paid to the comprehensiveness of teacher training. On average, teachers had been trained on 12–15 (65–82%) of the 18 key topics. Even for biological topics, which the CSE content that was being delivered tended to focus on, training was incomplete: amongst biology or natural science teachers, only 42–65% of teachers in Kenya, Peru and Guatemala had been trained on all four physiology CSE topics, although this was higher (82%) in Ghana.

Teachers reported that training is also often more focused on teaching educators *what* rather than *how* to teach, and on imparting knowledge rather than skills. Between 48% and 65% of teachers had been trained on teaching methods for CSE. According to key informants, training should be more interactive and focus on how to use creative methodologies to teach CSE:

"That is what we would need, a strong training, but not a training of listeners, but a training in dialogue, criticism, construction of knowledge, construction of concepts, from a level of the context in which we live, how we should impart sex education, with experiences from other municipalities."

[Guatemala local youth organization representative]

Importantly, teachers need to be able to tailor curricula and teaching materials to be responsive to the needs of their students. Where teachers are empowered to apply a national curriculum framework in the classroom, their capacities should be strengthened so that they feel capable and comfortable to design and deliver targeted lesson plans. This strategy is encouraged by the ministries of education in all four countries, but was not being implemented due to teachers' lack of training on how to contextualize the curriculum. Some informants felt that the current approach to curriculum delivery did not always take into account local contexts and needs:

"When you look at issues that you might need to address, assuming you want to address issues in West Pokot or Kajiado, you might want to have a content which is female genital mutilation (FGM) and gender- based violence specific, but we are saying issues might be irrelevant in Makueni or some other areas where they don't practice FGM. You might not want to use the same methodology to talk about HIV, or even the same emphasis when you are doing it in Kisumu, such areas with high HIV prevalence compared to some other areas which are considered to have low prevalence rates."

[Kenya NGO representative]

Because CSE is integrated into various subjects and teachers may change year to year, more training is always needed. Where teachers are required to teach CSE either as part of their normal subjects or in addition to them, it can result in a body of unmotivated, uncomfortable teachers with high turnover and in constant need of training. Instead, for subjects like *tutoría*, it might be more efficient to have a cadre of dedicated trained teachers who have chosen to teach CSE.

Overall, the situation in the four focus countries highlights the need for comprehensive pre-service and in-service training of teachers. Ideally, pre-service teacher training on CSE should be compulsory. In-service training must be ongoing and should be monitored to assess impact. In terms of content, in addition to covering a range of topics, training should aim to build teacher confidence in using participatory/collaborative methodologies (see also Recommendation 1). Caution should be taken when using a training of trainers model, with efforts made to support and monitor downstream iterations.

4. Programme planning & curriculum development

Recommendation 4. Involve a range of stakeholders in the planning and implementation of CSE

Available evidence shows that public attitudes towards school-based sexuality education in many parts of the world are favourable (UNESCO, 2015). Families, teachers and school leadership acknowledge the value of supporting learners to learn more about preventing pregnancies, HIV and gender-based violence, and in learning critical life skills. But people with divergent opinions, including small (yet often very vocal) opposition groups, can be powerful in their challenge to the development or implementation of CSE. Involving a wide range of stakeholders in its planning and implementation can not only improve the quality of the programme by reflecting a broad range of experiences and inputs, but can also be a strategic way of engaging in dialogue with those groups or individuals whose concerns about CSE may lead to barriers in implementation. Stakeholder consultation should include young people, as the primary beneficiaries of these programmes, as well as parents, teachers and principals, community leaders, faith-based actors and other stakeholders with vested interests. When stakeholders in the community are helped to understand the rationale for CSE, resistance is less likely and, in fact, powerful new advocates may emerge.

Involve young people: When CSE curriculum is developed in consultation, it is more likely to be responsive to the changing needs of beneficiaries (UNESCO et al., 2018). While the importance of consultation is recognized, there is little evidence of it happening in reality, and to date, countries do not sufficiently include young people in this process. As one Ghanaian youth representative noted:

"… this essentially is about young people and so they should be involved actively throughout these processes… We should take those concrete steps that will ensure that we have better health outcomes for young people. Their health is not just beneficial to them as young people, it is equally essential for the nation in its quest for development."

[Ghana youth organization representative]

Similarly, in Peru, respondents complained that young people were given the opportunity to speak up, but their ideas were not translated into CSE guidelines or other materials. In Guatemala, curriculum design is also largely top-down, taking little account of the perspectives and needs of the target population. Kenya's curriculum review was perhaps the most consultative, drawing on input from a wide range of stakeholders, including 'a few' adolescents, gathered together through public meetings throughout the country:

"All the major groups in Kenya… and then we have the NGOs… the civil society organizations and we try to have a few adolescents represented – last time we got a few... adolescents and adolescent organizations."

[Kenya central government official]

Sensitize and involve the school community: While most teachers and principals felt supported by their school in their teaching of CSE, a non-negligible proportion of teachers in Peru (15%), Kenya (19%) and Guatemala (25%) reported being restricted by their school in the topics that they could teach. Some teachers reported experiencing pushback from students in class, particularly in Guatemala (28% of teachers) and Kenya (31%).

Sensitize and involve parents: The importance of fostering parental support is clear when seeing the detrimental impact that parental opposition has in some countries. For example, opposition (often stemming from concerns that CSE encourages sexual activity) has slowed CSE implementation in some schools in Guatemala. However, it is important to note that this opposition appears to be coming from a small but vocal minority. When surveyed, the vast majority of students across all four countries (90% or more) reported that their parents supported the teaching of CSE. Interestingly, fewer teachers perceived parental support: around two-thirds of teachers in Kenya and Ghana, and less in Peru (45%) and Guatemala (38%). To address parental opposition, all four countries had government and NGO initiatives to sensitize parents to the importance of CSE, for example through *Escuelas de padres* ('parent schools') in Guatemala and Peru.

Sensitize and involve faith-based actors: Religious leaders play a unique role in supporting, or sometimes challenging, CSE in schools. Faith-based organizations can provide guidance to programme developers and decision-makers on how to engage religious leaders in effective dialogue about sexual health and sexuality education. Conversely, opposition from religious groups can influence the extent of government commitment to CSE. Similar to parental opposition, key informant interviews showed that religious opposition comes from small, albeit vocal, factions. In all four countries, strong opposition from certain religious factions was evident, and impacted on curriculum development or implementation processes, especially when religious groups, and the beliefs of key individuals, wield power close to (or even within) the government:

"I believe that the opposition of some actors within the Ministry of Education (MoE) itself has a negative impact on the strategy, impeding its progress."

[Guatemala civil society representative]

While stakeholder engagement is crucial, it can be difficult to reach consensus in these consultations, particularly on sensitive topics such as young people's sexual relationships, contraceptives, gender and culture, or sexual orientation and gender identity; and the process is often protracted. As custodians of the process, governments should strive to balance the needs and concerns of various stakeholder groups with good quality CSE curricula, ensuring that the integrity of national programmes is not compromised but instead remains guided by evidence and international standards, with the needs and lived realities of young people at the core.

Recommendation 5. Enhance the status of CSE in line with other subjects, including some level of assessment

In all four countries studied, rather than being a 'stand-alone' subject, CSE was integrated into other subjects. Integration has some advantages. For example, it demonstrates the interdisciplinary nature of CSE and avoids adding an additional subject into often already overcrowded curricula (lack of time to implement CSE was reported by between 46% and 78% of teachers, depending on the country). On the flipside, there are drawbacks to the integration approach. By integrating CSE into other subjects, teachers can spend less time on CSE topics that they do not want to cover (particularly sensitive topics that are prone to getting neglected in favour of topics that are easier to talk about). For example, in Peru, CSE topics were integrated into *tutoría*, but were frequently neglected in favour of topics such as drugs. In addition, teachers specializing in their main subject were often not trained on how to integrate CSE topics. Integration can also diminish the importance of CSE within the curriculum, as CSE topics become diluted into other subject content:

"When it is its own subject, it is looked at as a subject and given the priority that it deserves, so you end up achieving… your objectives. When it is integrated… for example put it within biology, it is crowded and the message can … be clouded, so you don't go into the detail."

[International agency representative, Kenya]

When the subjects into which CSE are integrated are not compulsory, some students will miss out on vital elements. For example, in Ghana CSE was largely integrated into a *Management in Living* class, which is taken mostly by girls, reflecting an enduring perception among some MoE officials that CSE is more relevant to girls:

"… because the reproduction part is with the females, so these are the things they should know more about. This is what my personal view is. Unless it becomes compulsory for everyone, the boys will not opt for it."

[Ghana central government official]

In Kenya, informants suggested that the existing life skills curriculum could be developed into a standalone examinable CSE subject. But others involved in curriculum development and implementation warned that creating a standalone subject would require teachers to be trained specifically in that subject (see Recommendation 3).

It was a common concern that (with some exceptions: in both Peru and Ghana, where some of the CSE content is integrated into examinable subjects) much of the

content of CSE is not examined. As a result, less attention is paid to teaching CSE due to pressure on both students and teachers to focus on topics that will be examined. Informants suggested that ensuring all CSE topics were examined would encourage teachers and students to accord it more time and attention when multiple topics are competing for limited class time.

"If you bring in health education as a subject per se, and it is non examinable, it will die immediately so it is better you teach it infused in the examinable, because if you just say this is non-examinable, that will be the death of that subject. Nobody will teach things without a mean score."

[Kenya local government official]

As informants pointed out, given the nature of CSE, which aims to promote knowledge, attitudes and skills, traditional assessment can be challenging. While it is possible to examine changes in knowledge through a test, attitudes and skills may require more nuanced and participatory assessment measures.

While it may not always be possible to make CSE a standalone subject, CSE topics should be integrated comprehensively across compulsory subjects. The decision on how to position CSE in curricula should take into account associated factors, such as teacher capacity for delivery and how monitoring will be accomplished (UNESCO, 2015), as lack of alignment between these areas can have adverse results. For instance, the lack of weight given to CSE in the curriculum is reflected in how teachers are trained to deliver it, frequently resulting in inadequate pre-service training.

In addition, while traditional forms of examination may not be appropriate for all of the learning outcomes targeted by CSE – such as social and emotional learning domains – some level of assessment is recommended to increase the status of this important subject, as well as to function as an indicator of high-quality programme delivery.

Recommendation 6. Find a dedicated 'home' for CSE within ministries of education

Having a dedicated and knowledgeable team to support CSE delivery and monitor its implementation strengthens understanding of roles and responsibilities and improves coordination, both within education ministries and between the education sector and its partners. Lack of coordination leads to confusion over whose mandate it is to implement CSE in schools: survey findings revealed that, depending on the country, 48–56% of principals stated that it was the central government's mandate, while the rest believed it was the responsibility of the school or (to a lesser extent) the teachers themselves.

Countries with a dedicated programme, such as Ghana, tend to have stronger, more coordinated CSE implementation. A dedicated team can function to coordinate the various donor and NGO programmes in time, geographical space and content. This ensures better coverage and continuity. A dedicated team is also better able to ensure that CSE activities – and expenses related to these – are mainstreamed into operational processes such as in-service teacher training and education management and information systems; core budget items such as teaching posts, textbook purchase, curriculum development/review and printing of teaching resources; and guiding frameworks such as sector-wide policies and plans.

A longer term, sustained plan for mainstreaming CSE serves to avoid the pitfall of piecemeal and small-scale sexuality education programmes, often run by international agencies, which typically cannot be sustained by the government when agency funding ends:

"The years go by and many institutions come and give programmes… but it is only for a finite time. Then the project is over and they go away and it is nothing. That has been happening. There must be more sustainability. If you have a project, then it must be assumed by the government that this continues. Because the solution will also be in continuity. Because we do not change people overnight, the change is very slow."

[Ucayali local education authority official, Peru]

In Ghana, this integrated approach exists in the form of the School Health Education Programme (SHEP), which coordinates all CSE content taught in schools – alongside other health education topics – through both the official curriculum and co-curricular activities. In Peru, the 2008 Education Guidelines and Pedagogical Orientations for CSE (*Lineamientos Educativos y Orientaciones Pedagógicas para la Educación Sexual Integral*) set out a model for teaching CSE competencies across the curriculum, with a dedicated team within the *tutoría* directorate (DITOE) in the MoE. However, due to changes in government (including the dissolution of DITOE), the implementation role has remained weak. According to a government informant, having a dedicated permanent team, independent of changes in government is crucial for progress. In Kenya and Guatemala, CSE has never been coordinated through a separate programme, and this oversight has resulted in weaker CSE content in the curriculum.

Establishing CSE as a dedicated programme within MoEs, with an assigned budget and permanent team will inevitably increase its 'weight' and reduce vulnerability to government changes. It will also enable sustainability of efforts in collaboration with external partners such as ministries of health and gender. Strong inter-sectoral cooperation itself can serve to mobilize stronger will at central (national) level in terms of government budgeting and commitment.

Recommendation 7. Strengthen monitoring and evaluation (M&E) of CSE at both system and classroom levels

Investment in capacity building for monitoring and evaluation of CSE needs to be targeted at the level of the education system in order to understand CSE coverage across schools nationwide, and how many learners are being reached through formal education structures. At this level, strong M&E is also essential to understand the quality dimension of CSE: to know if curricula are being delivered with fidelity by trained teachers, and if there are shifts over time in SRH knowledge, attitudes, practices and behaviours of young people who have been exposed to CSE. The robustness of such M&E systems, while slowly evolving, remains a challenge.

The survey revealed confusion over who should be monitoring the teaching of CSE in schools in all four countries, with some school principals claiming that the central government – through the education ministry's school inspection system – was ultimately responsible (24-60%). Others claimed that the school itself was responsible (35–80%), and some attributed responsibility to both entities. A non-negligible proportion of principals (7–15%, and up to 40% in Guatemala), reportedly believed that 'no-one held the responsibility', in other words, that monitoring of CSE was not meant to happen. This reveals a clear lack of communication between central government and schools around the country. As such, no specific monitoring of the CSE curriculum is being conducted in these countries.

"We are not monitoring as much as we should. So we cannot vouch for every school, every teacher, that they are actually teaching all the issues about adolescent reproductive health. So that is another challenge. The feedback mechanism for us to know how much is being taught is not adequate."

[Ghana central government official]

Equally important is capacity building at school and classroom levels to monitor curricula delivery and assess the effectiveness of the teaching and learning experience. Building teachers' competencies, through reflective and reflexive practices, to apply appropriate assessment strategies for CSE enables teachers to assess the extent to which learners are meeting their learning objectives, and allows teachers to adapt their lesson plan design accordingly.

In the surveys in Ghana and Kenya, the majority of teachers reported that CSE was part of end-of-year exams (99% and 78% respectively) and continuous assessments (94% and 70% respectively). Yet only 31% of teachers reported each of these in Peru; and in Guatemala CSE was included in continuous assessments (75%) but not often in end-of-year exams (7%). When students were asked directly if CSE was included in their exams, similar proportions confirmed it was in Ghana (99%) and Kenya (76%), and higher proportions of students than teachers

reported it was included in Peru (57%) and Guatemala (44%). Worryingly, 36% of teachers in Peru reported that there was no student assessment on CSE. While the majority of evaluations were written exams, teachers also reported using other assessment methods such as projects, presentations and group work, and reported assessing students mostly on knowledge (50-98%), but also on attitudes (43–71%) and to a lesser extent on skills (24–53%).

Conclusion

The factors that enable successful implementation of CSE – and which support its greatest impact - occur at the different operational levels of the education system, each influencing the other: classroom, school and national/ local levels. Since the bottlenecks to successful CSE implementation also take place at each level, effectively and sustainably overcoming such bottlenecks requires simultaneous action and attention across the levels and the education sector as a whole.

This paper offers an analysis of the various challenges encountered by four low- and middle-income countries in the process of implementing national sexuality education curricula. Drawing out lessons-learned in each setting can help to expand the toolbox of strategies for effective CSE implementation that can be used by other countries facing similar challenges, thereby ensuring that all learners have the opportunity to reap the education and health benefits of CSE, and that they can fully realize their sexual and reproductive health and rights.

References

African Population and Health Research Center (APHRC), Ipas and Guttmacher Institute. 2013. *Incidence and Complications of Unsafe Abortion in Kenya: Key Findings of a National Study.* Nairobi, APHRC. Available at: https://www.guttmacher.org/sites/default/files/report_pdf/abortion-in-kenya.pdf

Agbemenu, K. and Schlenk, E.A. 2011. An integrative review of comprehensive sex education for adolescent girls in Kenya. *Journal of Nursing Scholarship,* Vol. 43, pp. 54–63. doi/10.1111:j.1547-5069.2010.01382.x

Biddlecom, A., Hessburg, L., Singh, S., Bankole, A. and Darabi, L. 2007. *Protecting the Next Generation in Sub-Saharan Africa: Learning from Adolescents to Prevent HIV and Unintended Pregnancy*. New York, Guttmacher Institute. Available at: https://www.guttmacher.org/report/protecting-next-generation-sub-saharan-africa

Cahill, H., Coffey, J., Lester, L., Midford, R., Ramsden, R. and Venning, J. 2013. Influences on teachers' use of participatory learning strategies within health education classes. *Health Education Journal*, Vol. 73, Issue: 6, pp. 702–713. doi.ORG/10.1177/0017896913513892

Chau, K., Traoré, Seck, A., Chandra-Mouli, V. and Svanemyr, J. 2016. Scaling up sexuality education in Senegal: integrating family life education into the national curriculum. *Sex Education*. Vol. 16, Issue 5, pp. 503–519. doi.org/10.1080/14681811.2015.1123148

Ferrando, D. 2006. *El aborto clandestino en el Perú Revisión.* Lima, Centro de la Mujer Peruana Flora Tristán.

Ghana Statistical Service (GSS), Ghana Health Service (GHS), and ICF. 2018. Ghana Maternal Health Survey 2017. Accra, Ghana, GSS, GHS, and ICF. Available at: www.dhsprogram.com/pubs/pdf/FR340/FR340.pdf

GSS, GHS and ICF International. 2015. *Ghana Demographic and Health Survey, 2014*. Rockville, MD, GSS, GHS and ICF International. Available at: dhsprogram.com/pubs/pdf/fr307/fr307.pdf

Population Council. 2009. It's All One Curriculum : Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education. New York, Population Council. Available at: www.popcouncil.org/research/its-all-one-curriculum-guidelines-and-activities-for-a-unified-approach-to-

Kenya National Bureau of Statistics (KNBS). 2015. *Kenya Demographic and Health Survey, 2014*. Calverton, MD, Kenya, National Bureau of Statistics and ICF International. Available at: dhsprogram.com/pubs/pdf/fr308/fr308.pdf

Ministerio de Salud Pública y Asistencia Social (MSPAS). 2010. *Encuesta Nacional de Salud Materno Infantil 2008–2009*. Guatemala, MSPAS. Available at: dhsprogram.com/pubs/pdf/FR318/FR318.pdf

Mkumba, K.A. 2012. Teachers' attitudes towards and comfort about teaching school-based sexuality education in urban and rural Tanzania. *Global Journal of Health Science,* Vol. 4(4), pp. 149–58. Available at: doi/ 10.5539:gjhs.v4n4p149

Natvig, G.K., Albrektsen, G. and Qvarnstrøm, U. 2003. Methods of teaching and class participation in relation to perceived social support and stress: Modifiable factors for improving health and wellbeing among students. *Educational Psychology: An International Journal of Experimental Educational Psychology*, Vol. 23(3), pp. 261–74. doi.org/10.1080/0144341032000060101

Reyes-Portillo J., Elias, M. J., Parker, S. J. and Rosenblatt, J. L. 2013. *Promoting educational equity in disadvantaged youth: The role of resilience and social-emotional learning*. Handbook of Resilience in Children, ed. S. Goldstein and R. Brooks. Boston, Springer 349. doi/ 10.1007:978-1-4614-3661-4_20

Secretaría de Planificación y Programación de la Presidencia – Segeplán. 2015. *Informe final de cumplimiento de los Objetivos de Desarrollo del Milenio*. Guatemala, Segeplán. Available at: onu.org.gt/wp-content/uploads/2016/04/ODM-compressed1.pdf

United Nations Educational Scientific and Cultural Organization (UNESCO). 2010. *Levers of success: case studies of national sexuality education programmes*. Paris, UNESCO. Available at: unesdoc.unesco.org/ark:/48223/pf0000188495

UNESCO. 2015. *Emerging evidence, lessons and practice in comprehensive sexuality education. A global review*. Paris, UNESCO. Available at: unesdoc.unesco.org/ark:/48223/pf0000243106

UNESCO, United Nations Population Fund (UNFPA), The President's Emergency Fund for AIDS Relief (PEPFAR), The United States Agency for International Development (USAID). 2015. *Comprehensive Sexuality Education in Teacher Training in Eastern and Southern Africa*. Paris, UNESCO. Available at: hivhealthclearinghouse.unesco.org/sites/default/files/resources/cse_in_teacher_training_in_esa.pdf

UNESCO, UNAIDS, UNFPA, United Nations International Children's Fund (UNICEF), UN Women and World Health Organization (WHO). 2018. *International Technical Guidance on Sexuality Education*. Paris, UNESCO. Available at: unesdoc.unesco.org/ark:/48223/pf0000260770

UNFPA. 2014. *Operational Guidance for Comprehensive Sexuality Education: A focus on human rights and gender*. New York, UNFPA. Available at: www.unfpa.org/sites/default/files/pub-pdf/UNFPA Operational Guidance for CSE -Final WEB Version.pdf

WHO Regional Office for Europe and Bundeszentrale für gesundheitliche Aufklärung (BZgA), 2010. *Standards for Sexuality Education in Europe: A framework for policy makers, educational and health authorities and specialists*. Cologne, BZgA. Available at: www.oif.ac.at/fileadmin/OEIF/andere_Publikationen/WHO_BZgA_Standards.pdf

Woog, V., Singh, S., Brown, A. and Philbin J. 2015. *Adolescent Women's Need for and Use of Sexual and Reproductive Health Services in Developing Countries*. New York: Guttmacher Institute; 2015. Available at: www.researchgate.net/profile/Susheela_Singh/publication/283212654_Adolescent_Women's_Need_for_and_Use_of_Sexual_and_Reproductive_Health_Services_in_Developing_Countries/links/562e2a7f08ae04c2aeb59100.pdf

Woog, V. and Kågesten, A. 2017. *The Sexual and Reproductive Health Needs of Very Young Adolescents Aged 10–14 in Developing Countries: What Does the Evidence Show?* New York, Guttmacher Institute. Available at: https://www.guttmacher.org/sites/default/files/factsheet/srh-needs-very-young-adolescents-in-developing-countries.pdf