

FIGIJ Advocacy Statement in Support of Comprehensive Sexuality Education

Introduction

Comprehensive sexuality education (CSE) is a vital component in the development of child and adolescent sexual and reproductive health, important attributes for both the individual and their community. CSE is defined by the World Health Organization (WHO) as a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. CSE aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to develop respectful social and sexual relationships that will promote their health, well-being, human rights and dignity.

The United Nations 2030 Sustainable Development Goals (SDGs) delineate both universal human rights as well as goals for progress. The SDGs support CSE as a human right for health and wellness as well as for quality education, "every individual has the right to health and well-being in all aspects of their sexuality, their body and their reproductive choices. These rights are agreed upon in international law. FIGIJ, the International Federation of Pediatric Adolescent Gynecology, is strongly advocating for the widespread implementation of CSE as a basic human right proven to improve health outcomes for children and adolescents. We are gynecologists, pediatricians, adolescent medicine specialists, and other providers whose professions are dedicated to promoting and protecting the sexual and reproductive health of children and adolescents. FIGIJ recognizes the evidence and unequivocally supports CSE.

The Content and Value of CSE

The United Nations and the WHO have published International Technical Guidance that outlines the main domains of CSE which include:

- Relationships
- Values, Rights Culture and Sexuality
- Understanding Gender
- Violence and staying safe.
- Skills for health and well-being.
- Human body and development
- Sexuality and behaviors
- Sexual and reproductive health

These domains have age-based education objectives that can be tailored to meet the sociocultural environment. Topics covered by CSE, which can also be called life skills, family life education and a variety of other names, include but are not limited to, families and relationships; respect, equity and diversity, consent and bodily autonomy; positive sexuality; anatomy, puberty and menstruation; contraception and pregnancy; stigma and discrimination based on sexual orientation and gender identity; and sexually transmitted infections, including HIV.

When CSE has been implemented, it has been shown to:

- Decrease intimate partner and dating violence.
- Decrease childhood sexual abuse and increase disclosure of abuse events.
- Reduce bullying and violence based on gender and sexual orientation through reduction in stigma.
- Delay initiation of sexual activity
- Decrease the frequency of sexual intercourse.
- Decreased number of sexual partners
- Reduce risk-taking in sexual activities.
- Increase use of condoms
- Increase use of contraception

CSE: Threats and Misconceptions

Several misconceptions have been raised towards CSE. These *erroneous* predictions include that CSE will lead to early sexual initiation; will deprive children of their innocence by introducing sexuality early in school education; will erode culture, religion, or family values; will provide information about sex that might be appropriate for adolescents but not for young children; will diminish the role of parents in providing sexuality education; and will make teachers provide education in areas they are not comfortable.

On the contrary, in countries in which CSE curricula has been introduced, it has been proven to delay sexual debut and have overall positive influence on sexual health and well-being of adolescents and young people. CSE should be age-appropriate and curricula should be developed in a carefully planned process from the beginning of formal schooling. With an emphasis on positive values and relationships, considering the key values relevant to cultures or religions and the communities context, CSE programs are meant to work in partnership with parents involving and supporting them. Most teachers and educators have the skills to provide information and identify their students' needs and concerns; they can be trained in CSE content and are not expected to be experts on sexuality. The role of CSE is to complement the efforts of parents, not to exclude their invaluable participation. Consistently, parents globally have broadly supported the provision of CSE.

FIGIJ Advocates for the following calls for action:

In recognition of CSE as an essential intervention to improve child and adolescent health and well-being, FIGIJ urges the following calls to action:

- 1. To governments, community, educators should:
 - a. Develop coalitions of stakeholders in communities including parents, community religious and government leaders, health care providers, educators and youth to support culturally sensitive CSE implementation and counter campaigns of misinformation and misconceptions about CSE.
 - b. Demonstrate broad support for the adoption of the WHO Technical Guidance as a resource for the CSE curriculum
 - c. Provide financial and resource support from the health care sector for CSE. As with childhood immunization, CSE is an essential health need of children and adolescents that requires support and implementation from the health and education sectors.
 - d. Engage meaningfully and partner with young people in creation and implementation of CSE curricula
- 2. That health care providers should:
 - a. Advocate for support of implementation of CSE.
 - b. Include CSE in medical school and allied health curricula.
 - c. Be consistent in our own practice with the principles and education found in CSE.

Reference: WHO INternational Technical Guidance on Sexuality Education https://www.who.int/publications/m/item/9789231002595

Authors:

Angela Aguilar, Philippines Anastasia Vatopoulou ,Greece Clara Di Nunzio, Argentina Daniela Ivanova Panova, North Macedonia Ellen Rome, USA Judith Simms-Cendan, USA Michalina Drejza, Poland / United Kingdom Yasmin Jayasinghe, Australia