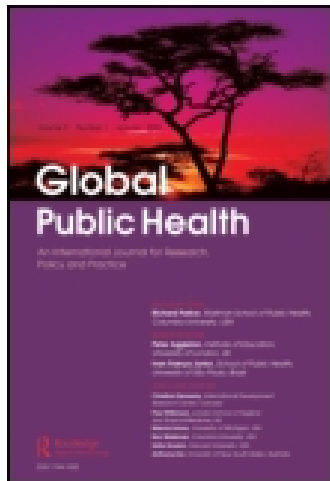


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### Commentary: Promoting healthy adolescent development through comprehensive sexuality education

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## THEME: ADOLESCENTS' HEALTH AND HUMAN RIGHTS

### Commentary: Promoting healthy adolescent development through comprehensive sexuality education

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The ICPD Programme of Action and many intergovernmental agreements since have agreed that all adolescents, in and out of school, have a right to and must have access to comprehensive sexuality education (CSE). This CSE must include not only human biology and HIV, but must also address puberty, sexuality, where and how to access sexual and reproductive health (SRH) services, including referral when needed, and skills development for relationships based on gender equality, respect for human rights and for diversity, and the use of critical thinking (United Nations Educational, Scientific and Cultural Organization [UNESCO], 2009). Promising interventions exist in a number of countries in Sub-Saharan Africa, across Latin America, in Pakistan and in some states of India.

These programmes are provided to both boys and girls, either separately or together, recognising that fundamental improvements in the lives of girls and young women require changes in the attitudes and behaviours of boys and men that perpetuate gender inequality and power imbalances. Although 'gold standard' evaluations of the impacts of such programmes are few, a number of qualitative studies, including the examples below, suggest that interventions delivered according to the UNESCO standards increase awareness and change attitudes on gender equality and power structures, at least in the short run. Regardless of the paucity of impact assessments, every child and adolescent from the earliest possible age has a right to information and education (Office of the United Nations High Commissioner for Human Rights, 1990) about these key aspects of their lives.

Examples of promising programmes include:

- School-based sexuality education programmes for boys and girls in three cities in Brazil, which, in addition to the sexuality and health education curriculum, are strongly linked to health centres and specially trained health care providers, as well as outlets for creative and cultural activities. These programmes have shown improvements in awareness of SRH, attitudes towards gender roles and citizenship, as well as increases in reported contraceptive use (Diaz et al., 2005).
- The 'Family Life and HIV Education' curriculum delivered to girls and boys in junior secondary high schools in Lagos State, Nigeria, includes information on human sexual development and sexual health, skills for negotiating personal and

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intimate relationships, and promotion of gender equitable attitudes, although some locally contentious topics such as condoms and masturbation are not included. Compared to those with no exposure, adolescents who underwent the programme for three years showed greater awareness of SRH, expression of gender equitable attitudes, confidence about saying no to pressures to have sex, and among boys, a commitment not to pressure girls to engage in sex (Action Health Incorporated, 2010).

- The Girl Power Initiative in four sites in southeast Nigeria has invested in girls ages 10–18, aiming to build their sense of confidence and self-esteem, agency and negotiating skills in relationships with friends, parents and others, and their knowledge about SRH and rights (Madunagu, 2003). Girls who complete the programme report new and increased ability to relate to parents, teachers and peers, and to avoid risky situations. Many have completed secondary school and avoided harmful practices such as child marriage and female genital mutilation.
- Programme H, in several Latin America and Caribbean settings with adaptations in India and elsewhere, have indicated that peer group work on self-care, and on prevention of STIs as well as pregnancy, helps adolescent boys to adopt gender equitable norms and to reduce risk behaviours and perpetration of violence against women (Barker, Ricardo, & Nascimento, 2007; Verma et al., 2008).

Such programmes can also be cost-effective platforms for information and skills building in order to prevent non-communicable disease risk factors (such as tobacco and other substance use, being overweight and experiencing a lack of physical exercise); to encourage avoidance of other risky behaviours; and to refer young people to health care, including SRH services and mental health support.

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