COMPREHENSIVE SEXUALITY EDUCATION (CSE)

BACKGROUND AND PROBLEM STATEMENT

Comprehensive sexuality education (CSE) is lacking in many societies and is often not taught in primary schools or secondary schools. Even when there are such programs present, they too often take an abstinence only approach, failing to teach youth the information they need to make informed choices about their sexual health, especially when it comes to contraception, sexual debut, consent, and avoidance of sexually transmitted infections.

Many teenagers worldwide lack sufficient knowledge about sexually transmitted infections and contraception. This leads to significant problems, the biggest of which are high incidence of STI's among teenagers and younger students as well as unwanted teen pregnancies. There's also a lot of false information about HIV and AIDS and also other STIs among young people, which can lead to stigma and discrimination towards people living with HIV/AIDS. The subject of Sexual Health is usually not brought up because teenagers feel uncomfortable talking about the subject with their parents and teachers. A lot of schools also have no teachers sufficiently trained in successfully teaching about the subject and are often embarrassed themselves.

Failing to provide CSE in schools has been shown to actually increase the rate of teenage pregnancies and STIs. Providing CSE on the other hand has been shown to increase the age of sexual debut, decrease STI transmission, decrease stigma and discrimination against LGBT+ youth, and decrease teenage pregnancy. Therefore, an honest, effective and comprehensive sex education is what is in fact needed - not ineffective, shame-based abstinence-only programs.

BENEFICIARIES AND TARGET GROUP

- Medical students who should have access to proper knowledge with respect to CSE as future health care providers and as advocates for CSE in medical schools, primary schools, and secondary schools, as well as within society.
- Young people - as a primary and main target group
- Parents - empowering parents to use the CSE
- Population at risk - including women, asylum seekers and migrants
- Governments - as an advocacy target
- International and professional organizations
- Elderly and parents as beneficiaries as educated young people,other target groups and implemented positive health policies will lead to informed beneficiaries

LOGICAL FRAMEWORK OF INTERVENTIONS

End-goal and assumptions

Ultimate goal:
The end goal of CSE is to have target groups that are educated on sexual and reproductive health issues, in order to make sure they can make proper informed decisions with regards to their sexual and reproductive health. Another important end-goal is to increase the number of trained peer educators on sexual and reproductive health issues as well as to have a dedicated team of overseers that will make sure the peer educators are equipped with the most recent and relevant information that they can use in their education workshops.

Objectives

- To educate target groups named above with respect to sexual and reproductive health issues especially with regards to sexuality, relationships, STIs, consent, and other sexual and reproductive health issues
- and puberty and make it possible to discuss sexuality and sexual health with them.
- Decreasing the incidence of STIs and unwanted pregnancies especially among the youth
- Create teaching abilities and the competence of future doctors in the field of sexology
- Reducing stigma and misinformation around STIs to help people feel more comfortable approaching their health care professionals with these issues.
- Leading research to assure quality and up-to-date data for new peer education workshops.
- To create, collect and share various peer education methods and exercises among our network of peer educators.

Preconditions and backwards mapping

In order to attain the aforementioned goal we need to educate the general public by first educating the youth in the schools so that, in time, we have a public that is educated in the terms of sexuality and sexuality-related issues. In order to decrease the time needed to reach this objective, if required, the elderly would also be educated as well as other more aged groups. Medical students would also be covered in this group because as future health care providers they are the key to making this program work. In order to provide a high-quality education, and professional and efficient health care so that people don't have a problem with procuring disease-related information to their health care professionals. This can be done by properly educating the peer educators in corresponding peer educations trainings on a local level so that they can apply this knowledge in their communities. Peer educators need relevant data on all CSE-related topics in order to have an up-to-date workshop. For this to work, an international team of volunteers is required to keep tabs on all the developments within the area of CSE.
To make sure all the information gathered is fresh and new, multiple international meetings focused on method exchange will take place where peer educators can teach each other on

new and old techniques in CSE. These meetings will not only be the venue of international peer education trainings where more peer educators can become certified trainers and share actively take part in furthering the development of CSE, but also where capacity and knowledge building trainings will take place. Medical students worldwide will then use the knowledge and share it on a regional and national level. These medical students will advocate for CSE in schools, organize peer education in schools as an informal education or as part of the health education depending on the country. By doing so, we will improve knowledge and sex life quality of the youth from the very beginnings.

Indicators

Outcome 1: Having peer educators educated on international terms.
Indicator: Organizing IPETs and Advanced IPETs, Cooperations on sexual education (i.e. SECSE & NECSE), SCORA Twinnings and SCORA X-change
Population: Medical students within IFMSA.
Threshold: Post-training assessments and evaluation by trainers.

Outcome 2: Create and further develop teaching abilities and the competence in the field of sexology in future and current doctors.
Indicator: Acquiring the skill of getting the comprehensive sexuality knowledge through a training
Population: Future and current health care professionals.
Threshold: A pass in an evaluation brought by or supported by other medical professionals and/or institutions that certifies the ability to comprehensively educate the general public on these issues.

Outcome 3: Youth/teenagers, the elderly and other diverse groups have access to CSE.
Indicator: Acquisition of knowledge and other sexuality related information through post-workshop surveying.
Population: Medical students, the youth, the elderly.
Threshold: A passing score in the post-workshop survey.

Outcome 4: Reducing stigma and taboos around STIs and STDs improves accessibility to health care
Indicator: People openly seeking assistance and treatment of their sexuality related issues at their health care professionals'.
Population: Program’s target groups
Threshold: Surveying medical professionals and providing a statistic on the assertiveness of patients.

Outcome 5: Decreasing the incidence of STIs and unwanted pregnancies.
Indicator: A government-based statistic corresponding to a decrease in STIs and unwanted pregnancies.
Population: Youth
Threshold: A passing score on a post-education questionnaire.

Interventions

- Peer education workshops on a local level;
- Workshops in dealing with sexuality related issues for health care professionals;
- Trainings and campaigns on reducing stigma and discrimination;
- International cooperations on sexuality education throughout the IFMSA as well as international peer education trainings;
- Raising awareness among the youth and the general public;
- Peer education manuals;
- Advocating innovation on an international level in order to get new methods for peer education.

Narrative

Comprehensive sexuality education covers the wide array of topics that affect sexuality and sexual health. It is grounded in evidence-based, peer-reviewed science. Its goal is to promote health and well-being in a way that is developmentally appropriate. It includes information and communication skills building as well as values exploration. Ideally, sex education in school is an integrated process that builds upon itself year after year, is initiated in kindergarten, and is provided throughout the entire education system, meaning until the last grade of high school.

The goals of comprehensive sexuality education are to help young people gain a positive view of sexuality and to provide them with developmentally appropriate knowledge and skills so that they can make healthy decisions about their sex lives now and in the future. Medically accurate sex education is an investment in our children's future — their well-being. Our "return on investment" could be a generation of young people who have heard more helpful messages about sexuality than the provocative media images and/or silences they currently witness. It could be a generation of women and men comfortable in their own skin; able to make well-informed, responsible decisions; form healthy relationships; and take care of their bodies.

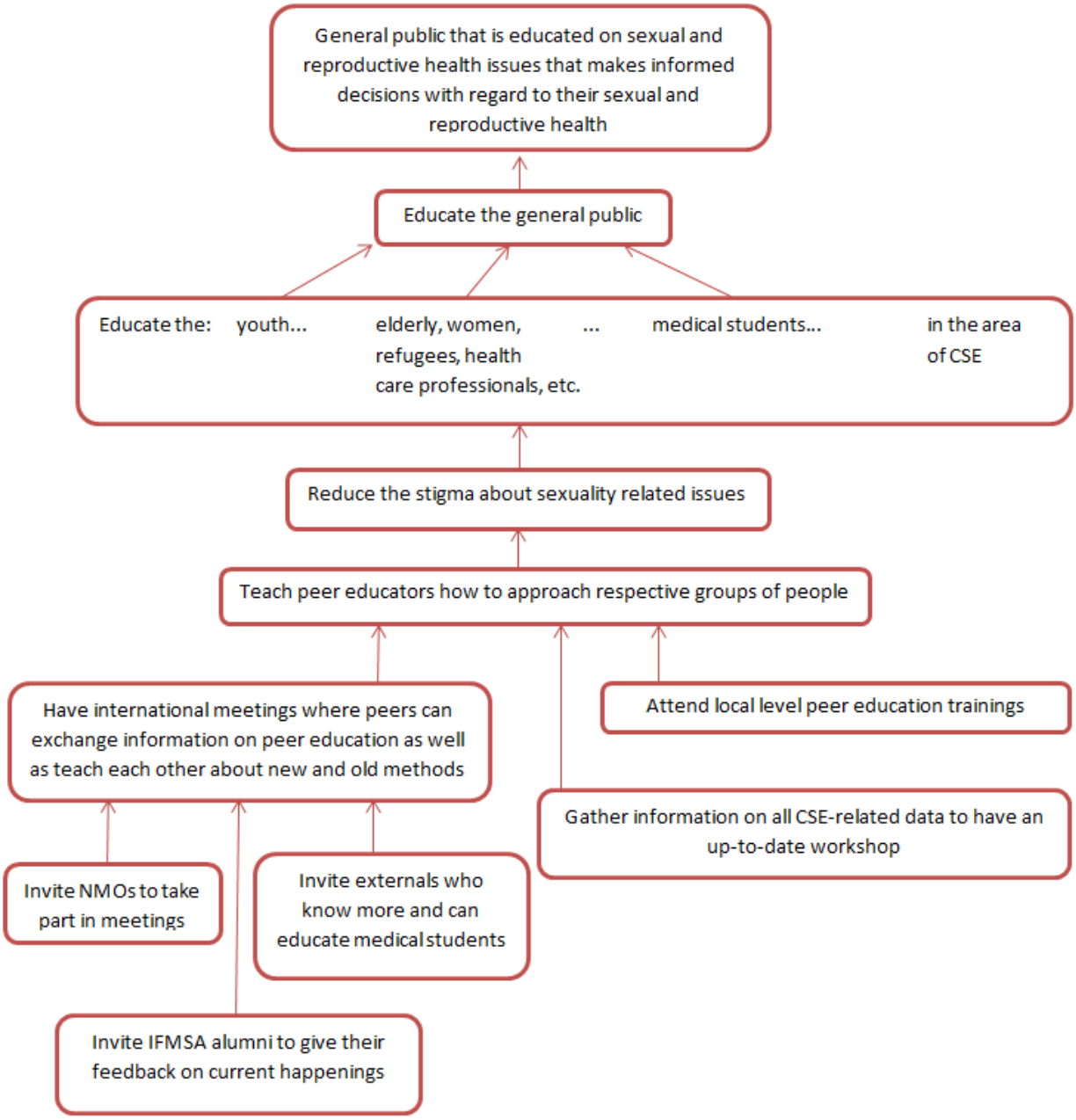
ORGANISATIONAL CONTEXT AND NECESSARY RESOURCES TO LAUNCH THE PROGRAM

The resources required to make this program possible are peer education manuals, i.e. Training new trainers manual, Theatre based training manual and an IPET and an Advanced IPET manual. The information that would be provided in these would all come from an adequate archiving base of peer education materials, trainings, evaluations and most importantly, follow-ups.

Some funding would be required in order to print a limited edition eBook IPET manual which is currently in the process of being made, as well as to cover some promotional materials for the program. Additional funding can be provided so that a member of the program team can attend various UN certified trainings (UNFPA, UNAIDS) on YPEER in association with the SCORA

Liaison Officer. At the very least, a cooperation between the IFMSA and said organisations is recommended because they are the reason YPEER exists with the IFMSA. Also, dedicated members who will perform proper follow up and archiving with standardized evaluation methods are necessary to measure progress and success of the program. Should the former be provided, the program should be able to launch with no difficulties whatsoever.

Annex


General public that is educated on sexual and reproductive health issues that makes informed decisions with regard to their sexual and reproductive health
Educate the general public
Educate the: youth... elderly, women, refugees, health care professionals, etc. ... medical students... in the area of CSE
Reduce the stigma about sexuality related issues
Teach peer educators how to approach respective groups of people
Have international meetings where peers can exchange information on peer education as well as teach each other about new and old methods
Attend local level peer education trainings
Gather information on all CSE-related data to have an up-to-date workshop
Invite NMOs to take part in meetings
Invite externals who know more and can educate medical students
Invite IFMSA alumni to give their feedback on current happenings