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## IFMSA Policy Document Comprehensive Sexuality Education

**Proposed by Team of Officials**

**Adopted by the IFMSA General Assembly March Meeting 2019, in Portorož, Slovenia.**

### Policy Statement

#### Introduction:

Comprehensive Sexuality Education (CSE) is a curriculum-based and age-appropriate process of teaching and learning about sexuality regarding all of its aspects, including cognitive, emotional, physical and social. The aim of CSE is to equip students - especially children and adolescents - with knowledge, attitudes, skills and values empowering them to realize and actively take care of their health, well-being and dignity. It aims to develop social and sexual relationships based on respect, raise awareness on the impact of own choices on both own and others' well-being, as well as to ensure protection of their rights throughout their lives.

#### IFMSA position:

The IFMSA acknowledges the relevance of Comprehensive Sexuality Education for ensuring the respect to sexual and reproductive rights in the different stages of the life cycle. IFMSA believes the inclusion of CSE in the national curricula will help youth to have a healthier sexual and reproductive lives, free from stigma and discrimination. Moreover, the IFMSA condemns gender based violence (GBV), as it poses a serious threat to all genders; so we promote CSE as a powerful tool to attack the roots of GBV since the beginnings of life.

#### Call to Action:

Therefore, IFMSA calls for:

Governments, NGOs and international agencies to:

- Legislate and promote mandatory, evidence based comprehensive sexuality education in formal education settings, also partnering with relevant stakeholders, including but not limited to NGOs working on SRHR.
- Develop and promote evidence based, comprehensive sexuality education in non-formal education settings.
- Allocate resources and funding for continuous training of CSE providers, including but not limited to school teachers and healthcare workers, to ensure the delivery of high quality, evidence-based CSE.
- Raise awareness on the importance of the implementation of CSE for accomplishing Sustainable Development Goals, including economic and social sustainability and achieving gender equality, by providing evidence based information to stakeholders that are reluctant to adopting CSE.

The health sector to:

- Support research on CSE through funding opportunities and monitor already existing programs to assess health outcomes related to CSE such as STIs incidence, unplanned pregnancies and sexual pleasure.
- Recognize CSE as a useful public health tool for tackling the risk of transmission of STIs and HIV, ending gender based violence, ameliorating both physical and mental health and well-being of women, men and LGBTIQ+ community and improving sexual, reproductive, maternal and paternal health, by working closely with the education sector.



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- Actively collaborate and share information and best practices with all relevant stakeholders as a part of the holistic and interprofessional approach towards CSE.
- Provide continuous and updated training to healthcare workers in CSE provision to deliver non-judgemental clinical care reflective of a comprehensive approach to sexual and reproductive health.

The education sector including schools and other educational institutions:

- Create policies that ensure the universal provision of CSE from a young age from the perspective of both health and human rights at a local, national and international level.
- Adopt a multidisciplinary and culturally sensitive approach in building comprehensive guidelines for the implementation of evidence-based and age-specific CSE programs.
- Assess the educational gaps on sexual education per age to formulate comprehensive guidelines on CSE provision.
- Develop a strategic plan on CSE to assess progress on different issues to be tackled with the implementation of CSE with corresponding key outcomes and indicators in the short and long term.
- Provide evidence-based training to teachers to adequately implement CSE programs in schools.
- Educate parents and caregivers about the importance of CSE in the school curriculum, provide a safe learning environment for all students, in line with a human rights based approach to CSE.
- Incorporate and provide a comprehensive approach to sexual and reproductive health included in the curriculum of future healthcare professionals.
- Support and encourage advocacy and educational work done by medical students related to CSE.

Healthcare students and national member organizations to:

- Educate themselves by providing evidence-based resources on the benefits of CSE and its provision for young people.
- Encourage, advocate for and develop student-led peer education programs and projects that are evidence based, have sex positive, human rights based and empowering approach, are age appropriate, delivered by trained facilitators and, whenever applicable, follow local, national or international guidelines on CSE provision.



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## Position Paper

### Background information:

Comprehensive Sexuality Education (CSE) is a curriculum-based and age-appropriate process of teaching and learning about all aspects of sexuality, including cognitive, emotional, physical and social. The aim of CSE is to equip students - especially children and adolescents - with knowledge, attitudes, skills and values empowering them to realize and actively take care of their health and well-being, develop social and sexual relationships based on respect, and ensure protection of their rights throughout their lifetime.

CSE promotes the right to choose when and with whom a person will have any form of intimate or sexual relationship; the responsibility of these choices; and respecting the choices of others in this regard. This choice includes the right to abstain, to delay, or to engage in sexual relationships. While abstinence is an important method of preventing pregnancy, STIs and HIV, CSE recognizes that abstinence is not a permanent condition in the lives of many young people, and that there is diversity in the way young people manage their sexual expression at various ages. Thus, there is a need for CSE to be accessible to all. [2][3][4]

Traditionally, sexual education aims to provide youth with scientifically accurate information about human development, anatomy, reproductive physiology, contraception and Sexually Transmitted Infections (STIs). With time it has developed beyond basic information and his new “empowerment approach” is designed to not only increase comprehensive knowledge among young people, but to empower them to adopt protective behaviours. [5]

### Discussion:

#### International Recognition of the Importance of CSE:

Young people's access to CSE is grounded in internationally recognized human rights, such as protection of health, well-being and dignity, as stated in the Universal Declaration on Human Rights. [6]

Comprehensive Sexuality Education was first defined in the 2009 International Technical Guidance on Sexuality Education by UNESCO. [7] This definition built upon the work of an International Conference on Population and Development in Cairo 1994, which affirmed reproductive and sexual rights as human rights, grounding access to reproductive and sexual health services, including information and education as universal and internationally recognised human rights. [8] The commitment of individual states to realizing these rights has been reaffirmed by the international community, in particular the Commission on Population and Development (CPD), which – in its resolutions 2009/12 and 2012/13 – called on governments to provide young people with comprehensive education on human sexuality, SRH and gender equality.

In addition to the body of language published by the UN and agreed upon by governmental states, large international NGOs such as the World Association for Sexual Health [9] and the International Planned Parenthood Federation [10] recognise CSE as a human right and imperative to global development.

A contrasting opinion is that comprehensive sexual education is not a human right because it is not clearly stated in either a treaty nor custom. By international law, states are required to provide access to information and education about reproductive health, but this does not require a sex education curriculum. However, it is clear that CSE is of great importance in realizing other human rights pertaining to sexual and reproductive health and the support in favour of CSE as a right in itself is substantial.



## CSE in the SDGs/ 2030 Agenda for Sustainable Development

While CSE is not explicitly stated in the 2030 Agenda for Sustainable Development, it is essential for the success of many of the sustainable development goals and in particular, the intersection between Goals 3 and 4, health and education. Target 3.7 aims to ensure universal access to sexual and reproductive health services, including information and education. In addition to this, CSE is pertinent to achieving the indicators for reducing maternal deaths, neonatal deaths, adolescent pregnancies and new HIV infections. [6][11][12] Target 4.7 aims for learners to gain knowledge and skills to promote and contribute to sustainable development, listing education on human rights and gender equality, both of which are part of quality CSE programs, as vital components in fulfilling this. [11] CSE also plays an important role in addressing the gap in school attendance between genders through affirming the abilities and intelligence of girls, reducing unwanted adolescent pregnancy and early marriage. [13] CSE provides a foundation for exercising reproductive rights including access to family planning and the right to decide on the number, timing and spacing of children. With more people, particularly women, accessing these rights, CSE can have direct, positive effects on Goals 1, 2 and 5, no poverty, zero hunger and gender equality. Indirectly, through reducing unsustainable population growth, CSE impacts goals 8, 11, 12 and 13, decent work and economic growth, sustainable cities and communities, responsible consumption and production and climate action. [7][12][14][15]

## Looking at the Status Quo: How is CSE implemented and is it accessible?

A UNESCO review of 48 countries revealed that most had policies and strategies to support CSE delivery. However, implementation is highly variable, meaning that many young around the world people still do not have access to CSE. A further example is the assessment of CSE implementation in schools in Asia-Pacific. Previous studies had established that a large number of countries in the region reported integrating HIV/ sexuality education in their curriculum. However, less than half of all the countries in Asia had a national CSE programme as of 2012, and gaps remain in reaching primary school-age children, teacher training, and curricular content. [16]

Although innovative work has taken place in many countries, there is often a wide gap between small-scale implementation and widespread coverage of good quality implementation. Even in countries with progressive national policies, implementation at the local level may not be guaranteed. [16]

## Evidence of CSE: Existing Evidence Base for Comprehensive Sexuality Education

The initial iteration of research on CSE built a platform of empirical evidence mainly as a challenge to existing abstinence-based educational programs. This empirical platform serves as a useful tool to advocate for the widespread adoption and implementation of CSE as well as to dispel popularised myths around CSE, most significant of which is that non abstinence-based curricula replaces 'traditional family values' and promotes sexual activity and risky behaviours. [17] In contrast to these commonly held assumptions about CSE, the growing evidence base on CSE asserts that CSE programming 'does not increase sexual activity, sexual risk-taking behaviour or STI/HIV infection rates.' [18][19]

Whilst there have been a number of studies with variable methodologies which aim to evaluate the efficacy of CSE the most robust sources of evidence for CSE come from two large scale evidence reviews commissioned by UNESCO in 2008 and 2016. [18][19] Overarching findings of the 2016 review [7] found that CSE most significantly contributed to the following outcomes:

- 'Delayed initiation of sexual intercourse
- Decreased frequency of sexual intercourse
- Decreased number of sexual partners
- Reduced risk taking



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- Increased use of condoms
- Increased use of contraception

These outcomes represent measurement of self-reported behaviours of proximate behavioural risks associated with adverse sexual health outcomes. These findings are consistent with an evidence review conducted by the IPPF which also found that behaviours associated with prevention of adverse sexual health outcomes have all been demonstrated as self-reported behavioural outcomes of CSE. [17][20]

This directly contrasts analysis of the evidence base of abstinence-based educational programs which do not provide compelling evidence regarding the impact on timing of the initiation of sex, frequency of sexual activity or number of sexual partners and in some instances has been noted to be associated with less effective use of contraception. [20][21][22]

In addition to a paucity of evidence regarding the efficacy of abstinence-based educational programs, these programs have also been noted to pose a harm as a number of these programs provide 'false, misleading or distorted information about reproductive health' and 'stereotypes about girls and boys [are] often treated as scientific fact, and religious and scientific standpoints often blurred.' [17][22]

Whilst there is a robust evidence base in support of CSE there still remains little knowledge of the key components with regards to both curriculum content as well as implementation of curricula which makes CSE effective as well as the mechanisms by which they lead to change. [18] Broadly, characteristics of CSE programs deemed effective in reducing adverse sexual health outcomes have been identified as 'addressing multiple factors affecting sexual behaviours, including knowledge, perceived risks, values, attitudes, norms and self-efficacy.'

Outstanding questions of what makes CSE curriculum effective also raises further questions regarding what are considered to be successes of CSE programs. At present, success is primarily defined in negative terms, specifically relating to adverse health consequences, such as age at initiation of sex, frequency of sex, number of sexual partners, use of condoms, use of contraception and sexual risk-taking' as well as unintended pregnancy. [23] Whilst these all represent established associations with adverse sexual health outcomes there is a call to move beyond these traditional sexual health outcomes [18], particularly since a key component to defining sexual health is 'not merely the absence of disease, dysfunction or infirmity' but also incorporates a 'positive and respectful approach to sexuality and sexual relationships, ...[and] pleasurable and safe sexual experiences, free of coercion, discrimination and violence.' [24]

### Evidence for An Empowerment Approach to CSE: Gender and Power

An important emerging area of evidence within CSE is an empowerment approach which positions an analysis of gender and power within CSE curriculum as central to the mechanism of change for both negative and positive CSE outcomes. Gender, particularly traditional views on gender which perpetuate inequality and power hierarchies, has been identified as a fundamental factor in shaping sexual attitudes and subsequent behaviour. As such, coverage of gender and power has been incorporated into best practice guidelines by the UNFPA which states 'rights and gender are core components not an add-on to CSE.' The importance of incorporating gender and power has also been highlighted in the International Technical Guidance on Sexuality Education, the IPPF Framework for Comprehensive Sexuality Education and the UNFPA Operational Guidance for Comprehensive Sexuality Education . [7][25][26]

The foundation for these recommendations lies in a growing evidence base from both developing and developed countries that links normative views about gender to known proximate behavioural risks of adverse sexual health outcomes. In particular, traditional gender norms are 'associated with an earlier age of sexual debut, higher number of partners, increased frequency of intercourse, lower rates of condom and contraception use, and higher rates of HIV infection'. [27] These findings are paralleled in



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other areas of research, particularly gender-based violence, which links traditional gender norms to increased prevalence of intimate partner violence which itself acts as a determinant of poorer sexual and reproductive health outcomes. This is mediated by factors such as decreased access to SRH services and reduced ability to exercise contraceptive control including condom use. [28][29][30]

Research on the relationship between gender and sexual health has now been extended to CSE to ask the question 'are curricula which address gender and power associated with better sexual health outcomes?' A study conducted in 2015 which aimed to explore whether inclusion of content on gender and power affected objective sexual health outcomes (as opposed to self reported behaviour) found that 80% of CSE programs which included gender and power in their curriculum significantly lowered rates of STIs and unintended pregnancies compared to 17% association with curricula that did not include these components. [28]

## Principles of CSE

Although CSE is completely based on non-formal education, it can be delivered both in formal and non-formal contexts. Wherever, and whomever it is delivered by it should adhere to the principles outlined in the UNESCO "International Technical Guidance on Sexuality Education: An Evidence-Informed Approach" [7]:

- It is *scientifically accurate*, built upon evidence-based knowledges about SHRH, sexuality and behaviours.
- It is *incremental*, meaning that it has to be seen as a continuing educational process that starts at an early age, and where new information are built upon previous knowledges.
- It is *age- and developmentally-appropriate*, since the content of CSE always has to be aligned with the changes in needs and skills that normally happen through life and growth. It addresses developmentally relevant topics and it embraces developmental diversity.
- It is *curriculum based*, meaning that educators are properly trained with curricula that include key teaching objectives, the development of learning objectives, the presentation of concepts, and the delivery of clear key messages in a structured way.
- It is *comprehensive*, as the name says. CSE provides opportunities to acquire comprehensive, accurate, evidence-based and age-appropriate information on sexual and reproductive health. The term "comprehensive" also refers to the fact that contents are consistently delivered throughout learners' education over time and not with a single lesson or intervention.
- It is *based on human rights* (see below)
- It is based on *gender equity*, both by exploring the ways social norms can influence equity and empowering young people and educating them towards culture of non-discrimination, based on the creation of respectful and equitable relationships built on empathy and understanding.
- It is *sex positive* (see below)
- It is *culturally relevant and appropriate to the context*: CSE promotes respect and responsibility within relationships and provide learners with tools to examine, understand and challenge the ways in which cultural norms and behaviours affect people's choices and relationships within a specific setting.
- It is *transformative*, since it provides learners with opportunities to develop positive values and attitudes towards SRH, human rights and gender equality in order to develop a fair and compassionate society. It also promotes critical thinking and pushes young people to take responsibility for their own decisions and behaviours, also taking into consideration the ways in which these can affect others.
- It aims to *develop those life skills needed to support healthy choices*, such as the ability to reflect and make informed decisions, communicate and negotiate effectively and demonstrate assertiveness.

## Sex-Positivity



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A Sex-positive approach (SPA) is an attitude, cross-cutting to all forms and experiences of CSE, that celebrates sexuality as a part of life that can enhance happiness, bringing energy and celebration. Sex positive approaches strive to achieve ideal experiences, rather than solely working to prevent negative experiences. This doesn't mean SPA avoids talking about the various risk associated with sexuality; all of those risk are well acknowledged and tackled by sex positive approaches, but not in a way that could reinforce fear, shame or taboos. [31]

Ensuring that all young people understand that they are entitled to, and in control of their own sexuality and sexual pleasure and how to experience different forms of sexual pleasure is important for their health and well-being and can positively affect many other aspects related to SRHR. [32] For instance:

- Condom use strategies that no longer focus on the risks of sex without condoms on health and instead stress that condoms can bring pleasure as well as protection successfully prevent HIV and other STIs [33];
- SPA promotes sexual literacy as a tool to understand how to protect one's sexual health, have intimate knowledge of one's own body and sexuality and be able to analyze how factors such as gender, race, disability, culture, religion or belief and age intersect with and shape our sexual beliefs. [34]
- SPA challenges socio-cultural gender expectations and the heteronormativity that are common to many traditional sex education programmes, also rising awareness towards female pleasure as a right and fighting privileges of male pleasure that lead to silence and ambiguity around sexual satisfaction. [35]
- SPA develops sexual competence, and the related ability to exercise choices regarding involvement in relationships and/or sexual practices without shame and based on genuine enjoyment and mutual benefit rather than an internalised or externalised sense of pressure. [36] SPA addresses issues of coercion and regret, by reinforcing confidence and ability to combat pressure to take part in sexual acts or related activities one is not comfortable with, might not enjoy or even regret, such as sex without condom. [37-42]
- SPA can strengthen solidarity in ensuring that a diversity of sexualities and experiences are heard and acknowledged, and also that there is a space for people who have experienced sexual exploitation or abuse, stigmatisation or shame, to be listened to and enabled to access support. [36]

However, caution is advised against creating a 'pleasure imperative' that can impose a benchmark to judge the relative success of sexual experiences. [43] For this reason, all conversations around pleasure must emphasise the diverse forms of pleasure can take, also focusing on communication and consent, through recognition that giving and receiving pleasure requires sexual partners to reject assumptions, in favour of asking questions and verbalising both desires and boundaries. [36]

### Human-Rights based approach (HRBA)

*"Rights-based" is one term that has become increasingly linked to the concept of a more comprehensive approach to sexuality education. The rights-based perspective is derived from treaties, pacts and other international commitments that recognize and reinforce human rights, including the sexual rights of young people". [44]*

Human rights based approaches promote social cohesion, integration and stability, build respect for peace and non-violent conflict resolution, contribute to positive social transformation, produce better outcomes for economic development and build capacity. [45]

CSE builds on and promotes an understanding of universal human rights – including the rights of children and young people – and the rights of all persons to health, education, information equality and non-discrimination. A human rights-based approach also involves encouraging young people to recognize their own rights, acknowledge and respect the rights of others, and advocate for those whose rights are violated. Providing young people with equal access to CSE respects their right to the highest attainable standard of health, including safe, responsible and respectful sexual choices free of coercion



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and violence, as well as their right to access the information that young people need for effective self-care.

## Desired outcomes and learning objectives of CSE

In the Technical Guidance [7], UNESCO defines 8 key concepts that should be the core of any CSE curriculum, with related sub-topics and learning objectives. These are based on the reviews of existing curricula from 12 countries [46], evidence reviews [18][23], regional and national sexuality education guidelines and standards; searches of relevant databases and websites; in-depth interviews with experts, students, and Teachers, and global technical consultations. [47] Experts from UNAIDS, UNDP, UNESCO, UNFPA, UNICEF, UN Women and WHO have also provided inputs. [47] Eventually, objectives have been thoroughly reviewed by members of the Comprehensive Sexuality Education Advisory Group.

- Key concept 1: Relationships. This includes family, friendship, love and romantic relationships, tolerance, inclusion and respect as well as long term commitments and parenting.
- Key concept 2: Values, Rights, Culture and Sexuality. This concept aims to teach young people about the values, beliefs and attitudes that shape sexuality and sexual behaviours, human rights that are linked to sexual and reproductive health and how culture may impact on sexuality and values towards sexuality.
- Key concept 3: Understanding Gender. This concept includes understanding the social construct of gender and gender norms, gender equality and gender-based violence.
- Key concept 4: Violence and Staying Safe. Includes education on sexual abuse and violence, consent and the right to privacy and bodily integrity and safe use of communication technologies.
- Key concept 5: Skills for Health and Well-being. This concept aims to address norms and peer influence on sexual behaviour, decision making regarding sexual health and behaviours, communication and negotiation skills, critical thinking regarding media portrayal of sexuality and where to access help and support.
- Key concept 6: The Human Body and Development. This concept includes sexual and reproductive anatomy and physiology, especially reproduction and pregnancy, puberty as well as body image.
- Key concept 7: Sexuality and Sexual Behaviour. Includes education about sexuality, sexual feelings and fantasies, the sexual life-cycle and sexual behaviour and responses.
- Key concept 8: Sexual and Reproductive Health. This concept includes pregnancy and pregnancy prevention and prevention of STIs. It also teaches about HIV and stigma and the various health services available to treat and prevent STIs including HIV.

Further and deeper arguments to the above cited key concepts and topics can be found in the International Technical Guidance on Sexuality Education, where learning objectives are also divided by age groups and skills expected to be learnt are listed too.



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## References:

- [1] - WHO recommendations on adolescent sexual and reproductive health and rights, Geneva: World Health Organization; 2018; Sexual health and its linkages to reproductive health: an operational approach. Geneva: World Health Organization; 2017; Revised edition: international technical guidance on sexuality education – an evidence-informed approach. Paris: United Nations Educational, Scientific and Cultural Organization; 2018./
- [2] Kirby, Douglas B. et al. "Sex And HIV Education Programs: Their Impact On Sexual Behaviors Of Young People Throughout The World". *Journal Of Adolescent Health*, vol 40, no. 3, 2007, pp. 206-217. Elsevier BV, doi:10.1016/j.jadohealth.2006.11.143. Accessed 30 Jan 2019.
- [3] Santelli, John S. et al. "Abstinence-Only-Until-Marriage: An Updated Review Of U.S. Policies And Programs And Their Impact". *Journal Of Adolescent Health*, vol 61, no. 3, 2017, pp. 273-280. Elsevier BV, doi:10.1016/j.jadohealth.2017.05.031. Accessed 30 Jan 2019.
- [4] Underhill, Kristen et al. "Systematic Review Of Abstinence-Plus HIV Prevention Programs In High-Income Countries". *Plos Medicine*, vol 4, no. 9, 2007, p. e275. *Public Library Of Science (Plos)*, doi:10.1371/journal.pmed.0040275. Accessed 30 Jan 2019.
- [5] United Nations Population Fund. *Sexuality Education: A Ten-Country Review Of School Curricula In East And Southern Africa*. United Nations Educational, Scientific And Cultural Organization (UNESCO), Paris, 2012, p. 2, <https://unesdoc.unesco.org/ark:/48223/pf0000221121?posInSet=3&queryId=N-EXPLORE-da772074-9e81-4426-82d7-153998f6773c>. Accessed 30 Jan 2019.
- [6] UNESCO. *Emerging Evidence, Lessons And Practice In Comprehensive Sexuality Education - A Global Review*. United Nations Educational, Scientific And Cultural Organization (UNESCO), Paris, 2015, [https://www.unfpa.org/sites/default/files/pub-pdf/CSE\\_Global\\_Review\\_2015.pdf](https://www.unfpa.org/sites/default/files/pub-pdf/CSE_Global_Review_2015.pdf). Accessed 30 Jan 2019.
- [7] UNAIDS, UNFPA, UNICEF, UN Women, WHO, UNESCO. *International Technical Guidance On Sexuality Education: An Evidence-Informed Approach*. United Nations Educational, Scientific And Cultural Organization (UNESCO), Paris, 2018, <https://unesdoc.unesco.org/ark:/48223/pf0000260770>. Accessed 30 Jan 2019.
- [8] UNFPA. *Programme Of Action Of The International Conference On Population And Development*. UNFPA, Cairo, 1994, [https://www.unfpa.org/sites/default/files/pub-pdf/programme\\_of\\_action\\_Web%20ENGLISH.pdf](https://www.unfpa.org/sites/default/files/pub-pdf/programme_of_action_Web%20ENGLISH.pdf). Accessed 30 Jan 2019.
- [9] WAS Advisory Council. *Declaration Of Sexual Rights*. World Association For Sexual Health, 2014, [http://www.worldsexology.org/wp-content/uploads/2013/08/declaration\\_of\\_sexual\\_rights\\_sep03\\_2014.pdf](http://www.worldsexology.org/wp-content/uploads/2013/08/declaration_of_sexual_rights_sep03_2014.pdf). Accessed 30 Jan 2019.
- [10] International Planned Parenthood Federation (IPPF). *IPPF Charter Guidelines On Sexual And Reproductive Rights*. IPPF, London, 1997, [https://www.ippf.org/sites/default/files/ippf\\_charter\\_on\\_sexual\\_and\\_reproductive\\_rights\\_guidlines.pdf](https://www.ippf.org/sites/default/files/ippf_charter_on_sexual_and_reproductive_rights_guidlines.pdf). Accessed 30 Jan 2019.
- [11] United Nations. *Transforming Our World: The 2030 Agenda For Sustainable Development*. UN, New York, 2015, pp. 20-22, <https://sustainabledevelopment.un.org/content/documents/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf>. Accessed 30 Jan 2019.



# IFMSA

International Federation of  
Medical Students' Associations

[12] International Planned Parenthood Federation. *Sexuality Education And Sustainable Development: Opportunities For EU Development Cooperation*. IPPF, <https://www.ippfen.org/sites/ippfen/files/2016-12/Sexuality%20Education%20and%20Sustainable%20Development.pdf>. Accessed 30 Jan 2019.

[13] Asamani, Edith Esinam, and Jose Mateo Dela Cruz. "Losing Out On School And Childhood – Why Comprehensive Sexuality Education Could Reverse The Trend". *Global Partnership For Education*, 2018, <https://www.globalpartnership.org/blog/losing-out-school-and-childhood-why-comprehensive-sexuality-education-could-reverse-trend>. Accessed 30 Jan 2019.

[14] Galata, Alanna J. "Onward To 2030: Sexual And Reproductive Health And Rights In The Context Of The Sustainable Development Goals". *Guttmacher Institute*, 2015, <https://www.guttmacher.org/gpr/2015/10/onward-2030-sexual-and-reproductive-health-and-rights-context-sustainable-development#>. Accessed 30 Jan 2019.

[15] UNFPA. *ICPD Information Kit -- Story 6 An Integrated Approach To Poverty, Population And Sustainable Development*. ICPS Secretariat, New York, 1994. Accessed 30 Jan 2019.

[16] United Nations Population Fund (UNFPA). *The Evaluation Of Comprehensive Sexuality Education Programmes: A Focus On The Gender And Empowerment Outcomes*. UNFPA, New York, 2015, <https://www.unfpa.org/sites/default/files/pub-pdf/UNFPAEvaluationWEB4.pdf>. Accessed 30 Jan 2019.

[17] International Planned Parenthood Federation. *From Evidence To Action: Advocating For Comprehensive Sexuality Education*. IPPF, New York, 2009, p. 3,10, [https://www.ippf.org/sites/default/files/from\\_evidence\\_to\\_action.pdf](https://www.ippf.org/sites/default/files/from_evidence_to_action.pdf). Accessed 30 Jan 2019.

[18] Montgomery, Paul, and Wendy Knerr. *Review Of The Evidence On Sexuality Education: Report To Inform The Update Of The UNESCO International Technical Guidance On Sexuality Education*. UNESCO, Paris, 2018, p. 18, <https://unesdoc.unesco.org/ark:/48223/pf0000264649>. Accessed 30 Jan 2019.

[19] Fonner, Virginia A. et al. "School Based Sex Education And HIV Prevention In Low- And Middle-Income Countries: A Systematic Review And Meta-Analysis". *Plos ONE*, vol 9, no. 3, 2014, p. e89692. *Public Library Of Science (Plos)*, doi:10.1371/journal.pone.0089692. Accessed 30 Jan 2019.

[20] Collins, Chris et al. *Abstinence Only Vs. Comprehensive Sex Education: What Are The Arguments? What Is The Evidence?*. AIDS Research Institute University Of California, San Francisco, 2002, <https://www.issuelab.org/resources/3100/3100.pdf>. Accessed 30 Jan 2019.

[21] Kirby, D. "Do Abstinence-Only Programs Delay The Initiation Of Sex Among Young People And Reduce Teen Pregnancy?". National Campaign To Prevent Teen Pregnancy, 2002, <https://www.popline.org/node/265068>. Accessed 30 Jan 2019.

[22] US House of Representatives. *The Content Of Federally Funded Abstinence-Only Education Programs*. 2004.

[23] UNESCO. *International Technical Guidance On Sexuality Education: An Evidence-Informed Approach For Schools, Teachers And Health Educators*. UNESCO, Paris, 2009, p. 13, <https://unesdoc.unesco.org/ark:/48223/pf0000183281>. Accessed 30 Jan 2019.

[24] World Health Organization. *Defining Sexual Health: Report Of A Technical Consultation On Sexual Health, 28–31 January 2002, Geneva*. WHO, Geneva, 2002, p. 5, [https://www.who.int/reproductivehealth/publications/sexual\\_health/defining\\_sexual\\_health.pdf](https://www.who.int/reproductivehealth/publications/sexual_health/defining_sexual_health.pdf). Accessed 30 Jan 2019.



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International Federation of  
Medical Students' Associations

[25] International Planned Parenthood Federation. *IPPF Framework For Comprehensive Sexuality Education (CSE)*. IPPF, New York, 2010, [https://www.ippf.org/sites/default/files/ippf\\_framework\\_for\\_comprehensive\\_sexuality\\_education.pdf](https://www.ippf.org/sites/default/files/ippf_framework_for_comprehensive_sexuality_education.pdf). Accessed 30 Jan 2019.

[26] UNFPA. *UNFPA Operational Guidance For Comprehensive Sexuality Education: A Focus On Human Rights And Gender*. UNFPA, New York, 2014, [https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA\\_OperationalGuidance\\_WEB3.pdf](https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA_OperationalGuidance_WEB3.pdf). Accessed 30 Jan 2019.

[27] Rogow, Deborah, and Nicole Haberland. "Sexuality And Relationships Education: Toward A Social Studies Approach". *Sex Education*, vol 5, no. 4, 2005, pp. 333-344. *Informa UK Limited*, doi:10.1080/14681810500278188.

[28] Haberland. "The Case For Addressing Gender And Power In Sexuality And HIV Education: A Comprehensive Review Of Evaluation Studies". *International Perspectives On Sexual And Reproductive Health*, vol 41, no. 1, 2015, p. 31. *Guttmacher Institute*, doi:10.1363/4103115. Accessed 30 Jan 2019.

[29] Hess, Kristen L. et al. "Intimate Partner Violence And Sexually Transmitted Infections Among Young Adult Women". *Sexually Transmitted Diseases*, vol 39, no. 5, 2012, pp. 366-371. *Ovid Technologies (Wolters Kluwer Health)*, doi:10.1097/olq.0b013e3182478fa5. Accessed 30 Jan 2019.

[30] UNAIDS. *Violence Against Women And HIV/AIDS: Critical Intersections Intimate Partner Violence And HIV/AIDS*. UNAIDS, <https://www.who.int/hac/techguidance/pht/InfoBulletinIntimatePartnerViolenceFinal.pdf>. Accessed 30 Jan 2019.

[31] International Planned Parenthood Federation. *Keys To Youth-Friendly Services: Adopting A Sex Positive Approach*. IPPF, New York, 2011, [https://www.ippf.org/sites/default/files/positive\\_approach.pdf](https://www.ippf.org/sites/default/files/positive_approach.pdf). Accessed 30 Jan 2019.

[32] International Planned Parenthood Federation. *Exclaim! Young People's Guide To "Sexual Rights: An IPPF Declaration"*. IPPF, London, 2011, [https://www.ippf.org/sites/default/files/ippf\\_exclaim\\_lores.pdf](https://www.ippf.org/sites/default/files/ippf_exclaim_lores.pdf). Accessed 30 Jan 2019.

[33] Philpott, Anne et al. "Pleasure And Prevention: When Good Sex Is Safer Sex". *Reproductive Health Matters*, vol 14, no. 28, 2006, pp. 23-31. *Informa UK Limited*, doi:10.1016/s0968-8080(06)28254-5. Accessed 30 Jan 2019.

[34] The resource is temporarily unavailable at <http://kinseyconfidential.org/sexual-literacy/>.

[35] Hird, Myra J., and Sue Jackson. "Where 'Angels' And 'Wusses' Fear To Tread: Sexual Coercion In Adolescent Dating Relationships". *Journal Of Sociology*, vol 37, no. 1, 2001, pp. 27-43. *SAGE Publications*, doi:10.1177/144078301128756184. Accessed 30 Jan 2019.

[36] International Planned Parenthood Federation. *Putting Sexuality Back Into Comprehensive Sexuality Education: Making The Case For A Rights-Based, Sex-Positive Approach*. IPPF, London, 2016, [https://www.ippf.org/sites/default/files/2016-10/Putting%20Sexuality%20back%20into%20Comprehensive%20Sexuality%20Education\\_0.pdf](https://www.ippf.org/sites/default/files/2016-10/Putting%20Sexuality%20back%20into%20Comprehensive%20Sexuality%20Education_0.pdf). Accessed 30 Jan 2019.



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International Federation of  
Medical Students' Associations

- [37] Ingham, Roger. "We Didn't Cover That At School': Educationagainstpleasure Or Educationforpleasure?". *Sex Education*, vol 5, no. 4, 2005, pp. 375-388. *Informa UK Limited*, doi:10.1080/14681810500278451. Accessed 30 Jan 2019.
- [38] FINE, MICHELLE, and SARA McCLELLAND. "Sexuality Education And Desire: Still Missing After All These Years". *Harvard Educational Review*, vol 76, no. 3, 2006, pp. 297-338. *Harvard Education Publishing Group*, doi:10.17763/haer.76.3.w5042g23122n6703. Accessed 30 Jan 2019.
- [39] Carmody, Moira. "Ethical Erotics: Reconceptualizing Anti-Rape Education". *Sexualities*, vol 8, no. 4, 2005, pp. 465-480. *SAGE Publications*, doi:10.1177/1363460705056621. Accessed 30 Jan 2019.
- [40] Beasley, Christine. "Rethinking Hegemonic Masculinity In A Globalizing World". *Men And Masculinities*, vol 11, no. 1, 2008, pp. 86-103. *SAGE Publications*, doi:10.1177/1097184x08315102. Accessed 30 Jan 2019.
- [41] Hirst, Julia. "Developing Sexual Competence? Exploring Strategies For The Provision Of Effective Sexualities And Relationships Education". *Sex Education*, vol 8, no. 4, 2008, pp. 399-413. *Informa UK Limited*, doi:10.1080/14681810802433929. Accessed 30 Jan 2019.
- [42] Hirst, J. "Researching Young People's Sexuality And Learning About Sex: Experience, Need, And Sex And Relationship Education". *Sheffield Hallam University Research Archive*, 2004, <http://shura.shu.ac.uk/196/1/fulltext.pdf>. Accessed 30 Jan 2019.
- [43] Cameron-Lewis, Vanessa, and Louisa Allen. "Teaching Pleasure and danger In Sexuality Education". *Sex Education*, vol 13, no. 2, 2013, pp. 121-132. *Informa UK Limited*, doi:10.1080/14681811.2012.697440. Accessed 30 Jan 2019.
- [44] Berglas, Nancy F. et al. "A Rights-Based Approach To Sexuality Education: Conceptualization, Clarification And Challenges". *Perspectives On Sexual And Reproductive Health*, vol 46, no. 2, 2014, pp. 63-72. *Guttmacher Institute*, doi:10.1363/46e1114. Accessed 30 Jan 2019.
- [45] United Nations Children's Fund (UNICEF). *A Human Rights-Based Approach To Education For All: A Framework For The Realization Of Children's Right To Education And Rights Within Education*. UNESCO, Paris, 2007, <https://unesdoc.unesco.org/ark:/48223/pf0000154861>. Accessed 30 Jan 2019.
- [46] Advocates for Youth (USA). *Review Of Curricula And Curricular Frameworks: Report To Inform The Update Of The UNESCO International Technical Guidance On Sexuality Education*. UNESCO, Paris, 2018, <https://unesdoc.unesco.org/ark:/48223/pf0000264650>. Accessed 30 Jan 2019.
- [47] UNAIDS, UNFPA, UNICEF, UN Women, WHO, UNESCO. *International Technical Guidance On Sexuality Education: An Evidence-Informed Approach (Appendix II, III, VI, VIII)*. United Nations Educational, Scientific And Cultural Organization (UNESCO), Paris, 2018, <https://unesdoc.unesco.org/ark:/48223/pf0000260770>. Accessed 30 Jan 2019.