

IFMSA Policy Proposal Comprehensive Sexuality Education

Proposed by Team of Officials

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Policy Commission

- Francisco Carlos de Pinho Duarte - ANEM-Portugal - a37346@fcsaude.ubi.pt
- Radwa Tourky - IFMSA-Egypt - radwa.tourky@gmail.com
- Klaudia Szymuś – IFMSA Liaison Officer for Sexual and Reproductive Health and Rights Issues, incl. HIV&AIDS - Ira@ifmsa.org

Policy SWG

- Amira Amroune – Le Souk Algeria
- Titaya Punyarathabandu – IFMSA-Thailand
- Vedant Shukla - MSAI India
- Ben de Metz - BeMSA Belgium
- Andrea Jimena La Rosa Girón - IFMSA-Peru
- Razan Faisal Abdallah Mohammed - MedSIN-Sudan

Policy Statement

Introduction:

Comprehensive Sexuality Education (CSE) is a curriculum-based and age-appropriate process of teaching and learning about all aspects of sexuality that equips students with knowledge, attitudes, skills, and values that empower them to realize and actively take care of their health and well-being and develop social and sexual relationships based on respect. Out of 155 countries, only 78 reported education on life skills-based HIV and sexuality education in primary and secondary schools, and 30 said they have policies only in secondary education. There are misconceptions about CSE that need to be recognized and addressed firstly so that they can be tackled and allow access to evidence-based sexuality education.

IFMSA position:

The International Federation of Medical Students' Associations (IFMSA) acknowledges the relevance of Comprehensive Sexuality Education for ensuring respect to sexual and reproductive rights in the different stages of the life cycle, self-understanding, and forming healthy relationships. The IFMSA believes that the inclusion of CSE in the national curricula will help the youth to have healthier sexual and reproductive lives, free from stigma, discrimination, and violence. The IFMSA condemns activities that aim to restrict, narrow, or criminalize the provision of CSE as it results in the lack of knowledge and no application of positive behaviors and therefore harms the individuals and limits the exercise of human rights. The IFMSA also emphasizes the importance of tailoring the services to the needs of left-behind populations such as people with disabilities or individuals from the LGBTQIA+ community and people living in poverty, among others.

Call to Action:

The IFMSA calls for:

Governments, Non-governmental organizations (NGO), and international agencies to:

- Legislate and promote mandatory, comprehensive sexuality education in formal education settings;
- Develop and promote comprehensive sexuality education in out-of-school settings in partnership with civil society;
- 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 CSE;
- Abandon any efforts that aim to block or criminalize CSE provision or alter the contents of the CSE curriculum that is not evidence-based;
- Recognize CSE as critical to ensure individuals' good health, well-being and forming respectful social bonds;
- Address left-behind populations' needs in the universal implementation of CSE, taking into account their financial, social, cultural, and physical barriers;
- 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 adopt CSE.

Healthcare sector and healthcare providers to:

- Actively collaborate and share information and best practices with all relevant stakeholders as a part of the holistic and interprofessional approach towards CSE;
- Support research on CSE through funding opportunities and monitor existing programs to assess health outcomes related to CSE, such as STIs incidence, unplanned pregnancies, and sexual pleasure;

- 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;
- Recognize CSE as a valuable 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 individuals, and improving sexual, reproductive, maternal, and paternal health by working closely with the education sector.

The education sector, education providers and educational institutions to:

- 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;
- Develop school intervention to reduce LGBTQIA+ prejudice, bullying, and intimate partner violence among children and adolescents;
- Develop programs that address the needs of left-behind populations, including people with disabilities, LGBTQIA+ people, people in rural communities, migrants, refugees, and displaced persons;
- Engage in and conduct research on the importance, development, and implementation of CSE;
- Assess the educational gaps on sexuality education per age, economic status, gender, sexual orientation and level of ability to formulate comprehensive guidelines on CSE provision;
- 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;
- Support and encourage advocacy and educational work done by medical students related to CSE.

The IFMSA National Member Organizations and healthcare students to:

- Seek evidence-based resources on CSE and actively engage in their own learning process and continuous education on sexual health and rights;
- Implement national policies and strategies that tackle CSE curriculum, implementation, and monitoring tools;
- Encourage CSE-related workshops to train members and ensure high-quality activities;
- Encourage, plan and implement CSE activities that aim to increase social awareness;
- Empower medical students to combat stigma around CSE in their respective social and professional communities;
- Advocate for meaningful medical students' and youth participation in decision-making platforms about CSE;
- Lead, plan and participate in research initiatives about CSE;
- Collaborate with governments, civil society, and education sector members on joining coordinated efforts and including diverse perspectives while working towards CSE implementation.

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. CSE aims 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 the protection of their rights throughout their lifetime.

CSE promotes the right to choose if, 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, delay, or engage in sexual relationships. While abstinence is an action of preventing unplanned pregnancy, sexually transmitted infections (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 how young people manage their sexual expression at various ages. Thus, there is a need for CSE to be accessible to all.

Traditionally, sexual education aims to provide youth with scientifically accurate information about human development, anatomy, reproductive physiology, contraception and STIs. With time, it has developed beyond basic contents. This new “empowerment approach” is designed to increase comprehensive knowledge among young people and empower them to adopt protective behaviors.

Key concepts and characteristics of CSE:

CSE’s eight key concepts, along with its characteristics and domains of learning, have been outlined in the revised UN International Technical Guidance on Sexuality Education (ITGSE) and are summarised below. The guidance provides recommended age-appropriate topics and learning objectives for each of them across four age categories (5 to 8 years old, 9 to 12 years old, 12 to 15 years old and 15 to 18+ years old).

Eight key concepts

1. Relationships
2. Values, rights, culture and sexuality
3. Understanding gender
4. Violence and staying safe
5. Skills for health and well-being
6. The human body and development
7. Sexuality and sexual behavior
8. Sexual and reproductive health

Three domains of learning

1. Knowledge
2. Skills
3. Attitudes (1)

Discussion

International Recognition of the Importance of CSE

Young people’s access to CSE is grounded in internationally recognized human rights, such as access to education and protection of health, well-being and dignity, as stated in the Universal Declaration on Human Rights (2).

In the United Nations 2030 Agenda for Sustainable Development, the promotion of gender equality and the empowerment of children and youth has been recognized as having a crucial impact on the progress of all goals. Through the realization of their rights and capabilities, communities can bridge the systemic gap between genders and strive towards better sexual and reproductive health and rights for all (3). UNESCO has recognized the relevance between CSE and various Sustainable Development Goals (SDGs), particularly SDG3, SDG4, and SDG5 (2). Target 3.7 aims to ensure universal access to sexual and reproductive healthcare services, including family planning, information and education - where CSE can facilitate access to such services. Target 4.1 ensures that all youth complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes. Target 5.6 provides universal access to sexual and reproductive health and reproductive rights as agreed under the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action. In these agreements, governments have been urged to eliminate gender inequalities, gender-based violence, and the spread of HIV among key populations through CSE (4). In addition, CSE directly impacts Goals 10 and 16, which strive to reduce inequalities among countries and promote peaceful societies for sustainable development, respectively. In that, Target 10.2 aims at empowering people from all backgrounds and characteristics, which interlinks with CSE goals, leading to a reduction of inequalities. Besides that, Target 16.1 hopes for a reduction of violence and death rates that are deeply connected with gender-based violence (GBV), one of the key components in the CSE curricula. (3)

Aside from the SDGs, the importance of CSE 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 a comprehensive education on human sexuality, SRHR and gender equality. The International Conference on Population and Development (ICPD) has identified CSE as a critical action in eliminating preventable maternal morbidity and mortality (5). In 2018, UNESCO published a fully updated International Technical Guidance on Sexuality Education, which advocates for quality CSE in acknowledgment of its essential role in addressing the health and well-being of children and young people (6).

Human rights, in particular, have a strong attribution to CSE, as stated through publications of the UNHRC (2). In accelerating the efforts to eliminate GBV, CSE has been identified as crucial in eliminating prejudices based on Sexual Orientation, Gender Identity, Expression and Sexual Characteristics (SOGIESC), promoting the development of respectful relationships, and serving to include indigenous populations at the key of these prevention programs (7).

According to many international treaties and conventions, especially the UN Convention on the Rights of the Child, children and adolescents are guaranteed the following rights:

- Right to enjoy the highest attainable health, including safe, responsible and respectful sexual choices free of coercion and violence and access to healthcare facilities (Article 24).
- Right to access information that will allow them to make decisions about their health (Article 17), including family planning (Article 24).
- Right to be heard, express opinions and be involved in decision making (Article 12).
- Right to education which will help them learn, develop and reach their full potential and prepare them to be understanding and tolerant towards others (Article 29).
- Right to be not discriminated against (Article 2).

CSE implementation that is accessible to all helps achieve these universal rights guaranteed to children and young people (8).

Evidence-Based Framework for CSE

A working definition of sexuality as defined by the PAHO and WHO is “the understanding of, and relationship to, the human body; emotional attachment and love; sex; gender; gender identity; sexual orientation; sexual intimacy; pleasure and reproduction. Sexuality is complex and includes biological, social, psychological, spiritual, religious, political, legal, historic, ethical and cultural dimensions that evolve over a lifespan” (1). It is considered fundamental to a human being and varies from each person’s experience. Jeffery Weeks, renowned gay rights activist and sociologist, in his book *The Language of Sexuality*, describes it as a “social construct” influenced by socio-cultural norms and values (9). Sexuality is also deeply intertwined with power dynamics, and “the ultimate boundary of power is the possibility of controlling one’s own body” according to *UNESCO International Technical Guidance on Sexuality Education: An evidence-informed approach* (1).

According to this functional understanding of sexuality, there are some guiding principles on which Comprehensive Sexuality Education (CSE) is based. Most of these are agreed upon unanimously by international organizations working on SRHR, specifically CSE, such as UNESCO, UNFPA, UNICEF, WHO and even non-UN bodies such as IPPF. Some of the principles as enumerated by the *UNESCO International Technical Guidance on Sexuality Education: An evidence-informed approach*:

1. A human rights-based approach
 2. Gender-transformative
 3. Transformative
 4. Scientifically accurate/Evidence-informed
 5. Age and Developmentally appropriate
 6. Comprehensive
 7. Culturally relevant and context-appropriate
 8. Curriculum-based
 9. Development of life skills
 10. Sex-positive (1)
1. **A human rights-based approach:** A rights-based approach is essential to deliver the highest standard of life possible and meet children and adolescents’ sexual and reproductive health needs. A human rights-based approach at the center of delivery of CSE programs means one that explains and encourages to value and respect universal human rights as means for everyone to lead a dignified life. It centers conversations of CSE around the rights of adolescents and young people, so they feel empowered to exercise their fundamental rights, especially sexual and reproductive rights, to make vital decisions to attain the highest health benchmark. IPPF in 2006 stated that “a rights-based approach combines human rights, development and social activism to promote justice, equality and freedom” (10). This, according to the UNESCO ITGSE, thus entails not only promoting them to recognize their own rights and their violation, but also to keep in esteem the rights of other people and to be an advocate for those whose rights have been violated. Developing an attitude of active citizenship would help children and young people equip themselves with the knowledge and practices required to safeguard their own and other people’s rights.

Another important aspect of a human rights-based approach is making sure delivery of CSE occurs to those children who have traditionally lived on the margins of society and been victim to violations of their rights due to social exclusion. These include those who have access to education through formal schooling and those who do not, such as refugees, LGBTQIA+ youth, or adolescents living with HIV. Empowering them to recognize their fundamental rights will help them acknowledge the systemic and institutional barriers that prevent them from

exercising their rights and thus promote social justice. This approach is complementary and synergistic to a gender transformative approach. IPPF also advocates for using rights-based language instead of a needs-based language. For example, avoid using “Young people need to be informed so they do not become pregnant” and instead use “Young people have the right to information and services so they can protect themselves” (11).

2. **Gender transformative:** CSE programs were dubbed as “strategic vehicles” to disseminate and promote gender equality and human rights. An effective CSE program addresses the harmful gender norms that perpetuate not just gender inequality but also a multitude of health outcomes such as HIV transmission, unintended pregnancies and gender-based violence. “In order to be effective at reducing sexual risk behavior, curricula need to examine critically and address these gender inequalities and stereotypes” (1).

By examining gender under a social lens, CSE programs can help children and adolescents better understand how social and cultural factors other than biology shape gender roles and behavior. This can promote equitable behavior in personal relationships through empathy and respect as well as celebrate gender diversity and the varying position of gender in different people’s lives, thus transforming gender roles and advancing social equity. In their publication “DELIVER+ENABLE TOOLKIT: Scaling-up comprehensive sexuality education (CSE),” IPPF has some suggestions to ensure that CSE, when delivered, is gender-transformative (11). These include highlighting ‘harmful gender practices’ through disaggregated data to highlight the gender effects that these have and involving stories and testimonials of those who have witnessed the impact of these practices, such as girls from rural areas LGBTQIA+ youth. IPPF also suggests inculcating the importance of media and law in perpetuating inequalities and harmful practices. Another recommendation is to create awareness about the social and health effects of complying with ‘rigid’ gender norms. To be truly transformative, they emphasize sharing narratives of changing gender norms that have created a positive impact, building tools within the children and youth to transform gender norms such as non-violent forms of conflict resolution and using inclusive language that fosters equality and celebrates diversity.

Haberland and Rogow, in their paper, term CSE programs with an emphasis on human rights and gender (including social power dynamics) as an empowerment approach, enlisting many more crucial benefits to this approach than ‘conventional sex education’ curricula that provide only information about contraception and STIs (12). An empowerment approach to the CSE curriculum, they state, is based on many theories, including the ‘Freirian theory,’ which suggest that “education can (and should) empower learners to recognize how social inequities give rise to problems people experience as individuals.” Thus it must include feminist theories that help the learners recognize the role of society and culture in creating gender inequality and therefore invites ‘critical reflection’ including the learner’s behavior in perpetuating such norms (13). Feminist theories such as ‘Theory of Gender and Power’ help learners examine these norms closely and understand how they help bloom misconceptions and social expectations of their peers (14). This, in turn, brings a questioning of such norms and roles, empathy and respect, especially for left-behind communities and leads to better health outcomes for all, among other positive effects. CSE programs that highlight gender inequality as a core element have been shown to improve reproductive health outcomes (15)(16). Conventional sexual education programs only produced a behavior change, but the results on reducing unplanned pregnancy or STIs did not present the desired outcome (12). At the same time, those with an empowerment approach (focusing on gender, power and human rights) have a drastically higher probability of displaying better health outcomes than conventional CSE curriculums (17).

3. **Transformative:** UNESCO ITGSE recommends using CSE to create a “fair and compassionate society” by promoting young people’s citizenship through empowering them. This approach is unanimously called upon by all organizations that advocate for CSE, some terming this principle as “Citizenship.” This principle is

interdependent on a human rights-based and gender transformative approach, along with developing life skills such as critical thinking, consent, decision-making, and conflict resolutions. These will empower young people to make decisions for themselves on their health and allow them to exercise their sexual and reproductive rights (1).

4. **Scientifically accurate and evidence-informed:** The knowledge, skills, attitudes and value instilled through CSE should be based on evidence. The curriculum should be thoroughly based on scientific data about sexual and reproductive health, sexuality and behaviors. IPPF, in their toolkit, also suggests avoiding messaging that may be contradictory, that may do more harm than good (11).
5. **Age and developmentally appropriate:** Very often, the approach to CSE is one curriculum that fits all ages, with a lot of them starting as young as five years. Instead of equipping young people with tools that help them critically see the existing social structures, they perpetuate inequality, especially related to gender norms. However, the UNESCO ITGSE, WHO/Europe and the Federal Centre for Health Education (Bundeszentrale für gesundheitliche Aufklärung, BZgA) Standards for Sexuality Education in Europe recommend that the CSE curriculum should be tailored to age, with specific concepts taught at certain ages. For example, from ages 5-8, children can be taught “Some diseases can be transmitted from one person to another,” whereas from ages 9-12, the same point can be further elaborated to “The vast majority of HIV infections are transmitted through condomless penetrative sexual intercourse with an infected partner” (1,18).

There are two main criticisms with CSE curriculums that are fixed with age. First, in schooling, certain children may not be of the age corresponding to their grade (19). This would make it futile for those who may receive sexuality education that is not up to their age. The second is that having content fixed for age may not allow room for contextualization according to cultures and social norms since the years of schooling, age of initialization of sexual activity, and other factors vary from one geographical area to another. Thus, developing an age and developmentally appropriate curriculum that takes into account cultural and social aspects is essential (12).

6. **Comprehensive:** To be truly effective in transforming societies, empowering young people to make decisions for their own health, and examining power dynamics in social structure, Sexuality Education must be comprehensive. This, according to ITGSE, includes covering topics of sexual and reproductive health such as sexual and reproductive anatomy and physiology, puberty, menstruation, reproduction, modern contraception, pregnancy and childbirth and STIs, including HIV and AIDS. It also further calls for improving “analytical communication and other life skills for health and well-being” related to the above-said topics and more such as consent, bodily integrity, gender-based violence, female genital mutilation/cutting, child and early forced marriage. They also recommend consistency in-depth and breadth of topics and content to be comprehensive (1).
7. **Culturally relative and context-appropriate:** The health needs of populations vary from area to area due to cultural and social norms and contextual beliefs. Thus the CSE curriculum must be adapted to focus the topics, content and design according to the health needs. According to the ITGSE recommendations, they must also enable young people to see how cultural norms and structures and people’s behaviors affect their choices and relationships within different circumstances (1). IPPF advocates for CSE programs to be culturally relevant, stating, “IPPF believes in a model that takes a more holistic approach to young people’s sexuality and sexual health ensuring that biological, psychological, socio-cultural and ethical dimensions are

in place” (10). IPPF also goes one step further to highlight that traditionally harmful practices that violate rights must not be condoned in the name of culture (11).

8. **Curriculum-based:** The ITGSE calls for CSE to be an incremental learning process with new information built upon the foundations of information learned earlier. They called this a “spiral curriculum approach.” They also suggest that it should be taught into a structured curriculum that facilitates learning and guides facilitators aptly. This includes key teaching objectives, development of learning objectives, the presentation of concepts and delivery of key messages (1).
9. **Development of life skills:** As mentioned throughout the principles, CSE should aim to develop life skills and knowledge that may assist people in making choices to attain the highest level of health and enjoy their sexual and reproductive rights. These include non-violent conflict resolution, decision making, communication and critical thinking (11). These skills will help build healthy relationships based on respect and empathy and transform society by transforming gender norms. IPPF states that “This approach is not just an act of information seeking and receiving but should also include action-related beliefs and skills” (10).
10. **Sex-positive:** In 2006, the WHO emphasized the need to move to an approach from one that views sexuality through a pathological lens to one that encourages sexual well-being through sex positivity (20). This means one that views sexual intimacy, orientation and eroticism as complementary to a person’s personality, communication and love. IPPF also advocates for a sex-positive approach, where sexual pleasure is viewed as essential to health and overall well-being (10). They also further advocate for viewing all human beings, including young people and adolescents, as “autonomous sexual beings” with rights of self-determination to their body, desires and pleasure, whether sexually active or not (11). This is in line with human rights, especially sexual rights, that include the right of all persons, free of coercion, discrimination and violence, to the highest attainable standard of sexual health (including access to sexual and reproductive health care services) and decide on one’s sexuality, among others (21).

According to the International Society of Sexual Medicine, the following are the traits of sex-positive persons:

- They are unreserved to explore more about sex and sexual activity, including the physical, emotional and psychological components to intimacy. They are open to learning more about their own and partners’ bodies.
- They prioritize sexual activity and exploration with a safer-sex approach for themselves and their partner. This would include conversations on sexual history, condom usage and STI testing, including HIV.
- They understand and accept sex as a normal part of life and something to enjoy to promote wellness. They can talk about it without stigma or taboo.
- They accept other sexual orientations without judgment.
- They welcome the sexual practices of others, including their partners, without judgment as long as consent and safety of all involved are at the center of the activity (22).

The evidence for advocating for CSE both within schools and outside at a community level is overwhelmingly positive compared to the traditional abstinence-only approach to sexuality education. According to WHO estimates, 1 million STIs are diagnosed each day, and adolescents are one of the groups at a higher risk (23). These are due to several factors, such as lack of access to sexuality education that is comprehensive. Factors such as socioeconomic and cultural inequalities make adolescent and young girls more susceptible to STIs aside from biological vulnerability due to immaturity of the reproductive system (24). The 2016 review of the evidence base for CSE has claimed the following:

- Delayed initiation of sexual intercourse

- Decreased frequency of sexual intercourse
- Reduced number of sexual partners
- Reduced risk-taking
- Increased use of condoms
- Increased use of contraception

In comparison, the abstinence-only curriculum is inept at:

- Delaying initiation of sexual activity
- Reduced frequency of sex or
- Reduced number of sexual partners (1)

CSE and left-behind populations

People with disabilities

According to UNESCO, it is estimated that 93 million children under the age of 14 (5.1% of children worldwide) are living with a disability. Due to common misconceptions and the lack of understanding, CSE programs in schools tailored to specific groups of people with disabilities are lacking worldwide. In order to improve CSE for adolescents with disabilities in schools, these efforts need to align with inclusion in the mainstream school curriculum, to strengthen the goal of universal coverage and improve the overall quality of CSE (25).

For people with disabilities, sex education is often perceived as unnecessary or harmful, as a general stereotype remains that they are asexual or sexually uninhibited. In coherence with different conditions for adolescents with developmental disabilities, developmentally appropriate CSE can better address SRH needs such as arousal (26). In addition, research has highlighted the importance of CSE in risk reduction efforts and sexual abuse prevention, as people with disabilities are disproportionately affected by sexual violence and may be more vulnerable to HIV infection (27). Only a few countries have moved forward to implement the human rights of young people living with disabilities as established at the Convention of the Rights of Persons with Disabilities. Regardless of mental, physical, or emotional disabilities, adolescents are all sexual beings with the same right to enjoy their sexuality within the highest standard of health. This includes pleasurable and safe sexual experiences without coercion and violence and access to appropriate sexuality education and SRH services (28).

LGBTQIA+

There are severe restrictions and penalties imposed on LGBTQIA+ people in many countries around the world, ranging from direct to indirect persecution. This includes active prosecution of individuals; a failure to protect individuals from harassment, stigmatization, discrimination and harm based on their sexual orientation, gender identity or expression (29). In the case of intersex children and young people, there is a failure to protect against unnecessary surgical and other procedures that can cause permanent infertility, pain, incontinence, loss of sexual sensation and lifelong mental suffering (30). Insufficient research exists on LGBTQIA+ young people's sexual and reproductive lives and needs. Information on sex characteristics or biological variations that affect intersex children and young people remains omitted from CSE programs, creating a significant lack of relevancy for LGBTQIA+ populations. Furthermore, LGBTQIA+ young people enrolled in school are particularly affected by harm and discrimination. Homophobia and transphobia, in particular, have been shown to elicit more violent forms of bullying and impair the learning environment. In addition, CSE has been linked to the decrease in discriminatory behaviors, contributing to the better school experience of the queer community (31).

Migrants, refugees, and displaced persons

A total of 28.5 million children living in conflict-affected countries or humanitarian settings do not have access to education. This constitutes half of the world's out-of-school children (32). In addition, SRH services in humanitarian settings display significant gaps in access across the globe, despite growing calls for the need for adolescent SRH programs. Migrants, refugees, and displaced children face vulnerabilities to issues such as Child, early and forced marriage (CEFM), violence, and trafficking. Contrary to international standards, child immigrant detention remains an obstacle. Legal and social barriers collectively prevent migrant children from accessing school and CSE (33)(1).

Rural communities

Poverty is a significant constraint to youth development and well-being. With disadvantages in access and social exclusion, youth living in poor households are prone to malnutrition and housing conditions that negatively affect their health. Children and adolescents living in poverty are also more likely than others to be exposed to violence and adopt risky behaviors such as disengagement from school, substance use, early sexual initiation, commercial sex, and condomless sex (34). It is more likely for adolescent girls and young women from the poorest households to become pregnant before the age of 18 than those from wealthier households (35).

CSE accessibility and worldwide implementation

The access to CSE is regulated by global agreements regarding health and education to which regions and countries commit to implementing at their levels. The process of implementation is assessed later on for accountability.

The implementation and sustainability of CSE in a country rely critically on the existence of policies and legislation that include orienting frameworks for the curricular, the delivery and learner's perspectives and that use the appropriate terminology. Policies lacking in the aforementioned components disrupt the application of effective programs.

According to UNESCO's "The Journey towards comprehensive sexuality education Global status," highlighting data from 155 countries, 85% report that they have policies (or, in some cases, laws or legal frameworks) related to sexuality education. A total of 78 countries reported education policies on 'life skills-based HIV and sexuality education in primary and secondary schools, and 30 said they have policies only in secondary education. The remaining countries referred to an overall supporting legal framework, including laws, decrees, acts and policies.

Despite the joint national efforts and advancements made in CSE-related policies globally, direct political and cultural actions oppose these laws or their implementation in some countries. There is no effective strategy to ensure the sustainability of CSE implementation in light of government leadership changes, which calls for assigning standing committees on sexuality education within these structures.

Decentralizing policy-making, financing and leadership to provinces within countries also impact CSE. On the one hand, it can make programs more comprehensive and locally tailored; on the other, it could make the national coverage inequitable because quality and coverage will differ between regions, leading to internal inequalities.

One of the crucial indicators of commitment to CSE is the resource allocation to its programs, including funding. According to the 2019-2020 Survey on the status of CSE, 38 countries out of 48 (79%) provide financial support to CSE in schools from internal and governmental fund sources. Yet, in low- and middle-income countries, the

main source of funding is external support that fosters the perception of CSE as a foreign program and impacts its autonomy and continuity.

There is undoubtedly some progress made on the curriculum design regarding the diversity of its topics; of 123 countries that reported, 85% indicated that relevant sexuality education content and topics are covered in their national curriculum. When the data are analyzed by the levels of education, more countries reported that “gender-responsive life skills-based HIV and sexuality education” is part of the curriculum at the secondary level than at the primary level. On the other hand, when asked about specific topics, some (e.g., puberty, relationships, pregnancy and birth) are more likely to be well covered than others (e.g., accessing services, contraception). Emerging evidence also suggests that curriculum content is often stronger for older age groups than younger, although some countries provide age-appropriate and comprehensive starting from the pre-primary level.

Yet some topics are significantly less covered than the rest. According to the 2019-2020 Survey on the status of CSE, carried out in 60 countries in Asia and the Pacific, Sub-Saharan Africa and Latin America and the Caribbean, less than 50% of the 60 countries who participated cover topics such as Services of SRH, online media and technology, SOGI and access to safe abortion.

Delivery is one of the important components of CSE implementation, and its quality is ensured by the training of deliverers on sexuality education. That includes information about diverse topics, tools for engagement, and teacher empowerment. Reports show disparities between countries on the existence of such training that often follow outdated teaching tools and selective content. Of the 130 countries that responded in either 2019 or 2017, 75% reported education policies in teacher training that guide the delivery of life skills-based HIV and sexuality education according to international standards. Evidence suggests that the existing gaps between curriculum design and delivery are due to a lack of resources that NGOs cannot provide, lack of logistical support, and scheduling-related issues. Moreover, teachers may face backlash in the workplace and from parents.

The quality of CSE implementation can be assessed by gathering learners' perspectives.

In a 2019 online survey, over 1,400 young people (aged 15-24) from over 27 countries in Asia and the Pacific reflected on their experience of sexuality education. Less than one in three believed that their school taught them about sexuality very well or somewhat well (28%). Young people with disabilities and young people who identified as Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) were less satisfied with their sexuality education than their peers. Continuing to include the voices of adolescents and young people in efforts to monitor the status of CSE will be necessary. Additionally, research on student perspectives from many different countries shows that they often feel that they received information too late and would have preferred the sexuality education program to have started earlier in their schooling (25).

CSE and informal/out-of-school education

Commonly, CSE is provided through in-school curriculum-based programs and activities, either by the school itself or by externals in collaboration with the school. However, this approach to CSE does not always reach all intended individuals, as UNESCO estimates that up to 263 million children are still out of school. Additionally, not all schools provide CSE through their curriculum, or the CSE provided may not be of sufficient quality. Such hiatuses call for a different approach, where CSE is brought to the youth by alternative means. These methods can vary widely and generally be referred to as out-of-school CSE. There is a wide array of settings where out-of-school CSE can be implemented, including, but not limited to, other organizations or environments where youth gather, community-based outreaches, refugee camps and family or individually aimed educational

opportunities. The style for such interventions can vary from in-person sessions by facilitators, peer educators or parents to online initiatives through technology and media.

Out-of-school CSE has its advantages in comparison to in-school education. When CSE can be provided in a more informal setting, one can be more flexible with content and style to tailor them more effectively to the target audience's specific needs. Suppose informal CSE sessions can be held in a safe and open environment. In that case, one also has the opportunity to tackle more challenging topics, and learners may be encouraged to ask questions they otherwise would not be able to ask a teacher in a school setting. Additionally, informal CSE is easier to provide for a wider audience and gives more options for left-behind populations or groups with specific needs, as sometimes schools are less well equipped to address their situations.

In contrast, informal CSE sessions are challenged by obstacles experienced by in-school CSE, such as avoiding stigmatization and building community support. Additionally, there are other obstacles to pay attention to, including logistics of the sessions and materials necessary for the session. Struggles with the target audience's engagement may also pose an issue, more commonly when that group feels marginalized or is hard to reach.

We should note that out-of-school CSE has been less widespread with less evidence-based support. This is due to more difficult coordination and control over the ongoing activities, causing a lack of peer-reviewed literature on the topic. More investigation and future research on these gaps could highly improve upon the quality of informal and out-of-school CSE (33).

Social attitudes towards CSE

Even with decades of research supporting CSE, it's not always easy to implement it in communities. Social opposition to comprehensive sexuality education can negatively affect several areas, including the diligence of politicians and a governing body to require mandatory action; lack of access to appropriate curricula and learning resources covering an extensive range of key CSE topics, attitudes and preparedness; implementation of the curriculum by teachers and creation of classroom environment for effective teaching and learning, motivating students.

The education sector faces systemic challenges, like human and financial constraints, dilapidated infrastructures, and competing priorities. Changes in educational administration end up in a loss of political capital and impact implementation strategies and their momentum (36).

Socio-cultural Norms as Barriers to CSE Implementation

Uganda's Ministry of Education withdrew the national sexuality education curriculum in 2016, which led to confusion about which topics may be discussed in schools. Religious organizations raised concerns about the term 'sexuality education and content for youngsters aged 3 to 5'. After the High Islamic Council voiced opposition in Mali, the government canceled workshops that included questions on sexual orientation, tolerance, inclusion, and respect.

There's no evidence of parents' attitudes towards comprehensive sex education, but there is evidence of public support for the thought. Among people in low- and middle-income countries, support to teaching about safer sex practices reaches 65%, while teaching about premarital abstinence is supported by 91% of the society. While this by no means suggests a preference for an abstinence-only approach, it provides context for the planning and implementing comprehensive sexuality teaching programs (37).

There were many obstacles to the implementation of sex education. Socio-cultural, religious and political factors have hampered the effective implementation of sex education policies. The findings suggest that the worth of sexuality education was valued even by religious leaders. Still, a comprehensive sexuality education by many was associated with encouraging homosexuality, abortion, and masturbation and, therefore, caused the resistance towards CSE implementation.

Moral conservative views about sexuality may have influenced politicians' decisions as society's conservative views on CSE shape the political agenda. Due to this, politicians resist to successfully implementing CSE in their countries and communities (38).

In certain settings, teachers cannot provide information or promote practices that are considered taboo within the community. Teachers in such settings target abstinence as their main or sole method of contraception. Socio-cultural norms and values are identified as barriers to the effective implementation of CSE (39).

Parental Attitudes Toward CSE

The potential for solid community resistance to inclusive sexuality education, or perhaps such resistance, can impede legislation and delay the implementation of policies associated with gender equality and sexual and reproductive rights. There are real risks that affect women and girls specifically. Resistance is also fueled by a fundamental misunderstanding about the aim and scope of CSE. These misconceptions generally indicate that such education is inappropriate for children and adolescents, violate local cultural or religious values, encourage early sexual initiation, or cause gender confusion (37).

A study in Lesotho found that although parents weren't necessarily against sexuality education, they took issue with what was taught and how it had been taught. Parents often pass on their own values and beliefs about sexuality to their children in sharing knowledge. For an extended time, young people's sexuality education was thought to be the responsibility of parents.

Parental support or opposition to CSE is set by the level of education and place of residence. Parents without formal education and rural residents are more likely to stick to cultural beliefs and traditions about sex and are more likely to oppose comprehensive sex education schemes. Parents also disagree about the age at which schools should start CSE, believing that beginning CSE early is harmful to children. In Ghana, most parents objected to the proposed introduction of sex education in lower primary grades on the grounds that children were too young to handle the topic (40).

In Peru, 89% of scholars believe that their parents support comprehensive sexuality education in school. Still, the fear of controversy and conflict with parents limits the teachers' willingness to tackle contraception and sexual diversity issues (37).

Teacher-Related Challenges for CSE Implementation

Teachers and school administrators are part of the broader community and may also express concerns. Their views about premarital sex, access to contraception or same-sex relationships influence how they teach. In Ghana, a clear majority of teachers felt that young people should be taught that healthy sex life is a normal part of growing up (99%) and how to use contraception to reduce pregnancy risk (86%).

Teachers need proper training as well as support from parents, students, and their professional associations. The extent of comprehensive sex education in teacher training varies. While 78% of teachers in Ghana and 70% in Kenya said they had received training, it was only 51% in Guatemala. The teacher survey showed that half of

the CSE teachers had no CSE-related training. Without professional training, teachers may be left with insufficient knowledge about sexuality and no opportunities to reformulate their values and attitudes and insufficient skills to organize learning activities that facilitate active participation by students. Many teachers follow the textbook and conclude each session based on their personal situations rather than letting students come to their own conclusions (37).

The CSE teacher training is an essential guarantee for the quality of teaching. According to interviews with teachers trained through the Teenpath Project, OBEC, OVEC or the provincial public health department, these teachers felt that acquiring teaching techniques that made it easier for their students to learn was the most beneficial aspect of the education. The teachers also appreciated gaining additional knowledge about the human body, reproductive health, STIs and HIV (39).

Significance of CSE to social determinants of health

According to the World Health Organisation, the determinants of health are characteristics that influence the health of the people and, most of the time, cannot be managed by the person. This can include the social, economic and physical environment, individual characteristics and behaviors, and others (41).

In the case of sexual and reproductive health, it appears some determinants as healthcare access, social and cultural norms, insurance status, educational level and health literacy, economic status, sex, gender identity, and sexual orientation and behavior can affect the attainment of sexual health (42).

The number of people who contract STIs and the number of unintended pregnancies directly affect educational and occupational opportunities (43). That is why it is so important to learn about comprehensive sexual education in school so that individuals can be responsible for their own health and advocate for their own rights.

CSE plays a major role in making informed health decisions. Also, it has an important role in preventing sexual violence because CSE is focused on primary prevention, which is the most effective way of entirely preventing poor outcomes by mitigating risk factors (44).

CSE also helps students to develop skills for communicating more openly about sexuality topics, utilize information to act responsibly and also use the knowledge gained as former students to encounter adult issues (45).

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IFMSA International Secretariat, Nørre Allé 14, 2200 København N., Denmark