

Comprehensive sexuality education

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What is the primary objective?

Education (improving knowledge and skills)

or

Behaviour Change

Education and Behaviour Change

Example

- In his briefing before travelling to Africa, an Indian businessman is told that >80% of female sex workers in Johannesburg are HIV-infected, but still has unprotected sex with them

conversely

- The man joins a new peer group (eg. a religious group) where having sex with a female sex worker is socially unacceptable, and changes his behaviour

Objective

Comprehensive sexual health education

- Should aim for behaviour change to reduce sexual risk and encourage positive development of the individual's sexuality and relationships
- Should, at a minimum, achieve education (ie. improved knowledge and skills)
- Foundation for future sexual life and for additional interventions
- Other school subjects (eg. Maths, Science, Languages, etc) aim to improve knowledge and skills, so reasonable to justify on similar basis

Objectives

- **Improve knowledge**
- **Provide skills & change attitudes**

in order to....

- **Change behaviour**
 1. Delay onset of sexual activity
 2. Decrease number of sexual partners
 3. Select low-risk partners
 4. Use protection from STIs, HIV, and unwanted pregnancy (contraception & condoms)
 5. Early recognition and treatment of sexually transmitted infections

in order to.....

Objectives (cont...d)

1. ↓ unintended pregnancies
2. ↑ satisfying relationships
3. ↓ HIV
4. ↓ other STIs

Comprehensive Sexual Health Education

Provides medically-accurate information about all aspects of sexuality and sexual health, including:

- Abstinence as the most effective method of avoiding pregnancy and STIs
- Risk reduction through reduction of partners, contraception and condom use, avoiding injected drugs
- Sexual anatomy and physiology
- Interpersonal communication skills
- Responsible sexual decision making
- Sexual orientation

Abstinence-only Sex Education

Teaches that abstinence is the only morally correct option for unmarried adolescents.

- Usually does not include information on contraception or other risk reduction approaches

Abstinence only vs. comprehensive sexual health education?

- Of course abstinence works to prevent pregnancy, HIV and other sexually transmitted infections!
- But how best to promote sexual health?

Abstinence-only programmes widely promoted in USA & by USA

\$1.5 billion spent within USA from federal funding alone during Bush presidency



BUT..

Abstinence-only education doesn't usually work for improving sexual health – and even for abstinence!

Kirby(Sexuality Research & Social Policy 2008)

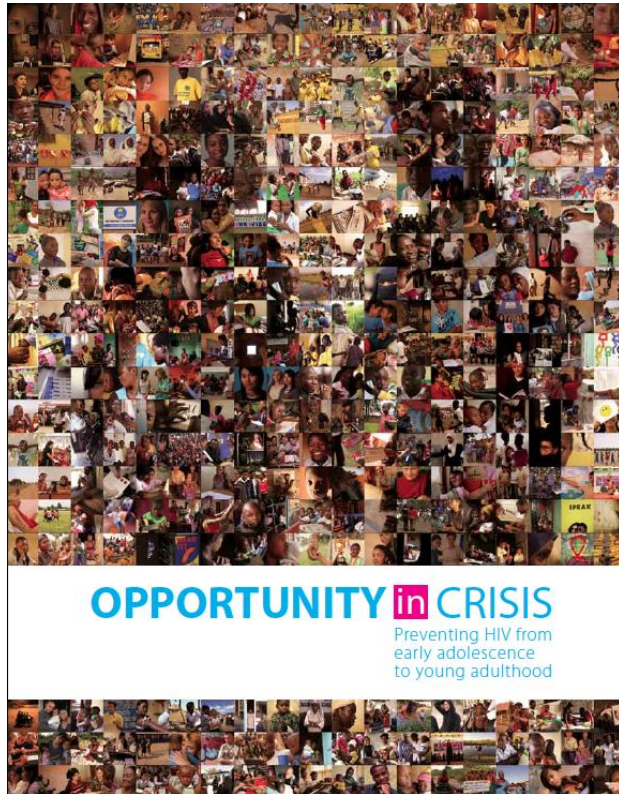
1/9 studies in USA delayed reported sexual debut

3/9 showed benefit on any reported sexual behaviour

Whereas:

2/3rd of much larger number of comprehensive programmes showed benefit on at least 1 reported sexual behaviour

Core HIV prevention interventions (UNICEF 2011): Evidence



Intervention	Evidence
Social & behavioural change communication	School-based programmes improve knowledge & self-efficacy (foundations)

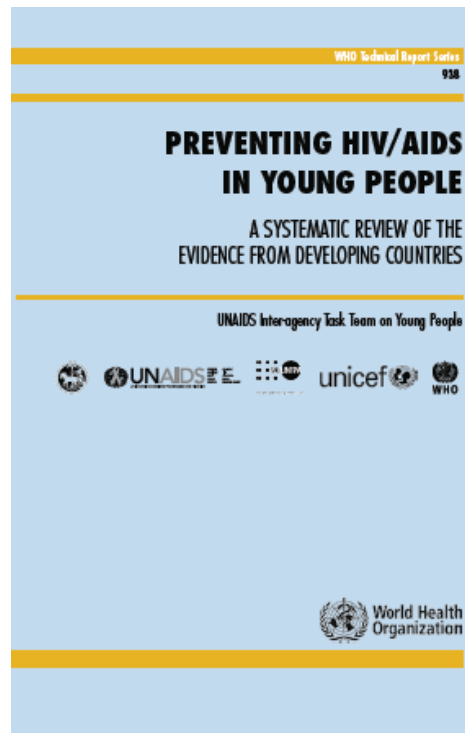
Key summaries of the evidence

1. Kirby et al. 2006 in “Preventing HIV/AIDS...” WHO Techn Rep Ser 938 (www.who.int)
2. Kirby et al. 2006 “The impact of sex and HIV...” for FHI
3. NapieralaMavedzenge et al 2013. “Effectiveness of HIV...” UNICEF Tech Brief

The Impact of Sex and HIV Education Programs in Schools and Communities on Sexual Behaviors among Young Adults

By
Douglas Kirby, PhD • B.A Laris, MPH • Lori Roller, MSW, MPH
ETR Associates

January 15, 2006



**Interventions that are *GO!*
*include comprehensive sexual health
education in schools****

Schools	Curriculum-based, skills-based sexual health education, led by adults +/- peers, with specific characteristics (for reported sexual behaviours)
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*** Provided they follow best practice, both in terms of content and process**

The 17 Kirby Characteristics

Domain 1: Process of developing the curriculum

1. Multidisciplinary team
2. Assessed needs & assets of target group
3. Used logic model that specified health goals etc
4. Activities consistent with community values & resources
5. Pilot-tested

Kirby D et al 2006. The Impact of Sex and HIV Education Programs in Schools and Communities on Sexual Behaviors among Young Adults. FHI.

The 17 Kirby Characteristics (cont...d)

Domain 2: Content

1. Focused on clear health goals
2. Focused on specific behaviours
3. Addressed multiple risk and protective factors
4. Created a safe social environment
5. Multiple activities for each targeted risk/protective factor
6. Teaching methods that involved participants
7. Appropriate to culture, age, and sexual experience
8. Logical sequence

Kirby D et al 2006. The Impact of Sex and HIV Education Programs in Schools and Communities on Sexual Behaviors among Young Adults. FHI.

The 17 Kirby Characteristics (cont...d)

Domain 3: Implementation

1. Support from authorities
2. Careful selection, training, monitoring, supervision & support
3. If needed, activities to recruit and retain participants
4. Implemented all activities with fidelity

Kirby D et al 2006. The Impact of Sex and HIV Education Programs in Schools and Communities on Sexual Behaviors among Young Adults. FHI.

But they must follow best practice, both in terms of content and process

“Steady”

Setting	1. Intervention type
Schools	<ol style="list-style-type: none">1. Curriculum-based with characteristics found to be effective in developed countries and that are led by peers2. Curriculum-based without the characteristics found to be effective in developed countries and that are led by adults3. Curriculum-based without the characteristics found to be effective in developed countries and led by peers4. Non-curriculum based without characteristics found to be effective in developed countries and led by adults5. Non-curriculum based without characteristics found to be effective in developed countries and led by peers

Impact of comprehensive sexual health education

1. Strong, high quality evidence of consistent impact on knowledge and reported attitudes
2. Mixed results for changes in reported sexual risk behaviours
3. Mixed, but mainly null, results for biological outcomes

Based on review of high quality studies

NapieralaMavedzenge et al 2013. “Effectiveness of HIV...” UNICEF Tech Brief

Example

MEMA kwaVijana Trial

(Ross *et al* AIDS 2007, Doyle *et al* 2010)

Variable	Details	
Setting	Rural communities, Mwanza, Tanzania	
Target group	Last 3 years of primary school (12y+)	
Intervention	<ol style="list-style-type: none">1. In-school sexual health education by teachers & peer educators2. Youth-friendly health services3. Youth condom promoters & distributors4. Limited community-wide activities	
Comparison	Standard situation	
HIV	2001/2 (adjusted Rate Ratio)	2007/8 (adjusted Prevalence Ratio)
	Males: NA (5 cases)	Males: 0.91 (95%CI 0.50,1.65)
	Females: 0.75 (95%CI 0.34,1.66)	Females: 1.07 (95%CI 0.68,1.67)

Strategies for out-of-school youth

Include:

1. Mass media
2. Youth Centres
3. Youth Clubs
4. Special Events

Mass media

Media:

TV, Radio, Print, Internet, Mobile phone, etc

Examples:

- Condom advertisements
- Edutainment programmes (eg. soap operas)
- Youth magazines
- Programmes on local radio stations
- Wall murals

Mass Media

Evidence on effectiveness

“GO!”

Mass media	➤ Messages delivered through radio, TV & other media (eg. print), with or without TV (for knowledge & reported attitudes)
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Bertrand J et al 2006 in “Preventing HIV/AIDS...” WHO Techn Rep Ser 938

Youth Centres

Recent systematic review & case studies:

“Despite widespread emphasis on youth centers as a strategy for encouraging young people to access SRH services, results from these studies have not been encouraging, and cost-effectiveness for these purposes is likely to be low.”

Zuurmond M *et al Stud Fam Plann* 2012

Youth Clubs

- Popular approach
- Moderate and low quality evidence of an effect on knowledge, reported attitudes and some reported sexual risk behaviours
- Steady, Ready, Go! conclusion was **Ready** for knowledge and reported sexual risk behaviours (ie. must be evaluated when implemented)

Special Events

Youth Health Days (at clinics or elsewhere)

- Can involve health workers, schools, politicians/government officials
- Must involve youth in planning

Community competitions

- Drama, song, rap, comedy, poetry, photography, etc

Performances

- External groups: song/dance, drama, puppets, etc
- Videos

Little specific evidence on effectiveness

Useful materials

- UNESCO
- WHO
- UNICEF
- UNFPA
- National Programmes
- NGOs (eg. Sangath)
- Research projects (eg. www.memakwavijana.org)

UNESCO et al 2009

Vol 1: The rationale for sexuality education (includes summary evidence)

Vol 2: Topics and learning objectives



Volume I
The rationale for sexuality education

International Technical Guidance on Sexuality Education

**An evidence-informed approach for schools,
teachers and health educators**



Volume II
Topics and learning objectives

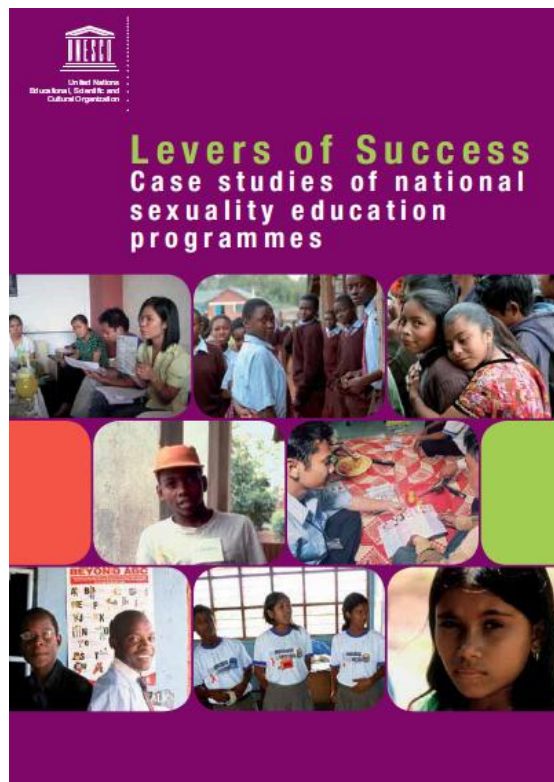
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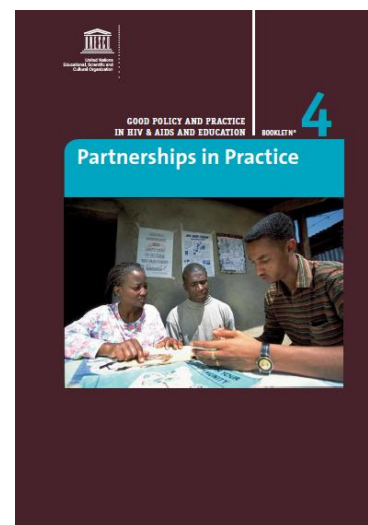
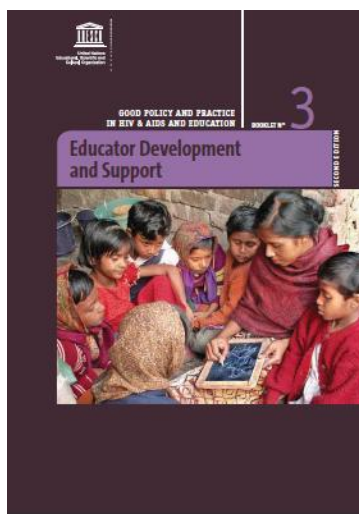
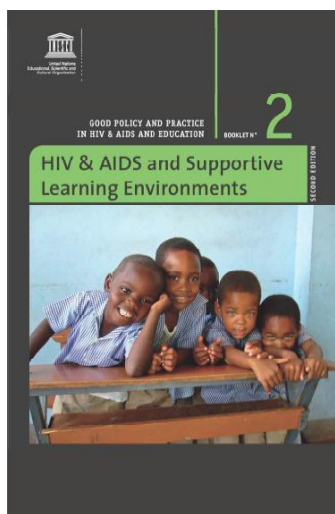
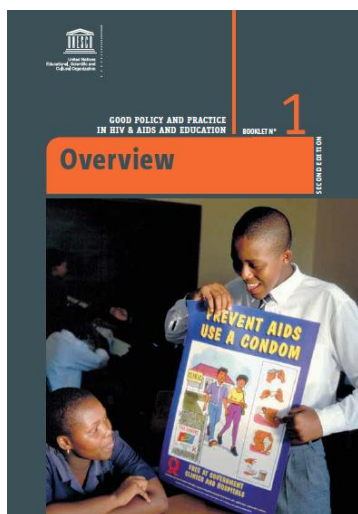
UNESCO 2010

Case studies of national sexuality education programmes

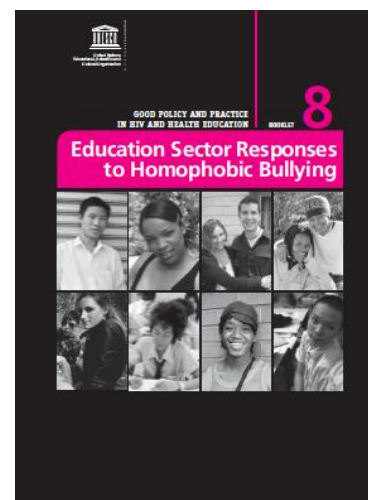
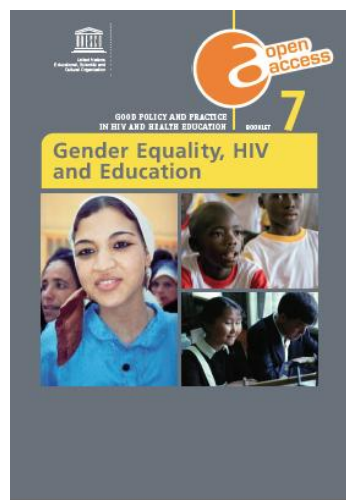
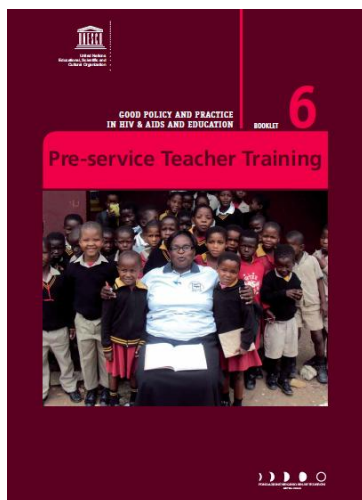


UNESCO 2008-2012

Good Policy & Practice in HIV & AIDS and Education



8 booklets



Conclusion

- For prevention of HIV and STIs, the top priority for India must be interventions among the key populations of sex workers, MSM, and IDUs
- For pregnancies, laws and their enforcement, and changing population-level social norms
- If designed and delivered based on best practices, comprehensive sexual health education to promote behaviour change can be effective, at least to improve knowledge, self-efficacy and skills, and to prepare the ground for other interventions
- Should challenge norms and be skills-based, going beyond merely imparting knowledge

Conclusion (cont..d)

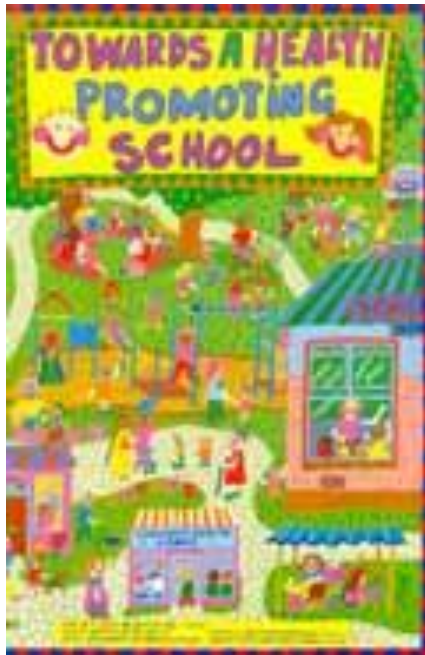
- Ideally, all three main strategies for sexual health education should be used (Mass media, In-school, Out-of-school)
- Should be linked to wider sexual health programmes
 - High-quality, youth-friendly sexual and reproductive health services
 - Condom promotion
 - Partner-reduction promotion
 - HIV VCT

Conclusion (cont..d)

- Ideally, should be within a broader health promoting school environment
- SEHER Trial in Bihar (Vikram Patel, Sangath, etc)

http://www.who.int/school_youth_health/gshi/hps/en/

Mukoma&Flisher 2004 Hlth Promotion Internat



UN Commitment on Comprehensive Sexuality Education and Health Services

7th December 2013:

Endorsed by 21 Eastern and Southern African countries



Similar endorsement by Asian countries?