

COMPREHENSIVE SEXUALITY EDUCATION **AS A STRATEGY** **FOR GENDER-BASED** **VIOLENCE PREVENTION**





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UNFPA Asia and the Pacific Regional Office produced this report as an evidence review on the linkages between comprehensive sexuality education and the prevention of gender-based violence on the basis of a rapid review of existing research.

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EXECUTIVE SUMMARY

The recent decade has shown a significant investment and interest in programming to prevent gender-based violence and research on what works to reduce the prevalence, frequency and severity of GBV (WHO, 2019a). A review of global evidence on GBV prevention interventions found fair evidence to recommend gender transformative work, including communication and relationship skills; group education with community mobilisation; interventions to address alcohol abuse; promising evidence for whole-school approaches; and conflicting and insufficient evidence on school curriculum-based interventions (in combination with community outreach) (Fulu and Kerr-Wilson, 2015). The RESPECT Women Framework to prevent violence against women includes strategies to improve skills in interpersonal communication, conflict management and shared decision-making; social empowerment strategies including those that build skills in self-efficacy, assertiveness, negotiation and self-confidence; strategies that prevent child and adolescent abuse; and strategies that challenge and transform harmful gender attitudes, beliefs, norms and stereotypes (WHO, 2019a).

The last decade has also seen growing recognition of Comprehensive Sexuality Education (CSE) as a critical part of young people's education and increasing efforts to implement it globally and across the Asia Pacific region. Many of the core qualities of CSE according to the International Technical Guidance on Sexuality Education (ITGSE) indicate its potential to contribute to GBV prevention considering the above-cited evidence of what works and recommended strategies. Namely, 1) it is based on gender equality and

explicitly recognises the effects of gender and power on relationships, fosters critical thinking and personal reflection about gender norms and power; and encourages the development of respectful and equitable relationships; 2) it is human-rights based; 3) it builds life skills, including those needed to form respectful relationships; 4) it is comprehensive and covers a full range of topics related to human sexuality, rights, gender and violence; and 5) it is transformative, encouraging a fair and compassionate society. In terms of content, seven of the eight key concepts of sexuality education outlined in the ITGSE are linked to the prevention of GBV, including relationships; values, human rights, culture and sexuality; understanding gender; violence and staying safe; skills for health and wellbeing; sexuality and sexual behaviour; and sexual and reproductive health.

The literature review conducted for this paper, however, found no evidence on the effectiveness of CSE on the perpetration or experience of violence and very limited, often weak evidence, on its effectiveness on risk and protective factors for GBV. One reason for this is that longitudinal studies have yet to be done of the impact of CSE on violence or other outcomes. There have also been no studies of the key components, essential elements or characteristics of effective gender-transformative and rights-based CSE programmes in general (UNESCO, 2016) or on GBV-related components. Therefore, there is a lack of understanding of the components, content, methods, and dosage needed to achieve the prevention of GBV through CSE. The evidence base for the prevention of GBV in young people is also limited.

Key takeaways, considerations, and challenges

1. The potential is there. Comprehensive Sexuality Education (CSE) has the potential to be a powerful component for the primary prevention of gender-based violence (GBV), especially in-school CSE, because it can be scalable and cost-effective in the long run. Community-based CSE is also important, and it is easier to deliver quality CSE outside of schools, but it has much less reach, is less cost-effective and is difficult to scale up.

2. It is one part of the solution. CSE is only one component of a comprehensive approach to the prevention of GBV. In the ecological model, CSE addresses the individual level and some aspects of the interpersonal level, for example, it can affect peers, friends, including boyfriends and girlfriends, and social networks. It needs to be linked to whole school, community and societal violence prevention components and response programmes. Addressing GBV that occurs in schools is also essential to avoid or eliminate contradictory messages about violence for learners.

3. It won't be easy. Delivering effective CSE in schools is difficult and will take a lot of effort, but the pay-off would be huge. While it is easier to deliver quality CSE out of school, it is very difficult for out of school CSE to be scalable, cost-effective, and sustainable.

4. Younger is better. CSE for children and adolescents in and out of school reaches them at the appropriate age for gender transformation and GBV prevention to be most effective.

5. Teachers are a key linchpin. For the delivery of effective CSE in schools, teachers have to be able to provide it. Delivering gender-transformative CSE requires attitudes and beliefs that many teachers may not share or may be

unaware of. Delivering CSE outside of school or using outside facilitators in school is less feasible and not cost-effective in the long run in most countries if CSE is part of the curriculum. Therefore, teachers need to be effectively prepared, and this is a major challenge, especially for in-service teachers. Training alone will not be enough.

6. More evidence is needed. CSE is starting to be considered an essential part of children's basic education for which proof of effectiveness is not usually required. As part of strategies to improve sexual and reproductive health and reduce GBV among other goals, however, more proof of effectiveness is needed. In particular, CSE and GBV education programmes need to understand the pathways to change in programmes that are considered effective.

7. It's already happening. Efforts to implement CSE have increased enormously, including in the Asia Pacific region. It makes sense for GBV practitioners to join these efforts with a focus on improving how CSE addresses gender and violence. Since teachers at present often reinforce unequal gender-norms and victim-blaming as well as other biases, such as heteronormativity and anti-LGBTIQ+ attitudes, whether in CSE or elsewhere, at the very least, damage control is urgently needed. Without intervention, improperly delivered sexuality education might make things worse.

In conclusion, for CSE to be an effective strategy for the primary prevention of GBV, it must, at a minimum, meet the key characteristics and content relevant to gender transformation and GBV prevention. It must also be linked to programmes to address school-related GBV and GBV in families, community and society and be linked to response services.

Recommendations for the way forward

The review recommends:

- ▶ **Strengthening the evidence base** on how CSE can prevent GBV by undertaking longitudinal studies of effectiveness, studies to understand what makes specific CSE programmes work or not work for GBV prevention as well as comparative studies of different delivery modalities.
- ▶ **Testing the feasibility and effects** of delivering proven community education curricula in schools by teachers.
- ▶ Testing or **evaluating sustainable capacity building approaches** on CSE for teachers to find out what works.
- ▶ **Exploring ways to use integrated whole school approaches** that integrate CSE and GBV and are also linked to community components addressing GBV, gender and SRH.
- ▶ Strengthening the **GBV prevention related components in international CSE guidance documents**.
- ▶ Strengthening the linkages between **GBV and CSE practitioners and programmes**.

ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
SV	Sexual Violence
CSE	Comprehensive Sexuality Education
IPV	Intimate Partner Violence
GBV	Gender-based Violence
HIV	Human Immunodeficiency Virus
ITGSE	International Technical Guidance on Sexuality Education
LGBTIQ+	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer and other queer identities
NGO	Non-governmental Organisation
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization



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COMPREHENSIVE SEXUALITY EDUCATION **AS A STRATEGY** **FOR GENDER-BASED** **VIOLENCE PREVENTION**

INTRODUCTION

This paper provides a summary of the evidence on comprehensive sexuality education (CSE) and its linkages with the prevention of gender-based violence (GBV) based on a rapid review of the evidence. It also highlights the requirements for CSE programming to effectively support GBV prevention.

GENDER-BASED VIOLENCE

Gender-based violence is “an umbrella term for any harmful act that is perpetrated against a person’s will and that is based on socially ascribed differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty” (Inter-Agency Standing Committee, 2015). The term highlights how systemic inequality between males and females is the unifying and foundational characteristic of most violence against women and girls. GBV mostly affects women and girls, but it may also sometimes be used to describe violence against people who are lesbian, gay, bisexual, transgender and intersex (LGBTIQ+) when the violence is related to their non-conformance with accepted gender-roles and violence against men and boys that aims to reinforce unequal gender norms and maintain male power (IASC, 2015).

More than 35 per cent of women worldwide have experienced either physical or sexual partner violence or non-partner sexual violence (WHO, 2013). Unequal gender norms and power relations between men and women are the main underlying causes of most forms of violence against women and girls. They lead to the domination of women by men and discrimination against women and girls

and contribute to both the acceptance of violence against women and girls and its invisibility.

Gender-based violence remains pervasive in the Asia Pacific region. Across the region, the percentage of women who have experienced physical and/or sexual violence at the hands of an intimate partner over their lifetime ranges from 15 to 59 per cent. The Pacific region has the highest recorded rates of violence against women and girls in the world. A comparison of lifetime versus last 12 months’ experience of violence in the region shows that in many countries it is very difficult for women who live with violence to find ways or support to make the violence stop or to leave a violent relationship (UNFPA, 2020).

Gender-based violence has many forms and can be physical, sexual, emotional or psychological, and economic. GBV may include intimate partner violence (IPV) and domestic violence; sexual violence (SV); sexual harassment; gender-based bullying; conflict-related sexual violence; denial of resources, opportunities or services; trafficking in persons; and harmful traditional practices.

The focus of this paper is on CSE as a component of the prevention of sexual violence and intimate partner violence specifically.

INTIMATE PARTNER VIOLENCE

Any behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours (WHO, 2005). The perpetrators may include current or former spouses, boyfriends or girlfriends, dating partners, and ongoing sexual partners.

SEXUAL VIOLENCE

Any sexual act, attempt to obtain a sexual act, or other act directed against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting. It includes rape, defined as the physically forced or otherwise coerced penetration of the vulva or anus with a penis, other body part or object (WHO, 2014).

What works to prevent GBV

The recent decade has shown a significant investment and interest in programming to prevent gender-based violence and research on what works to reduce the prevalence, frequency, and severity of GBV (WHO, 2019a). The global evidence base shows that gender-based violence is preventable.

What works to prevent violence against women and girls evidence reviews, Paper 2: Interventions to prevent violence against women and girls (2015)

assessed the evidence base for interventions to prevent violence against women and girls with a focus on intimate partner violence (IPV), non-partner sexual violence, and child abuse (Fulu and Kerr-Wilson, 2015). The review found fair evidence to recommend some approaches, conflicting evidence on some other common strategies, while others were not recommended due to high risks or insufficient evidence. A summary of their findings is presented in Table 1.

Table 1: Summary of evidence on effectiveness of different interventions for prevention of violence against women and girls

TYPE OF INTERVENTION	EVIDENCE OF EFFECTIVENESS
Gender transformation workshops, including communication and relationship skills (e.g., Stepping Stones)	Fair evidence to recommend
Community mobilisation to change social norms; multi-component interventions (e.g., SASA!)	Fair evidence to recommend
Group education with community mobilisation, primarily with boys and men (e.g., Program H)	Fair evidence to recommend
Micro-finance gender and empowerment training	Fair evidence to recommend
Parenting interventions	Fair evidence to be promising
Whole-school interventions	Insufficient evidence, but promising
Social empowerment of vulnerable groups (e.g., pregnant women and female sex workers)	Insufficient evidence to make a recommendation for all types of social empowerment, however some interventions show effectiveness in reducing violence
Interventions to address alcohol abuse (structural, group and self-help interventions)	Fair evidence from high-income countries, insufficient evidence from low- and medium-income countries
Interventions to increase girls' school attendance, including water, sanitation and hygiene	Insufficient evidence, but water, sanitation, and hygiene appear not to be effective
Bystander interventions (e.g. Coaching Boys into Men)	Conflicting evidence, mostly from high-income countries
School curriculum-based interventions (in combination with community outreach)	Conflicting and insufficient evidence, the impact on violence against women and girls has not been measured
Communications and advocacy campaigns	Insufficient evidence, single component campaigns are ineffective

The RESPECT Women Framework to prevent violence against women contains a set of action-oriented steps that enable policymakers and programme implementers to design, plan, implement, monitor, and evaluate interventions and programmes using seven strategies to prevent GBV (WHO, 2019a). The seven strategies, summarised below, build on the 2015 UN Prevention of Violence Against Women framework (UN Women et al., 2015).



- ▶ **Relationship skills strengthened:** strategies to improve skills in interpersonal communication, conflict management and shared decision-making
- ▶ **Empowerment of women:** economic and social empowerment strategies, including those that build skills in self-efficacy, assertiveness, negotiation and self-confidence
- ▶ **Services ensured:** ensuring a range of services including health, police, legal and social services for survivors of violence
- ▶ **Poverty reduced:** strategies targeted to women or the household, whose primary aim is to alleviate poverty
- ▶ **Environments made safe:** efforts to create safe schools, public spaces and work environments among others
- ▶ **Child and adolescent abuse prevented:** strategies that establish gender equitable and nurturing relationships with parents, educators and others working with children. This strategy shows the overlap between violence against children and violence against women
- ▶ **Transformed attitudes, beliefs and norms:** strategies that challenge harmful gender attitudes, beliefs, norms and stereotypes

All primary prevention should take a gender transformative approach. Table 2 shows the different approaches to gender that programmes can take, using sexuality education as an example.

Table 2: Continuum of approaches to gender in programming using CSE as an example

GENDER EXPLOITATIVE	GENDER UNEQUAL	GENDER BLIND	GENDER SENSITIVE	GENDER TRANSFORMATIVE
Reinforces, takes advantage of or exacerbates gender inequalities.	Maintains inequalities between men and women.	Ignores or does not address gender as an issue.	Takes gender into account but does not try to change gender inequalities.	Addresses and seeks to change rigid and harmful gender norms and stereotypes.
Example: Sexuality education that retraumatizes GBV survivors or exposes LGBTQI+ participants.	Example: Sexuality education that reinforces gender norms, stereotypes and inequality.	Example: Sexuality education that does not include any sessions or mention of gender.	Example: Sexuality education that includes gender norms, stereotypes and inequality without critiquing it.	Example: Sexuality education that not only includes but critiques gender norms, stereotypes and inequality.
GENDER INEQUITY			GENDER EQUITY	

COMPREHENSIVE SEXUALITY EDUCATION

The International Technical Guidance on Sexuality Education: An evidence-informed approach (ITGSE) states that “comprehensive sexuality education is a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and young people with the knowledge, skills, attitudes, and values that will empower them to realise their health, well-being and dignity; develop respectful social and sexual relationships; consider the well-being of others that are affected by their choices; and understand and ensure the protection of their rights throughout their lives” (UNESCO et al., 2018). It can be delivered in or out of school. Sexuality education is often called by another name depending on what is considered acceptable in a given context. For example, it may be called family life education, sexual and reproductive health education, life skills education, life orientation education, sex and relationship education, sex education, or personal development. Programmes called by these names may be considered CSE, only if they cover the breadth of content indicated in accepted guidance documents discussed below and are not abstinence-only.

According to the ITGSE, CSE has 10 essential core qualities, which are that CSE should be:

- 1. Scientifically accurate** – based on facts and evidence.
- 2. Incremental** – with new content building upon previous learning.
- 3. Age and developmentally appropriate** – addressing topics when it is most timely for the health and well-being of learners.
- 4. Curriculum-based** – have a written curriculum or document to guide the delivery of education in a structured way.
- 5. Comprehensive** – cover the full range of topics related to human sexuality, rights and gender, including gender identity and expression, without omitting challenging or sensitive topics.
- 6. Human-rights based** – recognises and promotes human rights as universal values and the basis for dignity, health, wellbeing, and healthy relationships for all.

7. Based on gender equality – explicitly recognises the effects of gender and power on relationships and sexual and reproductive health, fosters critical thinking and personal reflection about gender norms and power, and encourages the development of respectful and equitable relationships.

8. Culturally relevant and context appropriate – supports examining, understanding, and challenging the ways that local cultural norms, rites, and behaviours affect health and relationships.

9. Inclusive of life skills – teaches life skills needed to support healthy choices and form respectful relationships, including critical thinking, effective communication and negotiation, decision-making, and assertiveness.

10. Transformative – encourages a fair and compassionate society by empowering individuals and communities, promoting critical thinking skills and strengthening young people’s citizenship, advocacy, and civic engagement.

In addition, to the qualities listed above, it is essential that CSE:

- ▶ Integrates a focus on gender in all topics (Haberland, 2015).
- ▶ Is linked to services, including sexual and reproductive health services, gender-based violence services and initiatives that address gender equality and empowerment and build the social and economic assets of young people.
- ▶ Uses interactive teaching methods that personalise information and strengthen skills in communication, decision-making and critical thinking.
- ▶ Is delivered in a safe and healthy learning environment (UNFPA, 2014).

CREATING SAFER LEARNING ENVIRONMENTS: TRAUMA-INFORMED COMPREHENSIVE SEXUALITY EDUCATION

A trauma-informed approach is about delivering CSE in a way that does not re-traumatise participants by arousing feelings or memories associated with a traumatic experience. The essence of trauma-informed approaches is the creation of an open, safe and compassionate environment and group culture rather than the content of the programme. The approach follows six interlinked key principles instead of a prescribed set of practices or procedures:

- ▶ **Safety:** Programmes purposefully create a safe, compassionate space that ensures that everyone feels physically and emotionally safe.
- ▶ **Transparency and trustworthiness:** Programmes are conducted with transparency and aim to build and maintain trust among participants and any others who are involved. For example, transparency about the programme content so participants are aware when there may be triggering content and about confidentiality and reporting requirements. Facilitators also seek to destigmatise the experience of trauma and associated feelings by reinforcing that trauma and abuse are not okay, but that the survivor is okay, that others have similar experiences, and there are no right or wrong ways to feel about it. Facilitators are prepared to help participants who are triggered and to handle disclosures of trauma while supporting the participant.
- ▶ **Collaboration:** Collaboration means developing and delivering programmes together with the participants, creating a true partnership by meaningfully sharing power and decision-making.
- ▶ **Empowerment:** Programmes create opportunities for participants to rebuild a sense of control and power and realise their right to experience their sexuality positively. The facilitators recognise, validate and build upon individuals' knowledge and strengths, and view participants as resourceful, resilient and capable of self-determination.
- ▶ **Mutuality and peer support:** Programmes support participants and facilitators to learn from and support each other. Facilitators do not assume the role of being an expert, but approach sessions as an ongoing dialogue in which mutual learning takes place among the participants and between the participants and facilitators.
- ▶ **Culture, historical and gender issues:** Programmes recognise and respond to the participants' experiences based on their race, ethnicity, culture, gender, sexual identity and history. Facilitators vet their referrals and only refer participants to inclusive, culturally appropriate services that are provided by trusted professionals.

For more information and resource materials, see the following links:

- *Support for Students Exposed to Trauma: The SSET Programme, Group Leader Training Manual, Lesson Plans, and Lesson Materials and Worksheets* published by the Rand Corporation, available at https://www.rand.org/content/dam/rand/pubs/technical_reports/2009/RAND_TR675.pdf
- *A Guide to Trauma-Informed Sex Education* published by Cardea Services. Available at <http://www.cardeaservices.org/resourcecentre/guide-to-trauma-informed-sex-education>

The term “comprehensive” indicates the breadth and depth of topics covered by CSE. According to *the International Technical Guidance on Sexuality Education*, which is endorsed by multiple UN agencies, to be comprehensive, sexuality education needs to include the topics in Table 3 below. This framework is indicative and intended to guide the development of local curricula. Other well-known frameworks for sexuality education, such as the International Planned Parenthood

Federation's *Framework for Comprehensive Sexuality Education and the It's All One Curriculum Guidelines for a Unified Approach to Sexuality, Gender, HIV and Human Rights Education* include additional topics such as abortion, sexual identity, gender identity, desire, pleasure, diversity of sexuality, self-defence techniques, sexual rights, relationship rights and responsibilities, self-esteem, empowerment, participation, and advocacy skills. Some of these topics are also found in the details of the ITGSE.

Table 3 : Key concepts and topics of comprehensive sexuality education in the *International Technical Guidance on Sexuality Education* (UNESCO et al., 2018)

<p>KEY CONCEPT 1: RELATIONSHIPS</p>	<p>KEY CONCEPT 2: VALUES, HUMAN RIGHTS, CULTURE AND SEXUALITY</p>
<p>Topics: 1.1 Families 1.2 Friendship, Love and Romantic Relationships 1.3 Tolerance, Inclusion and Respect 1.4 Long-term Commitments and Parenting</p>	<p>Topics: 2.1 Values and Sexuality 2.2 Human Rights and Sexuality 2.3 Culture, Society and Sexuality</p>
<p>KEY CONCEPT 3: UNDERSTANDING GENDER</p>	<p>KEY CONCEPT 4: VIOLENCE AND STAYING SAFE</p>
<p>Topics: 3.1 The Social Construction of Gender and Gender Norms 3.2 Gender Equality, Stereotypes and Bias 3.3 Gender-based Violence</p>	<p>Topics: 4.1 Violence 4.2 Consent, Privacy, and Bodily Integrity 4.3 Safe Use of Information and Communication Technology</p>
<p>KEY CONCEPT 5: SKILLS FOR HEALTH AND WELLBEING</p>	<p>KEY CONCEPT 6: THE HUMAN BODY AND DEVELOPMENT</p>
<p>Topics: 5.1 Norms and Peer Influence on Sexual Behaviour 5.2 Decision-making 5.3 Communication, Refusal and Negotiation Skills 5.4 Media Literacy and Sexuality 5.5 Finding Help and Support</p>	<p>Topics: 6.1 Sexual and Reproductive Anatomy and Physiology 6.2 Reproduction 6.3 Puberty (includes menstruation) 6.4 Body Image</p>
<p>KEY CONCEPT 7: SEXUALITY AND SEXUAL BEHAVIOUR</p>	<p>KEY CONCEPT 8: SEXUAL AND REPRODUCTIVE HEALTH</p>
<p>Topics: 7.1 Sex, Sexuality and the Sexual Life Cycle 7.2 Sexual Behaviour and Sexual Response</p>	<p>Topics: 8.1 Pregnancy and Pregnancy Prevention 8.2 HIV and AIDS Stigma, Care, Treatment and Support 8.3 Understanding, Recognising and Reducing the Risk of Sexually Transmitted Infections (STIs), including HIV</p>

Comprehensive sexuality education is holistic and goes beyond the traditional focus of sexual and reproductive health education on the prevention of risky sexual behaviours, unintended pregnancy, STIs and HIV, to include relationships gender, human rights, violence prevention, and social and emotional learning. To be comprehensive, CSE must cover the full range of topics that are important for all learners to know, including those that are challenging in the social and cultural context. The *International Technical Guidance on Sexuality Education* includes a more detailed explanation of the key concepts and topics to be addressed in and out of school CSE programmes

and details the key ideas and learning objectives for different ages by sub-topic.

In this paper we are considering only the potential of CSE that meets the essential core qualities that would make it potentially effective in preventing GBV, namely CSE that is human rights based, promotes gender equality, transformative, and inclusive of the relevant content on relationships, rights, culture, gender, violence and life skills. However, as noted, to be considered CSE, it must still be comprehensive in terms of other content. If it is only focused on GBV prevention, then it is not CSE as a component of GBV prevention.



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FINDINGS OF THE LITERATURE REVIEW

A literature review was conducted of relevant journal articles, studies, programme evaluations and other grey literature pertaining to CSE and its linkages with the prevention of gender-based violence. A search was conducted on Google Scholar for relevant documents and the bibliographies of relevant articles were mined for additional articles. The literature review includes peer-reviewed evidence on the effectiveness or impact of CSE on GBV experience or perpetration and on risk and protective factors for GBV experience or perpetration. Peer-reviewed sources were supplemented with grey literature, including thematic and programmatic publications, unpublished papers, and technical reports. The review also sought to identify why and with whom programmes achieved or did not achieve desired impacts, in what contexts, what the essential content and modalities of effective approaches were, and how they were implemented. Finally, the review aimed to identify promising practices,

lessons learned and key characteristics of CSE programmes related to the prevention of GBV.

The literature review was limited by the lack of peer-reviewed literature on the impact of CSE in general as well as on gender-based violence specifically. All available articles and grey literature identified on CSE and GBV, as well as on CSE and gender norms transformation and rights-based CSE, were included. Due to time constraints some potentially relevant literature on GBV prevention for children and young people in general, i.e., not related to CSE specifically, including whole school approaches, as well as general evidence on changing gender norms among children and young people could not be fully reviewed. However, some are included in the annotated bibliography. Finally, some articles, especially in the grey literature, may not have been identified through the search as they can be difficult to locate.

EVIDENCE ON COMPREHENSIVE SEXUALITY EDUCATION AND GENDER-BASED VIOLENCE

The literature search on CSE and GBV found eleven relevant documents, six of which constitute a dissertation on the same programme in one country. It found no peer reviewed or other articles that directly evaluated the effect of CSE on GBV. The articles included six qualitative studies, one literature review, one literature review combined with qualitative research, one policy review combined with qualitative research and one comment. All were published in 2015 or thereafter (two in 2015, one each in 2016 and 2017, four in 2019 and two in 2020), indicating that research on CSE is still a relatively new area. See the summary of the included articles in Table 4 below.

Among the eight articles that report on qualitative research, most were conducted in Africa, with five in Ethiopia, one in South Africa and one in Uganda. One study was done in Asia and one in Latin America, in Cambodia and Mexico respectively. The five studies in Ethiopia were

all on a 16-lesson extracurricular programme called The World Starts with Me developed by Rutgers in the Netherlands. The Mexican study was on an unnamed 20-hour course delivered in school by young health educators from the NGO, Mexfam's Gente Joven programme. The study in Cambodia and Uganda was with young people who had participated in SRHR programmes of indeterminate length and content, that were not CSE per se, but included some aspects of CSE and were delivered by Plan International, presumably out of school. The study in South Africa was an interview of one teacher delivering Life Skills education, which is part of the curriculum, in a government primary school.

Of the two literature reviews, one was on the impact of CSE on violence against women and girls and looked at evidence of whether CSE can promote gender equitable attitudes, change attitudes about violence, improve life skills,

transform attitudes of the wider community and improve the reporting of and response to violence against women and girls (Holden et al., 2015). The second literature review assessed the literature on CSE as a primary prevention strategy for sexual violence perpetration in the United States (Schneider and Hirsch, 2020). Due to the lack of direct evidence, the latter reviewed

a limited number of articles that synthesised the literature on primary prevention of sexual violence perpetration in general, on risk factors for sexual violence perpetration, and on interventions that reduce those risk factors, such as child sexual abuse, sexual behaviour, and social and emotional skills. The article on policy analysis looked at how CSE was adopted in Ethiopia through an

Table 4: Summary of included articles on CSE and GBV

AUTHOR	YEAR	TYPE OF STUDY	COUNTRY	PROGRAMME
QUALITATIVE STUDIES				
Bhana	2015	Qualitative	South Africa	Life Skills, in-school, Ministry of Education
Le Mat	2020	PhD dissertation (five published papers)	Ethiopia	The World Starts with Me, 16 lessons of 1-2 hours, extracurricular at school, Rutgers
Le Mat	2016	Qualitative	Ethiopia	The World Starts with Me, 16 lessons of 1-2 hours, extracurricular at school, Rutgers
Le Mat et al.	2019	Qualitative	Ethiopia	The World Starts with Me, 16 lessons of 1-2 hours, extracurricular at school, Rutgers
Le Mat	2017	Qualitative	Ethiopia	The World Starts with Me, 16 lessons of 1-2 hours, extracurricular at school, Rutgers
Le Mat et al.	2019	Qualitative	Ethiopia	The World Starts with Me, 16 lessons of 1-2 hours, extracurricular at school, Rutgers
MIXED METHODS STUDIES				
Holden et al.	2015	Literature review and qualitative	Uganda and Cambodia	Youth SRHR programmes with elements of CSE, out of school, Plan International
Makleff et al.	2019	Longitudinal quasi-experimental, quantitative & qualitative	Mexico	Unnamed, 20 hours, in-school, delivered by young staff of Gente Joven, Mexfam
Le Mat et al.	2019	Policy analysis & qualitative	Ethiopia	The World Starts with Me, 16 lessons of 1-2 hours, extracurricular at school, Rutgers
LITERATURE REVIEWS				
Schneider and Hirsch	2020	Literature review	US	Not applicable
OTHER				
Rollston et al.	2020	Comment	Arab region	Not applicable

analysis of 23 policy documents and interviews with 16 stakeholders (Le Mat et al., 2019b) and the comment remarked on the increase in GBV during the COVID-19 epidemic and how national responses to this violence might be entry points for CSE in the Arab region, where CSE is deemed 'too sensitive' (Rollston et al., 2020).

It should be highlighted that almost half of the documents, and more than half of the qualitative studies, discuss the same programme and are mostly written by the same group of authors. Therefore, caution should be used in extrapolating the findings.

Effects of CSE on the prevention of GBV:

Longitudinal studies of the impact of CSE on any outcomes have not yet been done, which contributes to lack of quantitative evidence about CSE's impact on the reduction of experiences or perpetration of GBV. The studies that are used as evidence for the effectiveness of CSE actually study programmes that deliver one or some, but not all components of CSE, such as HIV prevention education only or sexual and reproductive health education more broadly, (Irvin, 2017). The literature review on the effect of CSE on the primary prevention of sexual violence perpetration by Schneider and Hirsch (2020) also found no peer reviewed articles on the topic. The article cites a 2014 review by DeGue et al. that found only three effective programmes to prevent sexual violence perpetration, of which two were for adolescents. They found that programmes focused on college students were not effective.

A couple of the articles in this review noted the effects of CSE on risk and protective factors that are thought to have an influence on GBV prevention. The literature review of the primary prevention of sexual violence perpetration found evidence that education programmes that meet the characteristics of effective prevention, which CSE does, can modify all four categories of risk factors for sexual violence perpetration (i.e., sex,

gender, and violence-based, child abuse-based, sexual behaviour-based, and social and emotional skills-based risk factors) (Schneider & Hirsch, 2020). However, they note that current primary prevention strategies for sexual violence perpetration (mostly education programmes, but not CSE) do not address the majority of sexual violence perpetration risk factors¹ or use effective pedagogical approaches for prevention (Schneider and Hirsch, 2020). The qualitative study in Mexico reports that teachers, facilitators, and students credited the sexuality education course with influencing attitudes and practices compatible with the objectives of gender-transformative programming and violence prevention (Makleff et al., 2019).

Unintended outcomes: Several articles also noted that CSE did or had the potential to have unintended negative effects on GBV-related outcomes. They found that in practice it can contribute to perpetuating or reinforcing unequal gender norms and GBV (Haste, 2013; Le Mat, 2017 and 2020; Le Mat et al., 2019a and 2019c; Ngabaza et al., 2016; Shefer and Macleod, 2016). There are multiple reasons for this occurring, including issues with the materials in some programmes, insufficient teacher training, the continued use of didactic methods that tell learners what to think, the influence of teachers' motivations for teaching the course that conflicted with the design and intention of the course, and teacher discomfort causing them to skip or shift the emphasis of the content. One of the main reasons cited is that the teachers delivering the CSE do not deliver the programme as intended because they are not aware of or do not understand gender issues and/or GBV or because they do not believe in gender equality. Because of this, they, intentionally or unintentionally, reinforce gender inequality, including sexual double standards and victim-blaming, instead of challenging it.

¹ These include: sex, gender, and violence-based risk factors (i.e., having sexual fantasies supportive of SV, willingness to commit SV, victim blaming, rape myth acceptance, hostility toward women/adversarial sexual beliefs, traditional gender role adherence, hypermasculinity, acceptance of violence, dominance, competitiveness, casual relationship status, interrelationship conflict, peer approval of forced sex, peer pressure for sexual activity, peer sexual aggression, membership in fraternity, sports participation); child abuse-based risk factors (i.e., previous childhood sexual abuse, previous childhood physical abuse, previous childhood emotional abuse, exposure to parental violence/ family conflict); sexual behaviour-based risk factors (i.e., multiple sexual partners, impersonal sex, early initiation of sex, sexual risk taking, positive for STI, exposure to sexually explicit media, motivation for sex/sex drive, SV victimisation during adolescence or adulthood, past SV perpetration); and social and emotional skills-based risk factors (i.e., delinquency, previous suicide attempt, empathetic deficits, cue misinterpretation, gang membership) (Schneider and Hirsch, 2020).

Evidence on the implementation of CSE related to GBV prevention

Policy and enabling environment: The only article that analysed the policy process looked at the process of CSE policy adoption, transfer mechanisms, and reformulation in Ethiopia (Le Mat et al., 2020). The findings showed that in Ethiopia CSE has been largely donor-driven. It has been particularly embraced by the Ministry of Health, international organisations and NGOs, whereas the Ministry of Education and other critics resisted adopting CSE, arguing against it based on cultural, religious, and legal differences. Interestingly, the authors note that this resistance is particularly focused on sexual diversity, which is barely mentioned in the UN's International Technical Guidance on Sexuality Education. As a result, the aims of CSE in Ethiopia have been limited to promoting health and development, and according to the authors, neglect the ways CSE could address gender-based violence in addition to disregarding what students say they want to learn about. The authors suggest that this may be because advocacy for CSE focused on its health benefits which appeals to the Ministry of Health, whereas the Ministry of Education is more concerned with educational outcomes. The authors conclude that in the process of resisting CSE, Ethiopia ignored their own policy priorities that CSE could help to address, including school-based GBV, which is a serious problem for them. Hence, while they need to address gender-based violence in education, CSE in Ethiopia is focused more on sexual and reproductive health, and gender is an add on rather than a core component. The authors note that in legal and policy environments, such as Ethiopia, where work on gender equality, children's and human rights are restricted and limited to developmental goals, it will be difficult for education programmes to address the root causes of GBV. The included articles recommend that policies should focus on gender transformative sexuality education explicitly (Bhana, 2015) and that ways should be found to advance an emancipatory educational agenda that can include CSE to better address gender-based violence in education (Le Mat et al., 2019b).

Programme components: There were no studies that looked specifically at what key components need to be included in a CSE programme (or broader programme that includes CSE) to prevent GBV. However, the ecological model has been

put forward as being essential for achieving both GBV prevention and other CSE outcomes and there is a general consensus in these articles that CSE must be part of a larger strategy to address unequal gender norms, GBV, sexuality and SRH in the school, community and society. Schneider and Hirsch (2020) state that CSE must be part of a comprehensive approach comprised of strategies across the ecological model (i.e., at the individual, relationship, community and societal levels) and repeated through the life course. A number of other articles also noted that what is taught in CSE about gender equality is contradicted in the rest of the learners' lives, and one mentioned that students said they want to reflect on these contradictory messages (Le Mat, 2016). Holden et al. (2015) recommend using an "integrated community-based approach" to address gender inequality more broadly but only say that it is both in and out of school without further explanation. They also recommend strengthening reporting and response mechanisms, including for school-related GBV (Holden, et al., 2015). Bhana (2015) concurs that gender must also be addressed in the broader context since sexuality education cannot challenge the broader social system by itself.

Programme design and development: Three documents discuss aspects related to programme development, one the possible pathways to change, one the characteristics of effective prevention programmes to guide programme development and the third the need to understand and meet the needs of young people (Holden et al., 2015; Le Mat, 2016; Schneider and Hirsch, 2020). Holden et al. (2015) present a working theory of change for how CSE is linked to the prevention of and response to violence against women and girls, which includes four key pathways to change. These four key pathways are: 1) promoting gender equitable attitudes and attitudes against violence against women and girls; 2) developing life skills linked to improved gender relations and reduced violence, such as self-efficacy, negotiation, consent, and to resisting peer pressure to engage in or accept GBV; 3) transforming attitudes in the wider community, including among duty bearers; and 4) increasing reporting and response to violence against women and girls. They recommend using gender-transformative and rights-based approaches in CSE (Holden et al., 2015).

Le Mat (2016) also found that boys' and girls' views on sexual violence were strikingly different. Specifically, she found that boys have a theoretical and impersonal view of violence, whereas girls had emotional, fearful, and personal views based on their experiences with sexual violence. Additionally, all the girls shared stories about sexual violence at school (not necessarily personal ones), while most boys were convinced that sexual violence did not happen in their school and could not come up with any examples of it. While this may complicate teaching about GBV somewhat, it can be addressed if programme developers and facilitators are aware of it. This points to the need to understand how boys and girls think of and understand GBV before developing an educational programme to address it. This finding reiterates the importance of doing formative research before developing programme content and not assuming an understanding of the realities of the young people who will be targeted. This was also a finding highlighted in several systematic reviews and studies about CSE in general (Downs et al., 2015; Erulkar et al., 2013; Hidalgo et al., 2015; Girls Not Brides and Population Council, 2017; Martos, 2015). The need to design and implement a rights-based,

comprehensive approach to sexuality education that is specifically focused on the needs of young people and relevant to their lives is also stressed (Le Mat, 2016; Makleff et al., 2019). Additionally, Le Mat et al. (2019c) suggest increasing efforts to include teachers' views, concerns, and daily realities in the development of education programmes.

Schneider and Hirsch (2020) looked at the field of prevention science and present nine characteristics of effective prevention programmes according to Nation et al. (2003). These characteristics, which should guide the development of CSE programmes, are: 1) comprehensiveness; 2) usage of varied teaching methods; 3) provided in sufficient dosage; 4) driven by theory; 5) fostering positive relationships; 6) delivered at the appropriate time; 7) socio-culturally relevant; 8) delivered by well-trained staff; and 9) inclusive of outcome evaluations. They stress that CSE programmes need to adhere to standards for CSE and the characteristics of effective prevention programmes and should begin early in life (Schneider and Hirsch, 2020). Bhana (2015) found that education to support gender equality can begin in lower primary (K-3).



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A WAY TO START EARLY – THE IRIE CLASSROOM TOOLBOX

Education on sexuality, gender and violence needs to start very early, but in many places programmes on these issues are not seen as appropriate for small children. The IRIE Classroom Toolbox is an evidence-based in-school violence prevention, teacher training programme for use with teachers of children aged 3–6 years that was designed specifically for low- and middle-income settings, based on teachers' preferred behaviour management strategies and considering enablers and barriers to implementation identified by teachers. It supports social and emotional learning in pre-school, much of which is either a foundation for or already part of CSE and/or GBV prevention education. As such, it may be a culturally appropriate way to start early. The toolbox includes four modules of strategies for teachers to use: 1) creating an emotionally supportive classroom environment; 2) preventing and managing child behaviour problems; 3) teaching social and emotional skills; and 4) individual and class-wide behaviour planning. Teachers can use these alone or in combination to positively manage children's classroom behaviours, choosing strategies according to the needs of the children, their classroom context, and their own preferences. They are also trained in the use of a discipline hierarchy to manage child misbehaviour as a fifth key component. The teacher training approach is also of interest. It is delivered through five full-day teacher training workshops, eight one-hour individual in-class support sessions conducted once a month for eight months, and text messages sent every two weeks for a year. Teachers are given practical classroom assignments after each in-class support session and receive intervention manuals and materials to use. The core implementation components include behaviour change techniques to promote teacher skills (e.g., rehearsal and practice), motivation (e.g., use of specific positive feedback), and opportunity (e.g., provision of necessary resources).

For more information and resource materials, see the following links:

[IRIE Toolbox Main Page](#) (more resources are available through links on the main page)

[IRIE Classroom Tools Book](#)

[IRIE Classroom Activities Book](#)

[IRIE Classroom Toolbox Additional Resources](#)

None of the articles discussed contextual adaptation, considerations about co-ed or single sex delivery, or the need to ensure a safe and supportive learning environment, including for survivors of violence and for sexually diverse and non-binary people, as part of the design and development phase.

Programme content: The one study in Mexico and three of the articles on the programme in Ethiopia had findings relevant to programme content. Four articles recommended increasing the focus on gender inequality and power dynamics to make it a more central part of CSE, which would enable a discussion of the root causes of GBV and one that

is connected to relationships at schools, in families, culture and society (Holden et al., 2015, Le Mat et al., 2019a, Le Mat, 2020, Le Mat, 2017). Le Mat et al., (2019a) also recommend that CSE: encourage critical thinking skills, self-reflection and the examination of ethical responsibilities to address the root causes of violence and inequality; integrate the idea of culture as changing into education about sexuality and gender relations; discuss the meanings of concepts like sexuality, virginity, premarital sex, transactional sexual relationships and sex work through socio-cultural, scientific, gender and economic lenses; and strengthen efforts to inspire action and organising for social transformation in CSE (Le Mat, 2020). Considering

the relationship between GBV and culture as presented in the CSE programme in Ethiopia, it was found that CSE that simplistically attempts to replace 'bad' culture with 'good' culture does not address unequal gender relations and patriarchy as the root causes of gender-based violence (Le Mat et al., 2019a).

Makleff et al. (2019) identified four elements of their programme that they found were crucial for preventing partner violence, which are 1) encouraging reflection about romantic relationships, including questioning whether jealousy and possessive behaviours are signs of love; 2) developing skills to communicate about sexuality, inequitable relationships, and reproductive health; 3) encouraging care-seeking behaviours; and 4) addressing norms about gender and sexuality, such as discrimination against sexually diverse populations.

Methodology: None of the articles compared different types of methodologies for education to prevent GBV, but there is a general recognition that effective CSE, just like effective education of any type, uses primarily learner-centred, interactive or participatory methods. A couple of articles noted that critical reflection or reflexivity and questioning of current norms and structures in society is especially important for education to prevent GBV (Le Mat, 2016 and 2020; Le Mat et al., 2019a and 2019c; Shefer and Macleod, 2015). Le Mat (2016) notes, for example, that critical reflection is crucial for developing informed ideas about sexual violence in schools. Critical reflection on romantic relationships, including questioning whether jealousy and possessive behaviours are signs of love, is also one of the four crucial elements for preventing GBV identified by Makleff et al. (2019), who also recommend the use of open dialogue to allow learners to engage meaningfully with the content.

Settings: Although the settings for these programmes were fairly diverse, with two being delivered in school during regular hours, one as an extracurricular class, and one presumably in the community, none of the articles mention the setting of the programme as a significant factor in terms of the programme delivery or effectiveness. However, Le Mat et al. (2019c) found that the level of school and community support influenced the teachers' delivery of the programme. No studies have been

done comparing school-based to community-based CSE or curricular to extracurricular CSE.

Dosage: None of these articles commented on programme duration or dosage and its effect on programme effectiveness. The exact dosage is only known for one of the programmes, 20 hours, and estimated dosage is given for a second, 16 lessons of 1-2 hours each. In the latter programme, one lesson is devoted to GBV (the topics of the other lessons are not given, so it is not known if any are on gender or other content related to GBV prevention). Simply considering that nearly all young people will have received daily repeated messages, in the form of both words and behaviours, on gender norms, stereotypes and biases and the acceptability of GBV over the course of their whole lives and will most likely continue to do so, it is hardly plausible that 30 or fewer hours of education or one lesson on GBV could counter that daily onslaught and create long-term change in the recipients' attitudes, beliefs and behaviours. Yet, this issue is rarely, if ever, raised. In fact, given the breadth of topics included in CSE, it is even not certain that either of the programmes studied in these articles is actually comprehensive, given their limited dosage.

Fidelity: Fidelity, or the extent to which a programme is delivered as it was intended to be delivered, is discussed in two articles, both on the programme in Ethiopia. Le Mat et al. (2019c) reported teachers can be barriers to CSE by not delivering the programme with fidelity and that some skipped or changed content based on their own or the community's opinion of its appropriateness. They note that the ways in which they changed the programme may undermine or subvert the intentions of CSE. Le Mat (2017) found that teachers focused on moral and health reasons to delay sex and avoided discussions of love, relationships, desire and sexual intercourse even though the latter topics are both of particular interest to young people and essential for discussing gender and power. While it is not clear if this is what the programme intended, it is indicated that the teachers shifted the emphasis of the programme to moral or health reasons to delay sexual debut. Gender-biased assumptions about girls' and boys' needs, i.e. that girls need to be protected from boys who are sexually knowledgeable and aggressive, resulted in the provision of partial and bias information,

different stereotypical messages by gender, and not addressing gendered power dynamics, thereby reinforcing those stereotypes rather than challenging them. The discrepancy between the design of the programme as comprehensive and rights-based and the rationales used by teachers to justify the actual content they deliver may be one reason for this lack of fidelity. Ultimately, the sexuality education delivered in this programme was gender biased rather than challenging gender norms (Le Mat, 2017).

Facilitators: The CSE programmes in the articles on Ethiopia and South Africa were delivered by teachers from the schools whereas the programme in Mexico was delivered by young health educators (no more than 30 years old) from an NGO. In Ethiopia, Le Mat et al. (2019c) found that teachers' delivery of CSE was influenced by their confidence, knowledge, beliefs, motivations, professional status, relations with the community, and level of school and/or community support. They also found that while teachers may support changing gender roles, they may also reinforce them and concluded that the teachers' ability to address gender-based violence was limited.

The article based on an interview with a primary school teacher in South Africa, on the other hand, concluded that it is possible to work with teachers to critically reflect on and question gender inequality and to address sexuality, but that teachers require further support to break the silence in their schools on these topics, to stop the violence, and to change entitled and violent masculinity (Bhana, 2015). The article on the programme that used young health educators instead of teachers remarked that it is essential to have adequately trained facilitators to teach CSE successfully, and therefore, either teachers must be adequately prepared, or specialists brought in to teach CSE successfully (Makleff et al., 2019).

Other recommendations include that guidelines on CSE should better address how to support CSE teachers in various environments to address the multiple forms of gender-based violence (Le Mat, 2019a and 2020); that teachers' positions in and out of school and their ability to promote positive gender relationships need to be strengthened (Le Mat et al., 2019a; Le Mat et al., 2019c, Le Mat,

2020); and that reflection on teachers' roles in addressing GBV be strengthened in teacher professional development (Le Mat et al., 2019c). Studies have not been done on the effectiveness of different approaches to building educator capacity for CSE, which is unique due to the potentially sensitive content, feelings educators may have about delivering CSE and those parents and the community may have about it being delivered, the need to address learner attitudes without being didactic, and CSE's intention to be transformative.

Challenges: The five articles and dissertation based on research in Ethiopia identify a number of important challenges for delivering CSE that can contribute to the prevention of GBV, including IPV and SV, in schools. Le Mat (2020) concludes that while CSE has created opportunities in education to talk about gender relations in new ways, it can also contribute to perpetuating gender inequalities and gender-based violence in practice. The constraints on discussing and/or promoting gender equality and human rights in Ethiopia hampered the CSE programme's ability to address the root causes of GBV (Le Mat et al., 2019b). Additionally, because CSE is contested in Ethiopia, the teachers sought culturally acceptable rationales for the need to teach it and the content to include, which led to them altering the content of the programme in ways that subverted the goals of CSE (Le Mat, 2017). Therefore, she concludes that questioning the current gender order may be challenging for schools (Le Mat, 2016).

Role of CSE in GBV prevention: Nonetheless, four articles find that CSE has a role to play in the prevention of GBV. Holden et al. (2015) assert that, based on their analysis of the evidence supporting their four pathways to change, CSE can play a key role as part of a multi-pronged approach to violence against women and girls. Schneider and Hirsch (2020) conclude that CSE that meets National Sexuality Education Standards for the US is a potentially effective strategy for reducing sexual violence perpetration specifically. Makleff et al. (2019) are of the opinion that schools are important for violence prevention efforts and Rollston et al. (2020) go so far as to assert that the failure to implement CSE globally "puts all people at increased risk of violence" during the COVID-19 pandemic.

Evidence base: Clearly, rigorous evidence is needed that CSE can have a direct impact on the experience and perpetration of GBV over the long-term (Holden, et al., 2015; Makleff et al., 2019). Additionally, more evidence is needed on specifically 'what works' in CSE to change attitudes about gender equality and GBV among both teachers and learners (Holden et al., 2015). Although Makleff et al. (2019) attempted to understand the mechanisms through which CSE may support the prevention of intimate partner violence among young people and highlighted four crucial elements, the evidence of the impact of their programme was only qualitative.

A table of the included articles on CSE and GBV that indicates the type of study, country or region, programme, key findings and recommendations is included in Annex 1.



EVIDENCE ON CSE, GENDER NORM TRANSFORMATION, AND HUMAN RIGHTS

The literature search on CSE and gender norm transformation and human rights identified twelve relevant documents and one document on the links between social and emotional learning, sexuality, and gender education. It found two articles on one randomised controlled trial of a rights-based programme in the US, which looked at effects of the programme on attitudes towards relationship rights (Constantine et al., 2015 and Rohrbach et al., 2015) and one article on a pre-test-posttest study of a sexuality education programme in the US that included several components of sexual empowerment, including gender ideology. The other articles included eight qualitative studies, one of which is an article reviewing six qualitative studies, one policy analysis, and one literature review. They were published between 2013 and 2019 (one in 2013, four in 2014, five in 2015, one in 2016, and two in 2019).

As noted, the randomised controlled trial and the pre-post-test studies were done in the US. Among the eight articles on qualitative research, most were conducted in Africa, with one in Ethiopia, one in Uganda and three in South Africa (one of which discussed six studies). Additionally, there was one from the UK, one formative research study from the US for the development of the Sexuality Education Initiative, which was the subject of the randomised controlled trial, and one conceptual study that was global. The articles on the randomised controlled

trial in the US were both on the Sexuality Education Initiative, a programme of 12 50-minute sessions conducted in schools by Planned Parenthood Los Angeles and delivered by Planned Parenthood staff or trained volunteers. The pre- and post-test study looked at a sexuality education programme for Grade 8 that included 10 50-minute lessons developed by the Walnut Avenue Woman's Center based on *Streetwise to Sex-wise*, which was delivered by external facilitators.

The study in Ethiopia was on *The World Starts with Me* developed by Rutgers, which consists of 16 lessons of 1-2 hours, delivered as an extracurricular programme at schools, while the one in Uganda reports on different sexuality education programmes associated with NGOs, some in regular classes and some in extracurricular clubs and taught by teachers. All the studies from South Africa look at the Life Orientation subject taught in school by teachers. The UK article came out of the author's experiences delivering a sex and relationship education modelling programme. One article using qualitative research was a conceptual study of what constitutes rights-based sexuality education. The literature review looked at the connections and overlaps between social and emotional learning, CSE and gender education. The article on policy analysis looked at how CSE in the US could be more inclusive of diverse populations of youth. Table 5 provides a summary of the included studies.

Table 5: Summary of included articles on CSE and gender transformation and human rights

AUTHOR	YEAR	TYPE OF STUDY	COUNTRY	PROGRAMME
QUALITATIVE STUDIES				
Berglas et al.	2014	Qualitative	Global	Not applicable. Conceptual research
Berglas et al.	2014	Qualitative	US	Formative research for the Sexuality Education Initiative, Planned Parenthood Los Angeles
Browes	2015	Qualitative	Ethiopia	The World Starts with Me, 16 lessons of 1-2 hours, extracurricular at school, Rutgers
De Haas and Hutter	2019	Qualitative	Uganda	Different sexuality education programmes (associated with NGOs), some in regular classes and some in extracurricular clubs, taught by teachers
DePalma and Francis	2019	Qualitative	South Africa	Life Orientation, in-school, taught by teachers
Haste	2013	Qualitative	UK	A sex and relationship education modelling programme
Ngabaza et al.	2016	Qualitative	South Africa	Life Orientation, in-school, taught by teachers
Shefer and Macleod	2015	Qualitative	South Africa	Life Orientation, in-school, taught by teachers
QUANTITATIVE STUDIES				
Constantine et al.	2015	Cluster-randomised trial 1,750 ninth grade students	US	Sexuality Education Initiative, 12 50-minute sessions, in-school, Planned Parenthood Los Angeles, delivered by Planned Parenthood staff or trained volunteers
Grose et al.	2014	Pre-test-post-test survey of 95 students	US	Walnut Avenue Woman's Center sexuality education for Grade 8, 10 50-minutes lessons based on Streetwise to Sex-wise delivered by external facilitators
Rohrbach et al.	2015	Cluster-randomised trial pre-test and 1-year follow-up questionnaires 1,447 students	US	Sexuality Education Initiative, 12 50-minute sessions, in-school, Planned Parenthood Los Angeles, delivered by Planned Parenthood staff or trained volunteers
LITERATURE REVIEWS				
Cahill et al.	2019	Literature review	Global	Not applicable
OTHER				
Elia and Tokunaga	2015	Policy analysis	US	Not applicable

Effects on outcomes: The randomised controlled study on the Sexuality Education Initiative in the US was the first large scale rigorous evaluation trial of a rights-based sexuality education intervention in the U.S. Two studies looked at its immediate and its one-year effects on both sexual behaviours and psychosocial determinants of sexual behaviour among ninth-grade students. It compared the effects of a rights-based curriculum (intervention) to a basic sex education (control) curriculum. The questionnaires measured eight short-term psychosocial outcomes: 1) attitudes about rights in sexual relationships; 2) communication about relationships, rights, and sexuality with partners; 3) communication about relationships, rights, and sexuality with parents/guardians; 4) knowledge about sex, sexual health, and sexual risk protection; 5) self-efficacy to assert sexual limits and manage risky situations; 6) intentions to protect themselves from sexual risk through condom use; 7) access to accurate information about sexuality and sexual health; and 8) awareness of sexual and reproductive health services.

The researchers found students who received the rights-based curriculum demonstrated significantly greater knowledge about sexual health and sexual health services, more positive attitudes about sexual relationship rights, greater communication about sex and relationships with parents, and greater self-efficacy to manage risky situations at immediate post-test (Constantine, et al., 2015). They found no significant differences between the two groups for communication with sexual partners and intentions to use condoms.

The effects of the rights-based curriculum were consistent regardless of gender or baseline sexual experience, two characteristics often considered as potential moderators of the impact in sexuality education. According to the authors, the results suggest that interventions that integrate human rights, gender equality, and healthy sexual development can affect precursors to healthy sexual behaviour among adolescents and note that their findings are consistent with the small body of existing studies of similar rights-based interventions (Constantine, et al., 2015).

The second study of this programme, after one year, found that the students receiving the rights-based curriculum had significantly higher scores than the basic sex curriculum students on six of nine psychosocial outcomes, including sexual health knowledge, attitudes about relationship

rights, partner communication, protection self-efficacy, access to health information, and awareness of sexual health services. (Rohrbach et al., 2015). In terms of behaviours, intervention students were also more likely to be carrying a condom and to report use of sexual health services than control students. No effects were found for other sexual health behaviours, possibly due to the low prevalence of sexual activity in the sample (Rohrbach et al., 2015). Unfortunately, they did not measure the effects of the programme on participants' attitudes towards gender or violence or any related behaviours and attitudes.

The authors conclude that rights-based sexuality education is an important first step for promoting healthy sexual development, even before youth are sexually active (Rohrbach et al., 2015). In order to reinforce messages, reduce risks, and promote healthy decisions, they suggest booster education sessions throughout adolescence as more youth begin to engage in sexual relationships (Rohrbach et al., 2015).

The much less rigorous pre-post test study of participants in the sexual education programme that aimed to empower youth by linking gender ideology, sexual knowledge, and contraceptive beliefs found that the programme resulted in more progressive attitudes about gender and stronger sexual health and resource knowledge in the immediate short term (Grose et al, 2014). Based on this outcome, they recommend including and assessing sociocultural influences, such as gender ideology and sexual scripts, in sexual education curricula (Grose et al, 2014).

According to the literature review on the linkages between social and emotional learning, CSE and gender education, evidence shows that social and emotional learning can have a positive impact on school performance, well-being and health, especially on mental health and the reduction of bullying and gender-based violence (Cahill et al., 2019). The review found that social and emotional learning is most effective when it is sequenced, includes participatory learning activities, is frequently taught, is explicit with students about its learning objectives, and is provided by facilitators who are in ongoing relationships with the students (Cahill et al., 2019). Additionally, they found that social and emotional learning interventions that provide detailed lesson plans achieve greater outcomes for students than those that simply outline curriculum standards and objectives (Cahill et al., 2019).

Unintended outcomes: Two of the articles commented on unintended negative outcomes of the Life Orientation subject in South African schools. Both articles noted that the Life Orientation subject does not challenge or change unequal gender norms as it was intended to do, and instead may (or does) reproduce, rationalize and reinforce those inequalities (Ngabaza et al, 2016; Shefer and Macleod, 2015). Shefer

and Macleod (2015) further assert that the programme fails to engage young people and does not have a positive impact on their practices and experiences of gender and sexuality. De Hass and Hutter (2019) also found that the Ugandan school-based sexuality education reproduces cultural and religious values and beliefs, including on gender and sexuality.

Evidence on the implementation of gender-transformative and rights-based CSE

Policy and enabling environment: Two articles discuss issues related to the enabling environment. Both found that the content of CSE was contradicted by the community, school, and family environments, which makes it challenging to implement and lessens its impact on students. Ngabaza et al. (2016) state specifically that applying a gender justice approach to sexuality education in school is especially challenging with young people from communities and families that remain invested in patriarchal and heteronormative notions of gender and sexuality. Browes (2015) found that while culture was not an absolute barrier to programme goals, it had a subtle modifying effect on the types of discussion that were had, how messages were interpreted by teachers and students, the depths of new attitudes reached, and how students chose to use programme information. The author states that the contradictions between the programme content on topics like gender equality, sexual harassment and premarital sex, and the environment, including the school's practices, had especially damaging effects on girls. Browes (2015) also advises that programmes recognise the significance of cultural influences, especially in rural, marginalised areas, where norms and values may be further from programme values.

Programme components: Two articles recommend that programmes not only include education for young people but also engage and involve the whole school and the wider community in CSE (Browes, 2015; De Haas and Hutter, 2019). De Haas and Hutter suggest that integrating sexuality education into broader interventions, such as a whole-school approach that includes the development of supportive school policies and collaborations with parents and youth-friendly health services, could result in school environments

that are supportive of comprehensive approaches to CSE in Uganda, where the approach is banned. Browes (2015) also recommends that sexuality education programmes engage with the whole school and the wider community to reduce contradictory messages and increase support for CSE. Elia and Tokunaga (2015) introduce the social-ecological model as a way to think about how to achieve broadly defined sexual health through sexuality education in and out of schools for all students.

Programme development and design: Four articles offer insights into the development and design of rights-based, gender-transformative CSE programmes.

Berglas et al. (2014a) undertook a qualitative study using in-depth interviews with 21 key informants to develop a deeper understanding of what a rights-based approach to sexuality education is, and to more clearly define the approach and goals. According to their findings, a rights-based approach can be defined as the intersection of four elements: 1) an underlying principle that youth have sexual rights; 2) an expansion of programmatic goals beyond reducing unintended pregnancy and sexually transmitted infections, such as goals related to empowerment, sexual assertiveness, expectations and civic engagement; 3) a broadening of content to include such issues as gender norms, sexual orientation, sexual expression and pleasure, violence, and individual rights and responsibilities in relationships; and 4) a participatory teaching strategy that engages youth in critical thinking about their sexuality and sexual choices. They recommend that CSE programme developers use these four elements as a guide (Berglas et

A WHOLE SCHOOL APPROACH - RESPECTFUL RELATIONSHIPS EDUCATION

The Respectful Relationships Education programme in Victoria, Australia provides an example of a government school system that actively and financially supports the use of a whole school approach for the prevention of GBV that is linked to the community. It shows how content related to CSE can be introduced into pre-school and early primary curricula. The approach brings together the school's policies and procedures, the curriculum, the social, physical, cultural, and spiritual environment of the school as a place for learning, working and engaging in extracurricular activities, and supportive community partners. Its six core elements are: 1) leadership and commitment; 2) school culture and environment; 3) professional learning; 4) teaching and learning; 5) community partnerships; and 6) support for students and staff. The programme begins in early childhood education and runs through Grade 12. The content is integrated into two subjects, Health and Physical Education and Personal and Social Capability and covers eight topics that have some overlap with CSE topics, namely emotional literacy, personal strengths, positive coping, problem-solving, stress management, help-seeking, gender and identity, and positive gender relations. For this programme to be CSE, the content would need to include the CSE topics that it does not address and the whole school approach expanded to cover those issues as well. Integrating the topics included in the Respectful Relationships Education that are not in the international CSE guidance into CSE curricula would strengthen CSE's potential to prevent GBV.

For more information and resource materials, see the following links:

- [General information about the programme](#)
- [Teacher Materials for Resilience, Rights and Respectful Relationships](#)
- [Respectful Relationships: A Resource Kit for Victorian Schools](#)

al, 2014a). The authors found that conducting formative research that involves the potential participants was a critical step for developing their programme and recommend that the development of rights-based sexuality education programmes should be guided by the voices, interests, needs, and concerns of the young people they intend to reach (Berglas et al, 2014b).

The two articles on seven studies on school-based sexuality education in South Africa that found that the programme was not being delivered as intended and was potentially harmful with regard to gender-transformation recommend that the programme be redesigned by systematically addressing the complexities of delivering sexuality education using a gender justice approach in South Africa. Ngabaza et al. (2016) specifically recommend paying more attention to the methodology and content of sexuality education as well as the preparation of teachers in order to realise the goal of gender justice. Shefer and Macleod (2013) suggest that the programme

should encourage critical thinking and self-reflection, challenge normative thinking, take a positive approach to sexuality, and be centred on the voices of youth. In terms of methodology, they stress the use of learner-centred methods, especially open dialogue framed within social justice goals (Shefer and Macleod, 2015).

Finally, the literature review found that social and emotional learning can be an entry point to CSE and gender education (Cahill et al., 2019). The key elements of effective social and emotional learning to include when developing those programme components are: 1) using collaborative learning to stimulate peer interaction and critical thinking; 2) providing explicit learning activities rather than general descriptions of curriculum standards that require teachers to design the learning activities; 3) fashioning culturally responsive adaptations to ensure programme relevance and reach; and 4) having teachers with ongoing relationships with the students facilitate the learning activities (Cahill et al., 2019).

Programme content: Five of the articles on qualitative research and the literature review comment on the content of CSE that is gender-transformative and rights-based. The literature review by Cahill et al. (2019) analysed the topics that social and emotional learning, CSE, and gender education have in common. They found that all have a common emphasis on fostering positive relationships through promoting the values of respect and responsibility and the development of relationship and responsible decision-making skills. They also noted that social and emotional learning emphasises the core relational skills that are integral to advancing the intentions of CSE and gender education (Cahill et al., 2019).

Elia and Tokunaga (2015) examined how school-based sexuality education in the United States has excluded, and therefore negatively affected, populations such as lesbian, gay, bisexual, trans, and queer people, people of colour, and people with disabilities. They found that although there are signs that sexuality education is becoming more inclusive, it needs to go further. The authors propose using both critical pedagogy and anti-oppressive education to deliver a more democratic sexuality education that increases the sexual health of all students. In addition, they suggest using the social ecological model to address intersectionality (specifically the interconnectedness of race, class, sexuality, gender, ability and nation) and individual, interpersonal, community, institutional, and policy level factors for a multidimensional approach to sexual and general health. This paper is relevant in that most sexuality education curricula in middle and low-income countries have the same exclusionary and biased characteristics. Several other articles also specifically cited the need to address attitudes towards sexual diversity as important for gender transformation (Berglas et al., 2014; Holden et al, 2015).

The need to address sexuality positively and to avoid content that makes only girls and women responsible for preventing GBV and for preventing both sexual behaviour and its consequences, while portraying boys and men as aggressors and perpetrators was stressed in several articles, including two on the South African Life Orientation subject. Ngabaza et al. (2016) cite the absence of a positive construction of sexuality as one aspect of the programme that contributes to the reproduction

of the inequalities that the programme hoped to change. They specifically mention that teachers' use of gender-biased scare tactics to encourage abstinence puts the responsibility for stopping sexual behaviour on female learners (Ngabaza et al, 2016). Shefer and Macleod (2015) also found that the programme's focus on the negative aspects of sexuality, regulatory, disciplinary and punitive responses to young people's sexuality, and conflating sexual agency with negative results undermined the goal of challenging gender inequality (Shefer and Macleod, 2015). They concur that the presentation of sexuality in terms of consequences and responsibility is gender-biased, with young women presented as both being at risk and responsible for prevention while young men are presented as perpetrators (Shefer and Macleod, 2015). They note additionally that the messages given to young women are implicitly contradictory, i.e., that they are responsible for abstaining from sex and at the same time for fulfilling the dominant sexual desires and needs of men (Shefer and Macleod, 2015).

Haste (2013) notes that addressing pornography is another challenge in sexuality education. She points out that there is a general assumption that pornography is an issue for boys, and that girls do not use it. She finds that although pornography is increasingly seen as something that sexuality education needs to address, especially because it is believed to be one of the main ways that boys are inducted into the conventions of sexual behaviour (or sexual scripts), it presents specific problems for schools in terms of how exactly pornography should be addressed in the classroom. Haste concludes that there is an increasing gap between the issues teachers are willing to address and the issues pupils must navigate in their daily lives.

The formative research for a rights-based CSE programme in the US reiterated some of the above-findings regarding content on gender. They found that programmes should: reinforce rights as something youth have in all types of relationships, whether or not they are in a romantic relationship; ask youth to think about the values behind rights and about rights that apply to relationships to connect to what is important to them; include discussions of masculinity and its impact on them and avoid reinforcing normative masculine gender roles; avoid portraying women as victims and men as perpetrators; support young women to rethink

USING CRITICAL PEDAGOGY FOR SOCIAL CHANGE - THE REFLECT APPROACH

Freirean critical pedagogy is often recommended as an approach to education that seeks to be socially transformative. REFLECT was originally designed by ActionAid as an approach to literacy that combines critical pedagogy based on the work of Paulo Freire with techniques from participatory learning and action. The process enables participants to critically analyse topics of local concern and come up with plans for individual or collective action, including action on gender. It was found to have unanticipated positive effects on women's empowerment and changing gender roles. It has been adapted across the world to work on a variety of issues, including to break the silence on taboo issues of sexuality and domestic violence in Peru and to teach students to think about and take action on global issues in UK secondary schools. The integration or use of this approach in CSE curricula and teacher training has the potential to make them more transformative, including in relation to gender and violence.

For more information and resource materials, see the following links:

- [Participation, literacy and empowerment: the continuing evolution of Reflect](#)
- [Reflect Mother Manual \(2012\)](#)

femininity; and include opportunities to address inequities by engaging young people as agents of change in their communities (Berglas et al, 2014b).

Methodology: Four articles highlight aspects of methodology. The literature review found that social and emotional learning, CSE and gender education all use collaborative learning to develop critical thinking, foster social skills, enhance peer connectedness and incorporate students' voices in learning (Cahill et al., 2019). Two articles on South Africa found that the use of didactic teaching methods hindered the impact of the course, specifically by not acknowledging young people's experiences or facilitating their sexual agency (Ngabaza et al, 2016; Shefer and Macleod, 2015). As a remedy, Shefer and Macleod (2015) recommend carefully analysing how critical pedagogy can be used and integrated into all aspects of sexuality education policy, goals and materials. Elia and Tokunaga (2015) also recommend using critical pedagogy as well as anti-oppressive education to deliver more democratic sexuality education that is inclusive of all students. The study in Uganda noted that autocratic teaching styles seem central to teachers' professional identity, which may make it difficult for them to adopt learner-centred pedagogies (De Haas and Hutter, 2019).

Settings: Only one article commented on the setting of the programme delivery. De Haas and Hutter (2019) state that schools in Uganda may not be appropriate settings for teaching sexuality education (and teachers may not be the most appropriate sexuality educators) although they also note that schools have broad reach and are a low-cost and sustainable option (De Haas and Hutter, 2019).

Dosage: None of these studies comment on the issue of programme dosage.

Fidelity: The lack of fidelity to programme intentions, methods and content is implied in a number of these articles. For example, as previously noted, Ngabaza et al. (2016) found that the learners experienced sexuality education as upholding normative gender roles and male power, rather than challenging it, which was its intention.

Facilitators: Six articles mention issues related to teachers or facilitators of these programmes, of which three were largely focused on issues related to teachers (De Haas and Hutter, 2019; DePalma and Francis, 2014; and Haste, 2013).

The study by De Haas and Hutter (2019) looked specifically at what teachers do when

the content of sexuality education conflicts with their cultural values and beliefs, making them feel uncomfortable teaching it. They found that traditional and present-day cultural schemas of sexuality education and young people's sexual citizenship conflicted and were embedded in morality. Specifically, young people were seen as both innocent and sexually active, sexuality education as both encouraging and preventing sexual activity, and teachers were both expected to teach sexuality education and thought immoral for doing so. They noted as well that the narrative of a moral traditional society that supports the idea that teaching abstinence-only education can enhance students' well-being, undermines students' sexual citizenship, and perpetuates harmful gender roles and stereotypes. Their study partly confirms previous findings that teachers often taught abstinence-only because of personal religious beliefs, but also showed that although teachers may feel conflicted about the messages their students need, because they are expected to teach abstinence-only, adopting more a comprehensive approach would make them feel vulnerable.

DePalma and Francis (2014) explored how teachers draw upon the ideas of culture available in their social contexts to explain and justify people's sexual beliefs and behaviours and their own role as educators and also to inhibit dialogue. Based on 25 interviews with Life Orientation teachers in South Africa, they found that when teachers talk about culture instead of issues such as silence, violence and poverty, it gives them an authority that they would otherwise not have.

Haste (2013) explored the common perception that boys are a problem for sex education and sex educators, focusing on the effects of assumptions teachers make about boys. She found that teachers frequently and explicitly communicated their assumptions that 'boys will be boys' and would misbehave, use inappropriate language, ask rude and explicit questions, have a precocious knowledge of sex and a natural (hetero)sexual desire, as well as being emotionally illiterate and uninterested in their emotional lives. She points out that when teachers and school staff privilege normative heterosexual masculinity in these ways, boys have a highly limited range of acceptable options to draw from as they form their masculine identities. The author highlights the strength of the restrictions and the paucity of opportunities in and outside of the school for boys

to explore alternative aspects of male sexuality. Haste also found that teachers assumed that because boys use sexual and explicit language, they were knowledgeable about sex, which was not the case. In her experience, when boys used graphic or explicit language, it often concealed fragility and vulnerability. The article concludes that by focusing on boys' problematic behaviour, there is a danger of missing out on opportunities to have constructive discussions about sex and of overlooking the fact that even disruptive male students have a host of questions, values and concerns about sexuality.

Two articles on sexuality education in South Africa also commented on issues related to teachers. Shefer and Macleod (2015) found that teacher discomfort and the use of didactic methods hindered the impact of the course. Ngabaza et al. (2016) found that teachers are inadvertently or consciously disseminating messages that reinforce dominant, unequal gender roles and moralistic positions on youth sexuality.

These articles universally stress the need for better quality, extensive and comprehensive teacher education and preparation generally, but also specifically to realise the goal of gender justice in sexuality education. They state that teacher education needs to improve not only their knowledge, but also their attitudes and skills (Browes, 2015; De Haas and Hutter, 2019; Ngabaza et al, 2016). Shefer and Macleod (2015) specify that teacher preparation should include reflection on how their own values and morality impact their teaching, the development of teachers' critical thinking skills, and increase their knowledge of gender, other inequalities and intersectionality. It should also increase their confidence and comfort teaching about sexuality (De Haas and Hutter, 2019) and must help teachers adopt more learner-centred, interactive teaching methodologies (De Haas and Hutter, 2019; DePalma and Francis, 2014). Two articles specifically recommend that teacher education and training emphasise and redefine culture as dynamic and interactive (De Haas and Hutter, 2019; DePalma and Francis, 2014). It should enable teachers to think critically about cultural practices and perceptions and develop a more sophisticated understanding of cultural norms (DePalma and Francis, 2014) and specifically challenge the perception of childhood innocence (De Haas and Hutter, 2019). Haste (2013) implicitly recommends that teachers question

their assumptions about masculinity and male students' sexual knowledge and that teachers and others in schools and the community need to offer boys alternative models of masculinity and male sexuality without undercutting the acceptability of those models while doing so.

Challenges: As indicated in the findings above, programmes face numerous challenges in delivering gender-transformative and rights-based sexuality education to do with their contexts, policies, cultural issues, and human resource capacity. Ngabaza et al. (2016) specifically note that teachers experience challenges in promoting sexual and gender justice in South Africa.

Role of CSE in gender transformation:

Despite the numerous difficulties clearly highlighted in these articles, none question the potential role CSE can play in gender transformation. At least three reiterate that the programmes they focused on had the potential to do so (Browes, 2015; Ngabaza et al, 2016; Shefer and Macleod, 2015). Ngabaza et al. (2016) found that some school principals, teachers and schools appeared to be committed to challenging patriarchal ideologies and saw the Life Orientation curriculum as a resource for doing so. Shefer and Macleod (2015) state that even though the Life Orientation curriculum is not currently doing so, it has the potential to be constructive and empowering. Browes (2015) asserts that CSE has the potential to help individuals secure their rights and live healthy, happy lives and advocates for its integration into the national school curriculum in Uganda so that all students benefit.

The article by Haste (2013) also shows the massive extent to which schools and their staff influence the development of children and young people's understanding of gender norms and masculine and feminine identities during their formative years. They constantly not only reinforce stereotypical gender roles, but essentially act as "gender police," intervening against non-standard identities. Hence, schools, their staff and curricula must be a significant focus for any programme seeking to change gender norms.

Evidence base: Five articles comment on additional evidence that is needed or other aspects related to the collection of evidence. Constantine et al. (2015) and Rohrbach et al. (2015) recommend further empirical research to understand how rights-based CSE could



support and enhance adolescents' healthy sexual development and to determine what effects the programme might have on participants' sexual activity. They also note that further research with different populations in diverse settings and over longer periods of follow-up will increase the field's understanding of the potential effectiveness of this and other rights-based sexuality education. Finally, they state that the field would benefit from more research on multicomponent rights-based interventions, employing study designs that enable the researcher to determine which component or combination of components is most effective in producing the desired outcomes. Berglas et al. (2014a) note that indicators of positive sexual health and ways to measure youth attitudes related to gender and cultural norms, rights and responsibilities in relationships and assertiveness need to be developed and validated. De Haas and Hutter (2019) recommend further research on the perspectives of parents and school administrations, to understand how, and to what extent, a whole-school approach can enhance young people's sexual and reproductive health and rights by creating an enabling environment for the delivery of CSE in Uganda. Finally, Haste (2013) indicates that more empirical evidence is needed on the use and effects of pornography on both boys and girls.

A table of the included articles on CSE, gender norm transformation and human rights that indicates the type of study, country or region, programme, key findings and recommendations is included in Annex 2.

SUMMARY OF EVIDENCE ON CSE IN AND OUT OF SCHOOL

Two extensive literature reviews were undertaken on CSE in and out of school prior to the development of the revised the *International Technical Guidance on Sexuality Education* and the *International Technical and Programmatic Guidance on Out of School CSE* (Irvin, 2017; UNESCO, 2016b). Both literature reviews focused on systematic reviews and randomised controlled trials, evaluations and programme guidance documents with the aim of highlighting high quality evidence, supplemented by evidence from implementation and practice.

The 2016 review considered the findings from a similar, unpublished review in 2006 done prior to the writing of the first edition of the ITGSE and looked at new evidence on CSE's impact on sexual behaviour and health and related knowledge, attitudes, and other non-health behavioural outcomes. It is based on 22 systematic reviews and 77 randomised controlled trials, more than half of which were in low- or middle-income countries. The 2017 review built on that one and sought evidence specifically on the effectiveness and implementation of out of school CSE programmes – defined as those that are not delivered during regular school hours as a part of the core or non-core school curriculum (Irvin, 2017). It looked at out of school CSE in general and for specific sub-groups of vulnerable and marginalised young people, such as those who have a disability, are living with HIV, are lesbian, gay, bisexual, transgender, intersex and queer or Indigenous, among others. The review found a lack of evidence on out of school sexuality education that was truly comprehensive – few of the studied programmes had more than a singular focus on HIV, STI or pregnancy prevention or sexual risk reduction. The literature search also did not find reports of trials of comprehensive sexuality education programmes, in or out of school, that included an evaluation of the impact of the gender, power, rights and empowerment components on a wide range of outcomes. Therefore, it also included studies of programmes that were not CSE but had a focus that was broader than on just one related outcome. The

out of school literature review included seven systematic reviews and eight randomised controlled trials, which were supplemented by more than 100 other articles and documents on single-focused programmes that included information on the provision of programmes to sub-groups, for which there were no documented CSE programmes.

Effects of CSE: In terms of the overall effects of CSE, these two literature reviews found that:

- ▶ Sexuality education does not increase sexual activity, sexual risk-taking behaviours or STI and HIV infection rates (UNESCO, 2009; Fonner et al., 2014; Milhausen et al., 2008; Shepherd et al., 2010).
- ▶ Programmes that promote abstinence-only are not effective in delaying sexual initiation, reducing the frequency of sex or reducing the number of sexual partners (Kirby et al., 2006; UNESCO, 2016).
- ▶ Some programmes had desired impacts on sexual activity and condom or contraceptive use and on health outcomes, such as pregnancy or STIs. Programmes that combine a focus on delaying sexual activity with content about condom or contraceptive use can contribute to delayed initiation of sexual intercourse; decreased frequency of sexual intercourse; decreased number of sexual partners; reduced risk taking; increased use of condoms; and increased use of contraception (Kirby et al., 2006; Underhill et al., 2007; UNESCO, 2009; Fonner et al., 2014).
- ▶ Although the effect of different programmes on behaviours and their determinants varied greatly, many studies found positive effects on knowledge about different aspects of sexuality, and other behavioural determinants, such as attitudes, skills, self-efficacy, and behavioural intentions, which may or may not lead to changes in behaviour or improved health outcomes (Barker et al., 2010; Goesling et al., 2014).

- ▶ One review found that well-designed programmes with men and boys can result in positive changes in their SRH behaviours and attitudes; their use of violence against women; their questioning of violence with other men; their interactions with their children; and their health-seeking behaviour over the short-term (Barker et al., 2010).
- ▶ Strong conclusions about the impact of CSE on biological outcomes, such as pregnancy or STI rates, could not be made because there are still few high-quality longitudinal trials available (Fonner et al., 2014; Lopez et al., 2016; Oringanje et al., 2009). Similarly, the effectiveness on the broader range of outcomes CSE aims to affect cannot be assessed. However, at the time of the review, some broader studies were underway (Austrian et al., 2016; Hewett, et al., 2017; Kajula et al., 2016; Sandoy et al., 2016).
- ▶ Due to significant variations in programme design and delivery and in study design, outcomes measured and the timing of measurements, and the limited detail provided about the interventions themselves, many systematic reviews could not compare outcomes and come to definitive conclusions about the characteristics of effective interventions (Goesling et al., 2014).

The 2016 review notes that while many studies are focused on sexual and reproductive health outcomes, CSE can also contribute to wider outcomes (UNESCO, 2016b). However, it found that:

- ▶ The outcomes reported on in the literature identified are limited almost entirely related to sexual and reproductive health behaviours. Rigorous studies assessing non-sexual and reproductive health outcomes were limited.
- ▶ A substantial number of studies that did not meet the inclusion criteria (i.e. non-randomised, non-controlled or qualitative studies) indicated that CSE has the potential to contribute to: preventing and reducing gender-based violence and discrimination; increasing gender equitable norms, self-efficacy and confidence; and building stronger and healthier relationships.
- ▶ More analysis is needed of the ways that gender and power norms influence the impact

of programmes, including the ability to act on new knowledge about sexual risk, particularly among girls and young women.

Programme design and development:

- ▶ **Programme components and approaches:** School-based CSE is not enough to prevent HIV and ensure the health and rights of young people by itself, but it is a crucial and cost-effective strategy (UNESCO, 2011).
- ▶ In the out of school review, systematic reviews were mixed about the effectiveness of single component versus multi-component programmes, with some finding that multicomponent interventions were not associated with a greater likelihood of effect than single-component interventions (Chin et al., 2012; Haberland, 2015) and others finding that multi-component programmes, specifically those that combine group education with community outreach, mobilisation and/or mass-media campaigns, were more effective in changing behaviour than group education alone (Barker et al., 2010).
- ▶ Emerging evidence suggests that programmes using an ecological or holistic model that combine community and societal components with individual and interpersonal ones, especially in non-individualistic cultures, and address social risk factors, such as gender, poverty, class and socio-economic marginalisation, can be effective in shifting community norms and changing ingrained attitudes (Austrian et al., 2016; Barker et al., 2010; Cardoza, et al., 2013; UNFPA, 2015; Haberland, 2015; Harrison et al., 2010; Kågesten et al., 2016; Kaufman et al., 2014; Nayar et al, 2014; Poobalan et al., 2009).
- ▶ The evidence suggests that gender transformative approaches or those that explicitly address gender and power are not only more effective at changing gender norms, attitudes and related behaviours, such as gender-based violence, than programmes which take gender-sensitive or gender-neutral approaches, but also at achieving sexual and reproductive health outcomes (Barker et al., 2010; Haberland, 2015; Haberland and Rogow, 2015).

- ▶ Three promising approaches to address intimate partner violence and sexual violence among adolescents were identified, including community-based interventions to form gender equitable attitudes. Group education with boys and young men together with community mobilisation programmes (such as social marketing, media, and community engagement) was found to be effective in reducing self-reported violence perpetration, but short follow-up times of studies mean the effect on future violence perpetration or experience could not be assessed (Lundgren and Amin, 2015).
- ▶ Belonging to a group that shared the same gender-equitable values and behaviours and getting support and reinforcement from the group for new ways of thinking and behaving was identified as necessary for facilitating and sustaining changes in young men's gender attitudes and behaviours (Namy et al., 2014; Torres et al., 2014).
- ▶ Parent-focused interventions and those that involve parents appear to be more effective in changing their children's knowledge and attitudes and some of their sexual behaviours than family-based programmes and programmes delivered only to youth (Downing et al., 2011; Santa Maria et al., 2015; Sutton, 2013; Wight et al., 2012). Adding one joint parent-child session to a youth programme increased its effectiveness (Sutton, 2013).
- ▶ Successful interventions to reduce the stigma and discrimination combined strategies and approaches, engaged a broad range of stakeholders, addressed intersecting stigmas, and were led by or actively engaged the communities experiencing stigma (Nayar et al., 2014). Addressing self-stigma effectively is an important precondition for effective engagement of marginalised communities.
- ▶ Certain types of modifications to programmes shown to be effective (for example, during an adaptation process) can reduce effectiveness. Adaptations that can affect the outcomes include reducing the number or length of sessions; reducing participant engagement; removing topics completely or eliminating key messages or skills; changing the theoretical approach; using inadequately trained staff or volunteers to deliver the programme; and/or using fewer staff than recommended (O'Connor et al., 2007). Adaptations, such as changing some language, images or cultural references, did not impact the effectiveness.
- ▶ **Participants:** Emerging evidence suggests that programmes are more effective when they target younger age groups (ages 10-14 or younger) (Kågesten et al., 2016; Pooblan et al., 2009). To promote equitable gender attitudes and prevent violence, sexuality education that includes explicit content on gender norms needs to begin in childhood and continue throughout adolescence because by age 10-14 gender inequitable attitudes are already widespread (Kågesten et al., 2016; Lundgren and Amin, 2015).
- ▶ Emerging evidence suggests that programmes that address sub-groups separately, such as single ethnic groups, and are tailored to their specific needs, including those of boys and those of girls, are more effective (Kågesten et al., 2016; Pooblan et al., 2009).
- ▶ **Methodology:** Effective CSE uses primarily learner-centred, interactive or participatory methods. Programmes that use methods that involve young people emotionally, personalise information, and reinforce specific values and norms were more likely to be effective in altering sexual behaviour (Kirby et al., 2006; Poobalan et al., 2009).
- ▶ Evidence suggests that effective CSE includes multiple activities that were designed specifically to change each of the targeted risk and protective factors (Kirby et al., 2006).
- ▶ **Dosage:** Evidence on dosage (the number of sessions and hours) is inconsistent (Chin et al., 2012; Haberland, 2015; Poobalan et al., 2009). Some reviews found that sustained interventions, especially with booster sessions, were more effective than single sessions of any duration and that multiple sessions over a longer time period were more effective than long sessions in a short period of time (e.g. seven sessions of 90 minutes were more effective than three sessions of 3.5 hours, although the total number of hours is the

same) (Lundgren and Amin, 2015; Poobalan et al., 2009). Kirby et al. (2006) found that programmes that reached the same youth for a longer period of time, i.e. over multiple years, sometimes had a longer-term impact on behaviour and Nayar et al. (2014) found that exposure to more activities had better results in changing stigma and discrimination.

- ▶ **Content:** The content of effective interventions was appropriately matched not only to the participants' biological, cognitive and social developmental stage but also to their ethnicity and culture (Kaufman et al., 2014; Lys et al., 2016; Poobalan et al., 2009; Tingey et al., 2015a, 2015b).
 - ▶ The content of programmes promoting equitable gender attitudes need to be tailored to the unique needs of participants based on their gender – programmes for girls would thus be different from programmes for boys. For example, approaches to empower girls need to promote girls' agency, autonomy, self-esteem, and ability to challenge inequitable gender norms, whereas approaches for boys need to enable them to recognise their unearned privileges and power and support them to challenge stereotypical gender norms (Kågesten et al., 2016).
 - ▶ A narrow focus at one time, with information given in stages, appeared to be more beneficial than giving multiple messages at the same time because it allowed participants time to understand the messages rather than overloading them (Poobalan et al., 2009). Similarly, favouring breadth of topics over depth of content may lead to reduced impact (Austrian et al., 2016).
 - ▶ Programmes should include explicit attention to gender and power in relationships; foster critical thinking about how gender norms or power manifest and operate; foster personal reflection; and encourage valuing oneself and recognizing one's own power (Haberland, 2015).
 - ▶ Young men who are changing their views of gender norms need to learn coping skills to deal with pressure to conform to traditional norms and values and with the fear of rejection and discrimination, which can hinder their transformation process (Torres et al., 2014).
- Programme delivery:**
- ▶ **Settings and modalities:** The evidence on the effect of settings is mixed. Some evidence suggests that school-based programmes are less likely to be effective in reducing adolescent pregnancy or STIs than those in clinics, which were the most effective, followed by community-based and multiple setting programmes (Haberland, 2015; Manlove et al., 2015). However, Kirby et al. (2006) found that implementation in a community setting was a characteristic of effective short programmes (1-5 hours), whereas implementation in a school setting was a characteristic of programmes with long-term effects (at 2 years' follow-up). Chin et al. (2012) found that delivery in a school setting was more effective for some outcomes, whereas for others a community setting was associated with greater effectiveness.
 - ▶ Clinic-based programmes, which were found to be more effective for sexual and reproductive health outcomes, frequently incorporated one-on-one sessions, usually in conjunction with interactive group sessions, and/or videos (Manlove et al., 2015).
 - ▶ Out of school settings may be less challenging than school-based settings because of their greater flexibility in terms of time, content and the ability to deliver contraception (Haberland, 2015; Manlove et al., 2015; Poobalan et al., 2009).
 - ▶ A programme for boys found that in-school sessions were as effective as offsite retreats in increasing knowledge, but conducting part of the programme out of school, allowed an extended time for more meaningful discussions and a safe and immersive environment, which were especially effective at shifting attitudes on sensitive topics, such as homophobia and violence (Namy et al., 2014).
 - ▶ Technology-based programmes are still evolving and have yet to be tested in the "real world," but hold a lot of promise for reaching large numbers of young people cost-effectively. Reviews of technology-based programmes found some impact on behavioural determinants, such as knowledge, attitudes and self-efficacy but very limited impact on behaviour (Bailey et al., 2010; De Smet et al., 2015; Guse et al.,

2012). Because of their anonymity, they are especially promising for reaching marginalized young people. However, access to technology, especially among less affluent young people, is a significant challenge.

- ▶ Effective educational interventions still have a positive impact on knowledge, attitudes or behaviours when implemented in a different settings, cultures and countries (Fonner et al., 2014; Kirby et al., 2006).²
- ▶ **Fidelity:** Kirby et al. (2006) found that effective programmes implement virtually all activities with reasonable fidelity.
- ▶ Effective programmes implemented with fidelity are much more likely to have the desired positive impact on health outcomes than those not delivered in accordance with the original design, content or delivery approaches (Michielsen et al., 2010; Shepherd et al., 2010; Wight, 2011).
- ▶ The lack of fidelity to programme values and content and facilitator attitudes not in line with the programme values can negatively affect outcomes (Austrian et al., 2016).
- ▶ **Facilitators:** Except for articles on peer education, no studies compared different types of facilitators. One review, however, found no consistent evidence of differential effects based on the type of facilitator (Chin et al., 2009).
- ▶ CSE programmes that were effective selected educators with desired characteristics (whenever possible), trained them, and provided monitoring, supervision and support (Kirby et al., 2006).
- ▶ A review that assessed the training of facilitators found that adequate training of facilitators was an important characteristic of effective interventions (Poobalan et al., 2009). Austrian et al. (2016) note that the issues they faced with programme fidelity may have been due to inadequate training of the facilitators.
- ▶ No studies compared the effectiveness or acceptability of peer-led to adult-led CSE

programmes. Reviews found that peer education can increase knowledge and may change attitudes but does not consistently change behaviour or improve health outcomes (Kim et al., 2008; Medley et al. 2009; Poobalan et al., 2009; Salam et al. 2016).

- ▶ Some evidence suggests that programmes that involve peers in outreach and education appear to be more effective in reaching hidden and stigmatised young people, such as young drug users and LGBTQ+ youth, and are strongly preferred by Indigenous young people (Go et al, 2013; Hergenrather et al., 2016; Nurgroho et al., 2017; Native Youth Sexual Health Network - North America, 2014; Oyango et al., 2012; Population Council, 2016; Sherman et al., 2009; Tobin et al., 2010).

CSE for sub-populations of young people:

- ▶ Current CSE programmes neglect young key populations, LGBTIQ+ people, people with disabilities, people in humanitarian crises, and indigenous people and programmes for them often neglect their broader CSE needs (Gougeon, 2009; Gowen et al., 2013; Hardoff, 2012; Holland-Hall et al., 2016; Rohleder et al., 2009; Travers et al., 2014).
- ▶ Formative research is critical to ensure that programmes address the realities of specific groups and propose solutions that are amenable to them (Downs et al., 2015; Erulkar et al., 2013; Hidalgo et al., 2015; Girls Not Brides and Population Council, 2017; Kirby et al., 2006; Martos; 2015).
- ▶ Programmes should involve young people from the sub-group from the start, address all the important people in their lives, distinguish and address diversity within each group, treat them with respect and dignity, and aim to reach them as soon as possible after they become part of any group that is “at risk” (Des Jarlais et al., 2008; Hergenrather et al., 2016; Moore et al., 2014; Oyango et al., 2012; Women’s Refugee Commission et al, 2012; Women’s Refugee Committee et al., 2013).

² Other fields of study (such as parenting programmes) have also shown that well-designed psychosocial and behavioural interventions found to be effective in one country or culture can be successfully replicated in different contexts, even when they are adjusted from high- to low- resource settings (Gardner et al., 2015; Leijten et al., 2016).

- ▶ Content needs to be tailored to the specific situations, sub-cultures, needs, ages, capacities and concerns of each group, and address any marginalisation they face as well as histories of colonisation, oppression, racism, and deculturation, (Austrian et al., 2016; Eastgate, 2008; Gougeon, 2009; Holland-Hall et al., 2011; Katz et al., 2008; Kirby et al., 2006; LeCroy et al., 2017; Lys et al., 2016; Martos, 2015; Native Youth Sexual Health Network - North America, 2014; Reading and Wein, 2009; Swango-Wilson, 2010; Tingey et al., 2015a, 2015b; Travers et al., 2014; Women's Refugee Commission et al, 2012; Women's Refugee Committee et al., 2013).
- ▶ Programmes for marginalised young people should combine CSE using empowerment approaches, such as Freire's critical pedagogy, with community empowerment approaches that address structural and contextual issues and provide them with support to reduce stigma and discrimination (Gougeon, 2009; Martos, 2015).
- ▶ Adults in the lives of marginalised young people need help to understand the young person's rights and needs related to sexuality (Holland-Hall et al., 2016; Katz et al., 2008; Swango-Wilson, 2010; Travers et al., 2014).
- ▶ High-quality research is needed on aspects of teacher training, dosage related to CSE (i.e., how many sessions, hours, classes, etc.) and other contextual and implementation factors (UNESCO, 2016b).
- ▶ All evaluations should be augmented with process evaluations and other forms of qualitative research to illuminate contextual and implementation factors and implications (UNESCO, 2016b).

Recommendations:

- ▶ Both in and out of school sexuality education should be imbedded in multicomponent, multi-level interventions.
 - ▶ School-based sexuality education should be a part of a holistic strategy that engages young people in learning about and shaping their relationships and sexual and reproductive futures, across multiple settings, including schools, the community, health services and families.
 - ▶ Out of school CSE programmes should integrate social justice and ecological approaches that tackle the broader range of injustices that young people experience in order to change their communities and societies and to support marginalised young people in particular.
 - ▶ It is important for programmes to work on restrictive gender norms and for evaluations to consider the role that violence may play in the effectiveness of CSE (Mathews et al., 2012; UNESCO, 2016b).
 - ▶ Truly comprehensive out of school sexuality education programmes need to be rigorously evaluated longitudinally, not only for effectiveness on a wide-range of outcomes over the long term, but also to identify the specific characteristics of programmes that make them effective.
- Evidence base:**
- ▶ Research and evidence are lagging behind policies, guidelines and programmes on CSE in and out of school.
 - ▶ Overall, there is a lack of understanding of how and why effective programmes work (Lundgren and Amin, 2015; Manlove et al. 2015; Pooblan et al, 2009). There are no recent rigorous component analyses and empirical evidence on the essential elements of successful programmes is lacking (UNESCO, 2016b).
 - ▶ More high-quality randomised controlled evaluations of in and out of school CSE programmes, including multi-component programmes that CSE is part of, are also needed in low- and middle-income countries (UNESCO, 2016b).

WHAT WE DON'T KNOW ABOUT CSE AS A PRIMARY PREVENTION STRATEGY FOR GBV

Considering the amount, type and quality of the evidence found in the literature review, there is clearly a lot that is still not known about the impact CSE can have on the primary prevention of GBV. As previously noted, there is very little evidence of any kind on CSE so far, with most studies looking at the effect of education programmes that include only part of CSE, such as HIV prevention, but are not CSE itself. This section will discuss what we do not know about the impact of CSE on the primary prevention of GBV.

Effect on outcomes: To date there is no evidence on the effect of CSE on the perpetration and experience of GBV. There is also very limited evidence of the effect of CSE on the risk and protective factors related to GBV and attitudes towards gender equality. Most of the studies identified in this literature review were qualitative, which while very useful for understanding many aspects of programmes, do not provide concrete statistical information on the effects of CSE over time. We do not have quantitative evidence of the immediate or long-term impact of CSE on any specific risk or protective factors that would support the prevention of GBV.

Unintended outcomes: Some of the qualitative studies found unintended and undesirable outcomes of CSE, including no impact on attitudes about gender or reinforcing unequal attitudes towards gender, for example. However, there is also no quantitative data on the extent of these undesired effects.

Policy and enabling environment: There are minimal policy analyses on CSE and no evidence on how positive policies were enacted or on how stronger enabling environments were or could be built.

Programme development and design, including key components and content: No programme component analyses or studies of the key

components, essential elements or characteristics of effective gender-transformative and rights-based CSE programmes in general (Montgomery and Knerr, 2016) or on GBV-related components have been undertaken. Therefore, there is a lack of clarity on exactly what CSE programme components and what content or topics in curricula, and in what dosage, are necessary to achieve the prevention of GBV through CSE. Some of the necessary contents, such as basic information on gender, critical analysis of the effects of stereotypical gender norms, attitudes towards violence, relationship skills and conflict resolution skills, are obvious. However, the pathways through which education programmes achieve desired changes or the necessary combination of content and methods, sequence, repetition or revision, are not yet known. The review of what works for GBV prevention also found that the pathways to change in effective GBV interventions were not known (Fulu and Kerr-Wilson, 2015). Additionally, there have been no studies of whether learning in single sex or mixed sex groups affects the outcomes, which may be significant for issues such as gender and GBV.

Methodology: Learner-centred, interactive methods are more effective for all education, including CSE. They are non-negotiable for building critical thinking skills to change attitudes and beliefs as well as for building skills. The difficulty in changing the teaching methods of schoolteachers from didactic to interactive, or from teacher-centred to learner-centred has been noted. However, it is not yet known what approaches or combination of approaches will work to change teachers' approaches to teaching. As was noted in one article, didactic or autocratic teaching appears to be central to teachers' professional identity in some settings so greater understanding of how to unpack and change this is needed.

Settings: Evidence is lacking on the effect of the setting on the outcomes of CSE as no comparative studies of delivery in different settings have been undertaken. One study in this literature review raises questions about whether it is even possible to deliver effective gender-transformative, rights-based education in schools (De Haas and Hutter, 2019), which remains to be seen.

Dosage: Evidence is also lacking on the dosage or amount of education needed, as well as what number of hours in what doses over what amount of time is optimal to have the desired effects overall as well as on specific risk and protective factors over the short and especially over the long term, i.e., into adulthood. As noted previously, many of the CSE programmes studied in this review were delivered in a very small number of hours, and yet, implementers appeared to believe they could change deeply engrained attitudes and beliefs that are constantly reinforced by the environment. On the surface it seems implausible, yet there is no concrete evidence to show whether it is or is not possible for such short programmes with very limited number of hours per topic to have significant and lasting impacts over time.

Fidelity: There is some evidence, including in this review, that fidelity is very important for achieving desired outcomes and avoiding having either

no impact or undesired impacts. It is not known however what is needed to ensure that facilitators, especially schoolteachers, deliver curricula with fidelity.

Facilitators: It is clear from qualitative studies, including those in this review, that the person who delivers the educational programme and their capacity to do so with fidelity is critical to programme success. It is not known what is needed to build that capacity effectively, especially with teachers in schools. There have also been no comparative studies of the effects of different types of facilitators on programme outcomes. It is notable that in this limited review, the three programmes found to have desirable impacts on participants based on quantitative or qualitative data were delivered by facilitators who were not teachers (Constantine et al, 2015; Grose et al, 2014; Makleff et al., 2019; Rohrbach et al., 2015), whereas the two that were found not to be effective, particularly in challenging gender norms, were delivered by teachers (Browes, 2015; Le Mat 2017 and 2020; Le Mat et al., 2019a and 2019c; Ngabaza et al., 2016; Shefer and Macleod, 2015).

Overall, it is evident that there is a great deal that this not known about delivering CSE in general, as well as CSE that would contribute to the prevention of GBV or have gender-transformative results.



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THE POTENTIAL OF CSE AS A STRATEGY FOR THE PREVENTION OF GBV

For practitioners familiar with the recommended approaches, key concepts and topics outlined in international guidance documents for CSE (see the section on comprehensive sexuality education in the introduction), CSE that has the key relevant content and qualities (outlined below) and is delivered effectively would clearly contribute to the primary prevention of GBV by potentially decreasing risk factors and building protective factors for GBV. For example, it challenges gender inequality and unequal gender norms, provides information on GBV, supports non-violent attitudes and challenges the acceptance of violence, and builds skills for health relationships (see Figure 1 below). The literature also indicates that even despite the lack of high-quality evidence on the impact of CSE on the primary prevention GBV, authors nonetheless clearly see the potential for impact (Bhana, 2015; Browes, 2015; Grose et al., 2014; Holden et al., 2015; Le Mat, 2020; Le Mat et al., 2019b; Ngabaza et al., 2016; Shefer and Macleod, 2015).

In terms of the core qualities of CSE according to the *International Technical Guidance on Sexuality Education*, several are particularly relevant to its potential to contribute to GBV prevention.

- ▶ First, it is **based on gender equality**, meaning that it explicitly recognises the effects of gender and power on relationships and sexual and reproductive health; fosters critical thinking and personal reflection about gender norms and power; and encourages the development of respectful and equitable relationships. According to the ITGSE, gender should be both a separate topic and integrated into all other topics to highlight the ways in which gender norms and stereotypes have a primarily negative effect on all aspects of human sexuality and need to be changed.
- ▶ Second, it is **human-rights based**, which means that it recognises and promotes human rights as universal values and the basis for dignity, health, wellbeing and healthy relationships for all.
- ▶ Third, it **builds life skills** with a focus on skills needed to support healthy choices and form respectful relationships, which include critical thinking, effective communication and negotiation, decision-making, and assertiveness.
- ▶ Fourth, it is **culturally relevant and context appropriate**, which means that it supports examining, understanding, and challenging the ways that local cultural norms, rites and behaviours affect health and relationships, which would include challenging harmful gender norms and other cultural practices and behaviours that contribute to or are forms of GBV.
- ▶ Fifth, it is **scientifically accurate**, which means that it is based on facts and evidence, including facts and evidence on GBV and other forms of violence.
- ▶ Sixth, it is **comprehensive**, and therefore must cover the full range of topics related to human sexuality, rights and gender, including those that are challenging or sensitive in a given culture, in one intervention.
- ▶ And finally, it is **transformative**, meaning that it encourages a fair and compassionate society by empowering individuals and communities, promoting critical thinking skills and strengthening young people's citizenship.

CSE should also promote and link learners to services and sources of help, not only for sexual and reproductive health services, but also for violence, including gender-based violence (GBV), as well as initiatives that address gender equality and empowerment and build the social and economic assets of young people. Additionally, it must use interactive teaching methods to

personalise information, address attitudes and beliefs, and strengthen skills.

In terms of the content, seven of the eight key concepts of sexuality education outlined in the ITGSE are focused on or contain some topics that clearly have the potential to reduce risk factors or enhance protective factors for GBV. These include:

KEY CONCEPT 1: **Relationships**, especially the topics of families, love and romantic relationships, tolerance, inclusion and respect, long-term commitments and parenting.

KEY CONCEPT 2: **Values, Human Rights, Culture and Sexuality**, namely the topics of values and sexuality, human rights and sexuality, and culture, society and sexuality, which includes harmful traditional practices, including child and forced marriage.

KEY CONCEPT 3: **Understanding Gender**, which includes the social construction of gender and gender norms. gender equality, stereotypes and bias, and gender-based violence.

KEY CONCEPT 4: **Violence and Staying Safe**, including violence, consent, privacy, and bodily integrity, and the safe use of information and communication technology

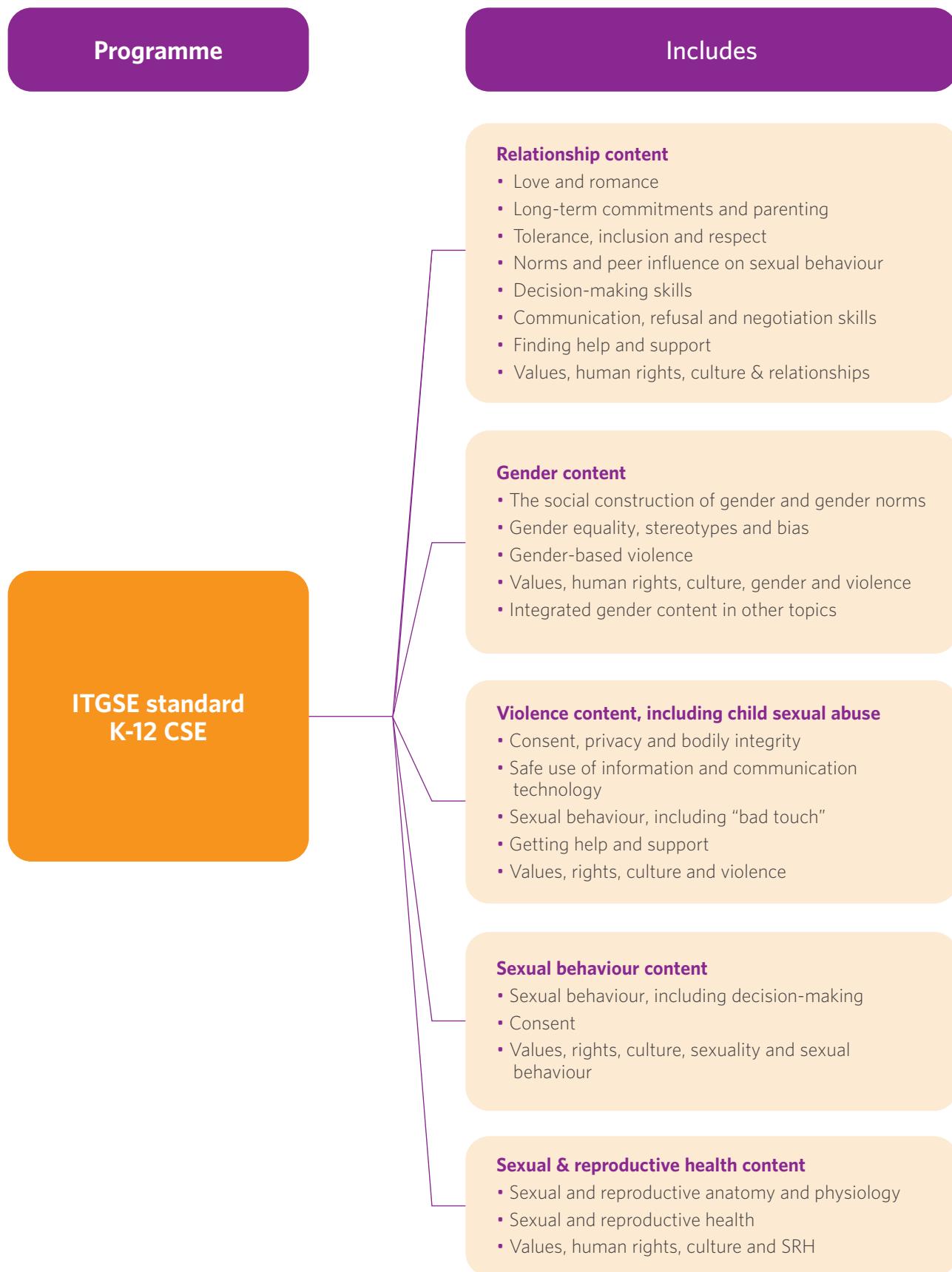
KEY CONCEPT 5: **Skills for Health and Wellbeing**, especially norms and peer influence on sexual behaviour, decision-making, communication, refusal and negotiation skills, and finding help and support.

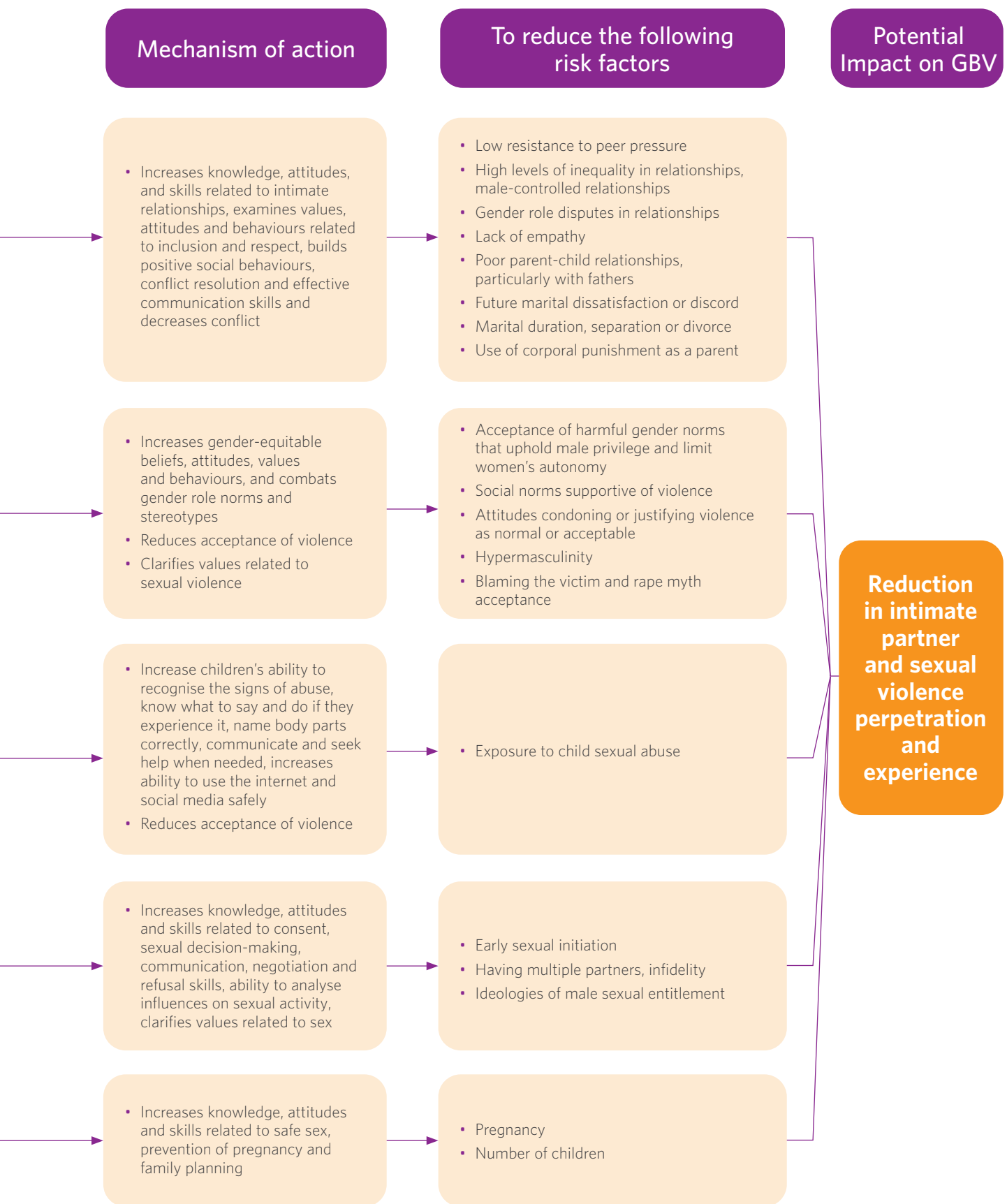
KEY CONCEPT 6: It can even be argued that the other key concept is linked to the prevention of violence: **The Human Body and Development** includes knowledge about sexual and reproductive anatomy and physiology, which is thought to potentially contribute to the prevention of child sexual abuse, a risk factor for GBV perpetration.

KEY CONCEPT 7: **Sexuality and Sexual Behaviour**, which includes some content on inappropriate touch as well as sexual decision-making, communication about sex, and transactional sex.

KEY CONCEPT 8: **Sexual and Reproductive Health**, especially pregnancy and pregnancy prevention and understanding, recognising and reducing the risk of sexually transmitted infections (STIs), including HIV.

Figure 1: Conceptual model for how ITGSE standard CSE could contribute to GBV prevention





Other factors that may make CSE a compelling strategy for the prevention of GBV include:

- ▶ In-school CSE in particular has the potential to reach children and young people before most GBV starts, before their values, attitudes and beliefs about gender and violence are solidified, and while they are open to questioning them. A systematic review on the factors that shape gender attitudes in early adolescence and all sites in the Global Early Adolescent Study found that unequal gender norms and attitudes develop early in life and that puberty is a critical time in the life course when pre-existing gender socialisation becomes further crystallised (Chandra-Mouli et al., 2017; Kågesten et al., 2016). During early adolescence changes in the brain structure and function enable boys and girls to begin to think abstractly and critically. At this time, they begin to examine and sometimes to question what was taught to them as children and what they believe, providing an important opportunity to stimulate critical thinking about their own attitudes about gender norms and gender and violence, and how these affect their own lives and the lives of others (Chandra-Mouli et al., 2017).
- ▶ CSE, again especially if integrated into the school-curriculum, can reach young people repeatedly, even yearly, across the course of their childhood and adolescence, incrementally

building, deepening and solidifying their understanding of gender equality, GBV and respectful and equitable relationships as well as their skills to maintain them over time.

- ▶ CSE is not just education to help young people as they grow up, but it is also preparation for their adulthood and adult relationships.
- ▶ Ministries of Education and NGOs are increasingly starting to implement CSE in schools and communities across the world and given the extensive amount of content related to GBV prevention, it is akin to a train leaving the station that the violence prevention sector can hop on.
- ▶ In-school CSE is scalable and, if teachers can deliver it effectively, would be cost-effective since teachers and schools are already largely funded by governments.
- ▶ CSE meets criteria for effective prevention programmes (Nation et al., 2003; Schneider & Hirsch, 2020).
- ▶ Some frameworks for CSE include active citizenship, which could link student learning to whole school, community and even national action and activism against GBV, enabling CSE to move beyond the personal and interpersonal levels to the community level of the ecological model.



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CONCLUSIONS

KEY TAKEAWAYS, CONSIDERATIONS, AND CHALLENGES

- 1. The potential is there.** CSE has the potential to be a powerful component for the primary prevention of GBV, especially in-school CSE, because it can be scalable and cost-effective in the long run. Community-based CSE is also important, and it is easier to deliver quality CSE outside of schools, but it has much less reach, is less cost-effective and is difficult to scale up.
- 2. It is one part of the solution.** CSE is only one component of a comprehensive approach to the prevention of GBV. In the ecological model, CSE addresses the individual level and some aspects of the interpersonal level, for example, it can affect peers, friends, including boyfriends and girlfriends, and social networks. It needs to be linked to whole school, community and societal violence prevention components and response programmes. Addressing GBV that occurs in schools is also essential to avoid or eliminate contradictory messages about violence for learners.
- 3. It won't be easy.** Delivering effective CSE in schools is difficult and will take a lot of effort, but the pay-off would be huge. While it is easier to deliver quality CSE out of school, it is very difficult for out of school CSE to be scalable, cost-effective, and sustainable.
- 4. Younger is better.** CSE for children and adolescents in and out of school reaches them at the appropriate age for transformation and prevention to be most effective.
- 5. Teachers are a key linchpin.** For the delivery of effective CSE in schools, teachers have to be able to provide it. Delivering gender-transformative CSE requires attitudes and beliefs that many teachers may not share or be unaware of. Delivering CSE outside of school or using outside facilitators in school is less feasible and not cost-effective in the long run in most countries if CSE is delivered as a part of the curriculum. Therefore, teachers need to be effectively prepared, and this is a major challenge, especially for in-service teachers. Training alone will not be enough.
- 6. More evidence is needed.** CSE is starting to be considered an essential part of children's basic education for which proof of effectiveness is not usually required. As part of strategies to improve sexual and reproductive health and reduce GBV among other goals, however, more proof of effectiveness is needed. In particular, CSE and GBV education programmes need to understand the pathways to change in programmes that are considered effective.
- 7. It's already happening.** Over the last 10 years, the effort to implement CSE has increased enormously across the global, including in the Asia Pacific region. It makes sense for GBV practitioners to join these efforts with a focus on improving how CSE addresses gender and violence. Since teachers at present often reinforce unequal gender-norms and victim-blaming as well as other biases, such as heteronormativity and anti-LGBTIQ+ attitudes, whether in CSE or elsewhere, at the very least, damage control is urgently needed. Without intervention, improperly delivered sexuality education might make things worse.

ESSENTIAL ELEMENTS FOR EFFECTIVE PROGRAMMES

In order for CSE to be an effective part of the primary prevention of GBV and for it not to lose its comprehensive intent, a few aspects can be considered essential.

CSE programmes and curricula **must be delivered in line with the key characteristics and content relevant to GBV** outlined above at a minimum.

While CSE can contribute on its own, to be most effective, it **must be a component in a larger programme** to address GBV in the community and society across the ecological model and linked to response services.

School-based GBV must also be addressed. School-policies and rules, reporting requirements and confidential reporting mechanisms must be in place and actively implemented.

CSE must remain CSE, with its broad content and goals. It should not become so focused on gender and GBV that it loses its essential character.



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RECOMMENDATIONS FOR THE WAY FORWARD

Based on this review and knowledge of the current status of CSE, the following priority recommendations are suggested for consideration by the Asia Pacific Regional Office of UNFPA:

1. Strengthen the evidence base on how CSE can prevent GBV by:

- ▶ Undertaking longitudinal studies of effectiveness. Longitudinal studies, especially of CSE in school, are essential to build the evidence base for the effectiveness of CSE on a full range of outcomes and risk and protective factors over time.
- ▶ Undertaking studies to understand what makes specific CSE programmes work or not for GBV prevention. For example, detailed component analysis of curricula to analyse and understand the pathways to short- and long-term change, especially for attitudes and beliefs about gender and violence. This major gap in the evidence for both sexuality and gender-transformative education is repeatedly identified yet it has been not addressed. Such studies can be done with out-of-school CSE programmes and what is learned can be applied to CSE and other GBV education programmes across the board. Knowing what does not work is equally important and often neglected or hidden in efforts to show that donors have spent their money well.
- ▶ Undertaking studies comparing different delivery modalities. For example, studies comparing single and multi-component approaches, programmes delivered in and out of school, those delivered by different types of facilitators, and single sex and co-ed education.

2. Test the feasibility and effects of adapting and delivering proven community education curricula in schools by teachers.

In principle, the same education that is delivered in community settings can be delivered in schools, although some modifications may be needed to suit school timetables. However, it remains to be seen if they can be adapted and delivered well by teachers. Programmes to be adapted and tested may include the education components of SASA!, Stepping Stones and Programme H.

3. Test or evaluate sustainable capacity building approaches for teachers to find out what works.

It is not known how to develop teachers' capacity to be effective sexuality and gender transformative educators, to recognise any inherent unconscious biases that they may be inadvertently perpetuating, or how to get them to consistently use interactive methods when teaching. From practice, if not from the evidence, training alone will not produce the desired results, so this should also be investigated. Formative research to understand teachers' realities and the barriers and enablers is needed. Capacity development approaches need to address the barriers and constraints and enhance the enablers as well.

4. Explore ways to use integrated whole school approaches that integrate CSE and GBV and that are linked to community components addressing GBV, gender and SRH.

Whole school approaches need to be done in a way that is not a significant additional burden to schools. Ideally, they should be integrated into existing programmes. Schools are overwhelmed with programmes that they are supposed to be implementing, such as Water and Sanitation and Hygiene (WASH), Menstrual Hygiene and Management (MHM), Child-Friendly Schools, Health Promoting Schools, Safe Schools Programme, and Global Schools Programme. Not to mention life skills education, HIV education, health education, menstruation or puberty education, sexuality education, peace education, anti-bullying education, global citizenship education, social and emotional learning and so on. They cannot cope. Ideally, there should be one comprehensive programme for schools to implement, rather than many siloed efforts. It is vital to connect school and community-based CSE to a broad range of services, and to have GBV prevention and SRH components addressing parents, the community and society as well.

5. Strengthen the components related to GBV in international CSE guidance documents.

While international guidance documents do clearly include gender and violence, some topics that would support the prevention of GBV should be added or strengthened. A thorough analysis needs to be undertaken, but some examples of relevant topics to consider adding or strengthening are: conflict-resolution skills; self-awareness; managing emotions, including anger; joint decision-making skills; joint problem-solving skills; and parenting skills, including positive discipline skills.

6. Strengthen the linkages between GBV and CSE practitioners and programmes.

Many of those working on the prevention of GBV are not aware of how CSE could be a strategy for the prevention of violence. It may be that they think CSE is still focused just on sexual and reproductive health. They may need to be made aware of how CSE is currently intended to be done. Equally, those working on CSE need to be more aware of effective approaches to gender norm transformation and GBV prevention and can learn from what those working on GBV prevention are uncovering. They need to better understand how central working to transform gender must be to CSE. Even though, many UNFPA country offices have programmes on both CSE and Gender, they often do not work together.

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Annex 1: Summary Table of Included Articles on CSE and GBV Prevention

	ARTICLE	STUDY INFORMATION	COUNTRY OR REGION
1	Bhana, D. (2015). Gendering the foundation: Teaching sexuality amid sexual danger and gender inequalities. <i>Perspectives in Education</i> , 33(2), 77-89.	In-depth interview, 1 teacher	South Africa
PROGRAMME, KEY FINDINGS, AND KEY RECOMMENDATIONS			
<p>Programme: Life Skills, in-school, Ministry of Education</p> <p>Key findings:</p> <ul style="list-style-type: none"> It is possible to work with teachers to critically reflect on and question gender inequality and to address sexuality, but teachers require further support to break the silence in their schools, to stop the violence, to change entitled and violent masculinity. Work to support gender equality can begin in lower primary (K-3). <p>Recommendations:</p> <ul style="list-style-type: none"> Policies should have an explicit focus on gender transformative sexuality education. Gender must also be addressed in the broader context since sexuality education cannot challenge the broader social system by itself. 			
	ARTICLE	STUDY INFORMATION	COUNTRY OR REGION
2	Holden, J., Bell, E., and Schauerhammer, V. (2015). We Want to Learn About Good Love: Findings from a Qualitative Study Assessing the Links Between Comprehensive Sexuality Education and Violence Against Women and Girls. <i>London: Plan International UK and Social Development Direct.</i>	Literature review 31 key informant interviews 23 focus group discussions with participants, peer educators, health care providers, and programme teachers Over 200 people total	Cambodia, Uganda
PROGRAMME, KEY FINDINGS, AND KEY RECOMMENDATIONS			
<p>Programme: Youth-focused SRHR programmes with elements of CSE, out of school, Plan International</p> <p>Key findings:</p> <ul style="list-style-type: none"> CSE can play a key role as part of a multi-pronged approach to VAWG. More evidence is needed on 'what works' in changing attitudes on gender equality and reducing VAWG as part of CSE delivery. <p>Recommendations:</p> <ul style="list-style-type: none"> Greater focus on gender inequality and power dynamics in CSE. Use gender-transformative and rights-based approaches. Use an integrated community-based approach to address gender inequality more broadly. Strengthen reporting and response mechanisms, including for school-related GBV. Build the evidence base linking CSE to VAWG prevention. 			

	ARTICLE	STUDY INFORMATION	COUNTRY OR REGION
3	Le Mat, M. L. (2020). Beyond the facts: addressing gender-based violence through comprehensive sexuality education in schools in Ethiopia.	PhD dissertation Includes five published papers, discussed below	Ethiopia

PROGRAMME, KEY FINDINGS, AND KEY RECOMMENDATIONS

Programme: The World Starts with Me, 16 lessons of 1-2 hours, extracurricular at school, Rutgers

Key findings:

- While CSE has created opportunities in education to talk about gender relations in new ways, it can also contribute to perpetuating gender inequalities and gender-based violence in practice.

Recommendations:

- Guidelines on CSE should better address how to support CSE teachers in various environments to address the multiple forms of gender-based violence. Gender and power relations should be a more central part of CSE in order to enable a discussion of the root causes of GBV.
- Strengthening critical thinking skills, reflexivity and efforts to inspire action for social transformation in CSE.
- Strengthening teachers' position and ability to promote positive gender relationships.

	ARTICLE	STUDY INFORMATION	COUNTRY OR REGION
4	Le Mat, M. L. (2016). 'Sexual violence is not good for our country's development'. Students' interpretations of sexual violence in a secondary school in Addis Ababa, Ethiopia. <i>Gender and Education</i> , 28(4), 562-580.	29 interviews with teachers, students and SRH professionals 4 focus groups with students	Ethiopia

PROGRAMME, KEY FINDINGS, AND KEY RECOMMENDATIONS

Programme: The World Starts with Me, 16 lessons of 1-2 hours, extracurricular at school, Rutgers

Key findings:

- Boys' and girls' views on sexual violence were strikingly different.
- Critical reflection is crucial for developing informed ideas about sexual violence in school.
- Questioning the current gender order may be challenging for schools.

Recommendations:

- Schools should implement a rights-based, comprehensive approach to sexuality education focused on the needs of young people.
- Programmes must stimulate critical reflection and questioning of current norms and structures in society.

	ARTICLE	STUDY INFORMATION	COUNTRY OR REGION
5	Le Mat, M.L.J., Kosar-Altinyelken, H., Bos, H.M.W., and Volman, M.L.L. (2020). Mechanisms of adopting and reformulating comprehensive sexuality education policy in Ethiopia. <i>Journal of Education Policy</i> .	Analysis of 23 policy documents Interviews with 16 stakeholders	Ethiopia

PROGRAMME, KEY FINDINGS, AND KEY RECOMMENDATIONS

Programme: The World Starts with Me, 16 lessons of 1-2 hours, extracurricular at school, Rutgers

Key findings:

- In the process of resisting CSE, countries may ignore their own policy priorities that might be addressed by CSE.
- In environments where work on gender equality and rights are limited to developmental goals, there is little opportunity to address the root causes of gender-based violence.

Recommendations:

- Find ways to advance an emancipatory educational agenda that can include CSE to better address gender-based violence in education.

	ARTICLE	STUDY INFORMATION	COUNTRY OR REGION
6	Le Mat, M.L.J., Miedema, E.A.J., Aniley, Siyane A., & Kosar-Altinyelken, H. (2019). Moulding the teacher: factors shaping teacher enactment of comprehensive sexuality education policy in Ethiopia. <i>Compare: A journal of comparative and international education</i> , 1-19.	3 focus groups with 21 young people, 1 with 4 teachers Interviews with 8 teachers, 4 principals, 4 PTA members, 6 parents, 4 community leaders, 4 local government representatives	Ethiopia

PROGRAMME, KEY FINDINGS, AND KEY RECOMMENDATIONS

Programme: The World Starts with Me, 16 lessons of 1-2 hours, extracurricular at school, Rutgers

Key findings:

- Delivery of CSE is influenced by their confidence, knowledge, beliefs, motivations, status, relations with the community, and level of school or community support.
- Teachers may support changing gender roles but may also reinforce them.
- Teachers can be barriers to CSE when they do not deliver they programme with fidelity.
- Teachers' ability to address gender-based violence was limited.
- Guidance on how to address gender-based violence is inadequate or lacking.

Recommendations:

- Strengthen teachers' positions in and out of schools.
- Strengthen reflection on teachers' roles in addressing GBV in teacher professional development.
- Increase efforts to include teachers' views, concerns, and daily realities in the development of education programmes.

	ARTICLE	STUDY INFORMATION	COUNTRY OR REGION
7	Le Mat, M. L. (2017). (S) exclusion in the sexuality education classroom: young people on gender and power relations. <i>Sex Education</i> , 17(4), 413-424.	5 focus groups with students and young people Interviews, 15 with students, 16 with teachers	Ethiopia
PROGRAMME, KEY FINDINGS, AND KEY RECOMMENDATIONS			
<p>Programme: The World Starts with Me, 16 lessons of 1-2 hours, extracurricular at school, Rutgers</p> <p>Key findings:</p> <ul style="list-style-type: none"> • The sexuality education delivered was gender biased rather than challenging gender norms. • Teachers focused on moral and health reasons to delay sex rather than discussing the topics young people are interested in, which are also essential for addressing gender and power. • The rationales teachers use to justify the content of the programme they deliver differs from the intentions of the comprehensive and rights-based design of the programme. <p>Recommendations:</p> <ul style="list-style-type: none"> • Gender and power need to be a central part of CSE that connects to relationships at schools, in families, culture and society. • The theoretical concepts that underpin CSE, especially with regard to gender and power, need to be better understood. 			
	ARTICLE	STUDY INFORMATION	COUNTRY OR REGION
8	Le Mat, M. L., Kosar-Altinyelken, H., Bos, H. M., and Volman, M. L. (2019). Discussing culture and gender-based violence in comprehensive sexuality education in Ethiopia. <i>International Journal of Educational Development</i> , 65, 207-215.	Interviews, 32 with teachers, 30 with students Focus groups: 2 with teachers, 6 with students	Ethiopia
PROGRAMME, KEY FINDINGS, AND KEY RECOMMENDATIONS			
<p>Programme: The World Starts with Me, 16 lessons of 1-2 hours, extracurricular at school, Rutgers</p> <p>Key findings:</p> <ul style="list-style-type: none"> • CSE that simplistically attempts to replace 'bad' culture with 'good' cultures does not address unequal gender relations and patriarchy as the root causes of gender-based violence. • While CSE has created opportunities to talk about gender in education, in practice it can contribute to perpetuating gender inequalities and GBV. <p>Recommendations:</p> <ul style="list-style-type: none"> • CSE should encourage critical thinking skills, self-reflection and the examination of ethical responsibilities to address the root causes of violence and inequality and discuss the meanings of concepts like sexuality, virginity, premarital sex, transactional sexual relationships and sex work through socio-cultural, scientific, gender and economic lenses. • Culture as a changing reality should be integrated into education about sexuality and gender relations. • Guidelines on CSE need to further address how to support CSE teachers to address the multiple forms of gender-based violence. • Gender and power should be more central in CSE and teacher guidelines to enable a discussion of the root causes of GBV. • Efforts to inspire action and organising for social transformation need to be strengthened in CSE. • Teachers' positions and ability to promote positive gender relationships need to be strengthened. 			

	ARTICLE	STUDY INFORMATION	COUNTRY OR REGION
9	Makleff, S., Garduño, J., Zavala, R. I., Barindelli, F., Valades, J., Billowitz, M., ... & Marston, C. (2019). Preventing intimate partner violence among young people—a qualitative study examining the role of comprehensive sexuality education. <i>Sexuality research and social policy</i> , 1-12.	<p>Longitudinal quasi-experimental study in one school</p> <p>Baseline questionnaire with 124 students</p> <p>Observed the course throughout</p> <p>Case studies of 4 interviews each with 9 students</p> <p>Interviews with 20 students</p> <p>Focus groups, 4 with students, 1 with teachers, 1 with health educators</p>	Ethiopia
PROGRAMME, KEY FINDINGS, AND KEY RECOMMENDATIONS			
<p>Programme: Unnamed, 20 hours, in-school, delivered by staff of Gente Joven (30years old or younger), Mexfam</p> <p>Key findings:</p> <ul style="list-style-type: none"> • The course was credited with influencing attitudes and practices compatible with the objectives of gender-transformative programming and violence prevention. • Four elements of the course identified as crucial to preventing partner violence are: 1) encouraging reflection about romantic relationships, including questioning whether jealousy and possessive behaviours were signs of love; 2) developing skills to communicate about sexuality, inequitable relationships, and reproductive health; 3) encouraging care-seeking behaviour; and 4) addressing norms around gender and sexuality, such as discrimination against sexually diverse populations. • It is essential to have adequately trained facilitators to teach CSE successfully. • Schools are important for violence prevention efforts. <p>Recommendations:</p> <ul style="list-style-type: none"> • Teachers must be adequately prepared or specialists brought in to teach CSE successfully. • CSE content should be relevant to the learners' lives. • Open dialogue should be used to engage meaningfully with the content. • Direct measurement of violence is needed to determine course effectiveness. 			

	ARTICLE	STUDY INFORMATION	COUNTRY OR REGION
10	Rollston, R., Wilkinson, E., Abouelazm, R., Mladenov, P., Horanieh, N., & Jabbarpour, Y. (2020). Comprehensive sexuality education to address gender-based violence. <i>The Lancet</i> , 396(10245), 148-150.	Comment	General with some focus on the Arab region
PROGRAMME, KEY FINDINGS, AND KEY RECOMMENDATIONS			
<p>Programme: Not applicable</p> <p>Main points:</p> <ul style="list-style-type: none"> • The failure to implement CSE globally puts people at increased risk of violence. There is demand for sexuality education among young people in the Arab region, but governments and societies are resistant to providing it due to its sensitive nature. • In the Arab region, legal regulations and social norms related to gender inequalities need to be further understood and addressed for true GBV preventive measures to occur. • National responses to VAWG during the COVID-19 pandemic might be entry points for the provision of CSE in the Arab region. <p>Recommendations:</p> <ul style="list-style-type: none"> • None. 			
	ARTICLE	STUDY INFORMATION	COUNTRY OR REGION
11	Schneider, M., and Hirsch, J. S. (2020). Comprehensive sexuality education as a primary prevention strategy for sexual violence perpetration. <i>Trauma, Violence, and Abuse</i> , 21(3), 439-455.	Literature review	United States
PROGRAMME, KEY FINDINGS, AND KEY RECOMMENDATIONS			
<p>Programme: Not applicable</p> <p>Key findings:</p> <ul style="list-style-type: none"> • No peer reviewed articles evaluate the effect of CSE on sexual violence directly. • Only three effective programmes to prevent sexual violence perpetration in the US were identified. • Programmes focused on college students were not effective. • Current primary prevention strategies do not address the majority of sexual violence perpetration risk factors or use effective pedagogical approaches for prevention. • All four categories of risk factors (sex, gender, and violence-based, child abuse-based, sexual behaviour-based, and social and emotional learning-based risk factors) can be modified through educational programmes that meet the characteristics of effective prevention. • CSE that meets US standards is a potentially effective strategy for reducing sexual violence perpetration. • CSE must be part of a comprehensive approach comprised of strategies across the ecological model and repeated though the life course. <p>Recommendations:</p> <ul style="list-style-type: none"> • The impact of CSE on sexual violence (and other outcomes) should be rigorously evaluated longitudinally. • CSE programmes should adhere to standards for CSE and the characteristics of effective prevention programmes and should begin early in life. 			

Annex 2: Summary Table of Included Articles on the Impact of CSE on Gender and Rights

	ARTICLE	STUDY INFORMATION	COUNTRY OR REGION
1	Berglas, N. F., Constantine, N. A., and Ozer, E. J. (2014). A rights-based approach to sexuality education: Conceptualization, clarification and challenges. <i>Perspectives on sexual and reproductive health</i> , 46(2), 63-72.	Conceptual research 21 key informant interviews	Global
PROGRAMME, KEY FINDINGS, AND KEY RECOMMENDATIONS			
<p>Programme: Not applicable</p> <p>Key findings:</p> <ul style="list-style-type: none"> A rights-based approach can be defined as the intersection of four elements: 1) an underlying principle that youth have sexual rights; 2) an expansion of programmatic goals beyond reducing unintended pregnancy and sexually transmitted infections, such as goals related to empowerment, sexual assertiveness, expectations and civic engagement; 3) a broadening of curricula content to include such issues as gender norms, sexual orientation, sexual expression and pleasure, violence, and individual rights and responsibilities in relationships; and 4) a participatory teaching strategy that engages youth in critical thinking about their sexuality and sexual choices. <p>Recommendations:</p> <ul style="list-style-type: none"> Programme developers can use the four elements of the definition as a guide. Indicators of positive sexual health and ways to measure youth attitudes related to gender and cultural norms, rights and responsibilities in relationships and assertiveness need to be developed and validated. 			
	ARTICLE	STUDY INFORMATION	COUNTRY OR REGION
2	Berglas, N. F., Angulo-Olaiz, F., Jerman, P., Desai, M., and Constantine, N. A. (2014). Engaging youth perspectives on sexual rights and gender equality in intimate relationships as a foundation for rights-based sexuality education. <i>Sexuality Research and Social Policy</i> , 11(4), 288-298.	Formative programme research Eight focus groups with	US
PROGRAMME, KEY FINDINGS, AND KEY RECOMMENDATIONS			
<p>Programme: Sexuality Education Initiative, Planned Parenthood Los Angeles</p> <p>Key findings:</p> <ul style="list-style-type: none"> Rights-based CSE should reinforce rights as something youth have regardless in all types of relationships; ask youth to think about the values behind rights and about rights that apply to relationships to connect to what is important to them; include discussions of masculinity and its impact on them and avoid reinforcing normative masculine gender roles; avoid portraying women as victims and men as perpetrators; support young women to rethink femininity; and include opportunities to address inequities by engaging young people as agents of change in their communities. <p>Recommendations:</p> <ul style="list-style-type: none"> Rights-based sexuality education programmes should be guided by the voices, interests, needs, and concerns of the young people they intend to reach. Conducting formative research that involves the potential participants is a critical step for developing programmes. 			

	ARTICLE	STUDY INFORMATION	COUNTRY OR REGION
3	Browes, N. C. (2015). Comprehensive sexuality education, culture and gender: the effect of the cultural setting on a sexuality education programme in Ethiopia. <i>Sex Education</i> , 15(6), 655-670.	Interviews with 30 participating students and 2 teachers, 8 non-participating students and 4 teachers, 9 other stakeholders 10 class observations 2 student focus groups	
PROGRAMME, KEY FINDINGS, AND KEY RECOMMENDATIONS			
<p>Programme: The World Starts with Me, 16 lessons of 1-2 hours, extracurricular at school, Rutgers</p> <p>Key findings:</p> <ul style="list-style-type: none"> Teachers and both male and female students were able to discuss sexuality issues. The cultural context and school environment affected the interpretation of the programme content and influenced the nature of discussions. Culture had a subtle modifying effect on how messages were interpreted, the depths of new attitudes reached, and how students chose to use programme information. The contradictions between the programme content and the environment were especially damaging to girls. Parents and caregivers were influential in shaping students' values and attitudes. CSE has the potential to help individuals secure their rights and live healthy, happy lives and should be integrated into the national school curricula so that all students benefit. <p>Recommendations:</p> <ul style="list-style-type: none"> Sexuality education engage and involve the whole school and the wider community in the programme to reduce contradictory messages and increase support for CSE. Teachers undergo extensive and comprehensive pre-programme training that addresses their attitudes and values, not just their knowledge. Programmes should recognise the significance of cultural influences, especially in rural, marginalised areas, where norms and values may be further from programme values. 			
	ARTICLE	STUDY INFORMATION	COUNTRY OR REGION
4	Constantine, N. A., Jerman, P., Berglas, N. F., Angulo-Olaiz, F., Chou, C. P., and Rohrbach, L. A. (2015). Short-term effects of a rights-based sexuality education curriculum for high-school students: a cluster-randomized trial. <i>BMC Public Health</i> , 15(1), 293.	Cluster-randomised trial in 10 high schools in Los Angeles, pre and post tests of 1,750 ninth grade students	US
PROGRAMME, KEY FINDINGS, AND KEY RECOMMENDATIONS			
<p>Programme: Sexuality Education Initiative, 12 50-minute sessions, in-school, Planned Parenthood Los Angeles, delivered by Planned Parenthood staff or trained volunteers</p> <p>Key findings:</p> <ul style="list-style-type: none"> Students receiving the rights-based curriculum demonstrated significantly greater knowledge about sexual health and sexual health services, more positive attitudes about sexual relationship rights, greater communication about sex and relationships with parents, and greater self-efficacy to manage risky situations at immediate posttest. There were no significant differences between the intervention and control groups for communication with sexual partners and intentions to use condoms. The effects of the rights-based curriculum were consistent regardless of gender or baseline sexual experience. These findings are consistent with the small body of existing studies of similar rights-based interventions. <p>Recommendations:</p> <ul style="list-style-type: none"> Further theoretical consideration, programmatic development, and empirical research is needed to understand how rights-based CSE could support and enhance adolescents' healthy sexual development. 			

	ARTICLE	STUDY INFORMATION	COUNTRY OR REGION
5	De Haas, B., and Hutter, I. (2019). Teachers' conflicting cultural schemas of teaching comprehensive school-based sexuality education in Kampala, Uganda. <i>Culture, health and sexuality</i> , 21(2), 233-247	40 interviews with teachers	Uganda
PROGRAMME, KEY FINDINGS, AND KEY RECOMMENDATIONS			
<p>Programme: Different sexuality education programmes (associated with NGOs), some in regular classes and some in extracurricular clubs, taught by teachers</p> <p>Key findings:</p> <ul style="list-style-type: none"> • Traditional and present-day cultural schemas of sexuality education and young people's sexual citizenship conflicted and were embedded in morality. • The narrative of a moral traditional society that supports the idea that teaching abstinence-only can enhance students' well-being also undermines students' sexual citizenship and perpetuates harmful gender roles and stereotypes. • Teachers often taught abstinence-only because of personal religious beliefs. • Teachers may feel conflicted about the messages their students need but would feel vulnerable if they were to adopt more a comprehensive approach. • The Ugandan school-based sexuality education reproduces cultural and religious values and beliefs. • Schools may not be appropriate settings for teaching sexuality education and teachers may not be the most appropriate sexuality educators, although they have broad reach and are low-cost and sustainable options. • Autocratic teaching styles seem central to teachers' professional identity, which may make it difficult for them to adopt learner-centred pedagogies. <p>Recommendations:</p> <ul style="list-style-type: none"> • Better quality education for teachers is needed that improves their knowledge and skills and increases their confidence and comfort, challenges the perception of childhood innocence, redefines culture as dynamic and interactive and helps teachers adopt more learner-centered teaching methods. • They recommend further research on the perspectives of parents and school administrations, to understand how, and to what extent, a whole-school approach can enhance young people's sexual and reproductive health and rights by creating an enabling environment for the delivery of comprehensive sexuality education. 			

	ARTICLE	STUDY INFORMATION	COUNTRY OR REGION
6	DePalma, R., and Francis, D. (2014). Silence, nostalgia, violence, poverty...: What does 'culture' mean for South African sexuality educators?. Culture, health and sexuality, 16(5), 547-561.	Interviews with 25 teachers	South Africa
PROGRAMME, KEY FINDINGS, AND KEY RECOMMENDATIONS			
<p>Programme: Life Orientation, in-school and taught by teachers</p> <p>Key findings:</p> <ul style="list-style-type: none"> Teachers draw upon the ideas of culture available in their social contexts to explain and justify people's sexual beliefs and behaviours and their own role as educators and to also to inhibit dialogue. Talking about culture instead of issues such as silence, violence and poverty gives them an authority that they would otherwise not have. <p>Recommendations:</p> <ul style="list-style-type: none"> Teacher education and training need to emphasise and redefine culture as dynamic and interactive and enable teachers to think critically about cultural practices and perceptions and develop a more sophisticated understanding of cultural norms. Teachers need further training in interactive teaching methodologies. 			
	ARTICLE	STUDY INFORMATION	COUNTRY OR REGION
7	Elia, J. P., and Tokunaga, J. (2015). Sexuality education: implications for health, equity, and social justice in the United States. Health Education, Vol. 115 No. 1, pp. 105-120.	Policy analysis	US
PROGRAMME, KEY FINDINGS, AND KEY RECOMMENDATIONS			
<p>Programme: Not applicable</p> <p>Key findings:</p> <ul style="list-style-type: none"> School-based sexuality education in the United States has excluded, and therefore negatively affected, populations such as lesbian, gay, bisexual, trans, and queer people, people of colour, and the disabled. The social ecological model is a tool for thinking about how to achieve broadly defined sexual health through sexuality education in and out of school. Although there are signs that sexuality education is becoming more inclusive, it needs to go further. <p>Recommendations:</p> <ul style="list-style-type: none"> Using critical pedagogy and anti-oppressive education is recommended to deliver a more democratic sexuality education that increases all students' sexual health. 			

	ARTICLE	STUDY INFORMATION	COUNTRY OR REGION
8	Grose, R. G., Grabe, S., & Kohfeldt, D. (2014). Sexual education, gender ideology, and youth sexual empowerment. <i>The Journal of Sex Research</i> , 51(7), 742-753.	Pretest-posttest survey of 95 students	US
PROGRAMME, KEY FINDINGS, AND KEY RECOMMENDATIONS			
<p>Programme: Walnut Avenue Woman's Center sexuality education for Grade 8, 10 50-minutes lessons based on <i>Streetwise to Sex-wise</i> delivered by external facilitators</p> <p>Key findings:</p> <ul style="list-style-type: none"> Participants in sexual education that aims to empower participants by linking gender ideology, sexual knowledge, and contraceptive beliefs resulted in more progressive attitudes about gender and stronger sexual health and resource knowledge in the short term. <p>Recommendations:</p> <ul style="list-style-type: none"> Sociocultural influences such as gender ideology and sexual scripts can and should be addressed and assessed in sexual education curricula. 			
	ARTICLE	STUDY INFORMATION	COUNTRY OR REGION
9	Haste, P. (2013). Sex education and masculinity: The 'problem' of boys. <i>Gender and Education</i> , 25(4), 515-527.	Multi-method ethnography in three secondary schools, including observations, interviews and focus group as well as following one teacher	UK
PROGRAMME, KEY FINDINGS, AND KEY RECOMMENDATIONS			
<p>Programme: A sex and relationship education modelling program</p> <p>Key findings:</p> <ul style="list-style-type: none"> Teachers frequently explicitly communicate their assumptions that 'boys will be boys' and therefore would misbehave, use inappropriate language, ask rude and explicit questions, have a precocious knowledge of sex and a natural (hetero)sexual desire, as well as being emotionally illiterate and uninterested in their emotional lives. Privileging certain normative forms of masculinity gives boys a highly limited range of acceptable options to draw from as they form their masculine identities. There are a paucity of opportunities in and outside of the school for boys to explore alternative aspects of male sexuality. Pornography is increasingly seen as something that sexuality education needs to address, especially because it is believed to be one of the main ways that boys are inducted into the conventions of sexual behaviour (or sexual scripts). Schools do not know how to address pornography, resulting in an increasing gap between the issues teachers are willing to address and the issues pupils must navigate in their daily lives. Teachers assumed that because boys use sexual and explicit language, they were knowledgeable about sex, which was not the case. The use of graphic or explicit language by boys often concealed fragility and vulnerability. Opportunities to have constructive discussions about sex may be missed by focusing on boys' problematic behaviour. <p>Note: Also that schools are a massively significant place where children and young people develop their gender identities and understanding of gender norms – and most often reinforce gender norms and stereotypes and as such should be a significant focus for anyone who wants to change gender norms.</p> <p>Recommendations: (Implicit recommendations)</p> <ul style="list-style-type: none"> Teachers should question their assumptions about masculinity and male students' sexual knowledge. Teachers and others in schools and the community should offer boys alternative models of masculinity and male sexuality without undercutting them while doing so. Sexuality education needs to find ways to address pornography. More evidence is needed on the use and effects of pornography for both boys and girls. 			

	ARTICLE	STUDY INFORMATION	COUNTRY OR REGION
10	Ngabaza, S., Shefer, T., & Catriona, I. M. (2016). "Girls need to behave like girls you know": the complexities of applying a gender justice goal within sexuality education in South African schools. <i>Reproductive health matters</i> , 24(48), 71-78.	Focus groups and interviews at 12 schools.	South Africa
PROGRAMME, KEY FINDINGS, AND KEY RECOMMENDATIONS			
<p>Programme: Life Orientation</p> <p>Key findings:</p> <ul style="list-style-type: none"> • Apply a gender justice approach to sexuality education in South African classrooms is especially challenging with young people from communities and families that remain invested in patriarchal and heteronormative notions of gender and sexuality. • The learners experienced sexuality education as upholding normative gender roles and male power, rather than challenging it. • Teachers are inadvertently or consciously disseminating messages that reinforce dominant, unequal gender roles and moralistic positions on youth sexuality. • The teachers' use of gender-biased scare tactics to encourage abstinence makes female learners responsible. • The didactic teaching methods used did not acknowledge young people's experiences or facilitate their sexual agency. • Teachers experience challenges in promoting sexual and gender justice. • Some school principals, teachers and schools appeared to be committed to challenging patriarchal ideologies and saw the Life Orientation curriculum as a resource for doing so. • The absence of a positive construction of sexuality and failure to challenge unequal gender norms and roles reproduce the very inequalities that sexuality education and the Life Orientation programme hoped to address and change. <p>Recommendations:</p> <ul style="list-style-type: none"> • The complexities of delivering sexuality education using a gender justice approach need to be systematically addressed. • More attention needs to be paid to the methodology and content of sexuality education. • More attention needs to be paid to preparing teachers better to realise the goal of gender justice in sexuality education. 			

	ARTICLE	STUDY INFORMATION	COUNTRY OR REGION
11	Rohrbach, L. A., Berglas, N. F., Jerman, P., Angulo-Olaiz, F., Chou, C. P., and Constantine, N. A. (2015). A rights-based sexuality education curriculum for adolescents: 1-year outcomes from a cluster-randomized trial. <i>Journal of Adolescent Health, 57</i> (4), 399-406.	Cluster-randomized trial in 10 high schools in Los Angeles, pretest and 1-year follow-up questionnaires completed by 1,447 students	
PROGRAMME, KEY FINDINGS, AND KEY RECOMMENDATIONS			
<p>Programme: Sexuality Education Initiative, 12 50-minute sessions, in-school, Planned Parenthood Los Angeles, delivered by Planned Parenthood staff or trained volunteers</p> <p>Key findings:</p> <ul style="list-style-type: none"> ▪ Students receiving the rights-based curriculum had significantly higher scores than the basic sex curriculum students on six of nine psychosocial outcomes, including sexual health knowledge, attitudes about relationship rights, partner communication, protection self-efficacy, access to health information, and awareness of sexual health services. ▪ Intervention students were more likely to be carrying a condom and to report use of sexual health services than control students. ▪ No effects were found for other sexual health behaviours, possibly due to the low prevalence of sexual activity in the sample. ▪ Rights-based sexuality education, including prevention, are an important first step for promoting healthy sexual development, even before youth are sexually active. Adolescent development theory suggests that interventions should be provided early, and prevention education before sexual initiation is an important strategy for the promotion of safe sexual behaviours. <p>Recommendations:</p> <ul style="list-style-type: none"> ▪ Booster education sessions throughout adolescence are recommended to reinforce messages, reduce risks, and promote healthy decisions as more youth begin to engage in sexual relationships. ▪ Further studies need to be done to determine what effects the programme might have on participants' their sexual activity. ▪ Further research with different populations in diverse settings and over longer periods of follow-up will increase the field's understanding of the potential effectiveness of this and other rights-based sexuality education. ▪ The field would benefit from more research on multicomponent rights-based interventions, employing study designs that enable the researcher to determine which component or combination of components is most effective in producing the desired outcomes. 			

	ARTICLE	STUDY INFORMATION	COUNTRY OR REGION
12	Shefer, T., and Macleod, C. (2015). Life Orientation sexuality education in South Africa: Gendered norms, justice and transformation. <i>Perspectives in Education</i> , 33(2), 1-10.	Summary of six papers that all used qualitative research methods, including interviews and focus groups	South Africa
PROGRAMME, KEY FINDINGS, AND KEY RECOMMENDATIONS			
<p>Programme: Life Orientation, in-school, Ministry of Education</p> <p>Key findings:</p> <ul style="list-style-type: none"> • The studies confirm the gap between policy intentions and actual practice; namely although the intention of Life Orientation is to challenge gender inequality, it does not do so and may instead reinforce and rationalize those inequalities. • The focus on the negative aspects of sexuality, regulatory, disciplinary and punitive responses to young people's sexuality, and conflating sexual agency with negative results undermines the goal of challenging gender inequality. • The presentation of sexuality in terms of consequences and responsibility is gender-biased, with young women presented as being at risk and responsible for prevention and young men as perpetrators. • Young women are implicitly given contradictory messages, i.e. that they are responsible for abstaining from sex and for fulfilling the dominant sexual desires and needs of men • Teacher discomfort and the use of didactic methods hinder the impact of the course. • While this programme has the potential to be constructive and empowering, it fails to engage young people and does not have a positive impact on their practices and experiences of gender and sexuality. <p>Recommendations:</p> <ul style="list-style-type: none"> • School-based sexuality education in South Africa should be reoriented as a programme that encourages critical thinking and self-reflection, challenges normative thinking, take a positive approach to sexuality, and is centred on the voices of youth and uses learner-centred methods, especially open dialogue framed within social justice goals. • Carefully analysis of how critical pedagogy can be used and integrated into all aspects of sexuality education policy, goals and materials. • Teacher preparation should include reflection how their own values and morality impact their teaching, critical thinking skills, and greater knowledge of gender, other inequalities and intersectionality. • Adults should take young people seriously. 			

	ARTICLE	STUDY INFORMATION	COUNTRY OR REGION
13	Cahill, H., Dadvand, B., Walter-Cruickshank, E., and Shlezinger, K. (2019). An Integrated Approach to Educating for Social and Emotional Learning, Gender Education and Comprehensive Sexuality Education. Melbourne: Youth Research Centre.	Literature review of social and emotional learning, CSE and gender education.	Global
PROGRAMME, KEY FINDINGS, AND KEY RECOMMENDATIONS			
<p>Programme: Not applicable</p> <p>Key findings:</p> <ul style="list-style-type: none"> • Evidence shows that social and emotional learning can have a positive impact on school performance, well-being and health, especially on mental health and the reduction of bullying and gender-based violence. (Cahill et al., 2019) • The key elements of effective SEL programmes are: 1) using collaborative learning to stimulate peer interaction and critical thinking; 2) providing explicit learning activities rather than general descriptions of curriculum standards that require teachers to design the learning activities; 3) fashioning culturally responsive adaptations to ensure programme relevance and reach; and 4) having teachers with ongoing relationships with the students facilitate the learning activities. (Cahill et al., 2019) • Social and emotional learning is most effective when it is sequenced, includes participatory learning activities, is frequently taught, is explicit with students about its learning objectives, and provided by facilitators who are in ongoing relationships with the students. (Cahill et al., 2019) • Social and emotional learning interventions providing detailed lesson plans achieve greater outcomes for students than formats that simply outline curriculum standards and objectives. (Cahill et al., 2019) • Social and emotional learning, CSE, and gender education have topics in common and a common emphasis on fostering positive relationships through promoting the values of respect and responsibility and the development of relationship and responsible decision-making skills. (Cahill et al., 2019) • They all also use collaborative learning to develop critical thinking, foster social skills, enhance peer connectedness and incorporate students' voices in learning. (Cahill et al., 2019) • The authors note that social and emotional learning emphasizes the core relational skills that are integral to advancing the intentions CSE and gender education. (Cahill et al., 2019) <p>Recommendations:</p> <ul style="list-style-type: none"> • Social and emotional learning can be an entry point to CSE and gender education. (Cahill et al., 2019) 			



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Annex 3: Annotated Bibliography

This annotated bibliography includes summaries of selected resources on comprehensive sexuality education as a primary prevention strategy for the prevention of gender-based violence.

Articles and Documents on Comprehensive Sexuality Education and Gender-based Violence Prevention

Bhana, D. (2015). Gendering the foundation: Teaching sexuality amid sexual danger and gender inequalities. *Perspectives in Education*, 33(2), 77-89. This article presents one Grade 2 teacher's perspective on delivering the Life Skills sexuality education programme in an impoverished township primary school in South Africa where discussion of both gender and sexuality in early childhood are denied and therefore not discussed. The teacher breaks that silence by discussing bad touch, sexual danger, and violent masculinities, while promoting respectful and equitable gender relations. She draws on respect, religious discourses, empathy and the significance of women and girls to the lives of boys to challenge masculine power. She is motivated to disrupt the silence because of her recognition of the gender dynamics in her classroom that is situated in a context of poverty, overcrowding, sexual violence and gender-biased cultural norms. The author notes that her ability to transform gender relations and inequalities through sexuality education is limited if gender inequality in the broader context is not addressed. The article recommends that teachers in the Foundation Phase (lower primary) be supported to build on the potential of Life Skills education to critically reflect on and question issues of gender and power while simultaneously educating the teachers about their complicity in broader unequal gender and cultural norms. Additionally, the authors note that attention to "sexual danger" at school is critical in this context, where the school may be the only place where a student can report sexual violence.

Holden, J., Bell, E., & Schauerhammer, V. (2015). We Want to Learn About Good Love: Findings from a Qualitative Study Assessing the Links Between Comprehensive Sexuality Education and Violence Against Women and Girls. London: Plan International UK and Social Development Direct. To illustrate how CSE can contribute to the prevention of GBV, this report reviews existing evidence for a working theory of change that includes four key pathways to change, highlights the key challenges and lessons learned from their programmes, and draw implications for CSE policy and programming. The four key pathways are: 1) promoting gender equitable attitudes and attitudes against VAWG; 2) developing life skills linked to improved gender relations and reduced violence, such as self-efficacy, negotiation, consent, and how to resist peer pressure to engage in or accept GBV; 3) transforming attitudes in the wider community including among duty bearers and 4) increasing reporting and response to VAWG. The authors found evidence that CSE can play a key role as part of a multi-pronged approach to VAWG by: promoting gender equitable attitudes; engendering more positive attitudes towards LGBTI rights, if the programme is rights-based and includes non-judgmental information on sexual diversity; increasing knowledge about VAWG; reducing tolerance towards various forms of GBV; building life skills that improve gender relations and reduce VAWG; and providing information on and strengthening VAWG reporting and response mechanisms. They report that community integrated approaches to CSE have the potential to change social norms by influencing adults and the wider social environment. However, they also found that most CSE programmes do not include enough on transforming gender relations or engage sufficiently with the gender and social norms that are the roots of VAWG, and, in many contexts, contain limited content on sexual rights and no content on LGBTI rights. They note that attitudes of duty bearers may continue to be a barrier to the provision of CSE; that prevailing social norms, including gender inequality, the denial of female sexuality and promotion of violent ideas of masculinity, may make it difficult for young people to use the life skills they learn and may affect the quality of CSE delivery; that addressing school-related gender-based violence is particularly challenging, with limited evidence of successful approaches; and that reporting of VAWG cases remains low and responses to GBV, insufficient and weak, undermining efforts. They recommend that CSE: address gender inequality, social norms and stereotypes through practical examples that tackle gender inequalities and power dynamics

in young people's lives; adopt gender-transformative and rights-based approaches that address attitudes that devalue women's sexual agency, harmful masculinity and promote positive attitudes towards LGBTI rights; link to GBV prevention programmes; build an enabling environment for CSE and use an integrated community-based approach to address gender inequality more broadly; strengthen reporting and response mechanisms, including for school-related GBV; and build the evidence base linking CSE to VAWG prevention. Ultimately, they conclude that CSE can be part of a holistic approach to preventing VAWG, but state that more evidence is needed on 'what works' in changing attitudes on gender equality and reducing VAWG as part of CSE.

Le Mat, M. L. (2020). Beyond the facts: addressing gender-based violence through comprehensive sexuality education in schools in Ethiopia.

This paper is a thesis that consists of five published papers exploring how comprehensive sexuality education might contribute to addressing GBV in education in Ethiopia. All these papers study one CSE programme, The World Starts with Me, developed by the Dutch NGO, Rutgers, which consists of 16 lessons of one to two hours, delivered as an extra-curricular programme by teachers trained and supported by a local NGO. Of the 16 sessions, one focused on GBV. The following five papers are included in this thesis:

- ▶ **Le Mat, M. L. (2016). 'Sexual violence is not good for our country's development'. Students' interpretations of sexual violence in a secondary school in Addis Ababa, Ethiopia. *Gender and Education, 28(4)*, 562-580.** This paper examines how boys and girls define, experience, and interpret sexual violence in a secondary school in Addis Ababa, Ethiopia, and considers from their perspectives, how sexual violence can be addressed effectively in schools. The study revealed that boys' and girls' views on sexual violence were strikingly different, with boys having theoretical and impersonal views, and girls' emotional, fearful and personal views based on their experiences, differences that could complicate teaching about sexuality. On the other hand, all students expressed the need to learn openly about sexuality, and particularly to reflect on the contradictory messages they receive from their environment. The study found that critical reflection among some students as a result of CSE proved to be crucial in formulating more informed ideas about sexual violence in school. The author recommends that schools adopt a comprehensive approach to sexuality education that has the needs of young people at its centre, arguing that a more rights-informed and comprehensive implementation could stimulate critical reflection and questioning of current norms and structures in society. She also notes that questioning the current gender order was a challenge for the school where she conducted the research.
- ▶ **Le Mat, M.L.J., Kosar-Altinyelken, H., Bos, H.M.W., & Volman, M.L.L. (2020). Mechanisms of adopting and reformulating comprehensive sexuality education policy in Ethiopia. *Journal of Education Policy*.** This paper analyses policy adoption, transfer mechanisms, and reformulation of CSE in Ethiopia. The authors find that CSE in Ethiopia is largely donor-driven, and particularly embraced by the Ministry of Health, international organisations and NGOs, while the Ministry of Education and other critics resist adoption, emphasising cultural, religious, and legal differences, particularly in reference to sexual diversity. As a result, the aims of CSE in Ethiopia are limited to promoting health and development, neglecting the ways CSE could address gender-based violence and ignoring the priorities voiced by young people. One explanation might be that the benefits of CSE were advanced based health outcomes rather than education outcomes, which would appeal more to the MoE. The authors found that in the process of resisting CSE, countries may ignore their own policy priorities that might be addressed by CSE. Hence, while gender-based violence in education urgently needs to be addressed in Ethiopia, gender remains an 'add on' rather than a core component of CSE there. The authors note that legal and policy environments where work on gender equality, children's and human rights are limited to developmental goals, there is not much scope for educational programmes to address the root causes of GBV. They suggest that to better address gender-based violence in education ways need to be found to advance an emancipatory educational agenda that can include CSE.

- ▶ **Le Mat, M.L.J., Miedema, E.A.J., Aniley, Siyane A., & Kosar-Altinyelken, H. (2019). Moulding the teacher: factors shaping teacher enactment of comprehensive sexuality education policy in Ethiopia. *Compare: A journal of comparative and international education*, 1-19.** Based on interviews, focus group discussions, and classroom observations, this paper discusses how CSE teachers enact CSE policy at schools in Ethiopia and the factors that affected their enactments. They found that teachers' implementation is influenced by their own personal characteristics, particularly self-confidence and knowledge; beliefs and motivations (for example, in this instance, they were motivated by their view of CSE as an opportunity to 'save lives' of young people and create good citizens); their position in the school, professional status, and relations with the community; and the level of school management or community support. They report that while teachers can play critical roles in transforming gender relations, they equally can reinforce gender norms and stereotypes and/or perpetuate sexual and gender-based violence. Teachers can also be barriers to CSE by not delivering the programme with fidelity- skipping or changing content based on their own or the community's opinion of its appropriateness in ways that may undermine or subvert the intentions of CSE. CSE teachers may also take on roles such as advising young people and advocating for CSE in the school and community. The authors conclude that teachers appeared to have a limited ability to address GBV, in part due to a lack of guidance from policy and programme designers on how to do so, a lack of support from community and school management, and socio-economic factors. They recommend that programmes should find ways to strengthen teachers' positions in and out of schools and strengthen reflexivity in teacher professional development, especially regarding their roles in addressing GBV, as this remains vague in schools, education policies, and programmes. More efforts also should be made to include teachers' views, concerns, and daily realities in the development of education agendas.

- ▶ **Le Mat, M. L. (2017). (S) exclusion in the sexuality education classroom: young people on gender and power relations. *Sex Education*, 17(4), 413-424.** Based on focus group discussions and interviews with students and teachers in one region of Ethiopia, this study found that, rather than challenging gender norms, the sexuality education delivered in this extracurricular programme was itself gender biased. The study found that the selection of participants and teachers disproportionately excluded young women, students with low grades, or those with low socio-economic status as well as female teachers. Gender-biased assumptions about girls' and boys' needs (girls need to be protected from boys who are sexually knowledgeable and aggressive) resulted in the provision of partial, biased information, different stereotypical messages by gender, and neglected to address gendered power dynamics, thereby reinforcing those stereotypes. Teachers shifted the emphasis of the programme to moral or health reasons to delay sexual debut and avoided discussions of love, relationships, desire and sexual intercourse even though they are of particular interest to young people and essential for discussing gender and power. The author concludes that to realise CSE's potential to transform gender relations, CSE cannot just include gender and power in the curriculum but it needs to be a central discussion that connects to relationships at schools, in families, culture and society. In addition, she points out that young people's interest in knowing more about premarital romantic relationships, sexual intercourse, and related emotional attachments is in contradiction with the cultural inappropriateness of such discussions, leading to confusion about the purpose of CSE. She also notes that there is a discrepancy between the design of the programme as comprehensive and rights-based and the rationales used by teachers to justify the actual content they deliver. Hence it is important to better understand exactly what theoretical concepts underpin CSE, in particular, the importance of addressing gender and power.

- ▶ **Le Mat, M. L., Kosar-Altinyelken, H., Bos, H. M., & Volman, M. L. (2019).** *Discussing culture and gender-based violence in comprehensive sexuality education in Ethiopia. *International Journal of Educational Development*, 65, 207-215.* According to the authors the persistent challenges of programmes to address GBV in schools, including CSE, are typically explained as being due to 'culture'. Based on a qualitative case study in Ethiopia, the paper analyses the relationship between GBV and culture as it is presented in CSE (or at least one CSE curriculum). It shows that uncritical conceptions of tradition and modernity, as well as simplistic attempts to replace 'bad' culture with 'good' cultures in CSE, fail to address and discuss unequal gender relations and patriarchy as the root causes of GBV. This reduces the effectiveness of CSE in addressing GBV and enhances the vulnerability of young women. They recommend encouraging critical thinking skills, self-reflection and examining ethical responsibilities to address the root causes of violence and inequality; avoiding binary understandings of 'tradition' and 'modernity'; and discussing the meanings of concepts like sexuality, virginity, premarital sex, transactional sexual relationships and sex work through socio-cultural, scientific, gender and economic lenses. The authors argue that culture should be seen as a changing reality that needs to be integrated when teaching about sexuality and gender relations and that how culture is discussed in educational programmes and trainings on GBV needs to be rethought.

Le Mat concludes that while CSE has created opportunities to talk about gender relations in new ways in education, in practice it can also contribute to perpetuating gender inequalities and GBV. She recommends that guidelines on CSE better address how to support CSE teachers to address the multiple forms of gender-based violence; that discussions of gender and power relations, especially emotional and symbolic relations, be more central in CSE programmes and in teacher guidelines in order to enable a discussion of the root causes of GBV; that critical thinking skills, reflexivity and efforts to inspire action and organising for social transformation be strengthened in CSE; and that teachers' positions and ability to promote positive gender relationships be strengthened.

Makleff, S., Garduño, J., Zavala, R. I., Barindelli, F., Valades, J., Billowitz, M., ... & Marston, C. (2019). *Preventing intimate partner violence among young people—a qualitative study examining the role of comprehensive sexuality education. *Sexuality research and social policy*, 1-12.* This article reports on a longitudinal quasi-experimental study at one secondary school in Mexico City that used in-depth interviews and focus groups with health educators, students, and teachers to understand the mechanisms through which CSE may support the prevention of intimate partner violence among young people. The 20-hour programme, delivered by young facilitators from an NGO, attempted to encourage critical reflection about gender norms to help prevent intimate partner violence. Students, teachers, and health educators credited the course with influencing a range of attitudes and practices compatible with the objectives of gender-transformative programming and violence prevention efforts. The authors state that the course supported both prevention of and response to partner violence among young people, but the study did not measure actual perpetration or experiences of violence. The data suggest the course promoted critical reflection that appeared to lead to changes in beliefs, intentions, and behaviours related to gender, sexuality, and violence. Four elements of the course were identified as crucial to preventing partner violence: 1) encouraging participants' reflection about romantic relationships, including questioning whether jealousy and possessive behaviours were signs of love; 2) helping them develop skills to communicate about sexuality, inequitable relationships, and reproductive health; 3) encouraging care-seeking behaviour; and 4) addressing norms around gender and sexuality, such as discrimination against sexually diverse populations. The authors also noted that the relevance of the content to the students' lives and open dialogue among participants and facilitators were key features of the programme. The importance of adequately trained facilitators is also emphasised, indicating that to teach CSE successfully, either teachers must be sufficiently prepared or specialists need to be brought in. They conclude that their findings reinforce the importance of schools for violence prevention.

Rollston, R., Wilkinson, E., Abouelazm, R., Mladenov, P., Horanieh, N., & Jabbarpour, Y. (2020). Comprehensive sexuality education to address gender-based violence. *The Lancet*, 396(10245), 148-150. This short comment remarks on the increased risk of GBV due to measures to control COVID-19. The authors assert that the failure to implement CSE globally also puts people at increased risk of violence. Specifically, they highlight that while there is demand for sexuality education by young people in the Arab region, governments and societies are resistant to providing it in school due to its sensitive nature. They assert that in the Arab region specifically, legal regulations and social norms related to gender inequalities need to be further understood and addressed for true GBV preventive measures to occur. They note that national responses to address violence against women and girls (VAWG) during the COVID-19 pandemic response could serve as useful entry points for the provision of CSE in the Arab region. Other entry points for CSE in the region could include adaptation of the International Technical Guidance on Sexuality Education, taking into consideration cultural belief systems, and engagement of men and boys in GBV prevention. They consider that wider adoption of CSE could help address GBV in the COVID-19 pandemic.

Schneider, M., & Hirsch, J. S. (2020). Comprehensive sexuality education as a primary prevention strategy for sexual violence perpetration. *Trauma, Violence, & Abuse*, 21(3), 439-455. This article assesses the potential of school based CSE that meets the US National Sexuality Education Standards to be an effective primary prevention strategy for the perpetration of sexual violence. The authors emphasise that prevention must focus on the perpetration of violence, not only on preventing victimisation, which can fuel victim-blaming and self-blame. Since they found no peer reviewed articles that evaluated the effect of CSE directly on sexual violence, they reviewed articles that synthesised the literature on: primary prevention of sexual violence perpetration, four groups of risk factors for sexual violence perpetration, and interventions that reduce those risk factors, including risk factors related to sex, gender and violence, child sexual abuse, sexual behaviour, and social and emotional skills. The review of programmes to prevent sexual violence perpetration found only three effective programmes, two of which were delivered to adolescents. They found that those focused on college students were not effective and that current primary prevention strategies do not address the majority of sexual violence perpetration risk factors or use the pedagogical approaches of effective prevention programmes, such as appropriate timing. They also found evidence that all four categories of risk factors can be modified through educational programmes that meet the characteristics of effective prevention. They conclude that CSE programmes that meet US national standards would both address the majority of sexual violence perpetration risk factors and meet the qualities of effective prevention programmes, including reaching youth at a developmentally appropriate age. Therefore, they assert that CSE that meets US standards is a potentially effective strategy for reducing sexual violence perpetration. They note, however, that because CSE does not address all risk and protective factors for sexual violence perpetration, it must be part of a comprehensive approach with strategies across the ecological model and repeated through the life course. The authors recommend that the impact of CSE on sexual violence behaviours, among others, be rigorously evaluated longitudinally, that CSE programmes adhere to set standards for CSE as well as the characteristics of effective prevention programmes and begin early in life.

Articles and Documents on Comprehensive Sexuality Education and Gender Transformation and Rights

Berglas, N. F., Constantine, N. A., & Ozer, E. J. (2014). A rights-based approach to sexuality education: Conceptualization, clarification and challenges. *Perspectives on sexual and reproductive health, 46(2), 63-72.* This qualitative study aimed to provide a deeper understanding of what a rights-based approach to sexuality education is, and to more clearly define the approach and goals through in-depth qualitative interviews with 21 experts in sexuality education in the United States and other countries. According to their findings, a rights-based approach can be defined as one that has four elements: 1) an underlying principle that youth have sexual rights; 2) programmatic goals beyond reducing unintended pregnancy and STIs, such as goals related to empowerment, sexual assertiveness, expectations and civic engagement; 3) broad curricula content that includes such issues as gender norms, sexual orientation, sexual expression and pleasure, violence, and individual rights and responsibilities in relationships; and 4) a participatory teaching strategy that engages youth in critical thinking about their sexuality and sexual choices. All respondents raised the question of the feasibility of implementing this form of CSE in schools particularly in the United States (reasons included that the language of rights may not resonate in the United States, the content might be questioned, the teachers would need high-level facilitation skills and personal comfort with gender and sexuality, and additional content knowledge, the political fragility of sexuality education in the US, the lack of evidence that discussions of gender improve outcomes in U.S. settings, and the difficulty of finding support for programmes framed as promoting healthy development, youth rights, empowerment or citizenship rather than as reducing public health problems). They conclude that the proposed conceptual definition suggests multiple avenues for advocates, researchers, programme developers and funders to enhance adolescent sexual health and recommend that programme developers use the four elements as a guide. They also note the need to develop and validate indicators of positive sexual health and ways to measure youth attitudes about gender and cultural norms, rights and responsibilities in relationships, and assertiveness.

Berglas, N. F., Angulo-Olaiz, F., Jerman, P., Desai, M., & Constantine, N. A. (2014). Engaging youth perspectives on sexual rights and gender equality in intimate relationships as a foundation for rights-based sexuality education. *Sexuality Research and Social Policy, 11(4), 288-298.* As part of the development of a rights-based sexuality education initiative, this study explored youth's perspectives on sexual rights and gender equality in adolescent sexual relationships in eight focus groups with youth in low-income, mostly Hispanic and African American communities in Los Angeles. Based on the focus groups, the authors recommend reinforcing rights as something youth have whether or not they are in a relationship and in all types of relationships; asking youth to think about the values behind rights and about rights that apply to relationships to connect to what is important to them; including discussions of what it means to be a man, the impact of the construction of manhood on the way they think and behave and the pressures they experience, and avoiding reinforcing normative masculine gender roles, such as men being emotionally distant or guarded, always wanting sexual intercourse, and socialised to play the dominant role in relationships; avoiding portraying women as victims and men as perpetrators; supporting young women to rethink their own constructions of womanhood by supporting choices that do not encourage economic dependence on men and challenging portrayals of women as passive; and including opportunities to address inequities by engaging young people as agents of change in their communities. The authors note that rights-based sexuality education programmes should be guided by the voices, interests, needs, and concerns of the young people they intend to reach and that conducting formative research with potential participants is a critical step for developing programmes.

Browes, N. C. (2015). Comprehensive sexuality education, culture and gender: the effect of the cultural setting on a sexuality education programme in Ethiopia. *Sex Education, 15(6), 655-670.*

This qualitative study aimed to better understand aspects of CSE implementation in one Ethiopian secondary school, delivering the World Starts with Me programme. It focused on the effects of the cultural setting, looking at how gender and sexuality norms influenced teachers and students. Based on more than 50 in-depth interviews with teachers and students, influential community members and experts in sexual and reproductive health and rights, focus group discussions and classroom observations, the study found that while teachers and both male and female students were able to discuss sexuality issues, the cultural context and school environment affected the interpretation of the programme content and influenced the nature of discussions. While culture was not an absolute barrier to programme goals, it had a subtle modifying effect on how messages were interpreted, the depths of new attitudes reached, and how students chose to use programme information. The contradictions between the programme content on topics like gender equality, sexual harassment and premarital sex, and the environment, including the school's practices, were found to have especially damaging effects on girls. Additionally, the author found that parents and caregivers were particularly influential in shaping students' values and attitudes. The authors recommend that sexuality education programmes engage with the whole school and the wider community to reduce contradictory messages and increase support for the programme and that teachers undergo extensive and comprehensive pre-programme training that addresses their attitudes and values, not just their knowledge. Programmes should recognise the significance of cultural influences, especially in rural, marginalised areas, where norms and values may be further from programme values. The authors conclude that CSE has the potential to help individuals secure their rights and live healthy, happy lives and as such it should be integrated into the national school curricula so that all students can benefit.

Constantine, N. A., Jerman, P., Berglas, N. F., Angulo-Olaiz, F., Chou, C. P., & Rohrbach, L. A. (2015). Short-term effects of a rights-based sexuality education curriculum for high-school students: a cluster-randomized trial. *BMC Public Health, 15(1), 293.*

This paper reports on the first largescale rigorous trial of a rights-based sexuality education intervention in the U.S. It evaluates the immediate effects of the Sexuality Education Initiative, a rights-based sexuality education curriculum, on psychosocial determinants of sexual behaviour through a cluster-randomised trial that was conducted with ninth-grade students at 10 high schools in Los Angeles. A rights-based curriculum was compared to basic sex education (control) curriculum. Pretests and immediate posttests measuring eight short-term psychosocial outcomes: 1) attitudes about rights in sexual relationships; 2) communication about relationships, rights, and sexuality with partners; 3) communication about relationships, rights, and sexuality with parents/guardians; 4) knowledge about sex, sexual health, and sexual risk protection; 5) self-efficacy to assert sexual limits and manage risky situations; 6) intentions to protect themselves from sexual risk through condom use; 7) access to accurate information about sexuality and sexual health; and 8) awareness of sexual and reproductive health services. The researchers found that compared with students who received the control curriculum, students receiving the rights-based curriculum demonstrated significantly greater knowledge about sexual health and sexual health services, more positive attitudes about sexual relationship rights, greater communication about sex and relationships with parents, and greater self-efficacy to manage risky situations at immediate posttest. They found no significant differences between the two groups for communication with sexual partners and intentions to use condoms. The effects of the rights-based curriculum were consistent regardless of gender or baseline sexual experience, two characteristics often considered as potential moderators of impact in sexuality education interventions. Overall, participation in the rights-based classroom curriculum resulted in positive, statistically significant effects on seven of nine psychosocial outcomes compared to the basic sex education curriculum. The authors conclude that results suggest that interventions that integrate human rights, gender equality, and healthy sexual development can affect precursors to healthy sexual behaviour among adolescents and note that their findings are consistent with the small number of studies on similar rights-based interventions. The authors recommend further theoretical consideration, programmatic development, and empirical research to understand how rights-based CSE could support and enhance adolescents' healthy sexual development.

De Haas, B., & Hutter, I. (2019). Teachers' conflicting cultural schemas of teaching comprehensive school-based sexuality education in Kampala, Uganda. *Culture, health & sexuality*, 21(2), 233-247.

This study aimed to understand how teachers resolve conflicts between the content of sexuality education and their cultural values and beliefs, which can make them feel uncomfortable teaching CSE. It identified teachers' cultural schemas about teaching sexuality education and the internal conflicts arising among them. Through in-depth interviews with 40 secondary school teachers in Kampala, Uganda, where sexuality education that is not abstinence-only is banned, the study found that traditional and present-day cultural schemas of sexuality education and young people's sexual citizenship conflicted and were embedded in morality: young people were seen as both innocent and sexually active, sexuality education as both encouraging and preventing sexual activity, and teachers were expected to teach sexuality education but at the same time it is considered immoral for them to do so. They noted that the narrative of a moral traditional society that supports the idea that teaching abstinence-only can enhance students' well-being also undermines students' sexual citizenship and perpetuates harmful gender roles and stereotypes. This study partly confirms previous findings that teachers often taught abstinence-only because of personal religious beliefs, but also showed that teachers may feel conflicted about teaching the messages their students need because adopting more a comprehensive approach when expected to teach abstinence-only makes them feel vulnerable. Ultimately the authors find that the Ugandan school-based sexuality education functions as a mechanism that reproduces cultural and religious values and beliefs. Therefore, the authors question whether schools and teachers are the most appropriate choices for delivering sexuality education, while still noting that schools offer the opportunity to educate both boys and girls and having teachers deliver it is a low-cost and sustainable strategy. They recommend better quality education for teachers that improves their knowledge and skills, increases their confidence and comfort, challenges the perception of childhood innocence, redefines culture as dynamic and interactive and helps teachers adopt more learner-centred teaching methods. They noted, however, that autocratic teaching styles seem central to teachers' professional identity, which may make it difficult for them to adopt learner-centred pedagogies. They suggest supportive school environments for comprehensive approaches could be achieved by integrating sexuality education into broader interventions, such as a whole-school approaches that could include the development of supportive school policies and collaborations with parents and youth-friendly health services. They recommend further research on the perspectives of parents and school administrations to understand how, and to what extent, a whole-school approach can create an enabling environment for the delivery of CSE.

DePalma, R., & Francis, D. (2014). Silence, nostalgia, violence, poverty...: What does 'culture' mean for South African sexuality educators? *Culture, health & sexuality*, 16(5), 547-561.

Through 25 in-depth interviews with Life Orientation teachers in South Africa, this qualitative, this study explores how teachers draw upon the ideas of culture available in their social contexts to explain and justify people's sexual beliefs and behaviours and their own role as educators and to also to inhibit dialogue. Using a Bakhtinian understanding of discourse, they applied critical semantic analysis to explore how culture is deployed as a discursive strategy. They found that the substitution of the word 'culture' for a series of other phenomena (silence, violence and poverty) gives these phenomena a certain authority that they would otherwise not have. The authors argue that teacher education and training need to emphasise and redefine culture as dynamic, interactive and responding to, but not determined by, socio-historical realities. In addition, teachers need to learn how to think critically about cultural practices and perceptions and develop a more sophisticated understanding of cultural norms. They also need further training in interactive teaching methodologies. They note that teaching sexuality education in multicultural societies such as South Africa will require meaningful intercultural dialogues and may need to include voices that have traditionally been excluded in schools.

Elia, J. P., & Tokunaga, J. (2015). Sexuality education: implications for health, equity, and social justice in the United States. *Health Education, Vol. 115 No. 1, pp. 105-120.* This paper examines how school-based sexuality education in the United States has excluded, and therefore negatively affected, populations such as lesbian, gay, bisexual, trans, and queer (LGBTQ) people, people of colour, and the disabled. The authors use the social ecological model as a way to think about how to achieve broadly defined sexual health through sexuality education in and out of school. The paper finds that although there are signs that sexuality education is becoming more inclusive, it needs to go further. The authors propose using both critical pedagogy and anti-oppressive education to deliver a more democratic sexuality education that increases all students' sexual health. This paper is relevant in that most sexuality education curricula in middle and low-income countries have the same exclusionary and biased characteristics.

Grose, R. G., Grabe, S., & Kohfeldt, D. (2014). Sexual education, gender ideology, and youth sexual empowerment. *The Journal of Sex Research, 51(7), 742-753.* This study presents findings from a pretest-posttest survey of a sexual education programme for eighth graders in the United States that explored the links between several components of sexual empowerment, including gender ideology, sexual knowledge, and contraceptive beliefs. The study found that participants had a more progressive attitude towards women and girls, less agreement with hegemonic masculinity, and stronger sexual health and resource knowledge. The findings support the idea that curricula promoting alternative discourses about gender and sexuality may encourage both boys and girls to be more accepting of a wider range of gender behaviours and ultimately have healthier sexual behaviours and relationships. The authors conclude that education aimed at empowering youth can shift traditional ideology in a way that leads to empowering outcomes among both boys and girls. The authors recommend that sociocultural influences, such as gender ideology and sexual scripts, can and should be addressed and assessed in sexual education curricula.

Haste, P. (2013). Sex education and masculinity: The 'problem' of boys. *Gender and Education, 25(4), 515-527.* This article explores the common perception that boys are a problem for sex education and sex educators. It focuses on the expectations of teachers and the role of pornography to challenge some underlying assumptions about boys, masculinity, sexuality and behaviour. The author found that teachers frequently explicitly communicated their assumptions that 'boys will be boys' and therefore would misbehave, use inappropriate language, ask rude and explicit questions, have precocious knowledge of sex and natural (hetero)sexual desires, as well as being emotionally illiterate and uninterested in their emotional lives. When teachers privilege certain forms of masculinity, boys have few acceptable options, all based on normative heterosexual masculinity, to draw from as they form their masculine identities. The author highlights the strength of the restrictions and the paucity of opportunities in and outside of the school for boys to explore alternative aspects of male sexuality. How to address pornography is another challenge in sexuality education, although there is little concrete evidence on how young people actually use it or its consequences on them. It is generally assumed that pornography is an issue for boys and not girls and that it has a negative influence. Although pornography is increasingly seen as something that sexuality education needs to address, especially because it is believed to be one of the main ways that boys are inducted into the conventions of sexual behaviour (or sexual scripts), it presents specific problems for schools in terms of how pornography should be addressed in the classroom. The author also noted that teachers assumed that because boys use explicit sexual language, they were knowledgeable about sex, which was patently wrong. She found that the use of graphic or explicit language often concealed fragility and vulnerability. By focusing on boys' problematic behaviour, opportunities to have constructive discussions about sex may be missed and boys' many questions, values and concerns overlooked.

Ngabaza, S., Shefer, T., & Catriona, I. M. (2016). "Girls need to behave like girls you know": the complexities of applying a gender justice goal within sexuality education in South African schools. *Reproductive health matters*, 24(48), 71-78.

This study applies a critical gender lens to explore the ways in which the delivery of the Life Orientation sexuality education subject engages with larger goals of gender justice in South Africa. Outcomes related to power, power relations and gender are key to the programme. The paper is based on focus groups and interviews conducted at 12 South African schools and highlights the complexities of trying to apply a gender justice approach to sexuality education in some South African classrooms. It notes that this is especially challenging with young people from communities and families that remain invested in patriarchal and heteronormative notions of gender and sexuality. Analysis of the learners' experience of sexuality education revealed that they experienced sexuality education as upholding normative gender roles and male power, rather than challenging it. Thus, teachers are inadvertently or consciously disseminating messages that reinforce dominant, unequal gender roles and moralistic positions on youth sexuality. For example, they remind girls to behave like girls and act feminine based on their own values related to gender. The teachers' negative, punitive approach to the lessons used gender-biased scare tactics to encourage abstinence that also make female learners responsible. The teachers also used didactic teaching methods that did not acknowledge young people's experiences or facilitate their sexual agency. The authors note that the contrast between the intended emphasis of the sexuality education curriculum and the reported experiences of learners attests to the challenges that teachers experienced in promoting sexual and gender justice and points to the importance of teacher education. Positive findings were that some principals, teachers and schools, who at least appeared to be committed to change and to challenging patriarchal ideologies, saw the Life Orientation curriculum as a resource for challenging larger gender inequalities and insisted on equal divisions of labour and respect among all learners. The study concludes that the absence of a positive construction of sexuality and the failure to challenge unequal gender norms and roles are serving to reproduce the very inequalities that sexuality education and the Life Orientation programme hope to address and change. The authors recommend systematically addressing these complexities and paying more attention to the methodology and content of sexuality education as well as the preparation of teachers to realise the goal of gender justice in sexuality education.

Rohrbach, L. A., Berglas, N. F., Jerman, P., Angulo-Olaiz, F., Chou, C. P., & Constantine, N. A. (2015). A rights-based sexuality education curriculum for adolescents: 1-year outcomes from a cluster-randomized trial. *Journal of Adolescent Health*, 57(4), 399-406.

This cluster randomised trial evaluates the one-year impact of a rights-based sexuality education curriculum, the Sexuality Education Initiative, delivered in 10 urban high schools in the US on adolescents' sexual health behaviours and psychosocial outcomes compared to a basic sex education curriculum. The study found that students receiving the rights-based curriculum had higher scores than the basic sex curriculum students on six of nine psychosocial outcomes, including sexual health knowledge, attitudes about relationship rights, partner communication, protection self-efficacy, access to health information, and awareness of sexual health services. The intervention students also were more likely to be carrying a condom and to report use of sexual health services than those who received the basic sex curriculum. No effects were found for other sexual health behaviours, possibly due to the low prevalence of sexual activity in the sample. The authors conclude that rights-based sexuality education, including prevention, are an important first step for promoting healthy sexual development, even before youth are sexually active. They recommend booster education sessions throughout adolescence to reinforce messages, reduce risks, and promote healthy decisions as more youth become sexually active as well as further research with different populations in diverse settings and over longer periods of follow-up to increase understanding of the potential effectiveness of rights-based sexuality education and more research on multicomponent rights-based interventions, employing study designs that enable the researchers to determine which component or combination of components is most effective in producing the desired outcomes.

Shefer, T., & Macleod, C. (2015). Life Orientation sexuality education in South Africa: Gendered norms, justice and transformation. *Perspectives in Education*, 33(2), 1-10. This paper pulls together the findings of six papers using qualitative research to examine how the Life Orientation sexuality programme in South Africa challenges or reproduces normative constructions of gender and gender-based

power relations. The findings of these papers confirm the gap in this programme between policy intentions and actual practice at schools – while Life Orientation is intended to challenge inequalities that result in unsafe, coercive and violent practices and promote gender equality, not only does it not do so, but it may reinforce and rationalise those inequalities. The programme's goal is undermined by multiple factors, including the focus on the negative aspects of sexuality, such as danger, disease and damage in the educational materials; by regulatory, disciplinary and punitive responses to young people's sexual desires and practices; and by conflating sexual agency with inevitable negative results, including violence. For example, young people are generally told what not to do, instead of being provided with the opportunity to ask questions or discuss their own desires and experiences. Sexuality is presented in terms of consequences and responsibility, in a way that is also highly gender-biased: young women are the subjects of danger and damage and made responsible for preventing them as well as being the victims who will suffer the consequences, while young men are the perpetrators. In addition, while young women are taught that abstinence is the only option and their responsibility, at the same time they are implicitly being told to follow prescribed gender norms in which men's desires and needs are dominant and should be fulfilled. Lastly, these studies found that teacher discomfort and the use of didactic methods hinder the impact of the course. These articles show that in addition to not reaching its goals, the course fails to engage young people in ways that have a positive impact on their practices and experiences of gender and sexuality. They recommend rethinking school-based sexuality education in South Africa, including closely inspecting its goals; applying critical pedagogy to sexuality education and making it more reflexive; and working more with educators, schools and on the materials used. In particular, more self-reflection on the impact of their own values and morality and critical thinking need to be facilitated among teachers while increasing their knowledge of gender, other inequalities and intersectionality. Finally, they note the need for adults at school, at home and in the community to take young people, their thoughts, feelings, experiences and desires, seriously and to use student-centred methods to generate open dialogue about young people's desires and experiences framed within social justice goals. The article concludes that the Life Orientation sexuality education programme has the potential to be constructive and empowering, if it is reoriented as a programme that encourages critical thinking, challenges normative thinking, centres on the voices of youth and approaches sexuality as positive and pleasurable.

Cahill, H., Dadvand, B., Walter-Cruikshank, E., & Shlezinger, K. (2019). *An Integrated Approach to Educating for Social and Emotional Learning, Gender Education and Comprehensive Sexuality Education*. Melbourne: Youth Research Centre. This literature review examines the contribution that social and emotional learning can make as an entry point to CSE and gender education. They present evidence that shows that social and emotional learning can have a positive impact on school performance, well-being and health, especially on mental health and the reduction of bullying and gender-based violence. For example, a meta-analysis of a range of bullying prevention studies found that social and emotional learning was associated with a 20 to 23per cent reduction in bullying (Ttofi & Farrington, 2011), although the efficacy of different programmes varied. According to the evidence, the key elements of effective SEL programmes are: 1) using collaborative learning to stimulate peer interaction and critical thinking; 2) providing detailed, scripted lesson plans rather than general descriptions of curriculum standards that require teachers to design the learning activities; 3) generating culturally responsive adaptations to ensure programme relevance and reach; and 4) having teachers with ongoing relationships with the students facilitate the learning activities. The authors state that social and emotional learning is most effective when it is sequenced, includes participatory learning activities, is frequently taught, is explicit with students about its learning objectives, and is provided by facilitators who have ongoing relationships with the students. The authors found that social and emotional learning, CSE, and gender education have a common emphasis on fostering positive relationships through promoting the values of respect and responsibility and the development of relationship and responsible decision-making skills. They all also use collaborative learning to develop critical thinking, foster social skills, enhance peer connectedness and incorporate students' voices in learning. The authors note that social and emotional learning emphasises the core relational skills that are integral to advancing the intentions CSE and gender education. Note: The Collaborative for Academic, Social, and Emotional Learning (CASEL) is a US organisation that publishes guides to effective evidence-based social and emotional learning programmes at different levels of schooling.

General violence and gender-based violence prevention for children and adolescents, including whole-school approaches

Baker-Henningham, H. (2018). The IRIE Classroom Toolbox: developing a violence prevention, preschool teacher training program using evidence, theory, and practice. *Ann. NY Acad. Sci.*, 1419, 179-200.

This paper describes the development of the IRIE Classroom Toolbox, a school-based violence prevention, teacher training programme for use with children aged 3–6 years in Jamaica. The Toolbox aims to prevent violence against children by early childhood teachers and prevent the early development of antisocial behaviour in young children. Because evidence from high-income countries indicates that universal, school-based violence prevention programmes implemented in the early primary grades, lead to significant reductions in children's aggressive and disruptive behaviour and increases in child competencies with benefits sustained into adolescence and adulthood, the authors adapted a programme for implementation in low- and middle-income countries. Teachers' preferred behaviour management strategies and training methods were documented, and enablers and barriers to implementation were identified using in-depth interviews with preschool teachers, who had participated in a trial of a classroom behaviour management programme, and an on-going process evaluation. The author found teachers were most likely to adopt strategies that they liked, found easy to use, and that were effective. These included paying attention to positive behaviour and explicitly teaching children the expected behaviour. Teachers preferred active, hands-on training strategies based on social-cognitive theories. Enablers to intervention implementation included positive teacher-facilitator relationships, choice, collaborative problem-solving, teachers recognising benefits of the intervention, group support, and provision of materials. Barriers to intervention implementation were also identified. The author integrated this information with behaviour change theory (i.e., the behaviour change wheel and theoretical domains framework) to develop an intervention that is grounded in the core elements of evidence-based programmes that also uses teachers' perspectives. The resulting programme is a freely available, low cost, theory-informed, evidence-based, adaptable and feasible intervention, suitable for training preschool teachers in other low-resource settings.

Bhana, D., De Lange, N., & Mitchell, C. (2009). Male teachers talk about gender violence: "Zulu men demand respect". *Educational Review*, 61(1), 49-62.

This article presents a case study of how male Zulu teachers in one school in KwaZulu-Natal understand gender, gender equality and gender-based violence, and based on that, the extent to which they can address gender inequalities in school in a transformative way as a part of the prevention of GBV and HIV. The researchers found a high level of conflict between the gender equality mandated in the South African Constitution and the teachers' desire to maintain their culturally mandated male superiority. They noted that while male teachers are critical to the process of gender transformation, they often reproduce the gender inequalities that contribute to sustaining a culture of violence and justify the use of violence against women and girls when their masculine superiority is threatened. In addition, some are perpetrators of sexual violence themselves, including in schools. The authors note the lack of programmes addressing male teachers' beliefs about gender and violence and conclude that special attention needs to be paid to how they view and justify violence in order to be able to shift their views towards a belief in gender equality and safe gender relations so that their teaching can also support those goals. They identify pre-service teacher education and in-service professional development as critical entry points for gender work that includes specific attention to how male teachers see the issues of gender and violence and how they construct and make meaning of their own masculinity.

Crooks, C. V., Jaffe, P., Dunlop, C., Kerry, A., & Exner-Cortens, D. (2019). Preventing gender-based violence among adolescents and young adults: lessons from 25 years of programme development and evaluation. *Violence against women*, 25(1), 29-55.

The authors present the emerging evidence of effective practices for the universal prevention of dating violence in high schools, focusing on the Fourth R, Safe Dates and Shifting Boundaries as programmes that have repeatedly been shown to be

evidence-based, all from North America (some of which have also been implemented elsewhere). They also highlight two bystander interventions at tertiary-level institutions, Green Dot/SEEDS and Bringing in the Bystander, noting that the longer and more intensive SEEDS programme produced more robust outcomes with campus-level differences in violence observed over a 4-year period. Among high school students, Green Dot was shown to be effective in reducing violence acceptance and perpetration at the individual and school levels. They present preliminary findings on the Mentors in Violence Prevention programme and the Men's Project and discuss two programmes for youth at risk of experiencing GBV that have some evidence of effectiveness, the Youth Relationships Program, which was shown to be effective in reducing incidents of physical and emotional abuse over time, and the Expect Respect Program, which found that the number of support groups attended was related to incremental decreases in psychological, physical, and sexual violence victimisation, psychological and sexual violence perpetration, and reactive and proactive aggression for male participants, but a marginal increase in sexual violence victimisation for female participants. In conclusion they note that youths who are most vulnerable to GBV have been largely overlooked in intervention research, and cite three key reasons for this: programme implementers are focusing on strength-based approaches, whereas research focuses on the prevention of negative health outcomes, alienating groups that have been marginalised by negative narratives; research with marginalised groups may require flexibility that is difficult for academic researchers; and innovative work is being done by organisations that cannot conduct or fund rigorous evaluations. They recommend 1) training violence researchers to conduct research through equitable community-university partnerships; 2) choosing evaluation outcomes with partners and being flexible and innovative with regard to intervention and research design; and 3) researching how things unfold in the real world, for which randomised controlled trials are not suitable. They stress the need to focus on understanding what works, for whom, and in what settings, and what constitutes effective adaptation and localisation versus poor implementation fidelity.

De Koker, P., Mathews, C., Zuch, M., Bastien, S., & Mason-Jones, A. J. (2014). A systematic review of interventions for preventing adolescent intimate partner violence. *Journal of Adolescent Health, 54(1), 3-13.* This article presents a systematic review of randomised controlled trials of interventions to reduce physical, sexual, and psychological intimate partner violence perpetration and victimisation specifically among adolescents. The eight included articles cover six randomised controlled trials on the following programmes, Dates, Ending Violence, Stepping Stones, Fourth R, Shifting Boundaries and Coaching Boys into Men. Four of the interventions had both school and community components; only Stepping Stones was completely out of school. They found significant positive intervention effects on IPV perpetration in three studies (Safe Dates, Fourth R and Shifting Boundaries) and on IPV victimisation in one study (Safe Dates). While the authors attempted to analyse effects on the types of IPV perpetration and victimisation separately, only the Safe Dates study separated out the effects on all types for both perpetration and victimisation. It was shown to have a significant positive impact on all except psychological IPV victimisation at 3- or 4-years post intervention and physical violence perpetration among adolescents who had perpetrated physical violence before the intervention. It was also equally effective with both boys and girls. However, all six trials had quality issues. Compared to the interventions with no effects, the effective interventions were of longer duration and had both school and community components. Community components included training for social service providers and police officers to deliver support to IPV victims, an information session for parents, and a manual on how to prevent violence in the community. The authors conclude that interventions targeting perpetration and victimisation of IPV among adolescents can be effective. They note that effective interventions were more likely to cover multiple settings, to include some focus on key people in the adolescents' environment, such as teachers and parents, and to address relationship skills. They recommend that future trials use the standardised measures of different types of IPV developed by WHO but adapted for use with adolescents, to assess perpetration and victimisation of IPV among male and female adolescents, distinguishing those with and without prior experiences with IPV and taking gender differences into account. They also note that further research is needed to find out whether targeting males and females separately or together works better.

De La Rue, L., Polanin, J. R., Espelage, D. L., & Pigott, T. D. (2014). School-based interventions to reduce dating and sexual violence: A systematic review. *Campbell Systematic Reviews*, 10(1), 1-110.

This article presents a systematic review of articles on the impact of programmes in middle and high schools that aimed to reduce or prevent incidents of dating violence or sexual violence in intimate relationships. It looked at the impact on changing attitudes or beliefs supportive of teen dating violence, reducing incidents of dating violence perpetration, or reducing incidents of dating violence victimisation. All 23 studies found were in North America, primarily the US. This review found that at post-test and at follow up, students in the intervention conditions had increased knowledge, endorsed attitudes that were less accepting of violence in relationships. At post-test, they were less accepting of rape myths and reported an increased awareness of appropriate approaches to conflict resolution, but these were not measured at follow up. However, only a few studies actually measured dating violence perpetration and victimisation. In the three studies measuring perpetration, they found no changes at post-test or follow up and in the five studies that measured victimisation, they found a small significant effect at post-test but no effect remaining at follow-up. They did not find any significant variables (e.g., programme characteristics, age, gender, location, racial composition, and socio-economic status) that impacted the effect sizes. The authors conclude that current programmes need to be modified or extended so that they support behaviour change, at a minimum by incorporating explicit skill-building components. They also recommend that future research explore the role of bystanders more explicitly and examine how to shift the peer culture to be less tolerant of dating violence. Finally, they note that longitudinal studies need to be done that include youth from early to late adolescence to examine predictors of the onset of and changes in teen dating violence behaviours over time. They note that it may be that increases in knowledge and changing attitudes allow students to make healthier choices when they face increasing levels of intimacy in their dating relationships.

Devries, K. M., Knight, L., Allen, E., Parkes, J., Kyegombe, N., & Naker, D. (2017). Does the Good Schools Toolkit reduce physical, sexual and emotional violence, and injuries, in girls and boys equally? A cluster-randomised controlled trial. *Prevention science*, 18(7), 839-853.

This article reports on a randomised controlled trial that investigated whether the Good School Toolkit, a whole-school approach, reduced emotional violence, severe physical violence, sexual violence and injuries from school staff to students, as well as emotional, physical and sexual violence between peers in Ugandan primary schools. The Good School Toolkit intervention, designed to be a holistic, comprehensive intervention that changes school culture, was implemented for 18 months between surveys. The trial found that the Toolkit was associated with an overall reduction in any form of violence from staff and/or peers in the past week and the past term towards both male and female students, but the magnitude of the reduction was larger in boys than girls over both time frames. For any form of violence by school staff, there was a reduction in intervention schools for both boys and girls over the past week and past term, but again, of a larger magnitude for boys. With regard to peer violence, there was significantly less in intervention schools with no difference between boys and girls. However, for sexual violence specifically, there were few cases, so no clear pattern of effect was found, although percentage-wise reported sexual violence by peers among girls was higher in intervention schools at the end of the study. The authors speculated that this could be due to a reduction in harsh punishments of boys or to greater willingness to disclose sexual violence due to the intervention. The study found that the Toolkit is a promising intervention to reduce a wide range of different forms of violence from school staff and between peers in schools, while noting that the overall levels of violence experienced by these primary school students remained extremely high. The authors recommend that it be scaled-up and further research on how it could be more effective for girls. Note that it is described as a complex intervention and required the involvement of NGO staff, which may make it difficult to scale up effectively.

Gibbs, A., Washington, L., Abdelatif, N., Chirwa, E., Willan, S., Shai, N., ... & Jewkes, R. (2020). Stepping Stones and Creating Futures intervention to prevent intimate partner violence among young people: cluster randomized controlled trial. *Journal of Adolescent Health, 66(3), 323-335.* This article reports on a cluster randomised controlled trial of the Stepping Stones programme combined with a programme called Creating Futures among young people aged 18 to 30, not working or in education, in urban informal settlements in South Africa. Stepping Stones focuses on gender, relationships, violence, and sexual health, whereas Creating Futures covers setting livelihood goals, coping with crises, saving and spending, and getting and keeping jobs. The total intervention had 21 sessions, each about three hours long, delivered twice a week to single sex groups of about 20 people. End-line data, collected 2 years post-enrolment, found that men's alcohol use and self-reported past year IPV perpetration was lower in the intervention arm, but not their controlling behaviours. For women, earnings were significantly higher in the intervention arm, but there were no differences for past year IPV experience. The authors state that despite some of these changes not being statistically significant, the overall patterning and coherence of changes are highly suggestive that the combined programme reduced all forms of men's self-reported violence perpetration, not just that were statistically significant. The results corroborate the findings of the initial Stepping Stones trial, conducted with students, aged 16 to 25 years, which were very similar. The authors hypothesise that young women's experiences of IPV did not go down, either because the relatively small increases in their earnings and savings did not give them the financial ability to leave violent relationships and/or negotiate better terms, or because the pathways to change for young women who are not in stable dyadic households may be different than for those who are upon which the theory behind the intervention is based. They recommend more research on how IPV can be prevented among women and that future studies recruit couples to assess whether men's self-reports are validated by women's reported experiences to reduce the risk of social desirability in reporting. The authors conclude that Stepping Stones and Creating Futures is effective in reducing men's self-reported perpetration of IPV and strengthening women's livelihoods, but not in reducing women's experiences of IPV.

Kearney, S., Gleeson, C., Leung, L., Ollis, D., & Joyce, A. (2016). Respectful relationships education in schools: The beginnings of change. Our Watch and Victoria State Government. This document presents the findings of the evaluation of the pilot of the Respectful Relationships Education in Schools (RREiS) in Victoria, Australia. The evaluation examines the program's impact across the whole school - including the classroom, staffroom, and the broader school culture and ethos. RREiS was piloted by Our Watch, an NGO, in 19 diverse schools in 2015, reaching 1,700 school staff to support a whole school approach to promote respect and gender equality and address GBV, and 4,000 students with a GBV prevention curriculum. The evaluation used surveys, interviews and focus groups to measure changes and assess the impact on students and the school as a whole. However, the evaluation was not very rigorous, did not report on the significance of the statistical findings, and was not carried out over a long enough timeframe to measure behaviour changes. Based mostly on qualitative data, the authors found that the pilot had clear, consistent and positive impacts on student's attitudes, knowledge and skills and showed the beginnings of change in school policies, and culture. Some students could articulate a sophisticated understanding of the complex and connected issues related to GBV and several male students recognised the impact of their own behaviours or potential behaviours on their relationships. Almost two-thirds of teachers surveyed reported that they had observed an improvement in student classroom behaviour and close to half that their relationships with students had improved. All schools reviewed and began updating their policies and procedures to promote gender equality and respectful relationships. The evaluation identified three key factors that "set RREiS apart": 1) The programme had support from the Department of Education and built on previous work; 2) It focused on building the capacity of the education system to deliver and systematise the programme, including providing curriculum guidance, professional development and experts to coordinate and support schools to embed the whole school approach, and having the deputy regional directors of the Department of Education provide guidance and the Department of Education and Training central office provide coordination and oversight; 3) The programme used a whole school approach that aimed to change structures, norms, and practices in the education system and build gender equality into the cultural makeup of schools. The authors note that according to Flood et al. (2009) the whole school approach is the single most important criterion for effective violence prevention in schools.

Lester, S., Lawrence, C., & Ward, C. L. (2017). What do we know about preventing school violence? A systematic review of systematic reviews. *Psychology, Health & Medicine*, 22(sup1), 187-223.

This article is a systematic review of systematic reviews on school-based interventions for intimate partner violence and peer aggression covering the period from 2005 to 2015. The review identified four programmes, Safe Dates, the Fourth R, Stepping Stones, and the building-level version of Shifting Boundaries that had positive effects on IPV (the Fourth R only on boys), all but one of which were implemented in North America. The programmes were delivered by teachers, project staff and health educators and three out of four lasted about seven weeks and included between 10 to 21 sessions. Three trials had long follow-up periods, from 2 to 3 years. The Safe Dates trial showed that its effects on several forms of violence persisted over time regardless of gender, race or ethnicity, or previous experience of dating violence. Because all were studied in only one randomised controlled trial the results are only considered promising. The article concludes that among the four promising interventions, Safe Dates appeared to be the most effective school-based programme for preventing dating violence. They state that the evidence base needs to be strengthened, noting that there is very little literature on prevention of teacher-on-student violence, including corporal punishment, and student-on-teacher violence. They found that studies rarely measured experiences of violence and often only measured one outcome, even when the programme theoretically could reduce more than one form of violence. For example, interventions to reduce peer violence may also reduce dating violence, but the studies do not measure it. They recommend more studies in high-violence, low-resource contexts, randomised controlled trials with longer follow-up periods, lower risk of bias, and the exploration of mediation and moderation effects to understand which programmes have sustained effects, what theoretical perspectives drive effective programmes, what components make a programme effective, which programmes are generalisable to which groups, and not only which programmes work, but also why they work.

Lundgren, R., & Amin, A. (2015). Addressing intimate partner violence and sexual violence among adolescents: emerging evidence of effectiveness. *Journal of Adolescent Health*, 56(1), S42-S50.

This review summarises research assessing the effectiveness of interventions to prevent intimate partner violence and sexual violence among adolescents in heterosexual relationships and identifies critical knowledge gaps. It identifies two promising approaches related to CSE: school-based dating violence interventions (evaluated only in high-income countries) and community-based interventions to form gender-equitable attitudes among boys and girls, some of which have successfully prevented IPV or SV. Evidence of school-based interventions aimed at promoting gender-equitable norms was classified as emerging because their impact on perpetration and experience of violence has not been shown. The authors highlight the lack of empirical evidence on the essential elements of successful programmes, such as the ideal dosage and whether single or mixed sex groups are more effective. The results suggest that programmes with longer term investments and repeated exposure to ideas delivered in different settings over time have better results than single awareness-raising or discussion sessions, but the authors note that the lack of rigorous evidence limits conclusions regarding the effectiveness of these programmes. In particular, the follow-up times of studies were too short to assess the effects of interventions with children and adolescents on future violence perpetration or experience. The authors recommend additional research to determine which programmes should be implemented where and to whom and longitudinal studies to determine if interventions that seek to build social, economic, and health assets lower the likelihood of relationship violence over time. In addition, studies are needed in low- and middle-income countries, on programmes for adolescents under 15 years of age and for vulnerable groups such as out-of-school youth. They recommend integrated curricula, such as CSE, as a promising next step as well as expanding communities of practice to foster learning between academics and programme implementers and bearing scalability in mind when developing programmes since achieving real impact will require working at scale over a sustained period.

Ngidi, N. D., & Moletsane, R. (2015). Using transformative pedagogies for the prevention of gender-based violence: Reflections from a secondary school-based intervention. *Agenda*, 29(3), 66-78.

This article describes a small initiative implemented in a township secondary school in Durban, South Africa, aimed at addressing GBV, especially sexual violence, using critical or transformative and feminist pedagogies, which aim to eliminate oppressive, harmful and violent hierarchies, and to be liberating

through raising consciousness. The initiative involved six peer educators from the Durban University of Technology and 10 from the secondary school who collaborated to develop and implement a gender-based violence prevention curriculum at the secondary school. Based on a survey of the students' knowledge, behaviours, attitudes and needs related to GBV and two focus groups, the authors found that young men lacked anger management skills, while young women lacked the self-esteem and assertive communication skills that would help them challenge abuse. Through small group discussion in which participation, mutual respect and tolerance were emphasised, the peer educators explored their personal feelings, beliefs and positions about GBV and shared their experiences of violence as perpetrators, victims, witnesses or all three with the group. They also taught them about anger management, self-esteem and assertiveness, after which they developed a curriculum to address GBV at the secondary school. The peer educators conducted five workshops each with 40 learners from the school. The authors found that the initial discussions of the peer educators' experiences of violence were critical for the development of the GBV prevention curriculum. This reflection led the peer educators to agree that violence caused major psychological and physical harm to both victims and perpetrators. The process helped them to identify and shift their points of view, identify how they could address GBV in their own lives, including by sharing their experiences of GBV, increased their empathy and connection to others, and created a common goal of educating the school community about gender violence and its implications. The authors found evidence that the project facilitated critical thinking, self-examination, and civic engagement as well as personal development and improved academic performance among the secondary school peer educators. The article does not discuss the effects on the other students. The authors also note the value of transformative and feminist pedagogies in addressing gender-based violence, particularly sexual violence, among learners in secondary schools.

Prezenszky, B. C., Galli, E. F., Bachega, D., & de Mello, R. R. (2018, November). School Actions to Prevent Gender-Based Violence: A (Quasi-) Systematic Review of the Brazilian and the International Scientific Literature. In *Frontiers in Education* (Vol. 3, p. 89). Frontiers. The study aimed to provide scientific evidence to support school actions for the prevention of gender-based violence specifically in the Brazilian context. The authors conducted a descriptive analysis of 11 Brazilian and 30 international articles that mentioned any form of action within schools to prevent GBV. The actions targeted teachers, sports coaches, male and female students of different educational levels, the whole school community, family, and surrounding communities. Their analysis identified characteristics of school interventions that contribute to preventing and overcoming GBV, which include working with the whole school community, specific actions to empower girls and demonstrate valuing egalitarian masculinities and a culture of non-tolerance of GBV, ensuring that the professionals who work in schools are well-prepared to recognise and act to prevent and combat of GBV, and creating role models, such as athletes, coaches and tutors, to influence others to act in a non-violent and more egalitarian way.

United Nations Girls Education Initiative (UNGEI). (2018). A Whole School Approach to Prevent School-Related Gender-Based Violence: Minimum Standards and Monitoring Framework. New York: UNGEI. This guide presents a set of minimum standards for a whole school approach to prevent and respond to school-related gender-based violence specifically and a monitoring framework to measure the effectiveness of the approach. It includes a conceptual framework and theory of change; eight minimum standard elements of the whole school approach, with suggested indicators for each element; guidance on monitoring and evaluating the whole school approach and ethical and safety considerations for conducting research with children and adults. The eight minimum standard elements include: effective school leadership and community engagement to design safe and gender-equal learning environments; establishing a code of conduct; capacity building of teachers and educational staff; empowering children to advance child rights, child protection, and gender equality; improving reporting, monitoring, and accountability; addressing incidents; strengthening physical learning environments; and engaging parents. The elements that overlap with CSE are teacher capacity building on gender and GBV, integration of rights-based approaches into the curriculum, and potentially the promotion of healthy peer relationships and improvement of student awareness and attitudes about gender norms and GBV through the curriculum and teaching and learning. Although they mention ITGSE, they do not suggest CSE as a strategy.

World Health Organization. (2019). School-based violence prevention: a practical handbook.

Geneva: World Health Organization. This handbook provides practical guidance on what can be done to prevent and respond to all types of violence inside and outside of school for practitioners working at school level and for other stakeholders. It includes developing leadership, school policies and coordination methods; collecting data on violence and monitoring changes over time; preventing violence through curriculum-based activities; addressing teachers' values and beliefs and building their positive discipline and classroom management skill; responding to violence; reviewing and adapting school buildings and grounds; involving parents and the community; and evaluating violence prevention activities and using evidence. Regarding preventing violence through curriculum-based activities, they focus on three key strategies, all of which are part of CSE: 1) developing life skills to help children manage emotions, deal with conflict and communicate effectively in non-aggressive ways, and reduce the risk of violent behaviour and risk factors for violence, such as alcohol and drug use; 2) teaching children about safe behaviour, including how to recognise situations in which abuse or violence can happen and avoid potentially risky situations and where to find help as well as making children aware of alcohol and drugs and the consequences of using them; and 3) challenging social and cultural norms, for example about gender and violence, and promoting equal relationships and tolerance. They note that the earlier such education is begun, the more potential there is to have a positive effect on children's attitudes and behaviour, so preschool is the ideal place to begin. They also discuss addressing teachers' harmful beliefs and social, cultural and gender norms, and mention including awareness of social, cultural and gender norms and their influence on teaching practices; the role of teaching practices and materials in reinforcing social, cultural and gender norms; and recognising violence based on social, cultural and gender norms and dealing with it among students. Examples of recommended programmes and methods are included.

Yount, K. M., Krause, K. H., & Miedema, S. S. (2017). Preventing gender-based violence victimization in adolescent girls in lower-income countries: Systematic review of reviews. *Social Science & Medicine*, 192, 1-13.

This article presents a systematic review of reviews that synthesises evidence on the impact of interventions to prevent violence against adolescent girls and young women 10-24 years in low- and middle-income countries. It focused on outcomes related to child abuse, female genital mutilation/cutting, child marriage, intimate partner violence, and sexual violence, recognising the correlated nature of violence against women and girls and adolescence as a period of heightened vulnerability to poly-victimisation. The key findings from the 18 reviews were that intervention studies to address violence against women and girls in low- and middle-income countries 1) are much less common than in high-income countries; 2) have focused almost entirely on the prevention of victimisation rather than the prevention of perpetration; 3) mostly have not disaggregated women and girls by age; 4) rarely focus on adolescents; 5) typically focus on single violence outcomes; 6) focus mainly on child marriage in the adolescent studies; and 7) have not synthesised the literature on interventions to prevent child abuse and sexual violence in adolescence. These were supplemented by a systematic review of recent intervention studies, which identified 34 intervention studies of 28 interventions. Almost all intervention studies measured impacts on only one form of violence, mostly on child marriage and only two on more than one form of violence. Interventions included 1-6 components, involving skills to enhance voice and agency, social networks, human resources like schooling, economic incentives, community engagement and community infrastructure development. Multicomponent individual-level interventions and multilevel interventions had more favourable impacts, especially those with fewer components. The authors therefore conclude that multilevel interventions that rely on community engagement to create a favourable environment, and interventions with adolescents to enhance their social resources outside the family and their voice and/or agency showed promise to reduce violence against women and girls. They recommend that future interventions target multiple forms of violence, compare impacts across adolescence, and include urban, out-of-school, married, and displaced and conflict-affected populations in low- and middle-income countries. They also note that preventing violence against girls in early adolescence will 'likely alter trajectories of victimisation across the life course, opening the door for girls to pursue their lives with bodily integrity and freedom from violence.'

Selected articles on gender-transformative programmes

Cottingham, S., Metcalf, K., & Phnuyal, B. (1998). The REFLECT approach to literacy and social change: a gender perspective. *Gender & Development*, 6(2), 27-34. This article looks at the opportunities offered by REFLECT, a participatory approach to adult literacy and social change, to promote women's rights and gender equality. The REFLECT approach, developed by ActionAid in the 1990s, combines critical pedagogy based on the work of Paulo Freire with the techniques from participatory rural appraisal. The article lists the principles on which the approach is based and analyses what was learned about gender from evaluations of three pilot projects. Finally, the authors suggest ways the process can be strengthened using a more explicitly feminist approach. In the sessions, participants and facilitators select a significant topic or issue for discussion and decide on the objective of the discussion. Tools are used to enable participants to share, analyse and systematise their knowledge. The facilitator facilitates discussions that probe into the relationship between power structures and social stratification, for example, by asking questions about root causes or about the different experiences of women and men; and recapitulates and summarises contributions, bringing the discussion to a conclusion, which may include agreed actions to take individually or collectively. At the same time, the process is used to teach literacy and numeracy. Evaluations found that the resulting mixture of practical skills and less tangible outcomes led to concrete improvements for women, including increased self-confidence, mobility, participation in family and community meetings, and changes in the gender division of labour. The approach, which sensitises both men and women to gender issues, has led to men realising their own role in perpetuating gender inequalities and recognising that they have to change. However, one evaluation found no results on gender because the group running the sessions lacked gender awareness, which affected the type of problems selected and the focus of the discussions. Based on these evaluations, the REFLECT training materials were revised to integrate gender analysis into all the processes and tools. The authors conclude that to ensure that gender is well addressed in the REFLECT process, all staff and facilitators need to understand and internalise the implications of gender analysis.

Levy, J. K., Darmstadt, G. L., Ashby, C., Quandt, M., Halsey, E., Nagar, A., & Greene, M. E. (2020). Characteristics of successful programmes targeting gender inequality and restrictive gender norms for the health and wellbeing of children, adolescents, and young adults: a systematic review. *The Lancet Global Health*, 8(2), e225-e236.

This systematic review analysed evidence from rigorously evaluated programmes that sought to transform restrictive, unequal gender norms to improve the health and wellbeing of children, adolescents, and young adults, mostly in low- and middle-income countries. While two-thirds of the programmes showed significant improvements in health- and gender-related indicators, only 16 per cent or 10 programmes showed evidence of, or potential for, broader gender norm change. These highest quality programmes had four mutually reinforcing factors: 1) they were multi-sectoral; 2) they included stakeholders at different levels of the social-ecological model; 3) they used diverse strategies that reinforced one another and addressed issues from multiple perspectives; and 4) they fostered critical awareness and participation, encouraging participants to become active agents in shaping their own health. The authors highlight that the approach of targeting individual and interpersonal attitudes did not necessarily lead to systemic change in gender equality or norms. For example, 81 per cent of programmes that attempted to change attitudes to violence and 72 per cent of those that attempted to improve behaviours related to violence found significant improvement; however, only 38 per cent of the programmes that measured participants' experience of violence showed significant improvement. They conclude that changes in individual and even interpersonal power are often overridden by societal and structural elements of gender norms, making change difficult without a more holistic, systems approach. The gaps they identified in programmes included: not targeting children under 10 years of age; neglecting masculinity and the effects of restrictive gender norms on the LGBTIQ community; and not taking an intersectional approach to gender, i.e. considering gender in combination with the effects of race and ethnicity, religion, and/or geographic location. In terms of research, most evaluations did not measure long-term outcomes (i.e. more than three years after programme completion). They conclude that gender-transformative programmes for young people can lead to a lifetime of improved health and wellbeing by challenging not only attitudes and behaviours related to gender at an early age, but also the gendered systems that surround them.

Lundgren, R., Burgess, S., Chantelois, H., Oregede, S., Kerner, B., & Kågesten, A. E. (2019). Processing gender: lived experiences of reproducing and transforming gender norms over the life course of young people in Northern Uganda. *Culture, health & sexuality, 21(4), 387-403.* This article reports on an ethnographic cohort study of 10 to 19-year-old girls and boys in post-conflict northern Uganda that sought to understand how gendered norms and practices develop during the transition from child to young adult. Forty-seven participants were interviewed four times over three years. Based on the young people's processes of performing and negotiating norms in six domains – puberty, work, intimate partner relations, alcohol, family planning, and child discipline, the authors created a conceptual framework for the negotiation of gender norms among youth. The conceptual framework shows that young people's capacity to negotiate alternative gender norms depends on their internal assets (i.e., knowledge, agency and aspirations), socialisation processes (i.e., modelling, mentoring, instruction, task assignment and discipline), their capital (i.e., economic, cultural and social), the costs and consequences (i.e., stigma, sanctions and violence), and structural factors (i.e., health system, education system, religious organisations, legal and justice system, government policies and cultural systems). They found that despite personal beliefs, fear of embarrassment and loss of status often motivated participants to comply with patriarchal norms, that violence is frequently used to (re)establish patriarchal boundaries, especially for girls, and that gender norms are shifting as a result of new laws and rights-based discourse that promote gender equality. They note that the finding that new gender norms emerged throughout the life course affirms the need to reach girls and boys at early ages and to implement tailored life course interventions that support gender equity over time. They recommend that interventions to transform gender norms: focus on strengthening young people's internal assets (e.g. knowledge and agency) to enable them to successfully navigate complex gender processes; strengthen agency by supporting self-reflection, providing a critical and empowering lexicon, and building socio-economic capital by engaging key support people in positive change; encourage young people to reflect critically on gender norms; encompass socialisation processes by expanding and strengthening social networks through positive role models and mobilising capital; and address structural issues such as girls' access to education and other resources. They comment that less visible influences, such as gendered social institutions, also shape gender norms and their power along with sanctions for gender role transgressions, is one reason that increasing gender equality is challenging and requires critical pedagogy to uncover hidden assumptions and encourage individuals to effect change through social critique and political action.

Ruane-McAteer, E., Amin, A., Hanratty, J., Lynn, F., van Willenswaard, K. C., Reid, E., ... & Lohan, M. (2019). Interventions addressing men, masculinities and gender equality in sexual and reproductive health and rights: an evidence and gap map and systematic review of reviews. *BMJ global health, 4(5), e001634.* This paper reports on a systematic review of reviews on the quantity, quality and effect of gender-transformative interventions with boys and men to improve sexual and reproductive health (SRH) and rights for all. They sought to map the evidence and gaps in evidence. Among 462 SRH interventions for men and boys, only 39 included gender-transformative approaches, the majority of which (18) were related to violence against girls and women and were conducted in lower and middle-income countries. Reviews of gender-transformative interventions were generally of low or critically low quality and the findings inconclusive, but 15 found positive results. Reasons for the quality of reviews being low include an insufficient number of high-quality experimental gender-transformative intervention studies and limited studies that included behavioural or biological outcomes. They recommend focusing on exploring the characteristics of interventions with promising or positive results to unpack the approaches that are likely to be most effective, the pathways of change and the types of outcomes that can provide better measures of what works. They note the importance of triangulating quantitative data with qualitative data that highlight where and how change might have taken place in men's attitudes and behaviours. The authors conclude that programming to engage boys and men needs to be strengthened by intentionally using gender-transformative approaches, and research on it needs to use more robust experimental designs and measures, supported with qualitative evaluations.

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