

Between

3EIB* and MARRIAGE

Navigating Comprehensive
Sexuality Education in the
Arab Region

A situational analysis

*3eib means shame in Arabic



Disclaimer:

While we have used our reasonable efforts to ensure the accuracy of the data used in this report, the data is compiled from different sources, and therefore should be read as indicative numbers. Available data was limited, and in some cases, the data was out of date. The data in this report was not validated by UNFPA's country offices or the national governments and therefore it does not reflect any official data.

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ACRONYMS AND ABBREVIATIONS

BRHA	The Bahrain Reproductive Health Association
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
CEFM	Child, Early, and/or Forced Marriage
CSE	Comprehensive Sexuality Education
FGM/C	Female Genital Mutilation or Cutting
GBV	Gender-Based Violence
ICPD	International Conference on Population and Development
IEC	Information, Education and Communication
ITGSE	International Technical Guidance on Sexuality Education
KSA	Kingdom of Saudi Arabia
MMR	Maternal Mortality Ratio
MOE	Ministry of Education
MOH	Ministry of Health
MOY	Ministry of Youth
NGOs	Non-Governmental Organizations
PMTCT	Prevention of Mother to Child Transmission
RH	Reproductive Health
RHAS	Royal Health Awareness Society
SDGs	Sustainable Development Goals
SRH	Sexual and Reproductive Health
SRH&RR	Sexual and Reproductive Health and Reproductive Rights
STI	Sexually Transmitted Infection
UAE	United Arab Emirates
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNFPA ASRO	UNFPA Arab States Regional Office
VCT	Voluntary Counselling and Testing
WHO	World Health Organization
YMC	Young Mothers' Club



FOREWORD

Despite all the efforts made in advancing the ICPD agenda and the progress made in terms of Sexual and Reproductive Health outcomes and Reproductive Rights, comprehensive sexuality education (CSE) has not received sufficient consideration in the Arab region. CSE provides a holistic approach to the topic, addressing the cognitive, emotional, physical and social aspects of sexuality and broader than sexuality education. Sadly, this holistic approach is perceived in the Arab Region as fostering promiscuous or immoral behavior, and abstinence only sexuality education is therefore preferred.

CSE is essential for the knowledge, skills, attitudes and values development of Arab youth and adolescents, and that will empower them to realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and, understand and ensure the protection of their rights throughout their lives. CSE is therefore well-positioned to address topics such as healthy (platonic) relationships, consent and youth empowerment, but also topics as unintended pregnancies, gender-based violence, female genital mutilation, among other things. This shows that CSE does not stand on its own, but is linked to larger development outcomes.

The United Nations Population Fund (UNFPA) recognizes that CSE is crucial to achieving the three transformative results, the ICPD's Programme of Action, and significantly contributes to achieving the Sustainable Development Goals, not just SDG 3 on good health and well-being, but also SDGs 5 - gender equality, 8 - decent work and economic growth, 10 - reduced inequalities, 16 - peace, justice and strong institutions, and 17 - partnerships for the goals.

I'm very grateful for the groundwork that has been conducted by the Arab States Regional Office of UNFPA and I am confident that the findings of this report provide an evidence base highlighting the importance of prioritizing CSE in the Arab Region. This report contributes to knowledge about CSE provision in the Arab Region, and provides practitioners with ample examples to catalyze the efforts that have been made so far.

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EXECUTIVE SUMMARY

The objective of this report is to explore the landscape of (comprehensive) sexuality education in the Arab region. In doing so, UNFPA's Arab States Regional Office (ASRO) aims to identify promising initiatives and any potential best practices for replication or scaling, and seek entry points for CSE in the different Arab states. This does not stand alone, but is interlinked with UNFPA's strategic plan (2018-2021), and thus the three transformative results, as well as UNFPA's Youth Strategy.

It is important to note that CSE should not be seen as an individual objective, rather it is a tool to address the overall sexual and reproductive health and well-being and improve development outcomes. Therefore, the report will firstly introduce CSE and related key-concepts and entry-points, such as unintended pregnancies, family planning, gender-based violence, female genital mutilation, HIV and STIs, child and early marriage, etc. This chapter is followed by one introducing relevant legislation and international frameworks, for example, International Conference on Population and Development (ICPD) Programme of Action, the Beijing Platform for Action and The Convention on the Elimination of all Forms of Discrimination Against Women. Nevertheless, the core of the report is a situational analysis of CSE in the different Arab states.

The Arab states have diverse contexts, and different challenges, to name a few, Djibouti's HIV prevalence stands at 1.2% the highest in the region. Somalia, Sudan and Yemen have very high maternal mortality ratios (MMR), whereas the MMR in, for example, the GCC-countries is very low. Female genital mutilation (FGM) is also widely prevalent in some Arab countries, especially in Yemen, Djibouti, Somalia, Egypt and Sudan, whereas in other countries it is not commonly practised. In seven Arab countries the adolescents birth rate is higher than the global average of 44/1000 namely, Egypt, Iraq, Palestine, Somalia, Sudan, Syria and Yemen. Although the data could not be obtained for all countries, child marriages still occur in the region and some countries have enabling legislation. This shows that there is no silver bullet to achieve development outcomes, and all countries need to have a context-specific approach to overcome the challenges listed.

This desk-research has shown that although the differences between the Arab states, the region experiences similar bottlenecks with regards to comprehensive

sexuality education. The situational analysis shows that traditional and conservative norms and values are prevalent, and are often religiously motivated. In some countries it seems to be difficult to create, and utilize a political momentum. From a programmatic perspective, access to SRH information and services for youth and adolescents is lacking, and in particular for unmarried, disabled or elderly women and girls. Moreover, there is a misunderstanding of the concepts CSE, and youth and adolescents, the term comprehensive seems to be particularly confusing. As we will show in the report when CSE is delivered well, it promotes health, well-being, dignity, youth empowerment and gender equality. It discusses relationships, consent, bodily autonomy and boundaries, it therefore offers the opportunity to also address gender-based violence in all its forms, including rape, and FGM. Comprehensive also refers to the breadth and depth of topics and to content that is consistently delivered to learners over time, throughout their education, rather than a one-off lesson or intervention.

Regional opportunities for CSE are firstly to identify national needs and entry points, which are discussed in chapter 2 and 4. Moreover, CSE is grounded in various United Nations agreed declarations, as discussed in chapter 3, which have been signed or ratified by most Arab countries, hence they can be held accountable to the commitments that they have made. Many of the Arab states recently reaffirmed their commitment to sexual and reproductive health and reproductive rights, including CSE, at the Nairobi Summit on ICPD25. Other opportunities include increased engagement of civil society, youth networks and media, as well as a south-south exchange to encourage learning.

Throughout the report best practices are introduced such as Tunisia where the government has agreed to integrate CSE into the national school curriculum from kindergarten to university. Another good example of media engagement is Love Matters, which offers a platform for young people to share information on sexual reproductive health information between young people (18-30). Another best practice comes from Syria where UNFPA introduced the Young Mothers' Club, an out-of-school CSE programme in which pregnant adolescent girls receive a combination of life-skills and tailored GBV-SRH information.

Overall, we can conclude that there is a clear need for enhanced CSE efforts in the Arab region, which needs to be age- and culturally appropriate and based on existing guidance documents. Once the guidance document has been developed, it can be piloted in selected countries in the region. CO's also expressed their need for additional clarifications on UNFPA's position on CSE, considering the religious and cultural norms in the region, as well as guidance on how to advocate for CSE within their respective countries.



1. INTRODUCTION

In December 2018, UNFPA ASRO concluded a study on unintended pregnancies in the Arab States, which showed that more than half of the pregnancies in the Arab States are unwanted.¹ In order to avoid unintended pregnancies, governments need to ensure that there is information on the services offered and the services are easily accessible. Governments also need to ensure that there are sufficient supplies to cater to the needs of women and girls and that there is an enabling policy environment. Sexuality education is one way to provide necessary information to avoid unintended pregnancies, which was the starting point for this report. As we will explain later on in the report, comprehensive sexuality education (CSE) is preferred over sexuality education and there are more potential entry points than just unintended pregnancies. Let's dive a bit deeper in these concepts.

The right of access to accurate sexual and reproductive health (SRH) services and information including CSE is grounded in fundamental human rights, the Sustainable Development Goals (SDGs), the International Conference for Population and Development (ICPD) Programme of Action, the Beijing Platform for Action, the Convention on the Elimination of all Forms of Discrimination Against Women and the recent Nairobi Summit. Without CSE we cannot fully achieve the SDGs, in particular goals 3 and 5, on good health and well-being and gender equality.

The Arab region is currently lagging behind in terms of committing to, and delivering CSE to its young generation, even to those already married. Regardless, other regions have committed to deliver CSE and health services, for example, ministers of education and health in Latin America and the Caribbean, signed the '*Preventing through Education Declaration*' in 2010.² Moreover, twenty Eastern and Southern African countries ratified a Ministerial Commitment on CSE and SRH services for adolescents and young people in 2013,³ and reconfirmed their commitment in 2016. Additionally, several countries in the Asia-Pacific region, West Africa and across Europe revised their policies to scale up CSE within the scope of the SDG's,⁴ and the Arab region may draw lessons from these experiences. Recently, progress has been made as in November 2019, at the Nairobi Summit on ICPD25 five Arab states made commitments to advance CSE within their countries.

Nairobi commitments on comprehensive sexuality education in the Arab states

The Government of the State of Palestine commits to integrating Comprehensive Sexuality Education (CSE) programs, in line with the UN technical guidance, in all schools by 2030.

The Government of Jordan affirms its commitment to ensuring that adolescents and young people have comprehensive and age-appropriate information through the implementation of the National Standards for Youth-Friendly sexual and reproductive health services to help young people make sound decisions related to their sexual and reproductive health; the implementation of the 2019-2025 National Youth Strategy, in particular the focus on promoting youth health services; and approving the Children's Rights Act by the Council of Ministers which encompasses articles on the quality of services provided to children.

The Government of Morocco advocates for access of young people and adolescents, including persons with a disability, to sexual and reproductive health information and services and integrate comprehensive sexuality education in the education curriculum.

The Government of Sudan commits to ensuring access for adolescents and youth to comprehensive and age-appropriate information, education and adolescent-friendly comprehensive, quality and timely services.

The Ministry of Health of Tunisia, in coordination with respective departments, partners, and civil society, will ensure that all adolescents and youth will have access to age-appropriate comprehensive information.

There is a large body of research highlighting the effectiveness of CSE, most studies define effectiveness in terms of self-reported risk behaviours (such as delayed initiation of sex, decreased frequency of sex, fewer partners, and increased use of condoms and/or other forms of contraception). Evidence shows that CSE does not promote earlier sexual debut or unsafe sexual activity, rather the contrary, two-thirds of CSE programmes lead to reductions of one or more self-reported risk behaviours. Additionally, programmes that teach only abstinence have not proven to be effective.⁵ Based on these results UNFPA remains committed to strengthening existing sexuality education programmes and to design new programmes, both in

and out of school ^{ibid}. Comprehensive sexuality education is not just about sex and sexuality, when delivered well, it promotes health, well-being, dignity, youth empowerment and gender equality. It discusses relationships, consent, bodily autonomy and boundaries, it therefore offers the opportunity to also address all forms of gender-based violence, which remains a persistent human rights violation ^{ibid}.

The **objective** of this report is to explore the landscape of (comprehensive) sexuality education in the Arab region, by means of a desk review analyzing scientific research as well as grey-literature. In doing so, UNFPA's Arab States Regional Office (ASRO) aims to identify promising initiatives and potential best practices for replication or scaling and seek entry points for CSE in the different Arab states. This does not stand alone but is interlinked with UNFPA's strategic plan⁶ (2018-2021), and thus the three transformative results, as well as UNFPA's Youth Strategy.⁷

UNFPA's three transformative results

1. Ending unmet need for family planning (which includes access to and availability of contraceptives);
2. Ending preventable maternal death, and
3. Ending gender-based violence and harmful practices.

Rolling-out CSE in any country should not be seen as an individual objective, it rather is a tool to address the overall sexual and reproductive health and well-being and improve development outcomes. CSE can address unintended pregnancies, maternal mortality, gender-based violence, female genital mutilation, and youth empowerment, among other things. Thus, CSE has the potential to accelerate the 3 transformative results.

In the next chapter we will discuss the background of CSE in the region and discuss some key-concepts and entry points. In chapter 3 we will discuss relevant legislation and international frameworks, this is followed by a situational overview in CSE in the different Arab states will be discussed. In chapter 4 the opportunities and challenges are summarized, to be followed by the conclusion and recommendations for next steps.



2. BACKGROUND

Youth and adolescent girls' health has been prioritized by UNFPA ASRO, and the regional office aims to reduce all phenomena that negatively impact their health and wellbeing through an SRH approach based on delivering CSE in the region. These issues include unintended pregnancies, unmet need of family planning methods, maternal mortality, female genital mutilation, HIV/STIs transmission, and early and forced marriage. Each of these concepts and their relation to CSE will be explored, but first, let's look at the definition of CSE.

Definition of comprehensive sexuality education

UNFPA follows the multi-agency definition on Comprehensive Sexuality Education (CSE) which defines CSE as *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 knowledge, skills, attitudes and values that will empower them to: realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and, understand and ensure the protection of their rights throughout their lives.*⁸ CSE is scientifically accurate, should be provided in an age- and development-appropriate manner, which information incrementally increases throughout the learners' lives. CSE should be based on universal human rights, this will be discussed in chapter 3.

Comprehensive implies that youth and adolescents acquire sexual and reproductive health and reproductive rights issues, including, but not limited to: sexual and reproductive anatomy and physiology; puberty and menstruation; reproduction, modern contraception, pregnancy and childbirth; and STIs, including HIV and AIDS. CSE covers the full range of topics that are important for all learners to know, including those that may be challenging in some social and cultural contexts. Moreover, CSE supports learners' empowerment by improving their analytical, communication and other life skills for health and well-being in relation to sexuality, human rights, healthy and respectful family life and interpersonal rela-

tionships, personal and shared values, cultural and social norms, gender equality, non-discrimination, sexual behaviour, violence and gender-based violence (GBV), consent and bodily integrity, sexual abuse and harmful practices such as child, early and forced marriage (CEFM) and female genital mutilation/cutting (FGM/C). 'Comprehensive' also refers to the breadth and depth of topics and to content that is consistently delivered to learners over time, throughout their education, rather than a one-off lesson or intervention ^{ibid}.

The above alludes to the urgent need for sexuality education in the Arab region, that is comprehensive, rights-based, age- and cultural-appropriate, and supports young people, especially adolescent girls and women in understanding, valuing and feeling autonomy over their bodies and their life decisions. While there are no universally accepted definitions of adolescence and youth, the United Nations understands adolescents to include persons aged 10-19 years and youth as those between 15-24 years, this is also the terminology used in this report. ⁷

Based on the CSE definition provided above we will classify the different Arab countries, relying on the key-concepts as identified in the International Technical Guidance on Sexuality Education, for a full overview of the mutually reinforcing concepts, please see at Annex 3. We have classified the countries based on the information at hand, but are aware that this is not conclusive.

The 8 key-concepts of International Technical Guidance on Sexuality Education

1. Relationships
2. Values, Rights, Cultures and Sexuality
3. Understanding Gender
4. Violence and Staying Safe
5. Skills for Health and Wellbeing
6. The Human Body and Development
7. Sexuality and Sexual Behavior
8. Sexual and Reproductive Health Topics

Entry-points for comprehensive sexuality education

Based on the recent desk review and situation analysis of UNFPA ASRO titled: 'Addressing unintended pregnancy in the Arab region', **unintended pregnancies** are still widespread in the Arab region despite increased use of modern contraceptives, which jeopardizes women and children's health and well-being. It is estimated that "14.5 million pregnancies occurred in the region in 2017: 40% were unintended, of which 50% were terminated by induced abortion and 11% through miscarriage"¹. Unintended pregnancies may result from not using contraception, using a method incorrectly, or using a less effective method more prone to failure, such as withdrawal. However, in some Arab countries, unmarried women do not have access to contraceptives or family planning services, which further prompts the need for accessing the right information, in this case, sexuality education, and the necessary services.

Influence of traditional laws, norms, and values on family planning needs and unintended pregnancies

Traditionally, *Katb Alketab* is a legal marriage, it is considered as the step before the communal celebration. It is a way for the couple to interact more freely with each other, but they are expected to not yet consummate their marriage until their official wedding ceremony. In Jordan and other Arab countries, *Katb Alketab* is increasingly used, by the couple, as an opportunity to cohabit. As the couple is expected to abstain until the official wedding ceremony, a pregnancy is considered to be unacceptable. However, as reproductive health services and information are scarce, the risk of unwanted pregnancy is high⁹. CSE is uniquely well-positioned to address and overcome these challenges.

Family planning provides access to sexual and reproductive health information, services and supplies, it supports women's empowerment as it enables couples to decide whether and when to have children, thus allowing for more autonomy. Additionally, family planning needs, when met, provide women with the choice and opportunity to complete their education and to participate in the workforce. Family planning thus "helps realize a 'demographic dividend', a boost in economic productivity that occurs when there are growing numbers of people in the workforce and falling numbers of dependents".¹⁰ In the Arab region 48% of the women (15-49 years) are using a modern contraceptive method, this is 10 per cent-points

under the global average. The unmet need of women for family planning methods stands at 15% (see table 1). CSE offers a unique entry point to discuss family planning and contraceptives.

Table 1. Contraceptive prevalence rate and unmet need for family planning methods¹¹

Indicator	Global	Arab States
Contraceptive prevalence rate, women aged 15-49, any method	63	54
Contraceptive prevalence rate, women aged 15-49, modern method	58	48
Unmet need for family planning, women aged 15-49	12	15

The issue of **gender-based violence** (GBV) reaches every corner of the world and is known to rise in humanitarian settings.¹² The root-causes of GBV are gender inequality and discrimination. The UN High Commission on Human Rights states that *violence against women is a manifestation of historically unequal power relations between men and women, which have led to domination over and discrimination against women by men and to the prevention of the full advancement of women, and that violence against women is one of the crucial social mechanisms by which women are forced into a subordinate position compared with men.*¹³ The numbers of GBV survivors are staggering, according to World Health Organization (WHO) data from 2013, globally 35% of women have been subjected to intimate partner violence or non-partner sexual violence. In the Middle East and North Africa, the rate is even slightly higher, at 37% of women, according to WHO data. WHO's data also indicates that women who have been physically or sexually abused are 16% more likely to have a low-birth-weight baby, and they are twice as likely to have an abortion. Moreover, qualitative and quantitative data underline that intimate partner violence is the most common form of GBV, and includes physical, sexual, and emotional abuse and controlling behaviours by an intimate partner. This results in short and long-term, sexual and reproductive, and mental health problems that can be severe and life-threatening.¹² Intimate partner violence also commonly occurs within child- or forced marriages.¹⁴ However, the renowned Guttmacher-Lancet article on progress of sexual and reproductive health and rights states: "*Comprehensive sexuality education and other informa-*

tion and education activities can help to redefine masculinity and femininity, combat violence, and promote healthier and more equitable behaviours, beginning at a young age".¹⁵ This shows that CSE offers an opportunity to discuss GBV and gender norms and with youth adolescents in an age and culturally-appropriate manner, which is recommended by various UN agencies in the International Guidance on Sexuality Education ⁸.

Female genital mutilation (FGM) is a practice that involves altering or injuring the female genitalia for non-medical reasons. It is internationally recognized as a human rights violation. FGM is widely prevalent in some Arab countries: In Yemen, 16% of women and girls aged 15-49 have been subjected to the practice, while in Egypt it stands at 70% and in Sudan and Djibouti the rates are as high as 88%, and even 98% in Somalia.¹⁶ Many of those women and girls have undergone FGM at the hand of a health care provider, i.e. a doctor, nurse, or midwife. The increasing medicalization of FGM is a worrying trend in the Arab region and is particularly common in Egypt and Sudan.¹⁷ CSE offers the opportunity to discuss FGM in a holistic manner, based on a human rights approach.

Programmes to end female genital mutilation, including the UNFPA-UNICEF Joint Programme to Eliminate FGM, raise awareness of the negative consequences the practice can have on menstrual health.

Despite laws against it, **child, early or forced marriage** remains widespread, in part because of persistent poverty and gender inequality. Thousands of girls in the Arab region are married well before their eighteenth birthdays, and many more are at significant risk of this practice. According to UNICEF, 17% of women aged 20 to 24 years in Egypt, 13% in Morocco, 28% in Iraq, 8% in Jordan, 6% in Lebanon and 3% in Algeria were first married or in union before the age of 18. Throughout the Arab region, on average, 18% of females are married before the age of 18, with the highest rates of child marriage in the least developed countries. Married adolescent girls are often unable to effectively negotiate sex, or the use of contraceptive methods, leaving them vulnerable to marital rape, early pregnancy and sexually transmitted infections, including HIV.

The UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage, for instance, it teaches girls and communities about reproductive health and the harms caused by child marriage.

HIV prevalence in the Arab region is relatively low, the estimated prevalence ranges between <0.1% - 0.2%, with the exception from Djibouti, where it is estimated to be 1.2%. However, key-populations face a disproportionate risk, and in the region, the HIV-epidemic is concentrated among key-populations. It is expected that HIV is underreported in the region, due to stigma and sensitivities around HIV transmission. This adds to the existing need to scale-up access to and utilization of HIV-prevention, treatment, care and support services, including VCT and PMTCT. The presence of **Sexually Transmitted Infections** (STIs) significantly increases the likeliness of obtaining HIV, affects a person's overall well-being and should be prevented. Especially, since STIs can lead to infertility, such as Gonorrhoea and Chlamydia. Therefore, STIs and HIV prevention efforts are very well positioned to be included in the CSE curriculum, and may even prove to be an excellent entry point to introduce CSE in the national school curriculum.

Premarital screening is practised throughout the Arab region and commonly tests for genetic blood disorders, a side effect of contagious marriages. For example in Jordan, the screening is often voluntary, however although 85% of youth have heard about premarital screening, only 9% have sought screening ⁹. Premarital screening can be integrated with other SRH prevention efforts such as voluntary testing for HIV or STIs. Moreover, the benefits of premarital screening, as well as potential negative side effects such as stigmatization can be explained in CSE lessons.





3. NORMATIVE FRAMEWORKS

International agreements

CSE is grounded in various United Nations declarations and agreements, particularly **the 1994 International Conference on Population and Development's (ICPD) Programme of Action**, which was held in Cairo and is the foundation of UNFPA's mandate. Although the ICPD and its Programme of Action are not binding, it holds governments that have signed and ratified the agreement accountable for the implementation, and thus the wellbeing of youth and adolescents through providing education on sexuality, sexual and reproductive health and reproductive rights.

International UN standards, declaration and agreements between the UN Member States, in relation to comprehensive sexuality education ⁸

The International Conference on Population and Development (ICPD) Programme of Action, the Beijing Platform for Action and the outcome documents of their review conferences, call upon governments to: 'give full attention to meeting the sexual and reproductive health services, information and education needs of young people, with full respect for their privacy and confidentiality, free of discrimination, and to provide them with evidence-based comprehensive education on human sexuality, sexual and reproductive health, human rights and gender equality, to enable them to deal in a positive and responsible way with their sexuality'. Many governments in the Arab region and globally have reaffirmed their commitments to achieve universal access to sexual and reproductive health and reproductive rights at the Nairobi Summit on ICPD25 in November 2019.

The 2030 Agenda for Sustainable Development, including the Sustainable Development Goals (SDGs) is set to: Ensure healthy lives and promote well-being for all at all stages (SDG3); Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all (SDG4); Achieve gender equality and empower all women and girls (SDG5)'.

The Human Rights Council expresses grave concern at acts of violence and discrimination, in all regions of the world, committed against individuals because of their sexual orientation and gender identity (...) welcomes positive developments at the international, regional and national levels in the fight against violence and discrimination based on sexual orientation and gender identity. The Council calls upon States to: *'Develop and implement educational programmes and teaching materials, including comprehensive sexuality education, based on full and accurate information, for all adolescents and youth, in a manner consistent with their evolving capacities'*.

Committee on the Rights of the Child urges States that: *'Age-appropriate, comprehensive and inclusive sexual and reproductive health education, based on scientific evidence and human rights standards and developed with adolescents, should be part of the mandatory school curriculum and reach out-of-school adolescents'*.

Committee on Economic, Social and Cultural Rights recommends: *'The realization of the right to sexual and reproductive health requires that State parties meet their obligations, such as the right to education on sexuality and reproduction that is comprehensive, non-discriminatory, evidence-based, scientifically accurate and age-appropriate'*.

Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) lists the rights of all girls and women. It is an important agreement about equality between girls/women and boys/men. CEDAW says all discrimination against girls and women must end.

CSE is one of the means to fulfil the commitments to Agenda 2030 for sustainable development, in particular through **SDG target 3.7**: by 2030, ensure universal access to sexual and reproductive health care services, including services for family planning, information and education, and the integration of reproductive health services into national strategies and programmes; and **SDG target 5.6**: ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences.

The ICPD's Programme of Action recommends that countries *"provide scientifically accurate and comprehensive sexuality education programs within and outside of schools that include information on contraceptive use and acquisition"*.¹⁸

Most countries in the Arab region (if not globally) are not in an implementation phase that ensures delivery of this recommendation.

Legislative and policy frameworks in the Arab region

In 2016, UNFPA ASRO published a regional report on Sexual and Reproductive Health Laws and Policies in Selected Arab Countries summarizes the findings from 11 Arab countries: Algeria, Egypt, Jordan, Kingdom of Saudi Arabia (KSA), Lebanon, Morocco, Palestine, Sudan, Syria, Tunisia, and the United Arab Emirates^{ibid}. In terms of international mechanisms to ensure SRH and RR, all countries, except for the KSA, have signed the universal declaration of human rights. All countries under review have ratified the Convention on the Rights of the Child and all countries except the KSA ratified the International Covenant on Economic, Social and Cultural Rights. All countries under review except the KSA ratified the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), but *"Tunisia is the only country to have removed all reservations to CEDAW (...). The personal status laws in most countries contain provisions with respect to the prevention of child marriage, and some countries have issued laws that prohibit marriage before the age of 18. Egypt has developed a strategy for the prevention of child marriage to support the law prohibiting early marriage"*^{ibid}.

Furthermore, amongst the gaps in implementation, the authors state: *"None of the countries reported implementing comprehensive sexuality education; even where curricula exist, teachers are not sufficiently trained and implementation is weak"*^{ibid}. Their recommendations for action are: *"Access to information and education relating to sexuality and sexual health including comprehensive sexuality education is essential to enable people to protect their health and make informed decisions about their sexual and reproductive lives"*^{ibid}.





4. SITUATIONAL ANALYSIS OF THE ARAB REGION

The Arab region is diverse, UNFPA's Regional Office for the Arab states supports countries that can be qualified as high-income countries, as well as countries that are experiencing a humanitarian crisis. The countries also score very differently on development indicators, such as maternal mortality ratio, adolescents birth rates and modern contraceptive prevalence rate. It is therefore only to be expected that the countries are at a different phase of CSE integration for in- and out of school programmes.

In this chapter, we will look more in-depth into the (comprehensive) sexuality education and life skills education programmes that already exist in the Arab region. We will highlight initiatives that can be considered as good practices, and have the potential to be scaled-up within the region.

Country overview

ALGERIA

- Youth and adolescents (10-24 year) make up 22.2% of the total population
- Adolescents birth rate is 10/1000
- 3% of women aged 20-24 years were married before the age of 18
- Total fertility rate stands at 2.9 children per woman
- Modern contraceptive prevalence rate is 56%
- 24% of women have an unmet need for family planning
- Maternal mortality ratio is 112/100,000 live births
- HIV prevalence is 0.1%
- No data available on female genital mutilation^{19,20}

In recent years, the fertility rate has decreased in Algeria, key determinants are delay in marriage and increased use of modern contraceptives, which were associated with changing norms and behaviour and increased government commit-

ment. On the other hand, the country experiences challenges when it comes to the full realization of women's right to health, including barriers to the enjoyment of sexual and reproductive health rights. The sexual and reproductive health services most needed by women, in particular young women, include access to safe, reliable and good quality contraception, comprehensive maternal health services, safe abortion and treatment for complications from unsafe abortion, and prevention and treatment of sexually transmitted infections including HIV and AIDS.²¹

There is very little information about CSE in Algeria, with the exception of a few news articles that indicate sexuality, and thus CSE, is a taboo. Regardless, the number of single mothers is rising and women are increasingly seeking clandestine abortions, which has severe consequences such as death or infertility. Moreover, young people themselves seek information, in cyber cafes, they watch pornography which provides them with demeaning images and unrealistic expectations. The journalists continue that lack of CSE leads to GBV and rape, and make an argument that there is an urgent need for comprehensive sexuality education.^{22,23} Diverse sources seem to suggest that a basic module on human reproduction and health education has been included in their national school curricula.²⁴

Some efforts have been made in recent years, for example, in 2018 the Ministry of Education proposed to include sex education in schools' curriculum. Unfortunately, this has raised much controversy and rejection by the public and religious leaders, that the minister refuted the news. The consensus on social media was that the proposed programme was considered to contradict the traditional values and customs of Algerian society. A counter-proposal was made to re-teach Sharia-law, in other words, to teach sex education within the socially acceptable and religious norms and values.²⁵

Historically, there have been sporadic initiatives, albeit one of them being a youth project by the Algerian Family Planning Association in the mid-1990's. The project's goal was to deal with social, cultural, and health problems and its members called themselves 'Kamikazes' in attribution to the hostile surroundings within which they worked. They were based in the local government-run information centre. The 'Kamikazes' were youth between the ages of 15 and 25, from different social backgrounds. They prioritized the following: drugs, alcohol, smoking, relationships, sexual orientation, abortion, contraception, sex education, HIV-infection, unemployment, the lack of entertainment for young people, delinquency, and lack of communication between parents and children, the repression of women.

Successes of the project were sessions with gynaecologists and psychologists on sexual development, relationships between the sexes, and the avoidance of unwanted pregnancies, abortion, and sexually transmitted diseases.²⁶ The programme was scheduled to be rolled-out throughout the country, but no information could be found whether or not this happened. However, it seems that the project was discontinued, the reasons for this are unknown.

CSE is in the school curriculum (yes/no)	Topic(s) that are being taught in schools.	Topic(s) that are being taught out of school.
No	The Human Body and Development	No information available

BAHRAIN

- Youth and adolescents (10-24 year) make up 16.1% of the total population
- Adolescents birth rate is 14/1000
- No data available on child marriage
- Total fertility rate is 1.9 children per woman
- Modern contraceptive prevalence rate 45%
- 11% of women have an unmet need for family planning
- Maternal mortality ratio is 14/100,000 live births
- No data available on HIV prevalence
- No data available on female genital mutilation ^{19,20}

In Bahrain, the Reproductive HEalth Association (BRHA) was founded in 1975, an organization that has played a critical role in promoting RH, through adopting the necessary policies on RH including the incorporation of (RH) into the school curriculum.²⁷ BRHA receives support from the ministries of health, social development, labour, and education, and it partners closely with the upper and lower government house (the parliament and the Shoura Council). BRHA operates a hotline service which provides counselling and advice on RH to callers from both Bahrain and neighbouring countries. It focuses on advocacy as opposed to delivery of direct education (RH) services, yet is very active in terms of a strong infor-

mation, education and communication (IEC) program, targeted towards young people and women, and education and literacy initiatives designed for community outreach ^{ibid.}

Although some sources seem to suggest that a basic human reproduction and health education has been included in their national school curricula ²⁴, the establishment of clinics to raise awareness on sex education and contraception methods to unmarried youth was denounced. This came as a reaction to a statement by the President of the Bahrain Youth Forum in 2008, who called for the establishment of the clinics.²⁸

Bahrain seems to have momentum to introduce systemic CSE, as there is government commitment and political will to create linkages to SRH, including the reduction of risks to health and unintended pregnancies. Additionally, the increasingly tolerant socio-cultural environment could potentially accommodate innovative approaches to introducing CSE in and out of school settings.

CSE is in the school curriculum (yes/no)	Topic(s) that are being taught in schools	Topic(s) that are being taught out of school
No	The Human Body and Development	No information available

DJIBOUTI

- Youth and adolescents (10-24 year) make up 27.3% of the total population
- Adolescents birth rate is 21/1000
- 5% of women aged 20-24 years were married before the age of 18
- Total fertility rate is 2.6 children per woman
- Modern contraceptive prevalence rate 28%
- 27% of women have an unmet need for family planning
- Maternal mortality ratio is 248/100,000 live births
- HIV prevalence is 1.2%.
- Female genital mutilation prevalence is 80% ^{19,20}

CSE in Djibouti is not yet integrated into the school curriculum, and is mainly taking a peer-education approach. Generally, peer-education only addresses SRH

and RR and is not comprehensive, therefore it is preferred to be implemented hand-in-hand with curriculum-based CSE. UNFPA's country office in Djibouti has made CSE a priority for the upcoming year, and they are taking the following steps;

1. Conduct a situation analysis on the specific sexual and reproductive health needs of young people and adolescents.
2. Advocate and cooperate with the government, members of parliament, religious leaders and community leaders to institutionalize CSE.
3. Establishment of a multisectoral working group under the leadership of key ministries (MoE/MoH) and institutions (National Human Rights Commission). The working group will be in charge of the development of CSE modules. This participatory process will guarantee a better understanding of the topics and socio-cultural barriers.

At the moment there is a community animation channel; young peer educators and community animators provide information at the community development centres and the youth-friendly spaces. Moreover, a CSE manual has been developed for peer educators. This manual serves as a reference guide for those trained as youth educators or community facilitators. It gives basic information on several themes of young people's sexual and reproductive health, namely the major sexual health problems, such as STIs, HIV, drug addiction, harmful practices, including GBV and FGM, but it also discusses contraceptives and explains communication for behaviour change. The manual continues to be used by all national partners and remains the only reference document at the national level.

CSE is in the school curriculum (yes/no)	Topic(s) that are being taught in schools	Topic(s) that are being taught out of school
No	No information available	<ul style="list-style-type: none"> ▪ Violence and Staying Safe ▪ The Human Body and Development ▪ Reproduction ▪ Sexual and Reproductive Health

EGYPT

- Youth and adolescents (10-24 year) make up 26.2% of the total population
- Adolescents birth rate is 52/1000
- 17% of women aged 20-24 years were married before the age of 18
- Total fertility rate is 3.2 children per woman
- Modern contraceptive prevalence rate is 61%
- 12% of women have an unmet need for family planning
- Maternal mortality ratio is 37/100,000 live births
- HIV prevalence is <0.1%
- Female genital mutilation prevalence is 70%^{19,20}

There have been advancements in Egypt's overall policy environment for Reproductive Health (RH), however, it does not yet sufficiently address the needs of young people. Egypt's population policy addresses youth and adolescents through the provision of healthcare for girls prior to marriage and premarital exams and counselling. Yet, most RH services are only available to married couples, although reproductive health services cover issues related to the whole life cycle. RH education is not received at schools and the only source of information for young people is their peers, families, (social) media *and internet*.²⁹

The legal age for women to marry is 16 and for men it is 18 years, however, a significant number of young women (28%) marry before the legal age, especially in rural areas, accounting for 12% of adolescent girls (as opposed to 0.8% of adolescent boys). The absence of a clear or consistent definition of adolescents by the government, makes it challenging to identify this demographic group or integrate them in policies and programs.³⁰

Egypt has several initiatives that may provide entry points for CSE, it even has some innovative pilots that address sex education:

Youth Friendly Health Services in Primary Healthcare Units: UNFPA in Egypt is supporting the Ministry of Health and Population to set and endorse national standards for youth-friendly health services. UNFPA has initially supported the establishment of 89 youth-friendly health services between June 2013 and December 2019. These clinics provide information, advice, counselling and clinical services aimed at promoting youth health and preventing health problems

and problem behaviours, and referral to other health and social services, when necessary. The service providers in the youth-friendly clinics are trained to provide information on topics such as nutrition, hygiene, communicable and non-communicable diseases and SRH-information, with a particular focus on the needs of youth and adolescents. The training manual used for capacity building of service providers includes comprehensive SRH topics including but not limited to anatomy, puberty, family planning, masturbation, menstruation, STIs, marriage, healthy sexual relations, ovulation and pregnancy, GBV, FGM and SRH-related myths.

Ma3looma: Ma3looma is a project within OneWorld's Mobile4Good portfolio established in 2012 and funded by UNFPA. Ma3looma's website and social media platforms provide comprehensive sexual and reproductive health information to youth and young people in Arabic speaking countries. Ma3looma focuses on youth and newlyweds. Ma3looma aims for young people to enjoy learning and discussing sexual and reproductive health information and help them share information among their peers. Ma3looma received about 8,200 questions through SMS, Facebook and Ask.fm. Ma3looma celebrated reaching 1,008,612 fans this quarter on Facebook and has posted over 1,600 different SRH posts and articles. More information can be found here: <https://bit.ly/2y1lrut>; <https://www.youtube.com/user/Ma3looma>; <https://www.facebook.com/Ma3loomateenz/>

Etijah: The program contributes to strengthening the national capacities for community-based interventions in reproductive health, and aims to empower women and young people. The activities are based on volunteering of local youth, they raise awareness and support of youth volunteers in delivering reproductive health awareness campaigns for their communities, training of community leaders and supporting the leaders in their work with married couples to discuss and advocate for reproductive education and services. For more information: <https://etijah.org/category/project/health-women-empowerment/>

Love Matters is part of a global program providing information on relationships, sex and love. It works mainly online via its website and social media channels. Love Matters Egypt has been very successful in targeting a young audience with taboo-breaking content in a very conservative setting, and therefore has been expanded to other countries in the region. In each region, it provides the same delivery method, but the content and language are tailored to the target audience. It seeks to bridge the gap in SRH information between young people (18-30 years), sexual health experts, educators and services. Within the scope of the initiative,

an Arabic Youth Oriented Sexual Education Toolkit has been developed focusing on sexual anatomy, puberty, reproduction and family planning. The Love Matters initiative also includes a hotline, website, YouTube, and Facebook page as well as events. More information can be found here: <https://www.rnw.org/what-we-do/love-matters/>

POTENTIAL BEST PRACTICE: Love Matters is part of a global program providing information on relationships, sex and love. It works mainly online via its website and social media channels and seeks to bridge the gap in sexual reproductive health information between young people (18-30 years), sexual health experts, educators and services. Love Matters has the potential to become a region-wide initiative, as young people in the region have access to internet and social media. Moreover, the Arabic content (toolkit) is readily available as well as the capacities built through the project team. This is an explicit CSE initiative based on public dialogue and information delivery. It is curriculum-based, age-appropriate and culturally contextualized.

Egypt also has an active Y-PEER network, it was founded in 2005 and includes 300 members from more than 90 partner organizations. Y-PEER Egypt, mainly works on capacity building and providing technical support to member organisations focusing on SRH, HIV, women empowerment and gender issues. In October 2012, Y-PEER Egypt was awarded the “Best Network of the Year - 2012”, and are running several initiatives, for example, an “Edutainment” campaign in 6 governorates to raise awareness on health issues, in collaboration with the Ministry of Health and Population, as described above. An SRH&RR manual for youths, entitled ‘Re7la Estekshafeya’, which looks into puberty, menstruation, etc., was also produced. Moreover, a podcast series ‘peer cast’ was launched to raise awareness among youth on SRH. Most recently a memorandum has been signed with Love Matters in which the UNFPA country office will update Y-PEER manuals. This offers a unique opportunity to include training and advocacy materials for CSE.

Recently, **Y-PEER launched a Center of Excellence**, to empower youth and provide peer-to-peer education on SRH and HIV prevention by and for adolescents and youth. The Center acts as a knowledge hub for youth policies and SRH services and education in Egypt, with a specific focus on vulnerable and most-at-risk youth and adolescents. The Center’s main goal is to build and maintain a national network of organizations and individuals who implement and design high-quality life skills-based and peer education programs for successful improvement of

youth knowledge, attitude and skills about sexual and reproductive health and HIV prevention. The Center will also be coordinating the delivery of CSE in school and out of school settings.

CSE is in the school curriculum (yes/no)	Topic(s) that are being taught in schools	Topic(s) that are being taught out of school
No	No information available	<ul style="list-style-type: none"> ▪ Violence and Staying Safe ▪ Skills for Health and Wellbeing ▪ The Human Body and Development ▪ Sexuality and Sexual Behavior ▪ Sexual and Reproductive Health

IRAQ

- Youth and adolescents (10-24 year) make up 31.1% of the total population
- Adolescents birth rate is 82/1000
- 28% of women aged 20-24 years were married before the age of 18
- Total fertility rate is 3.5 children per woman
- Modern contraceptive prevalence rate is 39%
- 13% of women have an unmet need for family planning
- Maternal mortality ratio is 79/100,000 live births
- No data is available on HIV prevalence
- Female genital mutilation prevalence is 4% ^{19,20}

There is hardly any information on (comprehensive) sexuality education in Iraq, with the exception of UNFPA's programmes in the country. Therefore it is safe to assume that CSE is not integrated into the national curriculum and that youth and adolescents receive little formal information on SRH and RR. UNFPA Iraq recently implemented an adolescent girls toolkit. The toolkit was used to create awareness on physical, mental, emotional well-being and RH matters of girls and to sensitise their mothers and families on girls' wellbeing. The toolkit also aimed to empower

girls so that they can make informed choices about SRH matters, pursue their right to education, and be productive members of society.

Moreover, the country office is also reaching adolescents and youth in youth centres, in the IDP and refugee camps as well as in the surrounding host communities. Youth and adolescents are capacitated through peer education sessions conducted by Y-PEER with different topics on sexual reproductive health issues i.e. STIs, including HIV, and GBV.

CSE is in the school curriculum (yes/no)	Topic(s) that are being taught in schools	Topic(s) that are being taught out of school
No	No information available	The Human Body and Development

JORDAN

- Youth and adolescents (10-24 year) make up 31.1% of the total population
- Adolescents birth rate is 82/1000
- 28% of women aged 20-24 years were married before the age of 18
- Total fertility rate is 3.5 children per woman
- Modern contraceptive prevalence rate is 39%
- 13% of women have an unmet need for family planning
- Maternal mortality ratio is 79/100,000 live births
- No data is available on HIV prevalence
- Female genital mutilation prevalence is 4% ^{19,20}

At the time of writing, there is political will and commitment to reach adolescents with reproductive health information and services in Jordan. A holistic, multisectoral approach will be used, aiming to strengthen the healthy development of youth and adolescents. Within this approach, the SRH of young adults is a critical dimension of individuals' transition to adulthood and overall well-being. As in many other Arab countries, reproductive health information and services are confined to those who are married, and many young people are not exposed to family planning services until they have their first child ⁹. Although the National Strategy for Health Sector in Jordan (2015-2019) and the National Reproductive Health Strategy (2014-2018) recognize youth as key actors in the development process, young

people are not recognized as a distinct group with particular needs. Therefore, very limited SRH-initiatives are tailored to young people, and it is still considered as a highly sensitive subject in Jordan.³¹ Jordan's National Population Strategy "*explicitly addresses young adults by recognizing the need for enhancing the health, welfare, and potential of all children, adolescents, and youth and educating them about reproductive health according to the special characteristics of each group*" ^{ibid}. However, this does not mean that there is not a need for information from the youth themselves, rather the opposite as stated in a USAID report "*youth are starved for information on sexual and reproductive health, but are under the impression that reproductive health centres are exclusively for married persons and babies*" ⁹.

Nevertheless, within the scope of Jordan's commitment to the ICPD, government institutions have catalyzed their SRH efforts and civil society has become increasingly active too. The government of Jordan reaffirmed their ICPD commitments at the Nairobi Summit on ICPD25 in November 2019. Recently, UNFPA's country office in Jordan has developed a **harmonized comprehensive sexual and reproductive health (SRH) education toolkit** to be used by its implementing partner's. In 2020, UNFPA and the Royal Health Awareness Society (RHAS) will be working on testing and piloting of the toolkit and work with technical groups on final validation. In 2021, a national website will be launched in collaboration with the Higher Population Council, RHAS, MoY and other stakeholders.

Moreover, the country office will continue its strategic partnership with the national television channel ROYA TV, to develop an additional **12 television segments titled "Mesh Taboo"**, (Not a Taboo) on youth SRH&RR to be broadcasted in 2020. The episodes from 2019 can be accessed here: <https://roya.tv/program/907/episodes>

Additionally, the country office will work with **Sawt podcast and support one season of "3eib" (shame) series**, The podcast will have a special focus on youth SRH&RR and GBV issues. You can listen to the podcast via this link: <https://www.sowt.com/en/Eib>

Jordan also has an **active Y-PEER network**, which was founded in 2009, in the meantime, many of its youth members have become advocates for the SRH&RR and GBV throughout Jordan. One of the programmes that Y-PEER has in Jordan is the International Center for Youth Development at the National Center for Culture and Arts, as part of the King Hussein Foundation. This programme was initiated by UNFPA's Arab States Regional Office based on the PETRI's organizational model in Bulgaria, as such it fosters South-South cooperation and knowledge sharing.

The Y-PEER International Center for Youth Development offers the following programs:

- Training of Trainers on Peer Education Techniques
- Theatre-Based Peer Education Training (accredited by ITI, UNESCO)
- Harnessing Potential of Celebrities and Journalists in Advocating for Young People with Particular Focus on HIV Prevention
- Training of Trainers on Peer Education on Youth Sexual and Reproductive Health in Humanitarian Settings
- Training of Trainers on Civic Engagement and Youth Participation
- Training on Project Development and Management
- Expert consultants and trainers are available for all topics mentioned above

HIV and AIDS hotline: Launched early 2000’s by the MOH to provide young persons with medical information and counselling on HIV and AIDS and other reproductive health issues. In addition, counsellors are conducting home visits with HIV and AIDS patients.

School-based health education: Since the 1990s, science curricula in primary and secondary education include some information on human reproduction. However, in many cases, these sections are not discussed in the classroom, but rather considered as self-study materials.

CSE is in the school curriculum (yes/no)	Topic(s) that are being taught in schools	Topic(s) that are being taught out of school
No	No information available	<ul style="list-style-type: none"> ▪ Relationships ▪ Values, Rights, Cultures and Sexuality ▪ Understanding Gender ▪ Violence and Staying Safe ▪ Skills for Health and Wellbeing ▪ The Human Body and Development ▪ Sexuality and Sexual Behavior ▪ Sexual and Reproductive Health

KINGDOM OF SAUDI ARABIA

- Youth and adolescents (10-24 year) make up 20.7% of the total population
- Adolescents birth rate is 7/1000
- No data available on early or child marriage
- Total fertility rate is 2.2 children per woman
- Modern contraceptive prevalence rate of 23%
- 26% of women have an unmet need for family planning
- Maternal mortality ratio is 17/100,000 live births
- No data available on HIV prevalence
- No data available on female genital mutilation ^{19,20}

There is no CSE taught in the **Kingdom of Saudi Arabia (KSA)**, however some topics such as reproduction and morals seem to be taught in biology and religious classes. Moreover, many websites containing information on SRH are censored.³² Regardless, some research has been conducted on SRH i.e. access to information and sources of knowledge, but much less on government commitment, programme implementation or the role of civil society and other partners. A report by female Saudi students at King Saud University's Special Education Department concluded that there was a need for sex education in schools. According to the study, 80% of participating parents, who were aged between 20 and 60, approved of the recommendation.³³ The study also looked at the social and cultural factors affecting the sexual knowledge of adolescents in Saudi Arabia, by measuring the sexual health knowledge level of adolescents and associating them with the role of parents, friends and school environment. The study found that the majority of the students had poor sexual health knowledge, i.e. for students over 15 years this was the case for 70.7%. The determinants for poor sexual health education are lower-education levels of both parents and the absence of a curriculum on sexual health in schools. The adolescents surveyed relied on information from parents, school, maids and media.³⁴

In another study, 42% of the participants reported that they discussed sexual matters with their friends. Only 15.8% discussed these matters with their parents (mothers), and 17.3% discussed sexual matters with the domestic helper.³⁵ Most participants (61%) reported that their teachers hold negative attitudes toward questions related to sexual issues. The report concludes, like most other available studies on Saudi Arabia and SRH, that formal sexual education is necessary and should be introduced

in the curriculum of the schools within a culturally and religiously appropriate context. Moreover, sensitizing parents and teachers are needed to have constructive discussions with their children and students on sexual issues ^{ibid}.

CSE is in the school curriculum (yes/no)	Topic(s) that are being taught in schools	Topic(s) that are being taught out of school
No	No information available	The Human Body and Development

KUWAIT

- Youth and adolescents (10-24 year) make up 17.3% of the total population
- Adolescents birth rate is 6/1000
- No data available on early or child marriage
- Total fertility rate is 2.1 children per woman
- Modern contraceptive prevalence rate of 49%
- 14% of women have an unmet need for family planning
- Maternal mortality ratio is 12/100,000 live births
- HIV prevalence is <0.1
- No data available on female genital mutilation ^{19,20}

CSE is not integrated in Kuwait's school curriculum, but apart from this little information could be found on CSE in the country. Based on the focus-group discussions held to inform UNAIDS Global Aids Response Progress Report, young men and women indicate that their main source of information on sexuality is their peers who already have had a sexual experience. It is important to note that young people's knowledge of STIs, other than HIV, is reported to be even lower than knowledge of HIV.³⁶ The report further stresses the significance of CSE in schools as well as peer-education methods. Apart from the UNAIDS report, there is no data on CSE, however, online research suggests that the internet is the main source of sexual education for youth.

CSE is in the school curriculum (yes/no)	Topic(s) that are being taught in schools	Topic(s) that are being taught out of school
No	No information available	No information available

LEBANON

- Youth and adolescents (10-24 year) make up 25.3% of the total population
- Adolescents birth rate is 13
- 6% of women aged 20-24 years were married before the age of 18
- Total fertility rate is 2.1 children per woman
- Modern contraceptive prevalence rate of 45%
- 13% of women have an unmet need for family planning
- Maternal mortality ratio is 29/100,000 live births
- HIV prevalence is <0.1%
- No data available on female genital mutilation^{19,20}

Lebanon's Ministry of Education and Higher Education and Ministry of Public Health approved Decree 6610/11 (June 4, 2010) to introduce a school-based reproductive health education and gender curriculum. However, it has yet to be widely implemented in the country's schools. It was initially addressed in 1995 when a sexuality education curriculum was developed for the eighth-grade (12 to 14-year-old) students. The curriculum included information about: physiological changes occurring during puberty, the structures and functions of reproductive organs, and an overview of the menstrual cycle and fertilization, sexually transmitted diseases (STDs) and birth control. The topics were locally contextualized emphasizing abstinence and monogamy. The curriculum faced an instant backlash from a number of religious leaders, despite the fact that it offered a solid scientific basis that was simultaneously culturally sensitive. Subsequently, due to the pressure sexuality education was removed from school curricula.³⁷

In an attempt to address the SRH information gap, a number of organizations have been working to provide the public with reliable, comprehensive SRH information such as:

Lebanese Medical Students' International Committee: The Lebanese Medical Students' International Committee (LeMSIC) works with schools and scout groups to supply information about SRH. Topics include reproductive anatomy and physiology, menstrual hygiene, puberty and masturbation, consent and rape, STIs and HIV, sexuality, contraception and more.

Lebanese Medical Association for Sexual Health (LebMASH):

<https://www.facebook.com/lebmashorg>

SRH information is especially lacking in regards to Lebanese LGBT+ populations, so the LebMASH has recently developed a curriculum on LGBT+ health and teaches it to medical students at certain universities in Lebanon. Given the cultural sensitivities and even potential threats to safety, replication elsewhere in the Arab region should be carefully approached.

Marsa: <https://www.facebook.com/MarsaSHC/>

The sexual health clinic Marsa has been leading efforts to supply the Lebanese community with evidence-based SRH information, and to *"provide confidential and anonymous services related to sexual health [...] in a friendly environment free of stigma and discrimination against age, sex, gender and sexual orientation"*. Marsa also provides STI testing and offers voluntary counselling services by trained sexual health educators, during which beneficiaries may receive information on topics such as STI signs, symptoms, methods of prevention, and treatment, as well as contraceptive methods. Marsa has produced detailed pamphlets on STIs and contraception methods for the general public, as well as a number of informational videos tackling various SRH topics not often openly discussed, such as menstruation and transgender experiences in Lebanon.

POTENTIAL BEST PRACTICE: Lebanon's Marsa Sexual Health Center

opened its doors in 2011 and is located in Tayouneh, Badaro. The NGO provides free condoms HIV- Hepatitis B & C testing. At subsidized prices, Marsa provides in-house medical consultations, such as pap smears, psychological and social counselling. Aside from going over sexual history and practices with patients and partners, therapists and educators help people living with HIV and sexual- and GBV survivors providing psycho-socio care. On the educational front, sexual educators from Marsa give sex education sessions in schools, universities, youth movements and in refugee camps, in some cases, there is still a traditional prevalent culture of censorship.

The A-Project: <https://www.facebook.com/theaprojectleb/>

Inspired by feminist activists in India, the A-Project has recently launched a sexuality hotline to provide callers with SRH information. The information offered is embedded in a feminist discourse which emphasizes women's autonomy and agency over *their* bodies and includes sexual orientation, gender identity, pleasure, sexual violence, contraception, STIs, and abortion.

ABAAD SRH&RR initiatives: The SRH&RR and Sexualities Programme focuses on sexualities and sexual and reproductive health and reproductive rights (SRH&RR) and holistically addresses social factors that contribute to GBV against women, men, girls, boys, and sexual minorities.

Since its establishment, the programme has worked on the girls' autonomy and agency, as well as combating sexual gender-based violence. The programme operates through developing resources (particularly on early, forced, and child marriage, as well as SRH&RR), enhancing the clinical response to sexual assault survivors, and contributing to ABAAD's overall work with behavioural change models.³⁸

Other organizations are also stepping up to alleviate the SRH and CSE information and service gap namely, Gender and Sexuality Resource Center, the Network of Arab Scholars on Sexuality and Sexual Health, and UNFPA's advocacy, capacity-building, and peer-education initiatives.

In Lebanon, the Y-PEER network was awarded "Best Network of the Year - 2010". Y-PEER works closely with the Ministry of Public Health and National AIDS control council, together they organized events for raising awareness of HIV and AIDS among high school students. Together they reached more than 800 public and private high school students, aged 15-18 years from various regions and communities in Lebanon. Y-PEER also used innovative approaches such as educational games and interactive games around HIV and AIDS and animated by NGO members of the network, theatre performances and theatre-based peer education. An extensive media campaign was also launched as a source for information on HIV and AIDS and youth in Lebanon.

CSE is in the school curriculum (yes/no)	Topic(s) that are being taught in schools	Topic(s) that are being taught out of school
No	The Human Body and Development	<ul style="list-style-type: none"> ▪ Understanding Gender ▪ Violence and Staying Safe ▪ The Human Body and Development ▪ Sexuality and Sexual Behavior ▪ Sexual and Reproductive Health

LIBYA

- Youth and adolescents (10-24 year) make up 25.1% of the total population
- Adolescents birth rate is 11/1000
- No data available on early or child marriage
- Total fertility rate is 2.2 children per woman
- Modern contraceptive prevalence rate is 24%
- 26% of women have an unmet need for family planning
- Maternal mortality ratio is 72/100,000 live births
- HIV prevalence is 0.2%
- No data available on female genital mutilation ^{19,20}

There is hardly any information on (comprehensive) sexuality education in Libya, sources that can be found rather mention the fragile education system in general, but don't specify on CSE. Therefore, it is safe to assume that CSE is not integrated into the national curriculum and that youth and adolescents receive little formal information on SRH and RR.

However, there are some possibilities for CSE In Libya worth mentioning; For example, the Ministry of Health recognizes UNFPA as the lead agency for the development of its Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) Strategy for 2018-2022, together with WHO and UNICEF. *"This strategy aims to ensure that all women of reproductive age, newborns, children and adolescents, including migrants and refugees, in Libya enjoy high health standards and have access to high-quality and sustainable health care"*.³⁹

To date, UNFPA successfully supported more than 28 health facilities in conflict-affected areas, trained more than 130 nurses, midwives and health managers deployed in hard-to-reach areas and reached out to 29,457 women at reproductive age. UNFPA has also extended its technical expertise and operational capacities to effectively roll out the Minimum Initial Service Package (MISP) and to support the smooth transition towards a more comprehensive service package ^{ibid.} In response to the increase in maternal deaths in the South of Libya, UNFPA has deployed 3 mobile teams in the hard-to-reach areas, supporting hospitals with emergency reproductive health kits containing life-saving medical supplies and drugs and providing training to medical staff on obstetric and neonatal care.

CSE is in the school curriculum (yes/no)	Topic(s) that are being taught in schools	Topic(s) that are being taught out of school
No	No information available	No information available

MOROCCO

- Youth and adolescents (10-24 year) make up 24.3% of the total population
- Adolescents birth rate is 19/1000
- 14% of women (aged 20-24 years) is married or in union before age 18
- Total fertility rate is 2.4 children per woman
- Modern contraceptive prevalence rate is 60%
- 11% of women have an unmet need for family planning
- Maternal mortality ratio is 70/100,000 live births
- HIV prevalence is <0.1
- No data available on female genital mutilation ^{19,20}

Some sources seem to suggest that a basic module on human reproduction and health education has been included in their national school curricula ²⁴. There have been recent discussions in Casablanca regarding the inclusion of sex education in the Moroccan education system. This comes within the scope of the "Covenant on the Rights of the Child in Islam" which Morocco has signed in 2005. Despite the convention being vague in language, it clearly stipulates that young Muslims must "receive proper sex education distinguishing between the lawful and unlawful".⁴⁰

Sexuality education is, therefore, more about what is considered halal, permissible, and what is not, which poses certain risks as it mainly focuses on abstinence. There is no research that abstinence-only sexual education works, rather the opposite. "Morocco's only chance at getting ahead of the sex-related social problems that are growing every year is to implement a comprehensive sexuality education program, which could help young Moroccans avoid premature marriages, unplanned pregnancies, abortions, single motherhood, child abandonment, and sexually transmitted diseases" *ibid.*

At the Nairobi Summit on ICPD25 in November 2019, the Government of Morocco made a commitment to advocate for access of young people and adolescents, including persons with a disability, to sexual and reproductive health information. The government also committed to advocating for the integration of comprehensive sexuality education in the education curriculum. These commitments create momentum in Morocco, which can be utilized by civil society and other partners to advocate for CSE and achieve several additional development outcomes.

CSE is in the school curriculum (yes/no)	Topic(s) that are being taught in schools	Topic(s) that are being taught out of school
No	The Human Body and Development	No information available

OMAN

- Youth and adolescents (10-24 year) make up 16.8% of the total population
- Adolescents birth rate is 12/1000
- 4% of women aged 20-24 years were married before the age of 18
- Total fertility rate is 2.8 children per woman
- Modern contraceptive prevalence rate is 23%
- 26% of women have an unmet need for family planning
- Maternal mortality ratio is 19/100,000 live births
- HIV prevalence is 0.2
- No data available on female genital mutilation ^{19,20}

Since 1994, the government of Oman has provided free contraceptives to all married couples in primary health care centres through its renowned birth spacing programme. The birth-spacing programme is said to have contributed to major reductions in maternal and child mortality. A baseline data study was conducted with the aim of defining baseline data on ever-married women's empowerment in Oman, analyze the correlates of women's empowerment and the effect of empowerment on unmet need for contraception. The level of education has shown to have a strong influence on contraceptive usage, other influences were employment status and the number of children the person already has. This points to the crucial need for behavioural and social norm change and advocacy campaigning in tandem to a sexuality education or CSE program.³⁰

Oman has an established health care system with nearly universal access to primary health care, and family planning services are part of the primary health care package. Although women in Oman have little autonomy, they can access primary health care on their own and thus have good access to family planning services ^{ibid}.

Moreover, Oman has a very active Y-PEER network, they provide training and awareness-raising activities such as 'life' lessons to Omani school kids' training, in collaboration with the Ministry of Health and the Ministry of Education. They aim to guide school children towards leading a healthier and meaningful life, besides training them to make values and morals as part of their lifestyle. The five-day workshop curriculum consists of seven manuals, on, road safety, tobacco abuse, violence among youth, nutrition, and life skills manual, besides communicable diseases, and non-communicable diseases, and healthy eating. Other workshops address child abuse and cases of domestic violence where a child is the potential victim, in collaboration with the Ministry of Social Development.

CSE is in the school curriculum (yes/no)	Topic(s) that are being taught in schools	Topic(s) that are being taught out of school
No	Violence and Staying Safe	No information available

PALESTINE

- Youth and adolescents (10-24 year) make up 32% of the total population
- Adolescents birth rate is 48/1000
- 15% of women aged 20-24 years were married before the age of 18
- Total fertility rate is 3.8 children per woman
- Modern contraceptive prevalence rate is 47%
- 11% of women have an unmet need for family planning
- Maternal mortality ratio is 45/100,000 live births
- No data available on HIV prevalence
- No data available on female genital mutilation ^{19,20}

The Government of the State of Palestine has made very clear commitments at the Nairobi Summit on ICPD25, in which they committed to integrating CSE in the national education curriculum by 2030 and have set-out very clear steps on how to achieve this.

To fulfil the Nairobi Summit on ICPD25 commitments to following actions will be implemented:

1. Reviewing and enriching the set of reproductive health concepts (CSE) included in the Palestinian school curricula.
2. Training teachers to deliver CSE without stigma, and in a manner that promotes human rights and non-discrimination, combats gender-based discrimination and violence against women and girls.
3. Developing a manual on Adolescent Health to be used by school counsellors and field health staff in raising the awareness of students in schools.

The Palestinian government is already working towards achieving these targets, and with the support of UNFPA's country office they integrated SRH&RR in the old educational curriculum entitled, "Health and Environment", and trained teachers and counsellors on methods and tools to convey the information through the development of a national teacher manual on adolescent SRH&RR. UNFPA Palestine has advocated for the inclusion of SRH&RR in the new national curriculum and developed a teacher/counsellor manual on adolescent health, which will be followed by a series of training of trainers in all public and private schools. UNFPA Palestine in partnership with the Ministry of Education and a national NGO partner, organized a national conference on adolescents SRH&RR in 2018, attended by relevant national and international NGOs, UN agencies and youth of ages between 15 and 29. The conference included a set of strategic recommendations including the establishment of a national adolescent health coalition aiming at advocating for policies to support adolescent health on the national level, to join efforts and reduce duplicity ensuring a healthier transition for Palestinian adolescents into adulthood. The coalition was officially launched in 2019 with 22 members from national and international NGOs, UN, Y-PEER and representatives from the ministries of health and education. Currently, the coalition's members are finalizing their plan of action and their website. Within the coalition launching, the Minister of Health announced her plan to establish a dedicated unit for adolescent and youth health within the Ministry of Health.

UNFPA Palestine has been supporting informal interventions, that we wish to highlight. UNFPA, in partnership with youth-led NGOs, developed a set of innovative tools rolled out in and out of schools. These tools include the development of a **"Brave Student" diary** (adopted from UNFPA Bangladesh) and the creation of a **cartoon character "Majd"** to introduce and convey accurate information on

adolescent and youth SRH&RRs, including gender equality and GBV. Moreover, new interventions include schools' campaigns against child marriage and a school statistical competition, teaching students to search and analyze a statistical number using national violence survey and census are part of Majd's journey, both in English and Arabic. UNFPA Palestine has supported youth-friendly health services centres in three universities based on a national YFHS protocol adopted by MoH in 2015 and updated in 2018 by the universities. Currently, a mobile application is being developed to complement the physical services.

CSE is in the school curriculum (yes/no)	Topic(s) that are being taught in schools	Topic(s) that are being taught out of school
No	No information available	No information available

QATAR

- Youth and adolescents (10-24 year) make up 18% of the total population
- Adolescents birth rate is 9/1000
- 4% of women aged 20-24 years were married before the age of 18
- Total fertility rate is 1.8 children per woman
- Modern contraceptive prevalence rate is 40%
- 16% of women have an unmet need for family planning
- Maternal mortality ratio is 9/100,000 live births
- No data available on HIV prevalence
- No data available on female genital mutilation ^{19,20}

In Qatar, adolescents and youth obtain information on CSE from their schools, parents and the internet. Qatar also has some associations that provide health-related seminars and programs as well as pre-marriage programs. Sexual education is integrated into the school curriculum as part of the Islamic education and Science and Biology in grades five to twelve.

In 2019, UNFPA collaborated with the youth center "Nama" of the Qatar Foundation for Social Work and developed the first Y-PEER manual in Qatar. As part of the same project, a training of trainers for Y-PEER was conducted in 2019/2020. The training was facilitated by international experts, including Y-PEER trainers from Oman.

CSE is in the school curriculum (yes/no)	Topic(s) that are being taught in schools	Topic(s) that are being taught out of school
Yes	<ul style="list-style-type: none"> ▪ Values, Rights, Cultures and Sexuality ▪ The Human Body and Development ▪ Sexual and Reproductive Health. 	Y-PEER's Peer-education training

SOMALIA

- Youth and adolescents (10-24 year) make up 34.3% of the total population
- Adolescents birth rate is 123/1000
- 45% of women aged 20-24 years were married before the age of 18
- Total fertility rate is 5.9 children per woman
- Modern contraceptive prevalence rate is 10%
- 27% of women have an unmet need for family planning
- Maternal mortality ratio is 829/100,000 live births
- HIV prevalence is 0.1
- Female genital mutilation prevalence is 97% ^{19,20}

In Somalia the school curriculum for the 5th grade and upwards still has to be developed, this offers a unique momentum to integrate CSE, in the meantime the teachers are being trained to provide a life skills programme in an informal manner. UNFPAs country office has developed a peer educators manual which addresses positive relationships, health, sexual and reproductive health among other things, the manual is specifically tailored to support youth and adolescents that are growing-up in post-conflict Somalia.

CSE is in the school curriculum (yes/no)	Topic(s) that are being taught in schools	Topic(s) that are being taught out of school
No	<ul style="list-style-type: none"> ▪ Relationships ▪ The Human Body and Development 	<ul style="list-style-type: none"> ▪ The Human Body and Development

SUDAN

- Youth and adolescents (10-24 year) make up 32.6% of the total population
- Adolescents birth rate is 87/1000
- 34% of women aged 20-24 years were married before the age of 18
- Total fertility rate is 4.3 children per woman
- Modern contraceptive prevalence rate is 14%
- 28% of women have an unmet need for family planning
- Maternal mortality ratio is 295/100,000 live births
- HIV prevalence is 0.2
- Female genital mutilation prevalence is 82%^{19,20}

Sexual education is not taught as a stand-alone subject in schools however, many components of sexuality education have been integrated within an existing mainstream subject, such as biology and religious studies. Similar to many other countries in the region, there is strong belief that sex is one of the topics that people should not talk about. Sex is taboo and linked sinful behaviour and prohibition based on religious norms and values. Schools are seen as the main place for delivering sexual education, however, school enrolment rates are low, namely, 54% at primary level and 30% at secondary level.⁴¹

Recently, the Ministry of Health in Khartoum established an effective coordination mechanism with NGOs through the department of voluntary agencies. At the moment there is not a CSE programme delivered in schools, however, this aforementioned coordination mechanism could be extended to deliver CSE, peer education, YFHS and outreach activities. NGOs are more flexible to adopt these programs to their activities compared to MoH, and their dialogue with local communities is more feasible through their local volunteers.⁴²

At the Nairobi Summit on ICPD25 in November 2019, the Government of Sudan committed to ensuring access for adolescents and youth to comprehensive and age-appropriate information, as well as quality and timely services. These commitments create an entry-point to advocate for CSE and achieve several additional development outcomes.

In Sudan, UNFPA's CO supported the Y-Peer Network and the Sudanese Population Network to establish girls and boys school clubs for sport, art, and debates to

address FGM. The clubs are used to promote CSE among young women and men in the country, sessions cover health, reproductive health and GBV issues.

CSE is in the school curriculum (yes/no)	Topic(s) that are being taught in schools	Topic(s) that are being taught out of school
No	The Human Body and Development	<ul style="list-style-type: none"> Violence and Staying Safe The Human Body and Development

SYRIA

- Youth and adolescents (10-24 year) make up 28.2% of the total population
- Adolescents birth rate is 54/1000
- 13% of women aged 20-24 years were married before the age of 18
- Total fertility rate is 2.7 children per woman
- Modern contraceptive prevalence rate is 45%
- 13% of women have an unmet need for family planning
- Maternal mortality ratio is 31/100,000 live births
- HIV prevalence is <0.1
- No data available on female genital mutilation ^{19,20}

In Syria, there are several ways in which CSE is being promoted, for example, educational sessions delivered by specialists to young people based on the adolescent and youth health guidelines developed in cooperation with MOH. Several health topics are tackled in the sessions including reproductive issues and GBV. Moreover, teachers and school counsellors are also sensitized by a national NGO affiliated to the IPPF. The trained teachers and school counsellors provide awareness sessions to young people. Moreover, Y-PEER is implementing their peer-educators training for youth and adolescents to reach them with CSE information.

Another activity that is worth mentioning is the **Mother to Mother peer education**, a new approach introduced in 2019. UNFPA trained mothers on how to talk to their peers on adolescence, puberty, health, consequences of early marriage and family planning.

Lastly, UNFPA has partnered with international and local Syrian NGOs to develop an innovative package of interventions targeting specifically newlywed and pregnant adolescents in North-West Syria, known as the **Young Mothers' Club (YMC)**. Each Club is constituted by 10 to 12 adolescent married girls and is based in one of the various service delivery points. The participants go through a cycle of eight sessions providing a combination of life-skills and tailored GBV-SRH information. Following the sessions, few participants are selected to build further their leadership skills, serve as champions in their communities and form an "Adolescent Advisory Committee" aiming at providing recommendations to better outreach adolescent girls at risk and meet their needs. Beyond the awareness and life skills, the YMC offers a safe and supportive environment where the adolescents can find a social network to help them overcome the challenges of early motherhood. Considering the sensitivity of the issues related to adolescent girls protection and health, a Community Advisory Group was created to explain the project and gain community buy-in, including religious leaders, teachers, family members, husbands etc. Special sessions are organized for key family members to explain SRH needs and available services, as well as promote service acceptability with the aim of creating an enabling environment for adolescents' access to these services.

CSE is in the school curriculum (yes/no)	Topic(s) that are being taught in schools	Topic(s) that are being taught out of school
No	No information available	<ul style="list-style-type: none"> ▪ Violence and Staying Safe ▪ The Human Body and Development ▪ Sexual and Reproductive Health

TUNISIA

- Youth and adolescents (10-24 years) make up 20.8% of total population
- Adolescents birth rate is 4/1000
- 2% of women aged 20-24 years were married before the age of 18
- Total fertility rate is 2.2 children per woman
- Modern contraceptive prevalence rate is 50%
- 13% of women have an unmet need for family planning
- Maternal mortality ratio is 43/100,000 live births
- HIV prevalence is : <0.1
- No data available on female genital mutilation ^{19,20}

Tunisia has many progressive laws and practices on sexual and reproductive health and rights, including for youth and adolescents. The country has made responsible and deliberate commitments to equip its young people with the necessary information and services that enable them to make sound decisions with respect to their sexuality and access their full rights on the basis of evidence-based interventions. Tunisia is the only Arab country that has adolescent health clinics which serve unmarried young people. It has also established school health clinics in all major towns, which include counselling and information on reproductive health and has an adequate referral system. Tunisia also introduced a peer education programme on reproductive health in female dormitories, to address the specific vulnerabilities of rural women attending urban universities.⁴³

UNFPA's Country Office in Tunisia, in partnership with the Arab Institute for Human Rights and The Tunisian Association of Reproductive Health, have set up an expert committee on CSE. The committee consisted of representatives from relevant ministries (MoE, MoH, etc.) and SRH&RR experts, and cooperated for one full year to develop a referential on CSE. The guide was developed in a participatory, culturally sensitive, gender-responsive manner, underpinning a human rights-based approach and in agreement with international. Together, the committee designed educational and M&E tools which can be implemented in primary and secondary level education.

POTENTIAL BEST PRACTICE: Tunisia is the only country in the Arab region that has a CSE framework mainstreamed into the school curricula from kindergarten to university, which has started December 2019. The initiative is a collaboration between the Tunisian Sexual and Reproductive Health Association, UNFPA and the Arab Institute for Human Rights, under the supervision of the Ministry of Education. Sexual education will not be taught as an independent subject but will be integrated into other subjects in the curricula such as Arabic, physical education and earth sciences. As it pertains to pre-school levels, the subject will be introduced through simplified lessons revolving around awareness-raising to protect children against harassment.⁴⁴

UNFPA's Country Office in Tunisia also engaged the media in their advocacy for CSE integration in schools through, they did so in several ways, namely; 1) Organizing a 5-day training for media on SRH&RR and CSE. 2) Organizing a competition for the best article on CSE; 3) Organizing a "media breakfast" to share

information on the office's CSE-projects. 4) Intensified media presence of UNFPA's team and its partners on TV, radio, social media, written and web press, discussing the efficiency of CSE.

At the Nairobi Summit on ICPD25 in November 2019, the Government of Tunisia committed to ensure that all adolescents and youth will have access to age-appropriate comprehensive information, in coordination with respective ministerial departments, partners, and civil society. This commitment creates an entry-point to advocate for CSE and achieve several additional development outcomes.

Lastly, Tunisia also has an active Y-PEER network, which was founded in 2006. Their mission is to promote sexual and reproductive rights among young people through peer education, advocate for the rights and liberties in a comprehensive approach to promote human rights in their universal character, indivisibly connected and interdependent and fight against all forms of inequality, discrimination and marginalization. Examples of Y-PEERs activities in Tunisia include sexual and reproductive rights awareness-raising sessions, to promote them among young people in Tunisia in partnership with the Arab Institute for Human Rights. As part of the Tunisian civil society capacity building program, Y-PEER conducted a sexual and reproductive rights, gender and sexual violence training. This training is a part of a partnership between Amnesty International, ONFP and the UNHRO.

CSE is in the school curriculum (yes/no)	Topic(s) that are being taught in schools	Topic(s) that are being taught out of school
Yes	To be agreed upon	<ul style="list-style-type: none"> ▪ Relationships ▪ Values, Rights, Cultures and Sexuality ▪ Understanding Gender ▪ Violence and Staying Safe ▪ Skills for Health and Wellbeing ▪ The Human Body and Development ▪ Sexuality and Sexual Behavior ▪ Sexual and Reproductive Health

UNITED ARAB EMIRATES

- Youth and adolescents (10-24 year) make up 15.8% of the total population
- Adolescents birth rate is 5/1000
- No data available on child marriages
- Total fertility rate is 1.4 children per woman
- Modern contraceptive prevalence rate is 40%
- 17% of women have an unmet need for family planning
- Maternal mortality ratio stands at 3/100,000 live births
- No data available on HIV prevalence
- Female genital mutilation prevalence is 34%^{19,20}

The CEDAW committee recommendations to the United Arab Emirates (UAE) state that the specific content of sexuality education programs should be addressed and that they should include information on RH, determinants of SRH&RR beyond the health sector, sexual health issues, population policies, women and work, discrimination against sexual minorities, maternity leave rights, responsible sexual behaviour, SRH, prevention of sexually transmitted infections, including HIV and AIDS, prevention of teenage pregnancy, and family planning¹⁸. This is a rich and elaborate list of recommendations that are not unique to the UAE, in the Arab Region when it comes to the CEDAW and other normative frameworks. It is a useful, albeit challenging, benchmark to strive towards, yet is binding and imperative for signatories to fulfil in due course. Such international mechanisms can provide binding principles, commitments and action that hold governments accountable and deliver rights to the adequate recipients.

The UAE currently has no uniform policy or curriculum on sex education and some schools choose not to teach the subject at all.⁴⁵ However, there is a momentum in the UAE, as officials from the MoE, doctors, school principals and social specialists agree that little to no knowledge of personal boundaries makes youth and adolescents vulnerable to sexual violence and GBV. It is for this reasons that they advocates for age-appropriate sexuality education that would start in primary school and continue into high school.⁴⁶ Arguably, this could be a unique opportunity to advocate for a holistic approach to CSE, especially with an Arab culture of silence surrounding all issues related to sex. *“Sex education should be taught at schools across the country, removing the taboo surrounding the subject and giving children access to reliable information ap-*

appropriate to their age group" ^{ibid}. Due to the little information that is available youth and adolescents turn to the internet to find answers.

An Emirati social worker- Wedad Lootah- wrote a bestselling book on sexuality education, she has said to write a series of three books on the subject for kindergarten, junior school and high school pupils. Despite being approved by the Mufti of Dubai, her first book was censored in Saudi Arabia and she has received various death threats from conservatives arguing that she is guilty of blasphemy ³³.

CSE is in the school curriculum (yes/no)	Topic(s) that are being taught in schools	Topic(s) that are being taught out of school
No	No information available	No information available

YEMEN

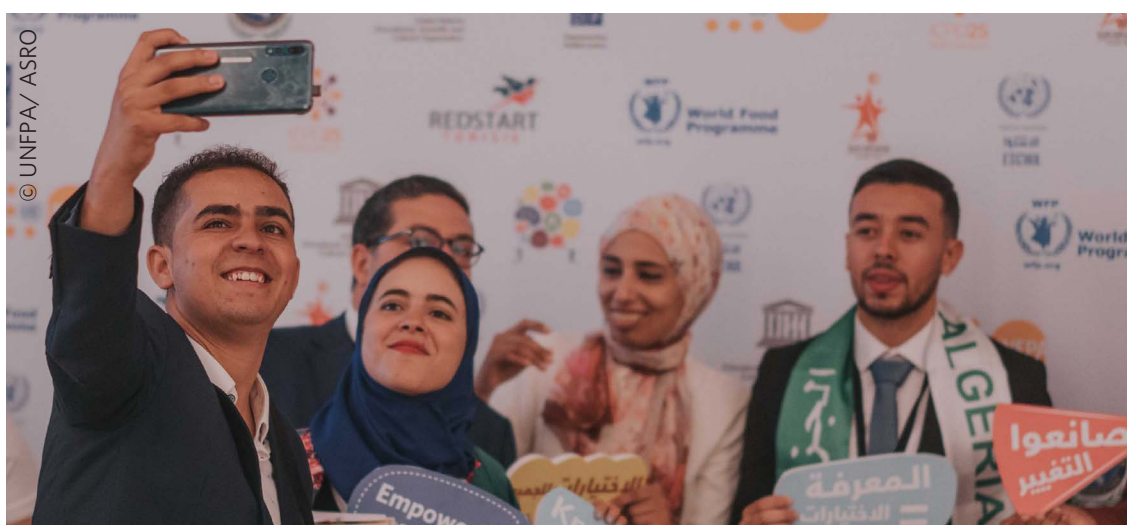
- Youth and adolescents (10-24 year) make up 32.4% of the total population
- Adolescents birth rate is 67/1000
- 32% of women aged 20-24 years were married before the age of 18
- Total fertility rate is 3.6 children per woman
- Modern contraceptive prevalence rate is 31%
- 25% of married women have an unmet need for family planning
- Maternal mortality ratio is 164/100,000 live births
- HIV prevalence is <0.1
- Female genital mutilation prevalence is 16% ^{19,20}

In 2013, the 'A Time to Talk' online survey was conducted to research on sexuality education in Yemen, and was able to include 300 respondents aged 15-25.⁴⁷ Amongst the results of the survey: 83.33% believe that sexuality education can help prevent early marriage, early pregnancies and sexually transmitted diseases. In addition, 84% of respondents are willing to know more about sexual education, and 6% not willing to learn more about this topic. This reflects a strong demand for information which is no surprise considering that only 28% of respondents' parents talked to them about sexual issues and contraception while the majority (72%) of the respondents' parents never talked to them about contraception or sexual issues ^{ibid}.

Given Love Matters success in Egypt, it seemed a logical next step to expand the Arabic-language platform to Yemen where RNW Media is active with a well-established Citizens Voice platform Manasati30".⁴⁸ For Yemen, the decision was made to look for a local partner that was already active in SRH&RR and based on a partner mapping Yamaan Foundation was identified due to their free hotline and their large social media community through which they provide SRH&RR information. In addition to Shabab-line (a youth-line in English) that young Yemenis can call to access confidential, safe, non-judgmental and accurate information about SRH and family planning. Since launching in 2011, Shabab-line has grown from 300 to 5,000 calls per month. Shabab-line also has a Facebook page with 120k followers ^{ibid}.

In Yemen, the innovative work of the NGO Yemeni Association for Reproductive Health (YARH) is noteworthy. Yemen's YARH operates 2 clinics and 1 youth-friendly service centre, providing SRH services to the public. The clinics rely on 72 volunteers and staff, working HIV and AIDS and on awareness-raising amongst young people with the aim to empower them to make informed decisions on SRH. YARH also builds strategic partnerships through advocating for youth in the design, implementation and monitoring of youth-centred initiatives. YARH is a strong advocate for political support in SRH&RR, and is already working with the Ministry of Public Health, the Ministry of Youth and Sports, the population research and studies centre, local NGOs and universities.

CSE is in the school curriculum (yes/no)	Topic(s) that are being taught in schools	Topic(s) that are being taught out of school
No	No information available	No information available





5. CHALLENGES AND OPPORTUNITIES

Based on the above situation analysis of SRH and CSE initiatives in the Arab region, a set of clear challenges and opportunities emerge resulting from the trends in demographics, socio-economic and political factors, cultural considerations, and gender norms in the region.

Challenges

Traditional and conservative norms in society

Throughout the Arab region, there are conservative norms and values within society that obstruct the fulfilment of human rights, including sexual and reproductive rights. In the situational analysis, it becomes clear many countries experience religious opposition towards CSE and sexuality education in general. Often this has been a reason to stall the implementation of integrating CSE in the national education curriculum.

Additionally, reproductive health is often seen as a women's issue, even though women are hardly able to make decisions concerning their bodies and their sexuality, more so if they are adolescent girls, unmarried, have disabilities or are older women. Harmful gender norms severely impact the lives, rights and freedoms of women and girls. This limits their freedom of movement, school participation, engagement in social life, household decision making, opportunities to work, earn and manage money as well as the freedom to choose who and when to marry. Engagement of men and boys in reproductive health subjects, and CSE at large, is paramount to overcoming barriers to women's full participation in decisions that impact their lives and futures and has already shown positive outcomes.⁸

Misunderstanding of terminology

Misunderstanding of terminology refers to both comprehensive sexuality education, as well as definitions of adolescents and youth. Let's start with the former, CSE.

There is a misunderstanding of the terminology, content and results of CSE. To illustrate, we noticed confusion about the terms comprehensive and sometimes also sexuality, as they are associated with the more controversial aspects such as abortion or homosexuality, which are (partially) outlawed in many Arab states. As previously stated, CSE is sometimes perceived as encouraging promiscuous or immoral behaviour and an earlier sexual-debut among youth and adolescents, therefore abstinence-only programmes are often preferred. We wish to reiterate that research continuously highlights that abstinence-only education is not effective. CSE does not promote earlier sexual debut or unsafe sexual activity, rather the contrary, two-thirds of CSE programmes lead to delayed initiation of sex, decreased frequency of sex, fewer partners, and increased use of condoms and/or other forms of contraception⁸. Moreover, CSE is more than reproduction and sexuality, when delivered well, it promotes health, well-being, dignity, youth empowerment and gender equality. It discusses relationships, consent, bodily autonomy and boundaries, it therefore offers the opportunity to also address gender-based violence in all its forms, including rape, FGM etc. ^{ibid}.

A consistent definition of youth and adolescents seems to be missing at a regional level, however countries have their own age definition, but this is not uniform. As a uniform definition is missing the needs of youth and adolescents have not been addressed in relevant regional and national policies and programs. For example, specific adolescent health and adolescent SRH strategies, programmes and services are lacking. Youth and adolescents should be included in strategies and programmes that concern them. European youth networks have developed a tool, the Flower of Participation, that can be used to measure meaningful participation of young people in decision-making processes. The Flower can support youth and adolescents to create a space and have their voices heard.⁴⁸ Lastly, the United Nations understands adolescents to include persons aged 10-19 years and youth as those between 15-24 years, this is also the terminology used throughout this report.⁷

Lack of access

The situational analysis highlights that access to SRH information and services for youth and adolescents is lacking, and in particular for unmarried women. It is therefore important to create linkages between the demand and supply and ensure accessible and youth-friendly services that ensure the privacy of their clients. Additionally, in the Arab region, restricted movements and freedoms of women and girls' often hinder their access to SRH&RR information and services. However,

in Oman, this did not seem to be a barrier as family services were integrated into primary care, which is freely accessible for women.³⁰

Advocacy and utilization of political momentum

Introducing CSE involves political and financial commitments by national governments, and for many reasons, they might not be willing to provide this. Therefore, it is of importance to lobby and create a (political) momentum. For example, the Nairobi Summit on ICPD25 offered such momentum, as they made specific SRH and RR commitments i.e. integrating CSE in national education curriculum, reduction of maternal mortality, unintended pregnancies and gender-based violence. The willingness of countries to tackle these topics can be an opportunity for CSE and ensure buy-in from the national governments.

Opportunities

Identify needs and entry-points

As mentioned earlier, CSE should not be an individual objective rather, it is a tool to contribute to addressing the overall sexual and reproductive health and well-being and improve development outcomes. As was shown in this situational analysis, CSE can address unintended pregnancies, maternal mortality, gender-based violence, female genital mutilation, and youth empowerment, among other things. Therefore, based on the national context the most pressing needs should be identified, and it should be analyzed what the contribution of CSE can be to this problem. The contribution of parents, teachers and faith leaders in advancing this agenda should not be overlooked, as they can be strong allies.

South-South exchange and cooperation

Sharing information and resources between countries with similar contexts offers a unique and cost-effective opportunity. Love Matters noticed that their Arabic SRH information is being accessed throughout the region. Tunisia is a CSE pioneer; their experiences and materials could be shared in the region and used as a case study. Iran has implemented a successful out-of-school programme reaching key-populations.

Accountability to international frameworks

Most countries in the Arab region are signatory to international frameworks and conventions stipulating the commitment to avail SRH and RR to their young and marriage age populations. This is a useful entry point for advocacy as countries can be held accountable to the commitments they have signed and ratified.

Moreover, international guidance notes (see annex 3), manuals, toolkits and curricula have been developed, tested and implemented globally and thus can be adapted and locally contextualized for the Arab region.

Civil society, youth networks and the media

The Arab region has an active civil society and to date, they have tried to fill the knowledge gap around SRH as CSE is lacking, valuable out-of-school pilots have been presented in this report. It is noteworthy that UNFPA is planning to publish an International Programming Guidance on Out-of-School CSE at the end of the year. The Programmatic Guidance, as well as the out-of-school pilots mentioned in this situational analysis, can be used to replicate or scale out-of-school CSE programmes.

The Y-PEER network is very active in the region, their manuals and capacities can be utilized in terms of content sharing and access to their trainers' pool and youths advocates. Moreover, they are a valuable ally in advocating for CSE.

As LoveMatter has shown, the media, including social media and telephone hotlines, is a powerful tool to disseminate information and has proven successful in Arab countries.

Y-PEER is a network of organizations working on sexual and reproductive health in 52 countries throughout the world. It is a comprehensive youth-to-youth initiative, connecting thousands of young people, and aims to promote healthy lifestyles and to empower young people at different levels through a peer to peer approach, and was established to support, provide information and train young people on number of issues, in particular sexual and reproductive health and rights issues and HIV prevention. It is, therefore, a unique platform that provides a valuable entry point for CSE introduction in the Arab region.



6. DISCUSSION AND CONCLUSION

As the country data highlights (see Annex 1 for an overview), the Arab States have different concerns, to name a few, Djibouti's HIV prevalence stands at 1.2% the highest in the region. Somalia, Sudan and Yemen have very high maternal mortality ratios (MMR). Female genital mutilation is also widely prevalent, especially in Yemen, Djibouti, Somalia, Egypt and Sudan. In seven Arab countries, the adolescents birth rate is higher than the global average of 44/1000 namely, Egypt, Iraq, Palestine, Somalia, Sudan, Syria and Yemen. Although the data could not be obtained for all countries, child marriages still occur and some countries have enabling legislation. This shows that there is no silver bullet, and all countries need to have a context-specific approach to overcome the challenges listed.

There is a vast evidence base that indicates that CSE has a positive impact on SRH and in particular in reducing sexually transmitted infections (STIs), HIV, GBV, unintended pregnancies and thus MMR. For example, early and unintended pregnancy can be prevented through good quality comprehensive sexuality education that also addresses gender equality, and provides linkages with services including securing access to, and availability of, contraceptives.⁵⁰

The situation analysis in chapter 4 indicates that there is an increasing demand for comprehensive sexuality education by youth and adolescents. The inability of governments to cater to this need for information and SRH services has motivated civil society groups and the international community to provide alternative means to provide this information. Innovative approaches are launched such as social networks and online platforms and telephone hotlines, which are youth and community-centred, and serviced by well-trained staff and volunteers. It is thus becoming an undeniable and a pressing obligation on part of governments to address this priority by integrating it in policies and practice (including budget allocations), which in turn also enables them to fulfil their commitments to international frameworks and conventions to which they are a party and which stipulate access to CSE and SRH as a human right.

Comprehensive sexuality education (CSE) can help adolescents achieve their full potential and realize their sexual and reproductive health and reproductive rights. This is of major significance in low- and middle-income countries (LMICs) - most

of the Arab region with the exception of the GCC countries- where high rates of unintended pregnancy and STIs can limit countries' ability to capitalize on the demographic dividend⁴². The 'adolescent' demographic needs a concise and consistent definition by governments so they can be clearly integrated into policies and programming. They represent a cross-cutting age group that can be found in formal education streams as students in high schools and also represent young men and women that are not in school (anymore). At the moment, young men are often left-out of SRH&RR programmes, however, programmes should tailor to their needs too. It is of utmost importance to include young men and boys to tackle harmful gender norms, for both girls, young women, boys and young men. One way in which harmful gender norms are manifested is decision making - Men are part of the power dynamic in terms of decision making with regards to family planning and contraception. They are also vital partners in peer learning which is evident in many interventions mentioned in the country situation analysis in chapter 4 of this report. Therefore, CSE should be gender transformative and gender equality and gender norms is an important part of CSE.

Lastly, youth and adolescents in the Arab region have increasingly access to the internet, although it may be censored in some countries. Therefore, it is likely that they will start to look for SRH&RR information online which puts them at risk of misinformation. Moreover, it is safe to assume that they will be exposed to pornography in their quest for information, which provides them with demeaning images and unrealistic expectations. It is therefore of utmost importance to provide CSE in an age-appropriate manner.





7. RECOMMENDATIONS

There is a clear need for enhanced CSE efforts in the Arab region, which needs to be age- and culturally appropriate and based on existing guidance documents such as UNFPA's Operational Guidance, UN's International Technical Guidance on Sexuality Education, the upcoming UNFPA Technical and Programmatic Out-of-School Guidance and the existing country-level initiatives in the Arab region. Once the regional guidance document has been developed, it can be piloted in selected countries in the region. CO's also expressed their need for additional clarifications on **UNFPA's position on CSE**, considering the religious and cultural norms in the region, as well as guidance on how to advocate for CSE.

Promote policy advocacy and commitments towards the institutionalization of content, approaches and best practices in the areas of CSE and SRH&RR, within the scope of commitments to the ICPD and other relevant international agreements. Of course, this should be part of a broader SRH and RR advocacy strategy, as CSE is an integral part of the essential package of SRH/RR information and services. Given the comprehensive aspect of CSE, it can very well be linked to youth-empowerment as well as youth-responsive services - creating linkages between the demand and supply side and ensuring accessible, private and youth-friendly services. Any advocacy strategy relies on a multi-sectoral approach involving collaboration with line ministries including health, education and youth. Moreover, youth and adolescents themselves, as beneficiaries of the product, should be engaged in the development of any CSE project in the country.

Improvements can be made by engaging men and boys, both as allies as SRH champions. To date, their role is underreported, and the Arab region has made insufficient efforts to include men in information sharing and service provision.

Lastly, and as already mentioned under the opportunities, but we highly recommend South-South exchange and collaboration in the theme of CSE. This recommendation is also within the scope of the Regional Interventions Action Plan For Arab States (2018-2021),⁵¹ UNFPA Arab States regional office will "support ideation, prototyping and piloting of innovative approaches throughout each thematic area to serve as an incubator for country-level interventions". In line with this approach, various 'potential best practices' in the region have been identified

that can be useful entry points for introducing CSE as a tool for reduction of unintended pregnancies. These include:

- ▶▶ **Tunisia** adopted a CSE framework mainstreamed into school curricula from kindergarten onwards starting December 2019, in collaboration with the Tunisian Sexual and Reproductive Health Association, UNFPA and the Arab Institute for Human Rights, under the supervision of the Ministry of Education.
- ▶▶ **Egypt's Love Matters** which seeks to bridge the gap in sexual reproductive health information between young people (18-30 years), sexual health experts, educators and services. Within the scope of the initiative, an **Arabic Youth Oriented Sexual Education Toolkit (Egypt)** has been developed focusing on sexual anatomy, puberty, reproduction and family planning. The initiative also includes a hotline, website, youtube channel, and Facebook page as well as events. Also exists on a smaller scale in Yemen, making a case for a potential multi-country or regional program.
- ▶▶ **Lebanon's** Marsa Sexual Health Center, an NGO which provides free of charge HIV Testing, Hepatitis B & C Testing, condoms, and psychological and social counselling. On the educational front, sexual educators from Marsa give sex education sessions in schools, universities, youth movements and in refugee camps.
- ▶▶ UNFPA country office for **Syria** introduced the **Young Mothers' Club**, a comprehensive out-of-school programme in which pregnant adolescent girls receive a combination of life-skills and tailored GBV-SRH information. The community- and religious leaders and parents are sensitized about their needs, and selected adolescent girls become agents of change in their communities.



ANNEX 1: Summary of country overviews

Country	Population aged 10-24 years	Adolescent birth rate (per 1000) ^a	Child marriage ^b	TFR ^c	mCPR ^d	Unmet need for FP ^e	MMR ^f	HIV prevalence	FGM ^g
Algeria	22.2%	10	3%	2.9	56%	24%	112	0.1%	-
Bahrain	16.1%	14	-	1.9	45%	11%	14	-	-
Djibouti	27.3%	21	5%	2.6	28%	27%	248	1.2%	80%
Egypt	26.2%	52	17%	3.2	61%	12%	37	<0.1%	70%
Iraq	31.1%	82	28%	3.5	39%	13%	79	-	4%
Jordan	30.6%	27	10%	2.6	38%	14%	46	<0.1%	-
Kingdom of Saudi Arabia	20.7%	7	-	2.2	23%	26%	17	-	-
Kuwait	17.3%	6	-	2.1	49%	14%	12	<0.1%	-
Lebanon	25.3%	13	6%	2.1	45%	13%	29	<0.1%	-
Libya	25.1%	11	-	2.2	24%	26%	72	0.2%	-
Morocco	24.3%	19	14%	2.4	60%	11%	70	<0.1%	-
Oman	16.8%	12	4%	2.8	23%	26%	19	0.2%	-
Palestine	32%	48	15%	3.8	47%	11%	45	-	-
Qatar	18%	9	4%	1.8	40%	16%	9	-	-
Somalia	34.3%	123	45%	5.9	10%	27%	829	0.1%	97%
Sudan	32.6%	87	34%	4.3	14%	28%	295	0.2%	82%
Syria	28.2%	54	13%	2.7	45%	13%	31	<0.1%	-
Tunisia	20.8%	4	2%	2.2	50%	13%	43	<0.1%	-
United Arab Emirates	15.8%	5	-	1.4	40%	17%	3	-	-
Yemen	32.4%	67	32%	3.6	31%	25%	164	<0.1%	16%

a) Number of births per 1,000 adolescent girls aged 15-19 (SDG indicator 3.7.2)

b) Proportion of women aged 20-24 years who were married or in a union before age 18 (SDG indicator 5.3.1)

c) Number of children per woman

d) Percentage of women aged 15 to 49 who are currently using any modern method of contraception

e) Percentage of women aged 15 to 49 who want to stop or delay childbearing but are not using a method of contraception

f) Number of maternal deaths during a given time period per 100,000 live births during the same time period (SDG indicator 3.1.1)

g) Proportion of girls aged 15-19 years who have undergone female genital mutilation (SDG indicator 5.3.2)

ANNEX 2: Summary of the current state of play of comprehensive sexuality education

Country	CSE is in the school curriculum (yes/no)	Topic(s) that are being taught in schools	Topic(s) that are being taught out of school.
Algeria	No	The Human Body and Development	No information available
Bahrein	No	The Human Body and Development	No information available
Djibouti	No	No information available	<ul style="list-style-type: none"> • Violence and Staying Safe • The Human Body and Development • Reproduction • Sexual and Reproductive Health
Egypt	No	No information available	<ul style="list-style-type: none"> • Violence and Staying Safe • Skills for Health and Wellbeing • The Human Body and Development • Sexuality and Sexual Behavior • Sexual and Reproductive Health
Iraq	No	No information available	<ul style="list-style-type: none"> • The Human Body and Development
Jordan	No	No information available	<ul style="list-style-type: none"> • Relationships • Values, Rights, Cultures and Sexuality • Understanding Gender • Violence and Staying Safe • Skills for Health and Wellbeing • The Human Body and Development • Sexuality and Sexual Behavior • Sexual and Reproductive Health

Country	CSE is in the school curriculum (yes/no)	Topic(s) that are being taught in schools	Topic(s) that are being taught out of school.
Kingdom of Saudi Arabia	No	No information available	The Human Body and Development
Kuwait	No	No information available	No information available
Lebanon	No	The Human Body and Development	<ul style="list-style-type: none"> • Understanding Gender • Violence and Staying Safe • The Human Body and Development • Sexuality and Sexual Behavior • Sexual and Reproductive Health
Libya	No	No information available	No information available
Morocco	No	The Human Body and Development	No information available
Oman	No	Violence and Staying Safe	No information available
Palestine	No	No information available	No information available
Qatar		<ul style="list-style-type: none"> • Values, Rights, Cultures and Sexuality • The Human Body and Development • Sexual and Reproductive Health 	Y-PEER's Peer-education training
Somalia	No	<ul style="list-style-type: none"> • Relationships • The Human Body and Development 	The Human Body and Development

Country	CSE is in the school curriculum (yes/no)	Topic(s) that are being taught in schools	Topic(s) that are being taught out of school.
Sudan	No	The Human Body and Development	<ul style="list-style-type: none"> • Violence and Staying Safe • The Human Body and Development
Syria	No	No information available	<ul style="list-style-type: none"> • Violence and Staying Safe • The Human Body and Development • Sexual and Reproductive Health
Tunisia	Yes	To be agreed upon	<ul style="list-style-type: none"> • Relationships • Values, Rights, Cultures and Sexuality • Understanding Gender • Violence and Staying Safe • Skills for Health and Wellbeing • The Human Body and Development • Sexuality and Sexual Behavior • Sexual and Reproductive Health
United Arab Emirates	No	No information available	No information available
Yemen	No	No information available	No information available

ANNEX 3. Global comprehensive sexuality education tools adaptable for the Arab region

UN International Technical Guidance on Sexuality Education

A key framework guiding the design and implementation of CSE globally is the International Technical Guidance on Sexuality Education (ITGSE). This is an initiative led by UNESCO, in partnership with UNFPA, WHO, UNWOMEN, UNAIDS and UNICEF. The ITGSE is designed to support stakeholders working in the design, implementation and evaluation of sexuality education programmes both in and out of school, including stakeholders working on quality education, SRH, adolescent health and/or gender equality ⁸.

There are eight key concepts which are equally important, mutually reinforcing and intended to be taught alongside one another. Additionally, the eight key concepts are each separated into four age groups (5-8 years; 9-12 years; 12-15 years and 15-18+ years).

Key concepts of the International Technical Guidance on Sexuality Education

1. Relationships

- 1.1 Families
- 1.2 Friendship, Love and Romantic Relationships
- 1.3 Tolerance, Inclusion and Respect
- 1.4 Long-term Commitments and Parenting

2. Values, Rights, Cultures and Sexuality

- 2.1 Values and Sexuality
- 2.2 Human Rights and Sexuality
- 2.3 Culture, Society and Sexuality

3. Understanding Gender

- 3.1 The Social Construction of Gender and Gender Norms
- 3.2 Gender Equality, Stereotypes and Bias
- 3.3 Gender-based Violence

4. Violence and Staying Safe

- 4.1 Violence
- 4.2 Consent, Privacy and Bodily Integrity
- 4.3 Safe use of Information and Communication Technologies (ICTs)

5. Skills for Health and Wellbeing

- 5.1 Norms and Peer Influence on Sexual Behavior
- 5.2 Decision-making
- 5.3 Communication, Refusal and Negotiation Skills
- 5.4 Media Literacy and Sexuality
- 5.5 Finding Help and Support

6. The Human Body and Development

- 6.1 Sexual and Reproductive Anatomy and Physiology
- 6.2 Reproduction
- 6.3 Puberty
- 6.4 Body Image

7. Sexuality and Sexual Behavior

- 7.1 Sex, Sexuality and the Sexual Life Cycle
- 7.2 Sexual Behavior and Sexual Response

8. Sexual and Reproductive Health

- 8.1 Pregnancy and Pregnancy Prevention
- 8.2 HIV and AIDS Stigma, Care, Treatment and Support
- 8.3 Understanding, Recognizing and Reducing the Risk of STIs, including HIV

UNFPA Operational guidance documents

UNFPA has published key-documents on CSE namely, the Operational Guidance for Comprehensive Sexuality Education¹ and the soon to be published International Programming Guidance on Out-of-School CSE. The former guidance document lays the groundwork for UNFPA's work on CSE, which is one of five pillars of the Adolescent and Youth Strategy⁷, and is cross-cutting with the other four pillars:

1 UNFPA (2014). Operational Guidance for Comprehensive Sexuality Education: A Focus on Human Rights and Gender. Available at: https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA_OperationalGuidance_WEB3.pdf

1) evidence-based advocacy for development, investment and implementation; 2) building capacity for SRH service delivery, including HIV prevention, treatment and care; 3) bold initiatives to reach the most vulnerable; 4) and youth leadership and participation. The guidance strengthens UNFPA's support to governments and other partners in the field of CSE, in and out of school, and provides a framework for their design, implementation and evaluation ⁵².

The operational guidance can be used to set the framework for adaptation and contextualization of the mass of material available on CSE in a way that is age-appropriate and culturally sensitive while maintaining the focus on acquiring accurate information, focusing on positive values and attitudes, and developing life skills.

Guiding Principles of the Operational Guidance for Comprehensive Sexuality Education

CSE enables learners to:

Acquire accurate information about human sexuality, sexual and reproductive health, and human rights, including about: sexual anatomy and physiology; reproduction, contraception, pregnancy and childbirth; sexually transmitted infections and HIV and AIDS; family life and interpersonal relationships; culture and sexuality; human rights empowerment, non-discrimination, equality and gender roles; sexual behaviour and sexual diversity; and sexual abuse, gender-based violence and harmful practices.

Explore and nurture positive values and attitudes towards their sexual and reproductive health, and develop self-esteem, respect for human rights and gender equality. CSE empowers young people to take control of their own behaviour and, in turn, treat others with respect, acceptance, tolerance and empathy, regardless of their gender, ethnicity, race or sexual orientation.

Develop life skills that encourage critical thinking, communication and negotiation, decision-making and assertiveness. These skills can contribute to better and more productive relationships with family members, peers, friends, and romantic or sexual partners.



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