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TAKING STOCK OF COMPREHENSIVE SEXUALITY EDUCATION DURING THE
COVID-19 PANDEMIC

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>> Recording in progress.

>> LOBNA DARWISH: Hello. Good afternoon, good morning, and good evening. According to where we are right now, and let me start talking by the interpretation so everybody can follow the discussion from the very beginning. We have interpretation in English, Spanish, and French, and we have captioning in English and Spanish. You can select the language of your preference, you can click on the globe icon called Interpretation on the bottom and choose the language that you prefer. And we would advise that you also mute -- click the mute original language so that you can hear the interpreters better.

There is also closed captions in the same menu, in the control, I'm sorry, it's in the controls on the top. On the top of the screen. And you'll see the captioning in the bottom once it starts. You can change the size and adjust the size of the captioning by clicking on the arrow next to stop and start the video and choosing the settings and then choosing accessibility, and move the slider to make the font as you

prefer it. You can also have for Spanish captioning. There is a message that I'm going to put in the chat box, a link that you can follow.

Is the interpretation working for everybody? If there are any issues, you can write us in the chat box. Let me start by introducing myself. My name is Lobna Darwish, I'm a human rights officer at EIPR and on behalf of SRI I'm very excited to be moderating the discussion today. I would like to start by thanking our co-sponsors of the event: the Permanent Missions of Argentina, Mexico, Namibia and South Africa, the Pleasure Project, CIES - Salud Sexual Salud Reproductiva, my Spanish is, excuse me, AWID, the Asian Pacific Resource and Research Center for Women (ARROW), the Center for Reproductive Rights, RFSU, UNFPA, Rutgers, so thank you so much for being here today and I'm so excited for our panelists, a big lineup of panelists. Let me start by giving you a general idea of our discussion today and I'll try to keep it as brief as possible so I can give more space for our panelists. We're going to discuss today the impact of COVID and impact of sexual education. The impact of COVID, that's the clearest is the schooling which had huge impact on comprehensive sexual education and while education for months up to two years in some cases in country was disturbed, and of course in these conditions, sadly what was impacted the most, CSE was seen as non-essential or side thing that can take a step back.

And putting this into the context while schools are being closed and reliance on Internet higher and higher for education, that meant that the policy and Internet access had a way bigger impact than before, and we can put that into the context of like 40% of the world population lacks consistent or any access to the Internet. We have 2.2 billion people under the age of 25 who lack Internet access at home. And when we put into context, the gender discrimination when it comes to Internet access, the situation becomes even worse.

In some countries throughout the world, the gender divide to Internet access is about 17% and in the least economically developed countries it's up to 43%, as well the closure of schools also meant the closure of libraries, public access to the Internet which meant that families or like households and young people had to make decisions related to very dire situations where they had to basically choose between necessities. While they were struggling, many, many people were struggling to find ends meet, ensure proper access to housing, health in the pandemic, and ensuring that they can actually -- not a lot of people were able to provide Internet access, reliable Internet access in the meanwhile.

Which meant that young people were isolated at home,

sometimes in very unsafe situations with no access to adults outside of the home setting, and without access to CSE that they can actually access privately and independently outside of the school system.

But this is when we look at the situation on COVID which had a huge impact, and actually with time we can see the real impact of disturbance of CSE and SRHR in general on young people and how much during the pandemic it's ongoing and how the impact we'll see in the future and not right now.

But this also is in a bigger context. The CSE in itself faces obstacles even before COVID, so CSE is recognized as not only a stand alone right in itself but as a necessary element in other rights, a wide set of rights related to sexuality, gender, reproduction, nondiscrimination and freedom from violence, and while many nations and regions in the world ensured and recognized the transformative impact of CSE and have taken political and financial and policy steps to ensure that children and young people and adolescents can have good access to CSE, and while CSE is recognized as a range of negotiable negotiated text and subregional and regional and global levels, including the Eastern and Southern Africa it's a commitment, the consensus and WHO European region action plan for sexual and reproductive health, and also CSE is affirmed and multiple resolution as essential in addressing various -- from preventable maternal mortality and morbidity to ending discrimination against women and girls the Special Rapporteur on the right of education and right of improvement to highest attainable standard of mental and physical health, the Working Group on discrimination against women, law in practice, the Committee on the rights of the child, economic and social rights, ending discrimination against women -- CSE as stand alone rights and necessary element in rights.

While there is growing, even though and even struggling commitment and realization of the importance of CSE, there is also a continuous resistance to that right. There is this resistance and pushback that takes several forms including parental consent that can seriously hamper the rollout of CSE.

Of course, abstinence-only models which might have like a huge impact on this -- has a huge impact on access of young people to proper CSE, and also issues related to funding, commitment, and training for staff who are actually helping the young people with introduction to CSE in schools and outside of schools.

CSE, when taken seriously, has a very positive impact on society and young people in general, and other than the funding, the commitment, and the barriers to CSE, there is structured barriers which is like clearly can be seen in the

underresourcing of CSE programming, and that the staff are not receiving enough training and resources that they need themselves to be able to present young people with better resources on CSE and better education and comprehensive for anything else.

I'll try to keep it at this to be able to introduce you to our first speaker. We're happy today to have with us in person, online at least, live I mean, Dr. Tlaleng Mofokeng is United Nations Human Rights Council Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, she is a best-selling author of the book Dr. T: a guide to sexual health and pleasure, Dr. Tlaleng Mofokeng is a Distinguished Lecturer at the O'Neill Institute for National and Global Health Law at Georgetown University and Extraordinary Senior Lecturer at the Africa Center for HIV/AIDS Management at Stellenbosch University. Dr. T, great to have you with us today live.

>> DR. TLALENG MOFOKENG: Hello. Thank you so much. I'm so happy to join you live without sending a video so thank you so much for involving me in this important discussion, and I'm really thrilled to talk about comprehensive sexual education which is a topic that is a very close to my heart, only because I am a medical doctor still in clinical practice and many of my patients are people who need sexual and reproductive health services and information. And in fact, the way that I got into this career of being a sexual and reproductive health doctor was actually in my own community service year as junior doctor in South Africa on west end of Johannesburg where I started noticing a trend of young people who would come to the clinic, of course, explaining a particular type of physical symptom, but it became clear to me that in fact, young people just needed access to health care workers to be able to ask them information about their health, but as specifically their sexual and reproductive health, and they didn't have a way of accessing that information without coming in with a particular physical ailment first. That got me thinking very intentionally and deliberately about the different ways in which information is available to young people, especially when we know that comprehensive sexual education, even in countries where there are policies and there is particular protocols on how to do this, it's still not being implemented, right. So even in structured learning in schools, we couldn't take for granted that young people are having misinformation and also thinking about the youth and young people and older people outside of school, who do not have access to structured learning, where are they getting this information, and that kind of sparked my interest in being a

health communicator and an effective health communicator, and also focusing specifically on sexual and reproductive health because I realized that for many people, especially young women in the communities that I was a doctor in, when things went wrong around sexual and reproductive health, some of those consequences were life long for that and it didn't have to be that way but it was because there was a lack of information, there was a lack of access on linking people to care timely but as when they were accessing the care, there was also a lack of knowledge and understanding of health care providers on why it's important to see our work as health care workers as a promotion and defense of human rights because we deal with such key principles and literally people's lives.

And so I come to today to this webinar with that sort of experience and lived experience that I have seen as a young person growing up and knowing what my needs were, but as seeing as a medical doctor how for many people the public health system is still very much focused on treating illness and not enough on health and wellness and specifically around sexual and reproductive health, and we know that sexual and reproductive health are integral elements of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health and the major challenges associated with sexual and reproductive health rights, especially in adolescents, have been examined by the mandate even before my tenure, and health and sexual development requires not only physical maturation but understanding of health and sexual behaviors and interactions in a positive sense of sexual being, and I think this is a very important element for me. It's this idea that sexual health is not merely a part of avoidance of disease, but as about about understanding, about behavior, about relationships and communication, but as ultimately a individual's own right to have a positive sense of sexual well being, and having those respected and protected. And of course sexual initiation is a natural and healthy aspect of life, especially adolescents who are very inquisitive, they have a right to be provided with the tools and information to navigate this time of their life in a manner that's affirming for them.

And I often think about older people, right, who as adolescents never had affirming information, never had affirmation about their sexual rights, the rights to be who they truly are and express that and what are we doing for those people that are no longer adolescents but missed out because of a lack of implementation of CSE in schools and in other structured learning methods, and we know that around the world whether you are an adolescent girl or boy, women especially as well, still face significant discrimination and barriers in

accessing information, and we know with the right to health, the right to education including on sexual and reproductive health is a human right, it's part of the right to health and it's something that we must protect.

The right also to information, I believe, must also be supported by access to services and goods and commodities that are important for us to fully realize our sexual and reproductive health rights, and yet we know that many of the discriminations, the stigma, lead directly to rights, abuses, violations, especially of the right to health. And I think comprehensive sexual education is about assisting young people with the tools and skills to transition healthfully into adulthood. I think it's important to focus on the particular needs of young people, and unfortunately many sexual health interventions, of course, only focus on risk and abstinence which I think is inadequate. That approach fails to bring a knowledge of an individual's sexual rights, as well as their particular desires as relationships and pleasures, but as their agency. And I think it's our collective role and goal should be to positively influence attitudes, behaviors, as well as technical, legal, and policy interventions towards a better integration between sexual health, sexual rights, and sexual pleasure.

And it's important, and I think I've seen this, you know, as someone observing trends around the world, that there has been many third-party, many non-governmental organizations who are pushing back directly against this access to information around CSE in schools and in many other areas as well. And the committee on the rights of the child has clarified that there should be no barriers for these requirements for third-party consent or authorization, and this was important for me as I was reading on the African Charter on the Rights and Welfare of the Child, for example, because we see particular regions on the Sub-Saharan Africa where NGOs are actually going into schools, right, and the school, the education system has become the place where people who are anti-rights, anti-CSE, anti-gender equality, anti-gender in general, have found a foothold ground and so I think it's important to also remind all of us that in fact states should undertake efforts to overcome not just barriers but to also make sure that there are no third-party that will impede access to information in especially in schools, but throughout. And we know that stigma is not only about just adolescents, but we have people with disabilities, adolescents with disabilities, we have LGBT + adolescents and well and the quality needs to be affirming for those adolescents as well and just in closing because I don't have a lot of time left, I think it's important to also speak about

the fact that we must not try to separate young people's development and their inquisitiveness from the world of their own sexuality and development, and their own sexual health and development is not removed from their overall development and young people can be moral and religious and smart and yeah, absolutely also sexual beings. And so as teachers, parents, religious leaders, traditional leaders, Civil Society, politicians, member states, we must uphold human rights, there is no opting in or out of human rights and these very important principles of self-determination, consent, safety, privacy, access to information, and I think for all of us, CSE should be seen as a life skill at all life stages, and we all need that life skill like when you drive a car. We all understand the need to know the rules of the road, respectful driving, defensive driving, perhaps. We need to know about checking the car safety and wearing a seatbelt, right. We shouldn't see CSE as anything else other than a life skill that everyone at all life stages needs, but particularly adolescents as they transition from childhood into adulthood and I think It's all of us to make sure that we assist children understanding the important aspects of consent, respect for boundaries, for example, seeking consent and then giving consent, which are very, very important.

And so in closing, I just want to say and leave you with this quote that I saved when I was going through my book a few years ago, that in fact the unshackling of women's bodies, sexual desires and pleasure is the revolution for many women across the world, and we need to be bold in reclaiming our sexual pleasure, our sexual expression, health, and rights, and this is true for all people that have had this as political warfare and just the knowledge of how your body works, the knowledge of that this body belongs to you, the knowledge and affirmation of your human rights as it relates to your sexual and reproductive health is something that we must all protect and absolutely claim for everyone, and I think and just a reminder in closing that states must respect and protect principles of nondiscrimination, equality, and privacy as well as integrity, autonomy, and dignity and the well-being of all individuals in order for us to actually realize all of our rights to the highest attainable standard of physical and mental health. Thank you very much.

>> LOBNA DARWISH: Thank you so much. That was a great ending. I forgot to say something. If you have any questions to any of the panelists, you can add them to the Q&A window. If you can't identify which panelists you would like to target your question to, you can say that, or otherwise it will be up to the panelists in the end. At the end after all

presentations we have 15 minutes or so in the end to answer all the questions that you put in the window.

So next with us we'll have Mr. Julius Natangwe Nghifikwa who is a teacher by profession, with vast experience in teaching natural science and health education, life skills, and beyond that he serves as education planner, inspector of education, and now Deputy Director in Programs and Quality Assurance in the Ministry of Education, Arts and Culture and is responsible for the coordination of implementation of education programs and policies and school health, HIV, SGBV, SRHR in schools and enhances the capacity building of educators and life skills teachers of CSE and SRHR issues, to mention but a few. Mr. Julius, if you can join us. If you can turn on the camera, that would be great.

>> JULIUS NATANGWE NGHIFIKWA: Hello. My camera, you have to help me to. Yeah, it says that the co-host has to help. Okay. Now. All right.

>> LOBNA DARWISH: Great.

>> JULIUS NATANGWE NGHIFIKWA: Can you see me?

>> LOBNA DARWISH: Yes.

>> JULIUS NATANGWE NGHIFIKWA: All right. Good morning, good afternoon, good day to everyone. This is Julius Natangwe as I was rightly introduced, so I would like to join the discussions and the comment or sentiments made by Dr. Tlaleng Mofokeng from South Africa. I'm calling from Namibia and we are neighbors here. What she exactly presented is actually the context of Namibia. So to start, the Ministry of Education, Arts and Culture in Namibia has been all along implementing or rolling out health education in the country, as from pregrade up to the metric that's now the last grade in the basic education level.

The subject called life skills has been used to provide HIV education when the country became independent, so HIV was really an issue, especially around the 1998 when the HIV was at 22.5% nationally, so therefore it was then decided that the Ministry of Education should contribute to the minimization of HIV pandemic in the country; hence, these programs you know started. That was now around in 1998 and I'm talking about the activities to target specifically to target HIV in the country.

So now, with the signing or confirmation of ESOC commitment in 2013 in South Africa Cape Town I think on the 7th of December, 2013, so Namibia is other Member Countries, you know, agreed, so we started revising our curriculum to see the gaps and to see to it that the curriculum is so sufficient to provide the relevant life skills-based HIV and sexual reproductive health education. So we have revised the curriculum as from grade 4 to grade 12, aging appropriately, to

make sure that young people are provided with the necessary knowledge attitudes for them to be able to make the right choices when it comes to sexual activities or sexual issues in their lives.

So, I would like to indicate that when we started rolling out, so it was evident that teachers were not really confident in discussing sexual issues with the children because they have sexual issues with themselves. They are not confident with their own sexual issues, so we then started rolling out with our stakeholders, especially development partners, UN agencies and Civil Societies, we came up with a coordinating structure at the national level to make sure that this curriculum, which has been revised, is taught by people who are confident, who are able to explain explicitly as to what are the issues, what are the sexual issues that learners need to know, the body autonomy, the prevention of STIs, and the impact of those STIs if they are not, you know, if they are not prevented.

So what we did then is we wrote out the face-to-face training of teachers, and then we rolled out online training. So this is what we have been doing all along since the signing or the confirmation of ESOC commitment in South Africa, and this activity started way before COVID even came in, so we started now mobilizing resources at the national and the regional level. We engaged with traditional leaders, we engaged politicians, we engaged the general public to explain the concept of comprehensive sexuality education. Until 2020 when we have then received a complaint or I should say, a criticism or resistance from faith-based organizations. So, we then experienced such type of resistance, and then we decided to, you know, to address the resistance. So we explained to the Cabinet of the Republic of Namibia, we explained to local authorities, are we explained to parents the aims and objectives of the project, of the program when we're talking about the ESOC commitment which is, you know, which is giving us the power to implement the sexual and reproductive health program in the education system.

Apart from that, what we have also done is to come up with documents, you know, documents that are explaining the rights of the children, rights to their children at the right time, rights to education, rights to access to access, is sexual and reproductive health services, information, and products. We're talking about family planning. All of these programs have been initiated at the national level and cascaded down in the regions, and into schools. Wot with the Ministry of Health and service social together with the ministry of gender and together with the Namibia police together because laws have to be explained, the Republic of Namibia is clear on

the rights of children, on the rights of a person, and all of these programs were actually based on the legal instruments that we have in the country.

So, I want to go back to the resistance part, so when we started now rolling out the CSE, we started using or training the teachers using the international guidance on comprehensive sexual education, which was supported by UNESCO. So now there are some parts, there are some parts in that guide which the public is not happy in Namibia, especially faith-based organizations and traditionalists and people who have got very strong cultural values. They feel that young people do not need to be told or how to prevent, you know, pregnancies using different devices. We're talking about condoms, we're talking about pills, morning-after pills, all of those type of things. They are really resisting that.

But then we continue to mobilizing, we continue to campaigning, we continue to convincing them. Only then to realize that they weren't as far as the Prime Minister, as far as the government to convince the government that the ESOC commitment should not be given a second chance in Namibia after the evaluation of the first round.

But then we decided as a Ministry, that we need to prepare. I, myself, prepared the presentation together with my Minister of Education, we went to the cabinet and requested audience with the President and Cabinet as a whole to demystify the public perception that CSE is promoting homosexuality, that's what they were saying, that it's promoting sex, actually sexual intercourse, and promoting anarchy, that's what they were actually saying. So therefore they are going to -- that the ESOC commitment should not be in and should be canceled.

So we went there as the Ministry of Education to the Cabinet, we presented, we gave statistical data, we gave the objectives of ESOC commitment, and in fact the curriculum, I presented the curriculum, because remember I said that we have reviewed our life-skills curriculum, we have reviewed our natural science and health education curriculum, we have reviewed our life-science as a subject, and then biology for senior secondary education. We have reviewed all of those curriculum programs to address topical issues on CSE and sexual and reproductive health. So I presented that now to the Cabinet. And then I was told to go out as a technical person. I went out, and then I actually went back to my office. I left the minister there to discuss the whole issue with the other Cabinet members only to receive a letter, a very positive letter after a week that, yes, they are satisfied now and Namibia should participate again and continue with the implementation of the ESOC commitment and in other words we

should go ahead with our program as such.

But as I'm reporting it to you, colleagues, still the faith-based organizations are not -- are not resting. They're still resisting. Of last week they were planning to have an audience with the Minister of Education to introduce a biblical study, apparently in the education system, to introduce the bible study. I went through the bible study myself, and the way it was taught, it was taught to Christianize a person but after independence, we have subject called religious and moral education, replacing biblical study. So but they are now trying to bring biblical study back as it has been before, but it's not going to be possible because Namibia is a secular state and we will not entertain that, and that is -- that's what actually they are trying to do, you know, to in order to bring apparently an alternative to CSE, you know, to bring alternative to CSE which is completely out of equation.

So, that is what we have done and we are just going ahead. We have programs that are lined up to train and introduce newly appointed teachers to this concept of CSE, human rights. I have a pocket guide here, as you can see. This one is a guide for sexual and reproductive health rights, laws and responsibility for the young people. In other words, young people should have responsibilities, they cannot be just given rights but rights with responsibilities so that they understand very well what is it that they are expected to know, what is it they're expected to have in life, and that they should safeguard their rights, and if somebody is abusing them, especially sexual abuse, they must know that this person is abusing me, and if the environment is not conducive, the environment is more conducive for sexual harassment to be done or sexual abuse to take place, they must know. So we have programs that are lined up and we are continuing, and as long as the Ministry of Education is in existence, these programs have to go ahead.

Of course, after five years, we're going to review our curriculum again and we will keep updating and coming up with relevant programs, so the Government is helping us with financing, HIV education in the country, together with our stakeholders we are happy. We are attending workshops, we are equipping each other, sharing resources, and I think within a few year's time we will not have any resistance from the public because we want to continuously campaign. With COVID we have actually rolled out COVID vaccine for the children, 12 to 17 last Friday, so next week the groups will go to different places of the country in schools to vaccinate, give education, engage the public, the parents who have to give the consents, they need to be given information, demystify the doubt on the

effectiveness of the vaccine, and all of those type of things.

Of course, yes, we have a problem that the country is big that we don't have enough health facilities. Some facilities do not have electricity, so we are trying our best to make sure at that we go into rural areas and the marginalized communities are taken care of and people who are living with disabilities are also focused so that they are reached with these services and we don't want to leave anybody behind, so that is our motto, everybody must be taken care of. So in short, this is what is happening in Namibia and I would be willing to respond to any questions in the chat box. Thank you so much.

>> LOBNA DARWISH: Thank you so much, Julius. That was very helpful, and there is something there to learn about how we can hold strong in front of like, and states can hold strong in front of disinformation, when it comes to CSE and resistance from different groups to CSE programming and how commitment, how the state commitment to that can make a huge difference.

Next with us is Maria Bakaroudis. She is a sexologist with 28 years of experience in SRHR, sexuality education, and in varied context and populations across five continents. For the past seven years she has been the Comprehensive Sexuality Education Specialist and focal point on Sexual and Reproductive Health and Rights among young persons with disabilities for the Safeguard Young People Program of the UNFPA's East and Southern Africa Regional Office. Maria's professional vision is to contribute towards enabling all people to experience their sexuality in healthy, equitable, pleasurable and responsible ways. Maria will also touch up on how can the issues related to CSE and challenges and how can they be faced, and which will address some of the questions already appearing in the questions and answers.

>> MARIA BAKAROUDIS: Thank you very much. I have a PowerPoint if we can just load that up. It's so great to be here among my fellow panelists and all the participants online. I'm just waiting for the PowerPoint to come up but while we wait we want to applaud the Government of Namibia and other governments across the region and globe that are staying firm on their commitment to young people's sexual reproductive health and rights through CSE and linking them to services.

Okay. So, I am going to speak about incorporating emerging issues that like our moderator has touched upon, are issues that predated COVID but now are exacerbated post-COVID, you know, the relevance of out-of-school CSE, leaving no one behind, incorporating issues like climate change and linking to services, and things like that. Next slide, please.

Okay. I'm not going to go into much detail here, but this is just to give us a kind of snapshot at some of the

global and regional commitments on CSE, and what we see here in the later stages is you know 2030 is not that far away and we have updated the ESOC commitment for the term 2021 to 2030 as Julius has alluded to. Next slide.

We're also trying to do an African Union strategy to unify Africa in its position on CSE and education for health and well-being.

But you know aside from that, we know that CSE has value in imparting knowledge and life skills and health promoting attitudes, but as it has that demand generation potential for the supply of SRHR services and commodities, okay, and so most countries have committed to universal health coverage and UNFPA has worked with other partners in looking at what that looks like for young people in terms of adolescent sexual reproductive health services, the basic package of services, and there you see if you look at all the components and how they unpack young people in particular, we see contraception as an unmet need for especially unmarried young people, HIV and STIs safe abortion, post abortion and health and all of these different components but now we have CSE squarely amongst this bundle of services so our positioning of CSE within a discourse of health and education is stronger than ever and we know that we cannot get to our goals of health and education without CSE bridging the two sectors. Next slide, please.

Okay. So, when we talked about some of the challenges and how it's already difficult to provide that gold standard of CSE even prior to COVID, and now it's been more challenging because we know that especially ministries of education have been struggling with how they're going to catch up on the curriculum and the time lost during lockdowns and that prioritizing what they consider the more essential topics like literacy and mathematics, and but so keeping CSE will require that advocacy ongoing in the catch-up and recovery strategies in distance learning offerings, but we know it's so important because we know that sex didn't stop, puberty doesn't pause for pandemics, and all of these issues are still happening, and in fact, intensifying as we've seen in some parts of the region or where we see rises of gender-based violence, other harmful practices, so by default what was being provided during the strict lockdown and school closures was out-of-school CSE and while we were doing out-of-school CSE prior, it really has taken on additional relevance. Next slide.

Okay, and so you know when we talk about all the opposition, when we're together in a room, we do this nice interactive pie chart where it asks you to identify all the sources of sexual learning that young people have, you know, and we would fill in this pie chart and we would see friends,

partners, other families, the Internet, there are so many sources of sexual learning for young people and that they vary in terms of quality, some are factual, some are fake news, some are more holistic, some are straight-up conflicting, and so if we are a part of this pie and a big piece of the pie, young people will certainly find out about sexuality elsewhere and it may not be the most reliable or balanced type of information, so you know this is a tool that we use with parents, religious leaders, teachers in training, to underscore that really, you know, the ship has sailed and we're not even trying to debate whether we need to do CSE. We're beyond that. Next slide, please.

And so you know while we're trying to impart a form of CSE that's gender transformative and based on human rights, and leaving no one behind, we're also looking at ways in reaching the furthest behind first, okay, so while we're trying to look at the quality of CSE as ongoing task, we're continuing to look at the state of the art of CSE in terms of the content and how it's delivered and how we have to be flexible in incorporating issues, but we're looking at now obviously the impact of COVID-19, mental health issues, well-being, that's why you know some partners are choosing to use terminology that speaks about education for health and well-being, more inclusive, and we're also looking at the impact between climate change and initiative of FPAs and looking at expanding mental health into CSE and we also know that we have to approach CSE from the point that some of those learners in or out of schools have been, you know, have been exposed to gender-based violence and sexual violence and so trauma-informed approaches to CSE is very important, and the balancing of how sexuality is presented in terms of incorporating pleasure, and there we see that out-of-school CSE gives a bit more flexibility in that regard where you can push some of the sensitive topics. Okay.

So we know that we have to continually work on teacher training and other out-of-school facilitator training and looking at those digital solutions and making sure they're of quality and not just the real comprehensive part of it, okay, and then when it gets to leaving no one behind, we're going to talk about that in a minute, UNFP. A's work for young people with disabilities and living with HIV, but one thing, next slide, to reiterate is that out-of-school CSE complements and extends in-school CSE so UNFPA has international and programmatic guidance on out-of-school CSE that complements the international technical guidance on CSE that speaks to the learning objectives and the age-appropriateness and all of that kind of stuff. Next slide.

Okay, so basically when we talk about out-of-school CSE, we're talking about anything that's happening outside of the school curriculum, okay, so it could even be school-going young people on holidays and weekends and in our part of the world here in Southern Africa, we know about half of Africa's young people are out of school so Dr. T mentioned how important it is to make sure that they get that CSE, and it's usually the most vulnerable young people that are out of school. Okay.

Next slide. And so the guidance really gives programmatic information around how to engage, whether it's single-sexed groups, whether it's young people with disabilities or humanitarian settings, indigenous young people, LGBTI, intersects, young people living with HIV, et cetera, et cetera, use drugs, next slide. There is a lot of good information because we know that in-school CSE may not be able to get to that level of depth and inclusion for their needs, and this is just a slide showing the existing resources we've already had for out-of-school CSE in the region, including mobile, targeted resources, amaze videos, music entertainment album. Next slide, I'm running out of time.

And then we have a whole ak paneling called Breaking the Silence Approach to CSE for Young People with Disabilities and we know the vulnerabilities for young people with disabilities is particularly acute and next slide, but we know that young people want to have pleasurable sex and have families just like anybody else, and so we have this package that can be used in and out of schools that applies the principle of universal design and reasonable accommodation, and what that means is that all the activities are adaptable per disability type.

Next slide.

Okay, and there are just different examples of where you can use visual cues, stories, use all the senses in how you teach CSE in a quite direct way, I must say. It's even more direct than quote/unquote traditional CSE. Next slide, please.

Okay. That's what they look like. We've piloted them. They have a lot of evidence around them, and we hope to roll this out. Next slide, please. Okay. And then climate change, so you know this is not a natural connection between climate change and SRHR but we're using CSE platforms to bring in climate change information, and because people don't know what those links are, the basics are that they harm maternal and neonatal health, they exacerbate gender inequalities and lead to increased GBV and they disrupt the availability of services and access to commodities. Next slide, please.

Okay, so here is my last slide. So, if you had to give me 30 seconds to say what CSE's value-add is, we know it reaches a large number of young people in and out of school all over

time so that life course, discourse that Dr. T mentioned, and that's way it's important to scale up and institutionalize what we're doing in a sustainable way inside and outside of the educational sector. CSE is a true form of prevention in that instant imparts knowledge, skills, attitudes, and behaviors, at those strategic moments in a young person's life before they're actually needed. So here what we're saying is CSE, it works towards the development AND maintenance of healthy SRHR behaviors versus the need for behavior change. Okay. So I mean we're trying to prevent develop and maintain good behaviors versus the work of behavior change. Although, of course, behavior change and mitigation of negative SRHR outcomes is part of CSE and as I said it creates demand and utilization of services and commodities, and we've also heard time and time again that it is the right of young people to access this information and this balanced approach to CSE where it's not all doom and glume but there are obviously positive aspects of CSE and sex that motivate people to have sexual relationships with other people, so you know we just need to give CSE a long-term chance, all of those fidelity issues to really produce a good impact evidence over time, and in my last slide is the thank you slide, and I thank you very much and look forward to working with all of you in the future. Thanks.

>> LOBNA DARWISH: Thank you so much, Maria. As Maria just said, puberty and sex do not wait for the end of the pandemic, and that's exactly why our next speaker will be speaking about out-of-school CSE during the pandemic and affect of COVID. The next speaker is Pahola Peñaranda Villarroel, a National Education Manager for CIES with over 15 years of experience promoting the sexual and reproductive rights of women and adolescents and youth. She has degrees in psychology, strategic NGO management and administration, as well as in comprehensive sexuality education, special education, and curricular adjustments, and in continuous quality improvement of health services with EngenderHealth. Her expertise in facilitating comprehensive and differentiated care has been recognized by UNFPA and ReproLatina Brazil. To you, Pahola.

>> PAHOLA PEÑARANDA VILLARROEL: Hello, can you hear me? Hello, everyone. Thanks for inviting me to share our experience on comprehensive sexual education during the pandemic. I am part of CIES which is an NGO, a national NGO in Bolivia, and what I want to share with you is how CIES worked before the pandemic and the context in which we work during the pandemic and the strategies and challenges we face and lessons learned.

At a national level, we as an NGO, we provide training on comprehensive sexual education, and we do this following --

before the pandemic, we did it in person in more than 35 centers to teach life skills and sexual education, and this is what we did with teachers with training of trainers, face to face, also with adolescents, teenagers, boys and girls, and we had a national network of youth who could mobilize before the pandemic, that is for these in-person trainings in different spaces around the country.

We also at CSE did training session which lasted for longer, and these were long-lasting in-person trainings, so then the pandemic struck, and what did the pandemic bring us? Well, it brought us a time where we were dealing with limited mobility, especially for children, teenagers and adults. We had strict lockdowns, many of the schools were shut down. That is when we, the Ministry of Education moved lessons to online lessons, but many of the children and teenagers didn't have any skills on how to use technology. They were not tech saavy and as you can see in the picture this led to fear, stress, and among students and teachers alike. And what became evident is that many of the students didn't have access to technology and the Internet, and it's a reality in many countries, the Ministry tried distributing computers and smart phones but this was insufficient so it was very difficult for teachers to stay in touch with their students and to follow regular lectures. So school drop-out grew from 4% to 10% and the government decided to finalize the school year. So what did we do as an expert in comprehensive sexual education? Up until then, as I said, we'd done in-person training so with the pandemic came many challenges, and I want to share with you the challenges we were able to identify and the strategies that we followed.

So we saw a great level of resistance from teachers to move to virtual classes because, as I said, they very often didn't know how to use these virtual technologies and virtual environments. Not only was the resistance from the teachers we were working with, but as with resistance from teenagers and youth and even people on our team. That is why we decided we had to develop tech skills to allow people to work with virtual technologies; otherwise, the comprehensive sexual education courses we were teaching would disappear because the work centers had closed down. So we organized three rounds of training. A training workshop on reducing audio recordings and another training session on virtual platform management, video recordings, collaborative tools. We taught them to record audio files, video files, and we had a third training session on how to prepare animated presentations, and all of this with the perspective with regards to the use of technology when the pandemic struck and we were slightly scared of technology. These trainings have opened up a whole new world of

technologies that were at our disposal and that we could use for CSE since we had to start working virtually.

So based on these trainings, we came up with three national strategies, forums, YouTube, radios to do this locally. It is true that when the pandemic struck and when we started with these training sessions, everyone did a bit of everything. We started working and testing different tools, and this made the work that we were doing to go slightly off course. And we were organizing informative sessions on comprehensive sexual education, and I want to share with you some of the materials that we prepared, the members of the team, the teachers, the youth, and the group of teachers, the forums that we were organizing at a national level. I would also like to share some of the videos that were recorded by some of our youth as well as the audio recordings that we learned to do, to use radio as a way of teaching comprehensive sexual education. I will share one of the videos, and I'll only play a short part of each of the videos just to give you an idea on how these different materials were prepared. So here you will see one of the youth leaders.

>> Hi, can I have your phone to look for something.

>> No I'm using it.

>> Please just for a while.

>> No.

>> Darling, why does your smart phone what have a password.

>> Can I have your phone.

>> No, it's mine.

>> Please give me your smart phone and password.

>> No.

>> Give me your password.

>> No. There is no reason for you to get mad.

>> Give me your password.

>> PAHOLA PEÑARANDA VILLARROEL: So this is one of the videos recorded by the youth on toxic relationships and next you'll see one of the videos by one of the teachers.

>> This is the story of Carla and Carlos. Carla was madly in love with Carlos who was older than her and sometimes bad. One day Carla was running to meet Carlos but when she reached the park, Carlos hadn't gotten there yet. She looked all over the park but couldn't see him anywhere, so Carla decided to sit down and wait for him.

After 30 minutes Carlos arrived and with his bad humor, he quickly took her to a cafe. In the cafe when they calm down, they started to chat. Carlos, my love, we should start saving for a wedding, Carla said. Carlos, who got bothered and said, you know I don't have a fixed job so don't ask me to save

money. I don't even have money for today's coffee.

>> PAHOLA PEÑARANDA VILLARROEL: So this is a video used by teachers to work on violence in a partnership. This is a resource the teacher used. I'll just show a small bit of one of the video programs.

>> The spectacular, nonconventional and unique Mundo Joven radio program with interviews, radio drama, and curiosities. Everything having to do with sexuality and Mundo Joven, tune in and listen to this one-hour program of entertainment.

>> PAHOLA PEÑARANDA VILLARROEL: Okay, so these are some of the materials that I could share with you that, as I said, were prepared by our youth and teachers. And as you can see, we didn't have to hire consultants to prepare these virtual materials. They are very creative materials that were prepared by teachers.

Okay, so with the youth network, it fell apart because we weren't able to meet face to face, and that is where we worked to get all of the former teachers to continue with their comprehensive sexual education and to teach them digital skills with trained teachers and youth to use this technology.

We also developed some of our materials online. We developed. Apps like the You Decide app to communicate with teenagers and the same as I said the youth networks also had to stop doing in-person sessions. We had to train many of these youth and we found agreements with telecom companies to make Internet available to them in and to make technologies available for them to participate in all of these activities.

Another activity we did was to work on mental health and emotions and feelings through the strategy and tools that allowed us to work on all of these comprehensive sexual education. I think the most important lessons that we've learned from these times was on the clear-to-use technology, we were able to train on digital skills, we gained resilience, we've developed technology skills, we've managed to combine different technologies for these online sessions to be as similar as possible to the in-person sessions that we had offered before the pandemic.

I think at the beginning we thought that dealing with comprehensive sexual education would be difficult to do virtually, but we realized that we can work on skills virtually, and thanks to the training, we were able to generate our own technology resources, and this was really important, and we shouldn't fear and we don't need experts and consultants to develop these tools. All we need is to be creative and the will of people to be able to work on this. Thank you very much for your attention.

>> LOBNA DARWISH: Thank you so much, Pahola. Thank you for the examples that you showed us. The next speaker is going to speak to the importance of sex positivity and pleasures in the context of in-school and out-of-school CSE. The next speaker is Anne Philpott a public health practitioner and founded the Pleasure Project in frustration of endless meetings where no one talked about people's motivation for having sex or even pretended sexually transmitted diseases were airborne. Ratified this declaration of sexual pleasure in 2021. The Pleasure Project is an international education and advocacy organization developing the evidence-based for sex positive and pleasure-based approach to sexual health and rights which includes over 20 peer reviewed research articles with sexual health and agencies through an emphasis on good sex and by focusing on one of the primary reasons people have sex, the pursuit of pleasure and by acknowledging the diverse desires and means. To you, Anne.

>> ANNE PHILPOTT: Thank you very much. I'm Anne from Pleasure Project. Thank you all for the invite to this important and wonderful session. I'll try to be as quick as possible so I might skip some of the slides, given the time. But the Pleasure Project builds evidence for and advocates for pleasure-inclusive sexual health, shining a light on area of sexual health and sexuality that has been stigmatized and often avoided in SRHR, so great it's been mentioned today already by so many of the speakers.

We've been doing this the past 15 years and today I'm going to talk about why pleasure is important an a recent evidence review we just launched with the World Health Organization and also some examples of how pleasure-based sexual health works in practice.

On the next slide, I've included the WHO working definition of sexual health, and you'll see it states sexual health includes the possibility of having pleasurable and safe sexual experiences, not merely absence of disease, and yet we rarely see sexual health interventions that acknowledge that this is a key reason people have sex globally. More recently in 2020, the Commission stated a positive approach to sexuality and reproduction should recognize the part played by pleasurable sexual relationships, trust, and communication in promoting self-esteem and overall well-being and the rights of individuals to have safe and pleasurable sexual experiences. So pleasure in sexual health is starting to be recognized as important for effective interventions, and of course as some of the other speakers have said, the COVID pandemic has meant that we needed to deliver sexuality education in new ways and we've seen some examples of that, and many governments have been very

innovative in the way they've redefined safe intimacy during the lockdowns that most of us have experienced.

So on the next slide, this is a definition of the Pleasure Project definition of pleasure-based sexual health we published three years ago, and you can find this on our website, but in short, this approach states that sex can have beneficial effects and can enhance life and relationships, but can of course also have negative consequences, and that the goals and objectives of sexual health and education programs should be focused on pleasure as a means of sexual agency and empowerment. So this definition moves us away from traditional sexual health approaches that are focused only on the prevention of negative consequences such as death, danger, and disease, and ensures that we celebrate what people want and how safe sex can improve well-being, bond us to others, and how nerving in how asking what we want is an indicator of empowerment.

On the next slide I've highlighted why is pleasure important, so two years ago, the World Association of Sexual Health launched a Sexual Pleasure Declaration, and WAS was the first organization in 1997 to launch a sexual rights declaration that is now central to all of our practice of sexual and reproductive health and last year ratified the sexual pleasure declaration as a call to action and stated that efforts to improve sexual health have emitted these key components for too long focusing on other components as it says on the slide. It's a call to action for governments, NGOs, and those delivering services to engage with the whole person and the reasons they have sex. So on the right of the slide, you'll see that sexual pleasure declaration, but as a technical guide that was published to accompany that and the references are at the bottom of the slide, and that technical guide summarizes all the reasons of why pleasure is central to sexual and reproductive health and this includes, it's a long document, but I'm just going to highlight a couple of things. It includes research that has found in many cultures that pleasure is a fundamental reason people have sex, and that safe sex can improve your health. So solo and partnered sex is associated with improved health, reduced heart disease, increased immunity, increased pain management in some cases, and reduction in stress. So we also know that pleasure-inclusive sexual health interventions may be particularly effective with vulnerable populations who have experienced sexual trauma, and also pleasure empowerment in sexual health can challenge stereotypes that reinforce damaging norms for example that masculinity is enhanced by sexual pleasure and femininity is diminished by it., and of course, it

can also protect people's sexual rights by being more comprehensive, and that document also includes evidence that pleasure and sex positivity has been a part of faith, belief, and historical and pre-colonial narratives.

The next slide is a summary of all the reviews much evidence to date answering the questions of do pleasure-inclusive interventions improve sexual health? And just to explain, pleasure-inclusive can mean skills training in using condoms, comprehensive discussions of why people have sex and love and relationships, or honest conversations about sexuality rather than being scared or shamed about the consequences of sex. I need to go a bit slower.

All three reviews have found improvements in sexual health, increasing condom use and sexual efficacy and confidence. I'll just talk in more detail about the WHO review on the next slide.

We conducted a systematic review which is a gold-standard way of reviewing the evidence with WHO, which was published a month ago. This was the question we set ourself on the slide. It was an extensive review of all the SRHR literature over the past 15 years, which is over 17,000 studies to examine if pleasure-inclusive interventions had a positive or negative impact on SRHR outcomes. We found 33 studies that included pleasure out of that huge amount, and they were published on February the 14th in Plus One Journal an open-access journal so you can access that.

Very importantly, so if you move to the next slide, you'll see the results. Very importantly, we found significant and positive impacts for condom use and sexual and reproductive health outcomes and concluded that future work of SRHR should incorporate pleasure to make best use of the significant resources put into this work and to be as effective as possible, and that work to date has avoided pleasure in this sector.

On the next slide, we did just to say, and I'll skip over this, but we did a meta-analysis of eight studies that shows if you pool the results, there was again a significant impact on condom use by including pleasure as compared to usual sexual health and sex education. So this is really critical because this effect size is rarely seen in behavioral interventions and also because as we know there are a million ST Is transmitted every day in the world so it's very urgent we use all effective interventions.

The next slide shows what we've done to support this in a practical way. The Pleasure Project launched these pleasure principles two weeks ago. These are seven principles to inspire and guide organizations and people to be able to apply

this new evidence and this Sexual Pleasure Declaration. They're not a checklist, but inspiring guide with tips and best practices. Oh, I've only got two minutes. Okay. So you can find these principles on our website, and they're very practical and have lots of examples and best practices.

I'll go to the -- I'll skip the next slide and just that's just a range of examples. I'll skip this also. I'll go on to an example from Nigeria which is the next slide. So these are some examples of organizations that have included pleasure in their impact, and this is an example in Nigeria of working with HIV positive women and giving them two skills training sessions in assertiveness skills. This saw, and it's pleasure inclusive, this saw increased motivation to use condoms and increased self-confidence. There are other great examples in Nigeria with faith-based groups that have also promoted pleasure within marriage as a strategy to enhance monogamy, longevity, and this has been replicated in South Africa, Mozambique, and India by faith-based groups. Just to speed, if I skip to the next slide, this is a campaign that's been launched by IPPF Africa region called the Treasure your Pleasure Campaign to encourage young em people to use their services by promoting positive relationships, consent, and pleasure.

The next slide shows work that amplified change, a large SRHR grant's organization has been doing and dispersed to over 900CSOs to date and committed to integrating pleasure through their grants and also endorsed the pleasure principles. These are photos of the first eight pilots for their expanded pleasure approach and in DRC, Uganda, Tanzania, and others. It includes midwife training, comprehensive rights, and comprehensive sex education. The final slide, the next one, is just to highlight that we conducted research with Rutgers who is a co-sponsor for this event to find examples of pleasure-positive sex education in Ghana and Kenya and this was published in 2019 and is available on our website and highlights he how practitioners have been comprehensive in their sex education. And I'm just wrapping up so just to say the title of the journal comes from a quote that a teacher in Ghana said who detailed how Islamic faith gave him the values to be pleasure positive and he needed to tell young people the truth that sex can feel good. He said that if he told them that sugar was bad for them and they put their fingers in the sugar pot and tasted it, they would know it tasted good and not believe the other things that he said, which I think summarizes really well what's important about pleasure-based sexual health. So just on the last slide, and this is my final closing slide to say thank you. Please do look at our website to see the

research tools and full information about the Pleasure Principles and please do think about endorsing them like IPPF and Amplify Change and many others have done. Thank you.

>> LOBNA DARWISH: Thank you so much. It's a great point to end up on with the example of sugar, that's a very good example. We're running out of time, so if we can have closing comments from our speakers that I thank so much for having with us today, and I thank all of you, of course, for attending. Dr. T, if you would like to have any comments?

>> DR. TLALENG MOFOKENG: Yes. Just in a few seconds just to say that comprehensive sexuality education is a vehicle to respecting and promoting human rights and it is important for gender equality as well as the right for everyone to the highest attainable standard of physical and mental health, and states must respect and protect key principles of human rights of nondiscrimination, equality, privacy, integrity, as well as autonomy, and we must assist especially adolescence in accessing CSE both online and offline. Thank you very much.

>> LOBNA DARWISH: Thank you so much. Julius, do you have any final comments?

>> JULIUS NATANGWE NGHIFIKWA: No. I am really happy and learning. The final comment that I wanted to add here is that the pleasure, the pleasure concept needs really, really to be, you know, handled with care, especially with the groups that are more anti-CSE, these are issues that we really need to be careful as technical people in order to handle the program very well. The most tactical way is to integrate these concepts have he well in the education system. You integrate them in the curriculum and you will not have any problem.

Ministries like Ministry of Education and Health, these ones are more critical. There is no one who can stand up and to say Ministry of Health should not provide sexual and reproductive health services. No way. No way at all. So therefore, it must be -- it must be regarded or understood to be multi-sector approach which is providing holistic wellness for the children. But the most important thing to me is definition of the words like in my country, if I have to come in to talk about sexual pleasure, or the pleasure principles kind of, we need really to understand it very, very, very well so that people don't mix it with the promiscuity to say we want children to experience. Once you introduce them to the word, pleasure, they will definitely jump into the sexual pleasure that learners have got the rights to enjoy sexual pleasure. Of course, it is their right but then we need to give this information age appropriately so parents and faith-based organizations don't think we are promoting sexual pleasure amongst children. Thanks.

>> LOBNA DARWISH: Maria, do you have any kind of comments?

>> MARIA BAKAROUDIS: Yeah. There is a question about out-of-school CSE is and what I would say is, you know, every country, as Julius said about multi-sectoral collaboration, ministries of youth, ministries of health, CSO community, organizations are all leading on out-of-school CSE and more and more countries are having formal out-of-school frameworks and strategies, so you know we do have some examples on our website that can be adapted for out-of-school CSE because really, it's a very important space to ensure no one is left behind.

I think that the one way we handle pleasure within out-of-school CSE, aside from showing the full external vulva, for example, is having young people themselves define what pleasure is to them and you know safer sex strategies that are non-penetrative, what we call outer course, we have a whole lesson plan on that, and there are ways to do it where we're not imposing, but young people are being innovative in how they're navigating their sexual health, and really my last comment would be that young people are central to all of these discussions and that's where we have to keep it real and stay the course in supporting young people to maximize their sexual and reproductive health and rights in its broadest sense. Thank you.

>> LOBNA DARWISH: Thank you so much, Maria. Pahola, if you have any final comments?

>> PAHOLA PEÑARANDA VILLARROEL: Yes, thank you. I think virtuality is here to stay, and CSE's process are possible through virtuality. There is a wide array of tools that allow us to work through with CSEs through these processes, and we should not be afraid, and we should be -- we should allow ourselves to be informed, and we should get to know this virtual world which allows us to work integrally in sexuality. Thank you.

>> LOBNA DARWISH: Thank you so much, Pahola. And if you have any comments, Anne?

>> ANNE PHILPOTT: Yes. Thank you. Just to say do check out the Pleasure Principles. I think they will respond to many of the points that have been raised. I mean you the 1B universal acknowledges that we all have the capacity to feel pleasure if we want to, but as that we need to contextualize that within different contexts and I've shown examples and there are many more within the Pleasure Principles and love yourself is one Pleasure Principle that I really like and it's about making sure that people appreciate and know what they want and can aim for that. But we as I said, we've looked -- we

just have this new evidence with the World Health Organization that pleasure-inclusive approaches have a significant positive impact on condom use and sexual health. We can't ignore that when we are responsible for implementing sexual and reproductive health. So let's be honest, let's acknowledge the reasons people have sex and what they want to get from their sexuality and sex lives around the world, and also honor their rights to be able to live a fulfilling safe sex life. Thank you.

>> LOBNA DARWISH: Thank you. Thanks all to all of our panelists, all of our co-sponsors, and all of those who are attending our panel today. It was very informing and it was very diverse perspectives from different localities. Thank you so much. We hope this gave a bit of context and shed light on new perspectives. Thank you so much for being with us today.

(session completed at 8:04 a.m. CST)

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