

THE ROAD TO ACCESSING CSE IS A ROCKY ONE...

Comprehensive sexuality education (CSE) is as much about sexual and reproductive health (SRH) as it is about human rights. CSE equips young people with the tools to develop sound relationships, make decisions for their well-being, and defend their rights. However, around the world, youth are subject to consistent barriers to accessing quality sex education, set up by adult gatekeepers like parents, teachers, health providers and policymakers alike.

MAIN BARRIERS

- Stigma and the lack of privacy are the most cited barriers to CSE around the world. Many regions see a total absence of discussion of SRH, whether due to laws or cultural attitudes, which makes CSE hard to fulfill, forget accessing safely.
- Gaps in curricula, training, and resources often leave sexuality education less than comprehensive. Very few programs meet recommendations on CSE within the International Technical Guidance on Sexuality Education. In many regions, including Ghana, Guatemala, and Peru, teachers report inadequate training. Financial and capacity constraints along with poor infrastructure within education systems also leave schools without the capacity to efficiently implement a CSE curriculum.
- Notions of sex education as a parental duty are a big factor in the pushback against CSE. However, most parents are unable to provide CSE properly due to conflicting and negative messages around sexuality that are often worsened by discomfort and embarrassment around the topic. Parental and guardian consent laws to access SRH services are also a barrier for many youths. In many provinces in Canada for example, parents can exempt their children from in-school sex education.
- Many CSE programs lack availability to or visibility of marginalized realities, like those of girls, racialized and indigenous youth, sexually and gender diverse youth, and youth with disabilities.
- On top of being met with desexualizing misconceptions, youth with disabilities rarely see their needs taken into account in sex education curricula, such as allergies to contraceptive products like latex condoms, mobility issues, etc.
- Many programs paint queer identities and sexuality outside of reproduction negatively. Nine American states require educators to portray same-sex relations in a negative light or prohibit talking about LGBTQ+ identities, while only seven require classes to include affirming sexual orientation and gender identity education. Not only does this contribute to sexually gender diverse youth being less literate in SRH, but further marginalizes them.
- In the United States, Black, Indigenous, and Latinx girls are more likely to become pregnant or contract STIs during their teens. These statistics are higher in areas where access to SRH services and education is low. Despite being the youth most often in need of CSE-related services, they are also those who have less access to quality CSE.

CSE-related stigma is often intensified for marginalized youth who, due to legislative restrictions & social taboos, have an especially hard time locating sex education that meet their needs.

Stigma and lack of privacy, due to laws & attitudes, are the most reported barriers in accessing CSE. These also often perpetuate harmful norms on gender roles, sex, contraceptive use, etc.

There are critical gaps in the content covered in many programs, like on STIs, consent, and abortion. In fact, very few programs meet international recommendations on sex education.

Poor training leaves teachers unequipped to provide CSE; many report lacking training, while youth note that their own views were not considered in the construction of curricula.

Financial constraints and poor infrastructure in schools might mean not being able to hire qualified educators or to efficiently implement a curriculum.

There is also a general lack of diligence from policymakers and civil servants in prioritizing CSE or accessibility policies, making it hard to implement CSE on a systemic level.

Lack of knowledge and resistance to CSE among both parents and teachers limits young peoples' knowledge of sexuality and health to the heteronormative majority.

Guardian permission policies on service access pose a barrier to many youth. When parents can exempt their children from CSE, it bars them from a qualified teaching source.

Many CSE programs lack accessibility to or visibility of intersecting needs, like those of girls, racialized youth, indigenous youth, sexually and gender diverse youth, and youth with disabilities.

Youth, especially girls, with disabilities are often met with desexualizing attitudes notions, and thus the misperception that their sexual health and access to CSE are not a priority.

Sex education beyond heteronormativity can be hard to find, especially when many programs deliberately paint queer sexuality, gender diversity, and non-procreative sex as negative.

Racialization often plays a big role in anti-CSE discourse, from the oversexualized stereotyping of Black folks, to the lack of access to basic SHR services for Indigenous folks.



SOURCES

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In addition to all of these barriers, youth seldom have the mechanisms to report or contest poor sex education curricula content, delivery, or access. In fact, there is a general lack of meaningful youth participation or engagement in the design and of sex education programs. Young people are rarely consulted on their needs and expectations from sex education and so, more often than not, come out of it feeling ill-equipped and cheated. Only when youth have a say in the construction of sex education can it truly be effective and fulfilling to them.

WHAT NEEDS TO CHANGE?

- There needs to be more comprehensive research and education in regards to CSE. An intersectional and inclusive lens that involves the needs of varying backgrounds, capacities, and realities is necessary to make sex education as comprehensive and accessible as possible to youth.
- CSE programs also need a better, more participatory, learner-centered approach to deliver in order to be encompassing of these needs and realities. This means actively engaging youth in the process of building sex education programs.
 - CSE materials, teaching, and resources also need to become more accessible. That means changes in the policymaking process and at the legislative level. SRH education should be given a place within ministries, whether at the regional or national level, in order to effectively implement universal access to quality sex education, whether it be through schools or community resource centers for example. This also means adequate teacher and educator training, as well as inclusive diversity training, and centralizing youth within this process to make sure their needs and beliefs are met within the curriculum.

WHAT CAN BE DONE?

CSE is not just about reproductive health sensitization, but about harm-reduction and youth agency in exploring and defining themselves in and out of relationships. So when it comes to CSE, any level of advocacy helps so long as it puts youth at the center of it. Even CSE sensitization and implementation at the local level can promote community sensitivity on and around sexuality and sexual health, as well as encourage values of inclusion.


Highlighting CSE as a preventative harm-reduction strategy against SRH-related issues like HIV transmission and sexual violence can be one way of disseminating misconceptions around sex education as encouraging youth to engage in sexual activity before they're ready. CSE actively equips youth with the tools and knowledge to make informed and responsible decisions around their sexuality and overall well-being, as well as encourages them to foster safe(r) practices and norms in their communities.

Advocating for changes in the policymaking and curriculum construction process can also be a good way to push for the formal implementation of CSE within institutions like schools. However, youth must be centralized in this process and actively engaged in new forms of legislative decision-making in order to make sure their expressed needs and concerns are met through

their education.

Finally, putting an end to systemic and cultural forms of oppression, such as white supremacy, cisnormativity and heteronormativity, ableism, patriarchy, puritanism, and colonialism, is the only way to assure that comprehensive and effective sex education is not only inclusive of diverse realities but also accessible to marginalized key populations. Additionally, it is the only way to assure that sex education, as well as all areas of teaching, do not reproduce harmful hegemonic discourses around sexuality, health, and identity.

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 youth coalition