**Forum:** World Health Assembly

**Issue:** Ensuring equal access to high-quality sexual health curriculum for all youth

**Student Officer:** Eric Cho

**Position:** President

Introduction

Although numerous schools today strive to provide high-quality sexual health curriculums as contrasted from the past, not all youth are privileged to access them. Following the modern society’s social changes, the need for high-quality sex education has increased substantially. The world is becoming more politically correct with higher emphasis placed on the right to sexuality. Children are reaching puberty at a faster pace, and with the advancement of technology, adolescents are gaining easier access to sexual content on the internet. The problem arises when the youth are not properly educated about sexual health, so serious consequences such as discrimination, unsafe sex, and teenage pregnancy occur.

There are several reasons as to why some areas and youth lack a proper sex education. In Less Economically Developed Countries (LEDCs), education systems are fraught and a high-quality sexual health curriculum can sound like a luxury in places where there aren’t even appropriate infrastructures for education. The same can be applied to local areas living under the poverty line in More Economically Developed Countries (MEDCs) as well. Teachers may also be poorly trained, thus providing biased or unreliable information about sexual health to students. In addition, surveys and studies show that LGBTQI+ students have been bullied at higher rates than heterosexual students, demonstrating the ineffectiveness of some sexual health curriculums. The list of possible reasons continues, and more will be explained throughout this chair report.

Therefore, it is absolutely imperative that delegates find solutions to address a wide range of different youth groups that are subject to improper sexual health curriculums, concentrating on how to achieve high qualities of such curriculums by considering financial, social, and political methods.

Definition of Key Terms

Comprehensive Sexuality Education (CSE)

An education system aimed towards educating the youth about skills that would aid them in protecting their sexual health and exercising full bodily autonomy. An ideal curriculum should contain materials relating to consequences of unprotected sex, risks of sexually-transmitted diseases (STDs), sexual violence, sexual orientation etc. This can be classified as a high-quality sexual health curriculum.

**Sexual orientation**

An immutable pattern of romantic or sexual attraction towards certain sexes or gender. These generally include heterosexuality, homosexuality, bisexuality, and asexuality.

**Healthy sexual relationship**

A healthy sexual relationship must be comprised of prevention of STDs, unwanted pregnancy, freedom from rape, abuse, coercion and discrimination.

**Contraceptives**

 Devices used to prevent pregnancy, such as condoms or birth control pills.

Background

History of sexual health curriculums in USA

 The social hygiene movement

During the early 1900s, a group called the social hygienists began to appear, mainly because the birth rates of white families were dropping. They claimed that the reason for this was the increase in prostitution and STDs, so they aimed to spread the risks of sex and hoped that white men would only keep sex within marriage. However, the lectures that they hosted often exaggerated the dangers of sex and only included the message that sex should only happen between married couples. This movement also promoted eugenics, meaning it disseminated the idea that only white couples must reproduce for the world to be improved and thus tried to justify the racial hierarchies at that time.

 The 1913 Chicago Experiment

From 1913-1914, public schools in Chicago introduced formal sexual health curriculums where physicians would visit and lecture students. However, Catholic members found the lessons to be immoral, which they thought incited the youth to be more curious about sex. Thus, the experiment was deemed a failure as schools retracted the permissions to host such lectures the next school year. After this failure, the American Social Hygiene Association (ASHA), known today as the American Sexual Health Association (ASHA), established Boy Scout groups to aid boys in spending more time on wholesome activities such as exercising. However, such curriculums also did not aim to directly educate, but instead to distract the youth from sex. Furthermore, they were created by white middle-class reformers who did not care about sexual education for the black youth. The African American population itself was blamed for the spread of venereal diseases, so the reformers concentrated on separating the black and white communities. Black medical institutions couldn’t even advocate for sex education in black neighborhoods as they were afraid that it would strengthen the stereotype against the black community. The lack of sex education applied for the female youth as well. The reformers believed that women had lower sex drives than men, so sex education would be ineffective. They also did not wish to taint the reputations of middle-class women by suggesting the need for sexual health curriculums.

 Post-World War I

The US government put their efforts into preventing STDs and intercourse with prostitutes for soldiers, and these efforts to promote sexual health continued after the war. The Chamberlain-Kahn Act of 1918 was passed, providing $4 million for the training of high school teachers about STDs in the 1919-1920 school year. The Venereal Disease Division of the US Public Health Service was subsequently created, which contained policies about sex education in schools.

From the 1920s to 1930s, sexual health education entered more schools in France and the US as sex was recognized to be necessary in marriage. After World War II, ASHA introduced family life education which focused more on a proper family life instead of sexual prohibitions.

More liberal ideas were included in sexual health curriculums during the sexual revolution from the 1960s to 1970s. As rates of premarital sex and STDs increased rapidly, comprehensive sexuality education (CSE) was created in order to include more than just the concepts of morality and heterosexuality in the previous curriculums, extending to birth control, masturbation, and homosexuality. However, this was faced by strong opposition from conservative religious groups in the US.

 HIV and AIDS

As rates of HIV and AIDS rose significantly in the 1980s, CSE became more explicit and liberal, and conservative groups acknowledged the fact that sex education in schools was unstoppable. Therefore, they launched the abstinence-only education, directly focusing on the morality of sex, traditional sexual norms, and often the condemning of contraceptives.

 Status quo

Debates still continue as to how sexual health curriculums should be structured and how to guarantee equal access to them. The curriculums have gotten more inclusive over the past few years, with more people recognizing LGBTQI+ rights and rejecting racial or sexual biases. However, the struggle to implement high quality sexual education in LEDCs continue.

Sexual education in other countries

 Africa

In 2013, the “Ministerial Commitment on comprehensive sexuality education and sexual and reproductive health services for adolescents and young people in Eastern and Southern Africa” was signed by 20 countries, showing how countries in sub-Saharan Africa (SSA) aim to implement CSE. However, the political climate in Africa is still antagonistic towards gender sensitization and LGBTQI+ rights, not to mention the lack of educational and medical infrastructure in rural areas.

 Europe

Unlike the US, there was not much political opposition in Europe towards CSE. Most countries are open to sexual health curriculums and the programs are compulsory in some countries. For instance, Sweden was the first nation to make sex and gender education mandatory in 1955. Sex education is left in the hands of medical authorities instead of religiously motivated political parties. However, in other countries such as Italy, sexual education is not obligatory, and the Catholic Church does oppose it. In 2021, a principal in a high school in Italy banned courses on abortion and gender identity, sparking outrage and debate.

Asia

Most sex education in South Asian countries take a moralistic approach, where sex is frowned upon and women are subject to domestic sexual abuse. In Japan, sexual health is not an openly discussed topic, and although there is some form of sexual education in schools, it cannot be said for sure that they are effective. In Korea, there are mandatory sex education classes, but stereotypical gender roles are reinforced while content about LGBTQI+ issues are excluded, mainly because of backlash from parents. Therefore, the LGBTQI+ youth often do not obtain necessary sexual health information. China is another country with very conservative views in regards to sex, so sex education is not compulsory, leading to high rates of sexual harassment of minors. Most of the cases, teachers and parents are too embarrassed to talk about sexual health.

Major Parties Involved

United States of America (USA)

 The US has always been the site of active debates on sexual health education early on, with progressive and conservative political groups trying to control how the American youth are taught. While the country has been undergoing massive political shifts that acknowledge LGBTQI+ rights and promote gender equality, only 5% of American students receive CSE. Organizations such as the American Family Association, the Christian Coalition, and the National Coalition for Abstinence Education have prioritized parental rights and thus consistently criticized CSE. The US is especially important as it has a large sphere of influence, meaning the type of sexual health curriculum the country decides on may impact LEDCs. American conservatives have tried to use American funding to change international sexual health curriculums to take a more moralistic approach.

American Sexual Health Association (ASHA)

 ASHA is an American non-profit organization dedicated towards providing accurate, science-based information about sexual health. It includes education on sexual anatomy, STDs, and gender identities. The organization also aims to educate even policymakers so that the youth can benefit from policies that promise high quality sexual health curriculums.

World Health Organization (WHO)

 WHO is a United Nations agency aimed towards promoting health and protecting the vulnerable. The organization has previously worked with the Joint United Nations Programme on HIV/AIDS (UNAIDS) in order to evaluate the effectiveness of 13 abstinence-only curriculums for HIV prevention in MEDCs. The results showed that none of the curriculums helped reduce HIV rates, bolstering the need for CSE instead of moralistic education.

United Nations Educational, Scientific, and Cultural Organization (UNESCO)

 UNESCO actively promotes CSE and has published several reports on its importance, benefits, and implementation. UNESCO’s International Technical Guidance on Sexual Education, published in 2018, broadens the focus of sexual health education to human rights and non-discrimination. This differs from the original Guidance that was published in 2009, which mainly responded to the HIV crisis.

Previous Attempts to Resolve the Issue

In European countries such as Norway, Sweden, and the Netherlands, CSE programs were established in schools a long time ago and has remained mandatory for students since then. Mandatory CSE was proven to be effective as these nations have significantly lower adolescent birth rates, HIV infection rates, and unplanned pregnancies than countries where sexuality education is still under controversial debate.

Many countries have issued and signed several commitments, but whether the governments have followed through and acted is unclear. For example, governments in Eastern and Southern Africa produced the “Eastern and Southern African Ministerial Commitment on comprehensive sexuality education and sexual and reproductive health services for adolescents and young people”, but specific monitoring of implementations of CSE is lacking. The Forum for African Women Educationalists (FAWE) and the African Population and Health Research Center (APHRC) further concluded in 2019 that the youth were not taken into consideration during the creation of sexual health curriculums. Other African countries have also agreed to adopt CSE, but according to the surveys by the Population Reference Bureau (PRB), only Côte d’Ivoire promoted the program, while Ugandan schools labelled teaching students to be abstinent from sex as part of “sexuality education”.

In the 6th Asian and Pacific Population and Development Conference, Asian-Pacific countries also collaborated to adopt the “Asian and Pacific Ministerial Declaration on Population and Development”, which included a section about equal access to sexual health information and gender equality. According to the UN mid-term review of this declaration, adolescent fertility rates have declined, but maternal mortality rates of adolescent girls in rural and impoverished areas remained high. This may be due to the lack of information on how to exercise reproductive rights or simply the lack of educational or medical institutions and contraceptives.

As mentioned, UNESCO has revised the 2009 International Technical Guidance on Sexual Education so that it is more inclusive, containing details of LGBTQI+ rights and gender issues. This is especially essential as LEDCs are experiencing high youth population growths, and yet, schools in conservative countries are delivering scientifically incorrect information about sexual health and trying to ban CSE. Although revising a guideline will not directly impact the social atmosphere of such countries, developing countries can gain a clearer set of instructions to increase the efforts made to improve the effectiveness of sexuality education for both students and teachers. Governments can also focus on different aspects of CSE and make more specific expenditures or investments.

Possible Solutions

* In the national level, agreements between policymakers and the public will be key in allowing equal access to high quality sexual health curriculums. Each country will have differing cultures, policies, and resources, so it is very difficult to make sex education context-specific, especially in regions that are known for denouncing sexual activities. Therefore, it must be a priority to showcase the evidence to the government and the public that programs such as CSE are beneficial to society. This can be done by utilizing media such as pamphlets, newspapers, radios, or televisions. Once the youth realizes that their own rights can be bolstered through said programs, then public support and voice will grow larger, impacting the policies that are produced and possibly muting out even the radically conservative viewpoints. Local education and health ministries can also help ensure that sexual health curriculums are meeting the standards in their respective areas.
* In schools, all teachers and staff must be trained and informed about sexual health curriculums, meaning sufficient financial and human resources should be invested in education. The school should be ready to address any parental concerns, and be transparent with the parents about the implementation of the curriculums. School policies must also ensure that the students are in a safe environment, free from stigma, bullying, and sexual harassment.
* Meanwhile, active debates and conversations should continue with religious groups. As religious groups are major opponents to CSE, exchanges of ideas and opinions can help to find a common ground. However, for extreme believers, a clear distinction between health and religion must be made, as health and safety should be prioritized over overtly moralizing religious beliefs.
* Regular monitoring and evaluation of sexual health curriculums should also take place. It is a good idea to include student opinions and feedback during adjustments of ineffective curriculums so that needs are met. This can be done by providing surveys to students, issued by local governments. Most importantly, relevant data such as HIV rates or adolescent birth rates must be collected and compiled by the government so that a comprehensive assessment of sexual health curriculums can be made.
* In impoverished areas or LEDCs, temporary educational and medical centers can be set up so that the local population has access to basic sexual education. Although the education may not be as high quality as those in other areas, these centers can serve as placeholders until proper schools are built. Therefore, it would be crucial for governments to allocate enough financial resources, while other non-governmental organizations (NGOs) can assist by providing funds.

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