REPORT OF THE SPECIAL SESSION

ENHANCING HIV PREVENTION FOR ADOLESCENTS THROUGH EFFECTIVE HEALTH AND SEXUALITY EDUCATION

9th International Congress on AIDS in Asia and the Pacific (ICAAP), Bali, Indonesia, 9 August 2009

Empowering People &
Strengthening Networks

Plan
Be a part of it.

PATH
A catalyst for global health

UNESCO Bangkok
Asia and Pacific Regional Bureau for Education

UNFPA

unicef

ACKNOWLEDGEMENTS

ORGANISING TEAM:

Ravipa Vannakit, Regional HIV/AIDS Advisor, Plan Asia Regional Office
Mattias Bryneson, Regional Programme Support Manager, Plan Asia Regional Office
David Clarke, Consultant
Pawana Wienrawee, Country Programme Director, PATH Thailand
Waranuch Chinvarasopak, Programme Officer, PATH Thailand
Margaret Sheehan, Regional Advisor, Adolescent Development and Participation, Asia-Pacific Shared Services Centre (APSSC) UNICEF
Paula Bulancea, Regional HIV/AIDS Specialist (PMTCT/Paediatric), Asia-Pacific Shared Services Centre (APSSC) UNICEF
Nadia van der Linde, Youth Specialist, UNFPA
Josephine Sauvarin, Technical Advisor on HIV/ASRH, APRO, UNFPA
Jan W de Lind van Wijngaarden, Regional HIV/AIDS Advisor, UNESCO Asia-Pacific Regional Bureau for Education
Rapeepun Jommaroeng, Thailand HIV Focal Point, UNESCO Asia-Pacific Regional Bureau for Education

The organizing committee would like to express their gratitude to the following for their contributions to the Special Session.

COUNTRY REPRESENTATIVES:

Aamaal Ali (Permanent Secretary, Ministry of Education, Republic of Maldives), **Arif Majeed** (Joint Education Advisor, Pakistan), **Babu Kaji Karki** (Under Secretary, Nepal), **Benjalug Namfa** (Director, Bureau of Academic Affairs and Education Standards, Thailand), **Chaleun Souvong** (Director General, Primary and Pre-School Department, Lao PDR), **James Mouw** (Head of Education, Youth and Sports Department, Papua, Indonesia), **John McDonough** (Country Director, Plan International, Indonesia), **Kim Sanh** (Deputy Director, School Health Department, Cambodia), **Ishita Chaudhry** (Youth Representative, India), **La Quy Don** (Vice Director, Student Affairs Department, Vietnam), **Laititi Belford** (Assistant Chief Executive Officer, Samoa), **Ly Foung** (Director General, Secondary School Department, Lao PDR), **Myagmar Jadamba** (Senior Officer in charge of School Health Education and Adolescent Development, Mongolia), **Peter Kant** (Assistant Secretary for Education, Standards and Guidance Division, Papua New Guinea) and **Thu Ba** (HIV Focal Point and Coordinator, Student Affairs Department, Vietnam).

RESOURCE PERSONS:

Kasidit Saotongthong (Plan Thailand), **Le Thi Thuy Duong** (Save the Children), **Lisa Sherburne** (Save the Children), Malou Sevilla (Plan Philippines), **Scott McGill** (Save the Children) and **Wahdini Hakim** (Plan Indonesia).

Finally, special thanks go to Professor **Hubert Gijzen**, Director of the UNESCO Cluster Office in Jakarta.

CONTENTS

REPORT OF THE SPECIAL SESSION ON ENHANCING HIV PREVENTION FOR ADOLESCENTS THROUGH EFFECTIVE HEALTH AND SEXUALITY EDUCATION AT THE 9TH ICAAP, BALI

1. INTRODUCTION

PURPOSE

The International Congress on AIDS in Asia and the Pacific (ICAAP) is a biennial congress which brings together people from various backgrounds in the Asia-Pacific region to meet and share knowledge, skills, ideas and research findings related to HIV.

Plan, PATH, UNESCO, UNICEF and UNFPA collaborated over a six-month period to organize a special session on HIV prevention through school-based health and sexuality education at the 9th ICAAP on 9 August 2009 in Bali, Indonesia. In addition, Save the Children provided technical support for the afternoon group discussions. The session was designed to be of particular interest to education policy makers and planners, Ministry of Education, HIV focal points, National AIDS Programme staff, sexual health and HIV education specialists, NGOs and those who are generally interested in HIV prevention among adolescents.

The theme of the 9th ICAAP was **Empowering People, Strengthening Networks.** The special session focused on effective school-based HIV prevention, how to enable the development of successful health and sexuality education policies and programmes and how to implement them effectively across the region. Participants presented successful practices from different countries and how these were designed, disseminated and implemented. The session focused on distilling lessons learnt from these practices, so that they could be taken on board and applied in other countries.

The point of departure for the session was that HIV prevention, packaged either in the context of sexuality education or health education, is both a need and a right of adolescents. Evidence from a range of contexts shows that, if properly designed and implemented, health and sexuality education programmes improve young people's knowledge and skills. They are essential for coping with puberty, dealing with questions around sexuality and reproductive health, developing healthy personal relationships, preventing HIV and sexually transmitted infections, delaying and reducing experimentation with alcohol and drugs, as well as improving attitudes towards people living with HIV.

PARTICIPANTS

More than 140 persons participated in the special session from the following countries: Cambodia, India, Indonesia, Lao PDR, Maldives, Malaysia, Mongolia, Nepal, Pakistan, Philippines, Papua New Guinea (PNG), Samoa, Sri Lanka, Thailand, Vanuatu and Vietnam. There was representation from Ministries of Education, UN agencies, NGOs, academic institutions and youth representatives.

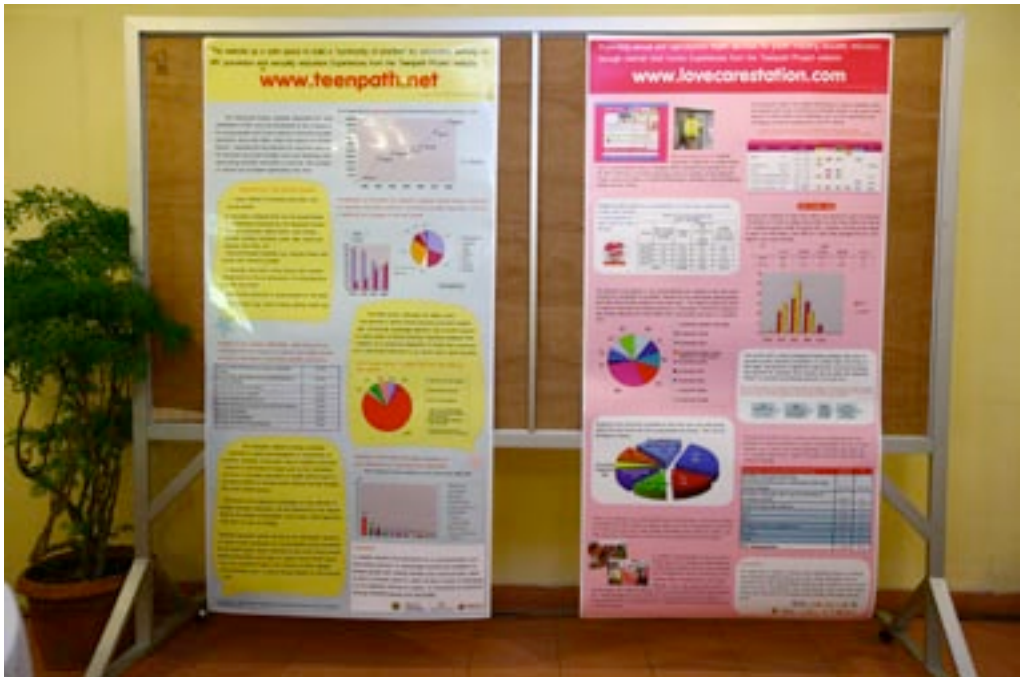
AGENDA

The special session agenda is included at Annex 1. The opening address was given by the Director of the UNESCO Cluster Office in Jakarta. Technical presentations were then given by UNESCO and Plan which were

followed by a plenary discussion. After these, attention was focused on three country-specific presentations and a panel discussion involving representatives from selected Ministries of Education. The countries which gave detailed presentations were Cambodia, Thailand and Vietnam. The panel discussion involved a wide range of countries (Pakistan, Indonesia, Nepal, PNG and Samoa). The afternoon was devoted to group discussions in four thematic areas:

- Teacher preparation and support
- Curriculum development
- Adolescent participation
- Community and parental participation

During the day, an exhibition of materials, reports and other resources was displayed in a **'Market Place'** adjacent to the meeting room.



2. THE BALI COMMITMENT TO ACTION

BALI COMMITMENT to Action for HIV Prevention Education Through Effective School-Based Programmes

We, the undersigned, agree to intensify our efforts to ensure that effective health and sexuality education is accessible to all young people at school.

Our actions will be country specific, culturally appropriate, respectful of gender equality and informed by evidence regarding effective HIV education programmes.

Our joint efforts will contribute to the MDG targets for HIV prevention among young people and support their rights to participation, and to information and skills, which will empower them to make informed decisions that protect them from social and health risks including HIV infection.

The 10th International Congress on AIDS in Asia and the Pacific (ICAAP) will provide a forum to assess our progress and enable cross-country learning.

Plan Be a part of it. PATH UNESCO United Nations Educational, Scientific and Cultural Organization UNFPA unicef

Signatories

Cambodia India Indonesia

Lao PDR Mongolia Nepal

Pakistan Papua New Guinea Philippines

Samoa Thailand Viet Nam

At the end of the session, representatives of participating countries signed the Bali Commitment for Action, pledging to intensify efforts in developing and implementing effective health and sexuality education. This was subsequently put on display in the Asia Pacific Village until the end of the congress and received significant attention from ICAAP participants.

3. SESSIONS

3.1 Opening Remarks - Professor Hubert Gijzen, Director of the UNESCO Cluster office in Jakarta.

Most adolescents do not receive comprehensive sexuality education in the region. As a result they are not well prepared for adult life. This is evidenced by rising rates of teenage pregnancies and sexually transmitted infections (STIs), while the age of sexual debut is dropping.

The education system has a critically important role in delivering effective HIV prevention education to adolescents in schools. This involves giving young people the information, attitudes and skills to prevent HIV infection. However, teachers are not used to talking openly about sex and feel awkward about doing so. Parents also are largely unable to prove sexuality education in the home. Both parents and teachers fear that sexuality education will lead to experimentation and earlier sexual debut, even though evidence across the world shows this is not the case.

In order to address these obstacles to implementation, there is a need to involve a wide range of stakeholders in developing sexuality education. This will help to pre-empt criticism or resistance. Setting standardised learning objectives will also assist in rolling out programmes. Teachers are key to effective teaching and learning in sexuality education, yet intensive training in the delivery of sexuality education is still widely lacking. Thus, there is a need to select appropriate teachers and provide them innovative teaching and learning materials and with professional support. International development partners need to provide support to Ministries of Education in developing effective HIV and sexuality education programmes.

3.2 The Role of Evidence Based Approaches and Guidelines: Enhancing Health, HIV Prevention and Sexuality Education in School Settings - Jan W. de Lind Wijngaarden, Regional HIV Adviser, UNESCO Asia Pacific Regional Bureau for Education.

How should health, HIV, sexuality, drug education be incorporated into school programmes?

Sexuality education can be defined as learning that equips adolescents with knowledge, skills and values to make responsible and informed choices about sexuality and relationships. The main objectives include:

- Increasing knowledge and understanding about sexuality, gender, relationships and sexual/reproductive health;
- Explaining and clarifying feelings, values and attitudes;
- Developing and strengthening skills including life skills;
- Promoting and sustaining risk reduction behaviour.

There are various models which are in use in Asia and the Pacific Region to educate about the nexus of sexuality, HIV and drugs. These include:

- Healthy life styles education;
- Reproductive health education;
- Life skills education; and
- HIV prevention education.

Do sexuality education programmes 'work'?

Research evidence demonstrates that some sexuality education programmes are effective and some are not. A great deal depends on the objectives, the quality of the programmes and the way in which they are delivered. Some programmes which purport to educate about sex are not really sexuality education. When sexuality is left out of the title to cater for the comfort of parents, teachers or politicians, the explicit content on sexuality may also be left out. When a programme focuses on HIV prevention, it may cover information about the epidemic and include general life skills, but leave out education about sexuality. This approach is unlikely to deliver the knowledge

and skills needed to prevent HIV infection in those at risk.

There is research evidence to demonstrate that sexuality and HIV education programmes can increase knowledge and affect values and attitudes. Some programmes have been successful in reducing the risk of unintended pregnancy and sexually transmitted infections (STIs), including HIV. An important finding which seems to be consistent across countries and cultures is that sexuality education programmes do not increase the likelihood that people will become sexually active. Neither does age-appropriate sexuality education deprive children of their innocence.

Common Characteristics of Effective Health and/or Sexuality Education Programmes

There are 19 characteristics of effective programmes. These are listed in Annex 2. Having described the characteristics of effective sexuality education programmes, it is useful to reflect on types of programmes which research has shown to be ineffective. These include the following:

- Abstinence-only programmes;
- Information-only programmes;
- Life skills programmes without a focus on specific skills and contexts related to sex; and
- Didactic programmes.

UNESCO International Guidelines on Sexuality Education: What are they?

The ***International Guidelines on Sexuality Education*** were developed by UNESCO with substantial inputs from other UN agencies. The guidelines complement existing guidance for education sector responses to HIV – including the EDUCAIDS Framework for Action and the briefs on young people of the Inter-Agency Task Team on Young People and HIV and AIDS (IATT). They provide an updated analysis of the evidence related to behaviour change interventions among young people and outline a basic minimum package of topics and learning objectives for a comprehensive sexuality education programme from the age of 5 up to 18. They also provide technical advice on the characteristics of effective programmes and important steps to implement them.

It is intended that the Guidelines will support the design and implementation of effective sexuality education programmes by:

- Promoting common a understanding regarding the need for sexuality education among stakeholders;
- Promoting more effective education strategies for sensitive issues;
- Providing guidance to education authorities on how to build community support for sexuality education;
- Helping to build teacher preparedness and enhance institutional capacity to provide sexuality and health education;
- Providing guidance for programmes that are responsive and relevant to adolescents' needs, age and culture.

3.3 Overview of Policy on HIV and Sexuality Education in Asia and the Pacific Region - David Clarke, Consultant, Plan Asia Regional Office.

A presentation was given on rapid survey of policies on HIV and sexuality education in the Asia-Pacific region. The purpose of the study was twofold: a) To scope out the status of HIV education and emerging issues in Asia and the pacific region; and b) to contribute to a paper being developed by Plan on a rights based approach (RBA) to HIV and sexuality education.

Methodology

The research methods included:

- Desk literature review/internet search of journals/publications on HIV and sexuality education;
- On-line consultation with civil society organisations; and
- Structured questionnaire submitted to international development partners (IDPs).

The policy review was undertaken by David Clarke on be half of Plan.Subidita Chatterjee managed the on-line consultation.

Limitations

Limitations of the research included difficulties in accessing official policy documents in a number of countries and a limited response by IDPs to the questionnaire. Relatively few countries provide access to their policies and strategic planning documents on their official Ministry of Education websites. The data provided should be considered as interim and will be updated in the finalised paper for Plan.

Why do we need policies?

Policy is important for providing leadership and strategic direction to the education sector on the response to HIV, on school health or indeed any key issue. Effective policy-making establishes clear priorities for action and investment, defines rights, entitlements and standards, clarifies roles and responsibilities in implementation and supports resource mobilization. It is difficult to envisage how sector-wide implementation can take place effectively without clear policy being in place. Policy is also is critically important for holding implementers accountable.

With regard to HIV and sexuality education, policy can have the following important functions:

- Acknowledge the need for HIV and sexuality education;
- Guide how to go about delivery in schools and out of schools;
- Guide how Ministries of Education (MOE) and Ministries of Health (MOH) can work together;
- Enable communication with all stakeholders; and
- Align HIV and sexuality education with other education policies, e.g. for gender.

HIV and Sexuality Education Policies in the Asia-Pacific Region

A comprehensive survey of HIV and sexuality education including policies was carried out in 2000 in the East Asia and Pacific region by Smith et al (2000). This study found that most countries had policies and some were longstanding e.g. China (1993) and Thailand (1991). The most 'comprehensive' policies were identified in Mongolia, Papua New Guinea (PNG), Philippines and Thailand. The major policy focus was on HIV prevention in secondary education. Policies tended to place HIV content matter across the curriculum in a number of subjects (e.g. Biology, Science and Health). Many of the policies had been developed in association with IDPs.

The situation in 2009 showed that a great deal of activity had taken place in developing policies for HIV and sexual and reproductive health (SRH) education. Since 2000, a wide range of countries have put in place new national policies and/or laws which include HIV and/or sexuality education. These include Cambodia, China, Nepal, Pakistan, Philippines, PNG, Sri Lanka and Vietnam.

Fifteen countries in reporting for the UNAIDS National Composite Policy Index (NCPI) stated that they have a policy or a strategy promoting HIV-related SRH education for young people (UNAIDS, 2008). All countries reported that HIV education was included in secondary education. 6 countries (Cambodia, Laos, Myanmar, PNG, Thailand and Vietnam) reported that HIV education is part of the primary curriculum. 13 countries reported that HIV education is included in Teacher Training. Indonesia, Philippines and Mongolia reported that it is not included.

Countries tend to have either National HIV Policies or Laws. National policies/laws do not always mention education (6 of the 15 obtained do not). The Philippines Act (1998) is restrictive in that it forbids 'sexually explicit materials' and the promotion of 'birth control devices'. Many (9) aim to provide a mandate for the education sector on HIV education. Regarding education, they include mention of issues such as human rights (1), values (1), life skills (1), sex education (4), school health (3), peer education (2), teacher education (5), curriculum integration (5), NGOs (1) and community mobilisation/ consultation (2). This list of issues reflects the lack of space available for the inclusion of detailed education sector issues. There is a lack of policy benchmarks for HIV and sexuality education which results in a lack of consistency across countries.

HIV education is included in most

multi-sectoral national HIV strategies (12 out of 13). HIV strategies include R/SH (5), life skills education (5), sex education (1), health education (2), level of education (5) curriculum integration (5) co-curricular activity (1), teacher education (7), peer education (4), coordination (1), NGOs (1), research (2), advocacy (2), learning assessment (2), standards (1), linkages with health services (1), young people's participation (1). There is considerable variation in content and specificity about HIV education.

HIV education is included in the national education strategies of three countries (Cambodia, Indonesia and PNG). Two countries have HIV policies specifically for the education sector: i) National Policy for the Education System (PNG) and ii) HIV workplace policy (Cambodia). One country has a costed medium term strategic plan (2008-2012) for HIV in the education sector (Cambodia); one country has an uncosted AIDS Education Strategy (Indonesia); one country has a medium term plan (2007-2010) for HIV/SRH education at secondary level (Vietnam). Several countries have issued curricular guidance on HIV and SRH education (e.g. China, Lao PDR, Malaysia, Mongolia, Thailand, Vietnam). Thailand has developed a manual specifically for Muslim learners. Much work is still at the pilot or programme stage.

Multi-jurisdictional systems of governance, which are characteristic of large states such as China, India and Indonesia, are more complex in the way they develop and implement policy. They tend to have central or federal policy which is then adapted at the state or province level. For example in India, some states are implementing HIV education through the Adolescent Education Programme while others have decided not to as a matter of policy. Indonesia has both a national strategy for HIV education and a more detailed provincial strategy in Papua Province, where the HIV epidemic is most severe. In contrast, the adjacent province of West Papua, also highly impacted by HIV, has no education sector strategy.

Conclusions

There is a need for specific education sector policies and strategies on HIV and sexuality education.

Countries prioritise national multi-sectoral laws, policies and strategies (Three Ones). However, it is difficult to be sufficiently detailed about HIV and sexuality education in these. Policy content on sexuality education, human rights and gender appears to be limited. Skills development, community participation and linkages with health services are also under-represented.

Policies need to include greater detail on gender, rights, values, community participation, teacher education, curriculum content and approach, co-curriculum approach, learning outcomes, linkages with health services, young people's participation. There is a need for clear policy documents which can be used for communication with all stakeholders. Additional resources, financial and technical are also required. It was noted that a lack of IDP interest to fund HIV and sexuality education was reported in some countries.

There is a need for dissemination of strategies with clear guidelines for implementation needed at decentralized levels. Other areas to be addressed include strengthening ownership of policy guidance by key stakeholders at school and community level and appropriate management structures (e.g. the Inter-departmental Committee on HIV and AIDS (ICHA) in Cambodia). More attention is required in developing robust monitoring and evaluation frameworks, involving the Education Management Information System (EMIS) and the setting of standards and benchmarks.

There is a need for more concerted efforts to address barriers to implementation (e.g. cultural sensitivities; teachers' concerns about discussing sex in the classroom; teacher and community resistance). It should be noted that Sexuality Education is strongly contested in many countries, for instance in some Indian states and in the Philippines.

3.4 Country Presentations

A. CAMBODIA.

Policy and strategies on HIV, AIDS and Reproductive Health (RH)

Cambodia has an elaborate policy framework for HIV and RH education (see box below).

CAMBODIAN POLICY FRAMEWORK

The main policy instruments for HIV education are:

- Law on the Prevention and Control of HIV/AIDS;
- National Plan of Education for All 2003-2015;
- Policy on School Health;
- Life Skill Education Policy;
- Curriculum Development Policy (2005-2009);
- Work Place Policy on HIV and AIDS;
- MoEYS Strategic Plan on HIV 2008-2012;
- Education Strategic Plan (ESP) 2006-2010.

Main Achievements

The following main achievements were reported.

i) The Inter-departmental Committee for HIV and AIDS (ICHA) was established in 1999 and has since functioned as an apex body in the Ministry of Education Youth and Sports coordinating and overseeing HIV/RH and other relevant topics in the education sector.

ii) The National Budget is increasingly used for HIV/RH education. HIV/RH is a cross cutting priority in EFA, ESP and Education Sector Support Plan.

iii) HIV/RH is mainstreamed into pre-service teacher training, in-service teacher training, literacy classes, Community Learning Centers (vocational training), sports events, youth events, and national examinations. HIV/RH and other relevant topics are integrated in the new national curriculum (primary, secondary, teacher training centers and non-formal education).

iv) Life Skills for HIV and AIDS Education is implemented as part of the Local Life Skills Programme in using the child-friendly approach in primary schools whereas secondary schools are using a Peer Education approach. There is synergy between HIV and gender mainstreaming. Co-curricular activities, manuals and other IEC materials on HIV/RH, gender-based violence and drugs are produced to support teaching and learning.

B. THAILAND

Policy and Programmes on Sexuality Education

Sex education has been part of the basic curriculum since 1978. It is considered a core strategy in the National AIDS Plan 2007-2011 in which the Ministry of Education plays a major role. Sex education was officially incorporated into physical heath and physical education for basic education in 2002. The new 2008 basic education curriculum has incorporated sexuality education in health education. Life skills are one of the five core competencies of students in the new 2008 basic education provision.

The Office of the Vocational Education Commission (OVEC) announced that sexuality education would be a subject in the OVEC curriculum in 2004. At least 4 universities have already included comprehensive sexuality education (CSE) in pre-service teacher training programmes.

Although policy is there, implementation presents a range of problems

Teachers still maintain the attitude that sex is something to be ashamed of and should not be brought out into the open. Their beliefs and values play an important role in the way learning activities are organized and messages are delivered. Teachers who have been assigned to teach sex education feel very uncomfortable. Some choose to teach what they think appropriate although it may not be what the students want. Teachers are used to and/or prefer lecture-style teaching, with little participation by the students. Traditional content has focused on physical development and diseases; little or no content was on exploration of emotional issues, and critical thinking of social and

cultural aspects related to sexuality.

Comprehensive Sexuality Education (CSE)

The purpose of CSE is to assist young people to learn how to make sexually healthy decisions for their well-being through:

- Accurate information;
- Attitudes, values, and insights;
- Relationships and interpersonal skills;
- Developing responsibility.

A critical move

The Global Fund to Fight AIDS, TB and Malaria has supported a project (2003-2008) to develop sexuality education and HIV prevention among young people. This has included:

- The development of teacher guidelines on sex education in pilot schools;
- Training of Master Trainers on comprehensive sexuality education;
- Empowering schools to pilot school-based CSE in 763 schools in 73 provinces (OBEC, OVEC, ONIE, Universities, and juvenile centers); and
- Establishing a network among agencies working on youth sexual health.

There is a scale-up strategy to provide sexuality education in the curriculum to all students at all levels on a regular basis. Based upon research, sexuality education should be delivered no fewer than 16 hours per academic year (or not less than 8 hours per semester).

Key Concepts used for Sexuality Educators

Three concepts underpin the implementation of CSE:

- Positive Youth Development;
- Learner- centered approach; and Sexuality.

C. Vietnam

Education Sector Response to HIV

The Education Sector Response to HIV consists of:

- Policy and strategy;
- Curriculum and educational materials;
- Teacher training; and
- Supportive environment activities: e.g. strengthening parental involvement through Parent-Teacher Associations (PTAs) and linkages to youth friendly services;

Policy and strategy

There is strong commitment by the government of Vietnam to institutionalise RH and HIV education in the public school system. This is reflected in the following:

- 2000: Resolution to include RH topics in 4 subjects and in extra-curricular activities;
- 2007: Action Programme on RH and HIV/AIDS prevention education for secondary school students;
- 2008: Instruction on strengthening HIV/AIDS prevention in school settings. Focus on secondary school students;
- The development of a sector-wide coordination mechanism to engage all departments is underway.

Curriculum and Educational Materials

These include:

- Text books;
- Extracurricular sessions and activities;
- Teacher training curriculum; and
- Teacher training programme.

The RH curriculum is integrated into the curriculum of upper secondary schools (grades 10-12). Extra-curricular RH and HIV education activities are being implemented in lower secondary schools through life skills (grades 6-9) in selected provinces. RH and HIV curriculum are integrated into teacher training materials and implemented in related subjects in selected teacher training universities. Teachers' guides have been prepared. Pre-tests showed that teachers like active learning methods especially for sensitive topics. There has been student participation in the design of the teaching and learning materials.

The following are in the process of development:

- Lesson plans to teach textbook

lessons related to RH and HIV education;

• Inter-departmental effort to develop extra-curricular sessions and activities.

4 Principles for classroom lessons

• Respect textbook content;

• Promote key concepts;

• Active and cooperative learning methodology;

• Avoid overloading students or teachers.

Teacher Training

Teacher training involves a range of interventions. These include:

• Pre-service training: RH and HIV are integrated into regular training programme for teachers;

• In-service training: training for teachers to integrate RH into selected subjects of upper secondary schools (Biology, geography, literature and civic education);

• Training for teachers to lead extra-curricular life skills sessions in lower secondary schools;

• In preparation: INSET involving new lesson plans to teach RH and HIV content in lower and upper secondary schools. Assessment of PRESET teachers training needs.

Supportive Environment Activities

A number of initiatives are in preparation: Parent and community involvement through PTAs;

• Parent-child dialogue about puberty, SRH and HIV prevention including risk reduction;

• PTA meetings with parents;

• PTA and parent events at school to encourage more involvement and understanding; and

• Linkages to youth friendly services: mapping of SRH and HIV services near schools, active linkages between schools and services.

D. Challenges and ways forward for Cambodia, Thailand and Vietnam

The challenges and next steps that were presented by the three countries are presented below in the table.

Country	Challenges	Ways forward
Cambodia	The following challenges were highlighted: • Out of school youth and most at risk young people are hardly reached by programme interventions; • Limitation in expansion of the Life Skills programming, particularly for secondary and out of school youth due to inadequate financial resources; • Capacity at sub-national levels (Province, District and School levels) is limited especially in Monitoring and Evaluation; • The teaching and learning materials to address HIV/RH, especially in the areas of gender, mobility, violence and substance abuse are not yet upgraded.	• Scale up the Life Skills on HIV/AIDS education programme particularly for Secondary schools and out of school youth; • Training in-service teachers to ensure that all primary schools are implementing the Life Skills on HIV/ AIDS programme as part of the Local Life Skills programme. • Strengthen capacity at sub-national levels (Province, District and School) especially in Monitoring and Evaluation; • Upgrade teaching and learning materials to address HIV/SRH, especially with regard to gender, mobility, violence and substance abuse; Strengthen the partnerships with development partners; • Mid-Term Review of the HIV Strategic Plan 2008-2012.
Vietnam	• Topics covered and duration are limited; • Funding limitations; • Scaling up of pilot projects; • Extra-curricular activities are not institutionalised; • Sexuality education has not been promulgated as such but topics are included in the new extra-curricular frame; • Lack of M&E and reporting system for RH and HIV education for the education system.	• Create standards for evaluating RH and HIV education programme; • Guidelines on implementation at provincial level on required teaching hours or time allocated to scale up the curriculum nationwide; • Coordinate to establish an interdepartmental coordination mechanism on HIV and AIDS; • Institutionalise RH and HIV extra-curriculum activities.
Thailand	• Insufficient time or guaranteed space in the curriculum for CSE; • Greater emphasis on academic excellence than sexuality education by administrators at policy and grade levels; • Need for a systematic and strategic capacity building plan for sexuality-education teachers; • Need for support for integrated sexuality education management–coaching, mentoring, rewarding; • Need a formal structure for the technical body.	• New 2008 Curriculum; Revise Health and Physical Education framework and content; • Expansion of the Teenpath Project (2008-2014); • Scale up CSE in all secondary and primary-extension schools as part of the school curriculum; • Include CSE in school standard indicators; • Set up a capacity building body under OBEC.

3.5. Panel Discussion Summary

SAMOA

Samoa is a small island state with a population of 170,000. Strategies to develop HIV and sexuality education include collaboration between the MoE and MoH. A priority is to empower teachers which in turn will lead to effective teaching. Approaches include peer education and the use of external resource persons from MoH or people living with HIV (PLHIV). The main targets for sexuality education are boys and men.

NEPAL

The MoE is starting a process of mainstreaming health and sexuality education. The political system has changed and there is now an opportunity to incorporate a rights-based approach through the new constitution. This also includes the rights of those who are most at risk, men who sex with men (MSM), female sex workers (FSW) and injecting drug users (IDUs). To take forward HIV and sexuality education will require capacity building of human resources and a review of the curriculum to integrate appropriate content matter and learning activities.

PAKISTAN

Pakistan is in the process of infusing HIV and SRH education into the curriculum. This will also require a new policy to support the implementation of the new curriculum in the classroom. New materials are being developed in a range of subject areas including school health and life skills education, peace education, school safety, human rights education and environmental education. Taking this agenda forward will require the participation of community and religious leaders and parliamentarians.

LAO PDR

HIV and sexuality education is moving forward on a step-by-step basis having originated in population education in the mid 1990s, with UNFPA and UNESCO support. Topics are being integrated into the curriculum, particularly in health education. Funding, however, is limited and is a constraint on development. A policy on HIV and sexuality education is in the process of development.

INDONESIA (PAPUA PROVINCE)

The Ministry of National Education (MoNE) in Papua Province has taken forward a mainstreaming process for HIV and SRH education focusing on both formal and non-formal education. There is a need to improve the quality of education and to include HIV education within this process. Schools have been options to incorporate HIV education.

The choices include:

- Curriculum integration;
- Extra/co-curricular activities; and
- Personality development curriculum.

YOUTH REPRESENTATIVE

A youth representative, Ishita Chaudhry, presented perspectives from the Bali Youth Forum. The Youth Forum involved local and international youth organisations and young people from the Asia-Pacific region on 7 and 8 August 2009. The main points were:

- Ensure meaningful youth participation in policies and programmes that affect their lives;
- Youth-adult partnerships need to be institutionalized and capacity building is required for young people to participate effectively in policy making processes;
- Strengthen financial commitments for youth-led and youth-serving initiatives;
- Mainstream human rights in the HIV response. The right to know about HIV and STIs through education is key;
- Fulfill young people's sexual and reproductive rights. This includes the right to comprehensive sexuality education so young people are enabled to make informed decisions about their lives; and
- Eliminate stigma and discrimination against young people, especially those who are living with HIV or are most at risk of HIV infection.

The full youth statement is at Annex 3.

3.6. Group Work Session Summaries

Four critical themes were discussed

in groups. These were very lively and rich discussions. They revealed a constituency that is eager to develop HIV and sexuality education in their respective countries.

The main points raised by the four thematic groups are listed below:

a) Teacher preparation and support (This discussion group was facilitated by Scott McGill and Le Thi Thuy Duong of Save the Children);

Key issues that were presented included:

- It is important to address the values and attitudes of teachers in pre-and in-service teacher training; Teachers need to feel comfortable with their own gender attitudes and SRH issues first. Therefore, good training is needed for both in-service and pre-service teachers. Some criteria were listed out for improving the quality of training, such as: the training should include both technical and teaching methodology – interactive, participatory method; it depends on the purpose, but long training (10 days) may not be as effective as a series of short-term training for teachers, including refresher training. Teachers of the following subjects should be considered for in-service training: biology, civil, literature, counseling, and any teachers who are concerned about HIV. It was felt that sex, age as well as marital status of teacher isn't a significant issue.
- Curricula varies from country to country, but at least it should include the following: the changes in the body, changes in emotion, gender, love and sexuality, pregnancy for male and female (responsibility), sexual diversity, contraception, STDs/HIV/AIDS.
- In order to support teachers to facilitate the teaching of these sensitive topics, an enabling environment is needed. Community dialogues with gate keepers, such as other teachers in the school, parents, community leaders (including religious leaders in some countries), health service providers, etc are needed. Parental support for teachers is necessary to make them feel more comfortable with the teaching of sexuality-related issues. Establishing parents' clubs or involving the PTA (parent teacher association) can be another way in which parents can discuss these issues to improve their knowledge, acceptance and understanding as well as to foster parent-child communication skills. Mini-media events and campaigns can be used for raising awareness of parents and other gatekeepers.
- Teachers need a variety of materials to support them to facilitate the teaching of these topics, including detailed programmes with instructions for use, text books/ syllabuses, visual aids, BCC materials that include attractive, clear messages, that are well structured with no jargon. The content should be age and culturally-appropriate.
- Incentives and teacher motivation need to be addressed. HIV and sexuality education needs to be linked to career advancement. Teachers who do a good job or have initiatives/ creative ideas/methods in teaching ARSH and HIV prevention should be recognized and rewarded so they will have sufficient motivation to continue doing a good job and influence others to try to achieve. This should be recognized at different levels.
- HIV education is stressful and difficult. Teacher groups in this field need to be established and supported.
- Skills building in teaching methods is needed especially those which are learner-centred.

b) Curriculum development (This discussion group was facilitated by Pawana Wienrawee and Waranuch Chinvarasophak of PATH);

Key issues that were presented included:

- Curricula that are currently being implemented are not sufficiently comprehensive.
- Contents which are not being covered include the rights of young people and personal skills to protect themselves. Same-sex context is needed in curricula dealing with sexual health.
- The term to be used to denote sexuality education has political implications. Cultural and religious conflicts are to be avoided.
- Comprehensive sexuality education should be provided as early as possible. The content should be age-appropriate.

• Parental involvement is important.

• A whole school approach involving curricular and co-curricular activities is needed. There needs to be peer to peer and youth led-activities.

c) Adolescent participation (This discussion group was facilitated by Margaret Sheehan of UNICEF);

Key issues that were presented included:

• The need for youth participation and involvement in the planning, design and implementation of HIV and sexuality education.

• The need to strengthen peer education programmes and activities as young people often prefer to learn from each other in issues of sexuality.

• The need to support teachers so that they are not threatened by youth-led activities.

d) Community and parental participation (This discussion group was facilitated by Malou Sevilla of Plan Philippines and Wahdini Hakim of Plan Indonesia).

Key issues that were presented included:

• Policies and laws should support parental and community participation. There is a lack of policies and youth friendly services.

• There is a need for structures through which parents and community can participate effectively such as school management committee and PTAs.

• Indicators are needed to measure and monitor parental and community participation.

• Parents need to allow children to participate in adolescent SRH education and be prepared to reinforce it in the home.

• Parents need to be able to talk to children about sexuality, SRH, HIV and STIs.

• Communities need to establish safe spaces for adolescents.

Community leaders and specialists such as pharmacists and health workers need to participate in sexuality education programmed.

• School-parent partnerships lack direction, commitment, planning and youth participation.

• There is a lack of research into parental and community participation and attitudes.

Suggested ways to address barriers to parental and community participation included:

• Undertake advocacy at all levels;

Provide classes for parents in collaboration with schools;

• Foster better communications between heath services and the community;

Promote the involvement of young people as equal partners; and

• Develop models for parental and community participation and disseminate these through the education sector.

4. KEY ISSUES ARISING FROM PRESENTATIONS AND DISCUSSIONS

4.1 The importance of sexuality education. Sexuality education is an increasingly important area of educational theory and practice. The need for young people to be prepared for adolescence and adult life is becoming recognized by governments and civil society in the context of globalisation and changing youth cultures. The spread of HIV among young people has raised the profile and prioritization of sexuality education for preventive education. At the same time the right to sexuality education is enshrined in international human rights agreements and their interpretations. A rights-based approach is an emerging new paradigm in the field of health, HIV and sexuality education.

4.2 HIV and sexuality education is an effective intervention. There is an increasing body of research on sexuality education, mostly in relation to HIV and STI prevention. Evidence from sexuality programmes in many countries and across cultures has tended to be consistent in its findings. In particular, it is clear that sexuality education, if properly designed and implemented, increases knowledge, dispels harmful misconceptions and enhances attitudes that are useful in preventing HIV, STI and AIDS related-discrimination. It is also evident that sexuality education does not increase experimentation with sex or reduce the age of sexual initiation. In short, it does no harm; if done well, it can prevent harm.

4.3 HIV and sexuality education is often a contested intervention. Despite the potential benefits of sexuality education in equipping young people to deal responsibly with the multiple challenges of HIV, STIs, gender-based violence and sexuality issues in their personal life and in their family, workplace and society, the concept is frequently challenged by those who would deny them knowledge, skills and space to discuss culturally sensitive issues. The challengers come from various perspectives. A common denominator appears to be a lack of awareness of the research evidence favoring comprehensive health and sexuality education, which conflicts with 'traditional' views in which sexuality is a taboo topic not to be discussed. It is therefore important to ensure that all stakeholders are aware of the aims and objectives of sexuality education and participate in their development and implementation.

4.4 The critical role of teachers. It is noteworthy that a critical challenge to effective sexuality education comes from within the education sector itself. Where teachers have been thrust into sexuality education programmes with insufficient training, support and incentives, there has been resistance. This is now well evidenced across countries and regions. This has taken various forms from selective teaching, which avoids the more difficult content areas to outright refusal to teach. Teacher resistance has been motivated by fear over parental response or of criticism by religious leaders, embarrassment in discussing sexual content and anxiety about a (perceived or actual) lack of relevant knowledge and skills. Another factor is that teachers are sometimes asked to add sexuality education to their already burdensome teaching responsibilities. It follows from this, that sexuality education teachers need to be appropriately selected, trained and supported in doing what is a challenging job. More attention is required to selecting, equipping and empowering teachers who have been selected to teach HIV and sexuality education.

4.5 Governments in the Asia-Pacific are at different stages in their preparedness, ability and progress to provide sexuality education. Ministries of Education across Asia-Pacific are in the process of developing and implementing various approaches to sexuality education

programmes, mainly in response to the spread of HIV, though some countries have discerned the wider benefits that can accrue from this type of education. Some of these education responses to HIV are longstanding, while others have developed an impetus only recently. It means that countries are at different stages of development in implementing sexuality education, reflecting varying levels of prioritisation, political commitment to tackle harmful gender-related norms and practices in society and to provide a more holistic curriculum for the personal development of young people. It follows that countries place varying priority on empowering and protecting their young population. Different HIV prevalence levels has been a motivating factor, with countries with more serious epidemics generally more willing to promote HIV and sexuality education as well as being more able to do so through access to HIV-related funding and technical assistance, mainly from international development partners. The availability of funding seems to be an important factor in sexuality education development.

4.6 New Guidelines for Sexuality Education. The UNESCO Guidelines on Sexuality Education provide Governments in general and Ministries of Education in particular with evidence-based guidance to inform the design and development of their own sexuality education programmes. The Guidelines propose to agree on age-appropriate and culturally appropriate learning objectives for sexuality education across the education system. At the core of this is the presentation of the evidence for characteristics of effective sexuality programmes, 19 of which have been identified. While many of these might be considered to be generic to quality education across the curriculum, some are clearly very specific to sexuality education. The characteristics provide a potentially valuable set of benchmarks for assessing the quality of sexuality education design and implementation.

4.7 Clear policies are necessary for system wide action. Clear policy is important for providing leadership and strategic direction to the education sector on the response to HIV, on school health or indeed any key issue. Effective policymaking establishes clear priorities for action and investment, defines rights, entitlements and standards, clarifies roles and responsibilities in implementation and supports resource mobilization. Policies are an important means for ensuring that the rights of young people to sexuality education are realized and that implementers are held accountable.

4.8 Diversity in national policies. Countries in the Asia-Pacific region have developed an impressive array of policies to support HIV and sexuality education. There is considerable diversity reflecting a multiplicity of different governance systems. There has been demonstrable progress in developing policies for HIV and Sexuality education across the region from the beginnings in the early 1990s in Thailand and China. Many countries now report that they have policies in place on HIV education. The majority of these appear to be included in national policies or laws concerning HIV or reproductive health. This has been critical for providing the education sector with a mandate to implement HIV and sexuality education. However these national policies tend to be multi-sectoral in content and do not provide much space for detailed education sector issues. This is reflected in their content. Few such policies specify key policy issues such as young peoples' participation, linkages with health services, co-curricular activities and assessment of learning outcomes. More positively, the need for better teacher education is commonly included. The most common approaches involve life skills, HIV in the context of reproductive and sexual health and HIV as an issue for integration into the overall curriculum. Health education is under-represented in these policy documents. National AIDS Plans or Strategies have been a particularly important vehicle for policy development in the education sector. However, as with national policies they

seldom provide the space for detailed education sector specification.

4.9 HIV and sexuality education in primary and secondary education. While secondary education is the level of education at which most countries are focusing their efforts, a number are implementing programmes in primary education (Cambodia, Lao PDR, Myanmar, PNG, Thailand and Vietnam).

4.10 HIV and sexuality education are under-represented in sectoral policies, plans and strategies. Relatively few Ministries of Education have developed specific sector policies or medium term strategies for HIV and sexuality education. The countries which appear to have made most progress in this direction are Cambodia, Indonesia, PNG and Vietnam.

4.11 More attention is required in developing and implementing effective programmes. Among the areas that need attention are:

Curricula. There is insufficient time allocated to HIV and sexuality education in an already crowded curriculum. Curricula are not yet sufficiently comprehensive in terms of the important challenges that young people may face.

Teacher training. In order to implement policies and improved curricula on health and sexuality education, teacher training is essential. It should be realized that not all teachers are suitable for this job. Teachers should be carefully selected and they should be rewarded for their efforts.

Participation. HIV and sexuality education programmes need to foster participation. It is particularly important to strengthen parental participation in HIV and sexuality education. The active and meaningful participation of young people in design, implementation and M&E should be an integral part of all HIV and sexuality programmes.

Capacity building. Apart from teacher training, capacity building is critical in the areas of technical oversight, management, teacher training and M&E at the central Ministry of Education (MoE) level and at lower levels in the system.

Gender and education. The importance of achieving synergy with gender mainstreaming as well as ensuring that gender in education is linked to HIV and sexuality education.

Linkages to services. The need to develop effective linkages to youth friendly services and collaboration between MoE and MoH – especially when it comes to improving access to these services by most at risk / most vulnerable adolescents.

Co-curricular activities. These are important interventions which are complementary to those delivered through the curriculum. Peer education programmes in effectively designed and implemented have an important role to play, including in strengthening the participation of young people.

5. NEXT STEPS

This was a successfully implemented session which allowed a range of stakeholders in HIV and sexuality education to learn from each other. The session indicated the usefulness of organising further opportunities for cross-learning across countries and between governments and civil society. Health and sexuality education should involve an unusual partnership drawing on the different strengths of different stakeholders. Importantly, notwithstanding some differences of perspective, the session demonstrated that NGOs and UN agencies can work effectively together as equal partners. It also showed the potential of partnerships between NGOs and UN agencies to bring together a broader set of actors than is usually possible if the two do not work in concert.

To capitalise on this event, follow up is necessary at regional and country level. There was insufficient time to discuss and plan this at the special session; a series of sub-regional, regional and country-level events should be planned, jointly supported by the organizations that worked together on making this event happen. Finally, it would be useful to build networks at national and regional level on HIV and sexuality education for advocacy, lesson learning and mutual support.

Annex 1: AGENDA

Facilitator: Margaret Sheehan, UNICEF

Time	Session
9.00 – 9.10	**Welcome** **Dr. Hubert Gijzen,** Director, UNESCO Jakarta Office
9.10 – 9.25	**Review of global guidelines on health and sexuality education** **Jan Wijngaarden,** UNESCO *15 minutes*
9.25 – 9.40	**Overview of Health & Sexuality Education Policies in the region** **David Clarke,** Plan Asia Regional Office *15 minutes*
9.40 – 10.00	**Discussion** (facilitator: Nadia van der Linde, UNFPA)
10.00 – 10.20	*Coffee break*
10.20 – 10.50	**Country Presentations** *(15 minutes per presentation)* **Dr. Benjalug Namfa,** Director of Bureau of Academic Affairs and Educational Standards, Office of the Basic Education Commission, MoE, Thailand **Mr. Kim Sanh,** Deputy Director, Department of School Health, MoEYS, Cambodia **Mr. La Quy Don,** Vice Director, Student Affairs Department, MoE&T, Vietnam
10.50 – 11.15	**Q&A** (facilitator: Nadia van der Linde, UNFPA)
11.15 – 11.25	**Presentation of recommendations from Youth Forum** *(10 minutes)*
11.25 – 12.30	**Panel discussion on effective implementation of health and sexuality education** (Chair: Margaret Sheehan, UNICEF) **Panel discussion – speakers:** 1) Peter Kant: PNG, 2) Laititi Belford: Samoa, 3) Babu Kaji: Nepal, 4) Arif Majeed: Pakistan, 5) Chaleun Souvong: Laos, 6) James Modouw: Papua (Indonesia), 7) Pawana Wienrawee: PATH Thailand **Sign on to Statement** *(5 minutes)*
12.30 – 12.35	**Orientation to the Market Place** **Pawana Wienrawee,** PATH
12.30 – 14.00	Special Lunch (Invited guests only) hosted by UNFPA
12.35 – 13.30	**Lunch & Market Place**
13.30 – 13.45	**Introduction to the afternoon session:** **Four critical themes:** Teacher preparation and support (Duong, Le Thi Thuy&Scott McGill, Save the Children); Curriculum (Pawana W, PATH); Adolescent participation (Margaret S, UNICEF); Community/parental participation (Wahdini H, Plan Indonesia).
13.45 – 14.45	**Break out groups** to exchange perspectives and experiences in each of the four thematic areas
14.45 – 15.00	**Summary of issues and closing remarks**

Annex 2:

Common Characteristics of Effective Health and/or Sexuality Education Programmes (UNESCO International Guidelines on Sexuality Education)

There are19 characteristics of effective programmes.. They are programmes that:

i) Are implemented in schools and other youth oriented organisations that reach large numbers of young people. The majority of programmes that have shown long-term positive effects on behaviour have included a curriculum component that was implemented in schools;

ii) Include at least 12 or more sessions. Multiple topics need to be covered and this requires sufficient classroom time allocation. The 12 sessions appears to be a minimum requirement and some programmes have included more than thirty sessions each lasting around fifty minutes.

iii) Include sequential sessions over several years. Sexuality education needs to be reinforced over time, for at least 2-3 years.

iv) Cover topics in a logical sequence. Effective curricula focus first on strengthening motivation to avoid STI and HIV infection by emphasising susceptibility, before proceeding to address the specific knowledge, attitudes and skills required to avoid them.

v) Employ educationally sound methods that actively involve participants and assist them to personalize information. A broad range of participatory teaching and learning methods have been used to implement effective programmes. These typically involve active learning activities, discussion and reflection and are matched to specific learning objectives.

vi) Employ activities, instructional methods and behavioral messages that are appropriate to young people's culture, developmental age ands sexual experience. Curricula to be effective must be consistent with the community, culture, age and sexual experience of students. Teaching methods need to be consistent with the developmental age of the learner. Activities for younger learners typically involve more basic information, less advanced cognitive tasks and less complex activities.

vii) Include homework assignments to increase communication with parents or other adults. The most effective way to increase parent to child communication about sexuality is to provide homework assignments to discuss selected topics with parents or other trusted adults, beginning with safe topics and moving towards more culturally sensitive ones.

viii) Address gender issues and sensitivities in both the content and teaching approach. Gender is integral to sexuality, sexual behaviour and reproductive health. Effective curricula need to examine and address gender inequalities and stereotypes.

ix) Implemented in a supportive policy environment. Policies should demonstrate that the delivery and curricula of sexuality education are a matter of government policy rather than the choice of the school or the teacher. Effective programmes are more likely when there is an appropriate overarching national multi-sectoral policy framework e.g. on HIV or adolescent development. Policies are best developed with key stakeholders such as young people, teachers and their unions, faith communities, NGOs and other representatives of civil society.

x) Select capable and motivated educators to implement the curriculum. Teachers have an enormous impact on the effectiveness of sexuality education programmes. It is important that they have an interest in teaching the programme, are personally comfortable in discussing sexuality and related issues, are able to communicate with the learners and are skilled in the use of participatory teaching and learning methods.

xi) Provide quality training to educators. Sexuality education involves new concepts, content matter and new teaching methods. For these reasons, specialized training is important for programme effectiveness. It should involve both content and skills training within a balanced programme delivered by skilled trainers to increase the confidence and capability of teachers. The training should encourage teachers to implement the programme with fidelity and not selectively.

xii) Provide on-going management, supervision and support. School management need to provide encouragement, guidance and support to teachers involved in delivering sexuality education. It is important that the curriculum is taught as intended.

xiii) Create a safe environment for youth to participate and learn. It is essential to create a conducive environment in the school and the classroom for sexuality education. This may include the setting of ground rules to be followed. Sexual relationships between teachers and students are totally incompatible with a safe learning environment. Safety in the classroom needs to be reinforced by appropriate policies to protect against gender-based discrimination and violence.

xiv) Involve multiple people with expertise in human sexuality, sexual health and young people. People familiar with research and knowledge in these fields should be involved in sexuality education curriculum development.

xv) Involve young people in the development of the curriculum. Sexuality education will be more attractive to young people if they are involved in its development.

xvi) Assess relevant needs and assets of the target group. This assessment should investigate the learners' beliefs, attitudes and skills so these can be built on in the sexuality education programme.

xvii) Design activities which are sensitive to community values and consistent with available resources. Resources include staff time, skills, supplies etc. Programmed which are not sensitive to community values are unlikely to be fully implemented.

xviii) Pilot test the programme and obtain ongoing feedback from learners about how the programme is meeting their needs. Pilot testing should take place in conditions which are as close as possible to those in which final implementation will take place.

xix) Cover a comprehensive array of topics that meet the needs of young people. Six key concepts are linked to these topics. They are:

Relationships;
Values, attitudes and skills;
Culture, society and law;
Human development;
Sexual behaviour; and
Sexual and reproductive health.

Annex 3:

Youth Statement to Governments at ICAAP by Ishita Chaudhry (On behalf of the Youth Forum, Bali Youth Force at the 9th ICAAP)

In the last two days, over 150 young people ranged from 17 to 35 years, representing over 20 countries, came together in solidarity. The youth group at the second largest AIDS forum in the world, the 9th ICAAP, drafted a collective commitment to increase young people's stake in programmes and policy processes that impact their lives and their rights.

As youth from Brunei, Sri Lanka, Pakistan, India, Bangladesh, Japan, China, Philippines, Brazil, Thailand, Cambodia, Vietnam, Nepal, Burma, Malaysia, Samoa, Lao, Papua New Guinea and South Korea, this commitment we make, is deeply personal. It is to achieve meaningful youth participation by developing strong adult peer partnerships, increase funding and capacity building for youth led and youth serving initiatives, mainstream human rights in the HIV and AIDS response for all young people, recognize and affirm young people's sexual reproductive health and rights and eliminate stigma and discrimination amongst young people.

And one wonders, what exactly does that mean? As a 24 year old who has been part of this incredibly diverse forum, there is a question that repeatedly comes up in all of our communities. Young people ask about it, in confusion. Parents ask about it, worried. Teachers and Schools wonder what to do with it, communities discuss it, in secret and our governments are still grappling with developing a comprehensive framework to implement it.

Why is sexuality so problematic?

Why as society, are we so scared to address any kind of sexuality education or rights cohesively? What stops us from giving young people complete rather than half baked information that is critical and life saving and that can protect them from disease, empowers them to be informed individuals and that teach them to be respectful to their own needs and desires and to be respectful towards the rights of others as well?

Why is there in all of our countries, this huge gap between what's happening in our lives and how empowered young people are, to be able to address these issues within their own societies?

Sexuality Education is about young people's right to know. The arguments based on cohesive Sexuality Education being against our cultural and moral values are invalid and do not justify denying young people the information and skills they need and are entitled to. Exhaustive research studies show that implementing comprehensive sexuality education does not lead to an increase in early sexual activity.

Majority of the awareness work we do around the prevention of HIV/AIDS isn't nearly half as effective as it should have been, because there is this underlying silence that no one will address. And as governments, as leaders, you cannot look away from the fact that young people are contracting HIV every day because they do not have the knowledge and tools to protect themselves. When you take the so called 'safer route' and substitute conversations about recognizing multiple sexuality and gender identities, staying healthy and protecting oneself from STI's and feeling comfortable with one's own body with conversations instead, about promoting self control and abstinence, you destroy any open space or possibility for conversation between young people and their families and communities.

No religion or society in the world, wants its young people to contract STDs, wants its young women to die in early childbirth or see violating inequalities between men and women. Comprehensive Sexuality Education is a framework that addresses each of these issues. It is not just about how to have sex, but rather about good quality school based sexuality, relationship and HIV education that increases the age of sexual debut and has positive effects on the risk of STIs and unintended pregnancies and attitudes towards people living with HIV.

It is also not automatically covered under the ambit of Reproductive Heath. When we replace curriculums on sexuality education and call them population control, family and life planning, health education, we need to ensure that we are still addressing sexuality as a basic component of human nature, that needs to be integrated in a larger framework of human rights.

Young people from Asia and the Pacific commonly identified various gaps and highlighted best practices present in how comprehensive sexuality education was being addressed in their country, some of which I'm sharing with you today:

- Many young people at this forum have highlighted the problems faced with having decentralized governments. There needs to be a standardized approach taken to implement comprehensive sexuality education. Central governments need to be able to dialogue clearer with state governments or provinces, to lobby for a standardized, comprehensive approach that is made accessible not just in government schools, but to out of school youth and those in private and faith based institutions as well.
- We believe that the approaches the ministry of education and ministry of health in each country implement could be aligned to ensure a more effective outcome, making schools a safe space for such conversation.
- We also believe that UN organizations in each country can play a key role in ensuring that this happens, because they have access to spaces of influence with governments that as young people, we do not.
- The importance and need of explaining to young people, condom use as well as negotiating the same was flagged as critical. Young people from Malaysia and India specifically felt that this was lacking in the approach that their governments implemented.
- Youth from Pakistan, Malaysia, Papua New Gunea, Indonesia, Burma, Bangladesh and India felt strongly that comprehensive sexuality education is only effective if the form by which it is taught is without shame or embarassment and that currently in their countries, a larger focus needs to be made on implementing peer education services, as this makes the information contextualization easier and more age appropriate.
- They also felt strongly that teachers implementing curriculums need to be trained. The Brazilian Government partnership with civil society organizations who have the capacity and infrastructure to be able to do this was a best practise highlighted. We believe that civil society organizations and peer education has greater potential to be able to correctly implement community specific comprehensive sexuality education and partnerships should be encouraged by governments in asia and the pacific. Young people from China and Japan endorsed the need for this strongly.
- Young People from Pakistan feel that the lack of a specific curriculum in sexuality education in Pakistan has led to limited information being made accessible in certain provinces of the country. A study by a recent NGO in the country revealed that sex education being conducted was not age appropriate, it was only in class 12 that many male students are taught anatomy and that often, frogs reproductive systems are used to explain human biology and sexuality.
- A greater effort needs to be made to dialogue with the positive power of faith and religion, as most young people pointed out that religious texts such as the Holy Quran have clear passages that advocate for recognizing women's rights as well as reproductive health. However, it is often in the interpretation of these texts and a lack of community understanding on interpreting religious beliefs that biases step in. In Bangladesh, Imams are trained and in Brunei, christian priests have now been trained to address the HIV reponse.
- Many young people feel that counseling and testing services are not comprehensive in

their countries, services are not affordable and healthcare professionals are judgemental and stigmatize often the services they are offering. In Papa New Guniea, youth pointed out that there is an understanding of the approach that needs to be taken, but simply a lack in implementing youth friendly services and an educational curriculum.

• Youth from Indonesia pointed out that comprehensive sexuality education is seen as an extra curricular activity and is not compulsory learning. We strongly feel that comprehensive sexuality education should be made age appropriate and mandatory for all young people.

• Moreover we are absolutely sure, that a pure abstinence based approach does not work, as it discourages, embarasses and stimgatizes young people from asking honest, open and relevant questions. A sex positive approach that mainstreams sexuality as part of human rights to HIV is needed. The recent move by US President Obama to advocate for age appropriate comprehensive sexuality education and replace abstinence only education is testament to this. Youth from Vietnam, Sri Lanka, Cambodia, Malayasia, Singapore, Brunei, Pakistan, Samoa and South Kora felt that this was a critical factor and were unable to communicate the same to their governments effectively.

• Youth from India highlighted the need to involve young people in reviewing and developing effective models to implement comprehensive sexuality education curriculai. We also feel that young people are aware of the cultural sensitivities in their countries and are at times, better placed to develop approaches that are comprehensive yet practical and senstitive to the needs of the community that they will be used in.

It was clear that all 150 young people feel that in each of their countries, there needs to be a significant increase in recgonizing diverse gender and sexual identities and addressing gender equity, both in their respective country's legal and societal frameworks. We believe that you can pretend that an issue doesn't exist in society and refuse to address it, but if you overlook entire communities of people and their fundamental right to express their own identity, you will only fuel anger. Governments weaken themselves when they do this and they are less respected by their own citizens. As youth, we need to see an increase of positive role models in governments.

Sexuality Education is guided by the principle, that by empowering young people and giving them a safe space in society where they can ask questions, you are investing in develop a very critical human resource that builds the future and promise of any country. And to our minds, that's exactly why we are we need to support implementing CSE. We believe these issues are key to empowering young people to protect themselves and that if you give young people their right to information, skills and services and that if you trust rather than judge who you think they are, young people can negotiate high-risk situations more effectively and reduce their vulnerability to a range of issues, specifically, violence, HIV and substance abuse.

We have been working for the past 5 months, through E consultations, skill building sessions, advocacy training to now at ICAAP, developing a special youth corner that hosts an adult and young people commitment desk. This commitment desk is testament to the fact that as young people, we will hold you, leaders, decision makers and governments, accountable to working with us. We hope you will raise the bar by making a commitment that highlights how our governments and ministries believe in investing in young people's future and their rights and showcase best practices in how we can work together.

A comprehensive sexuality education framework has many benefits. It improves maternal health, integrating HIV and STI prevention, reducing unwanted pregnancies and unsafe abortions, encourages democracy through building critical thinking skills and promotes gender equality by empowering young people and involving young men and boys. Our call to you is to redefine the possibility and potential of how we see and work with young people in our societies.

A participative, affordable, youth friendly, well-implemented comprehensive sexuality education framework is no longer a luxury, but a necessity. In this century, with poverty, HIV, climate change and global recession becoming a deadly reality, you cannot walk away. It is unforgivable, inexcusable and inhumane. As decision makers and political leaders, we need you to choose people over politics and development over silence.

As the youth forum from ICAAP, we believe in the positive power of what young people and decision makers can do, if they work together. We hope we can count on you, in the most meaningful way possible, to lead the change we need to see.

BALI COMMITMENT to Action
for HIV Prevention Education
Through Effective School-Based Programmes

We, the undersigned, agree to intensify our efforts to ensure that effective health and sexuality education is accessible to all young people at school.

Our actions will be country specific, culturally appropriate, respectful of gender equality and informed by evidence regarding effective HIV education programmes.

Our joint efforts will contribute to the MDG targets for HIV prevention among young people and support their rights to participation, and to information and skills, which will empower them to make informed decisions that protect them from social and health risks including HIV infection.

The 10th International Congress on AIDS in Asia and the Pacific will provide a forum to assess our progress and enable cross-country learning.