



Evidence gaps and research needs in comprehensive sexuality education

Technical brief

This technical brief outlines the current knowledge-base and identifies major research needs and evidence gaps in comprehensive sexuality education (CSE) as identified by experts in the field. The aim is to inform investment in key research needs and evidence gaps related to CSE so as to support a stronger, and needs-based, evidence-base for policy and programming.

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Specifically, we thank the individuals named in Annex 1 and 2 for their involvement in the development of this brief.

Summary

This technical brief outlines the current knowledge-base and identifies major research needs and evidence gaps in comprehensive sexuality education (CSE) as identified by experts in the field. Some key messages are:

- Given the multi-component nature of CSE and the potential impacts of CSE, research needs to go beyond the traditional focus on health outcomes
- More knowledge and evidence are needed on curriculum content and teacher preparation to better use resources and make decisions in case of time or human resource limitations, i.e., work towards defining a minimum package
- Varied methods and approaches for research can help illuminate both the outcomes – related to health, education, gender, or other – as well as process of delivery
- There is a strong call for donors and programme designers to fund and recognise a variety of forms of evidence, other than randomised controlled trials, as credible sources and as proof of value for investments
- Localised research is important for policy and programme decisions, including participatory and qualitative research
- Young people’s engagement in research and their perspectives on feasibility and relevance are important to inform CSE policy and programming

Introduction

Since the publication of the International Technical Guidance on Sexuality Education in 2009, the delivery of sexuality education has extended throughout the world and, with this, the understanding of its importance and rationale have become more widely recognised.

Two evidence reviews commissioned by UNESCO in 2008 and 2016 informed the development of the original and then the revised edition of the International Technical Guidance on Sexuality Education (the Guidance) published by UNESCO with UNAIDS, UNFPA, UNICEF, UN Women and WHO (UNESCO et al, 2018). The results of these studies, along with recommendations from experts in sexuality education development, implementation and evaluation, indicate that comprehensive sexuality education (CSE) contributes to a range of positive health and well-being outcomes, including: preventing HIV and unintended pregnancy; reducing risky sexual behaviour; preventing and reducing gender-based and intimate partner violence and discrimination; increasing gender equitable norms, self-efficacy and confidence; and, building stronger and healthier relationships (UNESCO et al, 2018).

The purpose of this brief is to **outline the current knowledge-base and identify major research needs and evidence gaps in CSE in order to support a stronger, and needs-based, evidence-base for policy and programming.** Debate among researchers and practitioners on effective approaches to measuring the impact of, and effective processes for delivering, CSE has emerged in the past decade. Conceptual limitations and recommendations have been proposed by European experts (Ketting et al, 2015). The evidence review (UNESCO, 2016) commissioned as a foundation for the revision of the Guidance highlighted gaps and areas

for further attention, prompting further discussion and debate by experts in CSE during the consultation process and beyond (Various, 2016 - unpublished). Importantly, these research findings and conceptual debates have pointed to the importance of thinking differently about CSE, not as a simple intervention but as a holistic, complex, multidimensional process that takes place over a number of years with a range of potential outcomes.

Taking into account the need for a new evaluation framework for CSE (Ketting et al, 2015), as well as the identified areas for further research (UNESCO et al, 2018), WHO and UNESCO hosted an initial consultation on research gaps in CSE with 21 experts¹ in July 2020 which included UN staff, academics and researchers, young people and CSE implementers from all regions of the world. The aim of this consultation was to discuss the current knowledge base on CSE – including past and recently published findings, lessons learned from implementation, and investigation currently underway – and to identify the main research gaps.

For this purpose, and to cover the breadth and depth of CSE research, participants discussed existing evidence, research gaps and potential priorities in relation to five key areas of CSE: (1) Outcomes / Effectiveness; (2) Curriculum content; (3) Delivery; (4) Building Support; (5) Methodologies / Approaches to Research. While there is some overlap among these areas, this categorization reflects the multidimensional aspects of CSE research and was used to separate, understand, and discuss CSE in all its complexity. In order to develop a richer and more complete picture, the summary findings from the consultation were then supplemented through consultations with stakeholders implementing programmes at country level. Seventeen semi-structured, key informant interviews (including a total of 36 participants)² were held with a diverse group of CSE stakeholders, including CSE policy makers, programme implementers, researchers, donors, and young people from different regions, between December 2020 and January 2021, around the same five research areas.

This technical brief provides a summary of findings from the consultations including a brief outline of the current knowledge base and the evidence priorities that stakeholders identified as critical to policy, programming and advocacy processes around CSE. It takes stock of the research recommendations and areas for review proposed in the Guidance and analyses expert recommendations on gaps and priorities in CSE research that persist. This brief is targeted to donors and researchers who are planning and investing in research on and/or evaluation of CSE.

Research Areas

1. Outcomes / Effectiveness of CSE

There has been progress in research on the outcomes and/or effectiveness of CSE as documented in the revised Guidance (UNESCO et al, 2018), the evidence review informing it (UNESCO, 2016), the Comprehensive Sexuality Education Factsheet Series (BzGA, 2020), the policy paper 'Facing the Facts: the case for CSE' (UNESCO, 2019) as well as Santelli et al's review of the impact of US policies and programs (Santelli JS, 2017). This area is a priority

¹ See Annex 1 for a list of participants

² See Annex 2 for a list of respondents and Annex 3 for guiding interview questions

focus for policy makers, programmers, educators and researchers, who continue to see the need for up-to-date evidence to demonstrate the potential impact of CSE on preventing major social or health issues such as HIV, early pregnancy or gender-based violence. However, there remain significant gaps in evidence, including how effectiveness of CSE is defined, i.e., in terms of health outcomes, violence prevention outcomes, educational outcomes including acquired knowledge, or skills development.

CSE is a teaching and learning process and relies on the existence of a strong policy backing, comprehensive curricula and effective delivery from well-trained teachers. Its success is also dependent on, or connected to, the wider social environment and structural drivers of health, equality, education and well-being. Despite this, the ultimate outcome, or final goal of CSE, is often positioned at the level of the individual learner. This is often through outcomes-focused research which assesses the acquisition of knowledge, as well as influence on attitudes and practices or behaviours. These may range from: health behaviours (e.g., practising safer sex); social and emotional skills, such as improved knowledge, skills and intentions to avoid risky sexual behaviours; increased communication with parents about sex and relationships; and greater self-efficacy to manage risky situations (UNESCO, 2018). The impact of structural factors on the 'success' of CSE on individual practices or behaviours is not generally analysed, leading to potentially inconsistent results. There is, in fact, an increasing need to examine **outcomes beyond the individual**, for example, measuring whether gender equality or attitudes towards violence have been transformed within the school setting or community.

Research on **non-health outcomes** of CSE is less prevalent and seen as a critical emerging area of need, as well as further research among the younger cohort of learners. A recent systematic literature review (Goldfarb & Lieberman, 2021) examined outcomes of school-based sexuality education programmes dating back to 1990, specifically excluding the traditional health focus on pregnancy and STI outcomes, and instead focussing on: appreciation of sexual diversity, dating and intimate partner violence prevention, development of healthy relationships, and prevention of child sex abuse. The review found that CSE can: successfully reduce homophobic bullying; build understanding of gender expectations and gender-based oppression even among younger children; reduce intimate partner violence and improve knowledge and skills around this issue; improve communication skills, self-efficacy, and finally, improve feelings of self-efficacy and safety in relation to child abuse.

However, whilst there is an emerging understanding of how to measure the development of skills and values through education (as, for example, through social and emotional learning), **metrics for measurement of skills and values developed through CSE** are still nascent at a large scale. Research shows that social and emotional learning (SEL) skills positively influence academic results and classroom-based sex education has been shown to improve SEL, e.g., increased empathy, respect for others, managing feelings, positive self-image, increased sense of self-control and safety, and establishing and maintaining positive relationships (Goldfarb & Lieberman, 2021). Although SEL skills, i.e., critical thinking, empathy, efficacy and resilience, have been the focus of some research in high income countries; in low-income countries, research on these areas is insufficient. CSE is an iterative process of teaching and learning with benefits accrued along the life-course, including on health behaviours and social and emotional skills, which can all be complex to measure.

While multicomponent studies are needed, it may not always be possible to make clear attributions or separate the intervention elements, highlighting the need for a variety of high quality, deliberate research studies on learning outcomes as well as health outcomes (at different age groups) of CSE, which use educational psychology theory as well as behavioural sciences to define the conceptual frame. Such studies would need to focus on developing qualitative or nuanced understandings of context, mitigating factors, and use learners' voices to help document what brought about changes, if any.

An extensive, global study on early adolescence has confirmed that sexual and gender norms and stereotypes, internalisation of different 'social rules' about relationships, including imbalanced power dynamics between partners, already takes place by the ages of 10-14 years (Moreau, et al., 2019). The systematic literature review (Goldfarb & Lieberman, 2021) revealed that early grades are the best time to introduce sexual orientation, gender equality, and social justice topics and that sex education is most effective when begun early, before sexual activity begins. Therefore, we know that CSE starting early, being provided in an incremental, spiral curriculum over the years, and being embedded in supportive school environments and across subject areas, can improve sexual, social, and emotional health and academic outcomes for young people (Goldfarb & Lieberman, 2021) (UNESCO et al, 2018).

Finally, the question of *“who” is defining effectiveness of CSE*, i.e., young people, teachers, health or education policy makers, donors, makes a difference to what gets measured. Effectiveness may be different according to the setting and the age group, as well as the purpose of the CSE programme, as defined in its local context. While there may be high hopes for the potential of CSE impact overall on health indicators and on a breadth of issues it could possibly impact, e.g., violence, puberty, HIV, gender attitudes, each programme can only be measured against its own internally set outcomes and the content that has been carefully planned and developed to achieve those outcomes. However, studies that use outcome harvesting or measure unintended outcomes could help provide evidence on other kinds of outcomes too.

Recommendations for further research

- **Testing of a holistic CSE model** that could be improved as research results appeared and enabled adaptation of the model, and would make it easier to understand the links between apparently separate research areas, i.e., health outcomes, critical thinking or SEL, other educational / learning outcomes. Some questions the model would attempt to answer are:
 - What are the attitudes and skills most associated with different types of long-term health and social outcomes?
 - What are the teaching approaches most likely linked to the different outcome levels?
 - What cognitive and emotional processes precede the acquisition of new attitudes and skills, and mediate their link with behaviour?
 - What moderating variables (e.g., access to services, gender equality indicators) affect the link between skills and attitude on the one hand, and health and social outcomes on the other hand?

- CSE research that considers **multiple learning, health and social outcomes**. While there is a continued need to understand the long-term health outcomes of CSE, such as how CSE contributes to prevention of early and unintended pregnancy, HIV and STI, some further questions to be answered are:
 - How does CSE build knowledge, attitudes and skills and how can this be measured at different ages?
 - How does CSE affect the experience of puberty and menstrual health, or the development of equitable inter-personal relationships?
 - How does CSE contribute to overall personal and social development? How does it build self-efficacy, self-esteem, negotiation of power, communication skills, address discrimination, and dispel shame and fear?
 - How does CSE contribute to promoting better mental health and well-being, through enhancing skills and self-realisation, and what are the essential success factors?
 - How are values supported and transformed through CSE? How does all of this contribute to broader educational outcomes, and individual well-being?
 - To what extent does knowledge and skill acquisition through CSE influence the development of (or change in) behaviours, including within inter-personal relationships, in sexual relationships, and in terms of demand for health services and commodities?
 - How does CSE contribute to preventing issues such as violence, including school-based violence and bullying, or sexual abuse and enhance understanding of gender equality, human rights, and positive sexuality? Can CSE change school culture on violence prevention and gender equality?
- The ways in which the **effectiveness of CSE** is affected by adolescents' socio-ecological context need to be better understood and some questions to be answered are
 - How does CSE contribute to preventing issues such as violence, including school-based violence and bullying, or sexual abuse and enhance understanding of gender equality, human rights, and positive sexuality? Can CSE change school culture on violence prevention and gender equality?
 - What are the cognitive and emotional processes, interactions with peers, and other such variables that affect CSE effectiveness in different settings?
 - Is CSE experienced differently by boys and girls?
 - Are young people getting answers to their real life questions about sexuality and relationships from school based CSE? Are they receiving information about, and access to, services that they need?
 - How do different groups of young people experience CSE? What are their preferences? What is the effectiveness of different channels and what they believe are the gaps in CSE?
 - While we know that CSE is more effective when started at younger ages, with the Guidance providing learning objectives from age 5 onwards, consider what 'effective' CSE looks like for different age groups, notably younger children, including questions such as:
 - How can 'effectiveness' evidence be made relevant for primary level education where the focus is on the building blocks of healthy relationships, values and

- learning about the body?
- What are the proxy indicators for desired outcomes per age group?

2. Curriculum Content

The knowledge base on the recommended content of CSE curricula is the area with the fewest gaps, with the key concepts and topics recommended in the UN Guidance (UNESCO et al., 2018) being guided not only by human rights, child development, public health and educational theory, but also an extensive review of curricula and curricular frameworks (UNESCO, 2017). This review made recommendations for inclusion of new concepts and topics to build on the original 2009 edition of the Guidance, and strengthening of others, to better reflect emerging issues.

There is firm evidence that curriculum **content should be comprehensive**, contributing to a broad definition of well-being, including increasing gender equitable norms, self-efficacy and confidence; building happier and healthier relationships; preventing and reducing gender-based and intimate partner violence and discrimination; and ensuring puberty and sexual and reproductive health information and skills.

The development of curriculum content must continue to be **based on health evidence** and educational and behavioural sciences, rather than be limited by local norms or fears. In other words, content must include discussion of sex and sexuality in a developmentally appropriate and incremental manner.

In addition, content should incorporate youth perspectives and **be relevant** for the lives of young people, including those who are marginalized. It must be effectively tailored to local contexts and specific groups, while ensuring that the key concepts and topics outlined in the Guidance (UNESCO et al., 2018) are all addressed. Input from all community stakeholders, even some who may show resistance to CSE, is necessary for curriculum development to ensure sustainability and acceptance.

Despite the evidence that exists around curriculum content, CSE implementers are faced with many challenges and questions on the ground regarding this. Questions around relevance, efficacy and the selection of specific content for specific age groups are often raised. However, it is important to highlight there is no feasible way to develop an evidence base for these issues that can be globally applied, precisely due to contextual factors and other variables (as identified in the Outcomes / Effectiveness section) that differ. The recommendations in the Guidance are based on existing evidence and good practice, including national curriculum frameworks, and a human rights and gender transformative approach.

Recommendations for further research

- Further evidence on impact of age-appropriate content, especially for younger age groups, to enable advocacy for starting CSE at younger age groups
- Key concepts and topics on newly emerging sexual risks e.g., cyber bullying, sexting, etc.
- Reasons why some content (e.g., masturbation, menstruation, consent and sexual relationships) tends to get excluded and how to ensure inclusion, i.e. identifying the entry points, levers, shared values to include content that is considered 'sensitive' or

controversial. This could include documenting processes of translation and contextualisation of CSE content across different settings to enhance learning on good practice. For example, a question to be answered is:

- How do countries tailor content and delivery to consider local circumstances, the major health and social needs of children and young people, and the desires and preferences of specific groups (including out-of-school youth)?
- Evidence on **what works to effectively include CSE into curricula**, especially given the constraints of the teaching and learning schedule. This research could be guided by new pedagogical approaches and futures of learning as well as grounded in practical realities of different contexts. Some questions to be answered are:
 - What content needs to be included for effective social and emotional learning in support of sexual and reproductive health and well-being? Is this content already covered in other subjects?
 - How is CSE being balanced with other subjects, prioritized, and better integrated?
 - Which subject areas are the best carriers for CSE in different context / schooling constraints? Which topics can go into which subject? And how are teachers delivering integrated content?
 - How is content on gender, sexual diversity and social norms integrated across the curriculum (not just in the CSE curriculum), given the positive impact that gender and social norms, in particular, have been shown to have on effectiveness of CSE?
- Context specific studies on the needs and realities of different groups of young people to ensure inclusive and responsive curricula. For example, a question to be answered is:
 - What are the realities that young people are facing in their interpersonal, intimate and sexual relationships that should be reflected in their CSE lessons?

3. Delivery

Many lessons have been learned about the delivery of CSE through expanding implementation and practice, monitoring, evaluations and research (UNESCO, 2019; UNESCO, 2016; IPPF, 2016). Existing research shows that local ownership, political will, confident and effective educators, and a safe and enabling environment are key. Investments in teacher education and support, especially post-training support and resources, are also important to addressing the barriers faced in teaching CSE in the classroom. Learner involvement in making curricula relevant and ongoing engagement with community and parent organisations or networks are necessary to reduce barriers to delivery (UNESCO, 2019).

Finding the balance between meeting international recommendations and addressing local priorities (or limitations) takes time and expertise and local evidence on key health and social issues, young people's needs, and socio-cultural practices (both protective and harmful) is needed to design CSE delivery. For effective and sustainable delivery through formal and non-formal education channels, CSE should be included in plans and budgets, for teacher training and resources. To build support and ensure continued delivery, local CSE

champions or supporters on school boards, city councils, within parent groups and community, religious and youth organizations are important.

Recommendations for further research

- Studies to illuminate how **accountability for delivery and monitoring of CSE** has been achieved, given that CSE sometimes has no clear ‘home-base’ between the health and education sectors, and identifying key levers of success for sustainable delivery
- Indicators to monitor the level and quality of implementation that build on existing frameworks in-country, and that are feasible and cost-efficient to measure and monitor at scale
- Mechanisms for scaling up (while maintaining quality and effectiveness) and the support required for governments to achieve this delivery at scale, over a sustained period of time, in settings where CSE has been implemented in small-scale ‘projects’, and demonstrated to be relevant and effective ways in which national laws or policies can be better leveraged to facilitate or encourage implementation and monitoring of CSE by local authorities, whilst also showing how local implementation can also be influential in shifting national policy. For example, a question to be answered is:
 - What kinds of national policies, laws and strategies impact on or support CSE delivery?
- School level studies on how CSE is designed and implemented to be effective, including the **best delivery methods**. Some areas to be studied are:
 - Contextually relevant understanding of number of teaching hours, balance of pedagogical approaches, whether or not teachers have prescribed lesson plans; if not, then how they use expected learning outcomes for teaching, i.e., how they decide what to talk about during a given lesson;
 - Good practices to overcome barriers to delivery; the active engagement of parents, health workers and other stakeholders / organizations and understanding how they can best support CSE; the use of peer-to-peer approaches; the design and implementation of CSE in schools, given the particular requirements of different schools; and ongoing efforts to keep CSE delivery recommendations in tune with progress in technology to find more effective delivery mechanisms as well as bridge access gaps;
 - The role of external resource persons (including health professionals) in supporting, complementing or leading delivery of sexuality education in school settings, and systems to ensure quality and alignment with school priorities;
 - Understanding which are the most critical factors affecting delivery, e.g. variables related to school environment, teacher preparedness, community influence, etc. to determine where to direct limited resources for improvement;
 - Use of learner-centred approaches in providing transferable skills and examining the crossroads between neuropsychology, behavioural and education sciences.

- Studies on **teacher preparedness** to examine and derive evidence and good practices on areas such as:
 - Training to deliver transformative pedagogy, as part of wider approach in education;
 - Specifically for CSE, what needs to be different from 'classic' teacher training e.g. process-oriented approach, support to reflect on values & attitudes related to CSE, skills building, etc.;
 - Barriers that teachers face and challenges they identify (personal, classroom, resources) in diverse contexts e.g., teaching skills building components in overcrowded classrooms, or with seating arrangements in extreme heat, etc.;
 - Ongoing support for teachers and what this looks like, e.g., continued training but also support/networks to work on a particularly new and challenging topic, including feasibility in different contexts;
 - Using carrier subjects to deliver CSE content;
 - Selection and tailoring of the CSE curriculum, by teachers, in a crowded curriculum;
 - Effective strategies that enable teachers to be confident and comfortable to bring a positive approach to teaching about sexuality and well-being;
 - Assessment of teacher competency and quality of teaching, as part of overall education assessment, but with specific criteria / modalities for CSE.
- Given the particular circumstances brought about by the COVID pandemic with school closures and alternative modalities being adopted to deliver learning, research is needed on some of questions such as:
 - What is the contribution of online teaching resources, information and materials for CSE, and what elements are better delivered face-to-face?
 - What is the relative effectiveness of different distance training approaches, as well as hybrid approaches, for CSE?
 - What are the challenges and barriers teachers face, e.g. addressing taboo subjects, opposing family values, difficult circumstances, limited time to teach CSE, use of participatory pedagogy, in delivering CSE through alternative methods?
- Effective strategies for delivering CSE to learners in different settings and with different needs, e.g. learners with disabilities, refugee or fragile settings etc. Some questions to be answered are:
 - What skills / tools are needed to ensure uptake of CSE by different groups of learners?
 - How do learners' sex, social class, ethnicity, or other forms of intersecting identities, affect the delivery of CSE?
 - What strategies are feasible to help learners become active change agents and promoters of CSE?

4. Building Support and Addressing Resistance to CSE

Evidence exists on building support for (or addressing resistance to) CSE in different contexts, and useful lessons have been learned in countries as different as Pakistan, Mexico and southern United States (Chandra-Mouli et al., 2018a; Wiley D, 2020; Chandra-Mouli et al., 2015; Chandra-Mouli et al., 2018b). These studies reveal that it is not only important to include stakeholders who are already on board with CSE, but also those who are not yet convinced, including parents, media, community members, and opinion leaders, in the process of developing CSE interventions. Addressing resistance involves openness to continual dialogue with a range of stakeholders.

Documented examples have shown that sometimes a critical, negative event (e.g., an incident of child sexual abuse, or high levels of adolescent pregnancy) that receives mass media and/or social media attention is the catalyst for open discussion about the role of CSE in preventing harmful outcomes and a shift in public and government position. Further research can reinforce the evidence that children are safer with knowledge and skills to protect themselves and the earlier they receive this the better (i.e., beginning in primary school).

Recommendations for further research

- More evidence on **what is effective in building support** including, the kinds of arguments to which decision makers better respond (e.g., cost effectiveness, health outcomes, child protection etc.). Some questions to be answered are:
 - How is political support and commitment built?
 - How is community and parental support built?
 - How to formulate readily understood messages?
 - How to translate and disseminate information and research into a local context, to both the general public and to policy makers (including through different media platforms)?
 - What lessons can be learnt from other movements that require sophisticated approaches for promoting substantial social change, such as ending child marriage, or foot binding practices, decriminalizing abortion or homosexuality, etc.?
- Given the power and spread of social media, qualitative studies on strategies to push back against the emotion- and fear-based messaging and misinformation that opposition groups associate with CSE. This includes examining the use of arguments based on values and norms as well as strategies for strengthening positive links/groups in each community. Some questions to be answered are:
 - What have been the factors that have contributed to effectively neutralizing resistance?
 - Are there a set of Standard Operating Procedures for doing so?

- What moral or empirical rationale is used to create resistance to CSE?
- How do social and gender norms in different communities drive value-based resistance to CSE?
- What are the levers for promoting CSE among different constituencies, e.g., linking CSE to peace building, violence prevention, racial equality, or to educational outcomes?
- What are some innovative ways to involve religious communities, including common areas of interest, values, and spirituality?
- How, and in what contexts, do young people's voices make a difference in overcoming resistance to CSE?

5. Methodologies & Approaches to Research in CSE

Increasingly, more innovative and complementary research designs, such as process evaluation or mixed-methods evaluations, have been used to unpack key characteristics of effective programmes and highlight the multiple contextual factors and mechanisms that influence adolescent sexual behaviour and well-being and enable the development and delivery of CSE.

However, the most often published and valued type of evaluation design is randomized controlled trials (RCTs), often focused on short-term outcomes and public health impact. RCTs are powerful to causally link a CSE intervention to a certain outcome but they are not always used to provide an understanding of the many facets of effectiveness. While individual RCTs do not bring definitive answers, a large body of RCTs, each with limited ambition, could help answer broad and complex questions. However, data collection tends to be predominantly quantitative and systematic reviews refer to outdated studies, i.e., many conducted before the publication of the first edition of the Guidance in 2009, while overlooking grey literature. Evaluation designs in low- and middle-income countries are largely narrow, limited, and lack mixed-method, theory-driven and comprehensive approaches to the evaluation of complex CSE programmes with several interacting components.

CSE interventions are multifaceted due to features like the number of groups and organizational levels targeted by the intervention, its degree of flexibility, and the complexity of behaviours required by those delivering and receiving the intervention. Thus, research needs to address the complex, multidimensional nature of CSE.

Recommendations

- Research using a variety of **theory driven approaches**, with a broad range of outcome or process objectives, laid out with explicit theoretical models. Break down the complexity of CSE into smaller pieces, with intermediate outcomes measures, that are more manageable and where stronger conclusions can be drawn. Complement RCTs with well-designed process evaluations, with adequate financial and human resources, to understand the diverse effects of the intervention. Study internal and external

contextual factors that affect outcomes of a CSE intervention and include field studies to test external validity of the CSE model.

- Employ an **interdisciplinary approach** to the design and evaluation of CSE programmes, including development of clear intervention theories, incorporating qualitative evidence, and strengthening evidence to how research can be translated into policy.
- Study **long-term effects of CSE**, for example, on puberty experience and menstrual health, well-being and self-efficacy, healthy relationships, etc.
- Leverage heterogeneity by undertaking and comparing **studies in various settings**, including targeted interventions at **different groups** such as refugees, young people living with disabilities, and out-of-school populations.
- **Participatory and local research**, including ‘small scale’ studies that include young people and measure intermediate outcomes including skills. Such research should employ case studies, storytelling, and other, more informal, methods of recounting different human experiences.
- Better consideration of how **different research approaches** (qualitative, participatory, quantitative, etc.) could be relevant to measure or understand different objectives, and within different contexts or stakeholder groups.
- Include **grey literature** in reviews.

Conclusions

A broad range of varied research approaches is needed to strengthen the evidence base on CSE and rigorous data is needed on the positive effects of CSE, including evidence on the role of CSE, not only in delaying sex, reducing risky sexual behaviour, increasing contraceptive use and safer sex, and decreasing violence, but also in increasing self-efficacy, agency and resilience, acceptance of one’s body image, sense of belonging, respectful relationships, and prevention of violence, alongside broader societal impacts.

Equally important is qualitative research on the richness of implementation, how challenges are being overcome, and what is really happening in the classroom. This would include assessment of classroom teaching practice and good practice on supporting teachers to deliver CSE. Although robust and longitudinal studies are important, qualitative research as well as evidence from local contexts on implementation of sexuality education programmes provides policy makers the information and impetus to adopt and roll out CSE that is more likely to be acceptable and sustainable in their setting.

Translation of research findings into practical programme guidance, advocacy messaging, and policy decision making is also important. Research is only useful and relevant if it can be put into practice, therefore, it needs to be disseminated and communicated in a way that is understood. The intention of this brief – aimed at donors and researchers – is to document the discourse, examining the needs and opportunities, and stimulating further reflection to

inform future decision-making on carrying out CSE research in order to support a strengthened evidence base for policy and programming, leading to higher quality, more effective CSE.

Annex 1: Participants of the initial consultation on research gaps and needs

CSE Expert Working Group

27 & 29 July 2020

	Participants ^{3,4}	Country & stakeholder group
1	Moises Alfonso Carrillo Garcia ⁴ , Universidad del Norte	Colombia Young researcher
2	Esther Corona, World Association of Sexual Health	Mexico Researcher
3	Aparajita Gogoi, Centre for Catalyzing Change	India NGO
4	Nicole Haberland, Population Council	USA Academic
5	Sheena Hadi, Aahung	Pakistan NGO
6	Xavier Hospital, UNESCO	Senegal UN
7	Olena Ivanova, Ludwig-Maximilians-University of Munich	Germany Academic
8	Caroline Kabiru ³ , African Population and Health Research Center	Kenya Academic
9	Patricia Machawira, UNESCO	Zimbabwe UN
10	Monica Malata ⁴ , University of Malawi	Malawi Young researcher
11	Vandana Nair, Centre for Catalyzing Change	India NGO
12	Joar Svanemyr ⁴ , University of Bergen	Norway Academic
13	Judith Westeneng ³ , Rutgers	Netherlands Researcher
14	Katherine Watson, Independent Consultant / Torchlight Collective	Singapore Researcher
15	David Wiley, Texas State University	USA Academic

³ Key informant interviews⁴ Responded in writing

16	V. Chandra-Mouli, WHO	Geneva UN
17	Joanna Herat, UNESCO	France UN
18	Wendy Wisbaum, UNESCO	France UN
19	Bente Faugli, UNFPA	USA UN
Participated in consultation but not present in the meeting		
20	Kristien Michielsen, University of Ghent	Belgium Academic
21	Miranda van Reeuwijk, Rutgers	The Netherlands Researcher

Annex 2: Respondents

	Participants ^{5,6}	Country & stakeholder group
1	Sarita Jadav ⁵ , UNESCO & Saroj Yadav ⁵ , Dean Academic at National Council of Educational Research and Training	India UN & Government
2	Aina Heita-Kantewa ⁵ , UNESCO & Kakuna Venokulavo ⁵ , National School Health Coordinator, MOHSS	Namibia UN & Government
3	Ngozi Amanze Onyedikachi ⁵ , UNESCO & Eucharia Chime ⁵ , Assistant Director, HIV and AIDS, Federal Ministry of Education	Nigeria UN & Government
4	Jane Kamau ⁵ , UNESCO & Jeanne Patrick ⁶ , Programme Manager, Division of Reproductive and Maternal Health, Ministry of Health	Kenya UN & Government
5	Lucia Verdugo ⁵ , UNESCO & Romelia Mo ⁵ , Coordinator of Education Research, Directorate General of Research and Evaluation	Guatemala UN & Government
6	Heather Doyle ⁵ , Senior Technical Adviser on Gender, Global Fund	Global Fund Donor
7	Anand Sinha ⁵ , Country Advisor, David and Lucile Packard Foundation in India	India Donor
8	Anuki Mosiashvili ⁵ , International Coordinator - Advocacy and Partnerships, Y-PEER,	Georgia Youth Leader

⁵ Key informant interviews

⁶ Responded in writing

9	Moises Alfonso Carillo Garcia ⁵ , Research Assistant, Universidad del Norte, Colombia	Colombia Young Researcher
10	Jessie Freeman ⁵ , Adolescent SRHR Advisor, Plan International	UK INGO
11	Olfa Lazreg ⁵ , Programme Analyst, UNFPA	Tunisia UN
12	Monica Malata ⁵ , Research Associate, University of Malawi	Malawi Young Researcher
13	Tigran Yepoyan ⁵ , UNESCO Regional HIV and Health Education Advisor Galina Leshko ⁵ , Director of National Resource Centre NEOVITA for Adolescent Friendly Health & Psycho-social Support Centres Natalia Plugary ⁵ , Deputy-Representative, UNFPA Moldova Ludmila Sirbu ⁵ , CSE focal point, UNFPA Moldova	Moldova UN & Government
14	Hongyan Li ⁶ , UNESCO Wenli Liu ⁶ , Beijing Normal University Xiyang Wang ⁶ , Beijing Normal University Ping Gou ⁶ , Chengdu University Xiaowen Tu ⁶ , Researcher, Shanghai Institute of Planned Parenthood Research Xiaodong Chen ⁶ , Lecturer, Guangxi University of Traditional Chinese Medicine Sizhe Huang ⁶ , Director, Primary and Middle School Health Care Centre of Zhongshan City, Guangdong Province Mingjuan Xia ⁶ , Director, Primary and Middle School Health Care Centre of Chongqing Municipality Yaohua Zhang ⁶ , Director, You&Me Sexuality Education Platform Longxi Wang ⁶ , Program Manager (former), Marie Stopes International China Jiawei Hu ⁶ , Director, Wuxi Baohudoudou Technology Co, Ltd Baoshan Luo ⁶ , Executive Director, Gender-friendly Campus Fund Huanting Huan ⁶ , Program Manager, Rural Women's Development Foundation, Guangdong Pei Wang ⁶ , Counsellor & Supervisor, Spring Care Stress Intervention Centre, Shenzhen	China UN, Academic, NGO
15	Gaj Gurung ⁵ , Regional Coordinator, Youth Lead	Thailand Youth Leader
16	Mariana Braga ⁶ , UNESCO	Brazil UN
17	Kiki van Kessel ⁶ , Senior Specialist SRHR and Child Protection, Save the Children	The Netherlands INGO

Annex 3: Background and Interview Questions

Background: Work on research gaps and needs in comprehensive sexuality education (CSE)

It is now clear that Comprehensive Sexuality Education (CSE) is not a simple intervention, but a complex, multidimensional process that takes place over a number of years. This has implications for the way we evaluate its effectiveness, as well as the way it is delivered. Good quality research and evidence are critical for making sound decisions about the development and scale up of CSE programmes. While some evidence exists, there are gaps in the knowledge base.

UNESCO and WHO organized an initial consultation in July 2020 with 20 experts in CSE to help identify the most important current research gaps and needs in CSE. In December 2020, UNESCO will hold additional consultations with a broader group. These will consist of a series of 16 semi-structured individualized interviews with a wide, diverse group of stakeholders, including policy makers, programme implementers, researchers, donors, young people etc., to learn more about research gaps and needs from multiple perspectives. The second small series of consultations will follow similar questions and themes of the original consultation. The aim of this work, which starts from the research gaps identified to date through different review⁷ and notably through the revision of the International Technical Guidance on Sexuality Education (the Guidance) - is to explore and document the main perceived needs and gaps in research on CSE. These identified needs and gaps will be presented in a 10–12-page technical brief, targeted to researchers and donors that are planning and investing in research on CSE.

Overarching messages from the initial consultation in July 2020 were:

- There is a need for high quality research on CSE for many reasons and to serve many stakeholders
- Although RCT is the “gold standard” in health research, this is often not appropriate for CSE and there is a strong need for qualitative/other types of research, including implementation and operational research as well as process evaluations
- There is a need for increased commitment to and improved research methods on educational, social, and other outcomes of CSE that are not directly ‘health’ related
- Young people need to be involved and engaged in research and in every facet of CSE
- Local context is extremely important, particularly when translating evidence into recommendations

The interviews will be semi-structured and will take about 45 minutes. Questions will be asked about research gaps and needs in CSE overall, and specifically in five main research areas: (1) Outcomes/Effectiveness; (2) Curriculum Content; (3) Delivery; (4) Building Support (5) Methodologies and Approaches to research in CSE.

⁷ International Technical Guidance on Sexuality Education, (UNESCO et al, 2018); Evaluation of holistic sexuality education: A European expert group consensus agreement (Ketting et al, 2015); Summary of Reflections - Evidence Group commenting on Montgomery & Knerr’s Evidence Review to inform the revision of the Guidance (informal evidence group 2016).

Interview questions

- 1.** What kind of research/evidence do you use to support your decision making and implementation of CSE?
 - a. Are there research areas or questions that you consider important which are not currently covered?
 - b. What kind of information do you need but have been unable to find around CSE? E.g., research data, evidence or statistics, case studies, etc
 - c. If there is a great deal of evidence needed from your point of view, what are the greatest, most important needs?
- 2.** In relation to outcomes of CSE, what kind of evidence or research do you think would be most useful?
 - a. What should be measured?
 - b. What kind of short, medium or long-term outcomes should we consider?
- 3.** In relation to effectiveness of CSE, what kind of evidence or research do you think would be most useful?
 - a. What are the key questions we should be asking/finding answer to?
 - b. What kinds of dilemmas do you face in designing or implementing your CSE programme for which you do not yet have satisfactory answers?
- 4.** In relation to the content of CSE curricula, what kind of evidence or research do you think would be most useful?
 - a. What are the issues you struggle with on content and why?
- 5.** In relation to the delivery of CSE, (i.e., the process/methodology used, what kind of evidence or research do you think would be most useful?
 - a. National level?
 - b. Schools?
 - c. Teachers?
 - d. Learners?
- 6.** In relation to building support/addressing resistance to CSE, what kind of evidence or research do you think would be most useful?
 - a. What is the kind of data you need that would help convince different audiences?
- 7.** For my last question, I would like to turn to the research methodologies used to examine CSE. What are your thoughts on the most useful kind of methodologies for doing research on CSE?
 - a. Are there certain types of research that are felt to be more reliable or authoritative?

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