

[Survey Report]

UN Comprehensive Sexuality Guidelines and Cases from Abroad: Sexuality Education for a Better World



November 21, 2020

Introduction

"1,374 children are victims of sex crimes, the highest in five years...only 14% of perpetrators have been incarcerated"

"8 out of 9 teachers involved in digital sex crimes were related to the Nth room case"

" 'Power' omnipresent like air, gives rise to sexual violence by force."

"Dating violence increased by 41% in 2 years. Despite dating violence, 4 out of 10 such couples end up getting married."

Our society is plagued daily with these kinds of headlines about sex crimes, the failure to bring perpetrators to justice, and the secondary victimization of sexual violence survivors. If we are to end sexual violence, in addition to punishing perpetrators and healing victims, we should address the root causes of sexual violence: gender inequality. Recently, sexuality education has emerged as not simply a means of educating youth about their bodies and contraceptives but also as a way of exploring healthy sexuality and ultimately promoting gender equality. There is a growing movement pushing for a gender sensitive and more open and comprehensive sexuality education (CSE). However, implementation of CSE faces many great challenges, including established gender and sexual norms and those movements perpetuating them.

Currently, Korea mandates sex education once a year in schools, with the 2015 school sexuality education standards announced by the government, containing unrealistic advice such as "to prevent dating violence, don't be alone in a room with a man" and "men are susceptible to nudity and women are susceptible to moods," deepening gender stereotypes and discrimination. Furthermore, myths that accurate and explicit conversations about sex and sexuality encourages children and teenagers to have premature sex often fuels movements that shape national policies promoting abstinence only until marriage. Yet, simply pressing for abstinence and ignoring the sexual and social realities facing children and teenagers leaves them vulnerable to making uninformed and unhealthy choices. To change this culture and policies, UNESCO published its first *International Technical Guidance on Sexuality Education in 2009*. This guide was revised in 2018 to reflect the changes in society and the results of sexuality education for those 10 years.

The guide on comprehensive sexuality education (CSE) proposes a curriculum based on cognitive, emotional, physical and social aspects of sexuality. The goal is ensuring children and teenagers have the knowledge, skills, attitudes, and values to understand and uphold their rights, health, welfare and dignity, their impact on their welfare and that of others, and promote respect-based social and sexual relationships. CSE has been introduced partially and in full in the curriculum of several Asian countries, including India and Nepal; several African countries, including Botswana, Ghana, Kenya, Lesotho, Malawi, Namibia, South Africa, Eswatini, Uganda, Zambia and Zimbabwe. Based on their implementation, each country has had varying levels of success with the best cases actively and creatively engaging participants through role playing, theater, discussion, art projects, dance, poetry and storytelling.

To learn from and be inspired by CSE around the world, the ISC studied alternative sexuality education cases abroad: the Dutch program that resulted in a high rate of contraceptives use and delayed first-time-sex among teenagers; the US sexuality education co-developed by two churches that provides life-long sexuality education from kindergarten to old adulthood; a Chilean sex education program that allow schools, parents and students to help improve it; and a Korean CSE program with a US nonviolent communication element with the potential to address increasing dating violence. We also briefly surveyed and extracted lessons from other notable sexuality education cases we encountered in our research.

Comprehensive Sexuality Education

The United Nations International Technical Guidance on Sexuality Education was first published in 2009, with a second edition published in 2018. The Guidance provides scientifically accurate information and evidence-based practices related to sexual reproductive health (SRH), sexuality, and sexual behavior. The curricula start from the 5-8 age group and introduce new cumulative information for each subsequent age group: 9-12, 12-15, and 15-18. Its information and practices are age and developmentally appropriate responding to the changing needs and capabilities as children grow into adolescence.

The following are excerpts from the complete document¹ to glimpse the various lessons and practices that make up each of the 8 key concepts of comprehensive sexuality education.

1. Relationships

1.1 Families

- Families come in many types: two-parent, single-parent, child-headed, extended, nuclear, and non-traditional families.
- Young people and family members can turn to many support systems when faced with challenges related to sharing or disclosing information related to sexual relationships and health issues.
- Growing up means taking responsibility for oneself and others.

1.2 Friendship, Love and Romantic Relationships

- As one matures, affection and love can be expressed in different ways.
- Sexual relationships can be healthy and unhealthy:
 - Friendship and love help people feel positive about themselves.
 - Romantic relationships can be strongly affected by inequality and differences in power (due to gender, age, economic, social or health status).

1.3 Tolerance, Inclusion and Respect

- Every human being is unique, can contribute to society and has a right to be respected.
- Stigma and discrimination due to differences (e.g. HIV, pregnancy, health, social, economic status, ethnicity, race, origin, gender, sexual orientation, gender identity) are disrespectful, harmful to well-being, and violate human rights.
- Challenging stigma and discrimination and promoting inclusion, non-discrimination and diversity are important.

1.4 Long-term Commitments and Parenting

- Child and early forced marriages (CEFM) are harmful and illegal in the majority of countries and can lead to negative social and health consequences.
- Children have a variety of needs (e.g. physical, emotional, economic, health, and educational needs of children) that parents/guardians must fulfill.

2. Values, Rights, Culture and Sexuality

2.1 Values and Sexuality

- Values and attitudes:
 - are imparted to us by families and communities.
 - are sources of what we learn about sex and sexuality.
 - influence our personal behavior and decision making.
- Discuss what values, beliefs, and attitudes
 - guide the student's sexual behavior

¹ The full 2018 edition can be found at: <https://unesdoc.unesco.org/ark:/48223/pf0000260770>

- ensure they don't violate the rights of others
- enable them to stand up for others when harrassed
- As children grow up, they develop their own values, which might differ from those of their parents/guardians'.

2.2 Human Rights and Sexuality

- Local and national laws and policies
 - guard against child early and forced marriage (CEFM), female genital mutilation and cutting (FGM/C), non-consensual surgical interventions on intersex children, forced sterilization, age of consent, rape, sexual abuse, sex trafficking,
 - guard gender equality, sexual orientation, gender identity, abortion, and people's access to sexual and reproductive health services and reproductive rights.

2.3 Culture, Society, and Sexuality

- Social, cultural and religious factors influence what is considered acceptable and unacceptable sexual behavior in society and these factors evolve over time.
- How do social and cultural norms impact sexual behavior? What is the student's point of view?

3. Understanding Gender

3.1 The Social Construction of Gender and Gender Norms

- Understanding the difference between biological sex and gender
- Gender roles and norms (i.e. masculinity and femininity) impact romantic relationships.
- Homophobia and transphobia are harmful.
- Understanding ways to support victims and/or targets of homophobia or transphobia

3.2 Gender Equality, Stereotypes, and Bias

- Gender inequalities and differences in power exist in families, friendships, relationships, communities, and society.
- Gender equality can promote equal decision-making about sexual behaviour and life planning.
- Power differences influence sexual behaviour and may increase the risk of sexual coercion, abuse, and gender based violence (GBV).

3.3 Gender Based Violence)

- Gender stereotypes can cause violence and discrimination.
- All forms of GBV are a violation of human rights.
- Intimate partner violence is harmful, and everyone has a responsibility to speak out against human rights violations such as sexual abuse, harmful practices, and other forms of GBV.

4. Violence and Safety

4.1 Violence

- Learn ways to approach trusted adults and services that support survivors and prevent intimate partner violence and bullying

4.2 Consent, Privacy, and Bodily Integrity

- Understand what unwanted sexual attention is and why privacy is necessary
- Everybody has a right to be in control of what they will and won't do sexually.
- Consent is critical for healthy, pleasurable, and consensual sexual behaviour with a partner.

4.3 Safe Use of Information and Communication Technologies (ICTs)

- Sexually explicit images and media are easily accessible through social media and can promote harmful gender stereotypes.

- Sexually explicit media can result in unrealistic expectations about sexual behaviour, sexual response, and body appearance (can reinforce harmful gender stereotypes and can normalize violent or non-consensual behaviour)

5. Skills for Health and Well-being

5.1. Norms and Peer Influence on Sexual Behaviour

- Peer influence can affect sexual decision-making in positive and negative ways.
- There are ways to challenge negative peer pressure and accept and promote positive peer influences.

5.2 Decision-making

- There are multiple influences on decisions, including friends, culture, gender-role stereotypes, peers, and the media.
- Making responsible decisions about sexual behavior is a skill that can be learned and practiced.
- Teach people how to express empathy for others who are affected by their sexual decision-making

5.3 Communication, Refusal and Negotiation Skills

- Effective communication uses different modes and styles, and is important to expressing and understanding wishes, needs and personal boundaries.
- Effective communication is key to expressing personal needs and sexual limits.

5.4 Media Literacy and Sexuality

- Media can positively or negatively influence values, attitudes, and norms about sexuality and gender.
- Some media portray unrealistic images about sexuality and sexual relationships, which can influence our perceptions of gender, self-esteem and gender equality.

5.5 Finding Help and Support

- There are different sources of help and support in school and the wider community.
- It's important to assess sources of help and support, including services and media sources, in order to access quality information and services.

6. The Human Body and Development

6.1. Sexual and Reproductive Anatomy and Physiology

- It is important to know the names and functions of one's body and it's natural to be curious about them, including the sexual and reproductive organs.
- Everyone has a unique body that deserves respect, including people with disabilities.
- All cultures have different ways of understanding sex, gender and reproduction, and when it is appropriate to become sexually active.

6.2. Reproduction

- Pregnancy begins when an egg and sperm unite and implant in the uterus, generally lasts for 40 weeks, and greatly changes a woman's body.
- There are common signs of pregnancy, which can be confirmed through a pregnancy test that can be taken as soon as the menstrual period is missed or late.
- There are differences between reproductive functions and sexual feelings and these can change over time.

6.3. Puberty

- Puberty is a time of physical and emotional change that happens as children grow and mature.
- Menstruation is a normal and natural part of a girls' physical development and should not be treated with secrecy or stigma.
- Puberty is a time of sexual maturation that leads to major physical, emotional, social and cognitive changes.

6.4. Body Image

- All bodies are special and unique and people should feel good about their bodies.
- People's feelings about their bodies can affect their health, self-image and behavior.

- Unrealistic standards about bodily appearance can be challenged.

7. Sexuality and Sex Behaviour

7.1 Sex, Sexuality and the Sexual Life Cycle

- Human beings are born with the capacity to enjoy their sexuality throughout their life.
- Sexual feelings, fantasies, and desires are natural and occur throughout life although people don't always choose to act on those feelings.
- Sexuality is complex and includes biological, social, psychological, spiritual, ethical, and cultural dimensions that evolve over a lifespan.

7.2 Sexual Behaviour and Sexual Response

- People can show love for other people through touching and intimacy.
- Children should understand what is and is not appropriate touching.
- It is important to be able to make informed decisions about sexual behaviour, including whether to delay sex or become sexually active.
- The sexual response cycle is about how the body reacts physically to sexual stimulation.
- Transactional sexual activity, the exchange of money or goods for sexual favours, can pose risks to one's health and well-being.
- Engaging in sexual behaviours should feel pleasurable and comes with associated responsibilities for one's health and well-being.
- Sexual decision-making requires prior consideration of risk-reduction strategies to prevent unintended pregnancy and STIs, including HIV.

8. Sexual and Reproductive Health

8.1 Pregnancy and Pregnancy Prevention

- Pregnancy is a natural biological process.
- An unintended pregnancy at an early age can have negative health and social consequences and can be prevented through abstinence or contraceptives.
- Both partners are responsible for preventing pregnancy.
- An adolescent mother also has rights.
- Know how to use and access various contraceptives
- Know how to identify pregnancy through its symptoms and tests

8.2 HIV and AIDS Stigma, Treatment, Care, and Support

- People with HIV have the same rights as everyone else.
- Everyone should create a safe and supportive environment for those with HIV.
- A person with HIV has unique needs for care and treatment.
- With proper treatment, people with HIV can live full productive lives and have children.
- Know about the different groups and programmes for people with HIV

8.3 Understand, Recognize and Reduce the Risk of STIs, including HIV

- Understand how STIs are transmitted, prevented, treated, managed, or tested
- Know how to access protection, treatment, and testing
- Understand how to combat pressure to have sex

Case 1: Long Live Love, Netherlands



(From the Long Live Love Student Magazine (English edition). Source: langlevedeliefde.nl)

Context

The Netherlands is one of the most advanced countries in sex education.

- Children aged about 4 to 11 years old are taught to speak frankly about fundamental concepts such as human relationships, intimacy, and affection.
 - Sexuality education starts at age four and is mandatory until age seven.
 - Mandatory sexuality education starts again from the fourth grade of elementary school in a discussion format rather than a lecture.
- Teenagers learn about safe sex and contraceptives. Sex education is taught more directly: learning how to reject unwanted sex, use contraceptives and respect the other person in a sexual relationship, use the Internet correctly, and access information about sex. It also deals with the subject of sexual identity, including homosexuality.
- As a result of open sexuality education, the Netherlands has the highest age of first sexual intercourse in Europe (from 12.4 in the mid-1970s to 18.6 in 2017), and rates of date rape, teenage births, and abortion are among the lowest in the world.
- 95% of teenagers use contraceptives during their first sexual intercourse. This is due to the pro-active education on contraceptives and easy access to high-quality health services. Schools provide free condoms. Health insurance provides free contraceptives for all those under 21, and free check-ups for sexually transmitted diseases for those under 25.

Program

Long Live Love is a curriculum about love, relationships, and sexuality for secondary and vocational schools. This program follows the Spring Fever curriculum² that targets those aged 4-11:

² Spring Fever starts at age 4-5 discussing feelings, being a boy versus a girl, etc; at age 7 discusses respect and attraction; at age 8-9 discusses same sex attractions; at age 10-11 discusses changes during puberty, love and dating, and men and women in the media.

- The curriculum gives teenagers the skills to make their own decisions and focuses not only on the biological aspects of reproduction but also on values, attitudes, communication, and negotiation skills.
- It consists of 6 lessons:
 - *Lesson 1. What's happening to you?* covers puberty; falling in love; discovering sexual identity; and the influence of parents and friends on beginning a relationship.
 - *Lesson 2. What are you ready for?* covers chatting up and going out with someone; breaking up with them and dealing with a broken heart; making choices in relationships; and types of intimate physical contact.
 - *Lesson 3. Where do you draw the line?* covers discovering what you want and where you draw the line; finding out how the other person feels about that; talking about what you want and don't; using the internet safely; undesirable experiences; and groomers.³
 - *Lesson 4. How do you make sex special?* covers the first time having sex; how to have sex when you are ready, safely and enjoyably; coping with problems with sex; and getting help with your questions and problems.
 - *Lesson 5. Safe sex what's that?* covers preventing pregnancy and STIs; safe and unsafe sexual behaviour; and what to do after unsafe sex.
 - *Lesson 6. Safe sex how do you do it?* cover preparing for safe condom use; preparing for contraceptive use; choosing contraceptives; using condoms; talking about contraceptives and condoms; and dealing with resistance to condom use.

Lessons

- Sexuality education in the Netherlands doesn't rely on memorizing facts and knowledge but on discussion. Sexuality education is the process of finding answers through discussion and sharing experiences with one another. This also provides a positive experience talking about sex and sexuality.
- Sexuality education changes students' perceptions about sex by talking about sex and sexuality comfortably and freely from an early age.
- It does not provide limited content, but covers everything from body to contraceptives, communication skills and sexually transmitted diseases, and also includes topics such as homosexuality and abortion. It also contains practical contents such as dating and partying for teenagers.
- Parents participate in their children's sexuality education. Schools try to unify sexuality education in schools and at home through a "parent's night." Providing parents with sexuality education also trains them to talk to their children about sex and sexuality.

³ Groomer is a person that engages in predatory conduct to prepare a child or young person for sexual activity at a later time. It can include communicating and/or attempting to befriend or establish a relationship or other emotional connection with the child or their parent/carer.

Case 2: Our Whole Lives, U.S.A.



(Source: Unitarian Universalist Association)

Context

Sexuality education in the United States is determined at the state level. Active campaigns by churches and conservative religious (e.g. Christian) groups make it difficult for schools to present Comprehensive Sex Education even where legally permitted. Among the 50 states:

1. only 20 of them require sex-ed information on condoms or contraceptives.
2. only 20 states and the District of Columbia require sex and or/HIV education to be medically, factually, and technically accurate.
3. 27 states require lessons that stress abstinence.
4. 18 states require instruction that teaches students to engage in sexual activity only within marriage.

Program

The OWL curricula was created through a 7 year collaboration between the *Unitarian Universalist Church* and the *United Church of Christ Justice and Witness Ministries*. First published in 1999, the curricula:

1. cover sexuality education from kindergarten to older adulthood⁴ and range from 8 to 14 in-person sessions each (including 25 9-minute sessions for flexibility for grades 7-9).
2. cover the language of sexuality, healthy relationships, puberty, bullying and bystander responsibilities, sexual orientation, body image, contraception, consent education, STIs, gender identity, communicating with a sexual partner, social media and the internet, sexual decision making, redefining abstinence, pregnancy and teen parenting.⁵
3. promote self worth, sexual health, responsibility, justice, and inclusivity.
4. engage the intellect, attitudes, values, and feelings youth have about themselves and the world.
5. respect diversity (e.g. biological sex, gender identity/expression, sexual orientation, disability status).
6. have at least a male and a female facilitator that share their experiences and form deep relationships with participants.
7. have a box where students can anonymously pose questions.⁶

⁴ The curricula are broken down to grades K-1, 4-6, 7-9, 10-12 and ages young adults, and adults.

⁵ https://www.youtube.com/watch?v=uzF2B6DB1uM&t=1065s&ab_channel=AllSaintsChurchPasadena (16:31)

⁶ Ibid. (26)

8. contain no religious references or doctrines.⁷
 - a. an optional lesson (*Sexuality and Our Faith*) contains faith-based elements.

Lessons

1. The curricula take a holistic approach to sexuality education.
 - a. While AOUM⁸ education focuses on moral instruction centered on heterosexual marriages, often failing to provide scientifically accurate sex information or respect for diversity and CSE⁹ provides students as much information as possible, focusing less on developing attitudes and values, O.W.L. program provides students with sex and sexuality knowledge while engaging the intellect, experiences, and feelings to shape participants' sexual values and attitudes
2. By actively engaging and sharing their experiences, facilitators don't fall into the us versus them dynamic between teachers and students in classroom settings.
3. Curricula also addresses young to older adults.
4. By encouraging participants to stand up for others being bullied or harassed, the program empowers bystanders to contribute towards a more positive sex-culture in solidarity with victims.

⁷ <https://www.uua.org/re/owl>

⁸ Abstinence Only Until Marriage

⁹ Comprehensive Sexuality Education

Case 3: Center for Adolescent Reproductive Medicine and Development, Chile

Context

In Chile, almost 15% of registered births nationally are teenage births.¹⁰ These teenage births are class sensitive with the wealthier areas like Santiago having rates as low as 4%¹¹ and poorer areas having 10-20%.¹² High rates of teen pregnancy resulted in a CSE in the 1960s, but these were terminated with the dictatorship. While the 1990s were supposed to mark a shift towards a culture of human rights, in 2003, right-wing municipal officials fought against STI prevention campaigns by fining NGO workers distributing free condoms. Local Bishop Jorge Medina said that the health workers were Satan in disguise. The Catholic Church fiercely opposes sexuality education.

Program

In 1994 and 1995, the University of Chile's Center for Adolescent Reproductive Medicine and Development (CEMERA) implemented a school-based program targeting 2,600 7 to 12¹³ graders, with 2,000 serving as a control group. Its goals were:

- to delay first intercourse.
- promote safer sex and contraceptive use.,
- reduce unwanted pregnancies.
- encourage the return to school of those pregnant or parenting.

The program was composed of:

- sexual and reproductive health education in the classroom.
- staff at the school that referred students to free counseling and medical services at their clinic.
- ongoing workshops for students and parents.
- a library and hotline for additional information.
- focus groups of students that helped develop the school curriculum.
- class elected student representatives mediating communication between program advisors and students.

Those that participated in the program:

- had greater knowledge about sexual and reproductive health.
- demonstrated more responsible and mature attitudes towards sexuality.
- delayed sexual activity.
- used more contraceptives when sexually active.
- had fewer unwanted pregnancies.¹⁴

Lessons

- The program engages all teachers, parents, and students in the development and implementation of their curriculum. This achieved buy-in from all these different parties.
 - Often, teachers approach the topic timidly for fear of complaints and backlash from parents. Engaging parents in a parallel program ensures their consent and cooperation.
 - Engaging students in building the curriculum and maintaining ongoing conversation ensures that the program applies to the realities that students face.
- Education is linked with clinical services allowing students to access the contraceptives or services they are educated about.

¹⁰ http://jstor.nl.go.kr/stable/40647450?seq=1#metadata_info_tab_contents

¹¹ Ibid. These rates are similar to those of the Netherlands, Norway, and Sweden.

¹² Ibid.

¹³ <http://www2.pathfinder.org/pf/pubs/focus/Project%20Highlights/chile.htm>

¹⁴ <http://www2.pathfinder.org/pf/pubs/focus/Project%20Highlights/chile.htm>

Case 4: Lover Comprehensive Sexuality Education, South Korea & Nonviolent Communication, U.S.A.

Context

Dating violence is a serious problem in South Korea. The National Police Agency (NPA) reported that in 2018, 18,671 cases of dating violence were reported; 10,245 were convicted; 7,000 resulted in injuries, with 42 attempted and actual murders. In 2019, for July and August, 4,185 cases were reported, with 2,052 convictions. Of these, 35.7% were in their 20s and 24.5% in their 30s. South Korea's AOUM sex education fails to provide effective and proven tools to address dating violence. A key element of the program below was education, training, and practice on Nonviolent Communication, which emerged in the 1960s to facilitate the exchange of information necessary for recognizing differences and peacefully resolving conflicts. US clinical psychologist M. B. Rosenberg created it based on the "Philosophy of Absolute Respect."

Program

The *Lover Comprehensive Sexuality Education*¹⁵ is a PhD research project to determine the effectiveness of a CSE program with NVC to prevent dating violence by improving "sexual and problem solving communication" and "love relationship competence" among unmarried couples in their 20s and 30s. A prototype program (based on the 2018 UN CSE Guidelines and NVC) was developed and tested. The program was composed of 6 short videos transmitted via messenger app (every 4 days in the span of a month) followed by a final offline NVC training and practice as follows:

1. Comprehensive sex education?; Relationship; What is nonviolent communication (NVC)?
2. Values, rights, culture, and sexuality; understanding of gender; NVC mind and communication NVC model
3. Violence and safety; NVC 4 levels of communication: observation, feeling
4. Skills for health and well-being; NVC 4 levels of communication: desire, request
5. Human body and development; sexuality and sexual behavior; empathy
6. Sexual and reproductive health; value verification and audit
7. Offline NVC training

A key component of the program, NVC is based on people's capacity for compassion and empathy and avoiding violence by recognizing each other's needs through communication. It's composed of four stages:

1. making objective observations rather than judgements, analysis, and interpretations.
2. expressing emotions and sensations rather than perceptions of what someone is doing to you.
3. stating needs and values rather than blame.
4. making requests rather than demands.

In the research, while 13 couples received the above sessions, 11 couples (control group) received one video session based on Korea's AOUM sexuality education. By comparing questionnaires filled out by couples in the experiment and control groups before and after the program, the research found the *Lover CSE program* effective in significantly improving sexual communication, problem solving communication, and love relationship competence.

Lessons

- Equipping young people with the tools of NVC in sexuality education can be a powerful way of preventing dating violence.
- Unlike Korea's AOUM sex education, this program equips participants with the tools to address conflicts nonviolently and strengthen relationships.
- The program goes beyond preventing sexual violence among students and targets young couples right before marrying age to also prevent sexual violence from continuing in future marriages and family relationships.

¹⁵ <http://koreascience.or.kr/article/JAKO202016151584548.pdf>

Additional Cases

1. Profamilia website: The German NGO, PRO FAMILIA offers the website sexundso.de/online-beratung/, which offers comprehensive and well-detailed sexuality education information. This offers information on both the physical and emotional aspects of sex, which align with the German education ministry's sex education standards.
Lesson: Comprehensive, realistic, website allows people to access scientifically accurate information freely and discreetly. Site visitors can anonymously submit questions
2. SECS-C¹⁶ (USA): this curriculum pursues a critical approach to sexual ethics as a form of citizenship through the study of philosophy, psychology, and science. It's a multiyear and multidisciplinary course exploring sexuality and critically engaging students to develop their sexual ethics.¹⁷
Lesson: by critically engaging students' intellect and emotions, guides them in developing their own sexual ethics.
3. BEMFAM¹⁸ (Brazil): this Brazilian NGO sexuality education project funds itself by selling condoms and lubricants. Its 600 centers provide sex-ed classes, drop-in counselling, and a clinic for sexual health and family planning.
Lesson: trains young people (often more approachable and accessible to peers than adults) to be peer mentors about sex.¹⁹
4. GENDES (Mexico): an NGO that provides anti-machismo and anti-violence therapy and education for adult males to teach them how to communicate better with their families, prevent violence, and promote gender equality.²⁰
Lesson: engages adult males to stop the cycle of violence and patriarchy through therapy and education.

¹⁶ Sexual Ethics for a Caring Society

¹⁷ Sex Ed For Caring Schools: Creating an Ethics-Based Curriculum (book)

¹⁸ Brazilian Society for Family Welfare

¹⁹ <https://www.theguardian.com/global-development/poverty-matters/2012/jun/20/sex-education-brazil-favela>

²⁰ <https://www.gendes.org.mx/>

Conclusion

Hopefully, our report has made clear the importance and need for a comprehensive sexuality education. Nonetheless, only a small minority in the world receives a proper sexuality education. Yet, all around the world, including Korea, movements are planting the seeds for change.

In contrast to those that believe children should be shielded from conversations about sex and sexuality at school, children and teenagers are already exposed and have easy access to—often distorted, unhealthy, and sexist—notions and images of sex and sexuality through the internet and mass media. This makes it even more urgent and necessary to proactively create spaces at school where young people can learn from and share their experiences with caring adults about their sexuality, relationships, and sexual activities beyond just abstinence.

Therefore, based on our research of the UN guidelines and the cases abroad, the ISC proposes three elements for changing sexuality education:

1. To shift social perceptions of sex and sexuality, we need an educational environment that fosters conversations and discussions about sex and sexuality in a natural and comfortable atmosphere.
2. Sexuality education should start from an early age and continue not just through adolescence but also to adults and older adults. This is because the needs for sexuality education don't simply stop in high school but continue and keep evolving throughout our lives.
3. Sexuality education should not only be conducted at school, but also at home and society at large. By involving parents in sexuality education, the information students get at school and at home can be consistent. Furthermore, we need sexuality education in society at large so that even those outside the education system whether other adolescents or adults can also be educated.

We started this report with some of the headlines dominating Korean society (and perhaps many other countries also). Perhaps, one day as we transform sexuality education, we may instead encounter the headlines that we all deserve:

"Child sex crime case is finally at the single digits, perhaps due to sexuality education?"

"Comprehensive sexuality education mandatory for those convicted of digital sex crimes."

"Sexuality education, omnipresent like air, reduces sex violence."

We hope this report can contribute to building such a world.

About

International Strategy Center

We are an organization of Koreans, non-natives, and immigrants in Korea who study international issues and do solidarity activities. We examine the diverse problems caused in capitalist society and solve them by working in solidarity domestically and internationally on issues such as: feminism, labor issues and empowering working people everywhere, reunification and US military occupation, solidarity with leftist movements and democracies in Latin America. Please check us out at goisc.org/home or contact us at iscenter2015@gmail.com.

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