WHO Regional Office for Europe and Federal Centre for Health Education (BZgA), Germany

Evaluation of sexuality education
a critical reflection

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European Expert Group on Sexuality Education
Publications by European Expert Group on Sexuality Education

Evaluation of Holistic Sexuality Education: a European Expert Group consensus statement

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Definition Holistic Sexuality Education

“Learning about the cognitive, emotional, social, interactive and physical aspects of sexuality. Sexuality education starts early in childhood and progresses through adolescence and adulthood. It aims at supporting and protecting sexual development. It gradually equips and empowers children and young people with information, skills and positive values to understand and enjoy their sexuality, have safe and fulfilling relationships and take responsibility for their own and other people’s sexual health and well-being.” (WHO Regional Office for Europe/BZgA, 2010:20.)
Core characteristics of HSE

• Long-term; spread out over several school years
• Not an “intervention”, but a learning process
• Starts from a holistic concept of (sexual) well-being; more than public health
• Rooted in pedagogical and educational theory, not in behavioural change theory
• Does not aim at “changing”, but at “enabling” young people
• “Sex-positive”: satisfactory sexual life
• Based on a human rights
Evaluation studies of sexuality education: where is Europe?

UNESCO (2009) review of 87 studies:

- US: 47 studies (+ 11 “abstinence-only” studies)
- Developing countries: 29 studies
- Other developed countries: 11 studies (most from UK)

Conclusion: European (continental) experience hardly visible
Why is European experience invisible?

- Unusual to evaluate “impact” of entire school curricula (compare biology, gymnastics or poetry)
- Very difficult to assess *behavioural impact* of entire school curricula
- Evaluation studies (few) mostly published internally, in national languages, and only used for national purposes
- HSE curricula are often at national scale: no “control group” of non-disposed.
Abstinence-only education: absent in Europe
Current evaluation practice: what’s wrong?

- Dominance of short-term outcomes
- Implementation shortcomings hardly addressed
- Strong focus on public health impact only
- *Positive* impact on sexuality virtually absent, whereas *satisfactory sexual life* is the core variable
- "Behavioural intentions" as success criteria, but that "behaviour" takes place (many) years later
- Dominance of (c)RCT to demonstrate causality: often not appropriate
Estonia – SE programme

• Started in 1997, updated twice
• Integrated intra-curricular programme
• Fully scaled-up, country-wide programme
  – 382 basic schools, 28,000 students in 2009
• Age group SE: 11 – 14 years
  - Entire programme: 7-14/16 years
• Duration: spread over 3 years / 35 lessons
Measuring impact of SE in Estonia

- Impossible to conduct (c)RCT: no control group & impossible to make a “pre-intervention” assessment
- Instead: time series analyses, based on surveys & national registries (births, abortions, HIV, STIs)
- 12 studies/surveys, implemented 1994-2007
- Limitation: Impact SE cannot be separated from impact youth-friendly services (developed simultaneously)
Trends in impact indicators (1)

Abortions 2001-2009

- Orange line: 20-24 years
- Blue line: 15-19 years

[Graph showing the trend of abortions from 2001 to 2009 for two age groups: 20-24 years and 15-19 years.]
Trends in impact indicators (2)

Diagnosed STIs 2001-2009

STI cases

- 20-24 years
- 15-19 years
Trends in impact indicators (3)

Diagnosed HIV-infections 2001-2009

- 20-24 years
- 15-19 years
Thanks for your attention!
What types of research are needed for HSE evaluation?

1. **Programme evaluation**: How well is the programme designed? Criteria are in the European Standards; based on long-term experience.

2. **Implementation (or process) evaluation**: How well is the programme implemented in practice?

3. **Outcome/impact evaluation**: short- and long-term. Not only public health, but also (positive) sexual well-being criteria.
1. Programme quality criteria

1. Positive approach to sexuality
2. Age and development appropriate
3. Culturally, socially and gender responsive
4. Based on a human rights approach
5. Based on a holistic understanding of well-being
6. Gender equality and acceptance of (sexual) diversity
7. Contributing to a fair and compassionate society by empowering individuals and communities
8. Providing scientifically accurate information
9. Interactive approach and a variety of teaching methods
10. Flexible/adaptable to different needs, groups, settings
11. Involvement of pupils
2. Implementation quality criteria

1. Appropriate programme development process (needs assessed; who involved?; materials developed and tested; etc.)
2. Educators’ training and support
3. Linkages with sexual health and well-being institutions
4. Curriculum delivery quality (all lessons done?; no opting out?; checklist used to measure implementation as planned?)
3a. Outcome criteria of HSE

Considerations:
1. HSE is about *enabling*; not *changing* young people
2. Pupils know best how good a programme is
3. Impact is broader than physical health: also psychological, social, cultural and interactive aspects.

Outcome criteria are related to:
- Knowledge, including practical knowledge
- Tolerance and respect
- Critical reflection
- Action competence
- Empowerment
- Responsible behaviour
- Gender equality
3b. Impact (long-term) criteria of HSE

Core: “satisfactory sexual life” (which includes safe sexual behaviour)

- Sexual contacts result from mutual consent
- Sexual contacts are experienced positively, pleasurable
- Sexual contacts are characterised by gender equality

And also include (self-evidently):
- Prevention of unwanted pregnancy, STI/HIV infection, sexual coercion, abuse and violence
What kind of research methods needed?

Not (c)RCTs based on bio-medical model, but „probability designs“; various methods, triangulated. Such as:

- Document analyses (for programme quality)
- Qualitative methods (in-depth interviews, FGDs)
- Quasi-experimental designs
- Epidemiological time series analyses
- Population-based surveys
- Cross-sectional (stakeholder) surveys

Sexuality education is not a medicine against a disease!

UNFPA 2014
Programme Quality criteria
- Age appropriateness
- Gender sensitivity
- Rights based
- Positive on sex
- Comprehensive content
- Pupil involvement
- Quality teacher manual

Programme indicator examples
- Human body: age 6
- Gender: cross-cutting
- One lesson on sex & human rights

Implementation Quality criteria
- Completeness
- Teacher training/skills
- Multiple method use
- Interactive teaching
- Group atmosphere
- Obligatory programme

Implementation indicator examples
- % lessons skipped
- Teacher trained > 3 days

Outcome criteria
- Improved knowledge
- Humane attitudes
- Skills developed
- Programme appreciation
- Programme usefulness
- Self-efficacy
- Self-esteem
- Behavioural intentions

Outcome indicator examples
- curriculum appreciation
- knowledge score

Impact criteria
- Positive sexual self-perception
- Satisfying sexual relationship(s)
- Partner empathy
- Non-violent/abusive
- Positive preventive behaviour
- Non-discriminatory on sexual orientation

Impact indicator examples
- last intercourse wanted
- condom used

Figure 1: Evaluation Criteria and Indicators for HSE
Conclusions

• SE requires *other evaluation criteria*, indicators and research methods than what is currently dominant

• Sexual health has been defined in *positive terms*, which should be mirrored in evaluation research

• SE evaluation should not only focus on outcomes and impact, but also on *programme and implementation quality*

• In evaluation research, the *views of pupils* (like SE being attractive, interesting, useful etc.), should be taken much more seriously