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Topic 1: International Decriminalisation of Homosexuality

BACKGROUND INFORMATION

Homosexuality has been considered a crime in many countries mostly due to cultural and religious beliefs. These beliefs have transpired into legal discrimination against members of the lesbian, gay, trans, bisexual, queer and intersex (LGBTQ+) community since the establishment of modern (mainly European) civilisation and its legal system. Thankfully, in 124 out of 195 countries around the world, homosexual sexual relations have been decriminalised (Erasing 76 Crimes, 2012). This has been a massive improvement for protecting the rights and safety of LGBTQ+ people all over the world

Nonetheless as of February 17th 2021, there are still 71 countries with laws against homosexual relations, marriage or even against suspected relationships between members of the same sex (Erasing 76 Crimes, 2012). These nations can enact punishments from fines, imprisonment and even death. The danger in the maintenance of these laws is that they infringe upon a basic human right to be able to love freely and without fear of persecution. This danger is more imminent as more and more countries, mainly in the African country are increasing the severity of their homophobic policiess – causing LGBT+ people in these areas to have to flee due to a fear over their safety. This topic does not only cover same sex physical relations, but it is also calling into question whether or not the discriminatory laws against same sex relationships are infringing on their human rights and how the international community can help if this is the case.

There are already specific organisations that protect LGBT+ rights internationally like the International Lesbian, Gay, Bisexual, Trans and Intersex association (ILGA). (Britannica, 2021) The ILGA was founded as the International Lesbian and gay association in 1978 but changed its name in 2009. It is currently dedicated to tackling and overcoming discrimination against people with HIV/AIDS, hate crimes against the LGBTQ+ community, dismantling homophobic rhetoric and same sex marriages. They also publish reports on countries that maintain laws against homosexuality and the dangers that members of the LGBTQ+ face in these countries. Organisations such as ILGA are extremely important for the international decriminalisation of homosexuality as they hold countries with discriminatory laws accountable on a global scale, for the harm they cause to their citizens. This organisation also helps give visibility to people that suffer from this institutional and interpersonal form of discrimination. The danger that stems from this form of discrimination is that it validates homophobic attitudes and misconceptions against LGBTQ+ people and amplifies their feeling of alienation from the other members of their society.

There is also a common misconception that needs to be dismantled within the research of this topic as there is a belief that the decriminalisation of homosexuality leads to an abolishment of homophobic hate crimes and other extremely discriminatory forms of hate against members of the LGBTQ+ community. An example of this is in Russia: where homosexuality and all sodomy laws are no longer enforced but the government does not denounce forms of homophobia within its governmental organisations and entities. This is seen in their enforcement of laws against gay propaganda and the lack of intervention by the Russian government on the anti-gay crackdown by Chechnyan police in 2017 (*71 Countries Where Homosexuality Is Illegal*, 2021). Thus, emphasizing that homophobic government policy can coexist with the decriminalisation of homosexuality within itself. This paradox should be aimed to be tackled within debate and solution making.

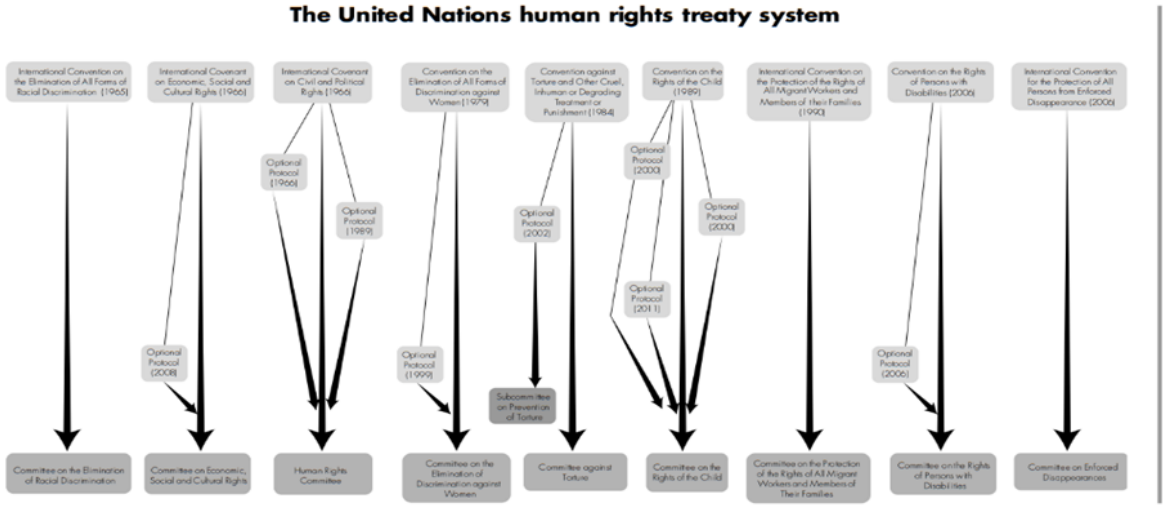
The criminalisation of homosexuality also leads to a structural discrimination against members of the LGBTQ+ community but something that is not discussed as often is how such structural discrimination spiralled during the HIV and AIDS epidemic.

Gay, bisexual and other men who have sex with men (MSM) get HIV at rates 44 times greater than other men and 40 times greater than women (CDC, 2011). This means that MSM are most likely to contract the disease but are more likely to face discrimination within access to healthcare for the disease, allowing it to spread to others as they are less likely to disclose their status due to fear of prosecution. In a global economy that has already suffered due to the pandemic, the spread of another deadly virus is something that the international community should try to avoid at all costs which could be put into place by the decriminalisation of homosexuality in countries with higher rates of HIV/AIDS transmission. This observation has been made by the executive director of UNAIDS, Micheal Sidibe in 2010 as he noticed that "the eighty-five countries that outlaw homosexuality worldwide have higher rates of HIV/AIDS" (UNAIDS).

Finally, to understand the non-European vilification of homosexuality, we need to understand that resistance to western colonial ideologies manifested themselves in homophobia as homosexuality was associated with western modernity and alien ideologies (Ireland, 2013) especially in the African context. There is a strong disdain in foreign and ultraprogressive European ideologies within a non-western context due to the large amount of generational trauma inflicted upon the non-European population due to colonialism and the exploitation of their natural resources. The western influence upon their culture and laws is constantly trying to be rejected and alienated from their society and the peaceful coexistence with members of the LGBTQ+ society has been described as a "foreign action imposed on Africa (…) it is something that has come from abroad"(Pink Unlimited, 2006). This demonstrates that in order to have homosexuality decriminalised, the false narratives surrounding it have to be deconstructed.

INTERNATIONAL INVOLVEMENT

The UNHRC was established to help protect human rights all over the world. One of the most well-known ways in which the committee did this was through the Universal Declaration of Human Rights (UDHR). This document was a part of resolution 217 passed by the General Assembly on the 10th of December 1948 (United Nations, 1948). Though the declaration is not legally binding, it has been used as the foundation of forming international and domestic laws with the countries involved with the treaty. Article number 2 of the declaration states that "Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status" (United Nations, 1948). This reference to "other status(es)" has often included sexual orientation making the legal and institutional discrimination against homosexual men and women go against their UN established human rights. This document has been elaborated since its incorporation in the resolution in 1948 and the UNHRC has created treaty bodies outlined below to monitor the implementation of all of the articles of the UDHR. All the countries that are in the committee's for each treaty body are affirming their commitment to this demonstrates the UNHRC's commitment to maintain a high quality of human rights across the world.



(UNHRC High Commission, 2012)

The UNHRC released a report on the 1st of May 2020 recommending a global ban on conversion therapy stating that the process would need to include:

- Clearly defining the prohibited practises
- Ensuring public funds are not used to support them
- Banning advertisements

- Prohibiting such interventions in health-care, religious, education, community, commercial or any other setting—public or private
- Establishing punishments for non-compliance, and investigate respective claims
- Creating mechanisms to provide access to all forms of reparations to victims

Thus demonstrating a clear UN stance against these practises which discriminate against and endanger homosexuals around the world (United Nations Independent Expert on Sexual Orientation and Gender Identity – IESOGI, 2020).

The struggles that members of the LGBTQ+ community face are not being ignored by the international community as countries have received warnings and sanctions for their discriminatory laws against the LGBTQ+ community. For example, countries like Nigeria have received trade warnings from Britain because of their strict homophobic legislations (Purefoy & Karimi 2011) and "non-discrimination on the grounds of sexual orientation was to be a condition of the renegotiated Cotonou Agreement on trade between the European Union and the African, Caribbean, and Pacific states (ACP) in 2010 (Ireland, 2013)"

Case Study 1 – The link between homophobia and HIV/AIDS

The stigma surrounding homosexuality and the perpetuation of homophobia has contributed directly to the HIV/AIDS epidemic in the United States. Human immunodeficiency virus, or HIV, can lie dormant in the body up to 10 years after first contact; after this point, it will turn into acquired immunodeficiency syndrome, or AIDS which attacks the immune system and interferes with the body's ability to fight diseases. HIV is spread through blood, semen, and vaginal fluids, and it can be transferred from mother to child during pregnancy or through the use of intravenous drug use.

While the virus can affect any member of the population gay, bisexual, and other men who have sex with men (MSM) are 44 times more likely to contract HIV/AIDS than other men, according to the Centers for Disease Control (CDC, 2016). Factors responsible for such high rates of the disease among MSM include unprotected sex, intense societial pressure of men to be more hypermasculine, histories of sexual abuse (Ryan et al, 2009) and unequal access to HIV-related resources increase the likelihood to engage in unprotected intercourse and derive fewer benefits from participation in prevention programs.

Societal pressures on men to adhere to certain standards of masculinity contribute to the negative effects of hypermasculinity on gay men. Since gay men are not percieved as masculine, and since homophobia made men fear being perceived as gay, it became common for MSM to exert their

masculinity through means of unprotected sex and potentially intravenous drug use. Additionally, the lack of acceptance of LGBTQ+ individuals among families, communities, and society as a whole caused gay men to be 8.4 times more likely to have attempted suicide, 5.9 times to be depressed, 3.4 times more likely to use illegal drugs, and 3.4 times more likely to have risky sex.

This disease affects people of colour in America at disproportionate rates, with the CDC reporting that while Black/African Americans only comprise 13% of US population and Hispanics/Latinos only comprise 18.5% of the population, they made up 40% and 25% (HIV.gov, 2020) of cases of HIV respectively. This disease does not discriminate in terms of its physical effects on people but it disproportionately affects POC communities exemplified through the lack of equity in access to treatment and prevention options. Additionally, in 2019, 26% of new HIV infections were among Black gay and bisexual men and 23% among Latino gay and bisexual men (HIV.gov, 2020). In debate and in your research, it must be considered that the issue of HIV/AIDS continues to disproportionately affect racial minorities and actions of prevention must be made more accessible to all members of the population.

The continuation of criminalisation of homosexuality only perpetuates the stigma surrounding HIV/AIDS and prevents the extension of treatment throughout society. With the origins of homophobia lying in western culture, and its spread through colonialism, pressure on gay men comes from an institutional level. Efforts to decriminalise and destigmatise homosexuality could also help in improving the understanding of this virus as well as improve the quality of life of queer men. Sex education is another key tool in the prevention of the spread of HIV/AIDS as teaching transmission of the disease and methods of practicing safe sex could reduce the numbers of people contracting the virus annually. Education programs must be made with the intention of being accessible to all members of the population.

Case study 2 – Decriminalisation of homosexuality South Africa

When South Africa approved a new constitution in 1996 to end the apartheid, it was also the first country in the world to protect gay rights, but this protection of gay rights did not allign with the conservative views of their citizens. Though it was not the intention of the new government to appease their citizens, it was their intention to completely reject a governmental system of inequality from the apartheid and ensure equal rights for all South Africans, regardless of sexual orientation. South Africa is key to understanding how to encourage the decriminalisation of homosexuality within a country where the citizens have contradicting views on it.

They placed the importance of legal protection of all of their citizens over the personal views of some. The clause from their constitution that prohibits discrimination based on sexual orientation is called The

Equality Clause which states that "*The state may not unfairly discriminate directly or indirectly against anyone on one or more grounds, including race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth."*(South African Government, 1996).

Although, this does not mean that South Africa is exempt from cases of homophobia and heterosexism. Hate crimes have uccured throughout history but they are defined by in Bexuidenhout as "any behavioural expression (verbal and/or physical) that derives from homophobia, prejudice, discriminaiion, stigmatisaoton or heterosexism and is expressed towards homosexual or heterosexual individuals who are erroneously perceived to be gay" (Theron & Bezuidenhout, 1995). A study by Theron and Theunick , which used a predominately MSM white sample, found that 75% of samples had experienced verbal abuse and physical assault was experienced by 22% of the samples. Research by Gauteng (2002–2003) found that black and white self-identifying gay men experienced similar levels of hate speech, physical abuse, sexual abuse and domestic violence although if there was a disparity, Black gay men reported experiencing this more than their white counterparts. This same marginal disparity can be found within black and white lesbian women in Gauteng, South Africa which suggests that homosexual interpersonal discrimination in the country affects black homosexuals more than white homosexuals. (Wells and Polders, 2006) Suggesting that the problem of discrimination against this group is a racial and a homophobic one.

Though this is protected against by society it continuously occurs and there is no proper system with the reporting of hate crimes that seperates them by sexual orientation and/or race. This makes it very difficult for people to monitor the rise and/or fall in the occurrence of these crimes. This also shows that the decriminalisation of homosexuality in a homophobic country does not ensure a utopia where discrimination does not exist. It just creates a system which is used to uphold the values of the state and protect people who may experience this form of discrimination.

Table 2: Prevalence Rates of Victimisation of Gay and Lesbian People in Gauteng (2002/3)

	GAY MEN		LESBIAN WOMEN	
	Black	White	Black	White
Hate speech	39	33	36	40
Physical Abuse/ Assault	15	15	16	15
Sexual Abuse/ Rape	9	5	10	4
Domestic Violence	8	7	17	8

Agenda 67 2006

(Wells and Polders, 2006)

POSSIBLE SOLUTIONS

In case study 2, the international decriminalisation of homosexuality does not automatically equate to equal treatment for all gay people and some countries may be more ready for this step than others. A great way to establish institutional progress for the international LGBTQ+ community is the removal of capital punishment in UAE, Yemen, Somalia, Saudi Arabia, northern Nigeria, Mauritania, Iraq, Iran, Brunei and Afghanistan (Wikipedia contributors, 2021). This could be argued in committee under the basis that governement sanctioned killings for people's consensual sexual choices is unconstitutional and it infringes upon their basic human rights. The inclusion of human rights within the argument could be used in conjunction with the UDHR and getting countries that co-signed it to apply it to homosexual individuals in their countries. This would be a small but important step in the right direction to ensure the safety of the homosexual community over the world.

The removal of capital punishment for homosexuality would apply more towards countries with a lot stricter laws against homosexuality but countries like the United States conversion therapy is only illegal in 18 states as of November 2021 (Santiago, 2021). Conversion therapy is "the pseudoscientific practise of attempting to change an individual's sexual orientation or gender identity using psychological or spiritual interventions" (US Supreme Court). This is an extremely dangerous practise as evidence has shown that conversion therapy can lead to "treatment related anxiety, suicidal ideation, depression, impotence and relationship dysfunction" (Weir, 2020) but the fact that the supreme court has not ruled against its practise throughout America is extremely problematic and should be targeted in debate.

QUESTIONS TO CONSIDER

1. How to guarantee equal treatment by government officials internationally?

2. How might the decriminalisation of homosexuality in countries potentially reduce HIV/AIDS transmissions?

3. What has my own country done to ensure equal rights and treatment for LGBT+ people that I can apply to solution making?

4. What about trans and non-binary rights?

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Topic 2: International Standardisation of Comprehensive Sexuality Education (CSE)

BACKGROUND INFORMATION

Comprehensive Sexuality Education, or CSE, is a hollistic approach to sexual education that gives students the knowledge to make healthy choices in their sexual lives and relationships. It focuses on forging positive values surrounding sexual and reproductive health and rights as well as reinforcing the importance of the accessibility to healthcare. Information in CSE programmes extends to discussion about bodily autonomy, family life and what constitutes healthy relationships as well as what constitutes consent. Additionally, it educates students about gender roles and sociocultural influences surrounding topics of sexuality and reproductive health. Such lessons would include sensitive topics related to sexual abuse, violence and discrimination. While the programme may be referred to in different ways depending on the country – for example life skills, family life, or holistic sexuality education – the lessons remain essential for all young people.

CSE acknowledges the wide range of identities and circumstances that can impact the lives of youths. It includes an understanding of groups that are more vulnerable, including but not limited to LGBTQ+ youth, youth with disabilities, youth in conflict zones, transgender youth, and youth living with HIV. Since CSE is an approach that covers a wide range of topics, it also focuses on the importance of different identities and the way that they can shape the experiences of youth. Lessons included in CSE provide youths with an understanding of the variation of identities, therefore producing a more understanding population.

Providing this education would allow youths to have an understanding of sex outside of the expectation of heterosexual sex. While it is significant in providing an understanding of LGBTQ+ identities, there is unequal access to such education programmes around the world. Current sex education programmes focusing on abstinence-only push Western and Christian values on people who may or may not hold the same perspectives.

Since abstinence-only programmes are established based on the Christian beliefs that individuals should not engage in sexual activities before marriage, they push these values on the students, despite the fact that they may adhere to different belief systems. As a result, students are deprived of important information regarding their own bodies on the grounds of imposing western values on all students.

Current sex education programmes leave young people lacking in extensive knowledge, potentially putting them at risk of STDs, STIs, and pregnancy. Starting after World War II, certain sex education programmes, particularly in the United States, shifted focus to abstinence only, leaving students without a comprehensive understanding of sex, reproduction, and relationships. Abstinence only education programmes teach that abstinence is the only way to avoid any issues related with sex is to remain abstinent until marriage. However, this type of education has proven to be inadequate in preventing youths from participating in sexual activities; it only causes youths to participate in unsafe practices, potentially exposing them to STDs.

For example, in Latin America and the Caribbean over 40% of women report having sex before the age of 18, about 60% of women in Sub-Saharan Africa, and about 52% of women in the US. While the age people get married continues to increase, the age people engage in their first sexual activity remains around the age of 18, indicating that abstinence programmes would be ineffective in helping youths engage in sexual activities in a safe manner. Without the education provided by CSE, the quality of life of youths could be negatively affected by contracting a long-lasting STD or potentially risking an unwanted pregnancy.

CSE would also provide youths with an understanding of the importance of reproductive health. Through the comprehensive lessons of CSE, sexually active youths would be encouraged to take regular STD, STI, and HIV/AIDS tests, potentially reducing the spread of the diseases; increased testing would also give youths the opportunity to receive treatments in the early stages of contraction, which could potentially help reduce the severity. Since the lessons teach about proper contraceptive use and about various forms of birth control, youths would be able to participate in safer sexual activities.

Additionally, the lessons would reduce the number of unwanted pregnancies among youths, which could allow women to focus on their education and career rather than being tied to motherhood from a young age; this could also alleviate the negative gender roles on women. While the education programmes on their own are simply based on teaching, they could potentially be associated with the expansion of reproductive health clinics overall. Such facilities could continue to improve the lives of youths as they could help in providing contraceptives as well as birth control and screenings for other reproductive health issues.

Inadequate sexual education programmes only perpetuate existing inequalities and violence. One of the major topics covered in CSE lessons includes lessons about consent and the way a healthy relationship should operate. Such lessons are essential to reducing the level of sexual violence. Additionally, youths will be more critical of their behaviour and the behaviour of others in relationships

to ensure that relationships – platonic, romantic and familial – are operating in a way that is pleasant for the parties involved. If youths are better able to evaluate their relationships with others, then they will be better equipped to form healthy bonds and potentially reducing the risk of feeling mental strain from unhealthy relationships. In this way, CSE programmes could be beneficial to maintaining the mental health of youths.

Overall, CSE offers a clear programme for youths that would greatly improve the quality of life of all who can receive it. CSE will help to empower youths and equip them with the skills to make safer decisions regarding their health, sexuality, and relationships. However, it is essential to recognise that while this education may already be given in some places, it is not universally provided nor available. It is important to note that CSE must take a nuanced approach when being implemented to different regions around the world and must consider different cultural, religious, and political differences that may call for small alterations of the content. Engaging communities with the implementation of CSE programmes will be a key tool to expanding such lessons to a broader scale of youths.

INTERNATIONAL INVOLVEMENT:

The Human Rights Council has received criticism for the selection of members in recent times. In 2018, the United States left the committee and only returned in October of 2021. At this time, the HRC is the only global human rights body with the legitimacy to universally extend the fundamental principles of human dignity to all corners of the world. The United Nations Educational, Scientific and Cultural Organisation, or UNESCO has published two versions of a recommendation titled "International Technical Guidance on Sexuality Education", the first being in 2009 and the most recent being in 2018.

The guidance on sexuality education is supposed to be an evidence-based approach that outlines what CSE is, the sexual health needs of youths, as well as evidence for the case of implementing comprehensive education to youths. It also mentions what is necessary for the programme to be successful as well as potential ways to implement the lessons.

Despite the fact that UNESCO has outlined the importance of providing this education, there is a large gap between the global and regional policies being implemented around the world. For the programmes to be implemented successfully, it is necessary to have it maintained and institutionalised through national systems. Since it requires gradual scaling-up, implementing CSE programmes could be done from grassroots levels as well as from community organisations. The UNESCO document on technical guidance to implementing these types of programmes describes the importance of community as well as family involvement.

Case Study 1: The United States

The continued use of abstinence only education programmes have proven to be harmful to youths and is a violation of human rights. Abstinence only education teaches youths should simply refrain from sexual activities until marriage, leaving them with an inadequate understanding of pregnancy, consent, STDs, and practicing safe sex.

In the US, abstinence education has had no substantive impact on populations of youths. According to the Columbia Public Health department, the age of marriage among Americans is increasing, but the age of first sexual interaction has remained around 17 or 18 since the 1990s. Additionally, the age between first intercourse and first marriage is 8.7 years for women and 11.7 years for men. Therefore, abstinence education does not inhibit youths from engaging in sexual behaviours, but instead leaves them with inadequate knowledge. Programmes teaching exclusively about abstinence lead to increased rates of teen pregnancy and STIs. Abstinence programmes lack instruction on contraceptive use, therefore when teens engage in sexual activities they are more likely to put themselves at risk.

Further, it contributes to harmful gender stereotypes of women being passive while men are aggressive; as abstinence-only education lacks mention of consent, which perpetuates gendered and sexual violence.

Definitions of sex according to abstinence programs focus on vaginal intercourse, providing no information about other forms of intercourse. Exclusions of LGBTQ+ sex eduation only perpetuates homophobia and stigmatises queer relationships. The abstinence programmes push the nuclear family model as the only appropriate way to engage in sexual activities, entirely excluding members of the LGBTQ+ community. Also, alternative forms of contraceptives, including vaginal condoms and dental dams, are excluded from education, continuing to make youths have unsafe sex. Abstinence programmes have a disproportionate impact on POC youths, particularly Black and Latino communities in the US. The federal government is more likely to provide funding to abstinence-only education programmes, providing no other resources for education. With no substantive support being given to the communities regarding sex education, it violates the autonomy of individuals as well as their human rights as they are not given proper education on methods of preventing pregnancy and STIs. Such inequalities are exemplified through the disproportionate rates of HIV/AIDS infections among POC communities in the US. The CDC reports that while Black/African Americans only comprise 13% of US population and Hispanics/Latinos only comprise 18.5% of the population, they made up 40% and 25% of cases of HIV respectively. The statistics exemplify the inequality in access to comprehensive sex education, contraceptives, and sexual health care and the dangers this poses to one's quality of life and human rights.

Overall, the deprivation of comprehensive sex eduacion programmes across the US is a clear violation of the human rights of youths. Without education, youths will resort to unsafe sex practices, only continuing to increase teen pregnancy and STIs/STDs. More thorough education programs must be implemented; it is important to include LGBTQ+ education, contraceptives, and birth control methods in new education programmes. It is also necessary to make programmes accessible to all members of the population, including POC communities as well as impoverished communities.

Case Study 2: Asia-Pacific CSE

With around 60% of the world's youths between the ages of 15-24 living in the Asia-Pacific region, implementing CSE programmes is an important factor in protecting and expanding the human rights of youths. In Afghanistan, Lao PDR, Pakistan, and the Philippines, around ⅓ of the population is between the ages of 15-24. The region has a large, diverse population with widely ranging sociocultural establishments and economic contexts. Having young populations makes it more important to establish practical solutions to alleviating barriers to spreading sex education courses.

The majority of the population lives in rural areas, making the spreading of CSE programmes difficult. However, since the region is experiencing rapid change, the demographic pattern is shifting due to various factors including urbanisation and labour migration. Since these patterns are usually more driven by young people looking for work, this should be taken into account when establishing the education programmes.

Despite the immense diversity presented in the region, the countries share common barriers to sex education programmes being implemented across the region. For example poverty, migration, religious fundamentalism and extremism, climate change, access to education and information services, and healthcare all restrict the ability for CSE programmes to be implemented. Such barriers coupled with conservative sociocultural norms and cultural traditions creates a difficulty in bringing the CSE programme to the youths. Across the region, these factors affect populations differently, some becoming more or less prominent. Additionally, across some parts of Southeast Asia, sex education is considered a taboo topic and parents would likely be hesitant to have their children participate in CSE; parents are likely to worry that if their children are taught about sex, they will be more likely to have it. It would be important to alter the CSE content depending on the culture of a region or country to ensure that it will be accepted by the population.

Implementing CSE in Southeast Asia would be important for reducing gendered violence, unwanted pregnancies, unsafe abortion, and the spread of STIs and HIV. According to the Asian Pacific Resource and Research Centre for Women, as many as 63% of pregnancies among girls between the ages of 15-19 years old are unintended, indicating the need for education about contraceptives and safe sexual practices. With such high rates of unintended pregnancy, accompanied by a lack of access to safe abortions, many women must undergo unsafe abortion practices. Women are put at high risk

from the unsafe abortions since they do not have access to helpful sexual education, contraception, and sexual or reproductive health clinincs. In addition to pregnancy, the lack of sexual education in the region also contributes to increased risk of STIs. Up to 10% of males and 20% of females in the region have reported having one or more STI symptoms within a period of 12 months.

Current efforts to expand sexual education programmes in the Southeast Asia region involve international organisations working with local and smaller scale organisaitons to build up CSE programmes. In Thailand, UNESCO Bangkok will be working alongside the Asian Forum of Parliamentarians on Population and Development, or AFPPD, on the development of the education course. Additionally, Durex is working in Malaysia and Planned Parenthood in Indonesia to engage with open discussions about creating educational videos to their social media channels. Such efforts would expand the access to education for youths and present an alternative to a traditional classroom model of sexual education.

POSSIBLE SOLUTIONS:

As is made clear in Case Study 1, simply implementing sexual education is not enough to provide youths with a strong understanding of sexual and reproductive health. It is necessary to provide a comprehensive form of sexual education that will address alternative models to abstinence-only programmes, like the programme in the US, in order to give youths a healthy understanding of their sexuality, relationships, and health. It is clear that the implementation of CSE programmes would work in favour of the youths and improve their quality of life.

The risk of STDs, HIV/AIDS, and unwanted pregnancy is decreased when youths are given a comprehensive background on sexual education. As shown through Case Studies 1 & 2, the absence of effective education programmes does not prevent youths from engaging in sexual activity, but instead they just engage in dangerous ways without an understanding of potential consequences of unprotected sex. Additionally, bringing in CSE lessons to youths would give them a clear understanding of what distinguishes a healthy and mutual relationship to one that is potentially abusive and dangerous.

Committees must consider how these programmes could effectively be implemented cross-culturally. As different regions hold widely varied values regarding marriage and sex, when designing CSE courses, cultural differences must be considered. The way that programmes will be brought into different regions must be considered too, as community efforts would have a significant impact in the success of sexual education being shared. Expanding reproductive and sexual healthcare must also be considered when designing CSE courses, as these clinics will provide youths with the care that is necessary for them to foster healthy sexual lives and maintain overalll good health.

QUESTIONS TO CONSIDER:

1. At what age should sexual education be introduced to youths in the classroom?
2. How can CSE programmes be adapted to different cultures to ensure that they are adhering to sociocultural values of different regions?
3. When should local efforts take precedence over national efforts in terms of building up the CSE programmes?
4. Are there places outside of the classroom that should make efforts to provide this education to youths?

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