

See discussions, stats, and author profiles for this publication at: <https://www.researchgate.net/publication/262001221>

A Rights-Based Approach to Sexuality Education: Conceptualization, Clarification and Challenges

Article in *Perspectives on Sexual and Reproductive Health* · April 2014

DOI: 10.1363/46e1114

CITATIONS

8

READS

212

3 authors, including:



[Nancy Berglas](#)

University of California, San Francisco

28 PUBLICATIONS 121 CITATIONS

[SEE PROFILE](#)



[Emily J Ozer](#)

University of California, Berkeley

55 PUBLICATIONS 3,754 CITATIONS

[SEE PROFILE](#)

All content following this page was uploaded by [Emily J Ozer](#) on 25 January 2016.

The user has requested enhancement of the downloaded file. All in-text references [underlined in blue](#) are added to the original document and are linked to publications on ResearchGate, letting you access and read them immediately.

A Rights-Based Approach to Sexuality Education: Conceptualization, Clarification and Challenges

CONTEXT: Although a rights-based approach to sexuality education has been increasingly discussed in the past decade, documented consensus regarding the goals, concepts and underlying assumptions of this approach is lacking. Differences in the assumed meaning of a rights-based approach can limit discussions of its implementation and evaluation, and impede opportunities to explore and critique a new model for sexuality education.

METHODS: In-depth interviews were conducted in 2012 with 21 U.S. and international sexuality education experts. Data were thematically coded and analyzed using an iterative approach. Responses were compared according to respondents' professional discipline and geographic focus.

RESULTS: A rights-based approach can be defined as the intersection of four elements: an underlying principle that youth have sexual rights; an expansion of programmatic goals beyond reducing unintended pregnancy and STDs; a broadening of curricula content to include such issues as gender norms, sexual orientation, sexual expression and pleasure, violence, and individual rights and responsibilities in relationships; and a participatory teaching strategy that engages youth in critical thinking about their sexuality and sexual choices. These elements were consistently identified by respondents across professional disciplines and geographic foci. In addition, all respondents raised questions about the feasibility of implementing a rights-based approach, particularly in the United States.

CONCLUSIONS: While questions remain to be answered regarding the implementation and impact of rights-based sexuality education, the proposed conceptual definition suggests multiple avenues for advocates, researchers, program developers and funders to enhance adolescent sexual health.

Perspectives on Sexual and Reproductive Health, 2014, 46(2):63–72, doi: 10.1363/46e1114

By Nancy F. Berglas, Norman A. Constantine and Emily J. Ozer

Nancy Berglas is research scientist, Center for Research on Adolescent Health and Development, Public Health Institute, Oakland. Norman A. Constantine is senior scientist and director, Center for Research on Adolescent Health and Development, Public Health Institute, and clinical professor of community health and human development, School of Public Health, University of California, Berkeley. Emily J. Ozer is associate professor of community health and human development, School of Public Health, University of California, Berkeley.

For more than a century, the question of whether and how adolescents should be taught about their emerging sexuality and sexual health has been debated in schools, communities and the public sphere.^{1–3} While efforts to address these topics have been called by many names—sex education, family life education, teenage pregnancy prevention and others—their presence is now nearly universal in the United States; more than 95% of adolescents receive some formal sexual health content in school, church or a community setting before age 18.⁴

Although specific content varies by community and is often fragmented in presentation, formal sex education efforts generally are based on one of two models: abstinence-only programs, which promote restraint from sexual activity outside of a committed adult relationship (notably marriage); and abstinence-plus programs, which rely on a harm reduction or disease prevention approach that encourages abstinence while also promoting safer sexual practices for sexually active adolescents. (The latter programs are sometimes referred to as “comprehensive,” although most guidelines for comprehensive sex education propose content substantially beyond what is generally included in abstinence-plus programs.^{5–9}) In both models, programmatic efforts are directed at changing individual behaviors and are expected to reduce the risk of unintended pregnancy and STDs.¹⁰

Numerous evaluation studies have examined whether specific programs have had an impact on adolescents' sexual behaviors and outcomes, and narrative and systematic reviews have consolidated these results in attempts to draw more definitive conclusions about the impacts of the two models.^{11–15} Taken together, these studies have found little support for the effectiveness of abstinence-only programs. Although evidence of some modest positive effects has emerged in a few studies, the effectiveness of specific abstinence-plus programs is not well supported by available data.^{16,17}

The lack of consistent, compelling evidence that current, widely used approaches to sex education have strong effects has, for some leaders in the field, reinforced the need to reconsider the paradigm as a whole. They advocate a shift away from narrowly focused sex education, with an emphasis on reducing the risks of sexual activity among adolescents, and toward broader sexuality education (the term we use in the remainder of this article), with a positive, holistic emphasis on healthy sexual development.^{18,19} This view has been voiced by leading sexuality education organizations both in the United States and elsewhere,^{5–7,20,21} although it remains largely outside of mainstream discourse, where the debate focuses on the merits of specific curricula.

A RIGHTS-BASED APPROACH

“Rights-based” is one term that has become increasingly linked to the concept of a more comprehensive approach to sexuality education. The rights-based perspective is derived from treaties, pacts and other international commitments that recognize and reinforce human rights, including the sexual rights of young people.^{22–24} It has been further shaped by major United Nations conferences of the 1990s that focused on human rights, gender equality, sexual and reproductive health, and HIV and AIDS (such as the International Conference on Population and Development), as well as by more recent documents and meetings (such as the Yogyakarta Principles and Bali Global Youth Forum). In 2012, the UN Commission on Population and Development reaffirmed these principles of sexual rights and gender equality for adolescents, voicing support for adolescents’ right to comprehensive sexuality education and calling upon governments to provide “evidence-based comprehensive education on human sexuality, sexual and reproductive health, human rights and gender equality to enable [youth] to deal in a positive and responsible way with their sexuality.”^{25(p. 10)}

During the past decade, a language of a “rights-based approach to sexuality education” that aims to operationalize these principles has emerged. Its terminology has been articulated in varied ways, but is underscored by a common belief that issues of sexuality, sexual health, sexual rights and gender need to be addressed together to prepare youth to make positive, informed and responsible choices throughout their sexual lives. References to a rights-based approach have been incorporated into international guidelines and standards for sexuality education,^{6,8,9} and have been included in some U.S. advocacy efforts.^{20,21} One of the most extensive attempts to guide practice is *It’s All One*, a resource kit of guidelines and activities intended to provide a unified approach to sexuality, gender, HIV and human rights education for curriculum developers, health educators and teachers.²⁶

The inclusion of human rights and gender issues, and related contextual factors, into sexuality education is informed by a growing body of research that has found connections between these concepts and individual sexual attitudes, behaviors and health outcomes.^{27–30} The underlying premise is that cultural and societal expectations about appropriate roles for men and women become ingrained during childhood and adolescence through explicit and implicit messages that youth receive from individuals, families, communities and institutions. Individuals internalize these norms and adopt attitudes and behaviors that, in turn, influence decisions about relationships and can encourage behaviors that increase the risk of negative sexual health outcomes.^{27–32} Increasingly, programs to address issues of gender norms and power dynamics are being designed and implemented. While proponents describe positive changes from these interventions,^{33–36} studies have only begun to examine whether incorporating content on gender, power and rights leads to improved

sexual health.^{29,37–40} These studies form a small but growing evidence base for a rights-based approach to sexuality education, although the quality of this evidence has not been systematically reviewed.

To date, perspectives about the rights-based approach have not been formally examined or compared. Without a clearly articulated definition on which to base discussion and debate, it will prove difficult to guide program development, draw conclusions about effectiveness, make comparisons among models of sexuality education, or advocate for or against expansion. This study was undertaken to examine the concepts viewed by experts on sexuality education as underlying a rights-based approach. Specifically, we aimed to clarify the explicit and implicit goals, elements and assumptions of a rights-based approach; provide a conceptual definition to stimulate discussion and potentially guide research and program development; examine the proposed definition for congruence with existing research, theory and practice; and identify implications for research and practice.

METHODS

We first conducted an extensive review of the guidelines, frameworks, research reports and other documents that have been cited as informing the rights-based approach. We then conducted in-depth qualitative interviews with key informants, using purposive sampling to recruit individuals with professional expertise in advocacy, program development, funding, theory or research in sexuality education in the United States and other countries.⁴¹ We identified potential respondents on the basis of their high levels of expertise in the sexuality education field and direct knowledge of the rights-based approach, and through suggestions from colleagues and from individuals who had already been interviewed. The final sample consisted of 21 executive directors, policy directors, program officers, researchers and consultants at key organizations that focus on adolescent sexual health in developed or developing countries. Because one interview was conducted simultaneously with two respondents, the final number of interviews was 20. Another interview was limited to topics directly related to the respondent’s particular expertise and hence included only a subset of the questions posed to other respondents.

Using a semistructured interview guide, we asked respondents to discuss the primary topics of interest: the emergence and meaning of the rights-based approach; the goals and activities associated with application of this approach; the theory and frameworks that guide their thinking about the approach; and anticipated challenges in development or implementation. Interview questions were framed to ask specifically about the rights-based approach, rather than about comprehensive sexuality education more broadly, and were modified over time to test and probe emerging themes. The first author conducted all interviews, by phone or in person, between June and September 2012; each interview lasted approximately one hour. Data

collection was terminated when all questions had been comprehensively addressed and additional interviews yielded no new themes, indicating that theoretical saturation had been reached.⁴² The interviews were recorded and transcribed. The Committee for the Protection of Human Subjects at the University of California, Berkeley, approved the study protocols.

The first author thematically coded and analyzed the data using ATLAS.ti software and an iterative approach based on principles of grounded theory.⁴² First, we indexed transcripts by primary topics of interest, and structural codes were developed to track respondents' professional discipline (e.g., advocacy, research) and geographic focus (United States or international). Next, we developed open thematic codes and examined their frequency, their consistency with prior theory, the emergence of unanticipated themes and differences across interviews. In addition, we used structural codes to compare responses according to respondents' professional discipline and geographic focus. The final step of analysis aimed to make sense of thematic patterns and resulted in the creation of a conceptual definition inductively derived from the data. Quotations were selected to highlight the core themes and variations that emerged from the analysis.

RESULTS

Most respondents reported a lack of clarity among colleagues about what it means to use a rights-based approach to sexuality education. When respondents were asked whether there is agreement about the meaning of the term, responses varied from "I bet there is a lot" to "No, absolutely not"; other respondents said "I am not really sure." As one U.S. policy expert stated, "I don't hear many definitions of [a rights-based approach], which is the problem. People throw out the term all the time, and we all think we know what we mean, but we don't mean the same thing."

However, further analyses revealed a foundation of congruence. Four underlying themes, or core elements, of a definition emerged from the interviews. A fifth theme centered on the feasibility of implementing a rights-based approach, particularly in the United States. While respondents differed in their views regarding specific aspects of these elements, they consistently identified the same overarching themes (Table 1).

TABLE 1. Number of key informants who cited particular themes as being central to a rights-based approach to sexuality education, by respondent's geographic focus

Theme	United States (N=12)	International (N=7)	All (N=19)
Underlying principle	8	7	15
Expanded goals	10	6	16
Broadened content	9	7	16
Youth-centered pedagogy	9	7	16
Feasibility in the United States	12	7	19

One of the 20 study interviews was excluded from table because it focused on a single theme.

Core Elements

•*Underlying principle.* Most respondents indicated that a rights-based approach implies that an underlying principle of sexual rights should guide all work with youth, including sexuality education. It entails a core belief that youth have inalienable rights, expressed in international human rights law, that must be accounted for when considering access to and content of sexuality education. As one U.S. advocate said:

"When I think of a rights-based approach, I think of it as, this is not just nice to have. This is something that is intrinsically part of who we are as human beings. It is my fundamental human right to have access to information and to services that protect my rights to my self-determination related to my sexual and reproductive health."

Respondents emphasized that these rights are not inconsequential, but rather of the highest importance. One described the right to information regarding sexuality as on a par with "a right to have water and food and clothing and housing" in its significance for a healthy life. This point about youths' right to information about their sexuality was voiced consistently by respondents across professional disciplines and geographic contexts.

Several respondents further indicated that a rights-based approach recognizes youths' right to self-determination, including the rights to express their sexuality, decide whether and when to engage in sex, choose whether and when to have children, and pursue a safe and pleasurable sexual life. It puts sexual rights in the hands of youth and aims to instill knowledge, skills and agency, so that young people can determine and voice their own needs while also understanding their corresponding responsibility to respect the rights of others. Although these self-determination rights were described as being core to the approach less frequently than was the right to information, no respondent disputed their relevance, and they were consistently invoked regardless of respondents' professional discipline and geographic focus.

Many respondents noted that recognizing that youth have sexual rights implies obligations for adults and society. If adolescents have such rights, governments and organizations have the responsibility to provide tools so that youth can protect their health and rights and those of their sexual partners. In human rights parlance, adolescents are considered rights holders, and entities bear the duty to protect, respect and fulfill these rights and to not withhold needed information. According to these respondents, this professional responsibility underlies the rights-based approach to sexuality education.

•*Expanded goals.* For nearly all respondents, a rights-based approach to sexuality education encompasses an expansion of programmatic goals beyond the current emphasis on discouraging sex outside of marriage or preventing unintended pregnancy and STDs. They described a framework that not only aims for the absence of negative sexual health outcomes, but also "will result in a healthier young person" overall. The rights-based approach strives to

affect other realms of well-being (i.e., those beyond unintended pregnancy and STDs) because issues of sexual health “are central to [youths’] ability to exercise their human rights and their own ability to be agents of change.” An international policy expert described the potential for youths’ participating in a rights-based program thus:

“We would have young people who feel empowered to make decisions about their bodies, who are able to decide if, when and with whom they have any kind of sexual relationship, ... [who] feel like they have plans for what they want for themselves in the future ... [and who are] able to think critically about the world around them and advocate for changes that would make their community and the world better.”

For these respondents, a rights-based approach aims to achieve broader goals related to empowerment, sexual assertiveness, expectations and even civic engagement. Similar concepts regarding sense of agency, leadership and the ability to “navigate decisions and opportunities in their lives” were reflected in others’ comments. A few respondents did not explicitly describe these expanded goals as core to the rights-based approach, but only one seemed to disagree with their inclusion in the conceptual definition.

A key point made by many U.S. respondents was that the emphasis on these broader goals does not necessitate the exclusion of more specific public health outcomes. As one U.S. policy expert said, “You’ve got to put reducing unintended pregnancies and [STDs] in your logic model. ... It would be inappropriate to not worry about those outcomes.” However, the rights-based approach questions, in principle, the disease prevention model, which focuses on these outcomes to the exclusion of other aspects of adolescent sexual health. One U.S. advocate stated, “There are folks who would tell you that even though you weren’t being driven by [the goal of preventing disease], that your sexual health morbidity rates would be much, much lower [with a rights-based approach].” That is, many argue that the rights-based approach (with its positive, empowering orientation and its expanded goals for sexuality education) would provide a stronger causal pathway to reducing rates of pregnancy and STDs than a disease prevention model built on the premise that most individuals make fully rational decisions about reducing their risk behaviors.

•**Broadened content.** As nearly all respondents noted, a rights-based approach to sexuality education is broad in its program content. It reaches beyond current programming that emphasizes prevention of pregnancy and disease (primarily through abstinence and use of condoms and other contraceptives) to address larger contextual issues that affect adolescents’ sexual decision making. The idea is “to really think about all of the areas that both affect and are affected by sexuality,” and to develop program content that addresses “the cultural and social dynamic of sexuality for young people.” The idea that broadened content is inherent to the rights-based approach was noted by all international respondents and nearly all U.S. respondents; the three

exceptions were U.S. policy experts whose work focused on teenage pregnancy prevention.

Respondents frequently suggested that gender should be a focus of the expanded content. As one international program developer stated, “The main thing is that you can’t run away from talking about gender as an explicit topic within sexuality education and HIV prevention education.” Regardless of their professional discipline or geographic focus, respondents consistently stated that issues related to gender—particularly gender equality and gender norms—are a core component of a rights-based approach. Some respondents referred to evaluations that concluded that programs that discuss gender have a greater impact on sexual behavior than do other programs. A few cited the application of the theory of gender and power³⁰ to HIV prevention work as supporting the expansion of sexuality education content to include gender-related issues.

Respondents also described other content areas inherent to the rights-based approach (Table 2). International respondents were more likely than U.S. respondents to cite content on gender-based violence, human rights, citizenship and social justice, while U.S. respondents were more likely to mention issues of race and class, as well as conflicts between messages about sexuality from peers, families, schools and media. Both groups included healthy relationships as part of the content of a rights-based program.

•**Youth-centered pedagogy.** For nearly all respondents, a rights-based approach necessitates a change in how sexuality education is taught; it requires moving from a didactic model to one that is participatory, interactive and youth-centered. Several respondents noted that while many existing programs engage youth in activities (such as taking part in role-plays, practicing how to put on a condom or visiting a clinic), the teaching is focused on providing information in a single direction, from teacher to students. According to respondents, a rights-based approach goes further by promoting experiential learning that actively engages youth in the education process. Moreover, it aims to incorporate their experiences and environments, build on their existing knowledge and engage them as agents of change in their communities. It requires a “commitment to pedagogy that fosters critical thinking.”

The emphasis on teaching strategies builds on the core themes of the expanded goals and content of a rights-based approach. Engagement in these complex issues, respondents noted, warrants a participatory approach. According to one U.S. program developer, a rights-based approach allows youth to “bring their whole selves to the classroom.” Another described this teaching style as essential for helping adolescents deal with conflicting messages about sexuality, as it gives them “the tools to be able to combat these other voices that are coming at them about how they should be and who they are.” Attitudes as entrenched as gender norms, respondents said, can be changed only through discussion and critical reflection. As one international program developer noted, informing people about their rights is not sufficient:

TABLE 2. Topics suggested by respondents for inclusion as content in a rights-based approach to sexuality education

Topic	Description or rationale
Gender equality and norms	"A [rights-based program includes] clear recognition of the role that gender norms play, ...emphasizing and really establishing more egalitarian gender norms, not only in terms of gender equality for girls, but in norms and roles that are less rigid for boys...as well."
Race, ethnicity and class	"[It gets] people to look at the intersections between messages about sexuality and messages about race and messages about ethnicity. They're very potent in [U.S.] culture."
Sexual orientation and diversity	"Not only does [leaving gay, lesbian, bisexual and transgender students out of the curriculum] impact the individual, but it also really impacts the campus climate. If you are just talking about heterosexuality, then you are reinforcing this heteronormative climate that can be really harmful and hurtful for [these] students."
Violence	"It includes gender-based violence...but also [looks] at the way violence plays out around homophobia, gang-related violence, the everyday school bullying and such that's part of the majority of young men's lives at some moment or another."
Relationship rights and responsibilities	"It's not like some international treaty, some arcane civil rights. It's about equality, and it's about dignity and freedom from harm, but bringing it down to a very practical, personal, interpersonal level."
Sexual expression and pleasure	"Of course we can't demand sexual pleasure. You can't just say 'I have a right to sexual pleasure!' But you can insist that this is part of sexual being and of the whole realm of being able to experience something in a pleasurable way."
Citizenship and advocacy	"[A rights-based program gives] the kids the space to see, to look critically [at what the norms and messages are], and to say ... that I am better than this and I can make a difference. I can change things. It doesn't have to be this way."

"There's a lot of materials that say 'You have rights, you have rights.' ... What we try to do is to promote critical reflection about, why is it that we are not allowed to use other people as objects; why is it that we are entitled to a set of rights; ... and what do those mean in terms of my sexual behavior, my access to health services, my use of violence, my experiences of violence?"

Regardless of their professional discipline or geographic focus, respondents emphasized that time for reflection and action is an important part of a rights-based approach. A few international respondents mentioned the work of Brazilian educator Paulo Freire and the concept of critical pedagogy, which advocates for participatory, action-oriented experiences that engage youth in issues of social justice and citizenship. U.S. respondents expressed similar points about the need for new strategies for teaching sexuality education, although their language focused on individual empowerment (making change in one's own relationships) over social empowerment (making change in politics and society). The three respondents who did not discuss pedagogy were U.S. policy experts whose work focused on pregnancy prevention

Feasibility in the United States

In addition to the four core elements that define a rights-based approach, we identified a fifth theme, centered on the feasibility of implementing such an approach. All U.S. and international respondents agreed that promoting and implementing a rights-based approach posed potential challenges in the United States. These were noted most strongly by respondents engaged in issues of teenage pregnancy prevention policy in the United States.

•*Language and view of youth rights.* Respondents suggested that the language of rights does not resonate in the

United States. Both U.S. and international respondents said that in the United States, the idea of youth rights tends to conflict with the notion that parents' rights take priority within a family; as one respondent put it, some people believe that "whoever pays the bills has the rights." One U.S. advocate explained that parents "feel it's their job, it's their responsibility, to protect young people. And in trying to do that, they feel like sometimes they can make better decisions and they can withhold information." This runs counter to many of the tenets of a rights-based approach.

Some respondents expressed concern that the rights language is so potentially "overwhelming"—and even "threatening"—that it could derail efforts toward furthering the approach in the United States. One U.S. policy expert noted that support could be generated for much rights-based content (e.g., healthy relationships, partner communication, mutual consent, fairness and respect) but questioned the terminology: "People could make assumptions about what [the rights-based approach] means that may or may not bring them into the conversation.... It may color how people perceive it."

•*Working with schools.* Respondents suggested that a rights-based program might encounter obstacles beyond those faced by current school-based sexuality education programs. A U.S. advocate said that if programs are going to extend beyond discussions of pregnancy and disease prevention, the perception of sexuality education in schools must change: "Because I could see [people saying], 'Well, this isn't health, this is social studies.... Why is this here?'"

Both U.S. and international respondents noted that the participatory, youth-centered philosophy of the rights-based approach may itself bring new challenges. To engage students in open dialogue about complex issues related to sexuality, teachers must have high-level facilitation skills,

personal comfort with gender and sexuality, and additional content knowledge. Respondents described the importance of professional training to the implementation of a rights-based approach. Whether a rights-based program could be taught by current health teachers without specific training was an unresolved question among respondents and a cause of concern.

•**Debates within the field.** Further questions of feasibility focused inward, on the state of the sexual and reproductive health field with regard to pregnancy and STD prevention programs for teenagers. Both international and U.S. respondents noted disagreements about the field's current orientation, as well as its future. They described a dichotomy that sets professionals who promote pragmatism and current abstinence-plus models against those who push for a more comprehensive vision of sexuality education. As one U.S. advocate said:

“There's pushback in some quarters that we're asking for too much. [They say,] 'Let's not rock the apple cart. We really need to keep the focus on exactly what works, because the rug could be pulled out from under us at any point. And isn't what we have now much better than [abstinence-only programs]?’”

Our results also suggest there are undercurrents of disagreement about whether gender—the primary content area of a rights-based approach—matters in U.S. settings. A few respondents explicitly questioned the need to focus on gender equality, given that girls in the United States are doing substantially better than boys on many indicators of success. Some respondents within this group expressed support for addressing issues concerning masculinity norms among adolescent males, particularly those in ethnic minority communities, but also believed that “there's not quite the same motivation [within the field] to apply the thinking and theory of gender to males to help them benefit” as there is to apply it to females. Given the limited classroom time and other resources available for sexuality education, as well as the lack of evidence that discussions of gender improve outcomes in U.S. settings, some respondents questioned whether discussions of gender should displace any of the current content of abstinence-plus programs.

•**Funding and evidence-based interventions.** Many respondents noted that governments tend to get involved with (i.e., provide funding for) an issue only when a crisis needs to be resolved. They suggested that it would be more difficult to find support for programs framed as promoting healthy development, youth rights, empowerment or citizenship than for those that focus on the public health problems of unintended pregnancy and STDs.

A related issue raised by many respondents is the field's current emphasis on interventions that meet some standard of evidence concerning the reduction of sexual risk behaviors, unintended pregnancy or STDs. The field has focused on developing an evidence base, and lists of effective interventions now form the basis for much government funding. Both U.S. and international respondents described the

challenges for any new model that has not yet been evaluated and does not focus on the measures required by these lists. As one U.S. advocate said:

“There is some movement in the field towards saying, 'Wait a second, we need to reevaluate, we need to broaden the frame,' but then there's always the pushback of, 'Yeah, but ... where's the evidence? ... That's all well and good to say that you want to do something that's rights-based, but it needs to be proven.' So we find ourselves caught in that trap.”

In other words, those who want to change the paradigm for sexuality education away from disease prevention are often told that there is insufficient evidence to support their approach, but are denied the funding they need to provide such evidence.

DISCUSSION

From our interviews with U.S. and international experts, we propose that a rights-based approach to sexuality education be defined as comprising four essential, connected elements. The first element—the guiding principle that youth hold inalienable sexual rights—is foundational to the other three, which inform how a rights-based program is developed and implemented. Specifically, such a program emphasizes positive sexual health, rights and empowerment as its goals; includes content addressing larger contextual issues that affect sexual decision making; and engages youth in critical thinking about how these complex topics affect their sexual lives. The three practice elements influence each other as well. Respondents described how the complex content of a rights-based approach drives the need for pedagogies that emphasize participation, action and critical thinking, and how engaging youth in the learning experience affects their sense of agency and empowerment, thus informing the expanded goals.

Although not all respondents used the same language to describe a rights-based approach, the similarities across interviews greatly outweighed the differences. Each of the four elements arose, explicitly and in a consistent manner, in at least 15 interviews, and each was described similarly across professional disciplines and geographic specialties. We noted differences in the descriptions of specific aspects of each element, but few respondents seemed to question the inclusion of the four elements in the conceptual definition. This was particularly notable given respondents' strong perceptions of a lack of consensus in the field. These apparently inaccurate perceptions, as well as the concern that the term “rights-based approach” is at risk of becoming jargon, highlight the need for a clear conceptual definition.

The primary disagreement among respondents concerned not the definition itself, but rather the feasibility of implementing the approach in the United States. Concerns about feasibility were voiced in all interviews, but more frequently and consistently by respondents engaged in teenage pregnancy prevention policy than by those involved in advocacy or program development. While this

disparity may seem inconsequential, it highlights important differences in the contexts in which the respondents conduct their work and form their perspectives.

The four elements we inductively derived from the interviews are largely consistent with existing standards, guidelines and program materials, lending support to the validity of the conceptual definition. For example, the authors of materials as varied as the World Health Organization's *Standards for Sexuality Education in Europe*,⁹ Promundo's *Project H*⁴³ and *Project M*⁴⁴ (Brazil), and Breakthrough's *Rights and Desire: A Facilitator's Manual to Healthy Sexuality*⁴⁵ (India) expressly describe youth as rights holders and cite international human rights agreements as motivation for their work. The curriculum materials for It's All One not only cite the program's public health objectives (e.g., preventing unintended pregnancy, reducing gender-based violence), but explicitly list the goals of helping youth increase their decision-making abilities, participation in society, ability to exercise rights, critical thinking, self-efficacy, and sexual well-being and enjoyment.^{26,35} Planned Parenthood Los Angeles has incorporated content on gender, relationships, sexuality, sexual choice and coercion, media messages and decision making in its Sexuality Education Initiative for high school students.³⁶ The International Planned Parenthood Federation has explored various teaching strategies, including critical and feminist pedagogy, to guide implementation of a rights-based approach by its affiliates.⁴⁶ These examples suggest that our proposed conceptual definition is coherent and credible. Further research is needed to explore points of congruence and divergence.

Unanswered Questions

Several questions must be addressed to move the rights-based approach forward. First, are all four elements required for a program to be considered rights-based? We propose that they are, given the high frequency with which they were noted across interviews, as well as the interconnected ways in which they were explicitly or implicitly described by respondents. Others, however, may prefer a definition based on the idea that "the more, the better"—i.e., that while having all four elements may be desirable, not all are necessary to define a rights-based approach.

We recognize that a conceptual definition will never completely match the complexity and diversity of real-world situations.⁴⁷ It is likely that interventions will emphasize some elements more than others, or omit certain elements entirely, and there will be a need for agreement about whether such efforts should be considered rights-based. The varied programs developed and evaluated by Wingood, DiClemente and colleagues for the prevention of HIV and other STDs are a case in point. These interventions, which are rooted in the theory of gender and power, engage women through content on gender pride, relationships and sociocultural factors.⁴⁸ While the content element of the proposed rights-based

definition matches these programs, the other elements do not. The core goals of these interventions are to reduce the prevalence of sexual risk behaviors, HIV and other STDs (although psychosocial mediators are also addressed), and the programs are not explicitly motivated by sexual rights and do not focus on critical thinking strategies. Would these programs be considered rights-based because of their strong emphasis on issues of gender and power? Although the authors do not use this language, others refer to the evaluations of these interventions in support of a rights-based approach.

Similar issues can be raised regarding feasibility. The four elements may be more tenable in communities where other sexual rights issues (e.g., abortion, gay and lesbian rights) are already being discussed. However, a strict definition may preclude the use of a rights-based approach in communities where implementation of all the elements is not feasible.

A second question asks, How does this conceptual definition fit with existing theory? The rights-based approach is influenced by prior theoretical work. The definition builds on the understanding of normative psychosocial development during adolescence (particularly with regard to identity development, formation of intimate relationships and expression of sexuality) and of underlying social, economic and cultural influences.^{49,50} It incorporates an ecological perspective to health promotion that recognizes, and asks youth to reflect on, the multiple levels of influence on behavior—individual, interpersonal, institutional, community and policy.⁵¹ The definition is also consistent with the theory of gender and power, which provides theoretical explanation for the effect of gender-based inequalities on sexual health outcomes,³⁰ as well as with models of adolescent sexual health that are informed by feminist research and theory.⁵² Additionally, it fits with known frameworks of human rights and social justice, including reproductive justice efforts in the United States and the United Nations common understanding on a human rights-based approach to development work.^{53,54} We believe the proposed definition highlights a unique approach to the development of sexuality education programs by integrating theories across the disciplines of adolescent development, public health, sociology, human rights and social justice.

A third question is, How does a rights-based approach fit with other paradigms of comprehensive sexuality education? In this article, we set out to define a rights-based approach, but we recognize that this reflects one of many evolving models being discussed in sexuality education. Other emerging paradigms emphasize positive sexuality, sexual health promotion, youth empowerment and reproductive justice. Unquestionably, these models are related to the rights-based approach, but they are somewhat distinct in their goals, histories, elements and assumptions. Determining the overlap among these approaches and the extent to which they are compatible is an important question for further dialogue and research.

Limitations

Our analysis is based on in-depth interviews with a select group of professionals with expertise in sexuality education. The findings are not necessarily representative of the opinions of all advocates, program developers, policy experts, educators or youth involved in sexuality education. To provide the richness of perspective required to address the research questions, we deliberately restricted the sample to individuals knowledgeable about the rights-based approach. Moreover, we defined categories for respondents' current professional discipline and geographic focus, and identified a high degree of consensus across those lines. Researchers may wish to explore more explicitly the diversity of perspectives within the sexuality education field by examining respondents' prior professional experiences, academic training and theoretical orientations.

While qualitative research invariably involves subjectivity, we note that all data collection, coding and analyses were performed by the first author. To address potential threats to the validity of the study related to interviewer bias, we acknowledged preconceptions about the topic, framed questions in an open manner, searched for discrepant evidence and asked colleagues to review and assess the credibility of our conclusions.

Future Directions

The proposed conceptual definition of rights-based sexuality education suggests multiple avenues for advocates, researchers, program developers and funders. First, open professional dialogue is needed on the definition of a rights-based approach. The use of human rights language and gender-related concepts in sexuality education is growing, but it is unclear what is and is not considered rights-based. A critical part of this discussion will be the question of how to frame the approach for U.S. audiences and, potentially, the consideration of other terminology that may be more acceptable. Explicitly describing sexuality education as rights-based might offer opportunities for collaboration with reproductive rights colleagues, particularly with regard to developing strategies for overcoming resistance. Alternatively, in some situations, less politically charged language (e.g., empowerment) might lessen challenges for the same model.

Second, thoughtful consideration is needed about the definition's implications for program development and implementation. While dictating how a rights-based program should look is beyond the scope of this study, the conceptual definition offers some guidance. As an initial step, program developers could review existing intervention efforts with an eye toward the four core elements, as well as possible implementation challenges particular to their population and setting. The operationalization of the conceptual definition into program objectives and activities will be another key task. Such efforts would provide critical

opportunities for the field to learn more about the potential of the approach in practice.

Third, this study points to the need for attention to issues of measurement and evaluation. These include the development and validation of indicators of positive sexual health; of measures of youths' attitudes about gender and cultural norms, rights and responsibilities in relationships, and assertiveness; and of other content areas hypothesized to be linked with sexual behaviors. Further, approaches for incorporating findings from rights-based programs into existing lists of evidence-based interventions need to be considered, especially given that the goals of these programs differ from those of traditional approaches.

While key questions remain to be answered regarding the implementation and impact of a rights-based approach to sexuality education, the reach of this approach clearly is growing. Addressing these unanswered questions through further research and practice should lead to promising opportunities to promote the sexual health and well-being of adolescents.

REFERENCES

1. Goldfarb ES, A crisis of identity for sexuality education in America: How did we get here and where are we going? in: Schroeder E and Kuriansky J, eds., *Sexuality Education: Past, Present, and Future*, Vol. 1., New York: Praeger, 2009, pp. 8–30.
2. Luker K, *When Sex Goes to School: Warring Views on Sex—and Sex Education—Since the Sixties*, New York: W. W. Norton, 2006.
3. Moran JP, *Teaching Sex: The Shaping of Adolescence in the 20th Century*, Cambridge, MA: Harvard University Press, 2000.
4. Martinez G, Abma J and Copen C, [Educating teenagers about sex in the United States, NCHS Data Brief](#), Hyattsville, MD: National Center for Health Statistics, 2010, No. 44.
5. Future of Sex Education Initiative, *National Sexuality Education Standards: Content and Skills, K–12*, 2012, <<http://www.futureofsexeducation.org/documents/josh-fose-standards-web.pdf>>, accessed Sept. 8, 2013.
6. International Planned Parenthood Federation (IPPF), *Framework for Comprehensive Sexuality Education*, London: IPPF, 2010.
7. National Guidelines Task Force, *Guidelines for Comprehensive Sexuality Education: Kindergarten–12th Grade*, third ed., Washington, DC: Sexuality Information and Education Council of the United States, 2004.
8. United Nations Educational, Scientific and Cultural Organization (UNESCO), *International Technical Guidance on Sexuality Education: An Evidence-Informed Approach for Schools, Teachers and Health Educators*, Paris: UNESCO, 2009.
9. World Health Organization and Federal Centre for Health Education, *Standards for Sexuality Education in Europe: A Framework for Policy Makers, Educational and Health Authorities and Specialists*, Cologne, Germany: Federal Centre for Health Education, 2010.
10. Kirby DB, Laris BA and Roller LA, [Sex and HIV education programs: their impact on sexual behaviors of young people throughout the world](#), *Journal of Adolescent Health*, 2007, 40(3):206–217.
11. DiCenso A et al., [Interventions to reduce unintended pregnancies among adolescents: systematic review of randomized controlled trials](#), *BMJ*, 2002, 324(7351):1426–1430.
12. Johnson BT et al., [Interventions to reduce sexual risk for human immunodeficiency virus in adolescents: a meta-analysis of trials](#),

- 1985–2008, *Archives of Pediatrics & Adolescent Medicine*, 2011, 165(1):77–84.
13. Kirby D, *Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases*, Washington, DC: National Campaign to Prevent Teen and Unplanned Pregnancy, 2007.
 14. Oringanje C et al., Interventions for preventing unintended pregnancies among adolescents, *Cochrane Database of Systematic Reviews*, 2009, Issue 4, No. CD005215.
 15. Scher LS, Maynard RA and Stagner M, Interventions intended to reduce pregnancy-related outcomes among adolescents, *Campbell Systematic Reviews*, Oslo, Norway: Campbell Collaboration, 2006, No. 12.
 16. Constantine NA, Intervention effectiveness research in adolescent health psychology: methodological issues and strategies, in: O'Donohue WT, Benuto LT and Woodward Tolle L, eds., *Handbook of Adolescent Health Psychology*, New York: Springer, 2013, pp. 295–322.
 17. Coalition for Evidence-Based Policy, HHS's evidence-based teen pregnancy prevention program: excellent first step, but only 2 of 28 approved models have strong evidence of effectiveness, news release, Washington, DC: Coalition for Evidence-Based Policy, May 5, 2010.
 18. Halpern CT, Reframing research on adolescent sexuality: healthy sexual development as part of the life course, *Perspectives on Sexual and Reproductive Health*, 2010, 42(1):6–7.
 19. Schalet AT, Beyond abstinence and risk: a new paradigm for adolescent sexual health, *Women's Health Issues*, 2011, 21(3 Suppl.):S5–S7.
 20. Advocates for Youth, *The Vision: Rights. Respect. Responsibility*, no date, <<http://www.advocatesforyouth.org/the-3rs>>, accessed Sept. 8, 2013.
 21. Berne L and Huberman B, *European Approaches to Adolescent Sexual Behavior and Responsibility*, Washington, DC: Advocates for Youth, 1999.
 22. Kossen J, Rights, respect, responsibility: advancing the sexual and reproductive health and rights of young people through international human rights law, *University of Pennsylvania Journal of Law and Social Change*, 2012, 15(2):143–178.
 23. Dixon-Mueller R et al., Towards a sexual ethics of rights and responsibilities, *Reproductive Health Matters*, 2009, 17(33):111–119.
 24. Lottes IL, Sexual rights: meanings, controversies, and sexual health promotion, *Journal of Sex Research*, 2013, 50(3–4):367–391.
 25. United Nations Commission on Population and Development, *Report on the Forty-Fifth Session (15 April 2011 and 23–27 April 2012)*, New York: United Nations, 2012.
 26. International Sexuality and HIV Curriculum Working Group, *It's All One Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education*, New York: Population Council, 2009.
 27. Harrison A et al., Gender role and relationship norms among young adults in South Africa: measuring the context of masculinity and HIV risk, *Journal of Urban Health*, 2006, 83(4):709–722.
 28. Leech TGJ, Everything's better in moderation: young women's gender role attitudes and risky sexual behavior, *Journal of Adolescent Health*, 2010, 46(5):437–443.
 29. Pulerwitz J et al., Addressing gender dynamics and engaging men in HIV programs: lessons learned from Horizons research, *Public Health Reports*, 2010, 125(2):282–292.
 30. Wingood GM and DiClemente RJ, Application of the theory of gender and power to examine HIV-related exposures, risk factors, and effective interventions for women, *Health Education & Behavior*, 2000, 27(5):539–565.
 31. Amaro H, Love, sex, and power: considering women's realities in HIV prevention, *American Psychologist*, 1995, 50(6):437–447.
 32. Pulerwitz J, Gortmaker SL and DeJong W, Measuring sexual relationship power in HIV/STD research, *Sex Roles*, 2000, 42(7/8):637–660.
 33. Pulerwitz J and Barker G, Measuring attitudes toward gender norms among young men in Brazil: development and psychometric evaluation of the GEM scale, *Men and Masculinities*, 2007, 10(3):322–338.
 34. Rogow D and Haberland N, Sexuality and relationships education: toward a social studies approach, *Sex Education*, 2005, 5(4):333–344.
 35. Rogow D et al., Integrating gender and rights into sexuality education: field reports on using It's All One, *Reproductive Health Matters*, 2013, 21(41):154–166.
 36. Marques M and Ressa N, The Sexuality Education Initiative: a program involving teenagers, schools, parents and sexual health services in Los Angeles, CA, USA, *Reproductive Health Matters*, 2013, 21(41):124–135.
 37. Crepaz N et al., The efficacy of HIV/STI behavioral interventions for African American females in the United States: a meta-analysis, *American Journal of Public Health*, 2009, 99(11):2069–2078.
 38. DiClemente RJ et al., Efficacy of sexually transmitted disease/human immunodeficiency virus sexual risk-reduction intervention for African American adolescent females seeking sexual health services: a randomized controlled trial, *Archives of Pediatrics & Adolescent Medicine*, 2009, 163(12):1112–1121.
 39. Jewkes R et al., Impact of Stepping Stones on incidence of HIV and HSV-2 and sexual behaviour in rural South Africa: cluster randomised controlled trial, *BMJ*, 2008, 337:a506, doi: 10.1136/bmj.a506, accessed Sept. 8, 2013.
 40. Wingood GM et al., A randomized controlled trial to reduce HIV transmission risk behaviors and sexually transmitted diseases among women living with HIV: the WiLLOW program, *Journal of Acquired Immune Deficiency Syndromes*, 2004, 37(Suppl. 2):S58–S67.
 41. Patton MQ, *Qualitative Research and Evaluation Methods*, third ed., Thousand Oaks, CA: Sage Publications, 2002.
 42. Bernard HR and Ryan GW, *Analyzing Qualitative Data: Systematic Approaches*, Thousand Oaks, CA: Sage Publications, 2010.
 43. Instituto Promundo et al., *Program H: Working with Young Men Series*, Rio de Janeiro, Brazil: Instituto Promundo, 2002.
 44. Instituto Promundo et al., *Project M: Working with Young Women: Empowerment, Rights and Health*, Rio de Janeiro, Brazil: Instituto Promundo, 2008.
 45. Ahmed A and Menon S, *Rights and Desire: A Facilitator's Manual to Healthy Sexuality*, New Delhi: Breakthrough, 2006.
 46. IPPF, *Exploring New Territories: Dialogues from a Consultative Meeting on Comprehensive Sexuality Education*, London: IPPF, 2012.
 47. Gerring J, What makes a concept good? A criterial framework for understanding concept formation in the social sciences, *Polity*, 1999, 31(3):357–393.
 48. Emory University Center for AIDS Research, Interventions, no date, <<http://www.cfar.emory.edu/interventions/index.html>>, accessed Sept. 8, 2013.
 49. Lerner RM and Steinberg L, Preface, in: Lerner RM and Steinberg L, eds., *Handbook of Adolescent Psychology*, Hoboken, NJ: John Wiley & Sons, 2009, pp. xiii–xv.

50. Steinberg LD, *Adolescence*, ninth ed., New York: McGraw-Hill, 2010.
51. National Cancer Institute, *Theory at a Glance: A Guide for Health Promotion Practice*, second ed., Washington, DC: National Institutes of Health, 2005.
52. Tolman DL, Striepe MI and Harmon T, Gender matters: constructing a model of adolescent sexual health, *Journal of Sex Research*, 2003, 40(1):4–12.
53. Asian Communities for Reproductive Justice, *A New Vision for Advancing Our Movement for Reproductive Health, Reproductive Rights and Reproductive Justice*, Oakland: Asian Communities for Reproductive Justice, 2005.

54. World Health Organization, *A Human Rights–Based Approach to Health*, 2010, <http://www.who.int/hhr/news/hrba_to_health2.pdf>, accessed Sept. 8, 2013.

Acknowledgments

This study was supported primarily by the Ford Foundation, with additional support from the William and Flora Hewlett Foundation and the University of California, Berkeley, School of Public Health's Grossman Award fund. The authors thank Julianna Deardorff, Tamar Antin and Petra Jerman for their insights in the design and reporting of this study.

Author contact: *nberglas.phi@gmail.com*