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Statement submitted by International Federation of Medical Students' Associations, a non-governmental organization in consultative status with the Economic and Social Council*

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

^{*} The present statement is issued without formal editing.





Statement

As of today, compared to high-income countries, much more low-to-middleincome countries still are missing laws and policies to mandate comprehensive sexual education and a specific budget to implement and/or expand comprehensive sexuality education program in their country. In a survey conducted by the International Federation of Medical Students' Associations in 2022, out of the 338 participants from 87 National Member Organisations across five regions, only 87 participants (25.7%) indicated that their university has covered addressing "the needs of different groups of adolescents (sexual orientation and gender minorities, people with disabilities, people of low socioeconomic status, among others) when taking a sexual history". What our members have identified is only the tip of the iceberg of missing medical contents and mismatches between the visions of medical schools and the expectations of the communities. The 1.3 billion young people make up 16% of the world's population, and being able to provide them with tailored care should be one of the priorities on the health agenda. Involving youth in the decision-making process and supporting projects and organisations directed by youth are key to addressing these issues.

Sustainable Development Goal 4 calls for a universal effort to deliver quality education and promote accessible lifelong learning opportunities for everyone, including all women and girls. The importance of comprehensive sexuality education in today's world ties back to helping people, especially young people make informed and responsible decisions related to their own and other people's health. Ensuring equity and non-discrimination when empowering this generation with comprehensive sexuality education is vital for people's right to health and wellbeing.

Across the world, there exist significant gaps in the medical curriculum, including the delivery of content specific to lesbian, gay, bisexual and transgender communities, refugees, people with disabilities, and indigenous individuals. When it comes to health, medical students are not taught properly how to counsel patients who identify as a part of the lesbian, gay, bisexual and transgender community on subjects like cervical screening and family planning. These gaps amplify the existing gender bias within the healthcare profession and put the trust in communities putting healthcare professionals at risk, and being able to address these gaps is more important now than ever before.

Therefore, the International Federation of Medical Students' Associations calls for:

The governments:

• Utilize, prepare, participate and financially support activities that raise awareness of the importance of reproductive health, such as public campaigns and digital technologies.

There is only so little that initiatives taken by civil society and health institutions can achieve without the official support of the leading power worldwide. Governments can ensure not only financial support but also sustainability of and accountability to the projects. Their full support of the initiatives also helps guide the overall work, hence pushing for the fast realization of the change envisioned. Governments ought to allocate resources and funding for continuous training of comprehensive sexuality education providers in order to ensure the quality of care and content delivered.

• Legislate and promote mandatory comprehensive sexuality education in formal and informal education settings and ensure that health education on self-care is

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integrated into a country's primary care and universal health coverage (UHC) policies, programming, and funding.

Human rights are interdependent. The realization of one human right is dependent on the fulfilment of another one. As such, the provision of comprehensive sexuality education to young people, the promotion of their sexual wellbeing is part of their right to education which governments are entitled to fulfill. The full realization of it leads as a consequence to an empowered generation of young people that is actively engaging in the realization of its own right to health. Widening up these programs and enrolling them within governmental supervision, ensures the inclusion of all, the realization of the Health for All vision and the duty to leave no one behind.

- Establish guidelines that will uphold the healthcare sector's commitment and preparedness to respond to the needs of their patients in practicing self-care in reproductive health.
- Recognize comprehensive sexuality education as critical to ensuring individuals' good health, and wellbeing that allows young people to care for their reproductive health, dissipate misinformation and form respectful social bonds.

Comprehensive sexuality education plays a major role in making informed health decisions as it develops health literacy and fosters healthy behaviours. It also develops skills for communicating more openly about topics related to one's health, especially sexual and reproductive health, allowing individuals to exercise their right to health and right to education.

Civil society organizations, education sector and comprehensive sexuality educators:

• Assess the educational gaps in sexual education per age to formulate comprehensive guidelines on comprehensive sexuality education provision.

Curriculum experts and education councils around the globe should examine the difficulties in implementing comprehensive sexuality education and solutions to bridge any gaps in the current curriculum's delivery. Adolescents can realise their full potential and maintain control of their sexual and reproductive health and rights with the aid of comprehensive sexuality education offered in school systems, especially in low- and middle-income countries.

• Promote and engage in conducting comprehensive sexuality education in outof-school settings by cooperation with other civil society organizations, including those led by medical students.

Informal comprehensive sexuality education allows the provider to tailor the content and styles to the target audience's needs better, especially left-behind populations, as it might create a more open and safe learning environment and use innovative teaching methods. Promoting the active participation of medical students not only as curriculum receivers but also as content developers and educational project coordinators can ensure the development of a meaningful and sustainable method of advocacy for a rights-based and gender-sensitive curriculum. A positive national-level policy environment is one of the most crucial components for the successful implementation of sexuality education programmes, therefore there is an urgent need for institutions to provide platforms for medical students to actively advocate for the policies and projects they have developed at the global level.

• Address the needs of populations left behind and in vulnerable situations, including women, people with disabilities, lesbian, gay, bisexual and transgender people, people in rural communities in the universal

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implementation of comprehensive sexuality education, taking into account their financial, social, cultural, and physical barriers.

Marginalized populations tend to be overlooked in accessing health information and services, especially those related to sexual and reproductive health and rights. Comprehensive sexuality education programs create an opportunity to bridge these knowledge gaps and improve health outcomes and social wellbeing of individuals from diverse left-behind groups. Taking into account their struggles and specific needs is necessary to implement programs that will benefit society as a whole. Thus comprehensive sexuality education programs should be gender-responsive, non-judgemental, non-discriminatory and human rights-based.

• Adopt a multidisciplinary and culturally sensitive approach in building guidelines for the implementation of evidence-based and age-specific comprehensive sexuality education programs;

The health needs of populations vary from area to area due to cultural and social norms and contextual beliefs. Thus the comprehensive sexuality education curriculum must be adapted to focus the topics, content and design according to the health and social needs and only in that shape it will contribute to reducing gender inequalities and creating more just societies.

• Provide evidence-based training to teachers to adequately implement comprehensive sexuality education programs in schools

In some countries, the prevalence of teachers that did not receive comprehensive sexuality education training reached up to 50%. Without professional training, teachers may be left with insufficient knowledge, no opportunities to reformulate their values and attitudes and insufficient skills to organize actively engaging learning activities. Comprehensive sexuality education teacher training is an essential guarantee for the quality of teaching and civil society is a great stakeholder in organizing such training. The International Federation of Medical Students' Associations calls on educational institutions to make a concerted effort to equip their educators with the skills necessary to manage, deliver, monitor, and review a comprehensive sexuality education curriculum tailored to their community.

Healthcare professionals to:

• Educate themselves by providing evidence-based resources on the benefits of comprehensive sexuality education and its provision for young people.

Understanding sexuality is regarded as one of the primary requirements for any healthcare provider to provide holistic care. Healthcare professionals are hesitant to discuss sexuality issues with service users proactively, owing to a lack of training, time, or embarrassment. Given these barriers, patients have received subpar care, which has often resulted in unfavourable outcomes. As a result, the International Federation of Medical Students' Associations encourages healthcare professionals and students to actively train in all aspects of comprehensive sexuality education in order to better comprehend patients' needs and treat them with satisfactory and quality professional care.

• Educate patients on matters related to their sexual and reproductive health in a non-discriminatory manner, allowing individuals to take informed decisions on their health and practice self-care upon receiving patient education.

As many individuals have not received sexuality education at schools, there is a huge role of healthcare providers who can help to narrow knowledge gaps and contribute to better health outcomes among patients in need of sexual and reproductive health and rights services.

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