

YOUNG PEOPLE'S PERSPECTIVES OF SEXUAL WELLBEING AND CONSENT:

A LITERATURE REVIEW

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This literature review was authored by Sara De Meyer (Ghent University), Dr Miranda Van Reeuwijk (Rutgers), Dr Lucia Rost (Plan International), Katie Lau (Plan International), Dr Anna Kågesten (Karolinska Institutet) and Dr Kristien Michielsen (Ghent University).

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LIST OF ABBREVIATIONS

AddHealth	National longitudinal study of adolescent health
CSE	Comprehensive sexuality education
GAB	Global Advisory Board for Sexual Health and Wellbeing
HIV	Human Immunodeficiency Virus
LGBTQI	Lesbian, gay, bisexual, transgender, queer (or questioning), and intersex
LMICs	Low-and-middle-income countries
SRHR	Sexual and reproductive health and rights
STI	Sexually transmitted infections
UDHS	Ugandan Demographic and Health Survey
UK	United Kingdom
UN	United Nations
US	United States
WHO	World Health Organization

EXECUTIVE SUMMARY

Many sexual and reproductive health and rights (SRHR) programmes take a ‘sexual risk perspective’, emphasising the negative consequences of sexual activity, such as sexually transmitted infections, including HIV, unintended pregnancy and sexual violence. Less emphasis has been placed on the positive or healthy aspects of the development of young people’s sexuality and their sexual experiences. Young people’s sexual wellbeing and their evolving capacity to give and receive sexual consent need to be better understood to be included in SRHR programmes.

Plan International commissioned this literature review to inform their work on SRHR. The review explores young people’s perspectives on sexual wellbeing and consent by looking at relevant scientific and grey literature.

The **first section** of the review focuses on sexual wellbeing. It discusses the adolescent sexual wellbeing framework developed by Kågesten and van Reeuwijk. The framework defines six interrelated key competencies which contribute to the development of healthy adolescent sexuality. The model highlights the role of socio-ecological opportunity structures in shaping if, how and when young people are able to use these competencies to make choices and achieve a sense of sexual wellbeing. Empirical evidence from research with young people, suggests that factors at the individual level (e.g., safe sex, sexual pleasure, body image, sex assigned at birth and age), the interpersonal level (e.g., relationship with sexual partner, physical attraction, communication and friends) and the societal level (e.g., norms, policy and legal context) shape young people’s sexual wellbeing.



The **second section** discusses the empirical evidence on young people’s understanding and experience of sexual consent. Limited literature from low-and-middle-income countries is available on the topic. The review suggests that young people consider sexual consent to be very important. However, defining sexual consent is a complex process for young people. Consent is communicated through indirect and direct, non-verbal and verbal communication. It is important to make a distinction between consenting to, and wanting to, have sex. Factors influencing young people’s sexual consent span the individual level (e.g., sex assigned at birth, age, personality, drug and alcohol use), the interpersonal level (e.g., relationship and understanding) and the societal level (e.g., gender norms and sexual scripts).

The review concludes with **selected implications for SRHR policy and practice derived from the literature**, which are discussed in more detail:

1. Focus programming on young people’s sexual wellbeing and consent at all ages
2. Address social and gender norms
3. Improve young people’s age and gender-responsive access to contraceptives
4. Deliver comprehensive sexuality education
5. Ensure programmes are age-responsive and take into consideration young people’s evolving capacities
6. Involve peers and families in programming
7. Address the needs of marginalised and most-at-risk youth
8. Ensure that legal and policy frameworks on age of sexual consent do not conflate protection from harm with young people’s access to SRHR information, education and services
9. Conduct research on, and develop measures of, sexual wellbeing and consent

INTRODUCTION

Many sexual and reproductive health and rights (SRHR) programmes take a 'sexual risk perspective', emphasising the negative consequences of sexual activity, such as sexually transmitted infections, including HIV, unintended pregnancy, and sexual violence. Less emphasis has been put on the positive or healthy aspects of the development of young people's sexuality and sexual experiences. Negative views of young people's sexuality reinforce stigma around sexual pleasure, give people an unrealistic view of what sexual wellbeing is or could be and may disconnect how people feel and think about sex. Young people's sexual wellbeing, including their positive sexual experiences and their evolving capacity to consent to sex, need to be better understood and included in SRHR programmes.

With this in mind, and to inform Plan International's programming and advocacy work on SRHR, Plan International's Global Hub, Plan International Finland and Plan International Sweden commissioned this literature review to explore young people's perspectives of sexual wellbeing and consent. This literature review forms part of a research project that includes primary data collection in Uganda and Ecuador, which will take place in the latter half of 2021.^a

PLAN INTERNATIONAL'S WORK ON SRHR

Plan International's work on young people's sexual and reproductive health and rights (SRHR) has been developing over the past decade. It is underpinned by a gender-transformative approach, aiming to tackle the root causes of gender inequality and to shift the unequal power relations that control female sexuality. Plan International's key investment areas for SRHR are:

- supporting access to comprehensive sexuality education (CSE) and dialogue that enables children, adolescents and young people to explore values and attitudes, and build skills and coping mechanisms, regarding sex and sexuality
- strengthening quality adolescent-responsive and gender-responsive SRHR services
- strengthening support for adolescent girls and young women most-at-risk
- child, early and forced marriage and unions, and female genital mutilation/cutting
- HIV and AIDS.



a. The research will be published early 2022 on the Plan International website: <https://plan-international.org/publications>

OBJECTIVES OF THE REVIEW

This literature review and the larger research project address the following key objectives:

- To explore young people's (10 to 24-year-olds) understanding of, and perspectives on, sexual wellbeing, capturing different aspects of the development of young people's sexuality, including their evolving capacity to give sexual consent.
- To contribute to an understanding of how local and contextual factors such as predominant religion, socially acceptable norms, cultural practices and political sentiment can influence sexual wellbeing and sexual consent among young people in low-and-middle-income countries (LMICs).

METHODOLOGY

A rapid literature review was conducted in April 2021 relying on the following sources:

SCIENTIFIC LITERATURE

The team screened all the articles between 2010 and 2020 which were mentioned in Piay Fernández's review and selected 37 relevant articles which described young people's perspectives. A literature review by Lydia Fenner, published in 2017, was used as a baseline for the literature on sexual consent.¹ Rapid reviews of scientific literature published between 2020 and 2021 were conducted through Web of Science using predefined search strings.^b Additional articles were added if considered relevant for the study.

GREY LITERATURE

The grey literature search mainly contributed to identifying best practice and recommendations on how to focus SRHR programming on sexual wellbeing and consent. Targeted internet searches were conducted and websites from selected organisations and institutions working in LMICs in the field of young people's sexual health and wellbeing, and rights, were screened for relevant grey literature, such as reports, guidelines, training programmes and research results. This included, for example, IPPF, WHO/PAHO, UNFPA, Guttmacher Institute, Rutgers, UNESCO, APHRC, CRR, ICRW and Population Council.

EXPERT CONSULTATIONS

The research team reached out to three experts in the field of sexual wellbeing, sexual consent and adolescent sexuality to identify relevant scientific literature and programmes, and to discuss their insights. Two virtual meetings and one email conversation took place.

b. **Search string 1:** TS=(“Sexual wellbeing” OR “Sexual well-being” OR “Sexual health and wellbeing” OR “Sexual health and well-being” OR “Sexual and reproductive health and wellbeing” OR “Sexual and reproductive health and well-being” OR “Sexual wellness” OR “Healthy sexuality” OR “Positive sexuality” OR “Sexual satisfaction” OR “Sexual self-efficacy” OR “Sexual self-concept” OR “Sexual pleasure” OR “Sexual agency” OR “Sexual communication”) AND (TS=(“Adolescent*” OR “Young adult” OR “Teen*” OR “Young people” OR “Student*” OR “Child*”));
Search string 2: TS=(“Sexual consent” OR “Sexual capacity” OR “Sexual agreement” OR “Sexual self-esteem” OR “Sexual self-efficacy” OR “Sexual self-concept” OR “Sexual capability” OR “Sexual agency” OR “Sexual empowerment” OR “Sexual autonomy” OR “Sexual assertiveness” OR “Sexual power” OR “Sexual ethic”) AND TS=(“Adolescent*” OR “Young adult” OR “Teen*” OR “Young people” OR “Student*” OR “Child”*)

SEXUAL WELLBEING



DEFINING AND THEORISING ABOUT YOUNG PEOPLE'S SEXUAL WELLBEING

DEFINING YOUNG PEOPLE'S SEXUAL WELLBEING

A clear definition of young people's sexual wellbeing does not exist yet.²⁻⁴ However, diverse positive sexual health outcomes are linked to the concept of young people's sexual wellbeing, such as protected sex, sexual self-esteem, sexual self-efficacy, sexual self-concept, sexual agency, sexual arousal, desire and pleasure, sexual satisfaction, sexual assertiveness, positive body image, relationship communication, and absence of pain, anxiety and negative effects.^{3,4}

How these outcomes exactly relate to each other and to the concept of sexual wellbeing is still under-researched. In some research they are considered as core components of sexual wellbeing, in other research, they are seen as influencing factors. The conceptual framework for adolescent sexual wellbeing, developed by Kågesten and van Reeuwijk, and presented below, is a first attempt to give an overview of these different components and influencing factors of sexual wellbeing in young people aged 10 to 19, and how they interrelate.⁵

In all the identified articles for this literature review there was only one article that explored how young people themselves define sexual wellbeing. Bedree et al. investigated how students in the UK (with an average age of 21) defined their own sexual wellbeing.⁶ In this investigation, the researchers concluded that definitions of sexual wellbeing are multifaceted, ranging from sex positive, behavioural, mental and emotional, social identity-related and relational dimensions. Additionally, most existing definitions rely on individual subjective assessments and neglect how sexual wellbeing is socially and structurally influenced.⁴

THEORISING YOUNG PEOPLE'S SEXUAL WELLBEING

Kågesten and van Reeuwijk recently developed a conceptual framework for adolescent sexual wellbeing.⁵ Figure 1, on page 8, presents a graphic overview of the framework. At the heart of the framework is sexual

wellbeing, in relation to sexuality among adolescents, which is conceptualised as physical, emotional, mental and social wellbeing. In the context of this framework, a differentiation is made between personal and relational aspects of sexual wellbeing:

- **Personal sexual wellbeing** refers to individuals' internal development both in terms of the self (e.g., identity, self-esteem, self-efficacy, motivations, recognizing and appreciating feelings and desires) and body (e.g., perceived body image and comfort with puberty changes).
- **Relational sexual wellbeing** refers to the development and maintenance of mutually respectful relationships with partners and others in adolescents' social contexts (e.g., parents, peers, relatives and community members), that are characterised by gender equality and free from violence and coercion.

The framework highlights **six domains of 'key competencies'** in the form of knowledge, skills and attitudes that can form the foundation for the development of adolescent sexuality, in relation to self and others:

- 01 sexual literacy** (e.g., age and developmentally appropriate basic understanding of the human body, relationships and SRHR)
- 02 gender equitable attitudes** (e.g., hold attitudes that support gender-equal norms related to social and cultural roles, responsibilities, rights and capacities of men and women)
- 03 respect for human rights and understanding of consent** (e.g., demonstrate empathy for others and understand consent in relation to self and others)
- 04 critical reflection skills** (e.g., critically assess harmful norms related to gender and sexuality)
- 05 coping skills and stress management** (e.g., deal with and learn from adversity, handle stress and pressure related to sexual expectations)
- 06 interpersonal relationship skills** (e.g., communicate and negotiate in both intimate and social relationships).

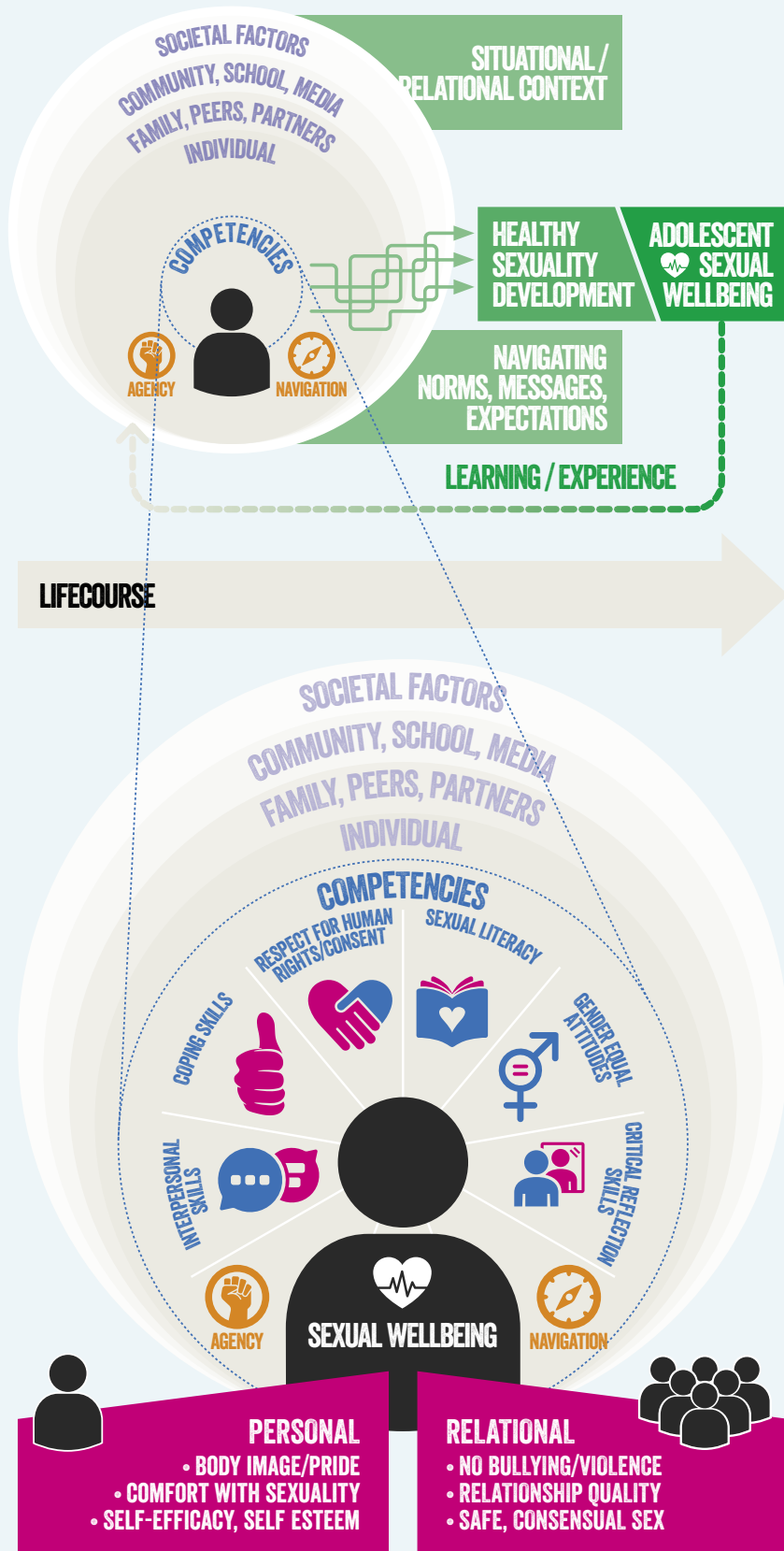
The model highlights **the role of socio-ecological opportunity structures** in shaping if, how and when adolescents are able to use the competencies to make choices and act in line with their goals and intentions, thereby achieving a sense of sexual wellbeing. While knowledge, skills and attitudes are important resources, these competencies are highly individual and can be limited or annihilated by factors from an adolescent's surrounding environments. Opportunity structures exist at multiple interacting levels including:

- **individual**, e.g., experiences, physical health, socio-demographic background
- **family**, e.g., relationships and connectedness with parents, siblings and other relatives
- **peers**, e.g., networks and norms
- **community**, e.g., availability of health services
- **education**, e.g., connectedness with teachers
- the **broader societal level**, e.g., macro factors such as norms, laws, policies and economy.

Navigation is a central concept to this framework, which means that young people make decisions about their sexuality in light of multiple goals, circumstances, past experiences, feelings, expectations, and a sense of benefits and risks, where there are no clear-cut right and wrong decisions. Rather than assuming that knowledge and agency should lead to 'healthy choices', we acknowledge the reality of adolescents' lives is more complex, and that we should aim at supporting young people 'to find their way' by strengthening adolescents' ability to understand and navigate their social and sexual contexts.



FIGURE 1: CONCEPTUAL MODEL FOR ADOLESCENT SEXUAL WELLBEING



Kågsten & van Reeuwijk, 2021

FACTORS RELATING TO YOUNG PEOPLE'S SEXUAL WELLBEING

This section summarises empirical evidence on factors contributing to, or relating to, young people's sexual wellbeing. The factors span different levels of the socio-ecological framework. Of the levels represented in the socio-ecological model, we are focussing on three: the individual, the interpersonal and the societal level. It is important to note that the list is not exhaustive; many other factors are likely to influence young people's sexual wellbeing. Some factors also span different levels and interact with each other. We hope that the in-depth qualitative research in Ecuador and Uganda during the summer of 2021 will be able to improve our understanding of how these factors relate and fit within the conceptual framework presented above.



INDIVIDUAL LEVEL

Safe sex and contraceptive use

Research indicates that young people consider it important to practice safe sex so that they do not have to worry about negative consequences, such as diseases or unintended pregnancies.⁷ Being able to take responsibility for the health of oneself and one's partner – while having sex – was mentioned by young people in Ecuador as a contributing factor to young people's sexual wellbeing. Chmielewski et al. also found that 18 to 26-year-old girls in the US felt that pleasure and safety during sex were closely related.⁸

However, research also shows that it can be difficult for young people to ask their partner to use contraceptives particularly for their first sexual experiences. For example, Casmir et al. found that while some girls and young women in Kenya were able to plan, discuss and request protection before their first sexual experience, others were not. Factors contributing to condom use included fear of contracting HIV and sexually transmitted infections (STIs), awareness of HIV/STI risk and prevention, HIV test prior to sexual intercourse, male partner's willingness to provide and use a condom and test for HIV, girls' intention and preparation to initiate sexual activity, and ability to discuss and request the use of a condom. Participants who did not use a condom the first time they had sex reported a lack of prior intention and planning for sexual intercourse, and discomfort with talking about sex and condom use, as well as desiring to experience the pleasure of sex without a condom, as described by their peers.⁹

Research also refers to traditional gender stereotypes and sexual double standards which make it difficult for girls and women to start the conversation about safe sex without being considered promiscuous.^{1,9-11} In their qualitative research into premarital relationships and condom use among young people in Suva, Fiji, Mitchell et al. found that the use of condoms was enhanced if adolescents could access them in a discreet manner, if adults' beliefs supported safe sex and if the adolescents refused to have sex without a condom.¹²

Being physically, sexually, mentally, and emotionally mature and healthy

Body image, self-esteem and health are closely related to sexual wellbeing.^{6,8,13} Chmielewski et al. – in their research among 18 to 26-year-old girls in the US – find that regardless of race, women's positive connections to their bodies were associated with greater comfort with their personal sexual desire, which in turn was associated with greater feeling of entitlement to sexual pleasure and sexual agency related to pleasure and protection.⁸ Casique found that among Mexican young people (aged between 15 and 20), feeling very satisfied (rather than satisfied) with their first sexual experience was positively associated with higher self-esteem.¹⁴

Studies in Belgium and Ecuador found that 17 to 20-year-olds considered being physically, sexually and mentally mature, and healthy, as important contributors to sexual wellbeing.³³ Young people indicated that knowing and loving themselves and their bodies (as they evolve during puberty) and being free from pain and disease (including sexual issues such as erectile dysfunction) contribute to sexual wellbeing. The participants also referred to the need for a certain degree of maturity to be able to take responsible decisions related to safe sex. Some respondents also said that having had various sexual experiences (including partners, masturbation and/or use of tools such as lubricants and dildos) contributed to sexual wellbeing.⁶

Sex positivity and sexual subjectivity

Sex positive attitudes towards own personal preference and the personal preferences of others are integral to sexual wellbeing.⁶ Sex positivity is closely related to self-esteem and feeling well in one's body. Participants in the research of Bedree et al. described sex positivity as self-acceptance of their bodies and sexual preferences, in addition to having a non-judgmental attitude toward the sexual practices of others, particularly if those practices differed from their own. Self-acceptance – described as embracing individual gender and sexuality with confidence or reducing feelings of guilt and shame around identity – was found to be an important component to sex positivity.

Research by Bond et al. among young adult women in the US (with an average age of 22) measured sexual subjectivity through the Female Sexual Subjectivity Inventory – this tool for measuring women's sexual self-conceptions looks at five factors: sexual body esteem, entitlement to sexual pleasure from self, entitlement to sexual pleasure from partner, self-efficacy in achieving sexual pleasure, and sexual self-reflection.¹⁵ The study found significant positive associations between sexual subjectivity and increased orgasm frequency during partnered sexual activity. The US National Longitudinal Study of Adolescent Health (AddHealth) found that high levels of sexual subjectivity – expectations of sexual pleasure and contraception self-efficacy – were related to increased physical, mental and sexual health in young adulthood.¹⁶

Negative (sexual) experiences

Negative sexual, or other experiences, can have a detrimental effect on young people's sexual wellbeing. For example, Belgian and Ecuadorian young people indicated that having had negative experiences, such as feeling depressed, being treated disrespectfully or being violated, could be barriers to sexual wellbeing.⁷ This idea was supported by 18 to 24-year-olds who were formerly in foster care in the US: sexual wellbeing was lower among those who had suffered adverse childhood experiences and/or sexual abuse.¹⁷ In the qualitative research of Bedree et al., college students mentioned the negative influence that drugs and alcohol can have on sexual wellbeing.⁶

Gender and sex assigned at birth

Traditional gender norms play an important role in achieving sexual wellbeing and they seem to put girls, women, and sexual and gender minority groups in a disadvantaged position. However, evidence also suggests that young girls and women (aged between 10 and 24) experience desire, positive sexual experiences and pleasure.^{8, 18, 19} Research among 10 to 14-year-olds in Uganda and Indonesia found

that, compared to boys, girls had more positive attitudes towards gender equality.^{13, 20} Kemigisha et al. also find that 10 to 14-year-old girls in Uganda had higher scores for body image and self-esteem than boys. The authors suggest that the focus on girls in many health education programmes in Uganda might explain this finding.¹³

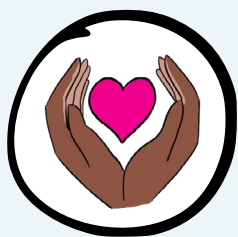
Age

Due to the limited number of studies exploring sexual wellbeing among young people it is difficult to draw conclusions and compare studies among different age groups. Very few studies have been conducted with 10 to 14-year-olds and we did not find any longitudinal research on the topic. Nonetheless, evidence suggests that sexual wellbeing is also relevant to younger adolescents.^{7, 13, 20, 21}

Some research points to age differences in sexual wellbeing and related factors. Younger South African adolescents (aged 10 to 13) had perceptions of dating in romantic relationships that were generally more focused on positive descriptions of mutual love, care and companionship in comparison to the perceptions of older adolescents (aged 13 to 14).²¹ Research among young gay and bisexual men about their sexual satisfaction after their first same-sex sexual experience suggests that for younger age groups relationship context is particularly important.²² Casique found that Mexican girls were more likely to report having felt very satisfied with their first sexual intercourse if they had this experience when they were older.¹⁴ Kemigisha et al. found that older adolescents in Uganda had higher scores on body image and self-esteem but less gender equitable views compared to younger participants.¹³

Socio-economic status and minority group

Some research has found that coming from a low socio-economic background negatively affects young people's sexual wellbeing. For example, the US National Longitudinal Study of Adolescent Health (AddHealth) found that higher socio-economic status in terms of income and educational attainment was associated with higher levels of sexual subjectivity – expectations of sexual pleasure and contraception self-efficacy.¹⁶ Casique found that Mexican boys and young men, aged between 15 and 20, with higher socio-economic status were more likely to feel very satisfied with their first sexual intercourse.¹⁴ Similarly, research by Bedree et al. among US college students found that identifying as a sexual, gender or racial minority, or coming from a lower socio-economic background, acted as obstacles to sexual wellbeing.⁶ Low socio-economic background can even be a reason for young people to sell or exchange sex.^{7, 23, 24} Research among young people in Belgium suggests that financial expectations can lead to emotional pressure and as such form a barrier to sexual wellbeing.⁷



INTERPERSONAL LEVEL

Relationship with sexual partner

The literature suggests that the relationship with a sexual partner is important for sexual wellbeing. For instance, Casique found that Mexican youths aged between 15 and 20 were more likely to feel very satisfied with their first sexual experiences when this had been with a boyfriend or girlfriend.¹⁴ Similarly, research in the US suggests that for young gay and bisexual men relationship context can be important in predicting satisfaction with first anal sex.²²

Several studies indicate that emotional connection and physical attraction within a relationship are important components of young people's sexual wellbeing.^{7,8} For instance, 17 to 20-year-olds in Belgium and Ecuador thought that sexual wellbeing was influenced by whether you feel physically attracted or emotionally connected to your partner. Emotionally connecting with a partner was linked to being certain about a partner, trusting in a partner's loyalty, experiencing mutual sexual attraction, having similar sexual preferences and experiencing love.⁷

Communication about sex with partner

In multiple studies, communication about sex is mentioned as an important contributor to sexual wellbeing. Communication about sex can lead to sexual pleasure, feelings of safety and comfort.^{6,7,25} Studies show that young people feel that it is important to talk about the following topics: sex in general, the (sexual) relationship, sexual desire, what you do and do not like sexually, vulnerability, and choice of contraceptives.^{6,7,25} Research among 6,098 Dutch young people (aged between 12 and 26) and among 13 US college students (with an average age of 21) indicated that communication between partners depended on the type of relationship: young people who labelled their most recent sexual partnership as 'romantic' reported more frequent communication about sexual topics with their partner than young people who labelled their most recent sexual partner as 'casual'.^{26,27}

Friends and family

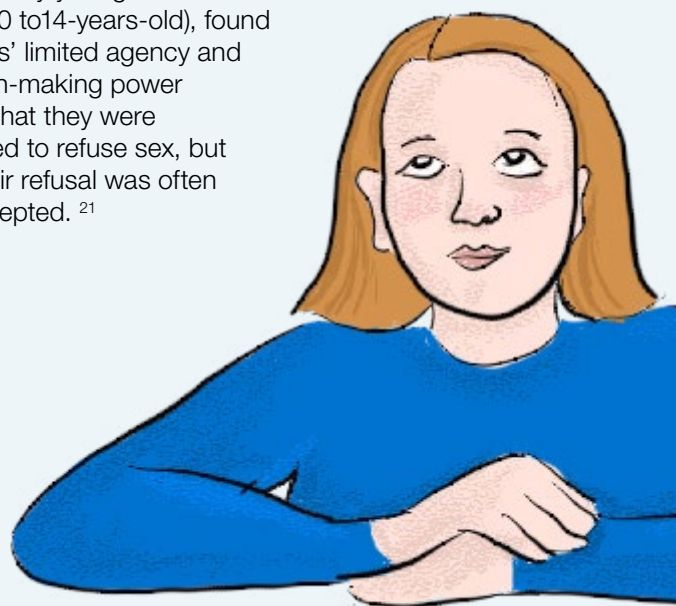
The literature emphasises the importance of friends and family when learning what can be done sexually and what not and by whom – through conversations, role modelling or non-romantic relationships. In

various studies, young people indicated that it is not only important to communicate about sex with their partner but also with significant others, such as teachers, parents and friends.^{6,7,17,18,26,27} For example, college students in the US suggested that talking about sex with friends is important for the purpose of exchanging opinions and exploring attitudes.²⁷ Similarly, a cross-sectional study among young people who had former experiences in US foster care also indicated that sexual wellbeing was higher for those young people reporting sexual communication with peers and foster parents.¹⁷ Day demonstrates that receiving sexual agency messages from peers and parents is associated with higher levels of sexual assertiveness among African American young girls.¹⁸ Researchers also found that communication about sex increased contraceptive use among American Indian adolescents.²⁸

Young people also refer to influencing norms that circulate among their peers such as the pressure to have sex or to have sex without a condom.^{7,9,19} The research of Vrangalova et al. in the US suggests that adolescents who have fewer sexual experiences than their peers also experience lower wellbeing.²⁹

Agency and power relations

As shown in the sexual wellbeing framework above, agency is an important factor related to sexual wellbeing as it can help young people to apply their key competencies to strive for health and make choices that contribute to their wellbeing. Nkani et al. found that, in a South African township school, teenage mothers' limited sexual agency, combined with men's greater sexual power, jeopardised adolescent mothers' sexual wellbeing.³⁰ Other research, also from South Africa, among very young adolescents (aged 10 to 14-years-old), found that girls' limited agency and decision-making power meant that they were expected to refuse sex, but that their refusal was often not accepted.²¹





SOCIETAL LEVEL

Norms around young people's abstinence and sexual activity

Research suggests that a culture of sexual taboo, often intertwined with religious beliefs, limits young people's sexual wellbeing.^{6, 7, 31-33} In many cultures, young people's sexual activities are not openly discussed between generations or between peers, and are even legally prohibited. Young people report that this influences their knowledge, their ability to learn from their parents' experiences, their access to contraceptives, and their ability to learn how to negotiate sex and to know what they desire and like sexually. Young people from Belgium and Ecuador aged 17 to 20, mentioned that accepting sex as an inherent part of life and supporting values, such as equality, non-discrimination and being against violence, improved young people's decision-making power, which in turn contributed to sexual wellbeing.⁷ Young people also indicated that the idea of abstinence is more important for girls than for boys. Many young people regret that sexual activity is surrounded by taboo.⁷

But norms around young people's sexual activity are not necessarily restrictive and can be contradictory. Research in Indonesia among 18 to 24-year-old young people found that boys and girls navigated complex and conflicting normative messages about sex and sexuality.³² On the one hand, traditional norms prohibit dating, premarital sex and same-sex relationships; on the other hand, they are confronted with more liberal messages through online information. Study participants responded differently to these messages, some chose to adhere to both sets of norms by keeping certain things secret.

Norms around gender and sexuality

Researchers from around the world found that the sexual health and wellbeing of adolescents and young adults is negatively influenced by traditional norms about gender and sexuality.^{7, 20, 23, 31, 34-38} Across the literature, young people of all ages referred (explicitly or implicitly) to the existence of double standards between boys and girls which influenced their sexual wellbeing and ability to negotiate sex. In the research of Bedree et al. in the US participants linked these traditional gender

norms to personal experiences of identity and sexual wellbeing.⁶ Some research refers to the negative consequences of traditional norms for boys, such as feeling 'obliged' to always engage in sex although they do not always desire it.^{10, 39}

However, most research focuses on the negative consequences of gender norms for girls, suggesting that norms limit girls' sexual agency and ability to experience and express sexual pleasure and desire. For example, research in Ecuador and Belgium⁷ found that norms meant that girls' realities were more (sexually) restricted than those of boys. In Ecuador, where these discrepancies seemed to be more outspoken than in Belgium, this was referred to as 'machismo'.

Traditional gender norms also often imply heteronormativity. As an example, prejudice in the attitudes of health care workers towards LGBTQI youth in the US were mentioned as a barrier to achieving sexual wellbeing.⁶ Respondents in Ecuador and Belgium (aged 17 to 20)⁷ said that the realities for LGBTQI youth were more sexually restricted than those of heterosexual youth. This was confirmed in the research of Brito-Rorh among girls in Ecuador (with an average age of 19).³⁴

Comprehensive sexuality education

The importance of comprehensive sexuality education (CSE) as a contributor to positive sexual health outcomes and sexual wellbeing is mentioned in various studies.^{7, 13, 20, 40, 41 42} Young people across the world emphasise that they want to learn more about sex and sexuality. For example, participants in Rutgers' 'Get Up Speak Out Programme', which provided comprehensive sexuality education in Kenya and Ghana, enjoyed the programme and voiced a need to receive more reliable information on sex, pleasure and relationships.^{43, 44} Dutch adolescents expressed a desire to learn how to communicate with their partner about sex; girls also explicitly mentioned that it is important for boys to learn about female sexual pleasure.⁴⁰ In her research on how sexuality education can contribute to sexual agency, Cense highlights the importance of addressing diverse sexual cultures, gender norms and other social norms because this can stimulate reflection and critical consciousness.⁴⁵ Youth from Belgium and Ecuador mentioned the need to receive age-responsive comprehensive sexuality education. Respondents defined young people's sexual wellbeing as a process, experiences and knowledge gained at a young age can have consequences in later life, they considered it important to obtain skills and knowledge from a young age – also before becoming sexually active.⁷

Policy and legal context

The sexual wellbeing of young people is related to the legal and policy context of their country, the law dictates the age of sexual consent, the definition of rape, the provision of comprehensive sexuality education, the accessibility of contraceptives and SRHR services, and the ability to have a legal abortion. As mentioned before, some young people in Ecuador and Belgium considered it important to be able to have sex in a protected manner.⁷ Therefore, they were convinced that sexual

activity should be legalised and contraceptives should be made available for free or at a low cost. Respondents stated that being legally allowed to have sex and able to access contraception would increase sexual wellbeing. In both countries, some respondents also referred to abortion laws and how they increase sexual wellbeing by providing people with the freedom to have sex without obliging them to have children.



SEXUAL CONSENT



An important part of sexual wellbeing is having agency over sexual decisions and control in sexual situations, which includes the ability to consent to sex, or to refuse it, or to withdraw consent at any point. This section discusses research on young people's views and experiences of sexual consent. It is important to note that most literature about sexual consent is based on research implemented in the US, UK, Canada and Europe. The role of sexual consent in LMICs is almost exclusively discussed in the context of barriers caused by traditional gender norms and roles.

DEFINING AND THEORISING SEXUAL CONSENT

DEFINING SEXUAL CONSENT

Consent refers to the authorisation that an individual provides for certain actions or treatments. In order for an individual to give consent, they must:

- have the capacity to do so
- be fully informed about the action and its potential risks and benefits, and
- independently weigh the options available without coercion or duress from third parties.⁴⁶

Sexual consent can be understood broadly as an agreement to participate in sexual activity, or as elaborated by Hickman and Muehlenhard in 1999 47: 'the free verbal or non-verbal communication of a feeling of willingness to engage in sexual activity'. Meanings of sexual consent have gendered, historical, cultural and social roots. Consideration of the social pressures involved must accompany discussions of consent.¹ Requirements and definitions around sexual

consent vary in different legal and policy contexts. Rather than analysing legal definitions of sexual consent, this review focusses on young people's perspectives on, and understandings of, sexual consent.

Abstract definitions versus real-life definitions

Researchers have used a variety of methods to capture young people's views and definitions of sexual consent, including scales, vignettes, focus group discussions and interviews. Research indicates that in general, young people can give a good definition of sexual consent and that both girls and boys consider it to be very important.^{10, 11, 25, 35, 48, 49} However, most research suggests that young people's understandings of sexual consent can be complicated.

In their review on sexual consent among college students, Muehlenhard et al. concluded that defining sexual consent seemed easier for young people to do in a context-free and abstract situation compared to real life situations.¹⁰ The context-free definitions of consent seem to be influenced by legal definitions and/or affirmative consent policies (yes versus no), reflecting the idea that consent is a mutual agreement made while unaffected by alcohol or drugs. In real-life situations, however, young people's expressions of consent seemed to be more complicated.

Holmstrom et al. found similar results for Swedish young people between the ages of 18 and 21.⁴⁹ These students believed that sex between two individuals was a mutual process, and that sex should be consensual, expressed either through words, body language, or both. However, at the same time participants expressed contradictory norms and expectations in relation to the described situations that showed an ambivalence concerning sexual scripts and the consequences of challenging these in specific situations.

In the UK, Whittington found similar results among participants aged 13 to 25 (p.14)¹¹:

‘When encouraged to elaborate on what consent is, and moreover how to do it, participants provided more complex answers which often involved deconstructing consent and focusing on the situated and contextual realities of sexual negotiation.’

The author found that young people had difficulty identifying situations of rape in conversations that were grounded in real-life scenarios. Some young people implied that ‘the more you know, the more difficult it gets’ which was in contrast with clear distinctions between rape and consensual sex at an abstract level. In the case of unwanted or unequal scenarios, participants seemed to use the term ‘non-consensual’ more than explicit legal terms. Whittington reports that this is in line with other research on labelling and validating non-volitional encounters.¹¹

Wanting, consenting and desiring

Research suggests that it is important to consider ‘wanting’ and ‘consenting’ as two different concepts that sometimes correspond to each other and sometimes not.¹⁰ The term ‘wantedness’ is used to describe the internal intention to engage in sexual activity and is contrasted with consent as the external communication of consent to a partner.²⁵ Young people might want sex but may not consent – for example, because they do not have a condom – or they might not want it but consent – for example because they feel pressure (e.g., due to heteronormative scripts or peer pressure), try to get advantage by engaging in sex (e.g., material or emotional) or try to avoid something worse (e.g., rape). Studies on young women found that they had sex with their male partner because their male partner desired it, to avoid violence, to prevent a partner losing interest or because they believed it to be an obligation in a relationship.^{1, 50} Burkett and Hamilton refer to this as a sexual economy in which women can exchange sex for love, intimacy and commitment from men.⁵¹ Research also indicates that young people can be ambivalent about sex in general, or about sex in a specific situation or with a specific person. This ambivalence has implications for sexual consent: young people might send diverse signals to their partners or try not to think about what they want and just ‘let it happen’.¹⁰

Additionally, research suggests that ‘desire’ is distinct from ‘consenting’ and ‘wanting’. For example, one can physically desire sex but not want the consequences of sex.¹ In their research about the determinants of college men’s perceptions of sexual desire and sexual consent, Lofgreen et al. illustrate how desire and sexual consent can be wrongly understood as one and the same.⁵²

COMMUNICATING AND INTERPRETING SEXUAL CONSENT

Communication is key to sexual consent. In the literature, sexual consent is typically represented as a type of agreement between partners and more often as permission given from one partner (typically female) to another (typically male).¹ Recently the behavioural aspect of this communication has been given more attention, describing consent as a ‘negotiation of sexual expectations’.¹ Research by Hickman and Muehlenhard⁴⁷ among young heterosexual and bisexual male and female students (with an average age of 19), and by Griner among sexual and gender minority college students, suggests that these young men and women communicate consent in four different ways:^{47, 53}

- 01 Direct verbal signals
- 02 Direct non-verbal signals
- 03 Indirect verbal signals
- 04 Indirect non-verbal signals.

Research participants used a combination of all four categories in a range of behaviours to communicate consent. This suggests that consent is a process and continuum and not a yes/no decision in a specific moment. Young people need to consent to different behaviours and these behaviours are often done concurrently.

Communication about consent

Giving sexual consent is more indirect than direct and most young people use a combination of both verbal and non-verbal cues to communicate consent or non-consent.^{1, 10, 54} Although young people recognise the advantages of directly and clearly asking for consent, research suggests that communication of consent is more often non-verbal, for example, implied by not resisting partners’ advances.^{10, 55-57} Research also suggests that some young people consider verbal consent awkward and unnatural.^{1, 10}

Jozkowski and Willis used fictional sexual encounter vignettes/stories in their research among 1,094 women and men (with an average age of 25) to highlight how consent can be interpreted through non-verbal communication.⁵⁸ They found that young people were more likely to say that the fictional characters would be willing to engage in genital touching, oral sex, and vaginal-penile sex if they had transitioned from a social to a private setting. Male participants believed that the female character was more likely to be willing to engage in sexual behaviour when the female character in the vignette had initiated the invitation to transition from the social to the private setting.

Communication about non-consent

Communication about non-consent seems to be more direct. In their review among college students, Muehlenhard et al. found that both men and women reported that women usually communicated non-consent verbally. Many said that for men to understand that women are not consenting women need to be clear and direct otherwise men may not understand.¹⁰ The authors assume that this verbal expression of non-consent is used when non-verbal cues did not have the expected result. In research among Danish young people (aged 15 to 27) two conflicting notions of non-consenting were found: the first notion was related to an absolute refusal. The second notion referred to refusing sexual contact based on an understanding of the subtleness of communication, in the form of bodily non-reciprocity and excuses.⁵⁶

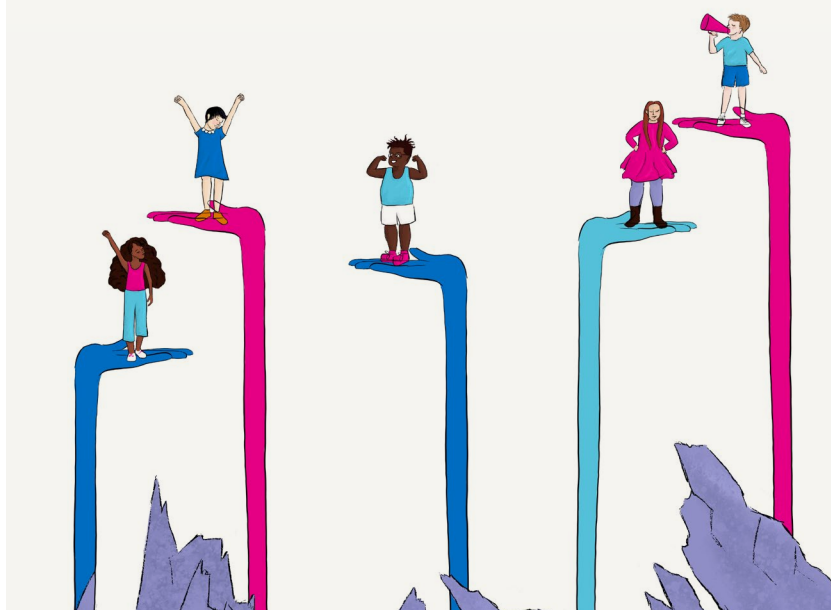
Interpreting sexual consent from a partner

Research about sexual consent does not only focus on the person who delivers the message but also on how this communication is interpreted. The research by Newstrom et al. focuses on the age group between 19 and 72 but is included in this review because of its relevance. In this research both women and men stated that their own indirect verbal cues did not indicate consent, but they believed that their partner's indirect verbal cues did indicate consent.³⁹ This disparity is interesting as it demonstrates that both men and women are inclined to make conclusions about sexual consent from behaviours in others, even if they themselves do not believe they are showing consent when they show similar behaviours.³⁹ In line with these findings, research among UK university students found that absence of verbal refusal could be considered consent.⁵⁷

As mentioned before, both boys and girls mainly use indirect and non-verbal communication for consenting.^{10, 55, 56} This means they communicate consent in the most ambiguous manner and that their behaviour is 'coded'. The decoding of this behaviour becomes even more complicated when considering the variety of individuals and circumstances in which the negotiation process of sexual consent takes place. This is illustrated by the research of Lofgreen et al. that found that men's responses to vignettes were influenced by the specific context of a situation. Additionally, their perceptions of desire and consent were not only tied to the context but also to specific characteristics of the man involved in the situation.⁵²

Muehlenhard et al. in their review on sexual consent among college students sum up the complexity of communication around sexual consent in five points:¹⁰

- 01 Decisions about how to communicate consent/ non-consent are often sequential and contingent:** young people do not use one specific behaviour to indicate non-consent. It is plausible that they will first use non-verbal and indirect behaviour and when these are not effective other strategies might be applied.
- 02 Behaviours are often done concurrently** rather than one at a time thus interpreting isolated behaviours can be misleading.
- 03 Behaviours used most frequently to show consent are not the behaviours most indicative of consent:** when individuals are willing to engage in sexual activity with their partners they are likely to show this by not resisting in conjunction with other behaviours that show their interest and willingness. However, it does not follow that not resisting is a good indicator of consent.
- 04 Consent cues (for example going home with someone) are indicators of likelihood to consent, not agreements.** If someone for example, agrees that his/her clothes can be taken off, this does not imply that s/he is willing to have sex.
- 05 Individuals often have multiple objectives:** this principle could influence not only whether individuals choose to have sex but also how they choose to communicate their consent or refusal. Individuals might be ambivalent or uncertain about what they want or are willing to do.



FACTORS RELATING TO YOUNG PEOPLE'S SEXUAL CONSENT

Research suggests that individual, interpersonal, and social factors all influence young men and women's willingness to consent to sex. Please note that this list is not exhaustive and other relevant factors may be omitted. Some factors also span different levels.



INDIVIDUAL LEVEL

Sex assigned at birth and sexuality

Sexual consent is very important to young people of all genders and sexes. When asked to define it on an abstract level, girls and boys (mainly from higher income countries), were able to.^{10, 11} But some studies point to a difference between these two groups on communication and interpretation of sexual consent. Newstrom et al. (research among a group aged 19 to 72) demonstrate that there are differences between women and men related to sexual consent communication. Female respondents relied more on direct verbal and direct non-verbal cues to indicate consent in a hypothetical situation, whereas male participants considered their indirect verbal cues as more indicative of consent. Other research shows that men often misperceive women as expressing sexual interest or willingness when the women intend to express friendliness or politeness.¹⁰ Limited research on sexual consent among same-sex couples suggests that they are more likely to use verbal consent than heterosexual couples, but still rely mainly on non-verbal consent.¹⁰

Age

Research indicates that sexual consent is important from a young age. For example, a study among young girls aged 10 to 14 in South Africa showed that young girls are faced with complex decisions regarding sex and dating.²¹ But some research suggests that older adolescents and youth are more able to discuss sexual consent with their partner and more likely to engage in consensual sexual activities.

For instance, research among 13 to 25-year-olds in the UK suggests that defining sexual consent seemed more difficult for the youngest participants who considered sexual consent as something that is 'give-able', 'possess-able' and 'change-able' but had little consideration of complexities such as what counts as sex, and how or why it may be difficult to give consent in certain contexts.¹¹

In the research by Setty et al.⁴⁸ among 13 and 15-year-olds in the UK, participants suggested that it might be 'more normal' and less of an 'exciting accomplishment' for older adolescents to have sex. Older adolescents are also more likely to be in a relationship. This might mean that older adolescents are more likely to act in line with what they believed the other person would want and to engage in open communication with their partner. Similarly, in Holmstrom's research among Swedish young people (aged between 18 and 21), older participants were more convinced that it is everyone's right to challenge assumed sexual scripts and considered it easier to do so because, compared to younger adolescents, they had more of an understanding of what they wanted.⁴⁹

Personality and situation

Research also suggests that personality (e.g., whether someone is shy or not), personal maturity, sexual experience, emotional intelligence and ability to read body language, all have an impact on an individual's capacity to ask for consent.⁵⁴ In addition, perceived self-efficacy or the specific situation young people are in – such as being drunk – with certain people in a romantic or casual relationship, can influence their ability and willingness to ask for consent.^{11, 54, 57} Young people indicate that drugs and alcohol use are barriers to making free decisions.^{6, 50} College students in the research of Bedree et al. considered drugs and alcohol to be an influence on their capacity to fully consent.⁶



INTERPERSONAL LEVEL

Relationship with sexual partner

Research among young people indicates that sexual consent can also differ by relationship type.^{10, 56, 59} For example, casual relationships are considered riskier for consent because boys might prioritise what they desire over the desires and willingness of the girls.^{48, 49} Additionally, research suggests that verbal consent is applied more in penile-vaginal intercourse and during a first sexual experience with a partner and its presence or perceived importance diminishes over the duration of the relationship.¹⁰ In a study by Beare and Boonzaier, South African women (with an average age of 22) stated that mutuality, continuity and respect needed to be present to be able to talk about sexual consent.⁵⁰ There were similar findings in the research of Holmstrom et al. among 18 to 21 years olds in Sweden.⁴⁹

Learning about sexual consent: school, family, friends and the internet

Although knowledge on its own is not sufficient to encourage consensual sexual activities, knowledge about sexual consent is an important first step. MacDougall et al. found that college students in Canada received limited education about sexual consent in school and at home. Women reported learning significantly more from their mother (but not their father) than the men did. This may indicate that mothers are more effective in meeting their daughters' informational needs than their sons', with respect to sexual consent. Participants also suggested that the internet and media followed by their peers taught them most about sexual consent. Although it is positive for young people to learn something about the topic, the internet and media sources do not necessarily provide quality, accurate and comprehensive information.⁶⁰



SOCIETAL LEVEL

Gender norms and sexual scripts

Gender norms and heteronormative sexual scripts influence the ability to know what one wants and

to be able to practice it.^{37, 61} Whittington's research with 13 to 25-year-olds in the UK found that young people's definitions of consent were shaped by social and cultural contexts and the persistence of gendered double standards 'that maintain patriarchal and male centered views of sex and pleasure and victim blaming discourse.'¹¹ As this quote suggests, sexual scripts and gender norms often create unequal environments for women and men.^{39, 62}

Traditional heterosexual scripts may assume that a man should initiate the sexual encounter and it is the woman's role to refuse. As many authors suggest, this script is problematic as it puts a responsibility on the woman or girl which is not hers alone. Moreover, there may be many reasons why a woman does not 'say no'.¹⁰ Young people may believe that women are expected to submit to men's desires, to be pleasing, attractive, sexually available and nurturing to men.^{1, 31, 48, 50} This can have implications for girls' ability to consent or to practice safe sex and negotiate for condom use.^{1, 9, 19, 48} Girls indicate that they are afraid of being accused of being unfaithful or promiscuous.^{1, 9-11, 54} Where some young people might not be aware of the influences these scripts and norms have, others have explicitly mentioned that it is difficult to challenge a sexual script.⁴⁹ In the context of sexual assault, these scripts could imply that if a woman does not resist or communicate non-consent directly, then she might be blamed for not communicating clearly enough.¹⁰

Another influence of the gender heteronormative scripts on female sexuality is that they marginalise female sexual agency and sexual pleasure.^{30, 1, 9, 19, 35, 48} Research indicates that female sexual agency is related to sexual desire and that many young women do not know what they desire or are reluctant to name it.^{8, 25} This can complicate the process of sexual consent. Javidi et al. found that female high school students in the US (aged 15 to 18) with more egalitarian gender role beliefs had more positive attitudes toward affirmative consent than those with less egalitarian gender role beliefs.⁵⁵

Nevertheless, research also indicates how gender heteronormative scripts influence sexuality of boys and men. We could not find any research that focuses on how boys express non-consent. This illustrates how the research on the sexual negotiation process is influenced by traditional gender norms implying that boys and men are the ones who desire and initiate sex. Research from Ecuador and the US shows that boys quite often try to pursue escalating types of sexual activity.^{35, 63, 64} However, some young men also mentioned feeling negative consequences of the stereotypical gender norms. They felt uncomfortable refusing sex because they did not want to lose their social status or act outside of their concept of masculinity.^{10, 39}

IMPLICATIONS FOR POLICY AND PRACTICE

This literature review shows that although traditional norms on gender and sexuality may be dominant, young people are willing to talk about sexuality and its positive consequences and are open to participating in sexual and reproductive health programming.

There are nine key areas to consider for future SRHR policy and practice.

01 FOCUS PROGRAMMING ON YOUNG PEOPLE'S SEXUAL WELLBEING AND CONSENT AT ALL AGES

A focus on young people's sexual wellbeing and consent can help SRHR programmes to move away from a 'sexual risk perspective', one that emphasises the negative outcomes of sexual activity, such as sexually transmitted infections, including HIV, unintended pregnancy, and sexual violence. To date less emphasis has been put on the development of healthy sexuality, positive sexual experiences and discussions about consent. Focusing only on negative aspects of sexuality reinforces stigma around sexual pleasure, gives people an unrealistic view of sexual wellbeing, and may disconnect how people feel and think about sex. Stigma and vulnerability are increased when there is a blanket criminalisation of and silence around adolescent sexuality, and limited recognition of adolescents' agency and capacity to consent to sexual activity.



02 ADDRESS SOCIAL AND GENDER NORMS

Heteronormative and gender stereotypical scripts and sexual double standards are very much a present reality for young women and men. This has diverse implications for policy, practice and research.

- Programming and research should account for and address heteronormative and gender stereotypical scripts. For example, consent-related sexual scripts must be contextualised within an understanding of gender inequality and difference of power when being discussed with young people. But recognising the role of gender, does not mean teaching girls ‘to say no’. This places unequal responsibility on women to negotiate sex and, more problematically, ‘excuses’ male coercion in sexual situations.¹
- Furthermore, ‘just say no’ approaches do not take into account the complex negotiation and interaction that individuals experience in a sexual and intimate encounter. A more nuanced approach to key messages and programme interventions on the negotiation and continuum of sexual consent can better equip young people, service providers, and parents and caregivers to support young people’s SRHR.
- Programming and research need to ask questions that go beyond traditional gender scripts. For example, most research about how ‘informed consent’ is interpreted is about how men interpret the sexual consent of women. There is also a lack of evidence about how men refuse sex.
- Programme implementers and researchers should not only focus on differences. There are important similarities between girls and boys. Research suggests that both boys and girls understand complex and subtle behaviours that show a partner’s willingness. Programming does not need to assume that there is a misunderstanding between both sexes that explains sexual assault or coercion.¹
- It is also important to be aware that not all young people agree with stereotypical gender norms and that there are young people who try to challenge them.^{33, 35}

03 IMPROVE YOUNG PEOPLE’S AGE AND GENDER-RESPONSIVE ACCESS TO CONTRACEPTIVES

The evidence suggests that young people consider it important to be able to practice safer sex through the use of contraceptives, such as condoms, in order to prevent STIs and unintended pregnancies and contribute to positive sexual wellbeing. Our review of the research found that girls and young women generally faced greater challenges in access to contraception due to social norms that penalise female sexuality and stigmatise girls and young women. There is also evidence that an individual’s social and gender identity and socio-economic status all have an impact on their sexual wellbeing, due to expectations and norms around sexuality, sexual pleasure and contraceptive self-efficacy. This demonstrates the need to provide access to contraception and broader sexual and reproductive health services that are adolescent and gender-responsive, so that all young people are able to access the contraception that they need and to support young people’s sexual wellbeing.⁶⁵

04 DELIVER COMPREHENSIVE SEXUALITY EDUCATION

The literature review showed that CSE can improve young people’s sexual health outcomes and sexual wellbeing. The research showed that young people want to learn more about sex, sexuality, pleasure, relationships, communicating about sex with partners and sexual consent. CSE is critical for building young people’s capacity to negotiate for safer sex, to protect themselves, and to promote gender equality. Understanding consent in different real-life situations needs to be a part of CSE curricula.

05 ENSURE PROGRAMMES ARE AGE-RESPONSIVE AND TAKE INTO CONSIDERATION YOUNG PEOPLE'S EVOLVING CAPACITIES

The evidence suggests that it is important to target different approaches and content at different age groups given differences in their understanding of sexual wellbeing and consent. Young people have demonstrated a desire for sexual and reproductive health and rights information and education from an early age – much earlier than when they start becoming sexually active. This mirrors research that supports starting CSE from a young age.⁶⁶ Information and programming activity should be tailored to the needs of different age groups so that they are relevant and understood by learners.⁶⁶

To support age-responsive CSE, Plan International has developed a CSE Topics Overview, which provides practical examples of what CSE topics can be covered for different age groups.⁶⁷ UNESCO also states that comprehensive sexuality education should start at an early age and cover key concepts that include understanding gender, sexuality and sexual behaviour.⁶⁸

06 INVOLVE PEERS AND FAMILIES IN PROGRAMMING

Peers and families are an important contributor to sexual wellbeing as a means whereby young people obtain information and role model behaviour. This means that SRHR programmes should engage parents and caregivers, to enable intergenerational dialogue, equip parents and caregivers to provide SRHR support to young people, and nurture an enabling environment that strengthens individual, interpersonal and societal factors that contribute to positive sexual wellbeing for young people.

07 ADDRESS THE NEEDS OF MARGINALISED AND MOST-AT-RISK YOUTH

The literature indicates that belonging to a certain group can decrease agency to make decisions and to have the capacity to realize personal preferences related to sexual wellbeing. SRHR programming should focus on marginalised groups, such as LGBTIQ youth, ethnic minorities, people living in poorer environments, young adults who exchange or sell sex, and young people with disabilities. Youth belonging to these groups are likely to experience additional vulnerabilities that need to be addressed in programming. Data and evidence on the sexual experiences of marginalised groups is comparatively limited which points to an urgent research gap to enable better SRHR programming for marginalised groups.

In 2020 UNFPA published *International Technical and Programmatic Guidance on Out-of-School Comprehensive Sexuality Education*.⁶⁹ This guidance recognises the specific needs of young vulnerable people in CSE – such as young people in humanitarian settings; young indigenous people; young lesbian, gay and bisexual people; young transgender people; young people living with HIV; young people who use drugs; young people who sell sex, and young people in detention. By providing a clear definition and overview of out-of-school CSE and by raising awareness of the sexuality, health and rights concerns of these young people, the guidance tries to promote an understanding of the need for out-of-school CSE and to provide advice on implementation, especially in low-and-middle-income countries.

08 ENSURE THAT LEGAL AND POLICY FRAMEWORKS ON AGE OF SEXUAL CONSENT DO NOT CONFLATE PROTECTION FROM HARM WITH YOUNG PEOPLE'S ACCESS TO SRHR INFORMATION, EDUCATION AND SERVICES

As the review showed, young people are interested in learning about sex and sexuality from an early age. Access to information, education and services is vital to support young people's sexual wellbeing, and should not be dependent on age of sexual consent. Legal and policy frameworks must aim to protect young people from potential harm whilst also enabling them to freely exercise their rights autonomously, including their sexual rights. The aim of a minimum legal age of sexual consent should be informed by the evolving capacities of young people and should be purely protective in nature. Policy and legal frameworks should also enable access to SRHR information, education and services for young people from an early age, not linked to the minimum legal age of sexual consent.

09 CONDUCT RESEARCH ON, AND DEVELOP MEASURES OF, SEXUAL WELLBEING AND CONSENT

More research is needed to understand young people's views of sexual wellbeing and consent, especially to unpack the complexity of sexual consent. The literature review found that there is limited information available on young people's views and experiences of sexual consent in LMICs. The role of sexual consent in LMICs is almost exclusively discussed in the context of barriers caused by traditional gender norms and roles. More research is also needed to better understand sexual consent for young people of diverse sexual orientations and gender identities. Academics and practitioners in the field need to work together to build consistent measures of adolescent sexual wellbeing and consent in order to build a more comprehensive and consistent body of global knowledge, and hold organisations and governments to account.



APPENDIX:

GUIDANCE FOR PROJECT DEVELOPMENT AND IMPLEMENTATION

Below we provide some practical examples that could contribute to the development of programmes that target different aspects of young people's sexual wellbeing and sexual consent. Some of them are suggestions based on research, others have already been implemented.

GUIDANCE FOR PROJECT DEVELOPMENT

[Rutgers. Essential Packages Manual: Sexual and Reproductive Health and Rights Programmes for Young People. 2016.](#)

This manual emphasises the importance of youth participation. Meaningful youth participation is a core value of all rights-based sexual and reproductive health programmes for young people. Young people should be engaged at all structural levels of decision-making - governance, management, programme/ service delivery and as clients/ beneficiaries- and in all phases of programming, design, implementation, monitoring and evaluation. It will allow - among others - achieving programme objectives more effectively; bringing about social change; making a positive impact on adults who work with young people, and positive effects on organisational capacities to provide youth-sensitive SRHR interventions

[UNFPA. Enhancing Sexual and Reproductive Health and Well-being of Young People: Building Common Ground between the United Nations and Faith-Based Development Partners. 2012.](#)

This report, focuses on the internal and external drivers of wellbeing generated by religion, spirituality,

and the work of faith-based organisations. It proposes ways forward for more fruitful collaboration between the UN and faith-based organisations on the sexual and reproductive health of adolescents and youth.

[The Global Advisory Board for Sexual Health and Wellbeing. Sexual pleasure: An assessment tool. 2020.](#)

The Global Advisory Board for Sexual Health and Wellbeing proposes a triangle approach, linking sexual pleasure, sexual health and sexual rights. The Board believes that if exercised within the context of sexual rights, sexual pleasure could positively contribute to sexual health. This tool provides the opportunity to explore programmatic links between sexual rights, sexual health and sexual pleasure. For example: contraceptive programmes often deny women's sexuality and sexual pleasure or emphasise – especially in adolescent pregnancy prevention policies – that 'sex isn't for fun'. The tool helps to establish sexual pleasure as a starting point and provides a balanced, nuanced way to address sexual rights and sexual pleasure in the work of SRHR programming while adopting a gender-transformative approach. Finally, the tool can create synergy between international definitions and agreements on SRHR and increase the effectiveness and quality of SRHR programming.

GUIDANCE FOR PROJECT IMPLEMENTATION

[Rutgers. GTA Toolkit Module 3: Gender transformative approach and youth-friendly services. 2019.](#)

This toolkit aims to generate increased awareness and critical thinking on gender and power imbalances by applying a gender transformative approach to youth-friendly services. It can be used to encourage a process of transformation that starts at the individual level, influencing the knowledge, attitudes and skills of healthcare providers to become more gender equitable. The manual recognises the challenges that healthcare workers might encounter in their work in making considered decisions. The aim of the module is to provide tools to support this process, that ultimately will benefit the sexual and reproductive health outcomes of young people that seek services.

[The Global Advisory Board for Sexual Health and Wellbeing. Training Toolkit: Sexual pleasure: The forgotten link in sexual and reproductive health and rights. 2019.](#)

This training toolkit can be used to support groups of medical, public health, social work and sociology students across the globe. It explains how to integrate issues related to sexual pleasure and wellbeing in the delivery of counselling for sexual and reproductive health services. Although it is not directly focused on adolescents, it can (indirectly) lead to an improvement of their sexual wellbeing. The toolkit was also used as a framework by the 'Get Up Speak Out' project to evaluate their comprehensive sexuality education programme.

[The Pleasure Project. The Trainer's Guide: Secrets of mixing Pleasure and Prevention. 2018.](#)

This manual gives an overview of exercises that demonstrate how pleasure and prevention can be combined. The toolkit is not specifically focused on young people.

[IPPF. Let's talk about sex and pleasure. 2019.](#)

This two minute video features young people talking about sexual consent.

[IPPF. Teaching about consent and healthy boundaries – a guide for educators. 2016.](#)

This guide provides references to resources which can support a general programme of sexuality education, the focus here is on the topic of consent and healthy boundaries.

[Plan International. Putting the C in CSE Comprehensive Sexuality Education Programme Standards. 2020.](#)

A suite of materials outlining Plan International's comprehensive sexuality education programme standards. Designed to support the staff of Plan International and their partner organisations, educators and implementers in formal and non-formal settings to deliver effective and quality CSE. Plan have developed a series of 14 CSE programme standards. These standards are based upon international evidence and good practice. Plan's standards-based approach aims to provide practical support to strengthen comprehensive programming in three dimensions: content, delivery and enabling environment. The dimensions are inter-connected and the ideal scenario is that we work on all standards as a whole.

[UNESCO. International Technical Guidance on Sexuality Education: An evidence-informed approach. Revised edition. 2018.](#)

The revised edition of this guidance confirms the position of sexuality education within a framework of human rights and gender equality. It encourages structured learning about sex and relationships in a manner that is positive, affirming, and focused on the best interests of the young person. By outlining the essential components of effective sexuality education programmes, the Guidance allows national authorities to design comprehensive curricula that will have a positive impact on young people's health and wellbeing.

[UNFPA. International Technical and Programmatic Guidance on Out-of-School Comprehensive Sexuality Education. An evidence-informed approach for non-formal, out-of-school CSE programmes that aims to reach young people from left-behind populations. 2020.](#)

This technical guidance on sexuality education presents the evidence and motivation for delivering CSE to young people in order to achieve the global Sustainable Development Goals. The guidance identifies the characteristics of effective CSE programmes, recommends essential topics and learning objectives that should be covered in curricula for all learners, and presents approaches for planning, delivering and monitoring CSE programmes. Its aim is to support curriculum developers and programme managers to create and adapt CSE curricula that is appropriate to their context, together with effective implementation and monitoring measures. It is also a resource for advocacy in favour of young people's health and wellbeing.

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Plan International

International Headquarters
Dukes Court, Duke Street, Woking,
Surrey GU21 5BH, United Kingdom

Tel: +44 (0) 1483 755155

Fax: +44 (0) 1483 756505

E-mail: info@plan-international.org

plan-international.org

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