



Assessment of comprehensive sexuality education: a framework of indicators to evaluate interventions in Italian secondary schools

D. Martinelli¹, G. Papatratto²⁻³, B. Suligoi⁴, M.C. Salfa⁴, P. Nardone⁵, S. Donati⁵, D. Pierannunzio⁵, S. Ciardullo⁵, C. Silvestri⁶, M. Di Tullio⁷, A. Camposeragna⁸, P. Meli⁹, C. Celata¹⁰, L. Bonaldo², M di Nino², M. Ubbiali¹¹, A. Chinelli², L. Tavoschi²

¹Department of Medical and Surgical Sciences, University of Foggia, Foggia, Italy; ²Department of Translational Research and New Technologies in Medicine and Surgery, University of Pisa, Pisa, Italy; ³Health Science Interdisciplinary Research Centre, Sant'Anna School of Advanced Studies, Pisa, Italy; ⁴Department of Infectious Diseases, National Institute of Health, Rome, Italy; ⁵National Centre for Disease Prevention and Health Promotion, Italian National Institute of Health, Rome, Italy; ⁶Healthcare Regional Agency (ARS), Epidemiological Observatory, Tuscany, Italy; ⁷Italian League for The Fight Against AIDS (Cama-LILA), Bari, Italy; ⁸CNCA – Italian Coordination of Care Communities, Italy; ⁹Italian Coordination of Residential Homes For People With HIV/AIDS (CICA), Bergamo, Italy; ¹⁰UO Prevenzione DG Welfare Regione Lombardia - UO a valenza regionale "Promozione della Salute", ATS Città Metropolitana di Milano, Milano, Italy; ¹¹Department of Human Sciences, University of Verona, Verona, Italy.

Introduction

- Comprehensive sexuality education (CSE) is widely recognised worldwide as the best approach to promoting sexual health and preventing STIs [1].
- In Italy, CSE is not routinely included in the school curriculum: several initiatives have been piloted, although not always adequately evaluated [2].
- The EduForIST project, funded by the Ministry of Health, first proposed a unique model for CSE interventions and tested it in a group of secondary schools in 6 Italian regions [3].

Objective

- As one of the main objectives, the EduForIST project aimed to develop an **evaluation framework** for CSE interventions to assess their **real-world effectiveness** if the CSE approach were to be introduced into Italian school curricula nationwide.

Methods

- A group of experts (GoE) belonging to the EduForIST partnership (Universities of Pisa, Foggia and Verona; Italian National Institute of Health; Regional Departments of Prevention of Tuscany and Campania; Civil Society Organisations) developed a framework for the short-, medium- and long-term monitoring and evaluation of clinical and behavioural outcome indicators and process indicators to assess interventions implementation.
- The GoE met repeatedly, using monthly focus group discussions from April 2023 to February 2024, to reach agreement on the proposed set of indicators.
- The GoE defined the calculation methods for the proposed indicators, identified available data sources, and assessed the feasibility of the calculations and likelihood bias.

Results

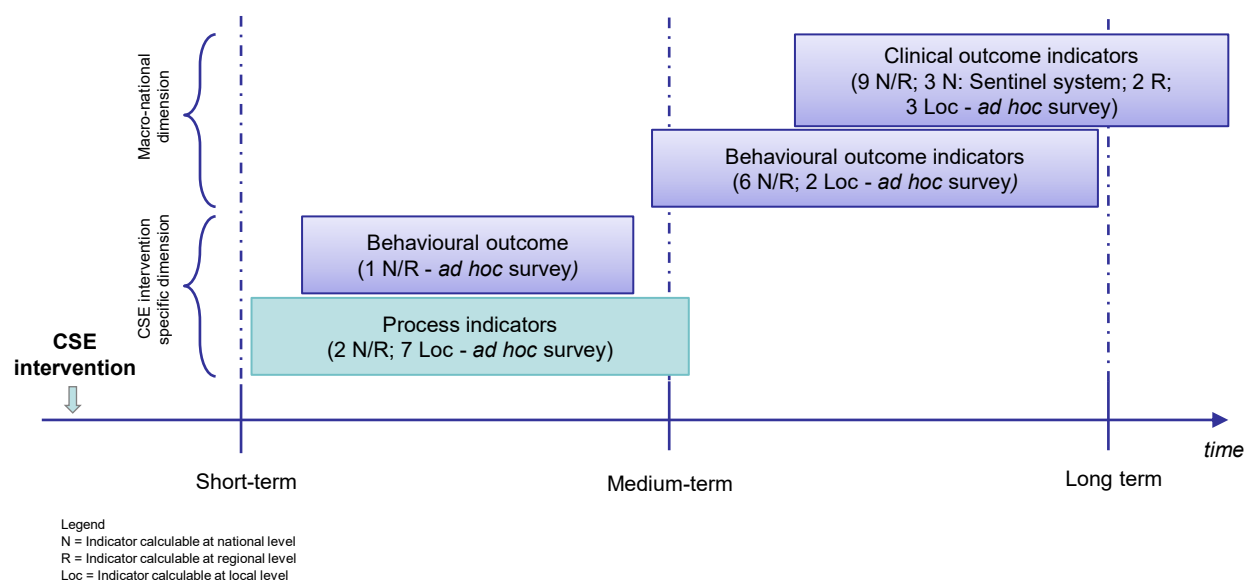
A total of 35 indicators were developed: 17 clinical and 8 behavioural indicators for medium and long-term outcome evaluation, 1 for short-term behavioural outcome evaluation and 9 process indicators (Figure 1).

Clinical and behavioural indicators can be computed using administrative data sources from the Ministry of Health and the Regional Health Authorities.

The National Institute of Health provides data from the AIDS Operations Centre and the national Health Behaviour in School-aged Children surveillance (HBSC). Most process indicators require ad hoc data collection and calculations.

Although their computation appears feasible, challenges of under-reporting and underestimation persist for several clinical and behavioural indicators, particularly in regions where CSE interventions have not been widely implemented.

Figure 1. Evaluation framework for CSE intervention, Italy.



Conclusion

- Developing an effective system for monitoring the outcomes and processes of CSE interventions requires the integration of a variety of data sources, including health and administrative information, and behavioural and learning assessments, collected over time.
- While the effectiveness of the proposed model will be fully realized after the widespread implementation of CSE interventions in Italian secondary schools, the selected indicators are proposed as an example for assessing their real-world effectiveness.
- This assessment involves comparing the baseline (pre-intervention) status with the post intervention impact of the CSE programmes implemented in secondary schools.

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