Pulse on the Principles S2E2 Final Audio Transcript:

Allana: This episode of "Pulse on the Principles" includes content that may not be appropriate for young listeners. Listener discretion is advised. Ask any development or humanitarian practitioner, education is a foundational driver to economic improvement and self-reliance. Quality education encourages changes in knowledge, skills, values, and attitudes to enable a more sustainable and just society. It transforms individuals and by extension, communities, creating pathways to improve livelihoods, health, and well-being. In order to expand access to quality education, many education initiatives have begun incorporating digital technologies into their programming. This has become even more urgent in 2020, as COVID-19 has shut down schools, the world over. Because of this global movement to remote learning, the United Nations has warned of a global education emergency as 483 million students still lack access to online schooling, with those from lower-income households being more likely to face greater barriers to learning. Lack of access to the internet, the relatively high cost to purchase computers and tablets, poor security resources, and limited availability of adult support in home environments means that the most vulnerable children in our communities are being left behind. How can we ensure our children do not lose access to one of the most impactful resources available to them? It is becoming ever more apparent that rethinking education for all means rethinking digital education for all. This is "Pulse on the Principles."

Welcome to "Pulse on The Principles," a podcast series that gives you a live look at putting the principles for digital development into practice. I'm Allana Nelson, your host for our many season on the Digital Principles and Education. Despite unprecedented expansion in the use of digital solutions for education, there continues to be limited knowledge about how adolescents engage digital resources aim to improve their understanding of their own sexual and reproductive health. UNESCO's 2015 report, emerging evidence lessons, and practice, and comprehensive sexuality education looked at 48 countries and revealed that nearly 80% of them have established policies or strategies in support of Comprehensive Sexuality Education, also known as CSE. It is defined as an age-appropriate, culturally relevant approach to teaching about sexuality and relationships. By providing scientifically accurate, realistic, non-judgmental information and showcasing human sexuality as a broad concept, interweaving physical, psychological, spiritual, and social education, CSE has a positive impact on safer sexual behaviors and promotes gender equality and equitable social norms. CSE has witnessed increasing interest and attention over recent years, demonstrated by growing political commitment.

However, socio-cultural and individual challenges, such as taboos around sexuality, lack of advocacy, the intergenerational gap, and religious uncertainties still persist. As a result, political will and CSE curricula development have been inconsistent and nationally implemented programs. Young people are still often denied basic information about their sexual and reproductive health. As for content that is available, there's a lack of attention to the quality of information, some of which may be incomplete, poorly informed, or harmful.

Other risks range from exposure to inappropriate content, such as violent images and discriminatory speech, as well as gendered, racialized, or homophobic language. Evidence in favor of online comprehensive sexuality education is clear, but further commitment and research is necessary to ensure effective implementation is accurate, sustainable, contextually relevant, secure, and involves stakeholder participation in its development. Before we get started, I'd like to remind listeners that they can access the latest news and resources on digitalprinciples.org and follow us on Twitter @digiprinciples. That's @digiprinciples. You can also use the #digitaprinciples. Don't forget to leave a 5-star rating and subscribe wherever you get your podcasts for more episodes. Now, I'm thrilled to introduce today's guests, Pavita Singh, and Sahil Tandon, who will be chatting about comprehensive sexuality, education, and the impact of technology. Sahil is a young public health and human rights advocate working with the David and Lucile Packard Foundation in India, where he explores technology solutions and innovations in the work of the foundation's partners. He's a member of Plan International's Young Experts: Tech 4 Health Group, and has a background in public policy and economics with a focus on gender development and human rights. Sahil has worked with various international NGOs and has specialized in sexual and reproductive health and rights, adolescent, and youth development, and technology for health. Welcome, Sahil.

Sahil: Thank you, Allana. Nice to be here.

Allana: We're so happy to have you, Sahil. And Pavita is a longtime advocate for youth empowerment, particularly the empowerment of girls and young women, and for holistic health and wellness. Her background is in public health and social-behavioral sciences. And she has focused on the relationship between digital intimate partner violence and mental health outcomes. Currently, she is the acting Executive Director of Girls Health Ed. Prior to that, she served as the Organization's Director Programs & Outreach, during which time she created and tailored Girls Health Ed's curriculum, trained over 100 teaching fellows, built partnerships with 50 schools and community centers across all program

locations, and taught workshops in the U.S. and Kenya. In the interest of full disclosure, it is also important for me to mention that I do sit on the Girls Health Ed Board of Directors working with Pavita. So Pavita, it's so great to have you today.

Pavita: Thank you so much, Allana. It's great to be here. And it is a pleasure to have you on the board of Girls Health Ed.

Allana: It's wonderful to have you with us. So we are, of course, today discussing the use of digital tools to provide comprehensive sexuality education to young people. Not to give away my age, but certainly when I was going through sex-ed as a preteen, and then teenager, the only resources I easily had available to me were my teacher, my health textbook, my parents, or my doctor. Now, online health platforms and various digital tools offer young people new ways to safely access information about their physical wellness and sexual health. A good example of this is the Reproductiva app used by Plan International and Timor-Leste to prevent teen pregnancy. So, Pavita, I wanna start this conversation with some of the basics for our listeners who may not be as familiar with Comprehensive Sexuality Education or why it's so important. Can you take us a step back and tell us a little bit more about CSE and why it's beneficial to young people, particularly those living in low-income or vulnerable communities?

Pavita: Allana, you actually gave a very beautiful introduction of CSE earlier, which I'll briefly reiterate because Girls Health Ed's curriculum is actually aligned with the United Nations Population Fund definition of CSE, which is a curriculum-based process of teaching and learning about the cognitive, emotional, physical, and social aspects of sexuality. It empowers young people to realize their health, well-being, and dignity, develop respectful social and sexual relationships, consider how their choices affect their own and other's well-being, and understand and ensure the protection of their rights throughout their lives. So, I think when a lot of people hear the term Comprehensive Sexuality Education, they're very quick to think of reproductive anatomy and sexual activity. But CSE encompasses so much more than that. It includes issues around our intimate and interpersonal relationships, effective communication, boundary setting, conflict resolution, non-intimate sexual activities, self-love and self-care, positive body image and self-esteem, digital safety, and recognition of one's personal values, just to name a few topics. And at Girls Health Ed, we believe that regardless of whether or not one is sexually active, CSE is key to understanding our bodies, our emotions, and ourselves, which is why it's so beneficial to all youth. Empirically, research shows that CSE is associated with decreased rates of teen pregnancy, STIs, intimate partner

violence, and increased self-confidence. And this translates to improved academic outcomes and stronger likelihood of making decisions in accordance with one's values and beliefs, and that are respectful to oneself and others. And again, this isn't just specific to sexual activity, but even other health behaviors, such as substance use, violence prevention, and bullying.

From a bigger picture perspective, we all know and remember that puberty is associated with a drop in confidence. However, research shows that by the time they reach adulthood, young men are more likely to get their confidence back, whereas young women are not. And this leads to a gender confidence gap throughout the lifespan. So CSE is a critical part of the solution to addressing this gender confidence gap and to changing social norms around gender, and to really pave the way for you to thrive in all areas of their lives. From Girls Health Ed, we have anecdotal evidence from our workshops about the impact of our programs on girls' confidence. So, one anecdote that particularly stands out to me is from one of our community center partners who told us that when a group of boys was bullying a group of girls because they had had their periods, the girls who had participated in our programs, were actually able to stand up to the boys and educate them. You had also asked about why CSE is particularly important for youth in low-income or vulnerable communities. So, in some countries, two out of three girls have no idea what's happening to them when they first start their period. This lack of awareness in addition to the lack of supplies and tools to effectively manage their periods, results in school absences, in some cases, 20% of the school year, and in extreme cases, school dropouts. As you alluded to earlier in your introduction, a country's economic standing is directly correlated with the health and education of its girls. And so girls who miss school due to health, and self-esteem issues, and misinformation about how to manage their health are not able to contribute to the well-being of their country's economy, and CSE addresses this issue.

Allana: So the use of technology to educate young people in this way really allows health professionals to be able to target populations at scale and disseminate this important information more widely. Sahil, you're a member of Plan International's Young Experts: Tech 4 Health. We know that you advocate and campaign for young people, especially young women and girls who face structural barriers to accessing health services. Can you talk about the ways you and the group leverage digital innovation to ensure young people have access to quality healthcare and why technology can be useful when it comes to CSE?

Sahil: Thanks, Allana. To give a quick background, the Young Experts: Tech 4 Health is a group of youth representatives from across the world, drawn from a diverse set of backgrounds and skills, like public health technology,

developmental policy, youth engagement, all of us coming together to represent the youth constituency to the Transform Health Coalition, led by a set of international developmental partners advocating for digital transformations for the Universal Health Coverage 2030 agenda. The youth body, which is all of us, mainly represent the youth constituency to further the needs, and causes, and journeys of young people as they relate to health and technology. And when we're talking about young people, probably one of the most prominent things that we come across is their sexual reproductive health and grades. And probably the most significant route to that is CSE. As already mentioned by Pavita, there is a widespread recognition on the values and merits to CSE as a tool to inform and empower young people. But unfortunately, we realized that the actioning in this agenda is disparate and often faced with challenges and with many gaps remaining. In today's times as the developmental community is reflecting on commitments made way back in 1994 with the ICPD, and as we move closer to the combination of the SDGs, it becomes imperative to address these gaps and make sure that we are providing adolescents and young people the skills, the knowledge, and the platforms to be safe and make informed decisions about themselves, their bodies, and their lives. While the agenda around CSE and young people's healthcare has evolved with time, the most significant inflection to us in this trajectory has definitely been the tech boom over the last two decades.

Technology and digital media almost ubiquitous nowadays, with increasing internet connectivity, device access and ownership, and more engaging content and platforms. Young people are digital natives, as we call them, have been in the lead of the stack uptake with statistics indicating that they are twice as connected to technology than the rest of the population as a whole. This presents an exciting opportunity to reach them on devices and platforms that they find easier to use and relate to with content that they might find more engaging and attractive, and in ways that can uphold their rights in autonomy. Innovations in the use of technology have opened up an entirely new possibility for how we can engage with young people, understand their needs, and respond to them with information and support, tailored to their specific requirements and contexts at an unprecedented scale or speed, while at the same time, overcoming many barriers around access, social norms, taboos, and bias. Having said this, however, we do as you get for each recognize the technology does not address many challenges, especially as they relate to inequities and access to digital platforms, and the risks to young people's privacy and safety from being online. And so as youth representatives and advocates for the use of technology for health, we take on the responsibility of foregrounding these concerns and initiating more concerted thinking and actions to mitigate these risks.

Allana: You know, you just mentioned the importance of addressing privacy and safety for young people online. You refer to them as digital natives, which I love that idea because I certainly sit within the generation that was right on the cusp, right? I had very analogue childhood and then I had to grow into the digital age quite quickly. So it's really important that we highlight here that there are associated privacy risks with accessing information, about sexual and reproductive health through digital tools. We know that in some of the communities where many of our listeners work, accessing this type of information, especially for women and young girls can be extremely dangerous. I mentioned at the top of the show that there are still a lot of socio-cultural stigmas we face when discussing Comprehensive Sexuality Education. And we need to be mindful of those challenges in the development of these apps and websites. The key to this is child safeguarding, which is the way in which we approach data security to protect the individual privacy of young people on the internet as they access sensitive topics and information. Girl Effect published their girl safeguarding policy in 2016, and it's quite comprehensive in its framework for protecting children when they access the internet. At the time, they couldn't have predicted the world we would be in today, where the lives of many children have moved almost entirely online. And the sensitive nature of CSE adds an additional layer of complexity and urgency to addressing these privacy needs. Sahil, how do you think digital health workers can address these privacy needs, while also ensuring that critical health information is easily accessible and available to those that need it the most?

Sahil: Well, Allana, I think you're absolutely right. Privacy today is probably the biggest concern and question when we're talking about digital platforms, apps, websites, telehealth interventions, especially when we're talking about young people, young women, people from already vulnerable or marginalized groups, and in the context of CSE. We know the technology has provided all these affordances and possibilities, but so has it ushered in novel concerns and risks, including the risk to user's privacy and safety. Each digital interaction, engagement, visit to a website, or a platform leaves behind the data footprint accessible to the back end system. And with the kind of data analytics that we see today, all of these seemingly anonymous data footprints can be stitched together rather easily to create sophisticated data trails and user profiles. And it is only a slippery slope to the use of this data for a range of interests, ranging from what may seem benign uses, such as targeted marketing to users with much more harmful implications, such as identity theft, profiling, surveilling, and more. The possibilities of such breaches of individual privacy can spell out great risks and harms for users, especially when the users in question are young people who might be from sexual or gender minorities, people who might be accessing these resources and platforms, without wanting to be known to do

that. As digital health workers, intervention designers, and advocates, it becomes our duty in this context to understand these concerns and prevent any possible harm, especially as we strive to provide correct, accurate, and supportive information and services to these users. A few principles to keep in mind, and I try to encapsulate them as well as I can, might be, firstly, to center our digital interventions. May it be platforms, apps websites, around the people and communities that we intend to serve and prioritize their interests, their well-being before any other institutional programmatic or commercial interests that we might have from the set data.

The second might be to uphold individual data control. We know data today is the new gold. And it is important for users who are the subject of this data to be informed of the data that is created, how it might be used, and who would have access to this. And they should be in a position to give permissions on this data, have an informed consent, so they know what this data means and how this might have any repercussions to them in the future. The third principle might be to maintain absolute data anonymity and transparency. We do tend to collect a lot more data than we use. And it becomes our responsibility in this context to reduce the kind of data that we collect, to reduce the kind of personally identifiable data points that are collected, and the data processing activities that we apply onto them. And the last principle that I tried to put in here is to adhere to the highest regulations around data protection and ethical standards. So while these principles might encapsulate ethical data, practices, and processes, I think there's one that's often missed out, and that is to stress the importance of digital health workers understanding the technology, and its implications, both positive and negative. I feel and I hope this doesn't come off as questioning of the intent of digital health workers but oftentimes, as people advocating for digital health relay stress on the quality of content and the integrity of our messaging, de-prioritizing our attention on the medium that will carry this messaging and content, which is technology. I believe that giving an equal importance to technology elements in the way we design our platforms and programs, and applying the same standards of quality, responsibility, and ethics on them would go a long way in ensuring the integrity and the safety of young people on these profiles.

Allana: That was a really great way to layout these issues, Sahil. I'm very impressed by the framework that you put down and very intriguing. And I think a lot of our listeners will also see remnants of the digital principles reflected in what you said, particularly around engaging the local community and then ensuring these really strong data privacy principles from the very beginning, which is so key and so important. Pavita, you've recently posted a Twitter thread on the importance of educating young people about sexuality and sexual

identity. Oftentimes in development and humanitarian work, we're operating in communities that are not as welcoming of these conversations, which means that for many vulnerable adolescents, such as LGBTQ+ youth, the only way they're able to explore their sexuality or gender identity is through the information that they access online. How can we ensure that these young people are able to access accurate and safe information in a society that may not be as accepting of them?

Pavita: That is so important, Allana. So, as we know the term Comprehensive Sexuality Education has the word comprehensive in it, which means that it recognizes the wide range of human experiences. And in addition to being comprehensive, some core qualities of CSE are that it must be medically accurate and free of any value judgments. So, speaking to the medical accuracy part, right now, only 22 states in the U.S. require CSE to be medically accurate. I'll say that again. Right now in the U.S., only 22 states require CSE to be medically accurate, 22 states. You can imagine how damaging it is in both the short-term and the long-term to be given medically inaccurate information or information about our bodies. So, at Girls Health Ed, we're constantly revising our curriculum so that it's reflective of the most up to date research since medical knowledge and guidelines are always changing. And, you know, we see that even today in the age of COVID, information is always changing. And so, it's important for CSE educators to stay informed. But also to be honest, if you don't know the answer to a question that, you know, a youth might be asking, saying, "I'll look that up and get back to you" is always better than trying to make up an answer on the spot, which, as we know, could have negative health consequences. And then I mentioned that another trait of CSE is that it's judgment-free. So, it's a space in which we provide youth with all the knowledge, tools, and skills that they need to make the right decisions for themselves.

And this is something that we remind the girls with whom we work in all of our Girls Health Ed workshops. We begin the workshop series by collectively coming up with a list of ground rules or community guidelines to be followed during the workshops, including respect for the diversity of one another's perspectives, experiences, values, and choices. And we keep coming back to these guidelines throughout the workshop series. So, as comprehensive sexuality educators, I believe that it's our job to be mindful of the language that we're using and to make sure that we're not imposing our own beliefs and values onto the youth. And we need to continually remind the youth with whom we're working that we will always provide a safe space for them to ask questions and to explore all aspects of themselves, even if others won't. We can also direct them to credible resources in their own communities, both digital and in-person

where they can access safe and accurate information. And in our workshops, we do provide the girls with a list of such resources.

Allana: So do you have any thoughts on how we can make sure information on these sensitive subjects are secure or how we can simultaneously track what information is being consumed to ensure it's both accurate and non-violent or detractive?

Sahil: That probably, Allana, would be the million-dollar question. And I presume that anyone engaged in digital health interventions grapples with that. When we talk about digital CSE, a lot of the information that we're putting out often falls in the grey area or what is considered appropriate as socio-political context, cultural sensitivities, as well as sometimes legal regulations. And it becomes our job as people designing and wanting to lend support through these interventions to jump through these hoops. And as Pavita said, to find ways to provide accurate, credible, useful information, and support to young people, even on sensitive subjects, that continues to be empowering and respectful of the range of diverse identities, bodies, and realities. Of course, it's the first step. This includes creating digital content and resources that adheres to the highest standards of quality and accuracy. And it's guided by scientific, social, as well as behavioral insights. But we know that young people do not seek information solely from digital health platforms, but rather have this universe of online content and platforms that they routinely access and learn on. Oftentimes, these platforms function completely unchecked, and can be prone to promote or reproduce information and ideas that can be inaccurate, and discriminatory, detracted for the health, as well as well-being. Knowing that these exist and probably occupy a larger proportion of what young people access on the digital realm, it becomes our responsibility to infuse these platforms with helpful resources and content in similarly engaging formats and styles. It is also important to educate young people on how to discern credible sources of information from others as they consume diverse content. And I'd like to echo what Pavita said, I think a hybrid model works well because there need to be touchpoints for young people to access physically and in their vicinity that can corroborate and support them as they try and access and make use of the information that they get.

Allana: Thank you for that. And you're talking a lot about these different online environments by which we can access this information. And I kind of wanna talk a bit about those that are responsible for ensuring accuracy, and safety of information, and individuals online. It's not just the developers of these apps are online resources. Pavita, who do you think are the other stakeholders we should be engaging to tackle these issues, and what are their roles?

Pavita: That's a great question. So Girls Health Ed actually, we recently co-hosted a virtual roundtable with the United Nations Population Fund on the importance of gender-transformative CSE during and after the COVID-19 pandemic. The engagement of other stakeholders was a huge theme during our discussion. So, obviously, we need to engage schools as they're often providing the space for CSE curricula to be delivered. So we need to make sure that we have well-trained, qualified teachers who are not only knowledgeable about CSE, but are also able to interact with youth in a sensitive and judgement freeway, such that they feel comfortable delving into the curriculum topics, which I briefly discussed earlier. Parents are very important stakeholders. So in fact, Girls Health Ed program participation actually requires parental or guardian permission. And our research at Girls Health Ed has shown that the best educational outcomes take place when the parents supplement what the students are learning in school, and when family life and school life can complement each other. And we encourage the girls to bring what they learn in our workshops home to their parents and other family members, and to have conversations around these topics. We distribute pre and post-workshop surveys before our workshops and after our workshops. And the results of these surveys actually show that after participation in our workshops, the girls feel more comfortable talking to their parents about the topics covered in the curriculum. And one story in particular that stood out to me was from a girl from a very conservative family where CSE topics were not talked about. After participating in our workshop, she was actually able to talk to her father about her period.

So you see how this serves to multiply our community impact and empower not only the girls themselves but also their families and communities as a whole. And it also serves to improve relationships between the students and their families. So, at the roundtable, one of our participants was Sarah Barnes, who's the Director of Maternal Health Initiative at the Wilson Center. And she said that the more parents know about CSE programs, the more willing they will be to let their children access these services, which speaks to the importance of keeping the parents engaged. In addition to the schools and the parents, we should definitely be engaging medical professionals who can verify the medical accuracy of CSE curriculum and who can also take that intersectional approach, and the intersectional aspects of these curricula, and integrate that into their sessions with patients. So that it's not just physical health-focused or purely medical focus, but really encompassing so many of those other aspects of CSE. And we should be engaging with donors who can help us fund CSE programs and ensure their sustainability over the long run, and then engaging the community at large. So José Roberto Luna, who's the technical specialist on adolescents and youth at the UNFPA said during the roundtable, that if we

engage community members in a holistic and systemic way, at some point, they will be defending CSE programs.

Allana: Sahil, what role do young people play in empowering themselves and contributing to the digital health ecosystem?

Sahil: I believe that young people today are informed. They are engaged and they're most importantly, inspired to be a part of the change and the movements that affect them. And as the largest growing demographic group, they can truly affect transformative change in the communities and contexts that they live in. As access to technology for young people is increasing, it becomes imperative that we recognize them not as beneficiaries, but as equal stakeholders in the digital health ecosystem, and to leverage their unique potentials, abilities, experiences, skills, to guide and expand the possibilities for what could be digital health, and framework or create an understanding of the ecosystem. Young people as digital natives, as I already said as well are, in most cases, the early adopters and proponents of technology in digital media, and have the potential to lead the way for equitable and accessible spread of digital health ecosystems. We're already seeing a growing number of youth networks, collectors representing the youth constituency in Global Dialogues. I'm a case in point for that. There are increasingly more initiatives that call out to young people seeking their inputs and shaping advocacy agendas and giving them opportunities to be leaders of these movements. Young people we know are best place to speak to their experiences, their needs, their challenges, and their visions for the future, especially as it relates to the digital realm. Young people consequently play an important role in responding to this paradigm shift that we're seeing today towards more intergenerational core leadership with effective collectivization and amplification of the agendas, and supporting the move to a more responsible and responsive digital health ecosystem.

Allana: I really liked what you said about young people are not just beneficiaries, but they're equal stakeholders. And I think that that's really reflective of a previous podcast that we did on the role of youth in driving forward development initiatives. And we're seeing that time and time again. Young people wanna be involved. This generation, in particular, I think is more involved than many generations before, including my own. And that's really encouraging to see because they are trying to move society forward. They're trying to bring about the change that they want to see in the world and make sure the world is a better place for those that come behind them. And so, I really like that statement of seeing them as equal stakeholders in the conversation. So, I wanna turn back to the societal stigmas around sexual education and well-being. Different countries and communities have different perspectives on

this topic so it's hard to account for different socio-cultural factors at play. How do we scale up health education innovations across these different communities and cultural perspectives to maximize impact without adverse outcomes? Pavita, what do you think?

Pavita: I think this goes back to your earlier question on stakeholder engagement. Engaging community members and making them active participants in the creation of CSE curricula, I believe is key to maximizing impact without adverse outcomes. So, the Girls Health Ed curriculum is actually designed to be adopted to multiple cultural and resource settings. And I mentioned earlier that we're constantly revising our curriculum based on updates in medical research and guidelines but we also take into account the feedback that we get from the girls. And Sahil spoke about this very beautifully about the youth actually being active stakeholders and participants in the creation of the programs that we're designing for them. So, we take into account the feedback that we get from the girls based on anecdotal responses from them and also the responses to their pre and post-workshop surveys. We take into account feedback that we get from our teaching fellows, and our school, and community center partners, and we use that feedback to inform our curriculum. Outside of the U.S., we also have programs in Kenya, and we've also done pilot programs in India and Bangladesh. And at all of our international program sites, we work with local NGO partners who are members of the communities in which we deliver our programs. And we work with them to appropriately tailor our curriculum to the cultural context. So, for example, whereas, you know, in the U.S., we talk about tampon use with the girls when discussing menstruation.

In Kenya, on the other hand, we focus more on the use of sanitary napkins because tampons are not as common in the areas where we give the workshops. And we also make sure to give more emphasis to issues that do face the girls there, such as child marriage and female genital mutilation. In the case of Bangladesh, we've given workshops in the Rohingya refugee camps. And in the Rohingya language, they don't have a word for condom. So, we worked with the partners there to translate the curriculum, not only linguistically, but also in a way that culturally makes sense to the girls there. And of course, given that Bangladesh is a Muslim country, we also have to take into account the religious values when presenting our curriculum there. And that includes being mindful of how we talk about sexuality. So, I really think that, you know, when you engage as many community members as possible, including the youth themselves, and recognize that at the end of the day, we all have the same goal, which is the health, and well-being, and the thriving of our youth in our community at large, you can really all work together and really set yourself up for successful CSE programs.

Allana: Sahil, do you have any additional thoughts on this on how to scale global health content for different communities or different socio-cultural norms?

Sahil: Yes, just quickly coming in the, Allana... I think this is something Pavita, early on mentioned as well. CSE is a combination of the physiological and the scientific understanding of the anatomy with the social, the cultural, the political layers, which may get a body or an individual. While we can standardize the former probably more easily across contexts and across times, it becomes difficult and there are very subjective and nuanced realities, which make challenges appear for the latter. I feel that technology here can be an answer because if the range of customizations, the ability to create platforms that cater to different communities, different needs, different truths, and ways of access and engagement, that can support contextualization and tailoring of these interventions, and probably, at some level, scale-up. I do also wanna echo the other point that Pavita made about the stakeholders. And I believe that when we're talking about societal norms, conventions, and traditional belief systems, it's a two-way effort. There is a bottom-up grassroots social norm change approach, which, of course, necessarily requires the engagement of stakeholders, parents, and schools of community gatekeepers, social influencers, and to bring them all in an open dialogue where young people's well-being is the priority, and young people can present their own needs without being infantilized. And the other, which is probably a more top-down policy advocacy route, wherein we try and create a policy, an infrastructural ecosystem that can support this change, and can further transform positive outcomes for young people.

Allana: I like that framing around the two-way effort, the bottom up and the top down. And I think that we see that quite a bit in many different types of work within development that we're trying to move forward, but in particular, in health, because so much of what we need to be communicating or we need to be educating the public on around health issues can be stigmatized or be seen as something that you don't talk about outside of your family. So I do like this idea of the grassroots movement driving from the community level while we're also trying to change laws and formal constructs of these perceptions. Pavita and Sahil, what a great way to wrap up this conversation. Thank you so much for chatting with me today and sharing your input on comprehensive digital sexuality education.

Sahil: Thank you.

Pavita: Thank you.

Allana: And to those of you listening, if you would like to give us feedback on this episode or any other topic in our episode lineup, you can reach out to us at principlesadmin@digitalimpactalliance.org. You can also visit us anytime at digitalprinciples.org and follow us on Twitter @digiprinciples. That's @digiprinciples. You can also use the #digitalprinciples. Thanks for listening. "Pulse on the Principles" is made possible by the Norwegian Agency for Development Cooperation, and produced by Claudine Lim, Allana Nelson, and Abigail Shirley of the Digital Impact Alliance. Special thanks to Podcast Village for recording, sound mixing, and graphics. I'm Allana Nelson. See you next time.