

# COMPREHENSIVE SEXUALITY EDUCATION

Sexuality is a fundamental part of human life. Every young person will have to make decisions that impact on their SRH and well-being, however, many lack the comprehensive knowledge, supportive attitudes and life-skills they need to make these decisions safely and responsibly.

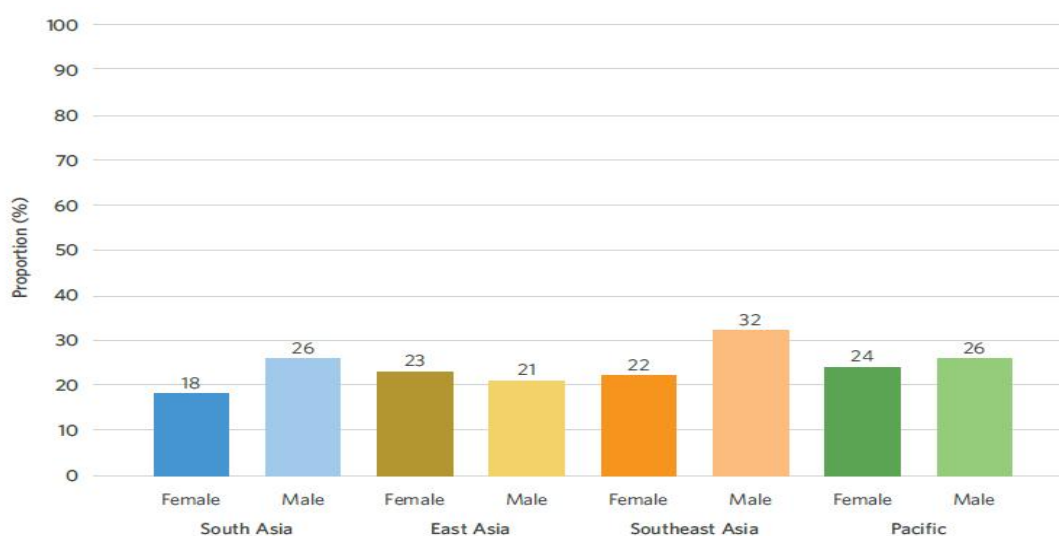
Across the region, less than a third of young people have comprehensive knowledge of HIV (figure 39). In Afghanistan, Pakistan and Samoa fewer than 1 in 10 young people have comprehensive HIV knowledge, and in the majority of countries, girls have poorer knowledge than boys. Young people living in rural areas, from the poorest households, and with no or only primary-level education have the lowest level of knowledge. Among sexually active young

“  
Considering the truthfulness of the  
information on the internet, it is  
complicated to distinguish between a  
genuine and an unreliable source.....  
this has resulted  
in many misunderstandings.  
”

(Young person, Viet Nam)

people, the majority know that using a condom can prevent HIV (figure 40). However, less than half of young people have this knowledge in Afghanistan, Pakistan and Timor-Leste, and there are considerable disparities between boys and girls in many countries.

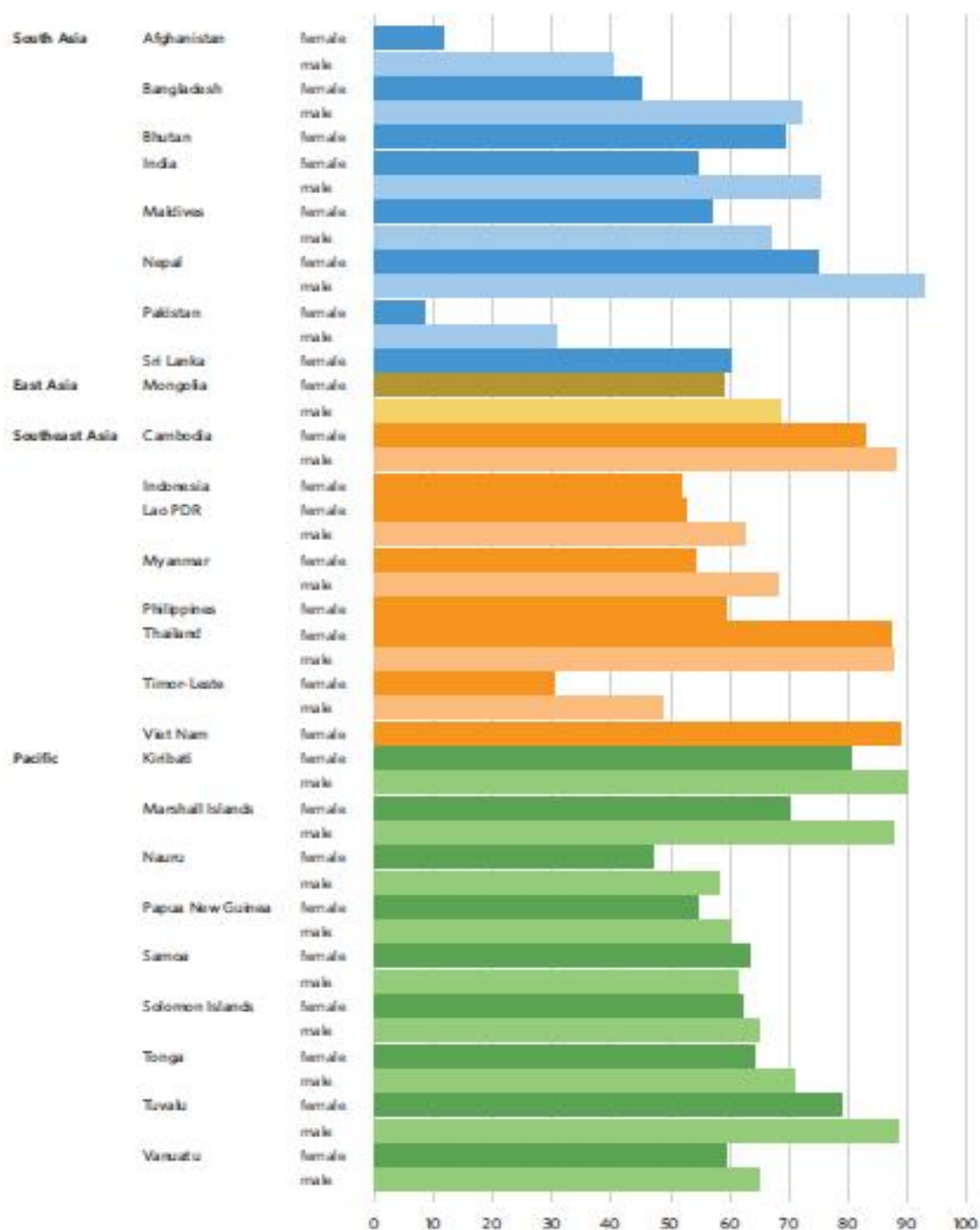
**FIGURE 39. COMPREHENSIVE KNOWLEDGE OF HIV AMONG 15-24 YEAR OLDS**



Note: East Asia estimate includes Mongolia only  
Source: DHS and MICS



**FIGURE 40. PROPORTION OF SEXUALLY ACTIVE 15-24 YEAR OLDS WHO KNOW THAT A CONDOM CAN PREVENT HIV**

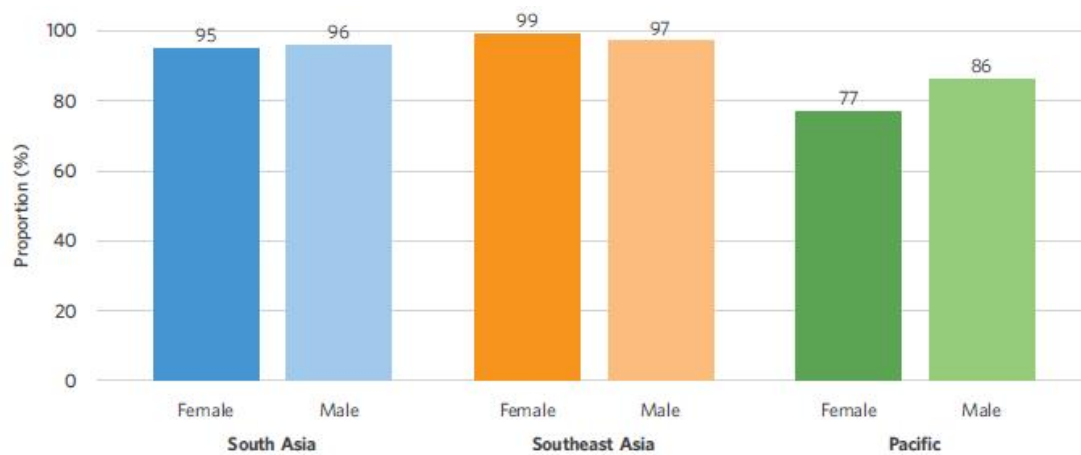


Source: DHS and MICS (country estimates provided in appendix)

While the majority of married young people can name at least one method of modern contraception (figure 41), poor understanding of different methods (including emergency contraception), lack of knowledge about sources of contraception, and myths and misconceptions are common. There is limited national-level data describing contraceptive knowledge among unmarried girls and boys.

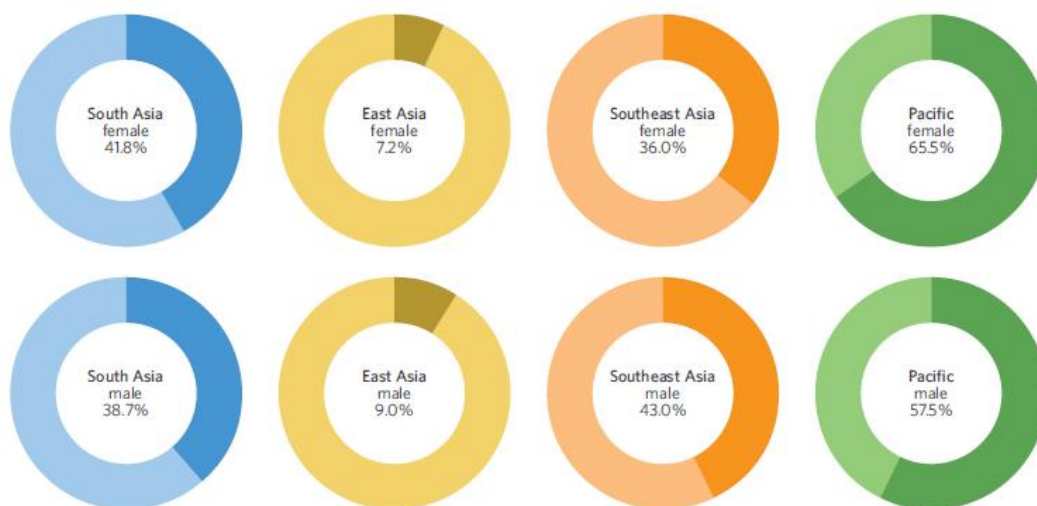
A significant proportion of adolescents in the region also report attitudes that reflect the acceptance of intimate partner violence, most notably in the Pacific where two thirds of girls and 58% of boys agree that physical violence is justified for at least one reason (figure 42). Global studies have demonstrated that gender norms and attitudes are formed during childhood and early adolescence, highlighting the importance of providing comprehensive sexuality education from an early age.

**FIGURE 41. PROPORTION OF MARRIED 15-24 YEAR OLDS WHO HAVE HEARD OF AT LEAST ONE MODERN METHOD OF CONTRACEPTION**



Source: DHS and MICS

**FIGURE 42. PROPORTION OF 15-19 YEAR OLDS WHO STATE THAT A HUSBAND IS JUSTIFIED IN HITTING OR BEATING HIS WIFE FOR AT LEAST ONE REASON**



Source: DHS and MICS

**COMPREHENSIVE SEXUALITY EDUCATION (CSE) IS A RIGHTS-BASED APPROACH TO EMPOWERING YOUNG PEOPLE WITH KNOWLEDGE AND SKILLS TO PROTECT THEIR HEALTH, WELLBEING AND DIGNITY**

In addition to providing accurate and comprehensive information about SRH, CSE is also grounded in gender equality and human rights. It goes beyond simply providing education about reproduction, risks and diseases, to address positive sexuality and relationships, and the broader sociocultural and gender influences on SRH, with an emphasis on developing life-skills (box 9). International technical guidance is that age-appropriate CSE should be started early (at least from age 5 years).

UN's International technical guidance on sexuality education: an evidence-informed approach 2018 outlines eight key concepts central to effective CSE (figure 43).

**There is good evidence of the effectiveness of CSE that includes these core components.** Reviews of studies conducted in a broad range of countries and contexts (including countries from this region) have found that curriculum-based CSE has a positive impact not only on knowledge and attitudes, but also contributes to:

- Delayed onset of first sex
- Decreased frequency of sex
- Decreased number of sexual partners
- Reduced risk behaviours
- Increased use of condoms and contraception

#### BOX 10. DEFINITION OF COMPREHENSIVE SEXUALITY EDUCATION

**CSE is a curriculum-based approach to teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip young people with knowledge, attitudes, skills and values that empower them to: realise their health, wellbeing and dignity; develop respectful social and sexual relationships; consider how their choices affect their own wellbeing and that of others; and understand and ensure the protection of their rights throughout their lives.**

CSE programmes are:

- Scientifically accurate
- Incremental (starting from an early age, before puberty and sexual debut)
- Age and developmentally appropriate
- Curriculum based
- Comprehensive
- Based on a human-rights approach
- Based on gender equality
- Culturally relevant and context appropriate
- Transformative
- Designed to develop life-skills

**FIGURE 43. UNESCO INTERNATIONAL TECHNICAL GUIDANCE: CORE CSE CONCEPTS**

<b>Key concept 1: Relationship</b> <p><b>Topics:</b></p> <ul style="list-style-type: none"> <li>11 Families</li> <li>12 Friendship, love and romantic relationship</li> <li>13 Tolerance, inclusion and respect</li> <li>14 Long-term commitments and parenting</li> </ul>	<b>Key concept 2: Values, rights, culture and sexuality</b> <p><b>Topics:</b></p> <ul style="list-style-type: none"> <li>21 Values and sexuality</li> <li>22 Human rights and sexuality</li> <li>23 Culture, society and sexuality</li> </ul>	<b>Key concept 3: Understanding gender</b> <p><b>Topics:</b></p> <ul style="list-style-type: none"> <li>31 The social construction of gender and gender norms</li> <li>32 Gender equality, stereotypes and bias</li> <li>33 Gender-based violence</li> </ul>
<b>Key concept 4: Violence and staying safe</b> <p><b>Topics:</b></p> <ul style="list-style-type: none"> <li>41 Violence</li> <li>42 Consent, privacy and bodily integrity</li> <li>43 Safe use of information and communication technologies (ICTs)</li> </ul>	<b>Key concept 5: Skills for health and well-being</b> <p><b>Topics:</b></p> <ul style="list-style-type: none"> <li>51 Norms and peer influence on sexual behaviour</li> <li>52 Decision-making</li> <li>53 Communication, refusal and negotiation skills</li> <li>54 Media literacy and sexuality</li> <li>55 Finding help and support</li> </ul>	<b>Key concept 6: The human body and development</b> <p><b>Topics:</b></p> <ul style="list-style-type: none"> <li>61 Sexual and reproductive anatomy and physiology</li> <li>62 Reproduction</li> <li>63 Puberty</li> <li>64 Body image</li> </ul>
<b>Key concept 7: Sexuality and sexual behaviour</b> <p><b>Topics:</b></p> <ul style="list-style-type: none"> <li>71 Sex, sexuality and the sexual life cycle</li> <li>72 Sexual behaviour and sexual response</li> </ul>	<b>Key concept 8: Sexual and reproductive health</b> <p><b>Topics:</b></p> <ul style="list-style-type: none"> <li>81 Pregnancy and pregnancy prevention</li> <li>82 HIV and AIDS stigma, care treatment and support</li> <li>83 Understanding recognizing and reducing the risk of STIs, including HIV</li> </ul>	

Source: UNESCO 2018202

CSE programmes are most effective if they incorporate a rights-based approach, are gender-transformative (that is, challenge gender norms and promote gender-equitable relationships), and are complemented by community-based interventions such as condom distribution and improved linkages with adolescent-friendly health services. Programmes that address gender are five times more likely to be effective at reducing STIs and pregnancy than programme that do not. CSE can also play an important role in preventing gender-based violence by promoting respectful, equal and non-violent relationships.



**There is no evidence that sexuality education programmes lead to early sexual debut, increased sexual activity, or risk-taking behaviour.**

However, approaches that focus only on abstinence have been found to be ineffective at delaying the onset of sexual activity and reducing risk behaviours. Additionally, young people in the region identify topics related to positive sexuality, violence, consent, safe sex and contraception, diversity and gender as areas that are of particular importance and relevance to their lives.

CSE programmes that address gender are **five times** more likely to be effective at reducing pregnancy and STIs.

**FIGURE 44. NATIONAL LAW AND SEXUALITY EDUCATION CURRICULUM**



Source: UNFPA 2020<sup>28</sup>

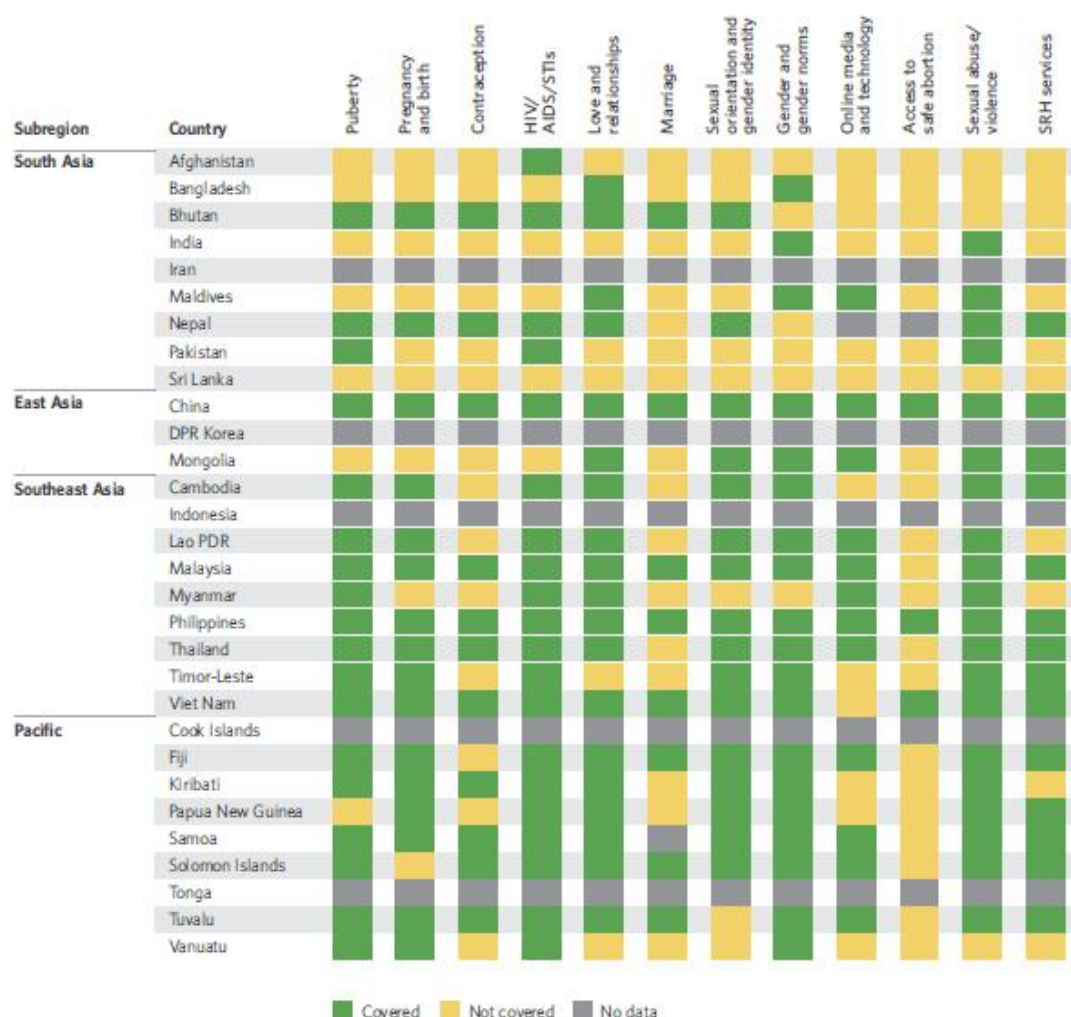
## COVERAGE OF SEXUALITY EDUCATION CURRICULA AND CONTENT



Recent data on coverage of CSE are available for 30 countries from a recent UNFPA, UNESCO and IPPF report. This report demonstrates considerable progress in many countries in the region to have national law and national sexuality education curricula (figure 44). Twenty-seven countries have at least one national law, policy or strategy in place referring to the provision of sexuality education for young people (figure 44). This report also suggests that over half of the countries have mandated sexuality education at primary level (16 countries) and secondary level (15 countries). It was also reported that nearly two-thirds of countries (22 countries) reported that training for teachers in sexuality education is required before teaching the subject (figure 44). While this report does not contain data on Technical and Vocational Education and Training (TVET), sexuality education is delivered as a part of TVET in some countries.

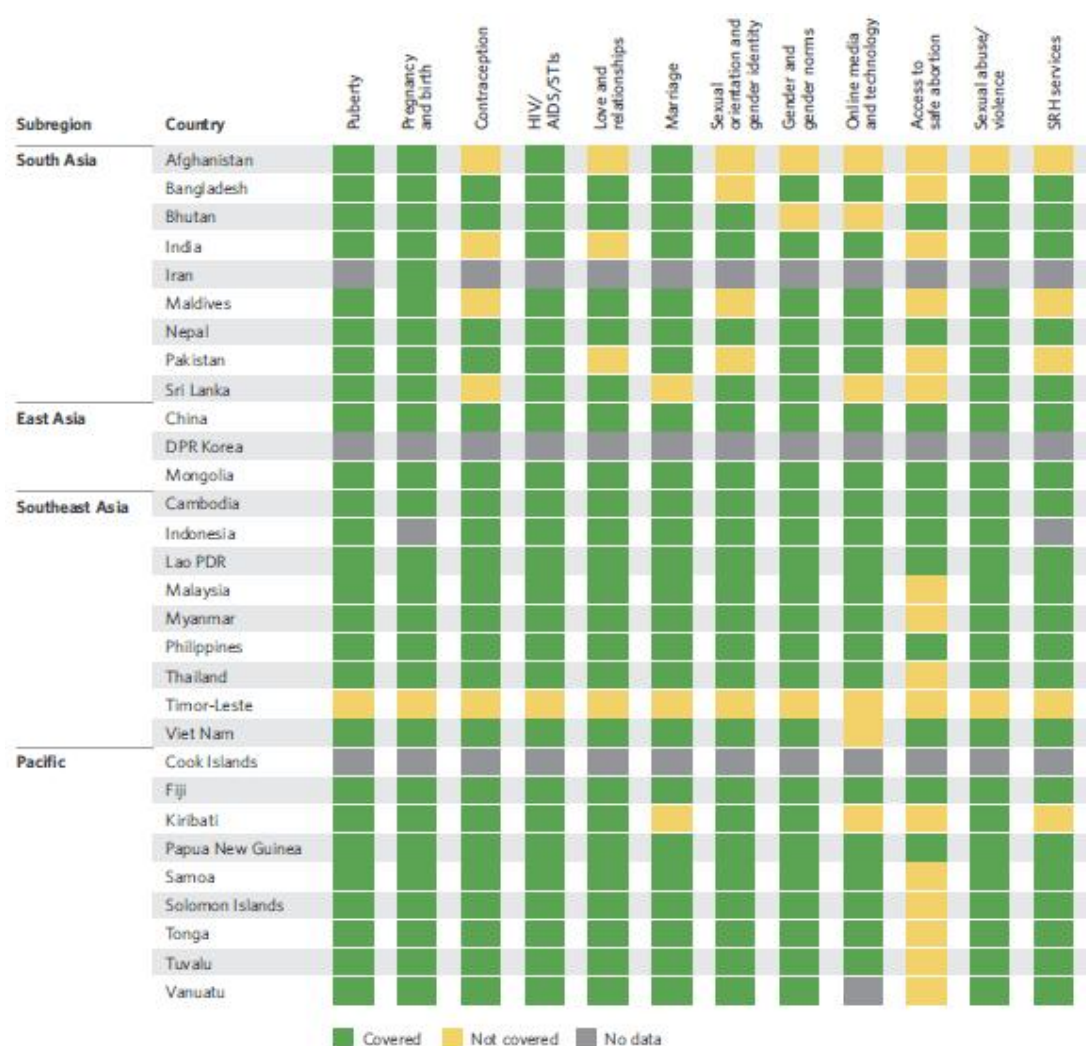
Among countries with national curricula, sexuality education topics covered in the curriculum, and how extensively they are dealt with, varied by country. The topics commonly reported as being covered in the curriculum at the primary level included puberty, HIV & AIDS / STIs, love and relationships, gender and gender norms, and sexual abuse/violence (figure 45). Topics less commonly covered at primary level included contraception, marriage and access to safe abortion in the frame of national law (figure 45).

**FIGURE 45. COVERAGE OF CORE CSE TOPICS AT PRIMARY LEVEL**

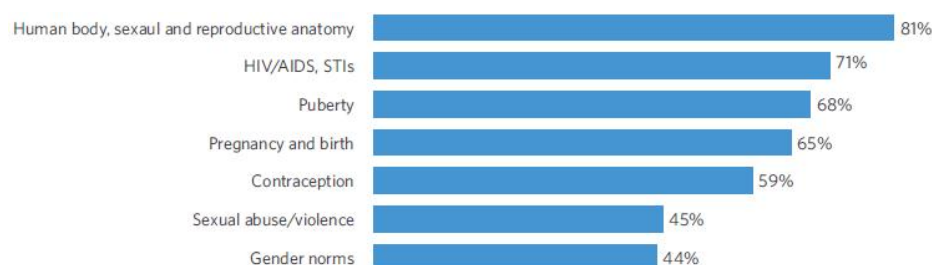


Compared to the primary level curricula, topics covered in the secondary curriculum are more diverse and are reportedly taught more extensively. While puberty, HIV & AIDS / STIs, and sexual abuse/violence continue to be taught from primary through to the secondary level, there is an increase in the number of countries that introduce other topics at the secondary level, including pregnancy and birth, contraception and marriage (figure 46). Overall, however, contraception, along with sexual orientation and gender identity, online media and technology, access to safe abortion in the frame of the national law, and services for sexual and reproductive health, are the least commonly covered topics in sexuality education curricula. The 2019 UNFPA online (non-representative sampling) youth survey reported that “Human body, sexual and reproductive anatomy” was the most frequently reported topic 15-24 year olds learned at school (81%), followed by HIV/AIDS and STIs (71%), puberty (68%), and pregnancy and birth (65%) (figure 47). School was identified as an important source of information about sex by only 39% of young people.

**FIGURE 46. COVERAGE OF CORE CSE TOPICS AT SECONDARY LEVEL**



Source: UNFPA 2020<sup>28</sup>

**FIGURE 47. SRH INFORMATION RECEIVED AT SCHOOL**Source: UNFPA 2019<sup>173</sup>

## SCHOOL-BASED COMPREHENSIVE SEXUALITY EDUCATION

School-based CSE is an effective means of reaching a large population of young people, particularly where rates of school participation are high. When sexuality education is optional, only taught informally outside of schools or as an extra-curricular subject, a significant number of young people miss the opportunity to access sexuality information. Having a mandatory sexuality education curriculum through schools is therefore imperative to ensure a wider reach of the youth population. Sixteen out of 28 countries reported that sexuality education is mandatory for primary-level students, and 15 out of 28 reported the same for secondary-level students.

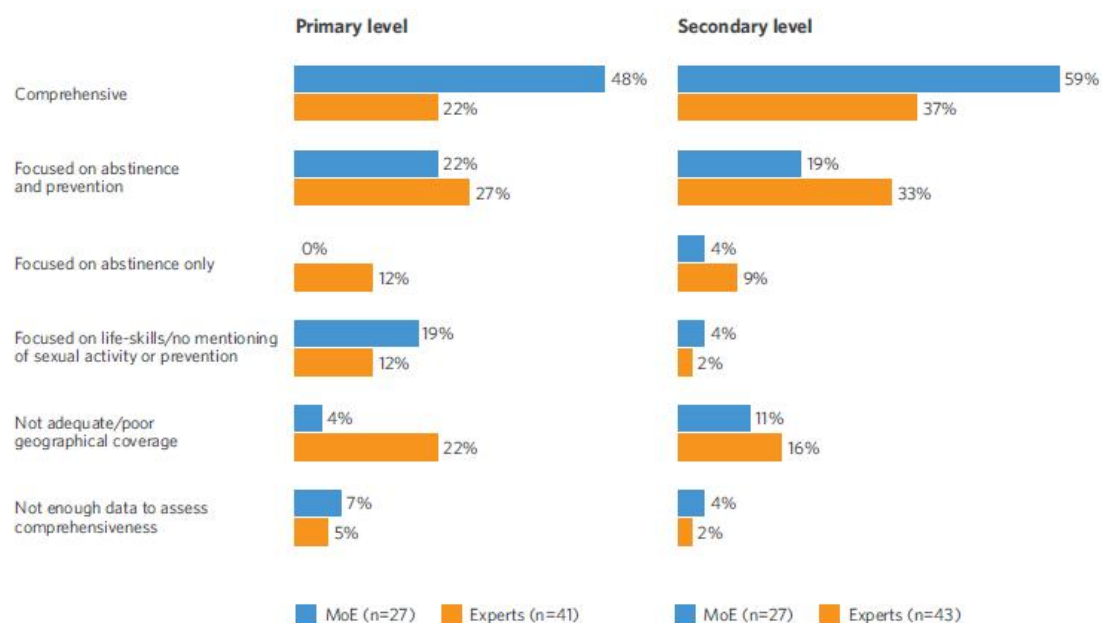
Sexuality education should be comprehensive in its content.<sup>287</sup> In the 2020 UNFPA, UNESCO and IPPF report, 48% of the countries (n=13) reported that their primary level curriculum was “comprehensive” and 59% (n=16) reported this at the secondary level (see figure 48). However, what constitutes “comprehensiveness” appears to be dependent on individual perspectives or country standards and the rating was not necessarily a reflection of the standards outlined in the ITGSE. China reported “very comprehensive” at both the primary and secondary level, but stated that only 3–8 hours a year of sexuality education are taught in the highest grade level. Bhutan also reported “very comprehensive” for both levels, however only teach puberty “extensively” at both the primary and secondary level, and several other topics related to pregnancy, STIs and relationships “briefly”.

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**No country in the region**  
provides a comprehensive sexuality  
education curriculum that meets  
international standards, with limited  
inclusion of rights, diversity,  
positive sexuality and life-skills.

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**FIGURE 48. COMPREHENSIVENESS OF SEXUALITY EDUCATION CURRICULA AT PRIMARY AND SECONDARY LEVEL**



Source: UNFPA 2020<sup>288</sup>

In fact, a survey conducted with 43 experts that consisted of UNFPA, UNESCO, IPPF, CSO staff and independent consultants revealed different perspectives from country surveys. Twenty-two % of them (n=9) perceived that the primary level curriculum of the country they are assessing to be “comprehensive, while 37% of them (n=16) reported this at the secondary level.

There appears to be limited education provided to or that addresses vulnerable populations of young people, including young LGBTI people, young people with disabilities, or young people out-of- school).

An earlier UNESCO report also notes that the majority of curricula do not adequately address diversity in gender identity or sexual orientation. Most curricula assume that young people are heterosexual and not sexually active, with references to same-sex relationships only framed in the context of HIV risk, if at all. The extent to which current programmes address the needs of young people who are same-sex attracted or transgender remains unclear.

Additionally, many national curricula focus on theory, relying on traditional lecture-based teaching methods, with limited inclusion of participatory approaches to address behaviour change and develop life-skills. While some countries include content on communication skills and assertiveness, few address other key skills that reflect the reality of young people’s lives, such as skills related to social media and pornography.

### Timing

International guidelines recommend that sexuality education be introduced as early as possible and that it continue to be provided in schools with age-appropriate content as students grow older. In approximately half of the countries surveyed in the 2020 UNFPA, UNESCO, and IPPF study, aspects of sexuality education are introduced in the first grade of primary school education or earlier (five years and below). In some countries, sexuality education is not introduced until Grade 6 or above.

**Approaches to school-based delivery of CSE in the region vary, although most programmes are integrated into existing mainstream subjects, rather than delivered as stand-alone CSE subjects.** Of the countries surveyed in the 2020 UNFPA, UNESCO and IPPF report, sexuality education is integrated with other subjects in 16 countries in primary-level education and in 19 countries in secondary-level education. Integration with other subjects can have the advantage of linking CSE to other key topics (such as life-skills), pooling or sharing resources across subjects, and enabling the inclusion of CSE into already ‘full’ education programmes (rather than relying on non-compulsory activities delivered outside regular school hours). However, this approach has some important limitations. CSE is often integrated into science, health education subjects, with emphasis on the biomedical aspects of SRH, which can come at the expense of content related to gender, rights, relationships and positive sexuality. In some settings, aspects of CSE are incorporated into religious studies, where a focus on religious norms, laws and morality may severely limit the inclusion



of some CSE topics. When taught as a standalone subject, more time can be focused on sexuality education and it is easier to monitor and evaluate effectiveness. However, as this requires more time and resources to develop and implement, it may be vulnerable to being discontinued or overlooked compared to other school curricula. Available data suggests that most teachers rely on lecture-based delivery of CSE, with little opportunity for students to ask questions or for the inclusion of activity-based methods to build skills.

**The capacity and training of teachers is a critical determinant of the coverage and quality of school-based CSE.** Trained and supported teachers are more likely to cover broad CSE topics and to include participatory teaching methods than those who have not received training. Two-thirds (22) of the countries reported providing sexuality education pre- and/or in-service training for teachers. However, findings from the literature review indicate that this may be inadequate and several barriers may prevent effective delivery. An earlier study also reveals that many programmes rely on limited in-service training focusing on knowledge only, without adequately addressing attitudes, participatory teaching methodologies, and confidence. As a result, many teachers lack the skills and confidence to deliver CSE effectively. A review in Vietnam found that less than 5% of teachers had the competency required to teach CSE, and data from Papua New Guinea found that almost a third of teachers skip CSE content that they feel is too sensitive or explicit. In Thailand, a recent review found that half of secondary school teachers had not received CSE training, and for those that had the majority of training had focused on lecture-based delivery of content.

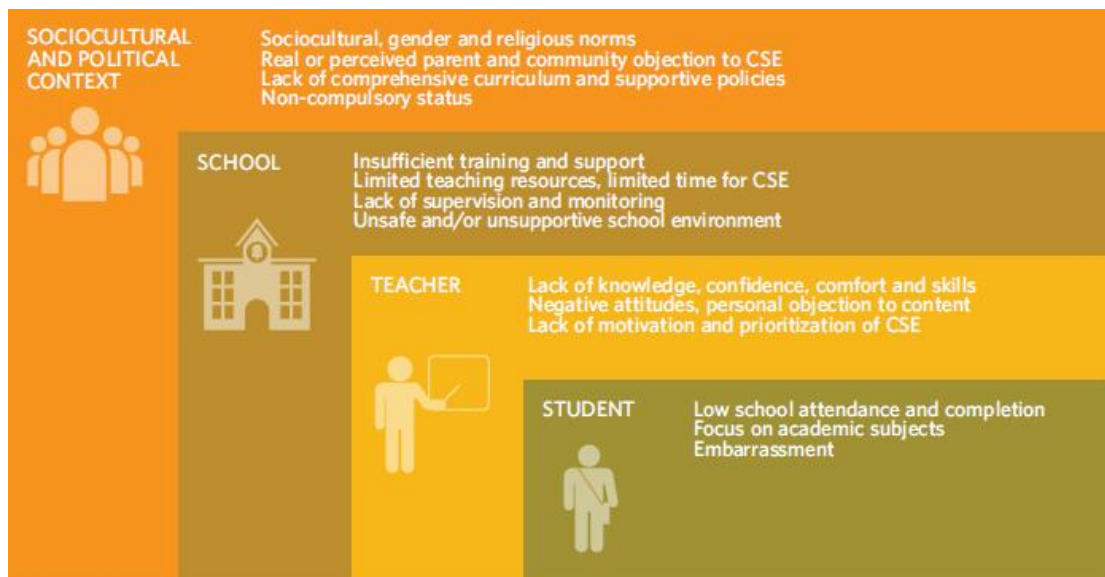
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**People think it's too early to give children sex education. But I think it's important because it's the reality they will face in their life. Menstruation is something girls will face, and they should know what is actually going on with their bodies. Instead of just leaving them confused.**

”

(21-year-old woman, Indonesia)

**FIGURE 49. COMMON CHALLENGES IMPACTING ON SCHOOL-BASED CSE IMPLEMENTATION**



In addition to insufficient teacher training and support, several other **challenges** contribute to limited and inconsistent implementation of CSE in the region (figure 49).

Many programmes fail to acknowledge the sensitive nature of some CSE topics, for both teachers and students. While most age-appropriate content focuses on less sensitive topics such as communication, relationships, decision-making, human development and biology, some content areas important for older age groups may be sensitive in the context of conservative sociocultural norms and taboos. Recent studies from India and Iran have highlighted that while students find sexuality education (or reproductive health education) important and feel it addresses many of their needs, many feel uncomfortable or embarrassed during these classes. CSE subjects (stand-alone or integrated) are frequently taught like any other school subject without acknowledging the potential for embarrassment, or adapting teaching approaches to more effectively deliver sensitive content.

“

**Even though some sexuality education is there in schools, often the teacher is not confident to deliver the information.... They tell me when they get to this topic, they rip the pages of the textbook out.**

”

(NGO worker, Timor-Leste)



“

At first I thought, how are they talking about these things, why aren't they shy? During the first lesson I couldn't even look at the teacher's face. [But] we found out that this is all natural, so I thought why should we be shy about it?

”

(Young student, Nepal)

There are examples of pilots or smaller-scale approaches delivered in school settings to overcome some of these challenges. Many have combined teacher-led sexuality education with extra-curricular or co-curricular activities, often delivered by non-government organisations or through school health programmes / health providers, with greater attention to participatory- based methods and skills development. Other programmes have incorporated peer-led activities (such as group discussions, role play) and digital media (social media groups, game simulations) to complement content taught in standard teacher- led sexuality education subjects. Recent studies in Thailand and China found that such approaches are acceptable to young people and may improve knowledge, attitudes and skills, and reduce some risk behaviours.

Many documented and evaluated programmes in the region are implemented as pilot-projects that are non-compulsory and rely on extra-curricular delivery. Rigorous evidence from the region demonstrating how to effectively, and sustainably, scale-up school-based CSE is limited. Much of the available data is also focused on secondary students, with very little evidence about the best approaches to deliver age-appropriate CSE in primary schools.

## REACHING OUT-OF-SCHOOL YOUNG PEOPLE

Young people not engaged in formal education, due to early marriage, early pregnancy, poverty, migration, displacement, or marginalization, are at particular risk of poor SRH and are therefore a critical target for CSE programmes. Non-formal settings such as community centres, sports clubs, health facilities, workplaces, and digital media are important platforms to reach young people with CSE who are not engaged in formal education. As with school-based CSE, effective sexuality

**25 million** adolescents are not enrolled in lower secondary school. In many countries, CSE is not introduced until secondary level, and therefore a considerable number of adolescents miss out on essential knowledge and skills to support SRH.

education delivered in these settings needs to be age-appropriate, evidence and curriculum- based, and comprehensive to ensure young people acquire the knowledge, values, attitudes and skills they need to protect their health and well-being.

Twenty-three countries in the region include sexuality education programmes for informal or out-of-school settings. However, there is very limited information about the scope, populations included, and coverage of these approaches. Most examples of approaches to reach out-of- school young people come from small-scale studies and pilot projects, and many are delivered by non-government organisations with a

focus on young married couples, young people who sell sex, young people with diverse sexual orientation and gender identity, migrants, and street-based young people. These programmes typically combine **peer-led education**, distribution of condoms and contraception, and individual SRH counselling and services provided by outreach workers, with limited data demonstrating that such approaches can increase SRH knowledge and reduce risk behaviours.

**Parents have an important role as health educators, and also have an important influence on young people's attitudes and behaviours.** Parents are an uncommon source of SRH information for young people in the region, with parents' own lack of knowledge, discomfort and sociocultural taboos among the reasons given for little parent-adolescent communication. However, many young people report that they would like to be able to discuss SRH issues with their parents. Curriculum-based education targeting parents and adolescents can increase SRH knowledge, improve attitudes, and promote communication between parents and adolescents. The Creating Connections programme, which has been evaluated in Vietnam and translated for use in Bangladesh, China, Cambodia, Myanmar, Lao PDR, the Philippines and Indonesia, includes up to 13 participatory education workshops for parents and adolescents, with an emphasis on improving communication and life-skills, in addition to increasing SRH knowledge of parents and young people. **Engaging parents is also critical for building support for school-based CSE.**

**Digital media offers great potential to reach young people in and out of school with SRH information.** In this region, traditional mass media (including programmes delivered by radio and television), youth-focused SRH hotlines, mobile phone-based interventions, and social media have been able to reach large numbers of young people and contribute to improved knowledge and attitudes, although rigorous evaluation of these interventions is limited. For young people not engaged in formal education, and/or those who are marginalized and not adequately reached with school-based CSE, digital platforms have the potential to deliver tailored information, support and education.

There is very little documented concerning the provision of CSE to young people living with disability in school, institutional or community settings, despite recognition of the high need for relevant education and life-skills.

## **EFFECTIVE APPROACHES AND CONSIDERATIONS FOR SCALE-UP**

**Considerable progress has been made in the region, particularly in relation to the inclusion and integration of sexuality education into secondary schools. However, several areas require greater attention to improve the quality and coverage of CSE:**

- Develop curricula and implement CSE from early primary school in line with international guidelines. It is critical to provide age-appropriate education during early childhood, before norms and attitudes are crystalised, before puberty, and

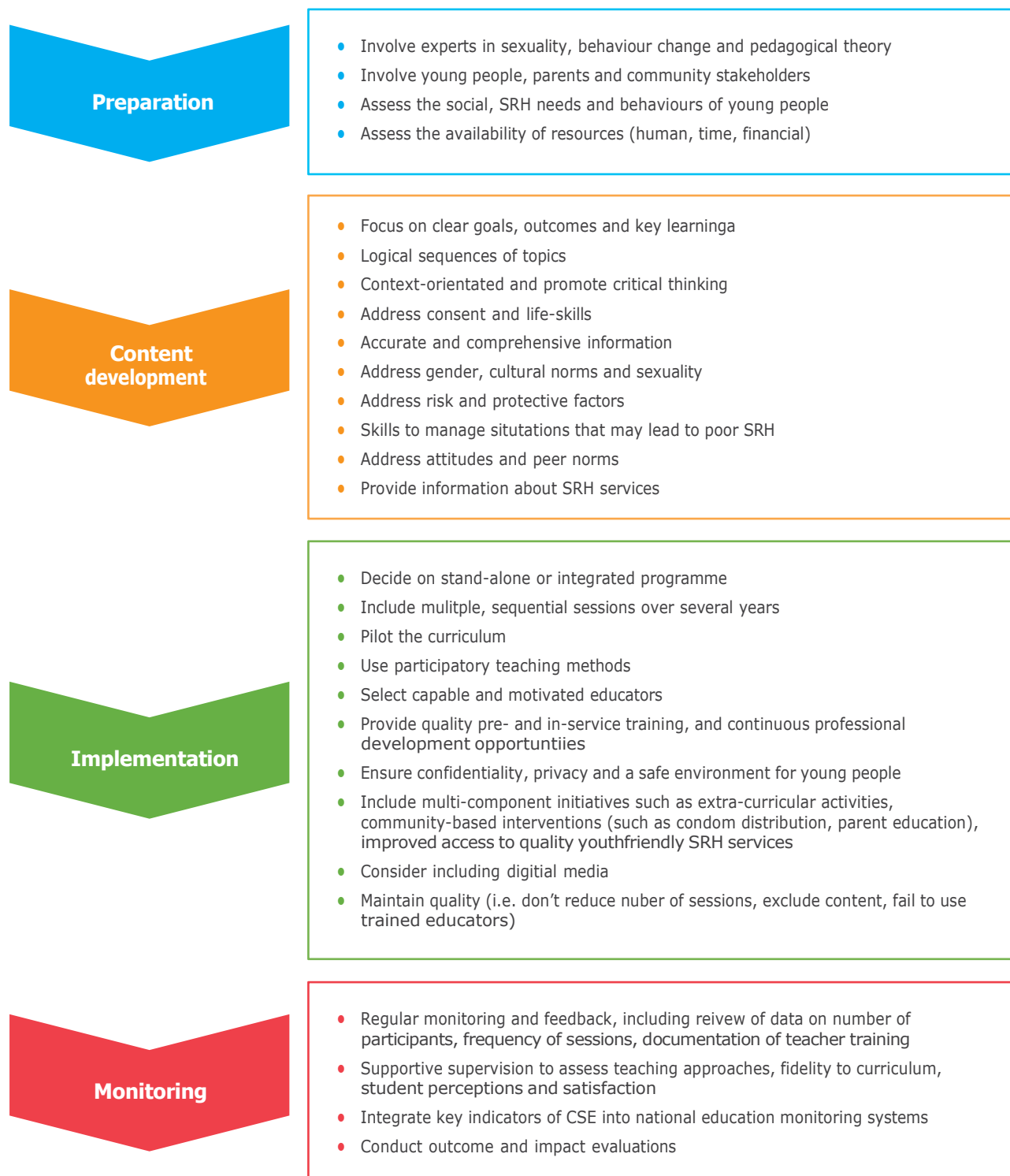
before the onset of sexual activity

- Develop comprehensive curricula that meet international standards, in particular rights-based approaches that include content related to gender, relationships, positive sexuality, violence, and diversity
- Address the over-reliance on lecture-based teaching methods and supporting participatory teaching approaches to enhance life-skills
- Reduce missed opportunities to reach children and young adolescents by including CSE in primary school.
- Strengthen curriculum-based CSE for young people not engaged in formal education, as these young people may be at greatest most significant risk of poor SRH
- Improve implementation, including teacher training and support, monitoring and evaluation
- Increase the engagement of young people in programme design, planning and evaluation

Real or perceived parent and community objection to CSE, sociocultural norms that limit open discussion of sexuality and SRH, and misconceptions that sexuality education encourages sexual activity are common barriers to effective CSE delivery in the region. Successful CSE approaches in the region have included careful engagement and consultation with stakeholders (parents, community and religious leaders, young people, school officials) to build support for CSE, address sensitivities without compromising curriculum fidelity, and provide feedback on positive outcomes.

There has been limited implementation research published from this region to describe effective approaches to delivering CSE at scale. However, the characteristics of effective CSE programmes based on global best practice are summarised in figure 50. Important considerations to support scale-up include identifying approaches that can be implemented in existing systems, piloting programmes to identify effective implementation approaches, identifying and allocating sufficient resources, and recognizing the importance of leadership.

FIGURE 50. CHARACTERISTICS OF EFFECTIVE CSE PROGRAMMES



Source: UNESCO 2018







