Every child is different, but here are some highlights of children's understanding of sexuality and reproduction at different stages.

**Toddlers: 13 to 24 months of age**

Toddlers should be able to name all parts of the body, including genitals. By using the correct names of body parts, they will be better able to communicate a health problem, injury or sexual abuse. It also allows them to understand that these parts are as normal as other parts, which will give them confidence and a positive image of their body.

Most two-year-olds know the difference between a man and a woman, and usually they can tell whether a person is male or female. They should understand that a person's gender identity is not determined by their genitals and that gender can be expressed in different ways. Informal caregivers can help by not associating sexual biology with gender (e.g., saying "people who have a penis" or "people who have a vagina").

Toddlers should know that their bodies are private. It is normal for them to explore their bodies, including touching their genitals, but they should understand when and where it is appropriate.

**Preschoolers: two to four years’ old**

Most preschoolers are able to understand the fundamentals of reproduction: the sperm and egg come together, and the baby grows in the womb. Depending on their level of understanding and interest, you might tell them the story of their birth and tell them that this is not the only way to start a family. Don't feel you have to explain everything to them all at once. Younger children are more interested in pregnancy and babies than in sex.

Children should understand that their bodies are their own and that no one has the right to touch them without their permission. They should know that other people can touch them, but only in certain ways, and that no one should ask to touch their genitals unless it is their parents or caregivers. If they distinguish between what is appropriate and what is not, they will be more likely to tell you if they are being sexually assaulted.

At this age, children should also learn to ask before touching someone (e.g., hugging, tickling) and should begin to learn to set boundaries (e.g., understand that when someone takes a step backwards, your child should respect that signal, which indicates a need for space).

Educate children about intimacy around body issues. For example, they should know when nudity is appropriate.

They should also learn about other body parts and functions. Some children this age think that girls have only one opening for stool and urine, and many children believe that babies grow in the womb, the same place where their food goes.

**School-age children: five to eight years’ old**

Children should have a basic understanding that some people are heterosexual, homosexual or bisexual, and that there is a range of gender expressions; gender is not determined by a person's genitals. They should also be aware of the role of sexuality in relationships.

They should be aware of the essential social conventions of intimacy, nudity and respect for others in relationships. The majority of children began exploring their bodies at this age. They should understand that while this is normal, it is a private activity.

Teach children how to use computers and mobile devices safely. Children in this age group should begin learning about privacy, nudity and respect for others in the digital environment. They should be aware of the rules about interacting with strangers and sharing photos online, and know how to deal with an uncomfortable situation.

Children should be taught the basics of puberty towards the end of this age group, as a number of children will enter puberty before the age of 10. They should not only become familiar with the changes they will experience, but also with other bodies - boys and girls should not be educated separately. They should also know the importance of hygiene and personal care at puberty. By addressing these issues early on, you will prepare them for the changes that will occur during puberty, and they will be reassured that these changes are normal and healthy.

Children's knowledge of human reproduction should be deepened. This could include the role of sexual intercourse, but they should also know that there are other ways of reproduction. This information could be incorporated into discussions related to puberty.

**Tweens: nine to twelve years’ old**

In addition to emphasizing all of the above aspects that they have already learned, pre-adolescents should be educated about safer sex practices and contraceptive methods, and they should have basic information about pregnancy and sexually transmitted infections (STIs). They should know that being a teenager does not mean they have to be sexually active.

Tweens should understand the basis for both positive and negative relationships.

They should now be fairly knowledgeable about Internet safety, including bullying and sexting. They should be aware of the risks of sharing nude or sexually explicit pictures of themselves or their peers.

Tweens should also understand how the media influence how people perceive their bodies, and they should be able to think critically about how sexuality is portrayed in the media. Overall, they should be able to judge whether representations of sex and sexuality are true or false, realistic or unrealistic, and positive or negative.

**Adolescents: 13 to 18 years of age**

Teenagers should receive more detailed information about menstruation and wet dreams and know that they are normal and healthy. They should also learn more about pregnancy and STIs, as well as about different methods of contraception and how to use them to practice safe sex.

Learning about safe sex goes hand in hand with learning about the impact of alcohol and drugs on judgment.

Adolescents should continue to learn the difference between healthy and unhealthy relationships. This awareness includes learning about pressure and violence in dating relationships, as well as understanding the meaning of consent in sexual relationships. Adolescents should be equipped with negotiation and refusal skills, as well as methods for ending a relationship.

Adolescents are generally very reserved people. However, if parents have discussed sex early with their child, they are more likely to talk to their parents if their child is in a difficult or dangerous situation later on, or if they have questions or concerns about changes in their body and identity.

# **Positive effects of comprehensive sexuality education**

According to Unesco, it enables young people who have benefited from it to know their bodies and sexuality better, to be more responsible for them and to behave more autonomously and in a way that is adapted to their sexual and reproductive health; It contributes to "the improvement of their analytical, communication and other life skills, in order to ensure health and well-being in terms of sexuality, human rights, values, healthy and respectful relationships, cultural and social norms, gender equality, non-discrimination, sexual behaviour, sexual violence and abuse, consent, sexual abuse and harmful practices".

1 It also contributes to "the improvement of the quality of life of young people and their families".

2 It helps to "improve the quality of life of young people and their families, in particular in the areas of health and well-being in terms of sexuality, human rights, values, healthy and respectful relationships, cultural and social norms, gender equality, non-discrimination, sexual behaviour, sexual violence and abuse, consent, sexual abuse and harmful practices". It also helps to "improve the quality of life of young people and their families". It helps to "improve the quality of life of young people and their families".

- whether acquired in school and/or elsewhere, sex education "does not increase sexual activity, sexual risk behaviours or rates of STI/HIV infection";

- programmes that have offered abstinence as the only option for young people's sexuality have not delayed sexual initiation, reduced the frequency of sexual intercourse or even reduced the number of sexual partners.

- gender-focused' programmes have been far more effective than those that do not take gender into account in terms of health outcomes and reducing the rate of unintended pregnancy or STIs.

- the best results are achieved when school-based programmes are "complemented by the involvement of parents and teachers, training institutions and youth-focused services ".

The revised Guidelines emphasize the positive aspects of comprehensive sexuality education within a human rights and gender equality framework and contribute to the achievement of the updated UN sexual and reproductive health and development sustainability commitments for 2030 (well-being, quality and inclusive education, gender equality and the empowerment of women and girls)

**Conclusion**

Sexuality education consists of information about sexuality and the transmission of a number of values and recommendations. It begins in childhood and continues to some extent throughout life.

It may include the expression and discussion of feelings of love, sexual practices, sexual and reproductive health, consent and mutual respect.

Sexuality education should provide young people with reliable knowledge about sexuality, strengthen their ability to make responsible decisions, enable them to explore and define their own values, and provide them with a healthy model of sexual behaviour.