

Sexual and reproductive health and rights (SRHR) are based on the right and the ability of all individuals to decide over their own bodies and to live healthy lives. Comprehensive sexuality education (CSE) is a central component of SRHR, especially for young people. CSE - or the many other ways this may be referred to - is a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It can be delivered in or out of school. CSE can be transformative when part of a multi-component programme that also provides youth-friendly SRHR services and addresses related harmful social norms.

This brief gives an overview of what CSE is, its importance and how Sida works on it. The intended audience is Sida and Embassy staff, but partners and other stakeholders may also find it useful.

Comprehensive sexuality education (CSE) “aims to equip children and young people with the knowledge, skills, attitudes, and values that will empower them to realise their health, well-being and dignity; develop respectful social and sexual relationships; consider the well-being of others that are affected by their choices; and understand and ensure the protection of their rights throughout their lives.”¹ CSE can be delivered in or out of school. When delivered as a mandatory subject in primary and secondary schools, it can be sustainably provided nationwide. Where CSE is not possible or inadequate in school, it can be provided out-of-school.

WHY IS CSE IMPORTANT?

CSE is important because it provides a structured approach to teaching and learning about sexuality that supports positive human and social development and seeks to prevent negative outcomes. By fostering critical reflection, nurturing positive attitudes and respect for the human rights of all, CSE has a vast potential to contribute to the improvement of individual lives and sustainable development.

The right to CSE is grounded in the human rights to education, information, and health.^{2,3} Human rights law requires states to take steps to ensure the ability of all individuals to seek, receive, and impart information on SRHR. Within the 2030 agenda, CSE is found in the SDG 4 Target 4.7 indicator ‘the per centage of schools that provide life skills-based HIV and sexuality education.’⁴ CSE also contributes to SDG 1 to end poverty, SDG 3 to ensure healthy lives and promote well-being and SDG 5 to achieve gender equality and empower all women and girls.⁵

Box 1. Definitions

Sexual and Reproductive Health and Rights (SRHR) is a state of physical, emotional, mental, and social wellbeing in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction, or infirmity. This positive approach to sexuality and reproduction recognises the part played by pleasurable sexual relationships, trust, and communication in the promotion of self-esteem and overall wellbeing. Essential sexual and reproductive health services include evidence-based, comprehensive sexuality education.⁶

Comprehensive Sexuality Education (CSE) is a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality and is an integral component of this integrated definition of SRHR.⁷ CSE is called by different names in different countries.

WHAT THE EVIDENCE SAYS ABOUT CSE

CSE increases knowledge and improves attitudes related to sexuality, SRH behaviours and risks, as well as intentions to avoid risky behaviours and use of health services.⁸ Evidence clearly shows that CSE does not increase sexual activity, sexual risk-taking or sexually transmitted infection rates.⁹ Depending on the content and delivery, CSE can delay the initiation of sexual intercourse; increase contraceptive and condom use; and decrease the number of sexual partners.¹⁰

Research indicates CSE’s potential to contribute to increasing gender equal norms and preventing and reducing gender-based violence. Early education on gender and violence has positive impacts on

overcoming stereotypes, improving relationships, reducing violent behavior, and empowering the most vulnerable.¹¹ However, rigorous studies on these effects are still limited.¹²

Additionally, evidence shows that **gender-trans-formative** curricula are substantially more effective at achieving SRHR outcomes and changing gender norms and related behaviours than those that are gender-sensitive or gender-neutral.¹³ Research has found that CSE is most impactful when part of multi-component interventions, especially when linked to youth-friendly services, condom distribution and the involvement of parents and teachers.¹⁴

KEY QUALITIES OF CSE

According to the UN *International Technical Guidance on Sexuality Education*, CSE has ten essential qualities that specify its approach to both content and teaching: scientifically accurate; incremental; age and developmentally appropriate; curriculum-based; comprehensive in content; human-rights based; based on gender equality; culturally relevant and context appropriate; inclusive of life skills; and transformative.¹⁵ CSE uses interactive methods to provoke critical reflection on the eight main topics listed below:¹⁶

1. Relationship
2. Values, Rights, Culture and Sexuality
3. Understanding Gender
4. Violence and Staying Safe
5. Skills for Health and Well-being
6. The Human Body and Development
7. Sexuality and Sexual Behaviour
8. Sexual and Reproductive Health

A comprehensive approach is fundamental to the acceptance and success of CSE. This includes:

- **A strong legal and policy environment for CSE** respectful of human rights and gender equality, fostered through advocacy and multi-sectoral collaborations or alliances among government sectors and civil society.
- **Strong capacity for CSE development and training**, for example, among in or out of school curriculum developers, teachers and facilitator trainers.
- **CSE curricula and teaching and learning resources** for in or out-of-school CSE.
- **Quality training, continuing professional development and follow up support for educators** in the community, at teachers' colleges and universities, and at schools.

Box 2. Key Facts

- Globally about 13 per cent of adolescent girls gave birth before the age of 18 in 2022.¹⁷
- Fifty-five per cent of unintended pregnancies among adolescent girls, 15–19, end in abortions, which are often unsafe.¹⁸
- Approximately 9 per cent of girls and 3 per cent of boys are victims of forced intercourse.¹⁹
- Two out of every seven new HIV infections globally in 2019 were among young people (15–24 years) of which 65 per cent were among girls and young women and 35 per cent among boys and young men.²⁰
- Children with disabilities are almost four times more likely to experience sexual, physical and emotional violence than those without disabilities.²¹
- 650 million girls and 115 million boys worldwide are married before the age of 18. In some regions, this represents 20–40 per cent of adolescent girls.²²

To enable change, CSE needs to be part of a larger programme that challenges the social norms that perpetuate problems related to gender and SRHR in the broader society.

Children and young people with disabilities should receive CSE in school like all others but may need supplementary out-of-school CSE to meet specific needs. In humanitarian settings, children and young people's vulnerability to gender-based violence, child marriage and many SRHR risks increases, especially for girls.^{23, 24} While difficult to deliver in acute emergencies, CSE can be provided in protracted humanitarian settings through regular education or out-of-school in youth centres, safe spaces for girls, or clinics.²⁵ Digital approaches, such as apps and game-based learning, usually do not provide curriculum-based CSE, but can provide supplemental information.²⁶

Monitoring appropriate indicators can identify gaps and issues early to enable the quality of CSE to be improved. In-school sexuality education should be assessed, examined and monitored like other subjects, but may be subjected to greater scrutiny and accountability due to its sensitivity and the desire or need to justify its inclusion.

THREE EXAMPLES OF SIDA SUPPORT FOR CSE

Integration of CSE into the Cambodian Education System RFSU²⁷ and the Reproductive Health Association of Cambodia worked with the Ministry of Youth, Education and Sports to build the capacity of School Health Department officials on CSE and to integrate CSE content into the Health Education curriculum and textbooks. They produced a pre-service CSE textbook and trained 117 teacher trainers and 1,398 teachers. A post-training evaluation found improved teaching skills and increased adoption of CSE. This integration of quality-assured, pleasure-based CSE into the

national education system has sustainably increased young people's access to SRHR education.²⁸

Assessing progress achieving CSE in Moldova

After working to integrate sexuality education into three compulsory subjects, the Ministry of Education and Research in Moldova used the [Sexuality Education Review and Assessment Tool](#) (SERAT) to identify changes in their school-based sexuality education between 2017 and 2021. Overall, the results showed significant progress. For example, in 2021, the content for lower primary was 82 per cent fully or partly aligned with international standards, compared to 0 per cent in 2017 and for upper primary, it increased from 30 per cent to 83 per cent.²⁹

UNESCO's Our Rights, Our Lives, Our Future (O3) Programme in Sub-Saharan Africa

The O3 programme aimed to secure and sustain political support for CSE and SRHR services, to provide rights-based CSE in schools, and to generate evidence on CSE in 33 countries in Africa.³⁰ Through coordinated action with multiple sectors and stakeholders, the Eastern and Southern Africa Commitment on CSE and SRH services for young people was renewed and endorsed by ten countries.³¹ A [toolkit](#) equipped religious leaders to address SRHR and a [parent-child communication manual](#) facilitated discussions in families. Twelve countries revised and adopted CSE curricula, and more than 532,000 teachers were trained. The final evaluation found evidence that CSE increased SRHR knowledge, changed gender attitudes and increased self-esteem and empowerment among students.³²

ANTICIPATING OPPOSITION

In some places, CSE is a target for conservative backlash as it represents the contested intersection of young people, sex, reproductive health, rights, gender, and power. Opposition, often fuelled by outside actors, may arise from misunderstandings, fears and misperceptions. For example, fears that it undermines cultural values and traditions, is incompatible with specific religious teachings or leads to sexual activity, despite evidence to the contrary; misperceptions about the age-appropriateness of the content, and of children and adolescents as "innocent" and ignorant about sex.^{33,34}

Main approaches for ensuring support include:

- Undertaking extensive advocacy and engagement, such as on-going dialogues with policymakers and traditional, community and religious leaders.
- Building broad partnerships and coalitions for CSE.
- Using evidence-based information and arguments.
- Engaging stakeholders in CSE planning and development to foster ownership of and investment in CSE.
- Implementing CSE slowly and gradually.
- Ensuring materials are fully contextualised.

Box 3 Sweden – A pioneer in CSE

In 1955, Sweden was the first country in the world to make sexuality education mandatory. Its curriculum incorporated sexuality, relationships, and gender equality in 2011 and was renamed "Sexuality, consent, and relationships" in 2022. Today sexuality education is integrated from preschool to upper secondary school, ensuring that students learn about sexuality, consent, and relationships repeatedly and in various contexts. This education is combined with a network of Youth Clinics providing free SRH services.³⁵

Ways to prepare for opposition include:

- Initial assessment of both support and opposition and their reasoning.
- Engaging with opposition stakeholders.
- Having dedicated funding for countering opposition in case of sudden need.
- Developing crisis communication mechanisms to mobilise a network of allies and protect CSE advocates and practitioners.

ENTRY POINTS FOR DIALOGUE AND KEY MESSAGES

- CSE is essential for advancing the SDGs and empowering future generations.
- CSE is a human right. It is critical education that enables young people to exercise their own SRHR, respect the rights of others and to dismantle gender and other stereotypes and negative social norms.
- CSE content should be delivered before life events, like puberty, occur. Early, age-appropriate CSE helps children recognize feelings and emotions, learn about their bodies, family life, relationships, decision-making, consent and what to do if violence, such as bullying or abuse, occur.³⁶
- For sustainability and reach, CSE needs to be fully integrated into the education system.
- Out of school CSE can meet the needs of specific groups, supplement in school CSE and provide CSE where it is not in school.
- CSE is an essential part of a comprehensive approach to address high rates of adolescent pregnancy, sexually transmitted infections and HIV, child marriages, and gender-based violence. It needs to be combined with youth friendly SRHR services and social norm change work on gender, violence and adolescent sexuality.
- Programmes can start with the content that is acceptable and progress towards comprehensiveness.
- The content and educational methodologies are key to the success of CSE, not its name, which should be appropriate in the context.

- Ultimately the effectiveness of CSE will depend on the quality of the teacher or facilitator delivering it. Teachers need sufficient training and support to deliver well.
- It is vital to prepare for backlash against CSE. A broad base of support and understanding of CSE can lessen opposition and protect advocates and educators.

- CSE can be made more inclusive through sustained advocacy and collaborations between ministries of education and civil society organisations representing people of diverse sexual orientations, gender identities and expressions.³⁷

KEY READINGS

- [International Technical Guidance on Sexuality Education](#) by UNESCO
- [International Technical and Programmatic Guidance on Out-of-School Comprehensive Sexuality Education](#) by UNFPA
- [The journey towards comprehensive sexuality education: Global status report](#) by UNESCO
- [Comprehensive Sexuality Education as a Strategy for Gender-based Violence Prevention](#) by UNFPA
- [A Compendium on Comprehensive Sexuality Education](#) by OHCHR

Endnotes

- 1 UNESCO, UNAIDS, UNFPA, UNICEF, UN Women and WHO, [International technical guidance on sexuality education: an evidence informed approach](#). Revised ed Paris: UNESCO; 2018.
- 2 UNFPA. [Human rights standards on comprehensive sexuality education](#), UNFPA.
- 3 [International Technical Guidance on Sexuality Education](#). Appendix 1 provides the exact text of the paragraphs relevant to CSE from international agreements, instruments and standards that are of relevance to comprehensive sexuality education are quoted below:
- 4 UNFPA. [Human rights standards on comprehensive sexuality education](#), UNFPA.
- 5 Mohammed Tohit NF, Haque M. [Empowering Futures: Intersecting Comprehensive Sexual Education for Children and Adolescents with Sustainable Development Goals](#). Cureus. 2024 Jul 22;16(7):e65078
- 6 For the full definition see the [Report of the Guttmacher–Lancet Commission](#)
- 7 UNESCO, et al. [International technical guidance on sexuality education: an evidence informed approach](#). Revised ed Paris: UNESCO; 2018.
- 8 UNESCO. [Review of the Evidence on Sexuality Education](#). Paris, UNESCO. 2016.
- 9 Fonner VA, et al., [School Based Sex Education and HIV Prevention in Low- and Middle-Income Countries: A Systematic Review and Meta-Analysis](#). PLoS ONE 9(3): e89692. 2014.
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- 12 UNFPA Asia Pacific Regional Office. [Comprehensive sexuality education as a strategy for gender-based violence prevention](#). 2021.
- 13 Barker, G. et al. Questioning gender norms with men to improve health outcomes: evidence of impact. Glob Public Health, 5(5), 539-553. 2010.
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- 16 UNESCO, et al. [International technical guidance on sexuality education: an evidence informed approach](#). Revised ed Paris: UNESCO; 2018.
- 17 UNICEF. [Early Childbearing](#). 2024.
- 18 Sully EA, et al., [Adding It Up: Investing in Sexual and Reproductive Health 2019](#). New York: Guttmacher Institute; 2020
- 19 Barth, J. et al. [The current prevalence of child sexual abuse worldwide: A systematic review and meta-analysis](#). International Journal of Public Health. 2021.
- 20 UNAIDS. [Young people and HIV](#), 2021.
- 21 UNFPA. [Young Persons with Disabilities: Global Study on Ending Gender-based Violence and Realizing Sexual and Reproductive Health and Rights](#). 2018.
- 22 UNICEF. [Child marriage](#), 2023. And Gastón, C. M. et al. [Child marriage among boys: a global overview of available data](#). Vulnerable Children and Youth Studies, 2019.
- 23 Kerner, Brad et al. [Adolescent sexual and reproductive health in humanitarian settings](#). Forced Migration Review. 2012.
- 24 CARE. [Women and Girls in Emergencies](#). 2018.
- 25 UNFPA. [International Technical and Programmatic Guidance on Out-of-School Comprehensive Sexuality Education](#). 2020.
- 26 UNFPA. [International Technical and Programmatic Guidance on Out-of-School Comprehensive Sexuality Education](#). 2020.
- 27 RFSU is the Swedish Association for Sexuality Education.
- 28 RFSU Civil Society Partnership Programme for SRHR, 2018-2023, Final Report.
- 29 BZgA and UNFPA. [Comprehensive Sexuality Education in the Republic of Moldova](#), UNESCO's SERAT Methodology. 2021.
- 30 See [Our Rights, Our Lives, Our Future \(O3\) Programme: Final Evaluation Report](#) for a list of the countries.
- 31 UNESCO. [Africa's leaders strongly reaffirm the importance of education, well-being, and sexuality education for adolescents and young people](#). 2021.
- 32 KIT. [Our Rights, Our Lives, Our Future \(O3\) Programme: Final Evaluation Report](#). 2023.
- 33 le Mat, M. et al. [Comprehensive Sexuality Education: From Confrontations to Conversations](#). KIT Institute. February 7, 2023.
- 34 Chavula, M.P., Zulu, J.M. & Hurtig, AK. [Factors influencing the integration of comprehensive sexuality education into educational systems in low- and middle-income countries: a systematic review](#). Reprod Health 19, 196 (2022).
- 35 UNESCO. [Sweden: Comprehensive sexuality education](#). 2024.
- 36 WHO. [Comprehensive sexuality education: Q&A](#). 2023.
- 37 UNESCO. [Safe, seen and included: Inclusion and diversity within sexuality education: Briefing note](#). 2023.