Comprehensive sexuality education is recognized as an age-appropriate, culturally relevant approach to teaching about sexuality and relationships by providing scientifically accurate, realistic, non-judgmental information.

Across the world there are many different names for, and approaches to, comprehensive sexuality education (CSE). The objective of CSE is to ensure that young people are receiving comprehensive, life skills-based sexuality education to gain the knowledge and skills to make conscious, healthy and respectful choices about relationships and sexuality.

Core elements of CSE programmes share certain similarities: CSE’s firm grounding in human rights – including the rights of the child, and the empowerment of children and young people – and a reflection of the broad concept of sexuality as a natural part of human development. Effective sexuality education starts early in childhood and progresses through adolescence and adulthood, building knowledge and skills that are appropriate for each stage through a carefully phased process over time, like any other subject in the curriculum.

THERE IS CLEAR EVIDENCE THAT CSE HAS A POSITIVE IMPACT ON SEXUAL AND REPRODUCTIVE HEALTH (SRH), NOTABLY CONTRIBUTING TOWARDS REDUCING SEXUALLY TRANSMITTED INFECTIONS (STIs), HIV AND UNINTENDED PREGNANCY.

CSE has demonstrated impact in terms of improving knowledge and self-esteem, changing attitudes, gender and social norms, and building self-efficacy. This is particularly critical during adolescence, as young people make the transition into adulthood. Integrating content on gender and rights, and delivering CSE together with efforts to expand access to a full range of high-quality, youth-friendly sexual and reproductive health services and commodities, makes sexuality education even more effective.

EVIDENCE HAS CONFIRMED THAT SEXUALITY EDUCATION DOES NOT HASTEN SEXUAL ACTIVITY, BUT HAS A POSITIVE IMPACT ON SAFER SEXUAL BEHAVIOURS AND CAN DELAY SEXUAL DEBUT AND INCREASE CONDOM USE.

Global momentum around CSE has resulted in increased political commitment worldwide.
In 2008, ministers of education and health from Latin America and the Caribbean signed the Preventing through Education Declaration committing to delivering sexuality education and health services. Similarly, in 2013, 20 countries across Eastern and Southern Africa endorsed a Ministerial Commitment on CSE and SRH services for adolescents and young people, setting specific targets to ensure access to high-quality, comprehensive life skills-based HIV and sexuality education and appropriate youth-friendly health services for all young people. UNAIDS and the African Union have recently cited comprehensive age-appropriate sexuality education as one of five key recommendations to fast track the HIV response and end the AIDS epidemic among young women and girls across Africa. Many countries in the Asia-Pacific region, West Africa and across Europe are also revising their policies and approaches to scale up sexuality education.

**YOUNG PEOPLE ARE INCREASINGLY DEMANDING THEIR RIGHT TO SEXUALITY EDUCATION**, as evidenced by the 2011 Mali Call to Action; declarations at the 2011 International Conference on AIDS and STIs in Africa; the 2012 Bali Global Youth Forum Declaration; the 2014 Colombo Declaration on Youth; youth delegates’ inputs to the post-2015 development agenda through the “Have you seen my Rights?” coalition; as well as through advocacy efforts of the PACT coalition of youth organizations.

The political momentum has led many governments to scale up delivery of CSE and to seek guidance on best practice. Ministries of education are working in collaboration with ministries of health and departments responsible for child protection and youth well-being. Partnerships with civil society and private institutions have been critical in key elements of scale up such as teacher training and the development of teaching and learning resources.

However, a gap remains between the global and regional policies in place and the actual implementation and monitoring on the ground. Across the world, sexuality education may be delivered as a stand-alone subject – with the advantages of providing opportunities for specialized teacher training and being easier to monitor. Alternatively, it may be integrated across relevant subjects within the school curriculum, making it less likely to be cut to
reduce pressure on an overcrowded timetable. CSE may be mandatory or it may be delivered through optional courses. However, where sexuality education is non-compulsory, extracurricular or only partially compulsory, a large number of students will not reap its benefits.

**CSE CONTENT MUST RESPOND APPROPRIATELY TO THE SPECIFIC CONTEXT AND NEEDS OF YOUNG PEOPLE IN ORDER TO BE EFFECTIVE.**

This adaptability is central to culturally relevant programming, and includes understanding the messages that cultures convey around gender, sex and sexuality. This may include a concerted focus on topics such as gender discrimination, sexual and gender-based violence, HIV and AIDS, child marriage and harmful traditional practices. As with all curricula, CSE must be delivered in accordance with national laws and policies.

There has been increased focus recently on strengthening curricula in numerous countries, although this remains a critical need. Reviews of curricula show that increased attention is required to promote the development of key competencies, as well as on examining how gender norms, religion and culture influence learners’ attitudes and behaviour. Although CSE content must be adapted to reflect local contexts, there are certain core topics that are essential to maintaining quality and meeting international standards. Indicators have been developed to measure whether sexuality education programmes meet ‘essential’ and ‘desirable’ criteria. Too often, topics are taught too late, for example, after young people have already experienced puberty or menstruation or initiated sexual activity. Recent assessments show that GENDER AND RIGHTS SHOULD BE CONSISTENTLY STRENGTHENED ACROSS CURRICULA, AND ADDRESS THE NEEDS OF YOUNG PEOPLE LIVING WITH HIV AND OTHER KEY POPULATIONS. Effective CSE has to be both inclusive and non-stigmatizing, addressing sexual and gender-based violence and promoting gender equality, as well as ensuring the needs and rights of all young people, including those living with HIV.

**DELIVERING HIGH-QUALITY CSE REQUIRES ADEQUATE TRAINING AND CAPACITY.** Teacher training remains limited in scope, and, if provided at all, is usually delivered only through in-service training. Consequently, teachers often feel uncomfortable
and avoid discussing sensitive issues like sexual behaviour, sexuality, and how students can access contraception and obtain referrals for SRH services. They also do not consistently use participatory methodologies to engage pupils fully in health and life skills education.

**ENGAGING PARENTS AND COMMUNITIES IN THE IMPLEMENTATION AND SCALE UP OF CSE IS CRITICAL**, both to ensure that there is support for the subject among the school community, and to enhance overall understanding of the issues facing adolescents and young people. Strategies and tools for community engagement, including work with faith communities, have been developed in all regions of the world reviewed for this study. Despite some reports to the contrary, most parents are supportive of school-based sexuality education and many parents report feeling uncomfortable discussing sex or relationships with their children. While young people often seek information about sex, sexuality and relationships from their peers, the internet or other sources, sexuality education that is delivered by trusted and trained adults is proven to be more effective in promoting healthy sexual behaviour.

**A MAJORITY OF COUNTRIES ARE NOW EMBRACING THE CONCEPT OF CSE, INFORMED BY EVIDENCE AND INTERNATIONAL GUIDANCE, AND ARE ENGAGED IN STRENGTHENING ITS IMPLEMENTATION AT A NATIONAL LEVEL.** This includes specifically ongoing attention to curricula revision, integration of CSE into the national curriculum, investment in monitoring systems, the engagement of communities and the scale up of effective teacher training. In concert with national governments and civil society, development partners – including the UNAIDS Joint Programme – are supporting countries in their efforts to develop age-appropriate, evidence-informed curricula that reflect the country context and that will have a direct, beneficial impact on the HIV response and more widely on adolescent and young people’s health.
CASE STUDY: STRENGTHENING THE NATIONAL PROVISION OF CSE IN SCHOOLS IN ZAMBIA

The government of Zambia is spearheading a major project that aims to strengthen the delivery of CSE to young people from ages 10 to 24, including those living with HIV and with disabilities. By increasing access to high-quality, age-appropriate sexuality education and services, the project ultimately seeks to contribute to improved SRH outcomes for Zambian adolescents and youth.

Since 2014, a revised curriculum with integrated CSE has been rolled out in Grades 5 to 12 in all schools across the country. CSE has also been successfully integrated into pre-service training for primary teachers. In-service teachers also receive capacity building in effective delivery of CSE.

By December 2014, a total of 12,852 in-service teachers had been trained in effective delivery of CSE at classroom level, and a further 25,017 will be trained by the end of 2015. Teaching and learning materials have also been produced by the Ministry of Education for all grades, and National and Provincial Standards Officers have been trained to monitor the quality and delivery of CSE at school level.

A baseline survey examined knowledge levels among teachers and students, as well as their attitudes. It also provided a picture of the current status of CSE provision in the education sector, and the degree to which it facilitates access to SRH services for adolescents and young people.

The new curriculum is expected to be rolled out in all schools in the country with certain ‘champion schools’ identified for enhanced programming.

In addition to the standard teacher training, curriculum and materials that are consistent across all schools, these ‘champion schools’ also offer peer-education programmes and clear links to health services. This variation will also provide opportunities for comparison and analysis of outcomes between the two types of programming.

Building ownership that uses evidence, particularly the baseline survey results, has proven essential to the implementation process. Considering the project’s scale and level of ambition, the engagement of multiple sectors – including ministries of health, education, development, youth and sport, as well as nongovernmental organizations and other partners – has likewise proven vital in enhancing both ownership and sustainability.

This is the Executive Summary of a global report on the current status of comprehensive sexuality education (CSE) implementation and coverage. It draws on specific information about the status of CSE in 48 countries, generated through analysis of existing resources and studies.

The report examines the evidence base for CSE and its positive impact on health outcomes, takes stock of political support for CSE, and examines how the various global and regional commitments have had an impact at national levels on the delivery of CSE in practice.

This report was produced by UNESCO in consultation with the United Nations Population Fund (UNFPA) and the Secretariat of the Joint United Nations Programme on HIV/AIDS (UNAIDS).