

The journey towards comprehensive sexuality education

Global status report



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S H O R T S U M M A R Y

How are countries advancing towards comprehensive sexuality education for all? A global snapshot

Comprehensive sexuality education (CSE) is central to children and young people's well-being, equipping them with the knowledge and skills they need to make healthy and responsible choices in their lives.

This report draws on multiple data sources to provide analysis of countries' progress towards delivering good quality school-based CSE to all learners. 85 per cent of 155 countries surveyed have policies or laws relating to sexuality education, with considerably more countries reporting policies to mandate delivery at secondary education level than at primary level. However, the existence of policy and legal frameworks do not always equate to comprehensive content or strong implementation.

Most countries report that they have some curricula in place but more detailed analysis suggests that curricula often lacks the breadth of topics needed to make sexuality education effective and relevant. Moreover, while efforts to scale-up teacher training are evident in a range of settings, research with teachers shows that many feel they lack confidence to deliver sexuality education. Surveys show that students frequently feel that they received information too late and would have preferred sexuality education to have started earlier in their schooling.

There is evidence of opposition to CSE across a range of settings, often reflecting misinformation about the content, purpose or impact of such education. In many countries involvement of communities, including parents, school officials, religious leaders, media and young people themselves, has created a favourable environment for CSE.

Recommendations to countries in this report include:

- Clear mandates and budgets to ensure implementation of policies and programmes that support the availability of good quality comprehensive sexuality education for all learners.
- Invest in quality curriculum reform and teacher training.
- Strengthen monitoring of the implementation of CSE.

In a recent survey
of young people (aged 15-24)
from Asia and the Pacific,

fewer than 1 in 3
believed that their school
taught them sexuality
education well.



unesco

"Since wars begin in the minds of men and women it is in the minds of men and women that the defences of peace must be constructed"

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List of Acronyms

AIDS	Acquired Immunodeficiency Syndrome	META	Movimiento Estamos Tod@s en Acción (We're All in Action), Young Latin American Activists for Inclusive Development)
ASFE	Annual Survey of Formal Education	M&E	Monitoring and evaluation
ASRH	Adolescent sexual and reproductive health	NHS	National Health Service (UK)
BZgA	German Federal Centre for Health Education	NCPI	National Commitments and Policy Instrument
CRPD	UN Convention on the Rights of Persons with Disabilities	NGO	Non-governmental organization
CSO	civil society organization	OFSTED	Office for Standards in Education, Children's Services and Skills (UK)
CARICOM	Caribbean Community	PEPFAR	The President's Emergency Plan For AIDS Relief
CSE	Comprehensive sexuality education	RSHP	Relationships, Sexual Health and Parenthood
ECA	Europe and Central Asia	SADC	Southern African Development Community
DBE	Department of Basic Education (South Africa)	SDG	Sustainable Development Goal
DREAMS	Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe	SEL	Social and Emotional Learning
EMIS	Education Management Information Systems	SERAT	Sexuality Education Review and Assessment Tool
ESA	Eastern and Southern Africa	SRE	Sex and Relationships Education
ESHA	Estonian Sexual Health Association	SRH	Sexual and reproductive health
GBV	Gender-based violence	SRHR	Sexual and reproductive health and rights
FBO	faith-based organization	SSA	sub-Saharan Africa
FLE	Family Life Education	STI	Sexually transmitted infection
FP	Family Planning	TCG	Technical Cooperation Group
GFATM	Global Fund to end AIDS, TB and Malaria	UBRAF	Unified Budget, Results and Accountability Framework (UNAIDS)
HFLE	Health and Family Life Education	UN	United Nations
HIV	Human Immunodeficiency Virus	UNAIDS	Joint United Nations Programme on HIV/AIDS
HWB	Health and well-being	UNESCO	United Nations Educational, Scientific and Cultural Organization
IATT	Inter-Agency Task Force	UNFPA	United Nations Population Fund
ICPD	International Conference on Population and Development	UNICEF	United Nations Children's Fund
ICT	Information and communication technology	WCA	West and Central Africa
iiDi	Uruguayan Foundation for Disability and Inclusive Development	WHO	World Health Organization
IITE	Institute for Information Technologies in Education		
IPPF	International Planned Parenthood Federation		
ITGSE	International Technical Guidance on Sexuality Education		
LAC	Latin America and the Caribbean		
LGBTI	Lesbian Gay Bisexual Transgender Intersex		
LMIC	Low-to-middle-income country		
MENA	Middle East and North Africa		

EXECUTIVE SUMMARY

School-based comprehensive sexuality education (CSE) plays a vital role in promoting the health and well-being of children and young people. For many years, countries across the world have been interested in ensuring that learners have access to some form of sexuality education – referred to by different names across settings – often responding to pressing health and social problems such as high levels of HIV or early and unintended pregnancy. In more recent years this has often developed into a more holistic subject covering a wide range of topics across a number of years. As the evidence for the potential of truly comprehensive sexuality education has emerged, as well as research informing best practice, many countries have made efforts to make sexuality education increasingly comprehensive and expand coverage with the aim of reaching all learners at different stages of their education. Although there is variation, including set-backs in some contexts, progress has been made in many countries across the world.

This report seeks to provide a snapshot of the status of school-based CSE around the world. This will help inform continued advocacy and resourcing efforts, as governments and partners work towards the goal of ensuring all learners receive good quality CSE throughout their schooling.

Quality and sustainable CSE is reliant on a range of factors, all of which need to be assessed to paint a picture of the global status of CSE:



LAWS AND POLICIES

The enabling framework for delivery



COVERAGE

The extent of delivery in school settings



CURRICULA

Breadth, quality and relevance of content



DELIVERY

How well teachers are prepared and are teaching quality CSE



ENABLING ENVIRONMENT

The wider school environment, community and political support or engagement.

This report draws on a range of existing and new data sources in order to build a composite picture of the status of CSE. This includes global data sets collecting information relating to sexuality education, data collected across a

number of regional surveys designed to monitor the status of CSE, an extensive desk review and a series of key informant interviews. While diverse data sources have been consulted, including internationally comparable sources such as the National Commitments and Policies Instrument (NCPI), there are some limitations. Notably, quantitative datasets often rely on self-reporting from national-level stakeholders who may not have access to the full, complex picture of CSE delivery in schools. This means that quantitative data, while providing a snapshot, need to be read with caution. As far as possible, quantitative data have been presented alongside other research findings, which serve to provide a more balanced picture and often highlight continued challenges that countries face in developing and scaling-up truly comprehensive and good quality sexuality education.

Case studies throughout the report demonstrate how countries are advancing on their journeys towards CSE. Drawn from around the world, these examples highlight some commonalities, as well as the specific, locally tailored approaches that have enabled the delivery of sexuality education through policy commitments, curricula revisions, innovations in teacher training and engagement with stakeholders.

Laws and policies

Children and young people's access to comprehensive sexuality education is grounded in international conventions on health, gender equality and/or education, as well as a range of regional agreements which include specific commitments around the implementation of sexuality education.

At a national level, according to available data from 155 countries, 85 per cent report that they have policies (or, in some cases laws or legal frameworks) related to sexuality education¹. A total of 78 countries reported that they have education policies on 'life skills-based HIV and sexuality education' in both primary and secondary schools and 30 said they have policies only in secondary education². The remaining countries referred to an overall supporting legal framework,

1 UNAIDS National Commitments and Policies Instrument (2017, 2019); Survey on Sexuality Education in Europe and Central Asia (Ketting & Ivanova 2018); Survey on the Status of CSE (carried out in 60 countries in Asia and the Pacific, sub-Saharan Africa and Latin America and the Caribbean for this report, 2019-2020)
 2 UNAIDS National Commitments and Policies Instrument (2017, 2019)

which includes laws, decrees, acts and policies. Considerably more countries report having policies on 'life skills-based HIV and sexuality education' at secondary education level than at primary level.

Moreover, although a positive national-level policy environment is one of the key factors for successful implementation of sexuality education programmes, the reality behind these laws and policies is complex. Few countries have a national policy specifically on sexuality education. Where countries mention sexuality education in their policies, there is sometimes no guidance on the components of a sexuality education curriculum nor on how to implement it. In some settings, policies and strategies focus on a range of sexual and reproductive health issues, and others focus more specifically on life skills and prevention of HIV. Decentralisation of policy-making, financing and decision-making can enable local governments to ensure that programmes are more responsive to local needs, but it can also lead to inconsistencies in implementation of sexuality education across a country.

Learning from country examples

In **England (United Kingdom)**, recent statutory guidance makes it compulsory for all schools to teach *Relationships Education* at primary level and *Relationships and Sex Education* at secondary level. Advocates hope that these changes in policy will raise the status of relationships and sex education, with the result that it will be taken more seriously as a school subject and lead to pathways for teachers to professionalise in this subject area (see full case study on page 21).

In **India**, responsibility for sexuality education is decentralised to state level. In the State of Jharkhand, local government commitment, as well as a strong government-NGO partnership, has been key to scaling up sexuality education. A curriculum has been integrated into the school textbooks and into the in-service and pre-service education of teachers. A specific staff member is designated to coordinate and provide administrative support to the programme. This has been identified as the only at-scale, state-run initiative of its kind in the country (see full case study on page 22).

... while the existence of policy and/or law provides some indication of commitment to sexuality education in rhetoric, it must be followed up with resource allocation and implementation efforts.

Finally, while the existence of policy and/or law provides some indication of commitment to sexuality education in rhetoric, it must be followed up with resource allocation and implementation efforts. A number of countries report allocating domestic funding, while research also demonstrates that in some low- and middle-income countries external donor funding continues to make an important contribution.

Coverage

National-level coverage data gives some indication of progress with implementation, although the data is often not collected through school surveys, census or administrative databases and may reflect an estimate made at central level.

According to the available data, about two-thirds of reporting countries stated that between 76 and 100 per cent of the schools in their country were providing some kind of sexuality education – defined as teaching about generic life skills, sexual and reproductive health and HIV prevention.^{3, 4} The remaining countries reported lower levels of coverage. However, these findings may depict an overly optimistic picture and should be read with caution. Divergent ideas about what constitutes sexuality education, unclear or different definitions of terms, and invalid assumptions contribute to reporting of numbers that may be inflated. Coverage data also fall short of detailing the important yet more complex question of quality of curriculum content and delivery. An indication of quality may be better reflected in specific research with learners and teachers. For example, research on student perspectives from a number of different countries shows that they often feel that they received information too late and would have preferred the sexuality education programme to have started earlier in their schooling.

Learner perspectives

Adolescents and young people provide valuable insights into the quality of sexuality education. In a 2019 online survey, over 1,400 young people (aged 15-24) from over 27 countries in Asia and the Pacific reflected on their experience of sexuality education. Less than one in three believed that their school taught them about sexuality *very well* or *somewhat well* (28 per cent). Young people with disabilities and young people who identified as Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) were less satisfied with their sexuality education than their peers. Continuing to include the voices of adolescents and young people in efforts to monitor the status of CSE will be important.



of young people believed that their school taught them about sexuality *very well* or *somewhat well*

3 UNAIDS National Commitments and Policies Instrument (2017, 2019), Sustainable Development Goals (SDG) Thematic Indicator 4.7.2, Survey on the Status of CSE (carried out in 60 countries in Asia and the Pacific, sub-Saharan Africa and Latin America and the Caribbean for this report, 2019-2020)

4 Indicator as referred to in UNESCO (2013), *Measuring the education sector response to HIV and AIDS: guidelines for the construction and use of core indicators*

Curricula: breadth and relevance of content

In recent years, many countries have been developing or revising their national curricula, bolstered by international guidance, including the updated [UN International Technical Guidance on Sexuality Education \(ITGSE\)](#). Some countries have a long history of curricula that includes a wide breadth of content; for others, this is relatively new.

Of 123 countries that reported, 85 per cent indicated that relevant sexuality education content and topics are covered in their national curriculum⁵. When the data are analysed by the levels of education, more countries reported that 'gender responsive life skills-based HIV and sexuality education is part of the curriculum' at secondary level than in primary level.

In many settings, there is evidence that the curricula have expanded from a narrow focus on HIV prevention and the biological aspects of sexual and reproductive health to a broader range of topics. In a 2019-2020 Survey on the Status of CSE, many countries self-reported that their curriculum is comprehensive according to the international guidance and there is certainly evidence that curriculum

revision/reform is under way or has recently taken place. On the other hand, when asked about specific topics, some (e.g. puberty, relationships, pregnancy and birth) are more likely to be well covered than others (e.g. accessing services, contraception, safe abortion). **Emerging evidence also suggests that curriculum content is often stronger for older age groups than younger**, although some countries are providing age-appropriate and comprehensive content from pre-primary level.

Emerging evidence also suggests that curriculum content is often stronger for older age groups than younger.

Learning from country examples

In **Jamaica**, the Family Life and Health Education curriculum has undergone a range of revisions, with diverse stakeholders involved, including faith-based organizations. Curriculum revisions have always been largely driven by data – responding to new and emerging health and social issues – and have involved subject specialists, curriculum officers and technical experts from a wide range of stakeholders (see *full case study on page 23*).

In the **Lao People's Democratic Republic**, the Life Skills curriculum was recently analysed against international guidance, finding that there was a lack of content in the areas of gender, rights, sexual behaviour and equitable social norms. In response, the Ministry of Education and Sport led a participatory process involving teachers, civil society and UN agencies to develop learning objectives for what is now called Comprehensive Sexuality Education (at secondary level) and lesson plans per grade (see *full case study on page 15*).

In **Sweden**, current national guidelines mandate sexuality education to cover a range of topics, but exactly how the topics are included in lesson plans is at the discretion of individual schools. Some subjects require more content relating to gender equality, sexuality and relationships, but all teachers are encouraged to be involved. Importantly, sexuality education is expected to promote gender equality and the equal dignity of all, while promoting positive relationships and sexuality and preventing a range of health and social problems (see *full case study on page 32*).

Delivery

Preparing and building the capacities of teachers to provide high quality CSE is critical. In fact, school-based programmes taught by poorly prepared teachers could be detrimental, delivering information that is inaccurate or reproducing values and attitudes that silence discussions on gender, sexuality and rights. Moreover, CSE, like other forms of transformative education, requires the use of participatory pedagogies which may be counter to the style of teaching that many teachers are familiar with.

Of the 130 countries that responded in either 2019 or 2017, 75 per cent reported they had education policies in teacher training that guide the delivery of life skills based HIV and sexuality education according to international standards.⁶

Although there is evidence of many teacher-training initiatives in place, and in some countries this has been scaled up to almost full coverage, appropriate preparation on sexuality education for teachers is often considered to be lacking and there is evidence from many smaller studies that teachers are not sufficiently trained, including those that capture the voices of teachers themselves. This is reflected in information about the quality of delivery. CSE relies on delivery of a breadth of topics as well as the use of participatory methods. Many teachers report that they still lack the knowledge, skills and confidence to deliver diverse topics, or to use the participatory methods needed to ensure that students develop skills such as critical thinking and problem solving. Some studies highlight that teachers show a tendency to select and deliver only activities that focus on knowledge acquisition and use traditional didactic teaching methods.

5 Sources: UNAIDS Unified Budget, Results and Accountability Framework (2016-21); Survey on Sexuality Education in Europe and Central Asia (Ketting & Ivanova 2018); Survey on the Status of CSE (carried out in 60 countries in Asia and the Pacific, sub-Saharan Africa and Latin America and the Caribbean for this report, 2019-2020)

6 Source: UNAIDS National Commitments and Policies Instrument (2017, 2019)

Learning from country examples

In **Namibia**, under a policy implemented in 2011, schools are required to have a dedicated life skills teacher. These full-time life skills teachers receive ongoing training, with the percentage of those trained increasing from 42 per cent in 2017 to 70 per cent by 2019. Because life skills education has been integrated into the curriculum and there are specific teachers explicitly trained to deliver it, the topic has been given attention, recognition and legitimacy (see full case study on page 35).

In **Zambia**, a new teacher training model was developed in 2019, utilising teacher training colleges as education hubs. These hubs, which are also responsible for delivering pre-service teacher training, are considered 'centres of excellence.' Under this new training model, the colleges provide information to teachers through a five-day sexuality education training, which aims to impart skills acquisition, confidence and refined participatory methods (see full case study on page 34).

In **Kyrgyzstan**, training has been provided for pre-service teachers since 2018. This prepares them for the delivery of Healthy Lifestyle homeroom lessons which became mandatory in all schools in the same year (see full case study on page 35).

Studies with teachers and students often highlight different perceptions of what is being taught. While teachers may believe that what they are teaching is comprehensive, student reports counter this. For example in a recent survey of young people (age 15-24) in Asia and the Pacific, less than one in three believed that their school taught them about sexuality 'very well' or 'somewhat well'.

Teachers report common barriers impeding the quality of delivery or leading to discrepancy between the way that a programme is designed to be delivered and the way that it is actually delivered. Barriers include insufficient time allocation within the school timetable, lack of planning of lessons, lack of available teacher time, lack of availability of materials, negative attitudes of staff and in some cases, fear of backlash from parents or other teaching staff.

It is promising that a large number of teaching and learning materials have been developed to support the delivery of CSE, many with the support of non-government organizations (NGOs) and other development partners. However, such resources may not always be reaching teachers, with some reporting that they lack materials.

**Studies with teachers and students
often highlight different perceptions
of what is being taught.**

Learning from country examples

Research in **Chile** highlights the importance of providing teachers with quality teaching and learning materials. Many teachers are more comfortable with lecture-style methods of teaching and for various reasons tend to avoid sensitive topics, such as gender, diversity and sexual violence. A subsequent study found that when provided with support, including quality lesson plans, not only did the teachers no longer avoid the more complex issues, but rather demonstrated a strong concern for incorporating gender perspectives in the majority of the classes. In response, a range of teaching and learning materials is being developed to support teachers across the country (see full case study page 37).

In **South Africa**, teachers are supported with the provision of a range of scripted lesson plans. The lesson plans were developed by consulting closely with the revised UN ITGSE and aim to aid teachers to address a range of important topics in a systematic manner. While teachers also receive training, the lesson plans guide educators to plan and deliver lessons and empower them to discuss topics that might otherwise be found to be uncomfortable (see full case study on page 36).

Increasingly, digital tools are being harnessed to strengthen sexuality education, including to train teachers. With the goal of enabling every learner in **China** to have access to CSE, Marie Stopes International developed the *You&Me* sexuality education platform. The platform provides free support to interested educators with basic teaching skills to conduct sexuality education. Teachers are also supported with lesson plans, presentations, demonstration videos, cartoons and interactive games (see full case study on page 47).

Enabling environment

An enabling environment is critical for effective delivery of CSE and the idea of embedding CSE within a 'whole-school' approach to health and well-being is gaining traction. This approach recognizes the multiple actions and interventions within and around the school that complement each other. For example, teaching of comprehensive curricula may go hand-in-hand with the use of gender transformative pedagogy, policies and rules that prevent violence and bullying, engaging with parents and linking with school or outside health services.

It is well recognized that CSE is one component of a broader essential package of sexual and reproductive health and rights (SRHR) interventions. While CSE ensures adolescents and young people have information and skills to seek help for a range of issues related to their sexual and reproductive health and relationships, it must be partnered with efforts to ensure ready access to a full range of SRH services. Only with these efforts will CSE be effective in improving health outcomes such as the prevention of early and unintended pregnancy or the reduction of new HIV infections.

Of 28 countries that responded to the 2019-2020 Survey the majority of respondents said that students in secondary schools could access individual counselling on issues related to SRH (86 per cent), referral by schools to health clinics (79 per cent) and information about where and how to obtain contraceptives (75 per cent). As with other nationally reported data, these responses may reflect national policy but mask a more complex situation at the school level for learners requesting counselling or referrals to services.

CSE needs to be understood by different stakeholders, such as parents, community members, religious leaders and politicians, in order to promote comfort and understanding of what can be a sensitive topic. In several countries, there are documented processes of engaging with these multiple stakeholders in the design of CSE that is locally appropriate, while still striving to reach international guidelines for comprehensive content, with promising results. NGOs and other development partners have been central in supporting these efforts, and in some countries have worked closely with government to design curricula and implement teacher training.

Nonetheless, CSE is subject to progress and setbacks in support, and in some contexts, has experienced significant opposition resulting in set-backs in its implementation. In countries experiencing setbacks, due to resistance from a small but sometimes influential opposition, extra efforts are needed to advocate for CSE, pointing to the evidence for its positive effects and countering misinformation that can fuel opposition.

On the other hand, strong political will and support is evident across diverse settings, with countries recognizing the power of CSE and associated adolescent sexual and reproductive health (ASRH) interventions to address pressing health and social issues, as well as to contribute to the overall quality of education.

Finally, regular and structured monitoring of sexuality education programmes is necessary to track the progress of implementation and to facilitate decision-making. While a range of assessment tools has been developed and indicators proposed, which together can start to paint a picture of the status of CSE globally, there is a need for more concerted efforts. This report, through its breadth of data, evidence and country case studies, demonstrates that countries across the world are at different stages on a journey towards the full delivery of good quality CSE. In some countries the journey is only just beginning and much work remains; others have been investing in this area for many years. In either case, this

journey will need to continue to respond to emerging health and well-being challenges and the specific needs of children and young people, as well as emerging evidence of how to deliver CSE effectively.

The report concludes with a number of recommendations on how countries can continue on their journey towards CSE. These include the need to continue to ensure that CSE is clearly mandated by law and/or policy, and backed up by dedicated budgets, alongside continued efforts to increase coverage. This will only be a worthwhile investment when attention is paid to the quality of delivery, which will be achieved through continued curriculum reform and significant investments in teacher training and support. As countries continue on their journey towards CSE, monitoring progress will be essential, including strengthening the use of globally recommended indicators, and drawing on a wide range of perspectives, including those of learners and teachers, to build a clear picture of progress.

Learning from country examples

In **Cameroon**, enthusiasm and open discussion about sexuality education at a policy level has not been reflected at local level, where there has been reluctance to embrace it. To address this challenge, substantive work has been initiated to involve and inform key actors in the communication sector. This includes a platform for journalists and influencers to exchange information related to sexuality education, and a network of community radio stations that helps reduce misinformation on the subject.

In **Tunisia** an Expert Committee, established in 2017, was central in advocating for the need for sexuality education to the Ministry of Education (MoE). It subsequently worked closely with the MoE to establish a national sexuality education curriculum that reflects international guidance and is sensitive to local culture and context. Central to its success and acceptability was the engagement of multiple stakeholders, including representatives from different government sectors, religious leaders and NGOs (see full case study on page 21).

NGOs in **Pakistan** have made concerted efforts to build community understanding and support, enabling them to deliver wide-ranging sexuality education programmes across four provinces. Efforts were made to ensure that programmes are responsive to the local context, with community-based research as the foundation of content development, and recognition of societal and cultural barriers to sexuality education from the planning stage. This success was also due to collaboration with an array of stakeholders—including parents, school officials, religious leaders, media personnel and adolescents themselves (see full case study on page 44).

CSE needs to be understood by different stakeholders, such as parents, community members, religious leaders and politicians, in order to promote comfort and understanding of what can be a sensitive topic.

1. Introduction



Comprehensive sexuality education (CSE) has attracted growing interest and attention in the past decade. At the same time, young people themselves are increasingly demanding their right to it (Cense et al., 2020, UNFPA et al., 2020a). What began in many countries primarily as an HIV prevention, population control or reproduction education intervention, is evolving into CSE – a broad-reaching, holistic, age-appropriate, multidimensional learning process that takes place over a number of years. This learning process enables young people to make healthy, deliberate and respectful decisions about sexuality and relationships.

There is a strong rationale for ensuring that all learners have access to good quality CSE. CSE is a form of transformative education – primarily enabling children and adolescents to develop the knowledge and skills to deal with critical aspects of their health and development while their bodies mature and they transition into adulthood. Delivered well, CSE can instill positive behaviours and values, as well as building personal and social competencies, such as critical thinking, risk assessment, problem solving and the ability to consider multiple perspectives. In this way, CSE equips learners to not

only avoid negative health outcomes, but enjoy positive and healthy sexual and social relationships and thrive both now and in the future.

At the same time, global health data highlights the critical role of CSE from the perspective of preventing poor sexual and reproductive health (SRH) outcomes including sexually transmitted infections (STIs) and early and unintended pregnancy. The gains to be made from CSE are important for all learners but are particularly promising for girls who carry a disproportionate burden of poor SRH and associated outcomes. Among adolescents, 15-19 year old girls make up six in seven new HIV infections in sub-Saharan Africa (UNAIDS, 2021). At least 10 million unintended pregnancies occur each year among adolescent girls aged 15–19 years (WHO, 2020) and while adolescent childbearing is declining in most regions, it remains high in many countries. Maternal conditions remain the top cause of mortality among girls aged 15-19 globally (UNICEF, 2019). Around the world, some 3 million young women aged 15 to 19 undergo unsafe abortions every year (WHO, 2020).

The importance of CSE is more critical than ever in the context of the COVID-19 pandemic, with ongoing lockdowns and major disruptions to education and health services projected to result in increased early and unintended pregnancy, alongside evidence of elevated mental health problems and exposure to domestic and gender-based violence for adolescents and young people (UNICEF, 2020, QUILT.AI et al., 2021). In fact, the COVID-19 pandemic has been a strong reminder that schools are much more than just places of learning, and provide critical contributions towards learner health and well-being, including through the provision of CSE.

A growing body of evidence demonstrates that CSE contributes to HIV and pregnancy prevention, as well as to broader positive sexual and reproductive health, social and learning outcomes, with greatest impact when it is combined with other interventions (notably service delivery). Broader outcomes include gender equality, self-efficacy and critical thinking skills (Haberland, 2015, UNESCO et al., 2018, Goldfarb and Lieberman, 2021). In the past 10 years, the evidence informing effective CSE has evolved, including increased attention to the importance of addressing gender norms and power in CSE (Haberland and Rogow, 2015). Revised guidance by the UN recommends that CSE promote gender equality, address gender-based violence, and help ensure the needs and rights of all young people (UNESCO et al., 2018). It has been found that effective CSE has to be both inclusive and non-stigmatising and respond to the lived realities of learners (UNESCO et al., 2015).

COMPREHENSIVE SEXUALITY EDUCATION WITHIN THE SUSTAINABLE DEVELOPMENT GOALS (SDGS)

Within the 2030 agenda, the importance of CSE and other forms of transformative education is reflected in:



SDG Target 4.7

By 2030, ensure all learners acquire knowledge and skills needed to promote sustainable development, including, among others, through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship, and appreciation of cultural diversity and of culture's contribution to sustainable development."



SDG target 3.7

By 2030, ensure universal access to sexual and reproductive health care services, including services for family planning, information and education, and the integration of reproductive health services into national strategies and programmes."



SDG target 5.6

Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences"

COMPREHENSIVE SEXUALITY EDUCATION

Comprehensive sexuality education is a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to realise their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and understand and ensure the protection of their rights throughout their lives (UNESCO et al., 2018). CSE can be delivered in formal or non-formal settings.

Good quality CSE is

- Scientifically accurate
- Incremental
- Age- and developmentally-appropriate
- Curriculum based
- Based on a human rights approach
- Based on gender equality
- Culturally relevant and context appropriate
- Transformative
- Able to develop life skills needed to support healthy choices

For more information and guidance on effective CSE, please refer to the revised [UN International Technical Guidance on Sexuality Education](#) (UNESCO et al., 2018).



AGE- AND DEVELOPMENTALLY-APPROPRIATE SEXUALITY EDUCATION

Sexuality education should start early, be age- and developmentally-appropriate and should follow an incremental approach. This helps learners internalise concepts, make informed decisions, understand sexuality and develop critical thinking skills that mature as they grow older (UNESCO et al., 2018). Starting CSE early is important because, in some countries, many students do not make the transition from primary to secondary school (Awusabo-Asare et al., 2017, UNESCO et al., 2016) and therefore need critical information before leaving formal education. Yet another reason is that adolescents need specific knowledge and skills at the appropriate time, for example, learning about puberty shortly before they go through it, not after.

CSE, by definition, promotes healthy social and emotional development and therefore, as education systems recognize the importance of their role in promoting social and emotional learning (SEL), there is increasing interest in how CSE is already contributing to the development of social and emotional skills. This is particularly important given the recognition that education that promotes social and emotional skills has a major role to play in generating shifts in mindsets and behaviours, which are critical for the achievement of all the SDGs.

Across the world, there are many different names for and approaches to sexuality education. At the same time, countries are at varying stages of its implementation. In some countries, sexuality education in schools has existed for many years. In others it is relatively new. Although there is variation, including set-backs in some contexts, progress has been made in many countries across the world.

Twelve years have passed since the publication of the first International Technical Guidance on Sexuality Education (UNESCO et al., 2009), designed to support governments in developing evidence-based sexuality education curricula and adapting it to local contexts. Revised in 2018, the UN International Technical Guidance on Sexuality Education (ITGSE), as well as supportive tools from a range of stakeholders,¹ and a growing body of research, have facilitated an emerging consensus on what constitutes comprehensive age- and developmentally-appropriate and gender sensitive sexuality education.

These tools, together with programme support and involvement of a vast array of stakeholders, are contributing to design, implementation, monitoring, and assessment of good quality sexuality education. In this context, many are seeking a clearer understanding of the status of school-based CSE. This will help to inform continued advocacy and resourcing efforts across the world, as governments and partners work towards the goal of ensuring all learners receive quality CSE.

Understanding the status of school-based CSE entails assessing multiple factors:



LAWS AND POLICIES

The enabling framework for delivery



COVERAGE

The extent of delivery in school settings



CURRICULA

Breadth, quality and relevance of content



DELIVERY

How well teachers are prepared and are teaching quality CSE



ENABLING ENVIRONMENT

The wider school environment, community and political support or engagement.

All these components contribute to the long-term effectiveness and sustainability of CSE. However, these elements may not fully respond to the question of whether CSE is of a good quality. Quality would largely be judged by the outcomes of CSE (according to the objectives decided in each country or setting), which may be measured through a range of quantitative and qualitative evaluation approaches. Some indications of quality can be found in the analysis of existing data and research on curriculum and delivery, but a full analysis of the quality of CSE is beyond the scope of this report.

¹ These include such tools and guidance as the Standards for Sexuality Education in Europe (WHO Regional Office for Europe and BZgA, 2010); the UNFPA Operational Guidance for Sexuality Education (UNFPA, 2014); the IPPF Deliver and Enable toolkit (IPPF, 2016); WHO recommendations on adolescent sexual and reproductive health and rights (UNFPA et al., 2020c); UNFPA, WHO and BZgA's Factsheet series (UNFPA et al., 2020c); and the joint UN International Technical and Programmatic Guidance on Out-of-School Comprehensive Sexuality Education (UNFPA et al., 2020b).

1.1 Data sources and methodology

The report draws on a range of data sources in order to build a composite picture of the status of CSE:

- **Global data sets** (2019, 2018 or 2017), including the National Commitments and Policy Instrument (NCPI), the UNAIDS Unified Budget, Results and Accountability Framework (UBRAF), and Sustainable Development Goal Thematic Indicator 4.7.2. (SDG 4.7.2);
- **Regional survey data:** A 2018 Survey on Sexuality Education carried out by BZgA and IPPF EN across 25 countries in Europe and Central Asia; a 2019-2020 Survey on the Status of CSE in 60 countries across Asia and the Pacific, sub-Saharan Africa and Latin America and the Caribbean (administered by a range of partners across regions, including UNESCO, UNFPA and IPPF);
- **Key informant interviews** with 28 experts to inform a series of case studies presented throughout the report. A list of key informants is included in Annex 1. Where available, published research was also consulted to inform the case studies.
- An extensive **desk review** (2019), which drew on the latest published and unpublished reports and academic research in the area of CSE.



Case Study 1

A JOURNEY TOWARDS COMPREHENSIVE SEXUALITY EDUCATION IN LAO PEOPLE'S DEMOCRATIC REPUBLIC

Sexuality education has been delivered in Lao People's Democratic Republic (PDR) in some form since 2001, when it primarily focused on HIV and AIDS prevention. By 2010, it was being implemented as a *life skills* course in around 75% of secondary schools nationwide (ARROW, 2011), although a 2016 assessment found that teachers faced challenges and called for stronger teaching aids and an upgraded curriculum (Ministry of Education and Sports and UNFPA, 2017).

Lao PDR's commitment to the integration of CSE into national educational curricula is evident in the country's adoption of the International Conference on Population and Development (ICPD) Programme of Action. In recent years, steps have been taken to strengthen design and implementation of CSE, as reflected in the country's development plans and policies, such as the *Ninth Education and Sports Sector Development Plan (2021-2025)* and the country's recently-developed National Youth and Adolescent Policy.

Responding to the 2016 assessment and thanks to the country's strong policy backing, the Ministry of Education and Sports (MoES) has been working closely with UNFPA to strengthen the design and implementation of what is now called 'Life Skills Education' (in primary school settings) and 'Comprehensive Sexuality Education' (in secondary school settings). This involved analysing existing teaching guides against the revised UN ITGSE. Here, various findings from the teaching guides were revealed: first, there was a lack of focus on some content, such as gender, rights, sexual behaviour and equitable social norms. Second, the curriculum lacked a progressive link from the primary to the secondary level. Third, participatory methods, while included, were not clearly aligned with the curriculum. Finally, there was no connection with health services or parent and community engagement.

Through a participatory process led by the MoES and involving teachers, civil society and UN agencies, key learning objectives for CSE were agreed on, which were used to develop lesson plans per grade. At the same time, MoES, along with a range of partners, has begun rolling out teacher training across the country, with trained teachers delivering sexuality education to over 25,000 secondary students in 2019. Training modules have also been introduced in eight teacher training colleges across the country, and in 2020, a partnership was established with the Faculty of Education at the National University of Laos.

In scaling up school-based CSE across the country, MoES is ensuring that communities understand the rationale behind this important intervention. Principals and representatives from parent-teacher associations are included in the training to ensure that teachers have full support. While teachers still face some challenges, monitoring to date has found that many teachers are feeling confident about implementing sexuality education.

Also, as part of the design of teacher training, local health service providers participate, building important links between teachers and health staff and facilitating easy referral to adolescent-friendly health services. In addition, MoES and the Laos Youth Union have developed a mobile application, *Noi Yakhoo* (*Noi wants to know*), which answers learners' questions about sexual and reproductive health.

When schools in Laos closed due to the COVID-19 pandemic, MoES promoted the Noi Yakhoo app to students. MoES and UNFPA also developed a series of 10 CSE videos, which have been broadcast on the MoES TV channel. With schools reopening, teachers are now also using the videos in the classroom.

Table 1
Major data sets used in this report

Datasets	Overview	Years collected	Countries/territories represented
National Commitments and Policy Instrument (NCPI)	Collected by UNAIDS to measure progress in the development and implementation of national-level HIV and AIDS policies, strategies and laws	2017, 2019	From 130 to 133 countries/territories around the world, except North America, report on the availability of education policies in primary, secondary education and teacher training. From 45 to 67 countries/territories report on their school coverage rates in primary and secondary education.
Unified Budget, Results and Accountability Framework (UBRAF)	Follows the progress of the UNAIDS Joint Programme (including all 11 co-sponsors) towards the achievement of the 2016-2021 Strategy	2016, 2017, 2018, 2019	88 countries/territories around the world, except Central and Western Europe, North America and the Middle East.
SDG thematic indicator 4.7.2	Assesses progress towards implementation of life skills-based HIV and sexuality education in all schools	2016, 2017, 2018, 2019	A few countries/territories (about 30) report on this indicator.
Sexuality Education Review and Assessment Tool (SERAT)	Provides a detailed review of curriculum content by age group, teacher training, and policy, and a snapshot of national health and social indicators	2011-2019	Data from 24 countries of sub-Saharan Africa were analysed and presented for this report.
BZgA / IPPF questionnaire	Reviews the development and current status of sexuality education focusing on implementation components	2018	25 countries in Europe and Central Asia.
2019-2020 Survey on the Status of CSE	Reviews the development and current status of sexuality education focusing on implementation components	2020	60 countries across Asia and the Pacific, sub-Saharan Africa and Latin America and the Caribbean.

More details about the data sets used in this report can be found in Annex 2.

Limitations

This report has made an effort to gather and use the most up-to-date data but recognizes that progress and setbacks will continue and the picture will change over time. Efforts have been made to draw on a wide range of data sources, and triangulate different data sources where possible to paint a picture of the status of CSE. Nevertheless, there are limitations in terms of data availability, comparability and quality.

While there are many relevant indicators across different multi country data sets that provide a useful insight into certain elements of sexuality education (e.g., policy), they do not provide a full picture across all the factors ensuring sexuality education, such as implementation, coverage, quality and comprehensiveness. In addition, given that major data sets drawn on in this report were primarily collected between 2016 and 2020, the situation may have changed in the intervening period. Not all countries report on these indicators and much of these data are self-reported. This means that different stakeholders within government, or sometimes the UN, will be responsible for reporting and countries sometimes have different interpretations of the

indicators or varied sources for their numbers. Many of the global data sets have been developed with the specific intention of monitoring in the area of HIV and AIDS. This means that not all survey tools are designed with the specific intention to monitor CSE, but rather refer to HIV and/or life skills education.

The 2019-2020 survey on the status of CSE was designed to collect information on a range of factors central to the design and implementation of CSE. The survey was administered in 60 countries and some regions are not represented. There were also a number of limitations related to the subjectivity and different interpretation of the survey questions. For example, the comprehensiveness of curricula was self-assessed by each country and does not necessarily reflect global standards. The terms '*extensively*' and '*briefly*' in relation to coverage of sexuality education topics were also not defined in the survey tool.

2. Status of CSE

2.1 Laws & policies

International and regional agreements have been influential in holding governments accountable for developing policies on sexuality education.

International agreements

Children and young people's access to education on sexual and reproductive health are grounded in international human rights conventions that stress the right of every individual to education and to the highest attainable standard of health and well-being. These rights are endorsed in the Universal Declaration on Human Rights; the Convention on the Rights of the Child; the Convention on the Elimination of All Forms of Discrimination against Women; and the Convention on the Rights of Persons with Disabilities.

The 1994 International Conference on Population and Development (ICPD) Programme of Action calls for sexuality education, counselling and support mechanisms for adolescents, and identifies essential topics (United Nations, 1994), with further commitments in the statement marking the 25th anniversary in 2019.

Other political declarations and resolutions that include commitments and calls to scale up and/or give attention to scientifically accurate age- and culturally-appropriate CSE include the UN General Assembly 2016 Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030; the Commission on the Status of Women 2016 Resolution on Women, the Girl Child and HIV and AIDS; and the Commission on Population and Development 2014 Resolution on Assessment of the status of implementation of the Programme of Action of the International Conference on Population and Development (United Nations, 2014, United Nations, 2016a, United Nations, 2016b).

Within the Sustainable Development Goals (SDGs) agreed by governments in 2015 to guide development priorities globally until 2030, Goal 4 on achieving quality education for all, includes an optional, thematic indicator specifically focusing on sexuality education (see Table 1).



Kwame Amo/Shutterstock.com

Regional frameworks

Regional agreements among countries may equally provide a supportive framework, and in some cases include specific commitments around the implementation of sexuality education. Such regional agreements include:

- The Latin America and the Caribbean (LAC) Ministerial Declaration 'Preventing Through Education' (2008), agreed upon by 30 Ministers of Health and 26 Ministers of Education² and, more recently, the Montevideo Consensus on Population and Development (2013), in which 38 LAC countries agree to ensure the effective implementation of 'comprehensive sexuality education' from an early age, with an emphasis on participation and intercultural approaches;

² Ministries of Health: Antigua and Barbuda, Argentina, Barbados, Belize, Brazil, the Plurinational State of Bolivia, Chile, Colombia, Costa Rica, Cuba, Mexico, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Nicaragua, Panama, Paraguay, Peru, Dominican Republic, St. Vincent and the Grenadines, St. Kitts and Nevis, Suriname, Saint Lucia, Uruguay, the Bolivarian Republic of Venezuela.

Ministries of Education: Argentina, Bahamas, Barbados, Belize, Brazil, the Plurinational State of Bolivia, Chile, Colombia, Costa Rica, Cuba, Mexico, Ecuador, El Salvador, Guatemala, Guyana, Haiti, Honduras, Jamaica, Nicaragua, Panama, Paraguay, Dominican Republic, Suriname, Saint Lucia, Uruguay, the Bolivarian Republic of Venezuela.

- The ‘ESA Commitment’ (2013), a ministerial commitment to CSE and sexual and reproductive health services for young people endorsed and approved by 20 countries³ within the Eastern and Southern Africa (ESA) region. Discussions are currently underway to renew the commitment until 2030;
- The Asia and Pacific Ministerial Declaration on Population and Development (2013), which commits 47 countries to the design, funding and implementation of ‘comprehensive sexuality education and life skills’ programmes that ‘provide accurate information on human sexuality, gender equality, human rights, relationships, and sexual and reproductive health, while recognizing the role and responsibilities of parents’ (Cousins, 2018, DAWN et al., 2013).

Progress towards commitment is evident in other regions. For example, in West and Central Africa (WCA), countries have expressed the wish to strengthen the political environment for culturally appropriate CSE programmes. Several of them have already produced recommendations through consultations with a wide range of stakeholders. Those recommendations will ultimately inform a commitment to be endorsed by ministers of education and health across the subregion.

Enabling legal and policy environment at country level

At country level, a national law or policy that stipulates the delivery of some form of sexuality education provides a critical guiding framework for the development of curricula, teacher training and student assessment. This could include laws or policies that use the terminology ‘sexuality education’, or those that focus on life skills-based education for the prevention of HIV, unwanted pregnancy, gender-based violence (GBV) and/or other health-related issues. Legislation can ensure the state’s role as the guarantor of the right to a quality education, with sexuality education being in some cases an explicit part of this definition. A lack of legislation and resources to install and implement CSE in education systems can make it vulnerable to political or cultural shifts in priorities.

Evidence on the availability of supportive and enabling legal frameworks, as well as laws or policies for promoting and implementing sexuality education in the education sector, is drawn from the National Commitments and Policy Instrument (NCPI) 2017 and 2019, the 2019-2020 Survey on the Status of CSE, and the 2018 BZgA and IPPF EN Survey on Sexuality Education in Europe and Central Asia.

Overall, according to the available data, 85 per cent or 132 of the 155 reporting countries said that they have policies (or, in some cases laws or legal frameworks) related to sexuality

education. Half of the countries reported that they have education policies on ‘life skills-based HIV and sexuality education’ in both primary and secondary schools and 19 per cent said they have policies only in secondary education. The remaining countries referred to an overall supporting legal framework, which includes laws, decrees, acts and policies.⁴

When specifically analysing the NCPI data, considerably more countries report having education policies on ‘life skills-based HIV and sexuality education’ at secondary education level than at primary level. Of the 133 countries that responded either in 2017 or in 2019, 81 per cent said that they had policies according to international standards at the secondary level, in contrast to 60 per cent at the primary level.

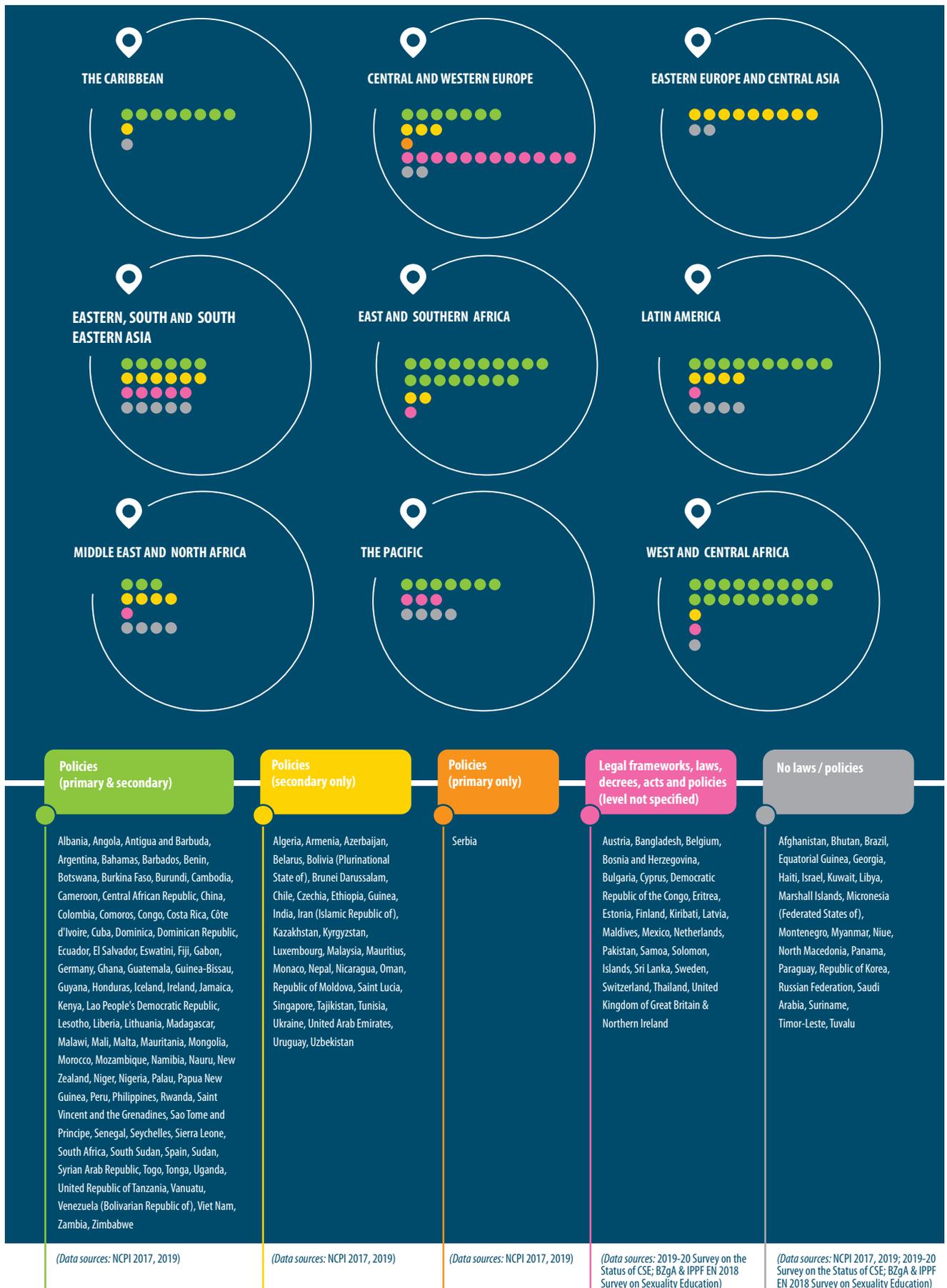
In all regions, it should be recognized that what is reported on as ‘sexuality education’ varies across countries, with some policies and strategies focusing on a range of sexual and reproductive health issues, and others focusing more specifically on life skills and prevention of HIV. Moreover, the picture of the policy environment becomes more nuanced when consulting other sources. For example, a study on sexuality education in sub-Saharan Africa (SSA) conducted in 2017, found that a policy or strategy to promote ‘life skills-based HIV education for young people’ existed in 27 out of 32 countries, with a higher percentage (94 per cent) of countries in ESA than in WCA (73 per cent) (UNESCO, 2018). Policy analysis for 15 countries (the bulk of which are in SSA) by the Population Reference Bureau found that discussion of CSE within policies is often unclear and complicated to assess. In general, even though countries mention sexuality education in their reproductive health policies, there is no guidance on the components of a sexuality education curriculum nor on how to implement it. Only 1 of 15 countries was considered to have a strong policy environment; all the others were categorised as having room to improve (Population Reference Bureau, 2020).

In Asia, the majority of countries have a national law, policy or strategy that refers to the provision of sexuality education, and in the Pacific approximately half the countries have policies in place. Two countries have mandated the provision of sexuality education by law: the Philippines, and Thailand (UNFPA et al., 2020a). However, in a recent development in China, an amendment to the law on the protection of minors was passed in October 2020, by the National People’s Congress Standing Committee declaring that schools, including kindergartens, should conduct ‘age-appropriate sex education for minors’ (Xinhua News Agency, 2020). Although the government has issued policies on sexuality education for decades, implementation has been limited and uneven throughout the country. Sexuality education in schools will be mandatory by law starting in June 2021.

³ Angola, Botswana, Burundi, Democratic Republic of Congo, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, South Sudan, Swaziland, Uganda, United Republic of Tanzania, Zambia, and Zimbabwe.

⁴ It should be noted that these datasets have slight differences in the way in which questions were formulated. The NCPI referred to the education policies on life skills-based HIV and sexuality education. On the other hand, the 2019-2020 Survey on the Status of CSE and regional studies asked questions about the awareness of national laws and policies relating to sexuality education or other related subjects in the formal education system.

Figure 1
Laws and/or policies relating to sexuality education



A 2017 UNFPA report on Latin America found that although all 18 countries in the review have some legal basis for sexuality education, only 7 of 18 had a 'sexuality education policy'; and only two — Argentina and Colombia — had a specific law on sexuality education.

A 2018 regional report on Europe and Central Asia (ECA)⁵ states that 21 out of 25 countries have a law, policy or strategy requiring or supporting sexuality education in schools, and 18 have a clear legal basis for it (Ketting and Ivanova, 2018). The majority of these countries updated their laws between 2010 and 2016. As in other regions, some countries have a policy or strategy, but no law. Even in countries with long-standing traditions of sexuality education, multiple policies that conflict with each other, or emphasize different obligations, can leave important considerations up to the discretion of schools (Ketting and Ivanova, 2018).

Although a positive national-level policy environment is one of the key factors to successful implementation of sexuality education programmes (Panchaud et al., 2019, UNESCO, 2010, UNFPA, 2017a), the reality behind these laws and policies is complex. While the existence of a supportive policy and/or law is a useful indicator of commitment to CSE in rhetoric, it must be followed up with resource allocation and implementation efforts. Presently, many existing policies are not binding or support for sexuality education may be dispersed throughout different programmes and strategies. Few countries have a national policy specifically on sexuality education (Panchaud et al., 2019).

While policy is central to providing the impetus for implementing sexuality education, and many countries are moving in a positive direction, in other countries, there have been explicit efforts to block or reverse policies, laws or implementation of sexuality education. This often reflects concerns that sexuality education may clash with cultural values or interfere with the family's role in educating children, or a misguided fear that sexuality education could lead to early sexual activity. In some countries, opposition has been experienced as a cultural or political crisis, involving such significant public debate that governments have paused, or completely removed an existing curriculum. In Jamaica, Zambia, Uganda and Mali for example, vocal and public concerns expressed by some sections of society led to governments urgently debating, then reviewing, amending or withdrawing sexuality education programmes (Ninsiima et al., 2019, Lusaka Times, 2020, The Associated Press, 2012, Thurston, 2019). In Japan, socio-political disagreements about what should be taught in the classroom culminated in 2003 in a number of teachers being subject to disciplinary action by the Tokyo Metropolitan Board of Education. The case was challenged, and eventually overturned in 2009. However, the intervening years of public debate and legal dispute led to a 'shifting landscape of sex education' with

serious concerns among educators about the risks of teaching (Fu, 2011) and longer term negative impacts on the legal framework and teaching of sexuality education.

It should be noted that a change of government can dramatically shift the support for implementation of sexuality education. In LAC, governmental administrative changes have been identified as the most significant barrier to sexuality education implementation (UNFPA, 2017b). Changes in government point to the need to back policy or law by building a permanent team committed to sexuality education within the responsible ministry, although even this strategy cannot guarantee immunity from the effects of political shifts (UNESCO and Guttmacher Institute, 2019).

In some settings, CSE is not only subject to progress and setbacks in support, but has experienced significant opposition resulting in set-backs in its implementation. In jurisdictions as varied as Poland, Brazil and the province of Ontario, Canada, for example, newly elected governments have promoted specific legislation or policies to withdraw sexuality education policies or curricula, as part of wider social measures (Alphonso, 2018, Pak, 2018, Human Rights Watch, 2020, Paiva and Silva Valeria, 2015). In Poland, proposed legislation extends beyond the retraction of sexuality education curriculum to include the criminalisation of teaching children about sex or sexuality. In Brazil, following many years of public acceptability of sexuality education in schools as an HIV prevention intervention, recent fundamentalist movements have led to recurrent waves of backlash on both health and educational policies relating to sexuality education. For example, in 2015, a national action of conservative politicians successfully eliminated any mention of 'sexuality' or 'gender' from numerous municipal educational plans (Paiva and Silva Valeria, 2015, Borges and Borges, 2018). In Ontario, Canada, guidance issued in 2018 mandated teachers to revert to an old sexuality education curriculum, putting aside a newer version which had been rolled out in 2015 and which included such topics as cyberbullying, consent, same-sex relationships and gender identity (Bialystok, 2018). A web portal was established for parents to report teachers who were failing to comply.

Without a strong policy to guide implementation in schools, sexuality education is often left in the hands of civil society and youth-based organizations, sometimes without a clear framework or consensus on how to organize and mobilise these efforts, meaning that many learners will miss out. While CSOs and youth organizations certainly play a valuable role in delivering sexuality education outside the classroom, this is a missed opportunity for reaching a significant proportion of learners within the structured delivery of their wider education by trained teachers, and risks leaving many without essential information and skills for their future.

⁵ Albania, Austria, Belgium (Flanders region), Bosnia and Herzegovina (Canton Sarajevo), Bulgaria, Cyprus, Czech Republic, Estonia, Finland, Georgia, Germany, Ireland, Kazakhstan, Kyrgyzstan, Latvia, the former Yugoslav Republic of Macedonia, The Netherlands, The Russian Federation, Serbia, Spain, Sweden, Switzerland, Tajikistan, Ukraine, England (United Kingdom).

Case Study 2

ENGLAND INTRODUCES STATUTORY RELATIONSHIPS & SEX EDUCATION

In England, statutory guidance released in 2020 makes it compulsory for all schools to teach Relationships Education at primary level and Relationships and Sex Education at secondary level.

This change in the policy arose from concern about limited attention to this subject, with the curriculum last updated in 2000, and limited guidance provided to schools. Following over a decade of calls to make Sex and Relationships Education (SRE) compulsory, as well as concerted advocacy efforts from civil society, an Education Select Committee inquiry into SRE was held in 2014, resulting in the recommendation for SRE to be statutory with a strong emphasis on its critical role in the protection and safeguarding of children's health and well-being (House of Commons, 2015, Sex Education Forum, 2020). It subsequently took a range of national advocacy campaigns, pressure from parents and learners, and concerted campaigning with members of parliament to see the legislation changed. Around this time, concerns about sexual abuse of children as well as the accessibility of digital pornography convinced many members of parliament that mandatory SRE was essential (Sex Education Forum, 2020, House of Commons, 2016).

The new statutory guidance is based on the rationale that to lead a happy and successful adult life, 'pupils need knowledge that will enable them to make informed decisions about their health, well-being and relationships and to build their self-efficacy' (Department for Education, 2020b). In developing the guidance, the department took into account submissions from 23,000 parents, young people, schools and experts and consulted with over 40,000 members of the public. This included views on age-appropriate content on mental well-being, staying safe online and LGBT issues in the updated subjects.

With some flexibility provided for timing given the challenges posed by COVID-19, schools are expected to implement the regulations between 2020 and 2021. Schools are free to determine *how* to deliver the content set out in this guidance, in the context of a broad and balanced curriculum. Implementation Guidance has been published by the Department to help schools with practical steps towards implementation (Department for Education, 2020a).

The journey towards making SRE compulsory across schools has not been without resistance from a small constituent of concerned community members, although the majority of parents have been supportive. As part of implementation, schools are required to consult parents on their SRE policy, with the department providing guidance on best practice parental engagement (Department for Education, 2019a). It is hoped that this process will garner support from parents as well as encourage them to take a more active role in discussing the topics with learners at home.

Advocates for SRE hope that these changes in policy will raise its status, with the result that it will be taken more seriously as a school subject and lead to pathways for teachers to become professionals in this subject area.

Implementation of the regulations will be monitored by the Office for Standards in Education, Children's Services and Skills (OFSTED), the independent quality regulator for schools. An evaluation is planned by the department.

Case Study 3

A JOURNEY TOWARDS CSE IN TUNISIA

Sexuality education is currently undergoing a major reform in Tunisia, following concerted advocacy from a wide range of stakeholders. Sexuality education is backed by the first national law to combat violence against women, passed in 2017, which mandates *l'éducation à la santé et à la sexualité* (education for health and sexuality) (Republic of Tunisia, 2017, see Article 7).

Strong advocacy efforts for sexuality education directed towards the Ministry of Education (MoE) have been led by the Arab Institute for Human Rights, the Tunisian Association for Reproductive Health (IPPF affiliate) and UNFPA (UNFPA, 2020b). Following a 2017 conference, an Expert Committee was established, which included members from the MoE. This group continued to advocate to the MoE, and started developing a range of teaching and learning resources for potential future use. In 2019, increasing reports of sexual harassment and violence in schools triggered the MoE to step up its efforts to strengthen sexuality education. The ministry released a circular mandating sexuality education for all learners aged 5-18 and appointed a ministry staff member to manage efforts.

Further members joined the expert group, including representatives from the Ministry of Health, the Ministry of Women, Family and Children, education unions, teachers and youth, who worked together to integrate topics and learning objectives, guided by the revised UN ITGSE into the curriculum across several subjects, with recognition of local context. Teaching and learning resources that support the curriculum have also been developed, and braille and audio adaptations are being made for learners with disabilities.

There has been some opposition from parents and religious leaders throughout the process and efforts have been made by MoE, UNFPA and CSOs to address misconceptions and ensure that the broader community understands the rationale for sexuality education. The Tunisian Association for Reproductive Health has worked with media organizations to clarify the intention of sexuality education, which has been central to challenging community misconceptions. As there was major pushback by teachers of Islamic Studies, representatives were invited to join the expert committee and have been part of efforts to revise some of the language seen as more sensitive.

There are plans for all teaching and learning tools to be made available online. There will also be an interactive online forum where people can ask questions and make suggestions. A digital app is under development, which will provide another platform for learners to access information.

With two recent changes of government in Tunisia and the onset of the COVID-19 pandemic, implementation has been delayed. However, with the curriculum and training tools ready to go, and a pool of trained master trainers, it is hoped that a two-year pilot in schools across 13 governorates – including schools for learners with disabilities – will begin soon.

Decentralisation

In addition to policies, another factor that can influence sexuality education implementation nationwide is decentralisation of policy-making, financing and decision-making to provinces, districts or schools. On the positive side, decentralisation enables local governments to initiate programmes that are more responsive to local needs, but it can also lead to inequalities and inconsistencies across a country.

In Nigeria a nationwide programme to scale up CSE was decentralised. While this meant that the process was better managed and supported in some states than in others, it is credited for reaching near-nationwide implementation with the decentralised model allowing for tailored implementation across all 36 states (Chandra-Mouli et al., 2018a, Udegbe et al., 2015). In Asia, countries with decentralised education systems such as India, Pakistan and Vietnam may have national strategies, but the decision to make the curriculum mandatory is made at the state or provincial level. As a result, in practice, sexuality education is not necessarily mandatory nationwide (UNFPA et al., 2020a). In Chile, delegating responsibility for certain content to the school level affected programme coherence and support to teachers (UNESCO, 2019c). In Bulgaria, local governments develop the school budget, producing significant variations in the amount of money available (Ketting and Ivanova, 2018). On the other hand, in Germany, states have autonomy to determine the curriculum, but a national framework sets required standards, which ensures a high degree of comprehensiveness nationally (Ketting and Ivanova, 2018).

Government budget allocation

While a policy and/or legal frameworks are important to provide the impetus for CSE, commitment to sexuality education needs to be reflected in resource allocation. Domestic financing through government allocation of funds is an indicator of commitment to ensuring that CSE is delivered and will be sustained. Out of 48 countries that responded to the 2019-2020 Survey on the Status of CSE, 79 per cent, or 38 countries, said that the government allocates some financial resources to sexuality education in schools. Sources of the funding vary from the ministry of education budget, congressional or parliamentary allocation, regional and local budgets, and other line ministries. While these findings are promising, indicating that sexuality education is integrated into national systems in the vast majority of these countries, it should be noted that the data comes from a limited number of reporting countries with existing commitment to delivering sexuality education, and therefore, may not be a reflection of regional or global trends.

For countries that have decentralised education systems, the decision to fund CSE is made at the state or provincial level. For example, the scale up of the Udaan programme in India was possible in part because the state education department committed human resources and infrastructure for delivering the programme in schools, although

it also relied on sustained donor funding for technical support provided by an NGO (Chandra-Mouli et al., 2018b).

While it is promising that many countries are reporting allocation of budget to CSE, there is also evidence that in some low- and middle-income countries external donor funding continues to make an important contribution. While critical for donors to continue to support countries in their journey towards CSE as part of nationally-driven efforts towards HIV prevention, gender equality and general quality of education, this can lead to the perception that CSE is a foreign agenda. It can also have implications for its sustainability and ownership. Bosnia and Herzegovina, for example, was supported by the Global Fund and IPPF to create its curriculum, but efforts declined when those partnerships ended (Ketting and Ivanova, 2018). On the other hand, national scale-up efforts in Nigeria, which have been credited as being sustained, were funded jointly by the federal and state level government along with a range of donors (Huaynoca et al., 2014, UNESCO, 2010).

Case Study 4

COMMITMENT TO, AND SCALE UP OF, CSE IN JHARKHAND STATE, INDIA

Udaan is a school-based adolescent education programme, implemented at scale in Jharkhand, India since 2006. By September 2019 it had reached over one million students and is recognized as a strong model of government-NGO partnership. Udaan began as an Adolescent Reproductive and Sexual Health programme led by the State AIDS Control Society but was subsequently mainstreamed into the Department of Education.

In India, responsibility for sexuality education is decentralised to a state level. Although several factors can be attributed to its scale-up success, state-level government commitment in Jharkhand has been key. The state education department provides all the human resources and infrastructure for delivering the programme in schools through trained teachers and for supervising the effort through dedicated functionaries at state and district level. A State Level Core Committee under the chairpersonship of the Secretary of Education reviews progress and makes decisions on strategy and directions. A State Level Officer from Education Services has been designated to coordinate and extend necessary administrative support to the programme. The Udaan curriculum has been integrated into the regular school academic textbooks and into the in-service and pre-service education of teachers in Jharkhand. Udaan has also served as a blueprint for the national School Health and Wellness Ambassador Initiative, a school-based health and wellness programme, which has recently been rolled out as the third pillar of government's Ayushman Bharat programme.

Udaan is the only at-scale, state-run initiative of its kind in the country. Its reach is also thanks to a knowledgeable and committed NGO partner, Centre for Catalyzing Change (C3), sustained funding from the Packard Foundation, and a commitment to constant improvement through evaluation. Nonetheless, it has been the enabling policy environment created by the government that has provided a solid basis for its sustainability (Chandra-Mouli et al., 2018b).

2.2 Coverage

While from a policy perspective there is evidence that countries are committing to sexuality education, it is also important to look at implementation. How many schools are actually implementing sexuality education? National-level coverage data gives some indication of progress in implementation, although the data are often not collected through school surveys, census or administrative databases, such as Education Management Information Systems (EMIS), and may reflect an estimate made at the central level.

The data on the coverage of sexuality education programmes have been triangulated and generated from three sources: the NCPI, the Sustainable Development Goals (SDG) Thematic Indicator 4.7.2, and the 2019-2020 Survey on the Status of CSE.

According to the available data, about two-thirds of reporting countries stated that between 76 and 100 per cent of their schools in the country were providing sexuality education. The remaining countries reported lower levels of coverage (Figure 2).

Both NCPI and SDG Thematic Indicator 4.7.2 use the globally recommended indicators on sexuality education as per international guidance (UNESCO et al., 2018, UNESCO, 2013), which provides a standardised benchmark as measured by inclusion of the following content:

1. generic life skills (such as decision-making, communication, and negotiating skills);
2. sexual and reproductive health and sexuality education (such as human growth and development, relationships, reproductive health, sexual abuse and transmission of sexually-transmitted infections); and
3. HIV transmission and prevention.

The 2019-2020 Survey on the Status of CSE only asked the question about the percentage of schools providing sexuality education, with reference to the definition provided in the revised UN ITGSE (UNESCO et al., 2018).

Case Study 5

A JOURNEY TOWARDS CSE IN JAMAICA

The Health and Family Life Education Programme (HFLE) has existed in Jamaica since 1997, but it was in 2004 when it was mandated as a government policy through a cabinet decision that still holds today. In 2006, the HFLE curriculum was revised to incorporate life skills, address gaps and align with new standards and core outcomes of the 20-country Caribbean community (CARICOM) Regional Framework for HFLE. During the period 2007-2012, through financial support from international development partners, UNICEF and the Global Fund, and technical support from the National HIV/STI Programme in the Ministry of Health, the Ministry of Education embarked on a series of sensitisation and training sessions to roll out the revised curriculum in all schools at the primary and secondary level. Led by a national coordinator, whose post was funded by the government, a team of health promotion specialists was also employed to monitor implementation of the programme across the country.

In 2012, the government of Jamaica earmarked national funding to HFLE in order to institutionalise the programme. That year, the posts of HFLE officers were established and their salaries were completely funded by the government.

Implementation of HFLE in Jamaica has not been without its challenges, not just as a non-academic subject, but particularly because of its inclusion of a sexuality and sexual health theme. In 2012, the Ministry of Education was forced to withdraw its secondary curriculum due to concern about content relating to sexual orientation. Instead of completely removing the subject, the government responded by embarking on a process of revision in collaboration with different stakeholders, including faith-based organizations (FBOs). This interactive, collaborative process required many consultations and meetings, and a thorough review of data, content and language to establish common ground. Following revision, the curriculum was relaunched in 2013, and included core values among the set of guiding principles.

Since 2007, the HFLE curriculum has undergone a number of revisions to meet the needs of the students and reflect Jamaican context, with the most recent process commencing in 2016 to produce a new version of the HFLE curriculum.

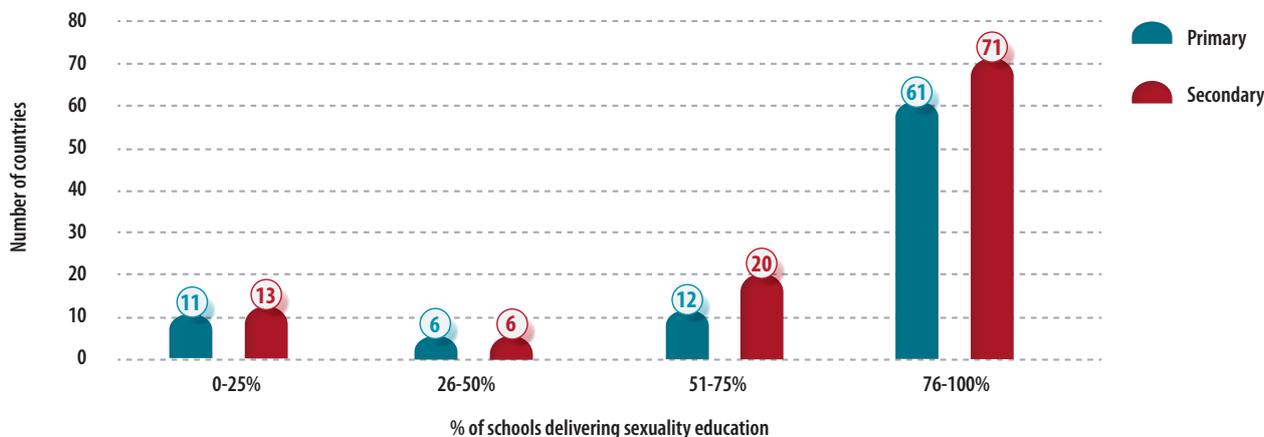
The curriculum revision process has been largely driven by data and involved consultants who developed the curriculum and engaged subject specialists, curriculum officers and technical expertise from key stakeholders. However, the revision of this new version of the curriculum has been led by the national coordinator and a team of HFLE officers with support from HFLE master trainers and technical experts in each field.

This latest revision again entailed convening and bringing on board stakeholders to engage in the process, but involved an even wider cross-section than in previous years. Additionally, interest groups from both civil society and FBOs were also engaged in a more comprehensive review process of the sexuality and sexual health programme for all grade levels, and representatives were exposed to the documents at the same time, at the same table, to together review and address any gaps or areas of concern.

In 2016 the profile of HFLE was raised, as it was transferred from the Guidance and Counselling Unit to the Core Curriculum Unit of the Ministry of Education, including it as part of the National Standard Curriculum and in national training activities.

Lessons learned from Jamaica's experience point to the importance of consulting a broad range of stakeholders, including FBOs, in the development of HFLE and establishing a monitoring framework to support implementation and delivery of the curriculum in schools. The implementation of the curriculum, once a major challenge, is accepted and supported by teachers, principals, parents and the broader community.

Figure 2
National sexuality education programme coverage rates



Data sources: Analysis of NCPI 2019, SDG 4.7.2 and the 2019-2020 Survey on the Status of CSE.

These findings may depict an overly optimistic picture and should be read with caution. Divergent ideas about what constitutes sexuality education, unclear or different definitions of terms, invalid assumptions (for example, some countries may assume that if the sexuality education curriculum is mandatory, then all schools following the national curriculum are delivering sexuality education), limitations of national data collection and reporting systems for these datasets contribute to reporting of numbers that may be inflated.

Other data sources can provide a complementary, and sometimes divergent perspective. According to a regional study in SSA, almost all responding ESA countries ‘agreed’ or ‘strongly agreed’ that implementation of ‘school-based HIV education’ for young people had increased in the last year (UNESCO, 2018). In contrast, only 27 per cent (4/15) of responding WCA countries ‘agreed’, and none ‘strongly agreed’. Overall, the SSA study concludes that most countries have yet to implement sexuality education at scale.

Coverage data also falls short of detailing the important yet more complex question of quality of curriculum content and delivery. In some cases, it is likely that high quality or comprehensive content may be being delivered as part of a small discrete project, but with very low coverage. An indication of quality may also be better reflected in specific research with learners and teachers. For example, research on student perspectives from a number of different countries shows that they often feel that they received information too late and would have preferred the sexuality education programme to have started earlier in their schooling (UNFPA et al., 2020a, Irvin and Trang, 2018, Awusabo-Asare et al., 2017). So while the coverage data available do not specifically highlight a difference in coverage between primary and secondary school levels nor the quality of the education delivered, qualitative research can shed light on the differences in delivery of sexuality education to younger and older learners, as well as provide an indication of quality.

2.3 Curricula: breadth and relevance of content

Existence of curricula

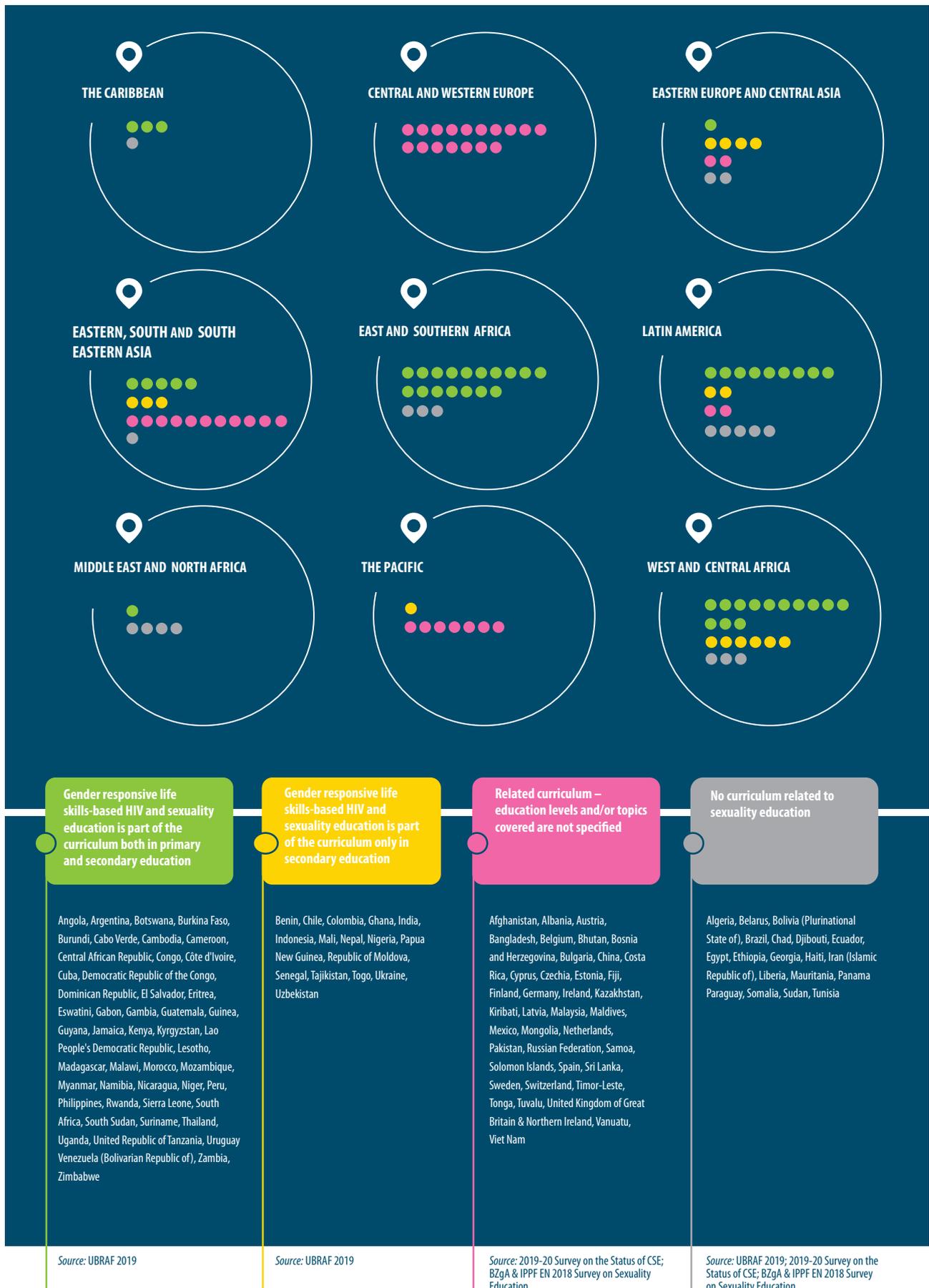
In recent years, many countries have been developing or revising their national curricula, bolstered by international guidance. Some countries have a long history of curricula that includes certain components of sexuality education, while for others, this is relatively new.

The data on the availability of the sexuality education curriculum are drawn from the UNAIDS Unified Budget, Results and Accountability Framework (UBRAF), the 2019-2020 Survey on the Status of CSE and regional reviews in Europe and Central Asia 2018 (Ketting and Ivanova, 2018).

According to the available data, of 123 countries that reported, 85 per cent or 104 countries indicated that relevant sexuality education content and topics are covered in their national curriculum. A total of 49 countries reported having gender responsive life skills-based HIV and sexuality education curricula both in primary and secondary education and 16 reported only at the secondary level. The remaining 39 countries referred to the availability of the curriculum without specifying levels of education or topics covered (see Figure 3).

When the data are analysed by the levels of education (UBRAF), more countries reported that ‘gender responsive life skills-based HIV and sexuality education is part of the curriculum’ at secondary level than at primary level. Of the 88 countries reporting to UBRAF in 2019, 72 per cent stated that sexuality education was part of their secondary school curriculum. In contrast, only 55 per cent reported the same for their primary schools.

Figure 3
Curricula related to sexuality education in the education system



Case Study 6

BODY-EMOTION EDUCATION FOR PRE-PRIMARY SCHOOL CHILDREN IN FINLAND

In Finland, sexuality education has been integrated into school programmes since 1970, and it has been a part of the larger area of Health Education since 2004. Recently, there have been strong calls to integrate sexuality education into national curricula for early childhood education settings.

In 2013–14, the Family Federation of Finland (a Finnish NGO) carried out a survey of 1,100 early childhood education professionals and parents of one-to-six-year-olds, exploring the experiences of and attitudes towards sexuality education for young children. It found that while many did not like to use the term ‘sexuality’ in relation to young children, there was consensus that pre-school children do need knowledge and skills about safety, sexuality, bodies and emotions, and that such knowledge and skills are critical to ensure that children learn healthy values, attitudes and norms, and respect for their own and others’ bodies. They also believed that such education provides children with the knowledge and skills to identify and report potential abuse. The study also found that early childhood education professionals were not currently delivering sexuality education and lacked confidence in how to do this (Cacciatori et al., 2020).

The commitment to move towards formalised teaching of sexuality education for pre-school children has been reflected in policy discourse, with the National Institute for Health and Welfare prioritising sexuality education in early childhood settings in their Action programme for the promotion of sexual and reproductive health in 2014–2020, a flagship document which presents the national goals for sexual and reproductive health (Klemetti and Raussi-Lehto, 2018). In 2016, the Finnish National Agency for Education delivered new instructions for early childhood education. Although this does not refer explicitly to ‘sexuality education’, preferring the more accepted terminology of ‘body and emotion education’, it captures the core features of sexuality education, presented in an age-appropriate way for young learners. Municipalities are required to develop local curricula and qualification requirements based on national instructions.

In 2020, with encouragement and support from the Family Federation of Finland, at least 22 municipalities out of the country’s 311 included sexuality education as a part of their mandatory local curricula. These municipalities cover 45 per cent of Finnish 0–6-year olds. In practice, this means that sexuality education is already being provided in many pre-schools, but not in all. The Family Federation of Finland has been instrumental in developing age-appropriate teaching and learning resources and delivering teacher training.

In SSA, most countries in the ESA region now include sexuality education in the curriculum. Often this has occurred in the context of wider curriculum reform. A 2018 regional report found that six countries in ESA and two in WCA reported having approved and adopted revised curricula for both primary and secondary education levels. Other countries reported that curriculum development or revision was underway (UNESCO, 2018).

In Asia, 16 of 20 countries reported that there is a national sexuality education curriculum at the primary level, while this was the case for 6 of 8 countries in the Pacific. At the secondary level, the proportion is slightly higher: 16 of 20 have a national curriculum in Asia, compared with 7 of 8 in the Pacific (UNFPA et al., 2020a).

A 2017 regional report on LAC found that sexuality education appears to have advanced in the region, with curricula organized by ‘competencies’ and sexuality education given a specific position in the curriculum. According to this report, half of the 18 countries included had a ‘complete’ or ‘advanced’ conceptual or theoretical framework for sexuality education, another 40 per cent had a ‘medium’ or ‘initial’ framework, and a final 11 per cent had none.⁶ The same report confirms that sexuality education has advanced in the English-speaking Caribbean. Cuba and Uruguay were highlighted as standouts in terms of making substantial progress in incorporating sexuality education into the official curriculum (UNFPA, 2017b).

A UNFPA regional study of 20 Arab States reported that nine countries in the region teach some topics relating to sexuality education, usually basic human body and development, while only two officially include CSE in the curriculum (Tunisia and Qatar) (UNFPA, 2020b).

In ECA, most countries (14/21) have incorporated sexuality education into the formal curricula, with the remainder in the process of doing so (Ketting and Ivanova, 2018).

Stand-alone or integrated

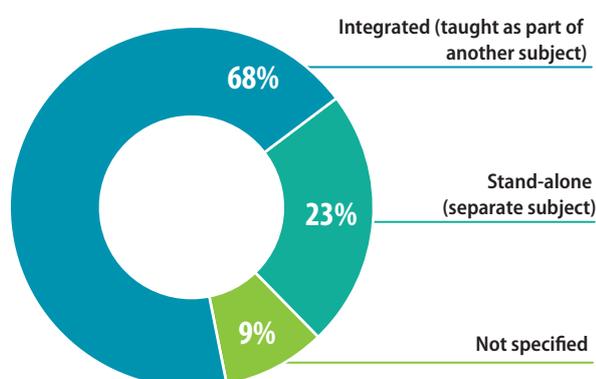
Different countries are using different approaches to bring sexuality education into the curriculum. Some integrate it across many subjects, others integrate it into just two or three, and still others have a stand-alone curriculum. There are advantages and disadvantages of each approach, and countries have varied experience. While some countries introduce sexuality education as a separate subject, or place CSE content within one existing subject, it can be more practical to build upon and improve what teachers are already teaching, and to integrate sexuality education across existing subjects (UNESCO et al., 2009). On the other hand, integrating sexuality education can make accountability, and assessment, difficult. A telling quote from a study in China captured the feeling that integration creates an atmosphere where ‘everybody’s responsibility becomes nobody’s responsibility’ (UNESCO and UNFPA, 2018).

Of 47 countries from Asia and the Pacific, SSA and LAC that responded to the question on ‘delivery mode’ in the 2019–2020 Survey on the Status of CSE, 68 per cent responded that sexuality education is integrated and taught as part of other subjects in primary education; 23 per cent reported

6 ‘Complete’ in 33%: Argentina, the Plurinational State of Bolivia, Cuba, El Salvador, the Dominican Republic, Uruguay; ‘advanced’ in 17%: (Guatemala, Peru, the Bolivarian Republic of Venezuela); ‘medium’ in 28%: (Colombia, Costa Rica, Honduras, Mexico, Nicaragua); ‘initial’ in 11%: (Ecuador, Paraguay); ‘none’ in 11% (Chile and Panama).

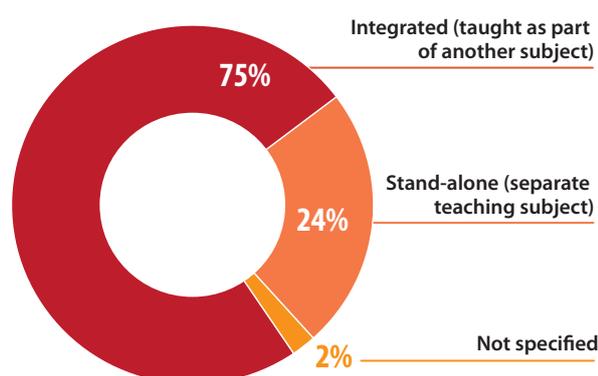
that it is taught mainly as a stand-alone subject. In secondary education, of 55 countries reporting, three quarters said that sexuality education is taught as part of other subjects and 24 per cent reported it is taught as a separate subject.

Figure 4
Sexuality education delivery mode (primary schools)



Data sources: Analysis of 2019–2020 Survey on the Status of CSE.

Figure 5
Sexuality education delivery mode (secondary schools)



Data sources: Analysis of 2019–2020 Survey on the Status of CSE.

A single-subject approach to sexuality education is applied in countries as far ranging as Nigeria, and Mongolia (Wood et al., 2015, Restless Development, 2016). In SSA, the Caribbean, Asia, and MENA, sexuality education is often delivered as part of a broader life skills or health course, which includes other topics, such as alcohol, tobacco and drugs, nutrition and traffic safety. It can be hard to discern how much of the life skills course actually covers the key concepts of sexuality education (UNICEF MENA, 2017).

Sexuality education is mostly taught as an integrated subject in Asia and the Pacific region. Nonetheless, there is variation among countries. For example, in Thailand, the decision on how to integrate sexuality education is made at the school level (UNFPA et al., 2020a).

Countries in the LAC region, which have traditionally favoured an integrated approach, appear to be moving

toward integration into fewer subjects. Sexuality education topics are most often inserted into natural sciences or health (80 per cent), social sciences (67 per cent), and civics/ethics (47 per cent) (UNFPA, 2017b).

In ECA, sexuality education is almost always inserted into one obligatory subject or integrated into a few core subjects. In Ukraine, Armenia, Moldova, Estonia and several other countries, sexuality education is part of a stand-alone obligatory subject; in Kyrgyzstan, it is part of obligatory homeroom classes (Ketting and Ivanova, 2018).

Mandatory or optional

Another central question is whether or not sexuality education is mandatory. It is often considered mandatory if and when it is integrated into mandatory core subjects. Optional content receives less attention and fewer resources, and parents, principals, teachers and students are likely to consider it less important. An optional status also creates uncertain expectations for teaching and for teacher and student assessments.

Of 58 countries from Asia and the Pacific, SSA and LAC that responded to the 2019–2020 Survey on the Status of CSE, 60 per cent said that their curricula for both primary and secondary levels were mandatory. In ECA, in only 11 out of 25 countries (less than half), is sexuality education mandatory in all schools.

However, it should be noted that even when mandatory, sexuality education is only going to be effective if a breadth of topics over time and the quality of delivery are also assured. For example, Nepal's sexuality education is part of the compulsory curriculum, but it only covers reproductive health (TimilSina, 2017). Singapore has made sexuality education mandatory since 2000, yet the content focuses on abstinence only (Cheng, 2018). These examples underscore that making sexuality education mandatory will only lead to quality programmes when comprehensive content is in place. On the other hand, it should be noted that some countries have well developed, comprehensive curricula, but do not have mandatory implementation. For example, Wales (United Kingdom) requires sexuality education in primary and secondary schools and the country's 2010 guidance is considered comprehensive according to international guidance. Nonetheless, what is delivered varies because sexuality education is at the discretion of the school (Welsh Government, 2017).

It should be noted that even when mandatory, sexuality education is only going to be effective if a breadth of topics over time and the quality of delivery are also assured.

Table 2
Key concepts and characteristics of CSE

	<p>Eight key concepts</p> <ol style="list-style-type: none"> 1. Relationships 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
	<p>Characteristics</p> <ul style="list-style-type: none"> • Scientifically accurate • Incremental • Age- and developmentally- appropriate • Curriculum based • Comprehensive • Based on a human rights approach • Based on gender equality • Culturally relevant and context appropriate • Transformative • Able to develop life skills needed to support health choices
	<p>Three domains of learning</p> <ol style="list-style-type: none"> 1. Knowledge 2. Skills 3. Attitudes

and other forms of modern contraception and the remaining 8 per cent said that their curriculum is focused on abstinence only (i.e. refraining from sexual activity) (Figure 6). Given the self-reported nature of this assessment, it is important to look at a range of sources shedding light on the comprehensiveness of content.

Three-quarters of countries responding to the 2019-2020 Survey self-report that 'HIV&AIDS/STIs' is 'extensively' included in their secondary education curriculum. Additionally, the topic of 'Puberty' was reported to have been 'extensively' included by 67 per cent of countries. Slightly more than 55 per cent of countries also referred to the following topics as 'extensively' included in their secondary curriculum: gender and gender norms, pregnancy and birth, love and relationships and sexual abuse/violence. The topics that are included to a lesser extent were 'access to safe abortion', 'sexual orientation and gender identity', and 'online media and technology' (Figure 7).

A much lower proportion of countries report inclusion of these major topics 'extensively' in their primary level curricula (Figure 8).

One source that provides information on the comprehensiveness of curricula is the Sexuality Education Review and Assessment Tool (SERAT). The tool facilitates the review of curriculum content by age group (5-8, 9-12, 12-15, 15-18+) and measures against international recommendations for curriculum content as outlined in the revised UN ITGSE. The results enable national stakeholders and authorities to reflect not only on the key topics grouped with key concepts, but also on the types of learning, including knowledge, skills and attitudes. Responses are given on a scale from 'fully present' to 'somewhat present' and 'not at all'.

Comprehensiveness of content

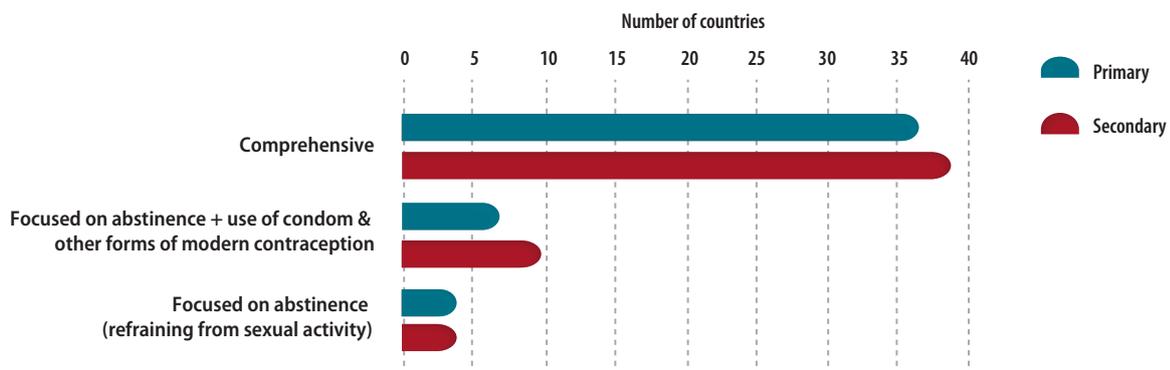
In many settings, there is evidence that the curricula have expanded from a narrow focus on HIV prevention and the biological aspects of sexual and reproductive health to a broader range of topics. This reflects a growing recognition of the health and social issues that CSE can help to prevent (e.g. early and unintended pregnancy, gender-based violence), the recognition of how CSE can instill positive social and emotional skills in learners, as well as the availability of international guidance. CSE's eight key concepts, along with its characteristics and domains of learning, have been outlined in the revised UN ITGSE and are summarised in Table 2 (UNESCO et al., 2018). The guidance provides recommended age-appropriate topics and learning objectives for each of the topics across four age categories.

Of the 53 countries from Asia and the Pacific, SSA and LAC that responded to the 2019-2020 Survey on the Status of CSE, about 75 per cent responded that in their perception their curriculum is comprehensive, 17 per cent reported that their curriculum is focused on abstinence and use of condoms



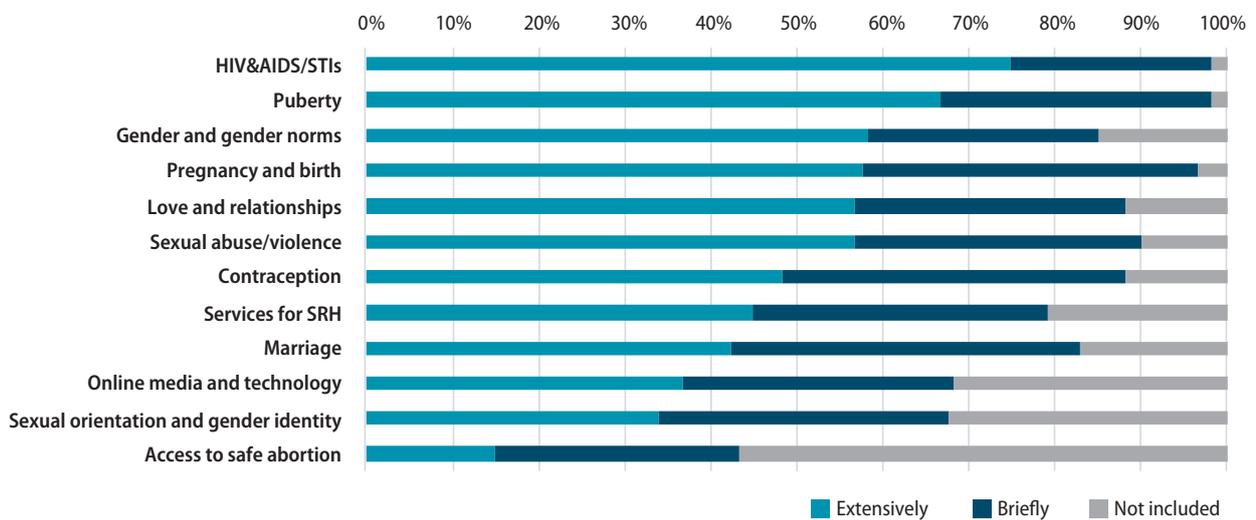
davide bonaldo/Shutterstock.com

Figure 6
Comprehensiveness of sexuality education curriculum, as reported by survey respondents



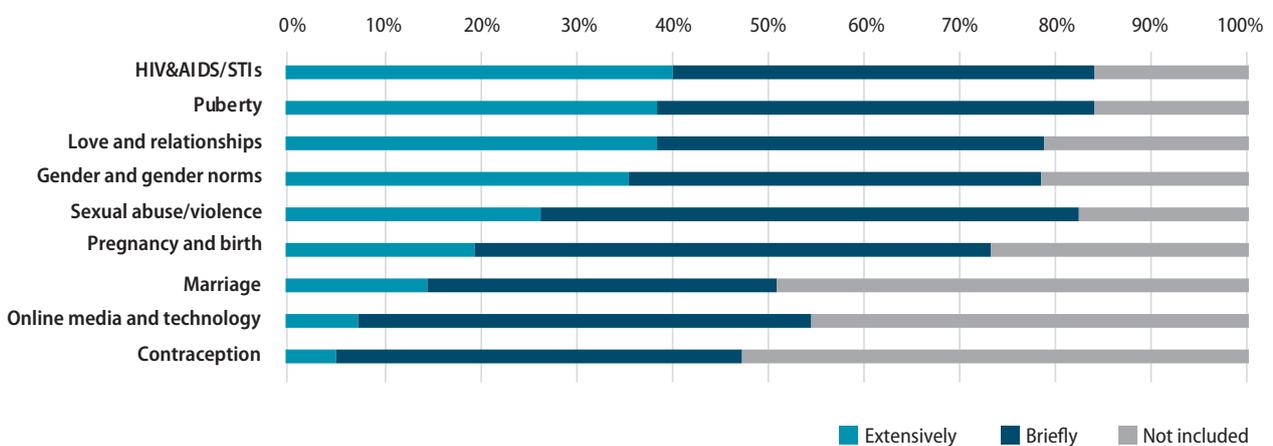
Data source: Analysis of 2019-2020 Survey on the Status of CSE.

Figure 7
Reported extent of inclusion within curricula of a range of key CSE topics (Secondary education)



Data source: Analysis of 2019-2020 Survey on the Status of CSE.

Figure 8
Reported extent of inclusion within curricula of a range of key CSE topics (Primary education)



Data source: Analysis of 2019-2020 Survey on the Status of CSE.

This report analysed SERAT data files from 24 countries of SSA. Weighted scores/averages for the curriculum content component for each country were calculated⁷ and then labelled as either latent (<25 per cent), emerging (25-50 per cent), established (50-75 per cent) or advanced (>75 per cent).

The merged results from the 24 countries showed that curriculum content is stronger for older age groups, particularly for 12-15 year-olds. Almost half of the countries are assessed as having either advanced or established curriculum content for this age group. However, many countries still have some way to go before their curricula can be considered truly comprehensive in both primary and secondary education. (Figure 9).

When key concepts and themes are analysed, the findings show that on average for all age groups, about 37 per cent of countries have been assessed to have either advanced or established curriculum content for the following themes: interpersonal relationships, generic skills (communication, negotiation, decision making), human development, sexual and reproductive health, and youth empowerment. At the same time, little more than a quarter of countries have been assessed to have either advanced or established curriculum content for the topic of sexuality and sexual behaviour (Figure 10).

When types of learning and focus areas of learning are analysed, on average about one-third of countries have either advanced or established focus areas of learning in knowledge, attitudes, life skills, human rights, gender and social norms and the remaining two-thirds have been assessed as either latent or emerging in these areas (Figure 11).

On the whole, it can be concluded that when the comprehensiveness of the curriculum is analysed as per international guidance across these 24 countries, almost two-thirds do not include a full range of topics, or learning domains, within their sexuality education curriculum. There are many reasons for this and other studies explored below offer an insight into the variation among regions.

The content of sexuality education is embedded in historical contexts and has evolved over time. In SSA, high HIV prevalence rates produced a focus on negative outcomes and risk reduction (Panchaud et al., 2019). In many countries, this resulted in a limited range of topics included in sexuality education (Sidze et al., 2017). Now, many countries are building on earlier 'life skills education' programmes, which were primarily established with an HIV prevention or population reduction focus, to create more comprehensive approaches.

In Asia and the Pacific region, six countries reported that their primary level sexuality education curriculum was focused on 'abstinence and the prevention of pregnancies, STIs, HIV and AIDS', and five countries reported the same

Case Study 7

SEXUALITY EDUCATION WITHIN SCOTLAND'S HEALTH & WELL-BEING CURRICULUM

Scotland has shown commitment to promoting health and well-being (HWB) in schools, including the provision of Relationships, Sexual Health and Parenthood (RSHP) education. This commitment is grounded in a strong national policy and guidance for schools.

Its curriculum reform in 2010, *Curriculum for Excellence*, placed HWB, along with literacy and numeracy, as one of the three core areas of children's learning. Health and well-being isn't a single subject or class, but is organized into seven areas:

- mental, emotional, social and physical well-being
- planning for choices and changes
- physical education
- physical activity and sport
- food and health
- substance misuse
- relationships, sexual health and parenthood

Each of these areas is integrated into the curriculum, as well as reflected in broader school culture and practice. For example, relationships education is not just about teaching students about positive relationships skills, but also about developing a positive whole school ethos and culture.

All teaching staff are responsible for age-appropriate HWB learning for students 3-18, which is integrated across different subjects. Content is age-appropriate starting with information about health and relationships, then about sexual health, and then parenthood. The National Health Service (NHS) is a critical partner in the development of policy as well as delivery of RSHP.

Due to an identified need to modernise RSHP in co-production with learners and to increase teachers' confidence and consistency in delivery, a new national resource – the [RSHP website](#) – was launched in September 2019. This platform supports teachers and practitioners with relevant information and age-appropriate learning activities. It also involves and informs parents and presents sexuality education in a positive way.

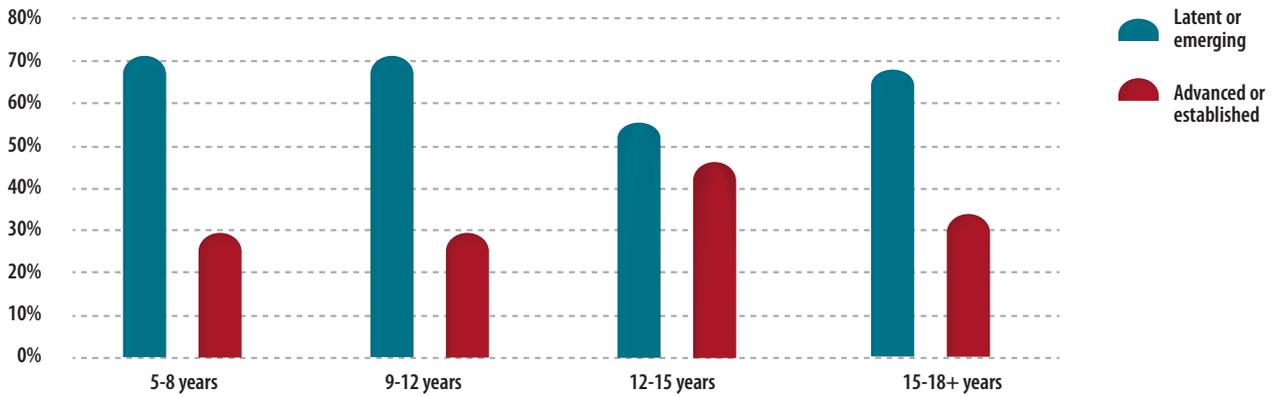
The process of developing the platform is noteworthy: it consisted of an iterative, collaborative, and participatory process by a network of over 1,500 professionals and partners that took place over a two-year period, drawing on the best practice currently available across Scotland. Numerous evaluations and interactive consultations were held with young people, and research was conducted, which fed into the new resource. Thirty-eight schools pilot-tested the resource, teachers provided feedback on what worked and what did not, and the website was changed accordingly.

In 2020, because of COVID-19, the online resource is considered invaluable in the 'recovery curriculum'. This focuses on three areas (1) supporting learning and re-engagement with school in terms of mental health and peer relationships, (2) sexual health, keeping in mind what might have been 'missed' with school closures, and (3) online lives/social media. A blog for pupil inclusion was developed with links to these three areas, as well as a link enabling teachers to readily find the age and stage-appropriate resource they need for the 2020 recovery year.

(Scottish Government, Horrell et al., 2012)

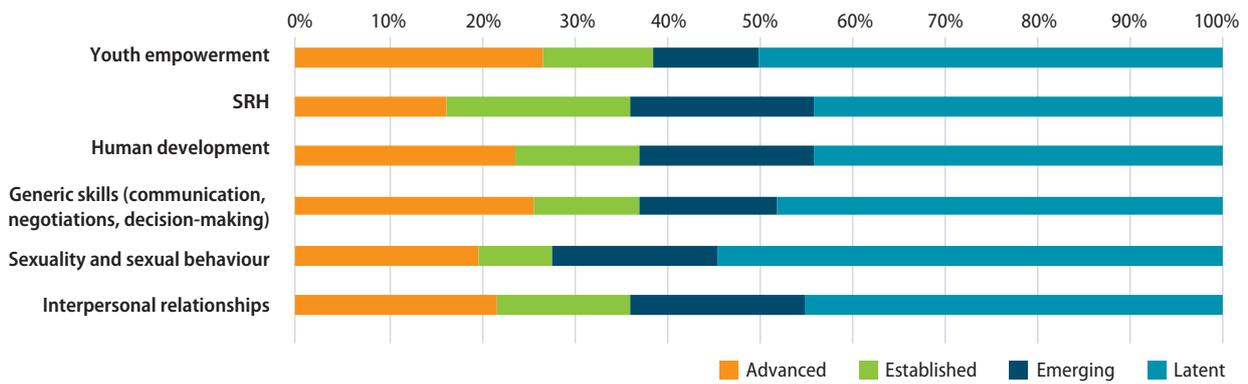
⁷ Weighted score = strong features/present x 1 (100%) + intermediate features (somewhat present) x 0.5 (50%).

Figure 9
SERAT weighted scores for overall curriculum content for different age groups



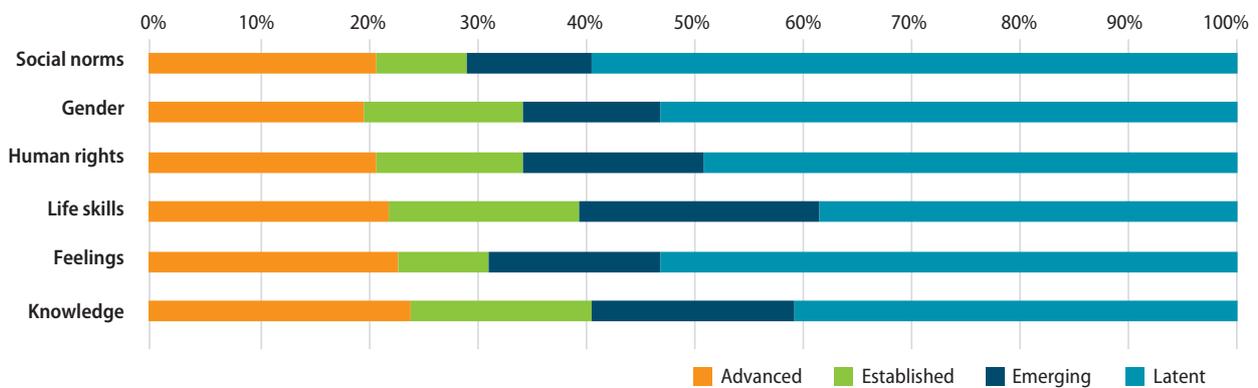
Data source: Analysis of SERAT data for 24 selected countries in SSA.

Figure 10
SERAT weighted scores for key themes



Data source: Analysis of SERAT data for 24 selected countries in SSA.

Figure 11
SERAT weighted scores for learning domain



Data source: Analysis of SERAT data for 24 selected countries in SSA.

for secondary level curricula. While other countries self-reported that their primary and secondary curricula was ‘very comprehensive’, responses from experts commonly noted that sexuality education is better described as ‘abstinence plus prevention (of pregnancies, HIV and sexually transmitted infections) education’ or ‘life skills-based education’ in many countries, rather than ‘comprehensive sexuality education’. When looking at how countries reported on specific topics, secondary level included broader-reaching content than primary level, but many important topics are still missing (UNFPA et al., 2020a).

For example, a 2018 study found that only three of 11 countries in Asia included the topic of ‘gender’ in sexuality education (ARROW, 2018). On the other hand, of 28 countries from the region that responded to the 2019-2020 Survey on the Status of CSE, 8 reported that gender norms were covered ‘briefly’, and 18 ‘extensively’.

Regarding human rights and non-discrimination, in a 2018 study in Asia, only Sri Lanka reported that they include diversity and non-discrimination toward lesbian, gay, bisexual and transgender (LGBT) youth (ARROW, 2018), although in the 2019-2020 Survey on the Status of CSE, 14 out of 28 countries reported that sexual orientation and gender identity were covered in the curriculum ‘extensively’ and eight ‘briefly’. India and Laos mention awareness of stigma toward people living with HIV (PLHIV) (ARROW, 2018). Vietnam’s sexuality education policies include an explicit reference to young women from ethnic minority communities (ARROW, 2018).

In LAC, strong women’s movements in the 1990s advocated for a rights-based and gender-focused approach to sexuality education, which continue to influence the focus of the region’s programmes (UNFPA, 2017a). However, although information about STIs, HIV and pregnancy is available, it is found to be rarely in relation to gender, power or social norms. Information about contraception within the curriculum can be superficial, and rarely are practical issues addressed, such as deciding about which method to use or accessing services (UNESCO, 2017a).

In this region, gender appears as an essential element in almost all the conceptual frameworks and discourse on sexuality education, but it does not show up strongly in the curricula (UNFPA, 2017b). In some countries, opposition groups have successfully demanded the removal of references to gender in school curricula and materials (UNESCO, 2017a). Human rights were well covered in about 40 per cent of the lower level materials (ages 9-11 yrs.), but not necessarily reproductive rights. Discrimination is discussed, but with no mention of diverse family forms (UNESCO, 2017a).

Case Study 8

A GENDER-TRANSFORMATIVE APPROACH TO SEXUALITY EDUCATION IN SWEDEN

Sweden was the first country in the world to make sexuality education compulsory in 1955. Since then, the curriculum has evolved, with significant changes made in 2011 when sexuality education was strengthened within the curriculum and integrated into more subjects.

A gender perspective has long been an important part of the Swedish policy. The teaching of sexuality education is expected to promote gender equality and the equal dignity of all, while promoting positive relationships and sexuality and preventing a range of health and social problems. Since 2011, terms such as sexuality, relationships, gender, gender equality and norms have existed in subjects, and learning starts in pre-school. This means that the responsibility for sexuality education falls on several teachers and that topics are raised and reinforced within the scope of multiple subjects and over time (Swedish National Agency for Education, 2014).

In Sweden, sexuality education is integrated across multiple subjects:

- Biology
- Science studies
- Physical education & health
- History
- English
- Geography
- Civics
- Home & consumer studies
- Swedish/Swedish as a Second language
- Music
- Crafts
- Religion
- Technology

National guidelines mandate sexuality education to cover a range of topics, but exactly how the topics are included in lesson plans is at the discretion of individual schools. Some subjects require more content relating to gender equality, sexuality and relationships, but all teachers are encouraged to be involved, regardless of subject (Swedish National Agency for Education, 2014).

While strong from a policy and curriculum perspective, it is recognized that there is variation in quality of delivery of sexuality education between and within schools. In 2017, a review carried out by the Swedish Schools Inspectorate found that while schools were integrating sexuality education across subjects, as per national policy, there were challenges around teacher confidence discussing and analysing gender norms – a critical element of the curriculum content (Swedish Schools Inspectorate, 2018). In a second study, students reported that while they were content with much of their sexuality education, they felt that norms, gender equality and consent were weaker elements (Public Health Agency of Sweden, 2017).

In response to these findings, there are ongoing efforts to improve the quality of delivery of sexuality education. In 2020, following long-term advocacy from a range of stakeholders, the Swedish Ministry of Education announced that all pre-service teachers will now be assessed on their competency to teach about sex, identity and relationships (Government of Sweden, 2020). All teacher training institutions were expected to introduce specific objectives to this end from 1 January 2021.

In ECA, 10 of 25 countries in a review were assessed as having comprehensive curricula, and another four as 'approaching the standard of comprehensiveness'. While other countries were found to have curricula that focused almost entirely on biological aspects of sexuality, it was noted that many were in the process of updating their curriculum to align with regional and international guidance (Ketting and Ivanova, 2018). Scotland (United Kingdom) updated its curriculum in 2010 to make it more current and comprehensive, and in 2019, it launched a national sexuality education resource (Scottish Government, 2019). Estonia has been identified as a role-model for human rights and non-discrimination in sexuality education. The Estonian LGBT Association was involved in revising the 2011 curriculum, ensuring inclusion of information on LGBT identity and discrimination (Ketting and Ivanova, 2018).

Other studies have shown that a negative view of sexuality often prevails in the curriculum, with a focus on the risks and dangers of sexuality (Ford et al., 2019). In many contexts, abstinence is emphasized and information on physiology and reproduction tends to focus more on females, reinforcing the messaging that girls bear more responsibility for averting unintended pregnancy and for avoiding sex altogether (Francis and DePalma, 2015, Shefer et al., 2015).



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2.4 Delivery

Teacher preparedness & capacity building

Preparing and building the capacity of teachers in order to provide high quality CSE is critical. In fact, school-based programmes taught by poorly prepared teachers could be detrimental, delivering information that is inaccurate or reproducing values and attitudes that silence discussions of gender, sex, sexuality and rights. Teachers are embedded in the larger culture of their school and community. Strongly influenced by social norms and their own experiences, teachers bring their personal views into the classroom, and often feel uncomfortable, ill-prepared, judgmental or defensive about sexuality education. For example, studies from South Africa and Chile caution that the very subjects intended to challenge gender norms and practices, may actually reinforce them by emphasizing abstinence and conveying moralistic and negative messages about sexuality (Ngabaza et al., 2016, Shefer et al., 2015, UNESCO, 2019b). Taking into account the importance of the social norms that exist around sexuality education and working through teachers' own views and possible biases are important parts of training and capacity building.

According to NCPI data, of the 130 countries that responded in either 2019 or 2017, 75 per cent reported they had education policies in teacher training that guides the delivery of life skills based HIV and sexuality education according to international standards (Figure 13).

In the 2019-2020 Survey on the Status of CSE, about two-thirds of countries (40/59 countries) reported that teachers are required to have training in sexuality education before teaching the subject in school, and about the same number of countries reported the existence of teacher training programmes/curricula for sexuality education.

There are two kinds of training for teachers: pre-service (educational courses taken before entering the classroom full-time); and in-service training, or continuous professional development. Worldwide, in-service training on CSE appears to be more common than pre-service, but many countries have plans to increase the latter. Although many teacher-training initiatives are in place, appropriate preparation on sexuality education for teachers is often considered lacking (UNESCO and Guttmacher Institute, 2019, O'Brien et al., 2020).

From a regional study in SSA, 9 of 32 countries⁸ report having curricula for teacher education, although adequate teacher preparation was found to be lacking (UNESCO, 2018). In a recent study conducted by UNESCO in Zambia and Uganda, many teachers reported that despite some training, they still felt embarrassed and uncomfortable in discussing certain topics due to their personal values, norms and cultures around sexuality (UNESCO, 2021).

⁸ Eswatini, Lesotho, Madagascar, Malawi, Mozambique, United Republic of Tanzania and Zambia in ESA and Ghana and Nigeria in WCA

In Nigeria, time was deemed important for a residential training that enabled teachers to reflect critically, and to practice new participatory teaching methods. Given the challenge of removing teachers from the classroom for long periods of time, this suggests the need to explore different ways to build teacher capacity, such as classroom support, mentoring and additional learning resources (Wood et al., 2015).

Case Study 9

TEACHER TRAINING COLLEGES AS CENTRES FOR EXCELLENCE IN CSE TEACHER TRAINING

Taking advantage of a national curriculum revision, CSE was incorporated into the curriculum in Zambia in 2013, and rolled out nationally in 2014. Currently, sexuality education reaches two million primary and secondary students throughout the country (Ministry of General Education, 2020). Students in grades 5-12 receive scientific and age-appropriate, culturally acceptable sexuality education that is examinable and is integrated into several different classes, such as integrated science, biology, religious studies, social studies, civic education and home economics.

To ensure quality of delivery, a strong focus has been placed on teacher training. A cascade model for providing in-service training to teachers was initially put into place, consisting of training trainers at the national and provincial levels, who, in turn, trained teachers at the district and school levels. Although this model yielded positive results in some provinces, an evaluation discovered that it led to uneven training, with teachers from some provinces receiving shortened, insufficient and incomplete training. Thus, a new training model was developed in 2019, utilising teacher training colleges as education hubs. These colleges, which are also responsible for delivering pre-service teacher training, are considered ‘centres of excellence.’ Under this new training model, the colleges provide first-hand information to teachers through a five-day sexuality education training, which aims to impart skills acquisition, confidence and refined participatory methods. Well-trained teachers under the cascade approach serve as role models and resources for these training hubs. Four components are deemed central to this model:

1. Master trainers at these hubs are charged with training teams of teachers from a school, enabling groups of teachers from the same school to support one another.
2. Each of the five colleges has a civil society organization providing technical support.
3. A separate independent monitoring institution has been engaged to assess the quality of training delivered to teachers at the college hubs, as well the quality of CSE delivered to learners at schools.
4. There is buy-in and support from other ministries and groups, such as the health ministry and civil society, which was established from the beginning and enables national roll out of the programme.

Although COVID-19 delayed the planned launch of the training in April 2020, the first training started in August 2020, and is concentrating on five of the country’s ten provinces. The plan is to use this new innovative approach to train relevant teachers in the five target provinces from the country’s 10,000+ schools by 2023.

In Asia and the Pacific, two-thirds of countries (22/28 countries) reported the existence of training for teachers in sexuality education, and 23 countries reported that resources and teaching guidelines are available. Also, in-service training is more common in the region than pre-service training (UNFPA et al., 2020a). However, countries noted the challenges teachers face in providing sexuality education due to concerns regarding parent and community member views, as well as personal discomfort. Thus, although most countries reported providing some sexuality education training to teachers, findings indicate that this may be inadequate and a number of barriers may prevent effective delivery (UNFPA et al., 2020a). Innovative approaches to teacher training have been developed, such as the online *You&Me* education platform in China, which provides free-of-charge support to interested educators with basic teaching skills to conduct sexuality education, as well as access to a range of resources.

According to a LAC review, based on a survey of key informants, five countries in the region offer pre-service training. Regarding in-service training, three countries consider it to be ‘advanced’, six ‘medium’ and seven ‘initial’. The lack of teacher training was third in a list of obstacles identified by country respondents (UNFPA, 2017b).

In ECA, the report found that teachers in most countries have not been ‘sufficiently’ trained. Finland and Estonia stand out for institutionalising sexuality education into pre-service teacher education, or for incorporating it into the curriculum of teaching- training colleges. In Finland, many health educators specialise in sexuality education. Estonia plans to train all teachers through their university courses, and currently half of the sexuality education teachers have participated in post graduate courses (Ketting and Ivanova, 2018). Bulgaria currently trains some portion of teachers through NGO-run pilot programmes, but is trying to move towards a mandatory pre-service training system (Ketting and Ivanova, 2018). Armenia, Belarus, Kyrgyzstan and Ukraine are on the way



to incorporating sexuality education (within wider health education or in a healthy lifestyle context) into postgraduate teacher training programmes (Yepoyan, 2020).

Case Study 10

DEDICATED LIFE SKILLS EDUCATION TEACHERS TO ACHIEVE COVERAGE IN NAMIBIA

What began as an HIV-focused school curriculum in Namibia has evolved into a holistic programme on health and well-being, encompassing such topics as puberty, gender and gender-based violence. Education Management Information System (EMIS) data from Namibia shows that in 2019, about 97 per cent of Namibia's schools taught life skills education to grade 4-12 learners, which includes the themes of career guidance, holistic wellness (including sexuality education), and civic education. That year, sexual and reproductive health was covered in 87 per cent of the schools, while HIV transmission and prevention were included in 90 per cent (Ministry of Education Arts and Culture, 2020).

The country has shown its commitment to life skills education through a policy implemented in 2011 that requires schools of more than 250 learners to have a dedicated life skills teacher. This initiative was started by the Ministry of Education, to ensure that life skills is given the attention it deserves. Currently, there are approximately 2,000 full-time life skills teachers who have received ongoing training. The percentage of trained life skills teachers in the classroom increased from 42 per cent in 2017 to 70 per cent by 2019 (Ministry of Education Arts and Culture, 2020).

Because life skills education has been integrated into the curriculum and there are specific teachers explicitly trained to deliver it, the topic has been given attention, recognition and legitimacy in communities. These efforts have also contributed to more active involvement of parents in life skills education. Between 2017 and 2019, the percentage of schools that held orientation sessions for parents and tutors rose from about 25 per cent to almost 32 per cent in 2019 (Ministry of Education Arts and Culture, 2020).



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Case Study 11

SCALING UP TEACHER TRAINING IN KYRGYZSTAN

Teacher training in CSE has become a priority in Kyrgyzstan in recent years. While sexuality education was first introduced in 2014 for grades 6-11 as part of Healthy Lifestyle obligatory homeroom classes (10 hours per year), teacher preparation was limited and covered only a fraction of schools.

In 2017, large-scale training of teachers began after the Ministry of Education and Science of Kyrgyzstan issued a directive to organize seminars on healthy lifestyle and HIV prevention for teachers across all regions. A training manual and educational videos were produced. National trainers were trained, who then delivered training directly to teachers in six major cities around the country.

Implementation and coordination of the training activities were carried out by Arabayev's State Teacher Training University and supported by the Ministry of Education and Science, UNESCO and UNAIDS.

Training expanded between 2017 and 2019, and a total of 600 teachers from 207 schools in the capital and in all regional/provincial cities have been trained by national trainers. A four-day training includes interactive teaching-learning approaches such as group discussion, brainstorming, role play, and situation modelling. During the seminars, the teachers plan and practice their own lessons and improve their teaching skills benefitting from feedback from the trainers.

Positive results are evident in terms of student learning outcomes. For example, after the first year of implementation, a survey conducted in several schools found that HIV awareness had increased among students by 18 per cent, up to 95 per cent, and healthy lifestyle awareness had improved by 20 per cent, reaching 76 per cent. In a 2019 survey of 757 young people in grades 9-11, students who had regular classes on health education provided 30 per cent more correct answers to questions on content than those who did not (UNESCO IITE, 2019).

In 2018, it was decided that teaching of Healthy Lifestyle would be included in the compulsory curriculum for pre-service teachers, which provides a systematic way for training health educators. Positive outcomes also triggered the Ministry of Education to renew its decision and issue another decree in 2018 making it mandatory for all schools in the country to deliver Healthy Lifestyle homeroom lessons and report on this annually to local educational authorities by sending brief reports to the Ministry of Education focal point.

In 2020, the situation has been complicated by school closures due to COVID-19, but the Ministry of Education has decided to produce video lessons for all subjects, including Healthy Lifestyle homeroom classes, which are currently under development with support from the UNESCO Institute for Information Technologies in Education (IITE).

Availability of teaching & learning resources

Teacher preparation and support can be enhanced with the provision of quality teaching and learning support tools, but the availability of such materials varies widely. Teaching and learning materials can range from activity guides or short videos, to fully scripted lesson plans, as are currently being trialed in South Africa. Such resources should always be developed and distributed alongside training efforts to ensure that teachers build the skills and confidence to apply them in the classroom.

The majority of countries (51/57) from Asia and the Pacific, SSA and LAC responding to the 2019-2020 Survey on the Status of CSE said that teachers have access to education materials and teaching guidelines (sometimes including online resources) to assist them with delivering sexuality education, although they were not asked to provide an analysis of quality.

Case Study 12

SCRIPTED LESSON PLANS SUPPORTING TEACHERS IN SOUTH AFRICA

In South Africa, sexuality education has been part of the curriculum since 2000 and is integrated into the subject Life Orientation for learners in grades 4 to 12. In 2015, the Department of Basic Education (DBE) developed scripted lesson plans to support teachers in the delivery of sexuality education. The lesson plans were developed consulting closely with the revised UN ITGSE and aim to aid teachers to address a range of important topics in a systematic manner. The scripted lesson plans guide educators to plan and deliver lessons and empower them to discuss topics that might otherwise be found to be uncomfortable. The scripts describe each activity, the materials needed, instructions on how to complete the activity, the duration of the activity, the information to be presented, and the points that should be emphasized. The core aim of the scripted lesson plans is to ensure that teachers can help learners build an understanding of concepts, content, values and attitudes related to sexuality and sexual behaviour change as well as leading safe and healthy lives. They have been introduced alongside teacher training to build teacher skills and confidence to deliver sexuality education.

The tools were implemented in a phased approach, initially in five provinces conducted between 2016 and 2018, and then scaled up into further provinces and districts in 2019. Teachers are trained on the use of the scripted lesson plans, which are aligned to the Life Skills and Life Orientation Annual Teaching Plans. A key strategy in introducing these new materials was the arrangement of district-level meetings to sensitize parents to the rationale and content of the curriculum materials. In 2019, the DBE [published the materials online](#).⁹ This has helped to reassure parents and others who had misconceptions about the content of the curriculum (South African Government, 2019).

The LAC regional review reported that more than two-thirds of countries had developed specific teaching tools (UNFPA, 2017b). However, in a different study, in Guatemala and Peru which surveyed teachers directly, roughly 75 per cent reported that they lacked materials, suggesting that even where tools exist, they may not be distributed across the country (UNESCO and Guttmacher Institute, 2019).

There are many examples of high quality teaching and learning resources. For example, Bosnia and Herzegovina has created a teachers' manual to help teachers respond to questions that might arise in the classroom (Rogow, 2015). In 2018, Ukraine developed new guidelines for teachers to support them to better address sexuality education topics (UNESCO IITE, 2020).

Finally, digital technology can supplement face-to-face teacher-training. Online training and support for teachers is increasingly used by both government and NGOs. For example, in 2015, a new online teacher training programme was rolled out in ESA. This programme, with support from USAID in collaboration with UNESCO and UNFPA, and run by South Africa's Foundation for Professional Development with the support of the Medical Practice Consulting, has trained over 7,500 teachers in 21 countries (UNESCO, 2017b). This platform has also been adapted and put into use for teacher training in Nigeria. In Argentina, Facultad Latinoamericana de Ciencias Sociales (FLACSO) have partnered with UNFPA and UNESCO in the Latin America region to develop an online Higher Diploma in Comprehensive Sexuality Education targeting teachers and other educational professionals. Anecdotal reports, as well as the emerging evidence base on the efficacy of online teacher training, shows mixed results (Becker et al., 2014, Wuryaningsih et al., 2019, Mohammadyari and Singh, 2015). The use of digital platforms can be useful to complement face-to-face interactions but are not always effective as a standalone solution (UNESCO, 2017b).



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⁹ <https://www.education.gov.za/Home/ComprehensiveSexualityEducation.aspx>

Case Study 13

CAMEROON'S JOURNEY TOWARDS HOLISTIC SEXUALITY EDUCATION

In the WCA region, Cameroon is a pioneer in sexuality education (currently called 'Education Sexuelle Intégrée' (ESI), or 'Holistic Sexuality Education') and has been at the forefront promoting a national curriculum and teacher training programme which has subsequently been adapted by several other central African states.

During 2006-2007, teaching content and curricula were developed, along with teacher manuals. National-level workshops and campaigns for teacher training were also held, supported by UNAIDS and other UN agencies. Cameroon made an inter-ministerial decision to institute a national sexuality education curriculum in 2007.

Teacher training was initially carried out using a traditional cascade, or 'training of trainers', approach. Although this method reaped benefits, it was costly, and training all teachers would have taken several years. As a result, Cameroon digitalised its teacher training tools onto DVD. As some schools did not have reliable electricity, delivery via DVDs was complemented by radio broadcasts. An important feature of this programme is that it included training of school directors, inspectors, managers and decision-makers, and involved them as supervisors and resource people. These digitalised training tools made it possible to achieve significant reach in a relatively short period of time.

While progress has been made, there have also been challenges. In many cases, Integrated Sexuality Education is still considered a standalone 'project' that is not fully integrated into the reality of classroom teaching. In addition, while digitalised teacher-training tools have enabled wide reach, there has not been an evaluation of outcomes.

Finally, while at a policy level there is much enthusiasm and open discussion about sexuality education, this has not been the case at a local level, where there has been more reluctance to embrace it. To address this challenge, substantive work has been initiated by UNESCO to involve and inform key actors in the communication sector. This includes a platform for journalists and influencers to exchange information related to sexuality education, and a network of community radio stations that helps reduce misinformation on the subject.



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Case Study 14

ENSURING TEACHERS HAVE THE RIGHT SUPPORT TO DELIVER SEXUALITY EDUCATION IN CHILE

Two studies were carried out in Chile, supported by UNESCO, that highlight the importance and value of targeted teaching support for CSE. In the first study, in 2017, teachers from various schools and grade levels were asked to design and plan a class based on learning objectives from the revised UN ITGSE. The study found that teachers struggled to produce a quality teaching plan, they relied on the more comfortable lecture style of teaching, and the majority avoided sensitive topics, such as gender, diversity and sexual violence. The study identified the clear need for teacher support (UNESCO, 2019b).

Based on these findings, in a second study in 2019, teachers were again asked to design and plan a class, but materials and support from the research team were provided. Teachers worked to design and evaluate the material and continuous improvements were made. Here, it was noted that content and classroom materials were aligned more with the technical guidance rather than teachers' preferences. Not only did the teachers no longer avoid the more complex issues, but a strong concern for incorporating gender perspectives was observed in the majority of the classes, although this could also be related to the impact of the feminist movement occurring in Chile in 2018 and its repercussions in the school system (Reyes, 2019).

The findings suggest that despite a conservative context, if teachers have the necessary preparation and access to resources and materials, they have little difficulty in facilitating participatory learning and addressing controversial issues related to relationships and sexuality. Recently, a total of 32 teaching guides have been developed, one for each key concept from the revised UN ITGSE in each of the four age groups. For the dissemination of these guides countrywide, a web platform and videos are being prepared, which include testimonies from the participating teachers and clips of the observed classes. The teaching guides are especially relevant for the Latin American context, although they can easily be adapted across different settings.



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Case Study 15

ARMENIA'S JOURNEY TOWARDS AN INTEGRATED MODEL OF SEXUALITY EDUCATION

Over the last 20 years, sexuality education in Armenia has evolved from being an experimental and optional subject to becoming integrated across a range of mandatory subjects. Armenia's journey highlights the importance of finding the right 'home' for sexuality education within the curriculum, and reveals challenges around ensuring adequate teacher preparation.

In 1999 Armenia introduced an experimental life skills curriculum for grades 1-7 as a stand-alone, optional subject. Topics included healthy living, personal hygiene, gender, respecting diversity, safety, avoiding substance use and conflict resolution.

In 2008-2010, the life skills curriculum was replaced by Healthy Lifestyle, and integrated into mandatory subjects for grades 1-4 ("Me and the surrounding world") and grades 8-11 (Physical Education).

These developments led to the delivery of sexuality education across most year groups and in all schools across the country. However, a 2016 review pointed to a range of concerns, mainly relating to a lack of monitoring and evaluation and limited teacher training or follow-up support (Mkhitarian, 2016).

In 2017-2019, with support from UNESCO and in cooperation with the Ministry of Education, Science, Culture and Sports and the Ministry of Health the Healthy Lifestyle curriculum was revitalised by a team of national experts from the Institute of Child and Adolescent Health and the National Education Institute. As well as revising and distributing the teacher guide, this encompassed rolling out a large-scale teacher preparation programme. Ten educational videos on sexuality education-related topics were developed to support teachers, and a website was created targeting teenagers, both of which were endorsed by the government as supplementary resources. Evaluation demonstrated an average 20 per cent increase in teachers' knowledge of the subject matter. However, it also found that some teachers still felt uncomfortable discussing certain topics, and said that they would prefer a school nurse to deliver these topics (Institute of Child and Adolescent Health, 2019).

More recently in 2020, as part of broader curriculum reforms, Armenia started to move from a stand-alone approach to Healthy Lifestyle, taught mostly by physical education (PE) teachers, to an approach where sexuality education is interspersed into core subjects in natural and social sciences and PE. This change was partly to enable sexual health and other more complex topics to be imparted by natural and social science teachers, in addition to content taught by PE teachers.

Having faced challenges in integrating health education content fully into core subjects with limited space and other competing priorities, particularly at secondary school level, a decision was made early in 2021 to introduce in grades 5-10 obligatory Healthy Lifestyle club activities which will accommodate the most critical sexual and reproductive health and relationships topics and provide more interaction between teachers and learners for interpersonal and social skills building.

It should be noted that there is clear commitment to sexuality education by the government, which in May 2020 ratified the Lanzarote Convention making it mandatory for the state to provide children with information on the risks of sexual exploitation, on sexual abuse and where appropriate, on sexuality (Council of Europe, 2020).

Quality of teaching

While a quality comprehensive curriculum is central to ensuring that a range of topics is covered within sexuality education, it is also vital that teachers are delivering a breadth of content in the way that it is designed to be taught. Like other forms of transformative education, to be effective, CSE relies on the use of transformative pedagogical approaches. Even where quality curricula exist, if teachers are unable to deliver content well and with fidelity, quality will suffer. While teacher training is being strengthened in some settings which is promising, there is evidence that many continue to lack the knowledge, skills and confidence to deliver across diverse topics within sexuality education (e.g. UNESCO and Guttmacher Institute, 2019).

A variety of research highlights a gap that exists between the curriculum content and what is delivered in the classroom. For example, in 2013 Ireland developed a programme on Growing up LGBT as a resource in the sexuality education programme, but a 2017 survey found a perceived absence of inclusive and relevant sexuality education in schools (Nolan, 2018).

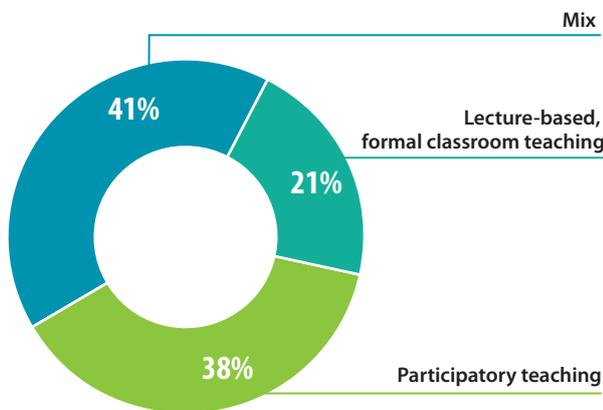
Studies incorporating the perspectives of students give a useful insight on what is being taught. In Ghana, while the teachers surveyed rated the comprehensiveness of the topics being taught as 'high' in 83 per cent of schools, only 8 per cent of students judged the comprehensiveness to be 'high' (Awusabo-Asare et al., 2017). A study in Peru found that only 9 per cent of students said that they had been given instruction in all 18 topics that would be considered comprehensive (Motta et al., 2017). In Zambia, the newly revised sexuality education curriculum rolled out in 2014 was designed to be gender-responsive, although a study found that learners reported that they were missing any content on gender equity, suggesting a gap between what is in the curriculum and what is being delivered (ICF, 2018).

Many studies have looked at factors impeding the quality of sexuality education from the perspective of teachers, with common barriers identified. These include school-level elements affecting programme fidelity, such as inefficient time allocation within the school timetable, lack of planning of lessons, lack of available teacher time, lack of availability of materials and computers, negative attitudes of staff and in some cases, fear of backlash from parents or other teaching staff (Vanwesenbeeck et al., 2016, UNESCO and Guttmacher Institute, 2019).

Participatory, learner-centred methods

It is well recognized that participatory, learner-centred methodologies are critical to effective sexuality education. Of 56 countries from Asia and the Pacific, SSA and LAC that responded to the 2019-2020 Survey on the Status of CSE, 38 per cent said that they use participatory teaching methods (e.g., group work, role plays, discussions, creative learning) in teaching sexuality education, 21 per cent use lecture-based classroom teaching and the remaining 41 per cent said they use a mixed-approach utilising lecture-based formal classroom teaching, participatory teaching, peer education (i.e. learning from peers) and self-learning activities.

Figure 12
Sexuality education teaching method, as reported by survey respondents



Data source: Analysis of 2019-2020 Survey on the Status of CSE.

These results, often collected at national level without specific surveys among schools or teachers, provide evidence that countries may be progressing in the use of, or the intention to use, varied teaching methodologies. However, other studies show a more mixed picture, finding that the lecture format dominates teaching across regions, especially where it is integrated across a range of subjects (UNFPA, 2017a, Irvin and Trang, 2018, Keogh et al., 2019). Country-level studies in SSA found that participatory methods are rarely used, in part due to the lack of time in the teaching period as well as the number of learners per class. Also, teachers often turn to lecturing because they don't feel equipped to handle questions or comments that might arise from more participatory models (Jimmyns and Meyer-Weitz, 2020, Keogh et al., 2018).

Studies in Ghana, Kenya, Mongolia, Viet Nam, Guatemala, and Peru show a tendency to focus on knowledge rather than skills and attitudes (UNFPA, 2017a, Irvin and Trang, 2018, Keogh et al., 2019). Teachers in Viet Nam, for example, reported that they felt uncertain about how to teach sexuality education and how to handle classroom situations. Furthermore, they tend to prescribe values for students, rather than using participatory methods to help them think critically and independently about their own values (Irvin and Trang, 2018, UNESCO, 2019b).

A regional report in LAC from 2017 found that more than half of the countries predominantly use a lecture methodology. Only Uruguay reported using mostly participatory methodologies (UNFPA, 2017b). It has been suggested that the approach in the region is often prescriptive, without providing students with opportunities for critical reflection or for applying the new knowledge to daily life experience (UNESCO, 2017a).

In ECA, there are some good examples of participatory approaches. For example, Finland's national curriculum includes student research projects, which require information-gathering, critical thinking and problem solving, as well as input into course content (Ketting and Ivanova, 2018). Armenia also provides an example of participatory models of teaching, using self-learning activities, interactive discussions, case studies, personal reflection and student presentations (Mkhitaryan, 2016).

Frequency and time

International guidance stresses the importance of the regularity of delivering sexuality education, as well as the fact that learners require sufficient time to process new information and develop skills. Little information has been reported by countries about the frequency and total hours of sexuality education teaching. The integration of sexuality education components into numerous subjects makes it difficult to calculate and each institution needs to make practical decisions based on their overall curriculum planning. Some examples of time allocation in SSA show, for example, that in Botswana, the average is 40 minutes per week (UNESCO, 2017b), and in Zimbabwe, it is 35 minutes per week (Gudyanga et al., 2019). In Namibia, one 45-minute period per five-day cycle is dedicated to sexuality education for grades 4-7, which increases to two 45-minute periods per seven-day cycle for grades 8-12 (UNESCO, 2017b). Ghana dedicates a total 90-105 minutes per week (Awusabo-Asare et al., 2017). Regardless, many teachers and students have stated that the time and duration is insufficient.

In LAC, countries identify time limitations as one of the greatest barriers to delivering sexuality education (UNESCO, 2017a). A report on eight countries in the Dutch and English-speaking Caribbean asserts that most offered one-to-two sessions per week (UNFPA, 2018). In ECA, Armenia is currently integrating health education content into core subjects and is trying to determine how to do this within limited learning hours, particularly at secondary school level.

Assessment of learning

Ensuring that sexuality education is assessed in a structured way is important to monitoring learning outcomes. In addition, including some level of assessment is likely to enhance the status of CSE in line with other subjects (UNESCO and Guttmacher Institute, 2019). Whether or not learners are formally assessed on sexuality education varies tremendously and can be difficult to discern.

As in other regions, reports from SSA stress that when students are assessed, it tends to be on knowledge rather than on skills and attitudes, which are typically much harder to assess (Awusabo-Asare et al., 2017). A four-country study in Africa and Latin America again shows a mixed picture. In Ghana and Kenya, the majority of both teachers and students claimed that year-end examinations and ongoing student assessments include sexuality education, although this was much lower in Guatemala and Peru (UNESCO and Guttmacher Institute, 2019).

In Asia and the Pacific, a majority of countries reported that the sexuality education curricula or its integrated subjects include some level of assessment and/or examination for students. However, it is unclear as to whether these were continuous (UNFPA et al., 2020a). Thailand stands out as having an examinable curriculum, although this is through mid- and end-year exams that do not evaluate critical thinking skills (UNICEF, 2017a).

In the LAC region, information is limited, but at least four countries (the Plurinational State of Bolivia, Cuba, Mexico, Uruguay) have indicators for student achievement in some aspect of sexuality education, covered within other core subjects, within national monitoring systems (UNFPA, 2017b).

The ECA review found that CSE is often not assessed or examinable (Ketting and Ivanova, 2018). The Department of Education in England (United Kingdom), for example, suggests that schools should assess sexuality education, but does not require any formal examination (Department for Education, 2019b). In Belgium, new goals were set in September 2019 that are not based on teachers, but on students, who will be measured by the school inspectorate (Magits, 2019). Health education in Finland is included in the national matriculation examination at the end of secondary school, which aims to measure whether students have assimilated the knowledge and skills required by the curriculum. Since 2016, the online examination includes essay and multiple-choice questions, drawing assignments and data analyses (Sormunen, 2019).

As the important role of schools in delivering health and well-being interventions, including CSE, is increasingly recognized, there are strong calls for the inclusion of health and well-being indices in international metrics of school performance (Bonell et al., 2012, Bonell et al., 2014). It is hoped that this will lead to recognition within school systems of the importance of assessment of learning within subjects such as sexuality education. Given the necessary focus on skills-based learning, countries need to move beyond traditional examinations to include both formative and summative assessments (UNESCO, 2019a).

Monitoring sexuality education

Regular and structured monitoring of sexuality education programmes is necessary to track the progress of implementation and to facilitate decision-making. In recent years, a range of assessment tools have been developed and indicators proposed, which together can start to paint a picture of the status of CSE globally. For example, Sustainable Development Goal (SDG) Thematic Indicator 4.7.2 provides quantitative information about how many schools are implementing life skills-based HIV and sexuality education. The Sexuality Education Review and Assessment Tool (SERAT), developed by UNESCO, uses a participatory process to collect information across a number of domains, generating a range of scores across the areas of policy, curriculum and delivery considerations. The NCPI measures progress in the development and implementation of national-level HIV and AIDS policies, strategies and laws.

At a national level, since many countries already use an Educational Management Information System (EMIS) or similar administrative databases to compile national data, it is important for sexuality education to be included as an indicator in a country's EMIS or routine data collection mechanisms. In some countries, education level monitoring may form part of a wider health intervention such as a multi-sectoral HIV response. According to UBRAF 2019 data, 20 out of the 33 UNAIDS 'fast-track' countries (those with high HIV burden, and intensified response) report having integrated the core indicators for measuring the education sector response to HIV and AIDS in national education monitoring systems, in line with the recommendations of the Inter-Agency Task Team (IATT) on Education (UNESCO, 2013).

In SSA, all ESA countries except one have integrated at least one HIV and sexuality education indicator in their EMIS (UNESCO, 2018). Zambia was the first country to include in the EMIS all the globally recommended indicators for HIV, including sexuality education, and trained standards officers to monitor implementation. Nonetheless, the lack of timely feedback mechanisms has meant that opportunities to use data to improve the delivery of sexuality education have been missed (ICF, 2018). Despite progress made in the SSA region, monitoring systems are weak overall (UNESCO, 2018).

According to the 2019-2020 Survey on the Status of CSE, more than half of the countries (25/45) reported that the national EMIS tracks the delivery of sexuality education.

Monitoring at the school level also has its challenges. The four-country study in Africa and Latin America reveals confusion about who is responsible for monitoring sexuality education teaching, with some principals saying they see it as the role of the central government and others saying that schools are responsible (UNESCO and Guttmacher Institute, 2019).

Case Study 16

A COMPREHENSIVE TOOL FOR REVIEWING SCHOOL-BASED SEXUALITY EDUCATION

The Sexuality Education Review and Assessment Tool (SERAT) is designed to support the review of all aspects of national-level school-based sexuality education programmes. SERAT's principal benefit is that it enables countries to identify and discuss the strengths and weaknesses of their sexuality education programmes, making it a useful tool for country self-reflection. To ensure the most effective results, SERAT should be completed through a multi-stakeholder participatory process, which normally entails designating an external person with expertise in CSE to facilitate the process. The tool is considered valuable for understanding the status of country-level sexuality education programmes and for informing joint decision-making when several partners need to agree on priorities. It can also be used to make comparisons among programmes within and between countries when the same team of experts carries out the studies.

Originally developed in 2012, and recently updated to reflect the revised UN ITGSE the tool includes questions that assess the status of CSE in such areas as the legal and policy context, curriculum content by age group, integration into the national curriculum, teaching and learning, teaching training, and monitoring and evaluation. Results are presented in colour-coded, visual bar charts, which are automatically created to provide an immediate picture of areas of strength and areas needing improvement.

SERAT has been instrumental in reviewing and guiding investment in CSE across over 50 countries and continues to be one of the most comprehensive tools for assessing the strength of national level programmes. For example, SERAT was used in Cameroon to assess progress towards CSE. The process uncovered the strength of teaching training, but pointed to the need for more interactive teaching and learning skills and techniques. In order to overcome this, a pedagogical guide including interactive skills was piloted in Cameroon, and curriculum reform has led to the inclusion of skills-based approaches and interactive activities in primary and secondary schools.

SERAT is available online in English, French and Russian¹.

¹ <https://healtheducationresources.unesco.org/library/documents/sexuality-education-review-and-assessment-tool-serat>

In Asia and the Pacific, although some countries reported including sexuality education indicators in their EMIS, most ministry of education survey respondents were unsure or did not know whether this was the case or not (UNFPA et al., 2020a). This is a telling sign of EMIS' limited existence in the region.

In LAC, monitoring and evaluation (M&E) of programme implementation is a continuing area of weakness. Nearly half of the countries in the region lacked M&E systems, although a 2017 report noted that there had been some improvement in monitoring systems since 2013 (UNESCO, 2017b). In the English and Dutch speaking Caribbean, systematic M&E was identified as a major gap (UNFPA, 2018).

The ECA review reported that less than one-third of the countries had established an M&E system for sexuality education. Four have a partial system in place and another eight have nothing (the remaining four do not have an official sexuality education curriculum). In England (United Kingdom), Relationships and Sex Education is one of the topics included for review by the national inspecting body (Sex Education Forum, 2020).

2.5 Enabling environment

An enabling environment is critical for effective delivery of CSE. This includes a supportive school setting through its policies and ethos, and also an informed and engaged wider community. CSE needs to be understood by different stakeholders, such as parents, community members and religious leaders and politicians, in order to promote comfort and understanding of what can be a sensitive topic. In addition, an enabling environment for good health that goes hand in hand with CSE, is reflected in youth-responsive access to health and social services, including sexual and reproductive, and child protection services.

School environment

It is well recognized that curriculum interventions are more effective when they are delivered in a safe and supportive school environment and accompanied by other interventions that make up a 'whole school' or 'whole education' approach. Such an approach recognizes the multiple actions and interventions within the school that complement each other. Alongside teaching of comprehensive curricula, this may include the use of gender transformative pedagogy, school policies and rules that prevent violence, including bullying. It can also promote a sense of ownership among varied stakeholders by linking with parents, health providers and the broader community (Vanwesenbeeck et al., 2016). More recently the term 'whole education approach' emphasizes the importance of strong leadership and guidance at a policy level, providing the mandate and expectation that schools will implement curricula and accompanying interventions.

Policies for a safe school environment are an important starting point. In SSA, six countries report having a policy on school safety, non-discrimination, or related issues (UNESCO, 2018).

An example of a government tackling school violence is the Ministry of Education, Culture and Research of the Republic of Moldova, which in 2017 developed a 'Code of Conduct' for teachers and, with UNESCO support, provided all schools in the country with guidelines on violence prevention and child protection. This includes a practical toolkit for teachers, a methodology for identifying and responding to cases of violence, including bullying, and tips for eliminating discrimination due to HIV (Schools for Health in Europe, 2019).

Engaging parents and caregivers

Parents and other caregivers play a central role in the lives of children and young people, and can be a powerful force supporting or opposing sexuality education in schools. Teachers cite fear of parental opposition as a reason they hesitate to teach sexuality education, but some evidence reveals that parents are often supportive. For example, the four-country study in Africa and Latin America found that more than 90 per cent of students say their parents support sexuality education in schools, yet teachers perceive much less parental support (UNESCO and Guttmacher Institute, 2019). In a survey on barriers to implementation of sexuality education in Latin America, family opposition was named as a low barrier, coming in at tenth place out of 11 identified obstacles (UNFPA, 2017b).

The literature provides many accounts of efforts to reach out to parents and caregivers to build support for sexuality education. Twelve ESA countries report that they had provided parent communication programmes, many of these countries adapting and rolling out the *Our Talks* programme, with support from UNESCO or the *Let's Chat* programme with support from UNFPA. In Zambia, head teachers were trained to work with parent teacher associations (PTAs) to provide educational sessions with parents (ICF, 2018). In WCA, Ghana and Côte d'Ivoire reported conducting sensitisation forums or parent communication programmes (UNESCO, 2018). In India, in selected schools, some 78 per cent of the teachers and 80 per cent of the principals report that parents get involved in the sexuality education programme (UNESCO et al., 2017). The governments of Uruguay and Argentina have produced materials for children to take home to their families, clarifying doubts about content and serving as educational resources (Vanwesenbeeck et al., 2016). Austria has a system of 'parent-teacher conferences' to keep parents involved. In the Ukraine, sexuality education topics are part of a plan for working with parents, and the IPPF member association supports teachers in this area (Ketting and Ivanova, 2018).

Access to sexual and reproductive health services

CSE is one component of a broader essential package of sexual and reproductive health and rights (SRHR) interventions to achieve Universal Health Coverage (UNFPA, 2019, Engel et al., 2019). CSE ensures adolescents and young people have information and skills to seek help for a range of issues related to their sexual and reproductive health and relationships. As such, efforts to scale-up CSE need to be partnered with efforts to ensure ready access to a full range of sexual and reproductive health services (including services that are either delivered within schools or linked to schools via referral systems). Only with these efforts will CSE be effective in improving health outcomes such as the prevention of early and unintended pregnancy or the reduction of new HIV infections. Ensuring that services are youth-friendly, as well as fostering close collaboration between schools and health services can improve the effectiveness (and cost-effectiveness)

of sexuality education (Apter, 2011, Kivela et al., 2011, Haldre et al., 2012, UNFPA et al., 2016, Kirungi et al., 2020, WHO and UNESCO, 2021 (forthcoming)).

Of 28 countries from SSA and LAC that responded to the 2019-2020 Survey on the Status of CSE, the majority of countries reported that students in secondary schools could access individual counselling on issues related to sexual and reproductive health (86 per cent or 24 countries), referral by schools to health clinics (79 per cent or 22 countries) and information about where and how to obtain contraceptives (75 per cent or 21). As with other nationally reported data, these responses may reflect national policy but mask a more complex situation at the school level for learners requesting counselling or referrals to services.

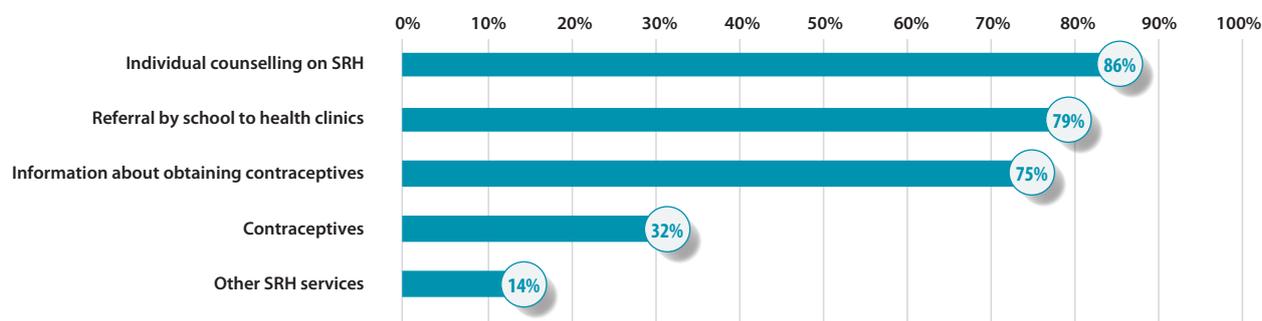
A total of 17 ESA countries have set targets for increasing the number of health service points that offer 'standard, youth-friendly' services. The number of countries in WCA is lower, with only five countries having established a target for youth-friendly services (UNESCO, 2018). The link between school-based sexuality education and health services has been signaled as a weak area in the region.

Since 2012, 10 Asian countries have built on their national commitments in the context of Family Planning 2020 (FP2020) by investing in rights-based family planning services (UNFPA et al., 2020a). While most countries reported on the availability of SRH services for adolescents, in reality these may not be accessible to all young people. In some countries, services are only accessible to married couples, as seen through survey results from countries such as Indonesia, the Maldives, Pakistan and India (Chandra-Mouli et al., 2018c, Hurley et al., 2017).

In the ECA review, 10 of 25 countries offer comprehensive SRH services to young people, another 10 make some services available, but only 3 countries provide free contraception. Five countries fail to provide SRH services to young people at all (Ketting and Ivanova, 2018). Estonia stands out for its efforts to scale-up a small grassroots adolescent SRH initiative to a national programme, alongside scaling up of school-based sexuality education. These simultaneous efforts have been linked to improved adolescent SRH outcomes (Haldre et al., 2012, Kempers et al., 2015). In Estonia and Sweden, secondary school classes regularly visit youth-friendly clinics and get their lessons there, which helps pupils become familiar with a clinic that they may need to access in the future (Ketting and Ivanova, 2018).

Efforts to scale-up CSE need to be partnered with efforts to ensure ready access to a full range of sexual and reproductive health services.

Figure 13
Access to sexual and reproductive services, as reported by survey respondents



Data source: Analysis of 2019-2020 Survey on the Status of CSE.

Case Study 17

STRONG MINISTERIAL COMMITMENT TO SCALE UP CSE IN EASTERN & SOUTHERN AFRICA

A commitment to the health and well-being of all young people in Eastern and Southern Africa was endorsed and affirmed in 2013 by Ministers of Education and Health from 20 ESA countries. Together they agreed to work collaboratively towards a vision of young Africans who are global citizens of the future, are educated, healthy, resilient, socially responsible, informed decision-makers, and have the capacity to contribute to their community, country and region.

The ESA Commitment process was co-led by the East African Community (EAC) and the Southern African Development Community (SADC), with support from UNESCO, UNAIDS, UNFPA and other UN partners. The commitment also drew on the support of Civil Society Organizations (CSOs), and religious and youth leaders.

The ESA Commitment has been strategic in bringing together the education and health sectors to secure their commitment towards a common rights-based agenda on the needs and rights of adolescents and young people, in response to the high levels of new HIV infections, early and unintended pregnancy, gender-based violence and child marriage. The commitment called upon sectors to work together on a common agenda for adolescents and young people to deliver CSE alongside adolescent-friendly SRH services, ultimately strengthening national responses and reducing new HIV/STI infections and unintended pregnancy.

A recent report reflecting on the progress between 2013 and 2020 found that while challenges remain - particularly in relation to monitoring and accountability - the ESA Commitment has instigated notable progress, made possible in part by the emphasis on multi-sectoral collaboration between health and education sectors nationally and regionally. It is recognized as a key driver of progress in CSE implementation in the region, with the political momentum it provided leading many governments to scale-up delivery of CSE within the formal school curriculum (Watson et al., 2021).

Given the recognized value and success of this commitment in providing a supportive environment for CSE and broader efforts to ensure adolescent SRHR, discussions are currently underway to renew the commitment until 2030, and countries in WCA have expressed the wish to undertake a similar process towards a commitment in their region.

Political support and opposition

Ensuring that the concept and benefits of CSE are well understood by those in positions of decision-making power, and those with influence over cultural and religious norms in a country, is critical to its effective implementation and sustainability. Across many countries, CSE is already well-recognized as a critical enabler of young people's education, health and well-being and important to prevent health and social issues, as well as ensure children and young people have the knowledge and skills to engage in positive and healthy relationships. This is reflected in the commitments that governments have made by signing of international and regional agreements, as well as by establishing national policies and laws that mandate delivery of sexuality education.

However, CSE includes a range of topics that may be considered sensitive or difficult to discuss in some cultural contexts. In some settings, this, along with misinformation about the purpose and impacts of CSE, has led to opposition from within community, religious or sometimes political settings. This debate (or opposition) has sometimes been substantial, negatively impacting progress. Of 48 countries from Asia and the Pacific, SSA and LAC responding to the 2019-2020 Survey on the Status of CSE, and Europe and Central Asia regional reviews, 40 per cent reported that there are organizations or institutionalized campaigns against sexuality education.

In ECA, in nearly half the countries, opposition to CSE is viewed as 'serious.' The primary argument driving such opposition is that it will encourage young people to become sexually active at an earlier age, even though evidence shows that this is not the case (Lindberg and Maddow-Zimet, 2012, Kirby, 2009, Kirby et al., 2007). Another criticism leveled at CSE is that parents, not schools, should be responsible for educating their children about these topics (Ketting and Ivanova, 2018).

Discussions on culturally inappropriate content can be enough to create political turmoil and stop all initiatives to develop CSE programmes in a country, even those that have been designed to fit the cultural context. In Mali, public debate

about some themes which have been included in a manual developed with the support of civil society was enough to cause a major political crisis and lead the government to stop all programmes related to sexuality education in the country, regardless of content (RFI, 2018, Thurston, 2019).

In Mexico, where sexuality education first started in the 1930s, the resistance to sexuality education is organized. As in other countries of LAC, conservative lobby groups unite in fierce opposition to sexuality education, LGBT rights, same-sex marriage, and abortion, as so-called ‘gender ideology’ (Chandra-Mouli et al., 2018a). In Brazil, these forces have gained tremendous political power (Kalil, 2019, Borges and Borges, 2018). In Argentina, the 2006 law mandating CSE in schools has not translated into access to this information, and this is due in part to outspoken opposition, especially regarding LGBT issues (Herrera, 2019).

Given the reality of opposition in some contexts, continued efforts are needed to ensure communities are aware of the positive health and social impacts of CSE, as well as to debunk misinformation about negative impacts. Working closely with decision-makers and influencers, such as parliamentarians, local politicians and religious authorities in the design of sexuality education programmes has been strategic in many countries. (Chau et al., 2016). In Uganda, a multi-stakeholder group, including religious leaders, contributed to the revision of the sexuality education curriculum after it was banned in 2016, thus allowing it to be re-instituted in 2018. However, compromises were necessary in order to maintain overall stakeholder support; that the revised framework has an abstinence focus and important content related to sex and sexuality is no longer included, meaning that the name CSE is not in line with definitions found in international guidance (Ninsiima et al., 2019).

In Tunisia, close communication between diverse education stakeholders, community organizations, religious groups and parents facilitated the process of developing and approving a new sexuality education curriculum in 2019 (UNFPA, 2020b). In Pakistan, NGOs working with large provincial governments found a way to address community priorities by identifying shared concerns (Chandra-Mouli et al., 2018c).

Role of NGOs and international agencies

Across all regions, NGOs, CSOs, UN agencies, and other development partners can play a crucial role in helping countries initiate, implement, and scale-up sexuality education. Equally importantly, they can advocate for comprehensive approaches, develop strategies to build support, and hold governments accountable for their commitments.

In many settings, large HIV prevention programmes have played an important role in promoting and supporting CSE as part of broader investments. The Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS)

Case Study 18

BUILDING COMMUNITY SUPPORT FOR SEXUALITY EDUCATION IN PAKISTAN

Building community support and overcoming resistance are recognized as key components of successful, sustainable CSE programmes. In Pakistan, two NGOs, Aahung and Rutgers Pakistan, have helped reach over 500,000 students in all four of the country’s provinces with their wide-ranging sexuality education programmes, thanks to efforts to build community understanding and support from the outset.

The success of this initiative can be attributed to the time and effort that they have dedicated to understanding the genuine, nuanced context within the communities, and to developing the programme within this context. Recognizing deep-rooted societal and cultural barriers to sexuality education from the planning stage, both NGOs prioritised building community support through different strategies. This included community-based research as the foundation of the program’s content development. To build understanding of sexuality education and respond to opposition and misunderstanding, they collaborated with a vast array of different stakeholders—including parents, school officials, religious leaders, media personnel, and adolescents themselves.

Specific strategies included:

- sensitising and engaging key stakeholders, including religious groups, schools, health and education government officials, parents, and adolescents themselves;
- tactfully designing and framing the curricula with careful consideration of context, language and sensitive topics;
- institutionalising the programmes within the school system;
- showcasing the programmes to increase transparency;
- engaging the media to build positive public perceptions; and
- looking for windows of opportunity to shape public discourse, for example when debates around child sexual abuse and protection arose in the media.

There are many strategies that can be used to build community support and lessons learned from Aahung and Rutgers Pakistan can inform future efforts worldwide.

(Chandra-Mouli et al., 2018c, Svanemyr et al., 2015)

programme, funded by the US President’s Emergency Plan For AIDS Relief (PEPFAR) initiative, and the Global Fund Against AIDS, TB and Malaria are two significant examples. The DREAMS programme is a public/private partnership that aims to reduce rates of HIV among adolescent girls and young women in ten HIV high-burden countries in Africa. School-based HIV and sexuality education is one of the key components of the DREAMS programme, alongside other HIV prevention actions such as gender-based violence prevention, improved access to youth friendly sexual and reproductive health care, and community mobilisation and norms change programmes (Saul et al., 2018).

Regional reports on SSA indicate that NGOs and international agencies often can organize nimbly—providing services that

Case Study 19

CSOs PROVIDING STRONG SUPPORT TO SEXUALITY EDUCATION IN MEXICO

Civil society organizations (CSOs) have been fundamental in the development of sexuality education in Mexico, and there are currently over 80 CSOs supporting sexuality education. CSOs have played a central role in providing its continuity, progress and advancement in spite of numerous administrative changes in the government and on certain occasions, political upheaval and socio-economic crises. Although governmental backing for delivery of school-based sexuality education has existed in Mexico since the 1930s, there have been periods in which it has disappeared from ministerial programmes. Continued efforts by CSOs, which have joined together in creating networks, have been instrumental in ensuring that learners have access to sexuality education. These organizations lead research, provide technical assistance for teacher trainings, produce educational materials, and advocate for sexuality education's inclusion in formal and non-formal curricula. In the last two decades, opposition to school-based sexuality education has become more organized and has gathered greater numbers of constituents and resources to target not only sexuality education, but sexual and reproductive health and rights in general. In response, CSOs have built political support and been a strong voice in advocating for sexuality education from both a public health and human rights perspective.

Recently CSOs have been central in preventing the 'parental pin' from being adopted in state legislations. The parental pin is aimed at amending the third constitutional article of the National Constitution that states that all Mexicans are entitled to sexuality education. This amendment would make it mandatory for parents or guardians to provide explicit permission for their children to receive education about such topics as sexuality and gender. Parents could also limit their children's attendance in any classes that they consider objectionable.

Through a strong conservative lobby, the parental pin has been discussed in two states, leading to its adoption in one. In the other, it has been challenged by CSOs and turned over to the supreme court. Currently, no other state congress has accepted the parental pin. In large part, the spread of the parental pin has been limited due to active CSOs, sexuality education practitioners and academic experts, who have joined together in coalitions. These groups have organized webinars, press conferences, and publications and have actively interacted with members of federal congress. Even under the difficult circumstances due to the COVID-19 pandemic, or perhaps aided by new technologies that do not require physical presence, these and other groups are showing the power of organized civil society.

(Chandra-Mouli et al., 2018a, Corona and Arango, 2010, UNFPA and FEMESS, 2019)

government systems lack the mandate, reach, or resources to provide (UNESCO, 2018). A study in Senegal stressed that collaboration between civil society and government was fundamental to success, although cautioned that NGOs alone cannot achieve implementation at scale (Chau et al., 2016). Studies in Nigeria have found that NGOs were central to the development and scale-up of the sexuality education programme (Huaynoca et al., 2014, Wood et al., 2015), which was then integrated into official government programmes.

In Asia, evidence shows that NGOs fill the gaps in official government programmes, often using different methods, such as peer-to-peer approaches. They frequently provide technical assistance to government to strengthen school-based programmes. For example, in Thailand, the Planned Parenthood Association of Thailand (PPAT) started working with the MOE in 1978 when they launched sexuality education, and now is helping the ministry update the existing formal curriculum (Hurley et al., 2017).

In LAC, NGOs have played a role in CSE implementation and advocacy in about 88 per cent of countries (UNFPA, 2017b).

NGO involvement is also very important in the MENA region. Most sexuality education is taught with a life skills approach through NGO or international agency partnerships, as either extra-curricula, or non-formal education programmes, including through the Y-Peer programme carried out with UNFPA support (UNICEF MENA, 2017).

In Western Europe, NGOs supplement formal education with extracurricular activities, out-of-school education and significant support to teacher training. For example, the Denmark Family Planning Association runs a teacher training programme, which has an online portal with lesson plans and a hotline that teachers can call. In Belgium, NGOs have created a specialized system for youth with disabilities and for those who have experienced trauma (Ketting and Ivanova, 2018).

Relationships between NGOs and government can be strained, however, and the work of NGOs can be unsustainable without government support and partnership.

Young people's views and engagement

When asked, young people consistently want sexuality education and identify schools as one of their most trusted sources of information. A study in parts of Kenya showed that a large majority of students (93 per cent) found sexuality education useful or very useful (Sidze et al., 2017). A recent qualitative study of learner perceptions of CSE in Uganda and Zambia showed an overall positive attitude towards school-based CSE due to the perceived benefits and relevance to their lives (UNESCO, 2021). When asked about the factors that support sexuality education in LAC countries, all respondents named 'student interest' (UNFPA, 2017b).

Formal consultation with young people about the content and delivery of sexuality education is still rare, however. In a four-country study, young people in Ghana and Peru said that they are consulted by the government, but that their views are not incorporated into sexuality education curricula or guidelines. In Guatemala, curriculum design is top-down, with little input from students. Kenya was highlighted for a genuine consultative process in their efforts to improve sexuality education, including adolescents in public meetings throughout the country (Keogh et al., 2018).

In terms of young people's reflections on how CSE is delivered, there are similar findings across diverse country contexts. Students sometimes report feeling embarrassed and fear humiliation, particularly in mixed-sex classes, which can inhibit their participation (Pound et al., 2016). Learners in some settings, particularly girls, express a preference for single-sex classes (Rose et al., 2019). They note that teachers are not always suited or well prepared to teach sexuality education and value a teacher with specialized expertise, or an external expert such as a health provider. In recent research in Uganda, learners said that they found some teachers to be shy or embarrassed by some topics and others did not seem to give adequate explanations and tended to rush through the topics (UNESCO, 2021). Young people value the

participatory nature of CSE, including skills-based lessons, small group discussions, demonstrations and activities—in a safe and confidential environment—with teachers who maintain control and protect students from teasing (Rose et al., 2019).

In terms of content, students often report that it is too biologically-focused and negatively framed, and want more information on healthy relationships, contraception, pleasure, consent, tools for negotiating sex, community health options, and other real-life topics (Cense et al., 2020, Singh et al., 2020). Finally, in research in the UK and Australia, students have reported that they find sexuality education is binary and heteronormative—rendering LGBT students

Case Study 20

GLOBAL FUND SUPPORT TO ADVANCE CSE WITHIN HIV RESPONSE IN SUB-SAHARAN AFRICA

The Global Fund to fight AIDS, Tuberculosis and Malaria (Global Fund, or GFATM) continues to play a major role in mobilising and investing funds to prevent and respond to HIV and AIDS, which in recent years, has seen an increasing focus on education interventions. In SSA in particular, the Global Fund has increased its investment to reduce HIV incidence among adolescent girls and young women (AGYW) (The Global Fund, 2020c). This responds to the recognized vulnerability of adolescents and young people, particularly AGYW aged 15-24 who have 2.4 times higher HIV incidence than their male counterparts in the region (The Global Fund, 2020a).

With countries increasingly recognizing the importance of sexuality education as an HIV prevention intervention and featuring this in their national prevention strategies for HIV prevention among adolescents, funding requests to the Global Fund are increasingly including work with Ministries of Education (MoE) to strengthen sexuality education in school and with NGOs for adolescent girls and young women who are out-of-school. As such, the Global Fund grants are increasingly including comprehensive sexuality education as one component of a package of key interventions for AGYW in extremely high-HIV burden settings (The Global Fund, 2020b). The Global Fund has also provided technical guidance in line with the UNAIDS AGYW Investment Guide (UNAIDS, 2020a) to assist countries in designing AGYW interventions. For example, in Kenya, efforts are underway by the government to roll out a national sexuality education framework to which the Global Fund contributed resources through the National AIDS Control Council of Kenya for its development. In Zimbabwe, the Global Fund support is directed towards the National Aids Council to support civil society organizations that work with school administrators to deliver sexuality education sessions in schools. In Mozambique, where the government already had a framework and a sexuality education strategy, the Global Fund is supporting an NGO called 'Fundação para o Desenvolvimento da Comunidade' (Foundation for the Development of Communities) to support the MoE in building the capacity of teachers to deliver CSE sessions, including supervising the quality of CSE.

With the increased investment in sexuality education, Global Fund has included in its performance measurement framework an indicator to track the 'number of young people reached with sexuality education'.

Case Study 21

PERSPECTIVES ON CSE FROM YOUNG PEOPLE IN THE ASIA PACIFIC REGION

Young people are strong advocates for sexuality education. Asking learners to reflect on their experiences of sexuality education at school is central to ensuring that it meets their needs and expectations.

With this aim, in November 2019, a UNFPA anonymous online survey was completed by over 1,400 young people from 27 countries¹ reflecting on their experience of sexuality education. Focus groups were also carried out with a smaller number of young people, to obtain a deeper understanding (UNFPA et al., 2020a).

From the entire group of 15-24 year olds, less than one in three believed that their school taught them about sexuality very well or somewhat well (28 per cent). Young people with disabilities and young people who identified as LGBTI were less satisfied with their sexuality education than their peers.

The most frequently reported topics learned at school were 'human body and development' topics such as anatomy (81 per cent) and puberty (68 per cent), followed by SRH topics such as HIV and AIDS and STIs (71 per cent), pregnancy and birth (65 per cent) and contraception (59 per cent). Almost half (46 per cent) felt that their teachers were very or somewhat comfortable teaching sexuality topics. A total of 44 per cent of girls and 45 per cent of boys had not received enough information about menstruation or wet dreams before they experienced them for the first time. Finally, peers (56 per cent) and the internet (55 per cent) were identified as more important sources of information about sexuality than schools (39 per cent).

"People think it is too early to give children sex education. But I think it's important because it's the reality that 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 female, Indonesia)

If we hadn't explored the internet, we would have no idea about many things regarding SRH as proper sexuality education was not provided to us in school (young female, Nepal).

1 Afghanistan, Bangladesh, Bhutan, Cambodia, China, India, Indonesia, Lao PDR, Malaysia, Maldives, Mongolia, Myanmar, Nepal, Papua New Guinea, Pakistan, Philippines, Sri Lanka, Thailand, Timor-Leste, Viet Nam, Fiji, Kiribati, Samoa, Solomon Islands, The Federal States of Micronesia, Tonga, Tuvalu

invisible—and gendered—failing to discuss female pleasure and replicating stereotypes of women (Ezer et al., 2019, Pound et al., 2016).

Influence of digital tools and activities

There is increasing interest in how digital tools can be used to support teachers with the delivery of school-based CSE, and a range of examples of digital tools being used in the classroom across different contexts (Jolly et al., 2020). Digital tools offer unprecedented opportunities, at a relatively low cost, to expand coverage and deliver quality and engaging content. In considering the use of digital tools in the classroom, teacher comfort with the technology as well as access issues need to be taken into account. On the other hand, there is limited evidence testifying to the effectiveness of digital tools in improving outcomes and this is an area worthy of further investigation.

As well as drawing on the potential of digital platforms to deliver comprehensive sexuality education, school-based sexuality education can play a potential role in helping young people navigate digital platforms, assess the nature of information they are seeing, and recognize inaccurate or harmful content (UNICEF, 2017b).

Digital tools are being used in different ways across different countries. For example, in Colombia, an internet-based sexual health education programme was developed by an NGO for use as part of a mandatory course for 9th graders in public schools. It was found to be effective at improving broad measures of knowledge and attitudes among teenagers (Chong et al., 2017). In the USA, online tools have been found to be powerful for minority communities not reached adequately by school-based programmes, as well as for out-of-school youth (Lykens, 2017).

The *World Starts with Me* programme, developed by Rutgers, is a low-tech, computer-based interactive sex education programme aimed at secondary school students (age 12-19). It has been adapted and implemented in 10 countries in Africa and Asia and delivered both in and out of school settings. The curriculum is adapted to different country contexts, with a 2009 evaluation in Uganda showing positive results in terms of knowledge and attitudes towards safe sex (Rijsdijk et al., 2011).

When considering the use of digital tools to complement school-based sexuality education, it is important to recognize the digital divide and the reality that digital platforms are not a feasible solution across all settings. While over three quarters of young people globally have access to the internet, there are many who do not (International Telecommunication Union, 2018). In some contexts, over reliance on digital tools or the use of technology that is inaccessible may be detrimental to those with no access. In many settings, it is girls and young women who are less likely to have access to digital technology (International

Telecommunication Union, 2018). There have been some reports that some digital technologies developed with the intention of supporting classroom learning have been ineffective due to lack of the necessary hardware or low bandwidth, although promising examples exist of platforms designed specifically for low bandwidth settings (WHO et al., 2020).

Although digital platforms alone cannot replace face-to-face sexuality education, digital tools do have the potential to complement classroom delivery of sexuality education where technology is available, when used well and where issues of access are considered (Jolly et al., 2020, UNESCO, 2020a). With technology evolving, it will be important to continue to explore digital tools, including the use of artificial intelligence to support teachers in their delivery of sexuality education. In 2020, WHO and partners released a framework and guidance on designing youth-centred digital health interventions (WHO et al., 2020). It provides guidance on effective planning, development and implementation of digital solutions, including those with the intention of delivering sexuality education, with and for young people. The guidance draws on evidence informing best practice but also highlights that more research is needed to highlight the effective integration of digital tools in the classroom.

Case Study 22

USING DIGITAL PLATFORMS TO STRENGTHEN SCHOOL-BASED SEXUALITY EDUCATION

Increasingly, digital spaces are being harnessed to strengthen sexuality education, including in the classroom. For example, with the goal of enabling every child and adolescent in China to have access to quality comprehensive sexuality education, Marie Stopes International China developed the You&Me sexuality education platform. The platform provides free support to interested educators with basic teaching skills to conduct sexuality education. Teachers are supported with lesson plans, presentations, demonstration videos, cartoons and interactive games. Classes can be livestreamed with one teacher delivering a class online, which is simultaneously live streamed into multiple classrooms and schools.

As of August 2020, nearly 700,000 students in 2,487 schools have received sexuality education conducted by teachers supported by the You&Me platform. They came from 29 provinces across China, with over 40 per cent from rural areas. Over 10,000 teachers are active, registered users. Various evaluations have been conducted since 2017 and findings suggest positive changes in student's knowledge and attitudes (Fan et al., 2018).

The You&Me project is currently collaborating with researchers from Tsinghua University to conduct a cost-benefit analysis and a cluster randomized control trial to evaluate the effectiveness of the platform. Preliminary findings show that compared with the control group, the intervention group demonstrated a significantly higher level in terms of knowledge and positive attitudes, with more obvious differences in terms of knowledge. Further analysis is needed to establish the impact on behaviour.

2.6 Reaching vulnerable groups and out-of-school children and young people

While expanding and improving in-school sexuality education will ensure reaching the majority of children and young people, the importance of reaching those who are out-of-school cannot be underestimated. Those children and adolescents who drop out of, or are excluded from, school are often more vulnerable to a range of sexual and reproductive health risks. As well as reaching these groups and tailoring content to their specific needs, out-of-school CSE can potentially provide in-school learners with additional information or cover topics not covered in the classroom. It can also offer more time for personal reflection and for practising new skills if sessions are longer than standard school classes (UNFPA et al., 2020b).

Children and young people with disabilities, whether in-school or not, are particularly neglected when it comes to sexuality education efforts. While globally comparable, reliable data on children with a disability are very difficult to obtain, one estimate is that 93 million children under age 14, or 5.1 per cent of the world's children, are living with a 'moderate or severe disability' (WHO, 2011). Due to the multiple misconceptions that exist regarding people with disabilities, CSE programmes in schools tailored to specific groups and needs are scarce worldwide. Recent research from ESA concluded that efforts to improve CSE for children and adolescents with disabilities in schools needs to be aligned with genuine efforts to improve their inclusion into mainstream schools, as well as overall efforts to strengthen coverage and quality of sexuality education (Zuurmond, 2021).

While there is a strong imperative to make special efforts to reach out-of-school children and young people, and emerging evidence of good practice (UNFPA et al., 2020b), few countries have a strategy to guide such efforts. For example, across both ESA and WCA, less than two-thirds of countries have an HIV education strategy for out-of-school young people (UNESCO, 2018).

In October 2020, UNFPA and a range of UN partners released the *International technical and programmatic guidance on out-of-school comprehensive sexuality education*.¹⁰ The guidance promotes the same topics and learning objectives as the revised UN ITGSE, inferring that the comprehensive content is the same for all children and young people, but provides evidence- and practice-informed guidance specifically for programmes that deliver CSE out of school, and programmes that seek to address the needs of specific groups that are unlikely to be addressed in school. It is hoped that this valuable resource will help fill in the gaps and effectively address the needs of more vulnerable children and youth (UNFPA et al., 2020b).

Case Study 23

REACHING YOUNG PEOPLE WITH DISABILITIES IN URUGUAY

Although differentiated learning in sexuality education needs to be stepped up in mainstream schools for disadvantaged populations, targeted efforts out-of-school are important and are sometimes necessary for specific underserved populations that are unable to be reached in mainstream settings. Uruguay, which is implementing one of the most wide-ranging and successful CSE programmes in Latin America, is also a pioneer in the development of programmes and material for people with disabilities. In fact, as far back as the 1980s, Uruguay produced sexuality education materials in braille for the blind.

Two initiatives of the Uruguayan Foundation for Disability and Inclusive Development (iiDi), with support from UNFPA and the Movimiento Estamos Tod@s en Acción (META) 'We're All in Action', Young Latin American Activists for Inclusive Development, are examples of a targeted effort to promote the sexual and reproductive rights of young people with disabilities.

Although all young people with disabilities face significant inequities in access to information on sexual and reproductive health, deaf people face an additional challenge: these health information campaigns rarely use sign language, which limits access to materials with reliable information. In addition, sometimes there are no signs for some terms related to sex, the body and relationships. In response to this, a pilot project was implemented with two strategic areas of action: 'You tell me' ('Decímelo a mí') and 'Convention 2.0' ('Convención 2.0').

The former involves the participation of deaf adolescents and young people in the production of universal access materials based on the use of new technologies. 'Convention 2.0' is a strategy to share information and raise awareness about the UN Convention on the Rights of Persons with Disabilities (CRPD). These initiatives involved training and advocacy sessions that were held for more than 70 hearing-impaired adolescents and young people from the Montevideo Metropolitan Area, who also received support from young members of the META Network in Argentina. The sessions included the use of new technologies, in particular an 'Augmented Reality' app, an inclusive communication tool that allows for the use of text, audio and sign language messages. Two websites were developed and a series of postcards and posters were produced on everyday life, rights in general, and topics of sexual and reproductive health. Networks of youth organizations and associations of persons with disabilities worked together to disseminate messages and materials. These initiatives enabled participants to share an inclusive identity, amplify messages on rights, and raise the visibility of deaf adolescents and young people with their own proposals and actions.

¹⁰ <https://www.unfpa.org/featured-publication/international-technical-and-programmatic-guidance-out-school-comprehensive>

2.7 Sexuality education in the context of COVID-19

In 2020, with the onset of the COVID-19 pandemic, the education sector faced a number of new challenges. During 2020 and continuing into 2021, periods of physical distancing measures and school closures have left many adolescents and young people across the world without access to essential SRH information and services, including CSE.

At the same time, emerging evidence from the COVID-19 pandemic, along with past experience, tells us that long-term confinement measures (including school closures) can put children and adolescents, especially girls and young women, at increased risk of a range of sexual and reproductive health problems. Problems reported include a predicted increase in early and unintended pregnancy, child marriage and sexual abuse and exploitation (UNESCO, 2020b, UNESCO et al., 2020b, QUILT.AI et al., 2021). Among other factors, these trends reflect inability to access CSE, lack of access to the supportive environment of schools and challenges accessing health and social services. Other issues reported by young people include mental health issues, loneliness, dating problems and stress-related issues, particularly related to disruption in studies (Share-Net Netherlands, 2020, Youth Tech Health and UNESCO, 2020). The impacts of COVID are uneven and vary depending on the intersecting vulnerabilities and risk factors affecting young people. These vulnerabilities and risks may increase in the context of COVID-19 and will have a higher impact on those already most excluded, including adolescent girls and young women, young key populations, young people affected by humanitarian crisis, among others. This means that education for health and well-being, including CSE that equips young people with the foundation to make well-informed decisions about their lives and bodies and develop healthy relationships, has never been more important (UNFPA, 2020a). Efforts to reach the most vulnerable are needed.



Julia Kuznetsova/Shutterstock.com

Many education systems have navigated the pandemic through digital and distance learning strategies. In some countries, this has included the provision of health education, although this has not consistently been a priority, and it can be difficult to deliver curricula that require transformative pedagogical approaches via digital platforms. In the absence of classes, it may be necessary to ramp up the delivery of CSE in non-conventional settings, including steering learners to quality digital spaces delivering sexuality education. In places where young people have good access to the internet, schools can also assist learners to navigate reliable online sources, although this does not replace the experience of face-to-face learning.

As schools reopen, there have been strong calls to ensure that CSE continues to be delivered, and it is a priority that it addresses the issues that learners may have faced in the context of the pandemic (UNESCO et al., 2020b, UNESCO et al., 2020a). As well as covering SRH risks, CSE has the potential to address issues around protection, and to promote the social and emotional skills learners need to build resilience during such challenging times.

Case Study 24

SEXUALITY EDUCATION VIA ZOOM DURING SCHOOL CLOSURES IN ESTONIA

In the context of national school closures in 2020 due to COVID-19, the Estonian Sexual Health Association (ESHA), a member of International Planned Parenthood Federation (IPPF), has been using Zoom to deliver sexuality education to learners in Estonia. When schools closed in March, ESHA, which routinely supports the delivery of sexuality education in schools, reached out to schools through the Department of Health and Social Care and the Department of Education to offer online sexuality education in the towns of Tallinn and Tartu. Many schools took up the offer, and between March and November 2020, the ESHA has delivered over 72 classes reaching more than 1,400 learners between the ages of 10 and 19. Sessions are 90 minutes and are tailored to needs, in consultation with teachers and in line with the national syllabus. In Estonia, sexuality education is integrated within the school syllabus, delivered to both primary and secondary learners within the Personal, Social and Health Education subject which includes other life skills, such as prevention of drug and alcohol abuse and nutrition. However, when schools faced the challenge of trying to facilitate online learning due to COVID-19, this subject was not prioritised, and schools appreciated ESHA stepping in to ensure that learners were receiving sexuality education.

It took time for educators to become familiar with the Zoom technology and to build the same rapport with students as in face-to-face settings. However, with practice, they were able to facilitate engaging and participatory sessions. The use of [Amaze](#) animations, the interactive whiteboard and small groups feature helped with this. Students also liked the option of being able to submit questions without their peers seeing who the question was coming from, providing a degree of anonymity.

While most students in the target areas had access to a laptop or smartphone, lack of access to technology or internet in the home can pose a barrier to reaching learners with online education.

3. Conclusions and ways forward

Comprehensive sexuality education is an investment in the health and well-being of children and young people. CSE, a form of transformative education, provides learners with critical knowledge and skills that will help them navigate their relationships and their broader lives, now and in the future. There is strong evidence informing effective CSE and an imperative to deliver CSE from integrated public health, rights and educational perspectives.

Against the backdrop of this strong rationale, the majority of countries across the world are delivering sexuality education through their education systems. Through the data, research and country examples provided in this report, it is clear that substantial efforts are underway in many countries to make sexuality education comprehensive in its content and delivery, and more sustainably rooted in wider education and health efforts.

While different countries use different terms to 'name' the subject being taught, there are common elements that demonstrate progress: the establishment of a supportive policy and legal environment; the development of curricula that are increasingly comprehensive in their scope; the training of teachers to deliver this content with a learner-centred pedagogy; and nascent efforts to monitor coverage.

This process takes time and as such, it is useful to see countries as on a journey towards comprehensive sexuality education.

This report has aimed to take stock of the status of CSE across the world to identify where progress is being made and where further investment and attention is needed. It has set out to provide a global snapshot by looking at progress across the areas of policy and law, coverage, curriculum, delivery and enabling environment – all vital ingredients of quality and sustainable CSE.

From the perspective of laws and policies, there is evidence that many countries have some form of policy and/or law mandating the delivery of sexuality education, often reflecting international and regional agreements that they have endorsed. While this is promising, policies and laws vary in their strength of commitment to CSE, and there continues to be a gap between policy rhetoric and implementation. Only when countries back up their policy with planning and dedicated domestic budget will CSE be fully scaled up and sustained. Our report found evidence that some countries are taking steps in this direction, but more needs to be done.



WAYS FORWARD

- CSE should be clearly mandated in policy and legal frameworks: this sets the stage for effective implementation and determines the attention paid to key education inputs such as curriculum development and teacher training
- Continued efforts are needed to ensure that CSE is mandated under law and/or policy, and backed up by dedicated budget. In low-to-middle-income countries (LMICs), there remains an important role for donors to play in co-financing efforts, while being guided by national priorities.

While there are high levels of reported coverage in many countries, such reports need to be viewed with caution. While progress reported at a national level may look substantial, much of the data is self-reported at national level, and indicators of coverage do not necessarily equate to quality

of content or delivery. It is therefore important to draw on a range of different sources of information. When this is done, it is clear that there is much progress to be made in expanding the coverage of quality and comprehensive CSE.



WAYS FORWARD

- Continued efforts to increase coverage of CSE are needed, aligned with genuine investment in teacher-learning materials and teacher training and support to ensure that CSE delivery is consistently of good quality.
- Better monitoring of coverage, alongside efforts to monitor the quality of CSE are needed at a national level to help guide scale-up efforts. This includes efforts to link CSE with the provision of SRHR services and commodities for young people.

Regarding curriculum, many countries have national curricula, and are moving in the direction of breadth of content across different age ranges (comprehensiveness) and mandatory teaching. In some cases, curriculum is reported to cover a range of topics, across age groups, with attention beyond simply the acquisition of knowledge, towards the development of skills. It is promising that at both primary and secondary level countries report including a range of topics in their sexuality education programme with topics such as HIV and AIDS and puberty being well covered. However, this

report finds that significant gaps remain, with some critical topics still insufficiently integrated. It is concerning that, at secondary level, over 40 per cent of countries report that critical topics of gender, pregnancy, relationships or violence are either 'briefly' or 'not at all' covered in the curricula. Content on contraception, sexual diversity or access to SRH services are excluded from a greater proportion of the country's curricula. Moreover, when asked, teachers and learners report that even when a topic appears in the curriculum, it is not necessarily taught in the classroom.



WAYS FORWARD

- Continued efforts are needed to ensure that curricula cover a broad range of essential topics in line with international guidance, and that this is aligned with efforts to build teacher competence to deliver the curriculum with fidelity (see below).
- Countries can invest in in-depth analyses of their curricula against international guidance, using tools such as the Sexuality Education Review and Assessment Tool (SERAT) to identify areas of strength and weakness.

There is evidence that teacher preparedness has been fortified, and pre-service training is expanding in addition to in-service training. At the same time, positive examples of participatory teaching methods exist in diverse contexts around the world. However, given evidence that many

teachers still lack confidence, and that delivery is not always strong, there is a need for further investment in ongoing training and support to teachers which is critical to ensuring the quality of the delivery of CSE.



WAYS FORWARD

- Further investments in both pre-service and in-service teacher training are needed. This will look different in different countries, reflecting diverse models of integration of CSE within the curriculum.
- Efforts need to focus on quality training to increase teachers' knowledge as well as their use of the pedagogical skills required to deliver CSE effectively. This includes the skills in using participatory methods and gender transformative pedagogy. Taking into account the importance of the social norms that exist around sexuality education, in many contexts efforts may be needed to work with teachers to challenge their own attitudes, values and biases that influence their ability to deliver CSE.
- There is also a need to invest in further research into models of teacher training that work and can be scaled up in a way that is cost-effective without jeopardising quality. This includes continuing to look at the potential for integrating the use of digital platforms into traditional teacher training models and other forms of blended learning and innovation.

CSE has the greatest impact when it is implemented in an enabling environment. In many countries, there is evidence of strong political support, as well as the mobilisation of a range of stakeholders, including parents and religious leaders, coming behind CSE. This both ensures that CSE is well understood, mitigates misconceptions causing unfounded opposition and ensures that CSE is adapted to local culture

and context. Despite this, there are also some worrying cases of countries moving backwards and blocking the delivery of CSE in schools. Opposition to CSE is often driven by a small but vocal group, sometimes driven by parties external to the country, and based on misconceptions about the impact of CSE or perceived contradictions to cultural or religious norms.



WAYS FORWARD

- The experience of opposition in some countries highlights the need for continued advocacy, with reference to available evidence, the contribution CSE makes to preventing and responding to health challenges, and to the rights of children and adolescents.
- Continued efforts to work with the government to help them understand the long-term benefits of CSE, as well as the involvement of a range of stakeholders in design and implementation (e.g. parents, religious leaders, young people) has been shown to be effective in helping to avert opposition.

While there are a number of different global indicators and tools that can be called upon in an effort to monitor progress in the area of CSE, not all countries are reporting on these, and currently, no single, coordinated, mechanism exists for monitoring CSE. Instead, a wide array of different indicators mainly intended for different purposes provide a composite

view, but with drawbacks and limitations. With a common set of globally agreed indicators that are uniformly reported on, progress towards the implementation of effective CSE can more systematically be collected and analysed going forward.



WAYS FORWARD

- Continuing to monitor progress will be essential to ensure that activities are carried out as planned and reflect national, regional and international commitments to CSE, while identifying and addressing barriers.
- There is a need to strengthen the use of existing globally recommended indicators to monitor the status of CSE (e.g. on the existence of policy and curricula and the status of coverage) as well as to consider the introduction of new indicators to measure quality and, potentially, impact.
- In painting a composite picture of progress towards CSE, it is critical to collect information from a range of sources, including asking teachers and learners about their experiences and needs cross-sectionally and through a longitudinal lens over the life-course.

Around the world, there is a strong movement to support countries on their journey towards comprehensive sexuality education, share examples of good practice, and to collectively advocate for the sexual and reproductive health and rights of adolescents and youth. In spite of a range of challenges and some setbacks, many examples of progress exist and there is evidence of a positive global trend towards the implementation of effective gender transformative and rights-based CSE. Globally, most governments and a diverse range of other stakeholders are committed to seeing this journey through, in a way that is respectful of different cultures and contexts, but that also respects children and

young people's right to education, enabling them to make well-informed, healthy decisions now and in the future. Continuing to support and encourage countries on their journey will be important, including investing in research to inform best practice. It is also vital to provide guidance to help countries transform policy into practice and continue adapting CSE to the changing needs and priorities that will inevitably face adolescents into the future. It will be important to continue to monitor this journey, supporting governments and holding them to account on their commitments, and ultimately ensuring that learners in every classroom are receiving truly comprehensive sexuality education.

Annexes

Annex 1: List of key Informants

Key informant interviews were carried out with the following experts and provide the basis for the series of case studies used throughout this report.

- **Tej Ram Jat & Oloth Sene-Asa**,
UNFPA Laos
- **Lucy Emmerson**,
Sex Education Forum
- **Olfa Lazreg**,
UNFPA Tunisia
- **Vandana Nair**,
Centre for Catalyzing Change, India
- **Raisa Cacciatore, Susanne Ingman-Friberg and Henriikka Kangaskoski**, The Family Federation of Finland
- **Suzanne Hargreaves**,
Education Scotland, Scottish Government
- **Hans Olsson, Kerstin Isaxon**,
The Swedish Association for Sexuality Education
(Swedish: (Riksförbundet för sexuell upplysning, RFSU)
- **Alice Mwewa Saili, Mwilu Lenard Mumbi and Remmy Mukonka**, UNESCO Zambia
- **Ngozi Amanze Onyedikachi**,
UNESCO Nigeria
- **Aina Heita-Kantewa**,
UNESCO Namibia
- **Tigran Yepoyan**,
UNESCO Institute for Information Technologies
in Education
- **Naomi Mnthali**,
UNESCO Eastern and Southern Africa
- **Saidou Oummoul and Tayim Dzounesse**,
UNESCO Cameroon
- **William Ngue and Xavier Hospital**,
UNESCO West and Central Africa
- **Daniel Reyes Pace**, Consultant, Chile
- **Anna-Kay Magnus Watson**,
Ministry of Education, Jamaica
- **Sheena Hadi**, Aahung, Pakistan
- **Esther Corona**, Independent Consultant, Mexico
- **Drashko Kostovski**,
IPPF European Network
- **Kristina Birk-Vellemaa**,
Estonian Sexual Health Association, Estonia
- **UK Department for Education**,
RSHE & Citizenship Unit

Annex 2: Information about existing measurement tools and global indicators used in the report

Taking stock of the status of comprehensive sexuality education (CSE) at the national level—and thus painting a global picture—lays the foundation for assessing progress and identifying gaps, but presents a range of challenges. This is due in part to the number and diversity of the variables that need to be considered. Monitoring the status of sexuality education needs to pay attention to the legal and policy environment, the quality and comprehensiveness of the curriculum, quantitative data on coverage, teacher preparation and capacity, monitoring and evaluation systems and practices, and other measures that provide insight to what is being delivered in the classroom. It is also important to assess broader aspects of the enabling environment for young people, including access to health services, given that CSE is most effective when delivered in conjunction with youth-friendly health services.

The revised UN International Technical Guidance on Sexuality Education (ITGSE) outlines the essential components of evidence-driven, effective sexuality education programmes. Nevertheless, country contexts are diverse and no minimum standard exists for what constitutes ‘comprehensive’. Definitions of key terms—from what is meant by ‘comprehensive’ to how to understand human rights and gender norms—are not standardised and are subject to divergent interpretation. Contexts vary tremendously, both within and across nations.

In recent years, a range of assessment tools have been developed and indicators proposed, which together can start to paint a picture of the status of CSE globally. For example, Sustainable Development Goal (SDG) Thematic Indicator 4.7.2 provides quantitative information about how many schools are implementing life skills-based HIV and sexuality education. The Sexuality Education Review and Assessment Tool (SERAT), developed by UNESCO, uses a participatory process to collect information across a number of domains, generating a range of scores across the areas of policy, curriculum and delivery considerations. The data collected from these and other existing tools and indicators have been used as the basis of this report. The various tools and indicators are summarised in Tables A and B below.

Table A
EXISTING GLOBAL INDICATORS

Global data collection processes that include indicators related to CSE	What is it?	Information collected	Commentary
<p>SDG Thematic Indicator 4.7.2</p>	<p>SDG Thematic Indicator 4.7.2 'Percentage of schools that provided life skills-based HIV and sexuality education within the previous academic year' assesses progress towards implementation of life skills-based HIV and sexuality education in all schools.¹</p> <p>This indicator is also one of the core indicators for measuring the education sector response to HIV and AIDS and has been integrated into the national education management information system (EMIS) in several countries in SSA.</p> <p>Data on SDG 4.7.2 indicator in the report is from 2018.</p>	<p>This indicator tracks the proportion of schools that provide life skills-based HIV and sexuality education within the formal curriculum or as part of extracurricular activities. It reflects curriculum delivery in support of national HIV prevention programmes and provides useful information on the coverage of life skills-based HIV and sexuality education within schools, and on the trends in the coverage if data are collected and compared over time. It has been approved by the Technical Cooperation Group (TCG) on the indicators for SDG-4 at its fourth meeting in January 2018.</p> <p>SDG Thematic Indicator 4.7.2 relies on two data sources: Annual School Census (for countries that have integrated this indicator in EMIS); and the UIS Annual Survey of Formal Education (ASFE).</p>	<p>Advantage:</p> <ul style="list-style-type: none"> As part of country reporting on a wide-ranging and cross-sectoral agenda intended to guide government investment until 2030, this is potentially a powerful measure. <p>Limitations:</p> <ul style="list-style-type: none"> So far, a very limited number of countries (mainly SADC countries) have integrated this indicator into the EMIS. Reporting on this indicator is still quite low.
<p>National commitments and Policy Instrument (NCPI)</p>	<p>NCPI has been used to monitor AIDS-related laws and policies since 2003, with countries reporting every two years. Following an extensive review between 2014 and 2016, the revised tool has been used to collect data on progress in developing and implementing policies related to the AIDS response in the education sector since 2017.</p> <p>It is part of the core indicators completed and submitted by countries as part of biennial Global AIDS Monitoring (GAM)</p> <p>Data reported by countries through the NCPI in this report is from 2017 and 2019.</p>	<p>Questions (135 A-C) in the NCPI that are related to education sector responses to HIV through school-based CSE include:</p> <p>existence of education policies that guide the delivery of life skills-based HIV and sexuality education for young people according to international standards in primary and secondary schools</p> <p>percentage of primary/ secondary schools fully implementing the policy (four options: 0-25%, 26-50%, 51-75%, 76-100%) included in the 2019 questionnaire</p> <p>existence of education policies mandating teacher training for the delivery of life skills-based HIV and sexuality education</p>	<p>Advantage:</p> <ul style="list-style-type: none"> The NCPI has been collected biannually since 2003 with more than 100 countries reporting. <p>Limitations:</p> <ul style="list-style-type: none"> The NCPI does not collect information about comprehensiveness of the policies, the comprehensiveness and other characteristics of the curriculum, or the comprehensiveness and other characteristics of teacher training. Framing CSE as an essential component of a response to HIV/AIDS facilitates data collection in some countries, but may be less productive in countries without generalised HIV epidemics.

¹ <http://tcg.uis.unesco.org/target-4-7/>

Global data collection processes that include indicators related to CSE	What is it?	Information collected	Commentary
<p>UBRAF life skills and sexuality education indicators</p>	<p>UNAIDS Unified Budget, Results and Accountability Framework (UBRAF)² is a set of indicators used to follow the progress of the UNAIDS Joint Programme (including all 11 cosponsors) towards the achievement of the 2016–2021 Strategy. The UN agencies report on a targeted combination HIV prevention programmes at a national level.</p>	<p>The UBRAF collects data on the following indicators:</p> <ul style="list-style-type: none"> percentage of countries with gender responsive life skills-based HIV and sexuality education is part of the curriculum in primary schools; percentage of countries with gender responsive life skills-based HIV and sexuality education is part of the curriculum in secondary schools; percentage of countries that have integrated core indicators for measuring the education sector response to HIV and AIDS in national education monitoring systems, in line with the recommendations of the Inter-Agency Task Team on Education percentage of countries with supportive adolescent and youth sexual and reproductive health policies are in place. 	<p>Advantage:</p> <ul style="list-style-type: none"> ● About 90 countries participate and report on relevant indicators since 2016. <p>Limitations:</p> <ul style="list-style-type: none"> ● The reliability of reporting is a concern, as the data collection process varies by country and it is not always clear from where countries are drawing their data. ● As a measure of progress on HIV prevention, it may not be prioritised in some countries.

2 https://www.unaids.org/sites/default/files/media_asset/UNAIDS_PCBA4_2018_PMR_SRA-indicator-report_EN.pdf

Table B
EXISTING MEASUREMENT TOOLS

Tools for monitoring and assessing the status of CSE	What is it?	Information collected	Commentary
<p>Sexuality Education Review and Assessment Tool (SERAT)</p>	<p>Comprehensive tool developed by UNESCO to collect and analyse data on HIV prevention and sexuality education programmes at primary and secondary school levels, reviewing them against international good practice as outlined in the revised UN ITGSE.3 It provides a detailed review of curriculum content by age group, teacher training, and policy, as well as a snapshot of national health and social indicators to highlight the main issues in the country. Based in Excel, results, once entered, are automatically presented in bar charts.</p> <p>UNESCO and partners have applied the SERAT in more than 30 countries, mainly in SSA and in LAC regions.</p>	<p>Education and public health data, including data on school enrolment, gender parity in schools, HIV/STIs, reproductive health (RH), gender-based violence (GBV), etc.</p> <p>Laws, policies and guidance supportive of and complicating implementation of CSE, including linkages to health services.</p> <p>Programme objectives and curriculum development process.</p> <p>Programme/curriculum content, divided into four age groups: 5-8, 9-12, 12-15, 15-18+, and across eight key concepts identified by the revised UN ITGSE.</p> <p>Placement of CSE in curriculum, whether it is integrated or stand-alone, mandatory and examinable.</p> <p>Teaching and learning, including principles & pedagogical methods, materials for teachers, materials for students, existence of guidance on learning environment.</p> <p>Teacher training, competencies developed, others involved in teaching.</p> <p>National monitoring and evaluation (M&E) systems and practices, and data availability for several key indicators.</p>	<p>Advantages:</p> <ul style="list-style-type: none"> ● SERAT covers many of the essential elements for CSE implementation. It summarises detailed responses into color-coded scores, to provide a quantified summary picture. SERAT provides a report on CSE implementation, which can then be used as a baseline from which to monitor status periodically, documenting change over time. This makes SERAT particularly useful for those involved in implementing CSE, in order to monitor progress and to strengthen programming. ● SERAT is designed to be carried out through a multi-stakeholder process. Country experience shows that it is important to have a facilitator who is familiar with the tool and the process of completing is best done over a multi-day workshop. <p>Limitation:</p> <ul style="list-style-type: none"> ● SERAT has many questions and requires a significant level of time and effort to complete. Some of the questions can be interpreted differently across different contexts. While intended to be carried out through a multi-stakeholder participatory process, it does not explicitly suggest involving young people in the process.

3 <https://unesdoc.unesco.org/ark:/48223/pf0000260770>

Tools for monitoring and assessing the status of CSE	What is it?	Information collected	Commentary
BZqA / IPPF questionnaire	A five-part questionnaire (33 questions), developed and administered by IPPF as part of the 2018 review of Sexuality Education in Europe and Central Asia (Ketting and Ivanova, 2018)	<p>National laws, policies and standards around sexuality education, including questions on integration, existence of curriculum, and whether it is mandatory.</p> <p>Implementation of sexuality education, including questions on content, teacher training, educational materials, links to health services, involvement of parents, NGOs, out-of-school activities, reaching vulnerable youth, M&E.</p> <p>Barriers to CSE, focused on the question of opposition.</p> <p>Youth-friendly sexual and reproductive health (SRH) services.</p> <p>Data on young people's sexual and reproductive health and rights (SRHR).</p>	<p>Advantage:</p> <ul style="list-style-type: none"> ● Survey more manageable than the large SERAT tool and may be more appropriate for generating status reports for both internal and external audiences, including for comparative analysis across countries. The only tool that includes a question on barriers to implementation, focused on resistance. <p>Limitations:</p> <ul style="list-style-type: none"> ● In some instances, use of scaled or ranked multiple choice responses could be easier for respondents than open-ended questions and yet more nuanced than Yes/No. ● Laws and policies section should ask if a specific policy on CSE exists. ● Question on opposition is interesting, but no other barriers are identified. ● As with other tools, some of the questions about availability of services and demographic and health data could be found elsewhere. The decision of whether to include these might depend on the purpose of the assessment.

Tools for monitoring and assessing the status of CSE	What is it?	Information collected	Commentary
<p>2019-2020 Survey on the Status of CSE</p>	<p>A 2019-2020 Survey on the Status of CSE (26 questions) in 60 countries across four regions – Asia and the Pacific, Sub-Saharan Africa and Latin America and the Caribbean (administered by a range of partners across regions, including UNESCO, UNFPA and IPPF).</p>	<p>National laws and policies around sexuality education, including questions on integration, existence of curriculum, and whether it is mandatory.</p> <p>Implementation of sexuality education, including questions on mode of delivery, teacher training, school coverage rate, educational materials, funding and M&E.</p> <p>Youth-friendly sexual and reproductive health (SRH) services.</p>	<p>Advantages:</p> <ul style="list-style-type: none"> ● Survey collected data against an extensive list of indicators, which complemented the global data and provided practical information on the implementation of sexuality education in a selected number of countries. <p>Limitations:</p> <ul style="list-style-type: none"> ● The survey was carried out in 60 countries and some regions (e.g., Middle East and North Africa, Europe, North America) are not represented. ● There were also a number of limitations related to the subjectivity and interpretation of the survey questions. For example, the comprehensiveness of curricula was self-assessed by each country and does not necessarily reflect the standards outlined in the ITGSE. The terms ‘extensively’ and ‘briefly’ in relation to coverage of sexuality education topics were also not defined in the survey tool.

Annex 3

Table of data on adolescent health & provision of sexuality education in select countries

COUNTRIES	HEALTH AND SOCIAL DATA				DATA ON PROVISION OF SEXUALITY EDUCATION							
	HIV Prevalence - Young people (15-24) ¹	Knowledge about HIV prevention among young people (15-24) ²	Women attitudes related to wife beating (%) ³	Adolescent fertility rates ⁴	Laws and Policies ⁵	Curriculum ⁶	Curriculum use ⁷	Coverage of primary schools ⁸	Coverage of secondary schools ⁸	Teacher Training Policy/ Programme/ Curriculum ⁹	Monitoring and Evaluation ¹⁰	Resistance in society/CSE opposition ¹¹
Afghanistan	<0.1 [<0.1 - <0.1]	1.75	80.2	65	No	CU	MB	0-25%	0-25%	No	...	No
Albania	<0.1 [<0.1 - <0.1]	31.72	6.8	20	PB	CU	MU	76-100%	76-100%	Yes	M&E in place	Yes
Algeria	<0.1 [<0.1 - <0.1]	...	59	10	PS	No	...	...	...	Yes	...	...
Andorra	... [... - ...]	...	...	...	...	...	...	76-100%	76-100%	...	...	...
Angola	0.8 [0.4 - 1.3]	32.25	25.2	148	PB	CB	MB	76-100%	76-100%	Yes	Included in EMIS	No
Antigua and Barbuda	... [... - ...]	85.67	...	42	PB	...	...	76-100%	76-100%	Yes	...	...
Argentina	<0.1 [<0.1 - 0.1]	...	2	63	PB	CB	...	...	...	Yes	...	...
Armenia	<0.1 [<0.1 - <0.1]	17.66	10.1	21	PS	...	...	...	76-100%	No	...	...
Austria	... [... - ...]	...	...	7	SL	CU	MU	...	...	...	No	Yes
Azerbaijan	<0.1 [<0.1 - <0.1]	14.9	28	56	PS	...	...	...	76-100%	Yes	...	...
Bahamas	... [... - ...]	4.4	...	29	PB	...	...	...	...	Yes	...	...
Bahrain	... [... - ...]	...	...	13	...	...	...	76-100%	76-100%	...	...	...
Bangladesh	... [... - ...]	...	25.4	82	SL	CU	MB	76-100%	76-100%	Yes	...	No
Barbados	<0.1 [<0.1 - 0.3]	46.3	3.3	31	PB	...	...	...	...	...	...	...
Belarus	<0.1 [<0.1 - 0.1]	54.61	4.1	14	PS	No	...	...	...	Yes	...	...
Belgium	... [... - ...]	...	...	5	SL	CU	MU	...	...	...	M&E in place	No
Benin	0.3 [0.2 - 0.6]	23.87	31.8	84	PB	CS	...	0-25%	76-100%	Yes	...	...
Bhutan	... [... - ...]	23.2	68.4	19	No	CU	MP	76-100%	76-100%	Yes	EMIS tracks	No
Bolivia (Plurinational State of)	<0.1 [<0.1 - <0.1]	23.66	33.8	64	PS	No	...	...	51-75%	Yes	...	...
Bosnia and Herzegovina	... [... - ...]	47.5	4.8	9	SL	CU	OU	...	...	...	M&E in place	Yes
Botswana	7.1 [4.7 - 9.6]	47.2	...	45	PB	CB	MB	76-100%	76-100%	Yes	EMIS tracks	No
Brazil	... [... - ...]	...	...	58	No	No	...	...	...	No	No	...
Brunei Darussalam	... [... - ...]	...	...	10	PS	...	...	...	76-100%	Yes	...	...
Bulgaria	<0.1 [<0.1 - <0.1]	18.8	...	39	SL	CU	OU	...	...	...	No	Yes
Burkina Faso	0.3 [0.2 - 0.4]	32.38	43.5	102	PB	CB	MB	76-100%	76-100%	Yes	EMIS tracks	No
Burundi	0.5 [0.4 - 0.6]	45.08	61.8	55	PB	CB	...	76-100%	...	Yes	...	...
Cabo Verde	0.2 [<0.1 - 0.2]	...	...	73	...	CB	...	51-75%	...	...	...	...
Cambodia	0.1 [0.1 - 0.2]	39.5	50.4	51	PB	CB	MB	76-100%	76-100%	Yes	No	No
Cameroon	1.0 [0.6 - 1.4]	39.1	36.1	103	PB	CB	MB	76-100%	76-100%	Yes	Included in EMIS	...
Cayman Islands	... [... - ...]	...	...	...	...	...	...	...	76-100%	...	...	...
Central African Republic	1.2 [0.6 - 1.8]	19.43	79.6	127	PB	CB	...	0-25%	0-25%	Yes	...	...
Chad	0.5 [0.3 - 0.7]	13.07	73.5	158	...	No	...	...	...	...	No	...
Chile	0.1 [<0.1 - 0.2]	...	...	40	PS	CS	MB	76-100%	76-100%	Yes	No	Yes
China	... [... - ...]	...	...	8	PB	CU	OB	76-100%	76-100%	Yes	EMIS tracks	No
Colombia	<0.1 [<0.1 - 0.1]	30.2	3.1	65	PB	CS	MB	26-50%	51-75%	Yes	EMIS tracks	Yes
Comoros	<0.1 [<0.1 - <0.1]	20.37	39	64	PB	...	...	51-75%	51-75%	Yes	...	...
Congo	1.4 [0.7 - 2.4]	32.58	54.2	111	PB	CB	...	51-75%	51-75%	Yes	...	...
Costa Rica	<0.1 [<0.1 - <0.1]	...	...	53	PB	CU	OB	76-100%	76-100%	Yes	EMIS tracks	Yes
Côte d'Ivoire	0.8 [0.6 - 1.1]	26.63	41.1	116	PB	CB	MB	51-75%	51-75%	Yes	No	...
Cuba	<0.1 [<0.1 - 0.1]	60.18	3.9	52	PB	CB	...	76-100%	76-100%	Yes	...	...
Cyprus	... [... - ...]	...	...	4	SL	CU	MU	...	...	...	No	Yes
Czechia	... [... - ...]	...	...	12	PS	CU	MU	...	76-100%	Yes	M&E in place (partially)	Yes
Democratic Republic of the Congo	0.3 [0.2 - 0.5]	20.41	74.8	123	SL	CB	MB	76-100%	76-100%	Yes	Included in EMIS	Yes
Djibouti	0.4 [0.3 - 0.6]	11.3	...	18	...	No	...	...	...	...	...	...
Dominica	... [... - ...]	...	...	...	PB	...	...	...	...	Yes	...	...
Dominican Republic	0.3 [0.2 - 0.4]	0.45	2	93	PB	CB	...	0-25%	26-50%	Yes	...	...
Ecuador	<0.1 [<0.1 - <0.1]	...	...	79	PB	No	MB	0-25%	0-25%	Yes	No	Yes
Egypt	<0.1 [<0.1 - <0.1]	5.23	35.7	53	...	No	...	...	...	...	...	...
El Salvador	<0.1 [<0.1 - <0.1]	36.5	7.7	69	PB	CB	OB	0-25%	0-25%	Yes	EMIS tracks	...
Equatorial Guinea	2.3 [1.1 - 4.2]	18.44	52.6	153	No	...	...	...	...	No	...	...
Eritrea	0.2 [0.1 - 0.3]	27.89	51.4	51	SL	CB	MB	76-100%	76-100%	...	EMIS tracks	No
Estonia	... [... - ...]	...	...	7	SL	CU	MU	...	...	...	M&E in place	No
Eswatini	8.1 [4.4 - 10.6]	49.53	19.9	75	PB	CB	MB	76-100%	76-100%	Yes	No	No
Ethiopia	0.3 [0.2 - 0.5]	30.52	63	65	PS	No	...	...	51-75%	Yes	Included in EMIS	...
Fiji	<0.1 [<0.1 - <0.1]	...	...	49	PB	CU	OB	76-100%	76-100%	Yes	EMIS tracks	...
Finland	... [... - ...]	...	...	6	SL	CU	MU	76-100%	76-100%	...	M&E in place	No
Gabon	1.0 [0.4 - 1.6]	31.99	50.2	94	PB	CB	...	0-25%	0-25%	Yes	...	...
Gambia	0.4 [0.3 - 0.6]	27.56	49.9	76	...	CB	...	...	...	...	...	...
Georgia	0.1 [<0.1 - 0.2]	...	...	45	No	No	...	...	...	No	...	Yes
Germany	... [... - ...]	...	...	8	PB	CU	MU	...	...	Yes	No	Yes
Ghana	0.7 [0.3 - 1.1]	22.15	28.3	66	PB	CS	MB	76-100%	76-100%	Yes	EMIS tracks	Yes
Grenada	... [... - ...]	...	...	28	...	...	...	51-75%	76-100%	...	...	...
Guatemala	<0.1 [<0.1 - <0.1]	22.11	11	70	PB	CB	...	51-75%	51-75%	Yes	...	...
Guinea	0.6 [0.3 - 0.8]	21.7	67.2	133	PS	CB	...	...	51-75%	Yes	...	...
Guinea-Bissau	1.0 [0.5 - 1.5]	22.25	41.8	103	PB	...	...	0-25%	0-25%	Yes	...	...
Guyana	0.3 [0.2 - 0.3]	48.6	10.2	73	PB	CB	...	51-75%	51-75%	Yes	...	...

COUNTRIES	HEALTH AND SOCIAL DATA				DATA ON PROVISION OF SEXUALITY EDUCATION							
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Haiti	0.7 [0.4 - 1.0]	37.3	16.6	51	No	No	No	No	...
Honduras	<0.1 [<0.1 - <0.1]	33.44	12.4	72	PB	0-25%	0-25%	Yes
Hong Kong SAR, China	... [.. - ...]	...	...	...	...	...	...	76-100%	76-100%	...	...	...
Iceland	... [.. - ...]	...	...	6	PB	...	...	...	...	Yes	...	...
India	... [.. - ...]	26.17	44.6	12	PS	CS	OB	...	51-75%	Yes	EMIS tracks	No
Indonesia	... [.. - ...]	11.37	32	47	...	CS	MS	...	...	Yes	No	No
Iran (Islamic Republic of)	<0.1 [<0.1 - <0.1]	18.27	...	41	PS	No	...	...	...	Yes	No	...
Ireland	<0.1 [<0.1 - <0.1]	...	...	7	PB	CU	MU	...	...	Yes	M&E in place	Yes
Israel	... [.. - ...]	...	...	9	No	...	...	...	...	...	...	...
Jamaica	0.3 [0.2 - 0.5]	39.04	11	51	PB	CB	...	76-100%	76-100%	No	No	...
Kazakhstan	<0.1 [<0.1 - 0.1]	...	14.2	29	PS	CU	OU	...	76-100%	Yes	M&E in place (partially)	Yes
Kenya	1.9 [1.3 - 2.5]	59.89	41.8	74	PB	CB	MB	51-75%	51-75%	Yes	No	Yes
Kiribati	... [.. - ...]	...	75.6	15	SL	CU	OB	76-100%	76-100%	No	...	...
Kuwait	... [.. - ...]	...	...	8	No	...	...	...	...	No	...	...
Kyrgyzstan	<0.1 [<0.1 - <0.1]	23.4	29.9	32	PS	CB	OU	...	76-100%	Yes	...	Yes
Lao People's Democratic Republic	0.1 [<0.1 - 0.1]	25.13	29.5	65	PB	CB	MP	76-100%	0-25%	Yes	...	No
Latvia	<0.1 [<0.1 - <0.1]	...	...	16	SL	CU	MU	...	...	...	M&E in place (partially)	Yes
Lesotho	7.2 [4.2 - 10.1]	35.51	23.6	93	PB	CB	MB	76-100%	76-100%	Yes	EMIS tracks	No
Liberia	0.8 [0.4 - 1.1]	33.55	42.5	136	PB	No	...	76-100%	76-100%	Yes	...	...
Libya	<0.1 [<0.1 - <0.1]	...	...	6	No	...	...	...	...	No	...	...
Lithuania	<0.1 [<0.1 - <0.1]	70.7	...	10	PB	...	...	...	...	Yes	...	...
Luxembourg	... [.. - ...]	...	...	5	PS	...	...	...	...	Yes	...	...
Macao SAR, China	... [.. - ...]	...	...	...	...	...	...	76-100%	76-100%	...	...	...
Madagascar	<0.1 [<0.1 - <0.1]	24.1	41	108	PB	CB	OB	51-75%	51-75%	Yes	...	No
Malawi	3.1 [2.0 - 4.3]	41.86	16.3	132	PB	CB	MP	76-100%	76-100%	Yes	EMIS tracks	No
Malaysia	0.2 [0.1 - 0.2]	41.4	...	13	PS	CU	MB	76-100%	76-100%	Yes	No	No
Maldives	... [.. - ...]	35.49	25.8	7	SL	CU	MB	76-100%	76-100%	...	EMIS tracks	No
Mali	0.6 [0.4 - 0.8]	15.8	79.4	167	PB	CS	MS	...	...	Yes	EMIS tracks	...
Malta	... [.. - ...]	...	...	12	PB	...	...	...	...	Yes	...	...
Marshall Islands	... [.. - ...]	...	...	...	No	...	...	...	...	No	...	...
Mauritania	<0.1 [<0.1 - <0.1]	57.8	24.9	70	PB	No	...	76-100%	0-25%	No	...	...
Mauritius	0.2 [0.2 - 0.3]	31.8	...	25	PS	...	...	...	76-100%	Yes	...	...
Mexico	... [.. - ...]	...	5	59	SL	CU	MB	76-100%	76-100%	Yes	No	Yes
Micronesia (Federated States of)	... [.. - ...]	...	...	13	No	...	...	...	...	No	...	...
Monaco	... [.. - ...]	...	...	...	PS	...	...	76-100%	76-100%	No	...	...
Mongolia	<0.1 [<0.1 - <0.1]	22.12	9.3	31	PB	CU	MB	76-100%	76-100%	Yes	...	No
Montenegro	<0.1 [<0.1 - <0.1]	43.83	6.1	9	No	...	...	...	...	No	...	...
Morocco	<0.1 [<0.1 - <0.1]	22.22	...	31	PB	CB	...	...	26-50%	Yes	...	...
Mozambique	5.0 [2.4 - 7.9]	30.55	13.3	146	PB	CB	OB	76-100%	76-100%	Yes	No	No
Myanmar	0.3 [0.2 - 0.4]	16.65	51.2	28	No	CB	MB	76-100%	76-100%	Yes	No	Yes
Namibia	3.8 [2.5 - 5.2]	58.25	28.2	62	PB	CB	MB	51-75%	76-100%	Yes	EMIS tracks	Yes
Nauru	... [.. - ...]	...	...	...	PB	...	...	...	...	No	...	...
Nepal	<0.1 [<0.1 - <0.1]	27.81	28.5	64	PS	CS	MP	76-100%	0-25%	Yes	...	No
Netherlands	<0.1 [<0.1 - <0.1]	...	...	4	SL	CU	MU	...	...	...	M&E in place (partially)	No
New Zealand	<0.1 [<0.1 - <0.1]	...	...	19	PB	...	...	26-50%	26-50%	No	...	...
Nicaragua	<0.1 [<0.1 - <0.1]	16.01	...	83	PS	CB	...	...	76-100%	Yes	...	...
Niger	<0.1 [<0.1 - <0.1]	21.5	59.6	184	PB	CB	...	76-100%	76-100%	Yes	...	...
Nigeria	0.5 [0.2 - 0.8]	40.8	28	105	PB	CS	MP	...	...	Yes	Included in EMIS	Yes
Niue	... [.. - ...]	...	...	...	No	...	...	...	...	No	...	...
North Macedonia	... [.. - ...]	...	14.5	15	No	...	...	...	...	...	...	Yes
Oman	<0.1 [<0.1 - <0.1]	...	7.9	13	PS	...	...	...	51-75%	No	...	...
Pakistan	<0.1 [<0.1 - <0.1]	4.29	41.1	38	SL	CU	MB	76-100%	76-100%	Yes	No	Yes
Palau	... [.. - ...]	...	...	...	PB	...	...	...	...	Yes	...	...
Palestine	... [.. - ...]	...	...	...	...	...	...	...	0-25%	...	...	...
Panama	... [.. - ...]	...	5.7	81	No	No	...	...	...	Yes	...	...
Papua New Guinea	0.2 [0.1 - 0.4]	25	69.8	52	PB	CS	MS	76-100%	76-100%	Yes	...	No
Paraguay	0.2 [<0.1 - 0.4]	...	6	70	No	No	...	...	...	No	...	...
Peru	<0.1 [<0.1 - <0.1]	75.3	...	56	PB	CB	MB	76-100%	76-100%	Yes	No	Yes
Philippines	0.1 [<0.1 - 0.2]	15.05	10.9	55	PB	CB	MB	76-100%	76-100%	Yes	No	No
Qatar	... [.. - ...]	20.25	6.6	10	...	...	...	76-100%	76-100%	...	...	...
Republic of Korea	... [.. - ...]	...	...	1	No	...	...	...	...	Yes	...	...
Republic of Moldova	0.1 [0.1 - 0.2]	34.29	11.2	22	PS	CS	...	76-100%	51-75%	Yes	...	...
Russian Federation	... [.. - ...]	...	...	20	No	CU	MU	...	...	...	...	Yes
Rwanda	0.9 [0.6 - 1.2]	64.5	41.4	39	PB	CB	...	76-100%	76-100%	Yes	...	...
Saint Lucia	... [.. - ...]	...	6.5	40	PS	...	...	...	76-100%	Yes	...	...
Saint Vincent and the Grenadines	... [.. - ...]	...	...	48	PB	...	...	76-100%	76-100%	...	...	...
Samoa	... [.. - ...]	...	36.5	23	SL	CU	MB	76-100%	51-75%	Yes	EMIS tracks	Yes
Sao Tome and Principe	... [.. - ...]	42.65	19.1	93	PB	...	...	26-50%	51-75%	No	...	...
Saudi Arabia	... [.. - ...]	...	...	7	No	...	...	...	...	No	...	...
Senegal	<0.1 [<0.1 - 0.1]	27.5	45.7	71	PB	CS	...	76-100%	76-100%	Yes	No	Yes
Serbia	<0.1 [<0.1 - <0.1]	51.39	3.8	14	PP	...	...	76-100%	...	Yes	...	Yes

COUNTRIES	HEALTH AND SOCIAL DATA				DATA ON PROVISION OF SEXUALITY EDUCATION							
	HIV Prevalence - Young people (15-24) ¹	Knowledge about HIV prevention among young people (15-24) ²	Women attitudes related to wife beating (%) ³	Adolescent fertility rates ⁴	Laws and Policies ⁵	Curriculum ⁶	Curriculum use ⁷	Coverage of primary schools ⁸	Coverage of secondary schools ⁸	Teacher Training Policy/ Programme/ Curriculum ⁹	Monitoring and Evaluation ¹⁰	Resistance in society/CSE opposition ¹¹
Seychelles	... [... - ...]	...	...	61	PB	...	...	26-50%	51-75%	Yes	...	...
Sierra Leone	0.9 [0.5 - 1.3]	29.13	52.6	110	PB	CB	...	0-25%	0-25%	Yes	...	...
Singapore	<0.1 [<0.1 - <0.1]	...	...	4	PS	...	...	...	76-100%	Yes	...	...
Solomon Islands	... [... - ...]	...	76.7	78	SL	CU	MB	51-75%	51-75%	Yes	EMIS tracks	...
Somalia	<0.1 [<0.1 - <0.1]	...	...	98	...	No	...	...	...	...	...	...
South Africa	6.8 [3.4 - 10.2]	45.8	5.5	68	PB	CB	MB	76-100%	76-100%	Yes	EMIS tracks	Yes
South Sudan	1.0 [0.5 - 1.6]	...	78.5	59	PB	CB	MB	0-25%	0-25%	Yes	EMIS tracks	No
Spain	<0.1 [<0.1 - 0.1]	...	...	7	PB	CU	MU	...	...	Yes	No	Yes
Sri Lanka	<0.1 [<0.1 - <0.1]	...	...	21	SL	CU	OS	...	76-100%	Yes	EMIS tracks	No
Sudan	<0.1 [<0.1 - <0.1]	...	34	61	PB	No	...	...	...	Yes	...	...
Suriname	0.2 [0.2 - 0.3]	...	4.7	61	No	CB	...	...	...	No	...	...
Sweden	... [... - ...]	...	...	5	SL	CU	MU	...	...	...	No	No
Switzerland	... [... - ...]	...	...	3	SL	CU	MU	...	...	...	No	Yes
Syrian Arab Republic	<0.1 [<0.1 - <0.1]	...	...	38	PB	...	...	...	...	Yes	...	...
Tajikistan	<0.1 [<0.1 - <0.1]	2.67	63.6	57	PS	CS	MU	...	26-50%	Yes	No	Yes
Thailand	0.2 [0.2 - 0.3]	45.55	8.6	45	SL	CB	MB	76-100%	76-100%	Yes	No	No
Timor-Leste	<0.1 [<0.1 - <0.1]	11.08	74	32	No	CU	MP	76-100%	...	Yes	No	No
Togo	0.8 [0.5 - 1.1]	25.96	28.1	89	PB	CS	...	76-100%	26-50%	Yes	...	...
Tonga	... [... - ...]	12.7	28.9	14	PB	CU	MS	...	76-100%	Yes	EMIS tracks	Yes
Tunisia	<0.1 [<0.1 - <0.1]	...	23.6	8	PS	No	...	...	76-100%	Yes	...	...
Tuvalu	... [... - ...]	...	...	...	No	CU	OB	76-100%	76-100%	No	...	Yes
Uganda	2.0 [1.3 - 2.8]	45.5	49	116	PB	CB	MS	26-50%	51-75%	Yes	EMIS tracks	...
Ukraine	0.1 [0.1 - 0.2]	23	2.9	23	PS	CS	MU	...	76-100%	Yes	M&E in place	Yes
United Arab Emirates	... [... - ...]	...	...	6	PS	...	...	...	...	...	...	...
United Kingdom of Great Britain & Northern Ireland	... [... - ...]	...	...	13	SL	CU	MU	...	...	...	M&E in place	Yes
United Republic of Tanzania	1.7 [1.0 - 2.4]	43.08	58	117	PB	CB	MB	51-75%	51-75%	Yes	EMIS tracks	...
Uruguay	... [... - ...]	...	1.5	58	PS	CB	MB	76-100%	76-100%	Yes	...	Yes
Uzbekistan	<0.1 [<0.1 - <0.1]	...	...	24	PS	CS	...	...	76-100%	Yes	...	...
Vanuatu	... [... - ...]	...	59.6	49	PB	CU	OB	26-50%	26-50%	Yes	...	No
Venezuela (Bolivarian Republic of)	0.2 [0.2 - 0.3]	...	...	85	PB	CB	...	76-100%	76-100%	Yes	...	...
Viet Nam	<0.1 [<0.1 - <0.1]	46.21	28.2	29	PB	CU	OB	76-100%	76-100%	Yes	Included in EMIS	...
Zambia	4.1 [2.4 - 5.5]	41.7	45.1	118	PB	CB	MB	76-100%	76-100%	Yes	Included in EMIS	No
Zimbabwe	4.6 [2.9 - 6.4]	46.44	38.7	83	PB	CB	MB	76-100%	76-100%	Yes	EMIS tracks	...

Notes

The data presented in this table are only from the sources listed below. As the reference years for the data presented in this table vary, the situation may have evolved since then.

- Country-specific modelled estimates using the best available epidemiological and programmatic data to track the HIV epidemic. Data provided in square brackets are ranges within which the true value lies (Source: UNAIDS, 2019)
- Percentage of women and men 15–24 years old who correctly identify both ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission. (Source: DHS, MICS, other country level surveys (2008–2018))
- Percentage of women (aged 15–49 years) who consider a husband to be justified in hitting or beating his wife for at least one of the specified reasons: argues with him; refuses to have sex; burns the food; goes out without telling him; or when she neglects the children. (Source: DHS, MICS and other country level surveys (2012–2018))
- Number of births per 1,000 women ages 15–19 (Source: United Nations Population Division, World Population Prospects, 2018)
- PB:** Education policies on life skills-based HIV and sexuality education in both primary and secondary (Source: NCPI 2017, 2019)
PS: Education policies on life skills-based HIV and sexuality education in secondary education only (Source: NCPI 2017, 2019)
PP: Education policies on life skills-based HIV and sexuality education in primary education only (Source: NCPI 2017, 2019)
SL: Relevant legal frameworks, laws, decree, acts and policies (levels of education are not specified) (Source: 2019–2020 Survey on the Status of CSE; BZgA & IPPF EN 2018 Questionnaire on Sexuality Education)
No: No laws/policies related to sexuality education (Source: NCPI 2017, 2019; 2019–2020 Survey on the Status of CSE; BZgA & IPPF EN 2018 Survey on Sexuality Education)
- CB:** Gender responsive life skills-based HIV and sexuality education is part of the curriculum both in primary and secondary education (Source: UBRAF 2019)
CS: Gender responsive life skills-based HIV and sexuality education is part of the curriculum only in secondary education (Source: UBRAF 2019)
CU: Related curriculum – education levels and/or topics covered are not specified (Source: 2019–2020 Survey on the Status of CSE; BZgA & IPPF EN 2018 Questionnaire on Sexuality Education)
No: No curriculum related to sexuality education (Source: UBRAF 2019; 2019–2020 Survey on the Status of CSE; BZgA & IPPF EN 2018 Survey on Sexuality Education)
- MB:** Mandatory curriculum for both primary and secondary education (Source: 2019–2020 Survey on the Status of CSE)
MP: Mandatory curriculum for primary education (Source: 2019–2020 Survey on the Status of CSE)
MS: Mandatory curriculum for secondary education (Source: 2019–2020 Survey on the Status of CSE)
MU: Mandatory curriculum/level of education is not specified (Source: BZgA & IPPF EN 2018 Questionnaire on Sexuality Education)
OB: Optional curriculum for both primary and secondary education (Source: 2019–2020 Survey on the Status of CSE)
OS: Optional curriculum for secondary education (Source: 2019–2020 Survey on the Status of CSE)
OU: Optional curriculum/level of education is not specified (Source: BZgA & IPPF EN 2018 Questionnaire on Sexuality Education)
- Percentage of schools (primary/secondary) providing sexuality education. (Source: NCPI 2019; SDG 4.7.2 2018; 2019–2020 Survey on the Status of CSE. Where there were discrepancies between data sources, the NCPI data superseded due to its relative strength of evidence and stronger technical merits.)
- Either teacher training policies, or programmes or curricula are in place. (Source: NCPI 2017, 2019; 2019–2020 Survey on the Status of CSE)
- M&E system in place: Sexuality education more or less systematically monitored and sometimes even evaluated, but haven't started the data collection (Source: BZgA & IPPF EN 2018 Questionnaire on Sexuality Education)
EMIS tracks: National education management information system (EMIS) track [collect data on] the delivery of CSE (Source: 2019–2020 Survey on the Status of CSE)
Included in EMIS: Countries have integrated the core indicators for measuring the education sector response to HIV and AIDS in national education monitoring systems, in line with the recommendations of the IATT on Education. (Source: UBRAF 2019). Note that inclusion in the national education monitoring systems (EMIS) does not imply that the data are actually collected.
- Source: 2019–2020 Survey on the Status of CSE; BZgA & IPPF EN 2018 Questionnaire on Sexuality Education
(...) Data not available or category not applicable/Not part of the sample in the data sources (NCPI, UBRAF, 2019–2020 Survey on the Status of CSE, BZgA & IPPF EN 2018 Questionnaire on Sexuality Education)

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The journey towards comprehensive sexuality education

Global status report

This report provides a global snapshot of the status of school-based comprehensive sexuality education (CSE). Drawing on a range of existing and new data sources, and looking at case studies from around the world, the report demonstrates how countries are advancing on their journeys towards CSE.

To know whether children and young people access quality and sustainable CSE, a number of factors must be assessed - laws and policies, coverage, curricula, delivery and an enabling environment. This analysis will inform continued advocacy and resourcing efforts, as governments and partners work towards the goal of ensuring all learners receive CSE throughout their schooling.

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