

Comprehensive Sexuality Education (CSE) Country Profiles

WHY IS CSE IMPORTANT?

Comprehensive sexuality education (CSE) 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: realize 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).

Sexuality is an integral part of human life. However, confusing information and conflicting messages about relationships and sex can make the transition from childhood to adulthood difficult if young people are not properly supported and prepared with accurate scientific knowledge. Young people are increasingly demanding reliable information that prepares them for a safe, productive and fulfilling life. To effectively engage young people in the learning process and respond to the full range of their needs, a balanced and comprehensive approach is required.

CSE that is well-delivered, medically accurate, evidence-based and age-appropriate (American College of Obstetricians and Gynecologists, 2016, 2020) provides an opportunity for young people to be taught about sexuality in a balanced way. This includes its positive aspects, such as love and relationships based on mutual respect and equality (UNESCO et al., 2018), and helps to foster the conditions to create an inclusive society (COE, 2020).

The beneficial effects of well-delivered CSE extend to several areas (UNESCO, 2018; Goldfarb and Liebermann, 2020). These include: reduced vulnerability to poor sexual health outcomes that pose serious risks to health and well-being, such as those related to HIV, other sexually transmitted infections (STIs), and early and unintended pregnancy; an understanding of gender and gender norms; recognition of gender equity, rights and social justice; improved knowledge and attitudes about gender-based violence, including homophobic violence; decreased perpetration of sexual violence and victimization; improved knowledge, attitudes and skills in relation to relationships, touch and personal safety; social emotional learning; and media literacy.

CSE directly contributes to the education, health and gender equality Sustainable Development Goals of Agenda 2030. Through CSE, young girls and boys learn to treat each other with respect and dignity from an early age and to understand how the decisions they make can affect them and others. They learn that it is okay to talk to an adult who they trust when they feel confused about their bodies, relationships or values. They learn to think about what is right and safe for them and how to avoid coercion, sexually transmitted infections, including HIV, and early and unintended pregnancies. They learn to identify acts of violence against children and women, including sexual violence, and to understand injustice based on gender. They learn to uphold the universal values of equality, love and kindness.

With growing evidence showing the potential of CSE to impact positively on young people's lives, as well as research informing best practice, more countries are working to implement and scale up CSE to reach more learners. Yet despite evidence of progress,

there are still a number of barriers to effective and comprehensive education on sexuality. In a study of 25 European countries, only 10 countries offered an approach to school-based CSE that could be considered 'comprehensive' – meaning that it covers a wide range of topics through a variety of teaching methodologies (Ketting and Ivanova, 2018). 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 (UNFPA, UNESCO & IPPF, 2020).

WHAT UNDERPINS CSE?

UNESCO, in collaboration with UNAIDS, UNFPA, UNICEF, UN Women and WHO, has published the International Technical Guidance on Sexuality Education: An Evidence-informed Approach, which provides

recommended content and methods of delivery of sexuality education. Much of the focus is on how to ensure that it is comprehensive: that it covers diverse topics and is delivered to a wide age range using learner-centred approaches. The Guidance is intended to support countries in their decisions to invest in sexuality education for all learners, and to develop relevant policies, curricula and teacher training based on the needs and realities of their people and culture. While the UN uses the term comprehensive sexuality education to provide a benchmark for best practice, different countries use a variety of terms to refer to sexuality education. Examples include *life skills education*, *health education* and *HIV prevention education*. The Guidance outlines the key concepts, characteristics and domains of the learning of CSE (**Figure 1**).

FIGURE 1. KEY CONCEPTS AND CHARACTERISTICS OF CSE

CSE's eight key concepts, along with its characteristics and domains of learning, have been outlined in the revised UN ITGSE and are summarized below. The guidance provides recommended age-appropriate topics and learning objectives for each topic across four age categories.

Eight key concepts

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 behavior
8. Sexual and reproductive health

Characteristics

- 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

Three domains of learning

1. Knowledge
2. Skills
3. Attitudes

Source: UNESCO et al. (2018).

CSE COUNTRY PROFILES: A TOOL TO FOSTER PEER LEARNING THROUGH IMPROVED DATA

Monitoring is key to a better understanding of the gaps in CSE and to building capacity. To address the need for additional data on CSE, the Global Education Monitoring (GEM) Report, in partnership with UNESCO's Section of Health and Education, has developed country profiles on CSE. These are available on the Profiles Enhancing Education Reviews website (PEER, www.education-profiles.org) of the GEM Report, which also hosts country profiles on other themes that are central to SDG 4.

The profiles provide a comparative perspective of the progress countries are making in relation to CSE. They cover all regions of the world and all income levels. Fifty country profiles¹ are available to date, and more will be added in the future.

The profiles show the extent to which CSE is a policy priority at the national level. In so doing, the profiles aim to support peer learning and global monitoring of progress in this area. While they provide a synthesis of national regulations, including laws, policies and decrees, as well as sectoral or development plans and strategies, the profiles are not intended to examine or discuss implementation. Each country profile covers five main areas: context; terminology; laws and policies; governance; and monitoring and evaluation. The profiles answer three main questions:

1. What terms do national laws, acts, policies and strategies use to refer to sexuality education?
2. What laws, acts, policies and strategies exist in relation to sexuality education?
3. How is sexuality education covered in curricula, materials for learning, and teaching?

To help identify trends and to promote policy coherence and peer learning across countries, several measures have been developed. Along with other data, these can help to inform global target-setting and benchmarking in diverse regional and cultural contexts. This can support quality and increased country-driven CSE.

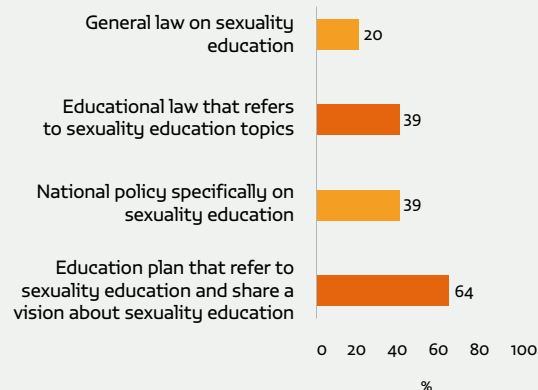
The mapping of the 50 country profiles suggests that many countries recognize the importance of sexuality education in their education plans or visions, but that gaps remain in their legislative and policy frameworks. Follow-up work by countries is thus required to address these gaps, raise awareness, inform all stakeholders and also to guide implementation.

WHAT DO THE COUNTRY PROFILES TELL US ABOUT CSE IN DIFFERENT COUNTRY CONTEXTS?



1. Education legislation and policies tend to refer to sexuality education, but few countries have comprehensive legislative and policy frameworks on sexuality education in place

FIGURE 2: LEGAL AND POLICY FRAMEWORKS ON CSE



Source: PEER on CSE. See education-profiles.org

¹ The 50 countries covered here are: Argentina, Armenia, Cabo Verde, Cameroon, the Central African Republic, Chad, Chile, Colombia, Congo, Costa Rica, Côte d'Ivoire, the Democratic Republic of the Congo, Equatorial Guinea, Estonia, Gabon, Georgia, Ghana, Guinea, Guinea-Bissau, Indonesia, Kiribati, Kyrgyzstan, the Lao People's Democratic Republic, Lesotho, Liberia, Madagascar, Malawi, Mali, Moldova, Mongolia, Namibia, Nepal, Niger, Nigeria, Peru, the Philippines, Senegal, Serbia, Sierra Leone, South Africa, Sweden, Tajikistan, Thailand, Togo, Uganda, the United Republic of Tanzania, Uruguay, Uzbekistan, Vietnam and Zambia.

The list covers all countries in the Sexuality Education Review and Assessment Tool (SERAT) Excel-based tool, which is designed to help countries collect data and analyse the strengths and gaps in their sexuality education programmes in primary and secondary schools. Countries were also selected according to other criteria of regional representativeness, income and religion.

OF THE 50 COUNTRIES, ONLY 20% HAVE A LAW AND 39% A NATIONAL POLICY THAT SPECIFICALLY ADDRESSES SEXUALITY EDUCATION.

Argentina is one of the few countries with a specific law on CSE, the Comprehensive Sexuality Education Law (No. 26.150) (2006). The law recognizes such education as a right in both state and non-state establishments and at all levels. Other countries tend to regulate CSE within reproductive or public health legislation. In **Liberia**, the Public Health Law (revised in 2019) establishes that all adolescents have the right to attain the highest standard of age-appropriate and gender-sensitive sexuality education. They also have the right to make informed choices – free from discrimination, coercion, or violence – regarding access to sexual and reproductive health care services. In the **Republic of Moldova**, the 2012 Law About Reproductive Health (amended in 2018) states that adolescents have the right to age-appropriate sexuality education that ensures appropriate psychosexual development, the prevention of sexually transmitted infections and HIV/AIDS, the prevention of early and unintended pregnancy, and the development of responsible sexual behaviour. On this basis, compulsory sexuality education and preparation for family life shall be delivered in accordance with the national curriculum. In **Togo**, the Reproductive Health Act (2007) stipulates that every individual has the right to information and education that is relevant to their sexual and reproductive health (Article 13).

Almost 40% of countries have a national policy that specifically addresses sexuality education. In **Côte d'Ivoire**, the National Policy on Sexual, Reproductive and Child Health (2020) highlights that sexuality education for adolescents and young people should be adapted to their specific context and needs. It supports counselling and modern contraception, protection against forced marriage, and the prevention of sexual and other forms of violence. In the **Philippines**, the Policy Guidelines on the Implementation of Comprehensive Sexuality Education (2018) seek to ensure the effective delivery of CSE. The guidelines also address adolescent reproductive health concerns, the promotion of healthy and responsible sexual and social behaviour, and the integration of key reproductive health concepts into the curriculum, as well as their delivery.

SOME COUNTRIES REFER TO SEXUALITY EDUCATION TOPICS (SUCH AS HEALTH EDUCATION, REPRODUCTIVE HEALTH, LIFE SKILLS) IN THEIR EDUCATION LAW.

In **Zambia**, the Education Act (2011) contains regulations 'providing for the development and adoption of guidelines to promote education on sexuality, reproductive health, HIV and AIDS and personal relationships in any educational institution'. In the **Democratic Republic of the Congo**, the Law on National Education (2014) states that pre-service and in-service training should be provided on the fight against sexual violence. Article 5 of Law No 98/004 on the orientation of education in **Cameroon** (1998) includes, among its objectives, family education and the promotion of hygiene and health education.

MOST COUNTRIES REFER TO SEXUALITY EDUCATION IN THEIR EDUCATION SECTOR PLANS AND VISION.

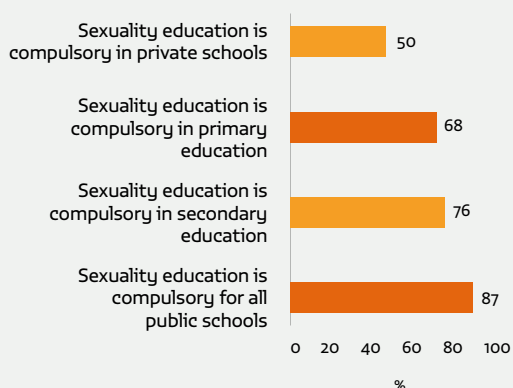
In **Lesotho**, the 2016-2026 Education Sector Plan outlines strategies and actions for addressing HIV, health and well-being as one of its cross-cutting issues. Specific objectives include the implementation of aspects of CSE and sexual and reproductive health (SRH) and the mainstreaming of HIV/AIDS into education sub-sector activities. Similarly, the 2018/19-2022/23 National Strategic Development Plan II promotes compulsory sexual and reproductive health programmes for adolescents in schools.



2. Legislation and policies promote the integration of CSE into the formal curriculum

SEXUALITY EDUCATION IN PRIMARY EDUCATION IS COMPULSORY IN 68% OF COUNTRIES, AND IN SECONDARY EDUCATION IN 76% OF COUNTRIES.

FIGURE 3. CSE COMPULSORY OR OPTIONAL



Source: PEER on CSE. See education-profiles.org

Sweden was the first country to mandate sexuality education in all schools, as far back as 1955. The curriculum has changed since then to adapt to changing times, in 2022 revisions were made to the curricula renaming the subject sexuality, consent and human relations in compulsory, upper secondary and adult education settings. In **Argentina**, the Curricular Guidelines for Comprehensive Sexual Education, approved in 2008, define a mandatory, common core approach to CSE in all schools. Each school has the freedom to decide on the form of CSE and the associated teaching strategies. The General Education Law (Law 115/1994) of **Colombia** (1994) specifies that sexuality education is compulsory in all public and private establishments offering formal education at the pre-school, basic and secondary education levels. Each school may determine its sexuality education programme and teaching strategies. In **Peru**, the Guidelines for Comprehensive Sexuality Education for Basic Education, approved in 2021, provide for the relevant and timely implementation of age-appropriate CSE programmes in public and private basic education

institutions, in its various modalities, levels, cycles and models of educational services.

In **Thailand**, the Basic Education Core Curriculum emphasizes the learning areas of health and physical education and mandates the teaching of CSE at all levels. In **Vietnam**, the 2020-2025 National Action Plan on Reproductive and Sexual Health Care for Adolescents and Young Adults mandates comprehensive sexual and reproductive health education for adolescents and young adults. A 2006 decision and a 2018 Circular on the General Education Programme call for the inclusion of sex education content at the primary level.

SEXUALITY EDUCATION IS INTEGRATED INTO VARIOUS SUBJECTS IN AT LEAST 3 IN 4 COUNTRIES.

In most countries, topics related to sexuality are integrated into a range of subjects. In the **Central African Republic**, the HIV and AIDS Training and Education Curriculum (2007) is integrated into several primary and secondary education subjects, including citizenship education, French, home economics, geography, life and earth sciences, and psychology. In **Sierra Leone**, the National Curriculum Framework and Guidelines for Basic Education (2020) mandates SRH education for primary and lower secondary schools and integrates it into five subjects: social studies, integrated sciences, religious and moral education, home economics, and physical health education. In **Congo**, the peace education programme includes a component on the fight against stereotypes and prejudices against gender and sexual orientation (general objective 2, 'Living in harmony in society'). A component of the civic education programme deals with sexual violence (general objective 4, 'Fighting against depravity of morals'). The moral education programme addresses the issue of unprotected sex (general objective 2, 'Understanding the importance of life').

About 1 in 4 countries follows a mixed approach – where sexuality education is integrated into particular subjects at some education levels and delivered as a stand-alone subject at other levels. In **Estonia**, the sexuality education programme is taught both as a stand-alone subject and integrated into biology classes. In primary education, the stand-alone subject Personal, Social and Health Education includes 35 lessons per year in grades 2-3 and 5-8, and covers sexuality education along with communication skills, drug and alcohol prevention together, and nutrition and physical activity. In **Lesotho**, the life-skills-based sexuality education

curriculum is integrated into personal, spiritual and social, and scientific and technological learning areas at primary school level, while it is taught as a stand-alone subject – life-based sexuality education – at the secondary school level. The curriculum for secondary students addresses six main themes, including knowing oneself and living with others, human rights and child protection, gender norms and equality, sexual and reproductive health, sexually transmitted infections including HIV, and drug, alcohol and substance abuse.

THE CURRICULA OF ALL 50 COUNTRIES COVER A WIDE VARIETY OF TOPICS RELATED TO CSE, BUT OFTEN AT DIFFERENT EDUCATION LEVELS.

In 95% of countries, education programmes mainly cover issues related to HIV/AIDS and other STIs. In **Cameroon**, the National Strategic Plan for the Fight against HIV, AIDS and STIs (2018-2022) states that the ministries in charge of education are responsible for integrating information and education on HIV/AIDS into the curricula for the training of students at all levels, as well as interventions for teachers. Similarly, in **Madagascar**, Law n°2005-040 on the protection of the rights of people living with HIV/AIDS mandates the Ministry of Education to take into account the evolution of scientific research, beliefs, cultures and traditional value systems in teaching about HIV/AIDS (Art. 43). In **Uganda**, the National Sexuality Education Framework (2018) covers sexuality and sexual health, which includes themes of STIs, HIV/AIDS, care and support of people suffering from STI/Ds (including HIV), and non-communicable diseases and sexuality.

Issues related to biology, anatomy, body awareness, puberty, pregnancy and birth are also covered frequently. Moreover, 3 in 4 countries cover issues related to human rights, and more than 2 in 3 countries deal with issues related to love, marriage, partnerships and family. In **Georgia**, the subjects of a healthy

lifestyle, sexual and reproductive health and rights are covered in the national curriculum at various education levels, either as goals or learning outcomes. They are integrated among the following six subjects: 'Natural history' (grades 1-4); 'Society and I' (grades 3-4); 'My Georgia' (grades 5-6); biology (grades 7-9); Citizen (grades 7-9); physical education and sport (grades 1-6). In the **United Republic of Tanzania**, in primary education, topics related to reproductive health such as HIV/AIDS and gender are included in science and technology, civic and moral education, and social studies. In secondary education, biology and civics include some sexuality education content. The science and biology syllabi cover topics such as HIV/AIDS, SRH, and human development.

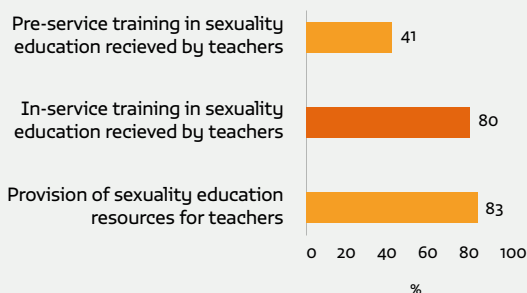
More than 6 in 10 countries cover topics such as gender roles, sexual and domestic abuse, and gender-based violence. 1 in 2 countries covers the concept of mutual consent. Contraception issues are covered in two-thirds of countries' school curricula, including **Colombia**, (General Education Law 115/1994), **Equatorial Guinea**, (Law on Sexual and Reproductive Rights), **Estonia**, and **Kyrgyzstan** (article 11 of the Law on the reproductive rights of citizens and guarantees of their implementation).

Only 17% of countries cover sexual orientation, gender identity and gender expression issues – the least covered areas in CSE curricula. However, some countries, such as **Argentina**, (Resolution CFE N° 340/18 of 2018), the **Lao People's Democratic Republic** (primary and secondary education curricula), **Mongolia** (Order No. A/390), **Namibia** (the 2017-22 National Strategic Framework on HIV by the Ministry of Health and Social Services), and **Sweden** (2020-2023 Action plan for equal rights and opportunities for LGBTIQ people) aim to promote and raise awareness on gender identity and equal rights and opportunities, regardless of gender, sexual orientation, gender identity or gender expression.



3. Teacher training in CSE is mainly provided as in-service training

FIGURE 4. LAWS, POLICIES, PLANS OR STRATEGIES TO PROVIDE TEACHER EDUCATION IN CSE



Source: PEER on CSE. See education-profiles.org

FEWER THAN 1 IN 2 COUNTRIES OFFERS PRE-SERVICE TEACHER TRAINING.

In **Argentina**, Resolution CFE N° 340 mandates that pre-service training covers the acquisition of comprehensive, up-to-date and scientifically validated knowledge on the different dimensions of CSE, as well as the skills necessary for teaching it to children and adolescents. Teachers also develop skills to deal with situations arising from different forms of rights violations, such as child abuse, sexual abuse, gender-based violence and child trafficking. Resolution 45/08 (2008) highlights teacher training as a means of preparing teachers to work on their personal uncertainties, prejudices or tendencies to stereotype. In the **Lao People's Democratic Republic**, teachers are required to undergo 40 hours of in-service training and 40 hours of pre-service training before they can teach CSE subjects. Principals and representatives from parent-teacher associations are also included in the training to ensure that teachers are fully supported. In **Sweden**, since 2020, all pre-service teachers have to be assessed on their competency

to teach about sexuality, identity and relationships. In **Kiribati**, the integration of CSE into initial teacher training is currently under review. Through UNFPA support, CSE has also been integrated into the continuous professional development package led by associate lecturers of the Kiribati Teachers College.

8 IN 10 COUNTRIES PROVIDE IN-SERVICE TRAINING IN SEXUALITY EDUCATION, AS WELL AS TEACHING RESOURCES.

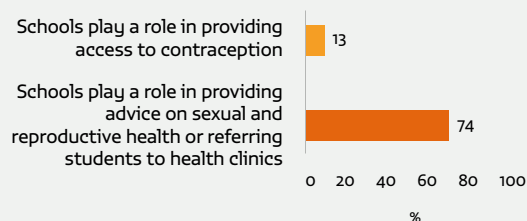
In **Thailand**, the Act for the Prevention and Solution of the Adolescent Pregnancy Problem (2016) requires education institutions to 'recruit and develop teaching personnel capable of providing sexuality education and counselling on the prevention and solution of adolescent pregnancy and establish supervision, assistance, and a protection system for pregnant students to receive suitable and continuous education, along with a system of referral to appropriate reproductive health services and social welfare provision'. In **Uruguay**, the Law on Sexual and Reproductive Health N 18426 includes among its general objectives the ongoing training of teachers in primary, secondary and tertiary education. The In-Service Training Institute of the Council of Initial and Primary Education offers the Basic Course on Sexuality Education (120 hours). Finally, in **Zambia**, the 2017-21 Education and Skills Sector Plan sets a target to train 100% of secondary school teachers in CSE.

Armenia has been working to incorporate sexuality education into its postgraduate teacher programmes, revising and distributing the teacher guide on sexuality education, and rolling out a large-scale teacher preparation programme. Ten educational videos on sexuality education-related topics were developed to support teachers, with the result of an evaluation showing an average 20% increase in teachers' knowledge of the subject matter (UNESCO, 2021). In **Chile**, the Guidelines for the Inclusion of Lesbian, Gay, Bisexual, Trans and Intersex people in the Chilean Education System, issued in 2017, aimed to strengthen a culture of respect with a human rights approach. In **Costa Rica**, the Ministry of Public Education provides teachers with the Autonomous Work Guide on Affectivity and Integral Sexuality.



4. Schools play a key role in providing sexual and reproductive health counselling and guidance

FIGURE 5. ROLE OF SCHOOLS IN CSE



Source: PEER on CSE. See education-profiles.org

IN ABOUT 3 IN 4 COUNTRIES, SCHOOLS PROVIDE ADVICE ON SEXUAL AND REPRODUCTIVE HEALTH OR REFER STUDENTS TO HEALTH CENTRES.

Countries provide for various measures, such as: inter-sectoral collaboration, for instance between different ministries; the creation of sexual health centres and access to information; and health follow-ups.

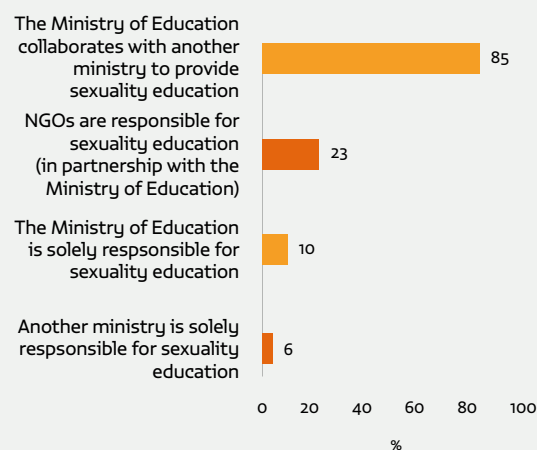
In the **Central African Republic**, the Education Sector Plan 2020-2029 calls for the Ministry of Primary and Secondary Education and the Ministry of Health and Population to collaborate to include the location and distribution of health services on the national school map; and to ensure cooperation between school and health personnel. Cooperation could be in the form of frequent visits by health workers to schools, the training of teachers or community members in first aid care, and the referral of ill school children to a health institution. In **Viet Nam**, the Ministry of Health's follow-up project implementation document aims to provide reproductive and sexual health care for adolescents and young adults in schools. The document asks for 80% of schools to have plans to do this, including making provision for the costs of implementation. In **Liberia**, the Public Health Law (2019) states that schools should make information available about where to access sexual and reproductive

health services. With regard to health monitoring, **Malawi's** National Education Standards (2015) state that once schools identify students with early pregnancies or those living with HIV, they must support their learning and care. Similarly, in the **Philippines**, the Responsible Parenthood and Reproductive Health Act, Section 11.03 (2012) mandates private and public schools to provide young people with a supportive environment where they have access to services such as information on prevention and diagnosis and proper management and treatment of STIs. Schools rarely provide access to contraception. In **South Africa**, the Integrated School Health Policy (2012) stipulates that a package of on-site services that includes sexual and reproductive health services should be provided in all schools. It focuses on the prevention of pregnancy and STIs, including HIV infection, and the provision of reproductive health services.



5. The Ministry of Education usually relies on the support of other ministries and NGOs to provide sexuality education

FIGURE 6. GOVERNANCE STRUCTURES



Source: PEER on CSE. See education-profiles.org

IN 85% OF COUNTRIES, DIFFERENT MINISTRIES ARE RESPONSIBLE FOR SEXUALITY EDUCATION IN PARTNERSHIP OR COLLABORATION WITH THE EDUCATION MINISTRY.

In **Liberia**, the Public Health Law (revised in 2019) instructs the Ministry of Health to work with the Ministry of Education, Ministry of Gender, and Ministry of Youth and Sports to ensure access to quality sexuality education. The **Gabon** Equality programme states that the Ministry of Health and Social Affairs and the Ministry of Education (responsible for civic education) collaborate on a travelling caravan to raise awareness in SRH in schools. In **Togo**, the Ministry of Primary, Secondary and Vocational Education has the main responsibility for CSE delivery. The Ministry of Health, through the National Youth and Adolescent Health Service division (SNJA), is responsible for school clinics. In **Congo**, the Ministry of Health is closely involved in the strategies for addressing HIV/AIDS. The Ministry for the Advancement of Women and the Integration of Women in Development is also responsible for achieving gender equality and contributing to the fight against sexual and gender-based violence through education. In **Equatorial Guinea**, the Ministry of Information, Media and Radio-Television works to scale up initiatives to reduce maternal and neonatal mortality, promote the use of contraceptive methods, improve sexual and reproductive health among adolescents and youth, and combat communicable and non-communicable diseases such as STIs and HIV. Finally, in **South Africa**, the Department of Basic Education is responsible for the development of guidelines and policies, and curriculum design, providing a favourable environment for implementing CSE in schools. The South African National AIDS Council (SANAC) supports the multisectoral response of the government to HIV and STIs, the Department of Health supports schools in the provision of SRH services and education through the Integrated School Health Programme, and the Department of Social Development (DSD) is responsible for the provision of CSE for out-of-school youth.

IN ABOUT 1 IN 4 COUNTRIES, NGOS, IN PARTNERSHIP WITH THE MINISTRY OF EDUCATION, ARE ALSO RESPONSIBLE FOR SEXUALITY EDUCATION.

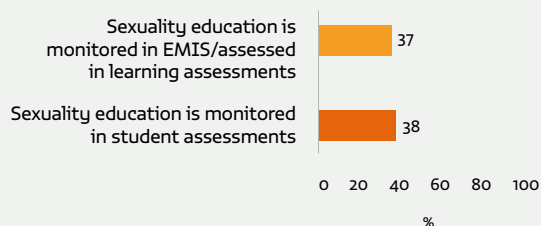
In **Nigeria**, the first attempt at institutionalizing family life health education was made by the NGO Action Health Incorporated, through its collaboration with the Sexuality Information and Education Council of the United States (SIECUS). In 2001, the National Council on Education formally approved a sexuality education curriculum for use in Nigerian schools. This was developed through a participatory and consultative process that involved NGOs from all regions of the country, as well as international agencies. In **Congo**, the Ministry of Primary and Secondary Education in charge of Alphabetization (MEPSA) in partnership with the Forum for African Women Educationalists (FAWE) conducts campaigns on CSE for young people and adolescents.

In **Thailand**, the Ministry of Education is responsible for the design and oversight of policies and curricula to provide CSE in education institutions. However, the Office of Basic Education Commission (OBEC) collaborates with the Path2Health Foundation to develop and launch e-learning courses for CSE pedagogy, with the aim of strengthening teachers' skills in providing sexuality education and life skills training. In **Togo**, many NGOs work with the government to develop guidelines and training in CSE, such as BØRNEfonden, Plan International, the Association Togolaise pour le Bien Être Familial, Le Jourdain – Vie et Santé. The Federation of Parent-Teacher Associations supports CSE implementation and enhanced communication about SRH between parents and children. In **Estonia**, the Ministry of Education and Research is responsible for the curriculum, local governments are responsible for its implementation, and the Estonian Sexual Health Association (ESHA) is the national provider of sexuality education in schools.



6. Sexuality education is rarely monitored

FIGURE 7. MONITORING AND REPORTING SYSTEM ON CSE



Source: PEER on CSE. See education-profiles.org

SEXUALITY EDUCATION IS MONITORED THROUGH THE EDUCATION MANAGEMENT INFORMATION SYSTEMS (EMIS) IN FEWER THAN 4 IN 10 COUNTRIES.

Zambia was the first country in sub-Saharan Africa to include all the globally recommended indicators for HIV (including sexuality education and trained standards officers) in its national EMIS in order to monitor implementation. The Educational Statistical Bulletin, published by the Ministry of General Education, has a section on HIV/AIDS and sexuality education. This provides information on the number of schools and students receiving life skills-based HIV and sexuality education, the number of teachers receiving sexuality education training, the number of schools that have implemented HIV and AIDS workplace policy programmes, and the number of schools that have organized sexuality education orientation sessions. Dropout rates and the number of early pregnancies and readmissions, which are used to explore trends in SRH outcomes in the country to inform sexuality education implementation strategies, are also included. In **Lesotho**, some pertinent aspects of CSE and SRH are included on the annual EMIS data-collecting form: distance from

the nearest clinic; reasons for dropping out of school, including marriage and pregnancy; and HIV and sexuality education. Every two years, the Examination Council of **Lesotho** conducts the National Education Assessment to review the education system's health indicators, including those related to HIV and AIDS. The introduction of monitoring mechanisms is under way in other countries such as **Congo**, where through the Strategic Framework for the fight against AIDS, the government has expressed its willingness to establish a system for collecting data on HIV & AIDS education in schools.

FEWER THAN 4 IN 10 COUNTRIES MONITOR SEXUALITY EDUCATION IN STUDENT ASSESSMENTS.

In **Uruguay**, the Sexuality Education programme sets the learning target for each theme, along with proposals for the appropriate modality and evaluation techniques. In **Costa Rica**, the Comprehensive Affectivity and Sexuality Programme of Study for Diversified Education notes the evaluation criteria for each thematic axis. In **Thailand**, the Basic Education Core Curriculum specifies minimal learning times for health and physical education, and teachers assess students' knowledge through mid-term and final examinations (UNICEF, 2017).

CONCLUSION

Despite some documented progress, more remains to be done on CSE. Most of the countries reviewed have some kind of supportive legal framework for CSE. While legal frameworks do not guarantee their implementation, they are a crucial pillar for ensuring an enabling policy environment. Countries with particular CSE laws or resolutions indicate higher levels of CSE implementation and long-term sustainability (FLACSO, 2021). In the absence of legislation and resources to develop and administer CSE in education systems, CSE may be susceptible to political or cultural shifts in priority (UNESCO 2021).

Policies or plans covering CSE are much more frequent than laws, suggesting countries' aspiration to progress on sexuality education. The COVID-19 pandemic has brought to light already-existing educational and health difficulties. The epidemic has exacerbated educational, health, and gender disparities (FLACSO, 2021). CSE is essential to empower young people, adolescents and children with information, knowledge and skills in different domains. However, the linkages between CSE and the demand and supply of SRH services need to be strengthened with comprehensive health and education policies. More efforts should also be directed at filling the gaps between the stated outcome in laws and policies and what happens in practice. Making sexuality education compulsory is important, but this is not happening everywhere.

Budget allocation towards sexuality education is rare, even in countries that have recorded the most progress in this area. Only a few countries collect data to track progress on how well sexuality education is taught and learned in school.

Raising awareness about CSE and involving all stakeholders is essential to educate young populations on issues that foster inclusive societies. More attention needs to be paid to include CSE in national laws, policies and plans, and to develop comprehensive monitoring and evaluation systems to ensure that sexuality education reaches all.

For information, contact the *Global Education Monitoring Report* (education.profiles@unesco.org) and ED/PSD/HAE teams at UNESCO.

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