

HIGHLIGHTS

The journey towards comprehensive sexuality education

Global status report



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, gender-based violence or early and unintended pregnancy. In more recent years this has often developed into a more holistic subject covering a wide range of topics,

taught 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.

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 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. 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 (revised edition).



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The Global Education 2030 Agenda

UNESCO, as the United Nations' specialized agency for education, is entrusted to lead and coordinate the Education 2030 Agenda, which is part of a global movement to eradicate poverty through 17 Sustainable Development Goals by 2030. Education, essential to achieve all of these goals, has its own dedicated Goal 4, which aims to “ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.” The Education 2030 Framework for Action provides guidance for the implementation of this ambitious goal and commitments.



Published by the United Nations Educational, Scientific and Cultural Organization (UNESCO),
7, place de Fontenoy, 75352 Paris 07 SP, France,

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Designed and printed by UNESCO

Printed in France

(459.21)

ED-2021/WS/22 REV.

INTRODUCTION

This is a summary of the publication 'The journey towards comprehensive sexuality education: Global status report'. It provides a snapshot of the status of school-based CSE around the world, which can help inform 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



CURRICULUM

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.

A range of data sources can help 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 data sets often rely on self-reporting from national-level stakeholders who may not have access to the full, complex picture of CSE delivery in schools across their country. 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.

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. Starting CSE early is important because children and young people need specific knowledge and skills at the appropriate time, for example, learning about puberty shortly before they go through it, not after. Moreover, in some countries, many students do not make the transition from primary to secondary school and therefore need access to critical information before leaving formal education.



LAWS AND POLICIES

**Considerably more countries
report having policies on
'lifeskills-based HIV
and sexuality education'
at secondary education level
than at primary level.**

Learning from country examples

In **Tunisia**, the first national law to combat violence against women, passed in 2017, mandates 'education for health and sexuality', providing the impetus for the recent development of the country's first sexuality education curricula.

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 will raise the status of sexuality 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.

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.

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

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, 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 sexuality education curricula 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.

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.

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Laws and/or policies relating to sexuality education



Policies (primary & secondary)

Albania, Angola, Antigua and Barbuda, Argentina, Bahamas, Barbados, Benin, Botswana, Burkina Faso, Burundi, Cambodia, Cameroon, Central African Republic, China, Colombia, Comoros, Congo, Costa Rica, Côte d'Ivoire, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Eswatini, Fiji, Gabon, Germany, Ghana, Guatemala, Guinea-Bissau, Guyana, Honduras, Iceland, Ireland, Jamaica, Kenya, Lao People's Democratic Republic, Lesotho, Liberia, Lithuania, Madagascar, Malawi, Mali, Malta, Mauritania, Mongolia, Morocco, Mozambique, Namibia, Nauru, New Zealand, Niger, Nigeria, Palau, Papua New Guinea, Peru, Philippines, Rwanda, Saint Vincent and the Grenadines, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, South Africa, South Sudan, Spain, Sudan, Syrian Arab Republic, Togo, Tonga, Uganda, United Republic of Tanzania, Vanuatu, Venezuela (Bolivarian Republic of), Viet Nam, Zambia, Zimbabwe

(Data sources: NCPI 2017, 2019)

Policies (secondary only)

Algeria, Armenia, Azerbaijan, Belarus, Bolivia (Plurinational State of), Brunei Darussalam, Chile, Czechia, Ethiopia, Guinea, India, Iran (Islamic Republic of), Kazakhstan, Kyrgyzstan, Luxembourg, Malaysia, Mauritius, Monaco, Nepal, Nicaragua, Oman, Republic of Moldova, Saint Lucia, Singapore, Tajikistan, Tunisia, Ukraine, United Arab Emirates, Uruguay, Uzbekistan

(Data sources: NCPI 2017, 2019)

Policies (primary only)

Serbia

(Data sources: NCPI 2017, 2019)

Legal frameworks, laws, decrees, acts and policies (level not specified)

Austria, Bangladesh, Belgium, Bosnia and Herzegovina, Bulgaria, Cyprus, Democratic Republic of the Congo, Eritrea, Estonia, Finland, Kiribati, Latvia, Maldives, Mexico, Netherlands, Pakistan, Samoa, Solomon Islands, Sri Lanka, Sweden, Switzerland, Thailand, United Kingdom of Great Britain & Northern Ireland

(Data sources: 2019-20 Survey on the Status of CSE; BZgA & IPPF EN 2018 Survey on Sexuality Education)

No laws / policies

Afghanistan, Bhutan, Brazil, Equatorial Guinea, Georgia, Haiti, Israel, Kuwait, Libya, Marshall Islands, Micronesia (Federated States of), Montenegro, Myanmar, Niue, North Macedonia, Panama, Paraguay, Republic of Korea, Russian Federation, Saudi Arabia, Suriname, Timor-Leste, Tuvalu

(Data sources: NCPI 2017, 2019; 2019-20 Survey on the Status of CSE; BZgA & IPPF EN 2018 Survey on Sexuality Education)

(Countries listed here represent the sample)



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.

Coverage data also fall short of detailing

the important yet more complex question

of quality of curriculum content and delivery.

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.



28% of young people believed that their school taught them about sexuality *very well* or *somewhat well*

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 behaviour
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



CURRICULUM 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. 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 2019-20 Survey on the Status of CSE, many countries self-reported that their curricula is comprehensive according the international guidance and there is certainly evidence that curriculum 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). 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.

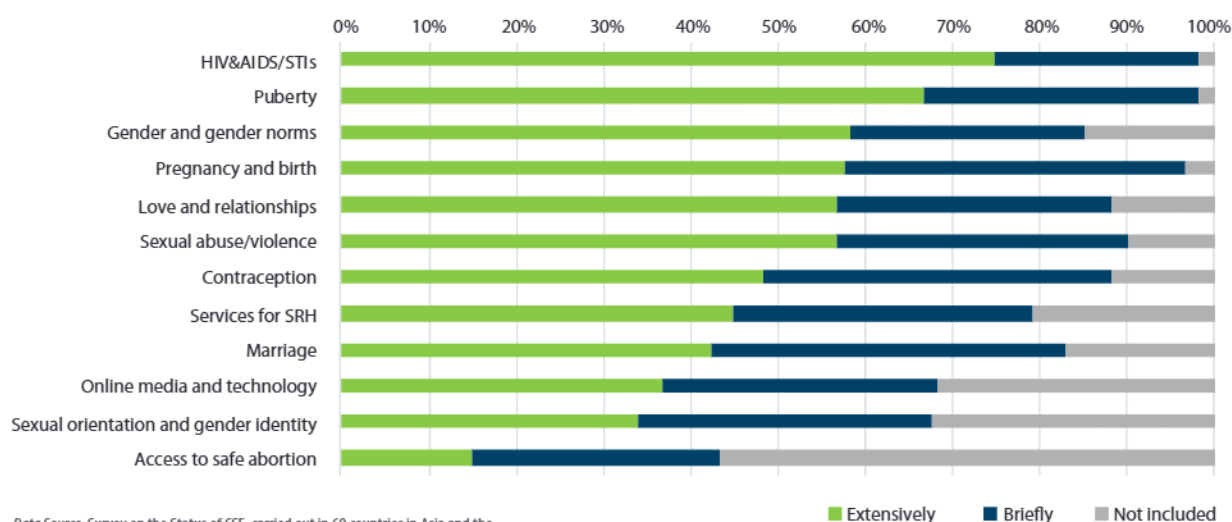
Learning from country examples

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 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.

In the **Lao People's Democratic Republic**, the *Life Skills* curricula 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.

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.

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



Data Source: 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, 2019-20



DELIVERY

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 teachers receive ongoing training, with the proportion of those trained increasing from 42 per cent in 2017 to 70 per cent by 2019. Because life skills education has been integrated into curricula and there are specific teachers explicitly trained to deliver it, the topic has been given attention, recognition and legitimacy.

In **Kyrgyzstan**, training has been provided for pre-service teachers since 2018 to prepare them for the delivery of *Healthy Lifestyle homeroom* lessons which became a mandatory subject in the same year.

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, teachers no longer avoided the more complex topics and 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.

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.

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.

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. CSE, like other forms of transformative education, requires the use of participatory pedagogies which may be counter to the style of teaching that many educators 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 studies that capture the voices of teachers themselves. This is reflected in information about the quality of delivery. 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.

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 UNFPA 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’.

Studies with teachers and students often highlight

different perceptions of what is being taught.

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 may not always be reaching teachers with many reporting that they lack materials.



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 schools with external 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 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 2019-20 survey, the majority said that students in secondary schools could access individual counselling on issues related to sexual and reproductive health (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 and religious leaders and politicians, in order to promote comfort and understanding of what can be a sensitive topic. In several



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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.

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.

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 setbacks in support, and in some contexts, has experienced significant opposition resulting in implementation challenges. 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 SRH interventions to address pressing health and social issues, as well as to contribute to the overall quality of education.

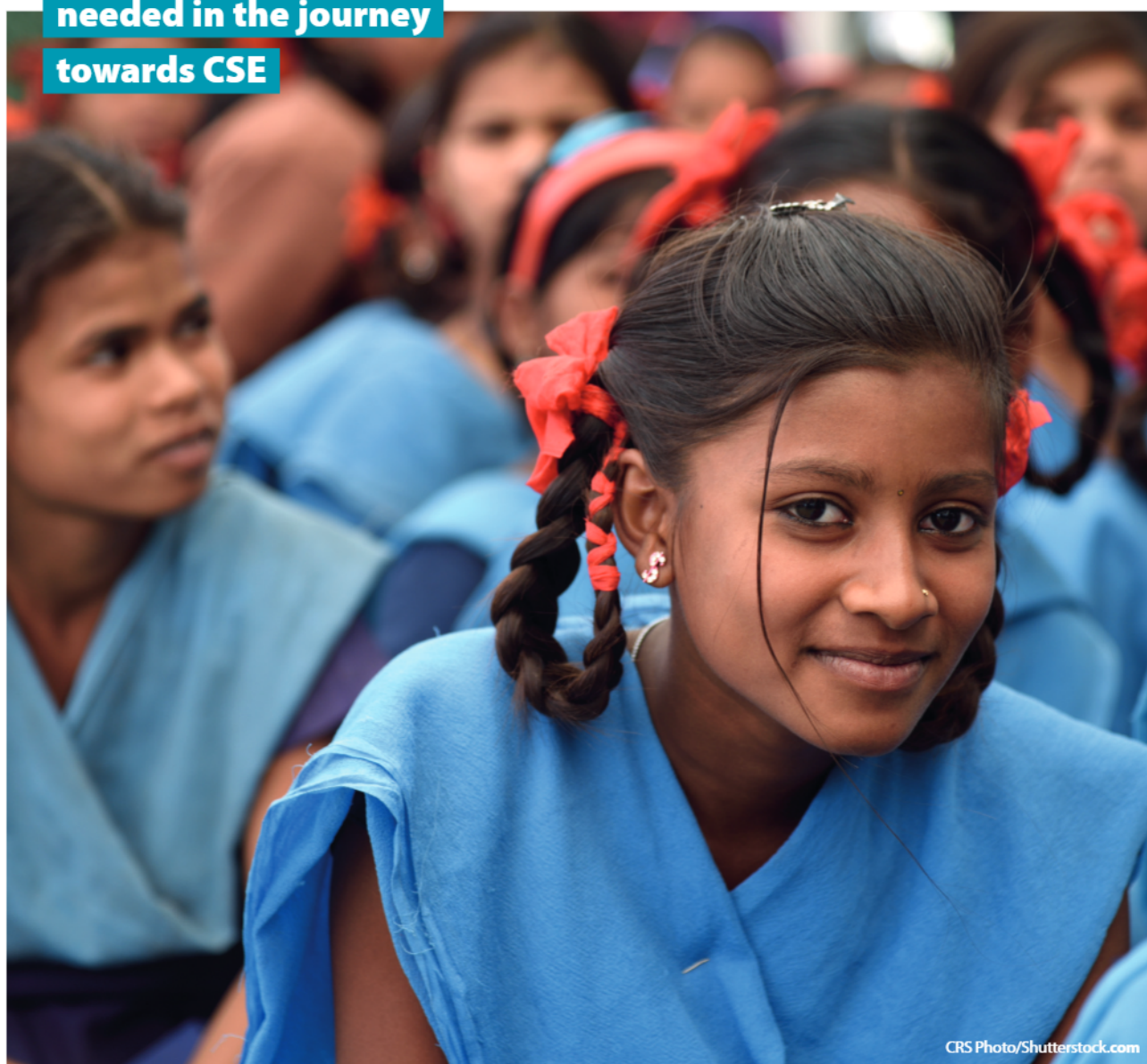
Finally, regular and structured monitoring of sexuality education programmes is necessary to track the progress of implementation and to facilitate decision-making. While a range of assessment tools has been developed and indicators proposed, which together can start to paint a picture of the status of CSE globally, there is a need for more concerted efforts.

CONCLUSION

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, comprehensive sexuality education. 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.

While encouraging progress towards CSE is evident across many settings, continued efforts and investments are needed in the journey towards CSE. This includes the need to continue to ensure that CSE is clearly mandated by law and 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 content and 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.

**... continued efforts and
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towards CSE**



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NOTES

- 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, 2019-20)
- 2 UNAIDS National Commitments and Policies Instrument (2017, 2019)
- 3 Sources: 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, 2019-20)
- 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
- 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 2019-20)
- 6 Source: UNAIDS National Commitments and Policies Instrument (2017, 2019)



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HIGHLIGHTS

The journey towards comprehensive sexuality education

Global status report

This document presents highlights from the publication: 'The journey towards comprehensive sexuality education: Global status report'. Drawing on multiple data sources, it provides a snapshot of how countries are advancing on their journeys towards school-based comprehensive sexuality education (CSE) across the world.

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 body of work assesses a range of factors to paint a picture of the global status of CSE, including laws and policies, coverage, curricula, delivery and enabling environment.

This is a preview of a full report being finalised in partnership with UNESCO, UNAIDS, UNFPA, UNICEF, UN Women and WHO.

With support from Sweden and Norway

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