

A COMPENDIUM ON COMPREHENSIVE SEXUALITY EDUCATION

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Consistent with international human rights law standards, States should ensure the provision of comprehensive sexuality education inclusive of all individuals, UN Experts* say. Comprehensive sexuality education should include information and support the development of skills that enable preventing sexually transmitted infections, early pregnancies and sexual and gender-based violence.

It should also promote human rights, gender equality and the empowerment of women and girls, healthy and respectful relationships, well-being, empathy, respect, autonomy, consent and diversity.

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WHAT IS CSE?

DIGNITY
&
WELL-BEING

Comprehensive sexuality education is defined as “a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality”. [i] The International Technical Guidance on Sexuality Education explains that “comprehensive” refers to the breadth of core elements in the curriculum that equip young people with knowledge, skills, attitudes and values for positive sexuality and good sexual and reproductive health; to develop respectful social and sexual relationships; to consider how their choices affect their own wellbeing and that of others, and to understand and ensure the protection of their rights throughout their lives.[ii] The provision and reception of comprehensive sexuality education is legally protected under article 19 of the Universal Declaration of Human Rights and article 19 of the International Covenant for Civil and Political Rights.

[i] UNESCO, UNAIDS, UNFPA, UNICEF, UN WOMEN, WHO (2018), International technical guidance on sexuality education: an evidence-informed approach. Available at <https://unesdoc.unesco.org/ark:/48223/pf0000260770>.

[ii] Ibid. The ITGSE describes CSE as having the following attributes – “scientifically accurate, age and developmentally appropriate, curriculum based, comprehensive, based on a human rights approach, based on gender equality, culturally relevant and context appropriate, transformative, and able to develop life skills needed to support healthy choices.”

CSE EMPOWERS ADOLESCENTS

BODILY
AUTONOMY
&
INTEGRITY

Comprehensive sexuality education enables individuals to exercise their sexual and reproductive health rights. It empowers adolescents and young people to make informed decisions about their sexual and reproductive health and to prevent early pregnancy and sexually transmitted infections, including HIV. It also enables them to understand their right to bodily autonomy and integrity, to develop respectful relationships and to dismantle gender stereotypes and negative social norms. Furthermore, comprehensive sexuality education contributes to them embracing diversity, consent, respect, and equality. This contributes to their own individual development, to more equal societies and the fulfilment of human rights. In addition, comprehensive sexuality education is an effective means to address systems of patriarchal domination and toxic masculinity by changing social and cultural patterns of behaviour that tend to perpetuate discrimination and violence against women and girls.

THE COSTS FOR INACTION ARE HIGH

Pregnancy related conditions are among the top causes of morbidity and mortality among girls from 15-19 years old

UNICEF, available at:
<https://data.unicef.org/topic/child-health/adolescent-health/>

Globally in 2021, an estimated 14 per cent of adolescent girls and young women gave birth before the age of 18

UNICEF: <https://data.unicef.org/topic/child-health/adolescent-health/>

Fifty-five per cent of unintended pregnancies among adolescent girls aged between 15–19 years end in abortions, which are often unsafe

Sully EA, Biddlecom A, Daroch J, Riley T, Ashford L, Lince-Deroche N et al., Adding It Up: Investing in Sexual and Reproductive Health 2019. New York: Guttmacher Institute; 2020

Adolescent mothers aged from 10–19 years face higher maternal health risks

World Health Organization (2022), Key facts about adolescent pregnancy, available at <https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy>

Globally 27 per cent of women and girls (from 15-49 years old) experienced intimate partner violence, which is the most commonly occurring gendered form of violence against women

World Health Organization (2021), available at: <https://www.who.int/news-room/fact-sheets/detail/violence-against-women>

Two out of every seven new HIV infections globally in 2019 were among young people (15–24 years) and adolescent girls and young women are still disproportionately affected

UNAIDS (2021), Young people and HIV, available at: https://www.unaids.org/sites/default/files/media_asset/young-people-and-hiv_en.pdf and UNAIDS (2019), Women and HIV, A spotlight on adolescent girls and young women. Available at: https://www.unaids.org/sites/default/files/media_asset/2019_women-and-hiv_en.pdf

THE COSTS FOR INACTION ARE HIGH

Lack of access to sexual and reproductive health services and information by adolescents who are gay, lesbian, bisexual, trans or otherwise gender diverse has been linked to low self-esteem, higher rates of depression, suicide and homelessness

Committee on the Rights of the Child, General Comment No. 20 (2016), para. 33

With increased use of digital tools for sexual and reproductive health information and services, women and girls also face digital violence: global estimates vary from 16 to 58 per cent

UN Women (2022), Accelerating efforts to tackle online and technology-facilitated violence against women and girls, available at: <https://www.unwomen.org/en/digital-library/publications/2022/10/accelerating-efforts-to-tackle-online-and-technology-facilitated-violence-against-women-and-girls>

650 million girls worldwide are married before their 18th birthday, which encompasses that, in some regions, it represents 20-40 per cent of adolescent girls

UNICEF (2022), available at: <https://data.unicef.org/topic/child-protection/child-marriage/>. UNICEF reports that levels of child marriage are highest in West and Central Africa (nearly 4 in 10 young women), followed by Eastern and Southern Africa (32 per cent), South Asia (28 per cent), and Latin America and Caribbean (21 per cent).

At least 200 million girls and women alive today have undergone female genital mutilation

UNICEF (2022), available at: <https://data.unicef.org/topic/child-protection/female-genital-mutilation/>

Online violence frequently surges into offline violation of rights

UNDP, available at: <https://www.undp.org/serbia/news/online-violence-has-real-life-consequences-itismybusiness>

We are greatly concerned that adolescents and young people, in all their diversity, experience gender-based discrimination and violence and violations of their sexual and reproductive health rights.

Violence can also lead to mental disorders.[i]

[i] Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, A/HRC/50/28, paras. 1, 33, 45 and 54.

As established during the International Conference on Population and Development (ICPD) in 1994, States have agreed that reproductive rights “embrace certain human rights” and that these “rest on the recognition of the basic rights of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes the right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents”.[i]

One year later in the Beijing Platform for Action, States confirmed that the “human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence”.[ii]

Reproductive rights and sexual and reproductive health services, information and education are recognized by the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW Convention),[iii] as well as agreed in the 2030 Agenda.[iv]

[i] International Conference on Population and Development, Programme of Action, para. 7.3.

[ii] Beijing Platform for Action, para. 96.

[iii] Article 10 (1) h) of the Convention on the Elimination of All forms of Discrimination Against Women.

[iv] SDG3.7: States shall, by 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes. SDG4.7: States shall by 2030, ensure that all learners acquire the 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.



The right to sexual and reproductive health is an integral part of the right to health

**COMMITTEE ON ECONOMIC, SOCIAL AND
CULTURAL RIGHTS, GENERAL COMMENT NO. 22
(2016), PARA. 1**

In 2016, the Committee on Economic, Social, and Cultural Rights (CESCR Committee) clarified that sexual and reproductive freedoms include “the right to control one’s health and body”[i] and “the right to make free and responsible decisions and choices, free of violence, coercion and discrimination, regarding matters concerning one’s body and sexual and reproductive health”.[ii] In this regard, the Committee stated that the right to sexual and reproductive health entails “a right to education on sexuality and reproduction that is comprehensive, non-discriminatory, evidence-based, scientifically accurate and age appropriate”.[iii]

[i] Committee on Economic, Social and Cultural Rights, General Comment No. 14 (2000), para. 8.

[ii] Committee on Economic, Social and Cultural Rights, General Comment No. 22 (2016), para. 5.

[iii] Ibid., para. 9, in which the Committee refers to “the right to sexual and reproductive health, combined with the right to education (articles 13 and 14) and the right to non-discrimination and equality between men and women (articles 2 (2) and 3)”.

OTHER UNITED NATIONS TREATY BODIES HAVE ALSO URGED THE NEED FOR COMPREHENSIVE SEXUALITY EDUCATION

The Human Rights Committee called upon States to “ensure access for women and men, and especially girls and boys, to quality and evidence-based information and education on sexual and reproductive health” as part of the right to life

Human Rights Committee,
General Comment No. 36 (2019),
para. 8

The Committee on the Elimination of Discrimination against Women stressed the need for comprehensive sexuality education as part of education addressing gender equality and stereotyped gender roles

Committee on the Elimination of Discrimination Against Women, General Comment No. 35 (2017), updating General Comment No. 19, para. 30(b)(i), and Committee on the Elimination of Discrimination Against Women, General Comment No 36 (2017), para. 68

The CESCR Committee urged States to adopt legal and policy measures to guarantee all individuals access to comprehensive sexuality education

Committee on Economic, Social and Cultural Rights, General Comment No. 22 (2016), paras. 28 and 63

The Committee on the Rights of the Child has stated that comprehensive sexuality education should be part of the mandatory school curriculum and reach out-of-school adolescents and urged States to adopt comprehensive gender and sexuality-sensitive sexual and reproductive health policies for youth, emphasizing that unequal access to such information, commodities and services amounts to discrimination

Committee on the Rights of the Child, General Comment No 20 (2016), paras. 61 and 59

*The Committee on the rights of the Child also recognizes the “**evolving capacities**”^[i] of adolescents to make their own decisions and called on the States to “**ensure that health systems and services are able to meet the specific sexual and reproductive health needs of adolescents**”,^[ii] and recalled that “**States should ensure that adolescents are not deprived of any sexual and reproductive health information or services due to providers’ conscientious objections**”.^[iii]*

[i] Article 5 of the Convention on the Rights of the Child.

[ii] Committee on the Rights of the Child, General Comment No. 15 (2013), para. 56.

[iii] Ibid., para. 69.

The Committee on the Rights of Persons with Disabilities called upon States to provide comprehensive sexuality education for people living with disabilities.[i]

[i] Committee on the Rights of Persons with Disabilities, General Comment No. 4 (2016), para. 54.

*Several Special Procedures have stressed the **need for comprehensive sexuality education** and the right to this type of education,[i] and have raised concerns about the lack of comprehensive sexuality education,[ii] or considered that international human rights standards clearly establish **the human right to comprehensive sexual education, which is indivisible from the right to education** and is key to the effective enjoyment of the right to life, health, information and non-discrimination, among others.[iii]*

[v] Working Group on discrimination against women and girls, A/HRC/47/38, para. 20; Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, A/76/172, para. 84; Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity, A/74/181, para. 8; Special Rapporteur on the rights of persons with disabilities, A/72/133; Working Group on discrimination against women and girls, Position Paper on Women's Autonomy, Equality and Reproductive Health in International Human Rights: Between Recognition, Backlash and Regressive Trends, 2017; Working Group on the issue of discrimination against women in law and in practice, A/HRC/32/44, para. 108(i); Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, A/HRC/32/32, paras 91 and 113(d); Special Rapporteur on the right to education, A/65/162.

[ii] Working Group on discrimination against women and girls, A/HRC/47/38, para. 13; Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, A/76/172, para. 48; Special Rapporteur on the promotion and protection of the right to freedom of opinion and expression, A/76/258, para. 37; Working Group on discrimination against women and girls, Position paper on Gender equality and gender backlash, 2020; Special Rapporteur on the rights of persons with disabilities, A/72/133.

[iii] Special Rapporteur on the right to education, A/65/162, para. 75.

We underline that sexual and reproductive health and rights include the right to a pleasurable, satisfying, and safe sex life free from discrimination, coercion and violence; and the freedom to decide whether, when and how often to reproduce.

Comprehensive sexuality education is essential to realize these rights.



We welcome that the majority of States have policies that enable comprehensive sexuality education.[i]

However, we remain concerned about the instrumentalization and politicization of women's and girls' bodies, a global patriarchal culture, and a regressive climate and pushback in the area of sexual and reproductive health and rights and gender equality.[ii]

[i] UNESCO, UNICEF, UNAIDS, UNFPA, WHO, and UN Women (2021), The journey towards comprehensive sexuality education, Global status report. Available at <https://unesdoc.unesco.org/ark:/48223/pf0000379607>.

[ii] Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, A/76/172, paras. 81 and 82

**Comprehensive sexuality
education should not be
obstructed in the name of
religious and cultural values and
beliefs, which are mostly related
to the persistence of
patriarchalism**

**REPORT OF THE SPECIAL RAPPOREUR ON THE RIGHT TO
EDUCATION, A/65/162, PARAS. 5 AND 6**



*We further regret that certain women and girls, such as adolescents, rural girls, indigenous girls, girls living with disabilities or in poverty, as well as lesbian girls, gay, bisexual, intersex and trans and other gender diverse persons, and other groups such as sex workers, continue to face **multiple and intersecting forms of discrimination** and confront greater barriers to sexual and reproductive health and rights compared with national averages.[i]*

*[i] World Health Organization, *Social Determinants of Sexual and Reproductive Health: Informing Future Research and Programme Implementation* (Geneva, 2010).*

WE DEPLORE THAT IMPLEMENTATION OF COMPREHENSIVE SEXUALITY EDUCATION IS BELOW RECOMMENDED STANDARDS

curricula do not cover the full spectrum of gender, sexuality and human rights to make the sexuality education effective and relevant

Teachers are ill-equipped and oftentimes censored or threatened with sanctions

education is given too late in the adolescent's development

The environment is not enabling and there is insufficient funding

UNESCO, UNICEF, UNAIDS, UNFPA, WHO, and UN Women (2021),
The journey towards comprehensive
sexuality education, Global status report. Available at:
<https://unesdoc.unesco.org/ark:/48223/pf0000379607>

In many countries in the world, action toward restrictive and regressive limitations on comprehensive sexuality education all but guarantee that children and young persons will be deprived of information necessary to enjoy their sexual and reproductive health rights

*We stress that merely a biological approach or attention to the prevention of risks such as sexually transmitted infections, is not sufficient. **Comprehensive sexuality education curricula should include specific attention to gender, power, and diversity.**^[i] It is imperative that adolescents and young people are taught to critically think about the various expressions of human sexuality and interpersonal relations.^[ii] They need **accurate and evidence-based information and skills**, concerning sexuality and sexual and reproductive health, to develop respectful relationships and enjoy their right to bodily autonomy and integrity.*

*[i] Evidence indicates that comprehensive sexuality education is five times more likely to be successful in preventing unintended pregnancy and sexually transmitted infections when it pays explicit attention to the topics of gender and power. Haberland, N. (2015) *The Case for Addressing Gender and Power in Sexuality and HIV Education: A Comprehensive Review of Evaluation Studies*. *International Perspectives on Sexual and Reproductive Health*. 41:1, 31-4].*

[ii] Report of the Special Rapporteur on the right to education, A/65/162, para. 12.



WE CALL UPON STATES TO

**COMPREHENSIVE
SEXUALITY
EDUCATION**

1.

Respect and protect the key principles of non-discrimination, equality, and privacy, as well as bodily integrity, autonomy, dignity, and well-being of individuals, especially in relation to sexual and reproductive health rights.

2.

Respect, protect and implement the human right to quality education and lifelong learning, including comprehensive sexuality education. This includes adopting and strengthening legislation as well as designing, implementing public policies and curricula, aimed at guaranteeing this right without any form of discrimination.



WE CALL UPON STATES TO

COMPREHENSIVE SEXUALITY EDUCATION

3.

Put in place effective implementation mechanisms, such as: ensuring that comprehensive sexuality education is a mandatory subject in school curricula; adequate teacher training and support; developing evidence-based online comprehensive sexuality education; engaging communities and parents; and allocating sufficient resources.

4.

Ensure that comprehensive sexuality education curricula are non-discriminatory, non-biased, and based on scientific evidence and human rights. They should be inclusive and accessible to all individuals, especially to the most marginalized, including adolescent girls, LGBTIQ+ youth, out-of-school adolescents and young people living with disabilities. States should ensure that comprehensive sexuality education starts early in childhood, in a manner consistent with the evolving capacities of the child, and that it progresses through adolescence and adulthood.



WE CALL UPON STATES TO

COMPREHENSIVE SEXUALITY EDUCATION

5.

Guarantee that comprehensive sexuality education curricula include a breadth of topics beyond a focus on risks and disease, with special attention given to respect, consent, autonomy, relationships, sexuality, gender equality and sexual and gender diversity, pleasure, responsible parenthood, dismantling patriarchal gender stereotypes and harmful social norms, and preventing early pregnancy, sexually transmitted infections, sexual and gender-based violence and discrimination.

6.

Eliminate the stigma often ascribed to sexual and reproductive health issues, which are typically treated as taboo topics and enforced through socio-cultural norms, and the growing problem of misinformation.



COMPREHENSIVE SEXUALITY EDUCATION

WE CALL UPON STATES TO

7.

Ensure that all adolescents and young people have access to free, confidential, and non-discriminatory sexual and reproductive health services, information and education responsive to their needs, available both online and in person, and in multiple forms and languages, which include family planning, contraception, including emergency contraception, prevention, care and treatment of sexually transmitted infections, counselling, pre-conception care, gender-affirming care, maternal health services, access to safe abortion and post-abortion services and menstrual hygiene. Gaining knowledge about their reproductive system helps girls and women become more self-confident and adopt improved health measures. States should also remove barriers such as requirements for third-party consent or authorization and regulate conscientious objection to ensure that all people needing an abortion can have access to it.

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F E B R U A R Y 2 0 2 3

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