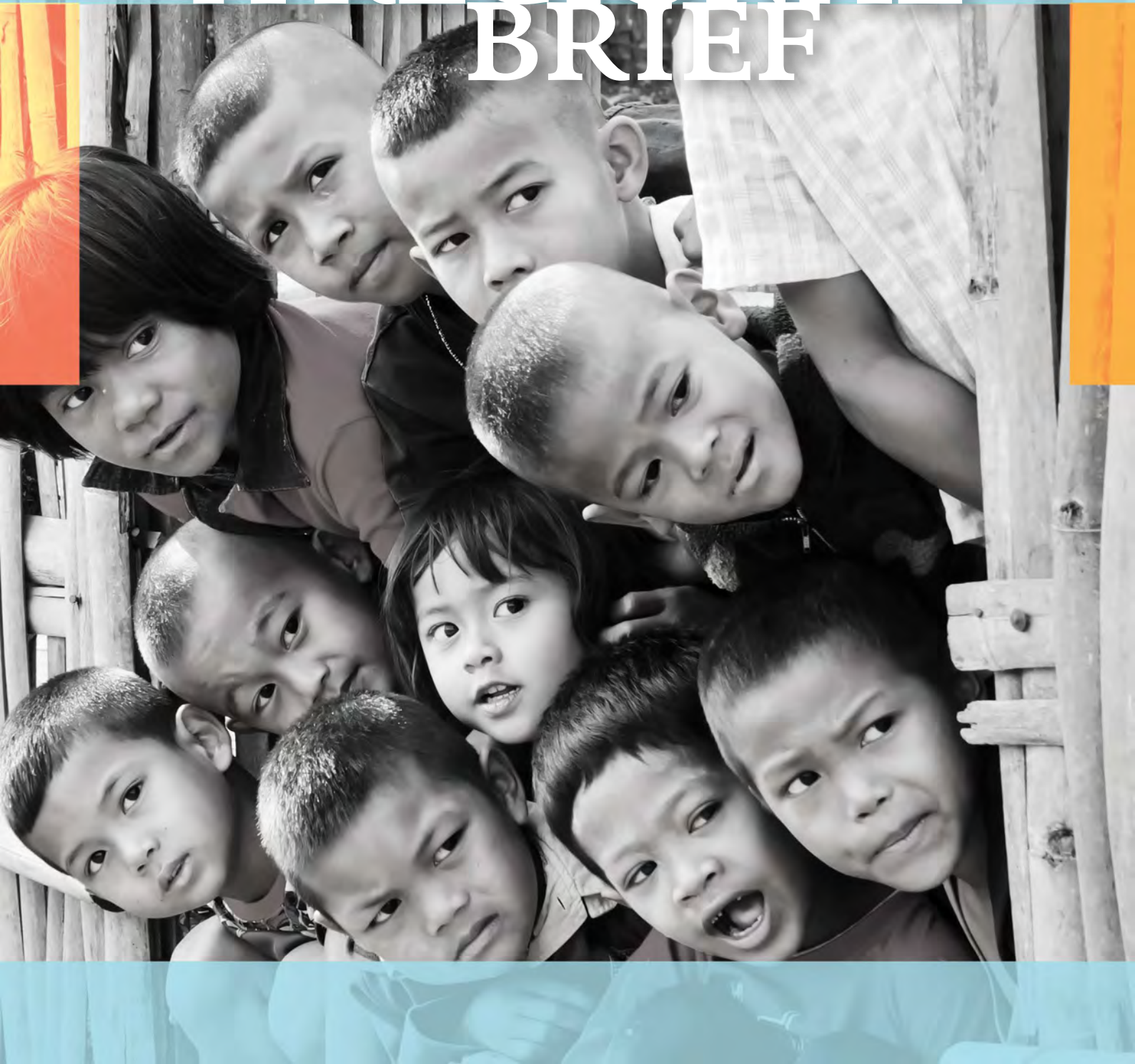
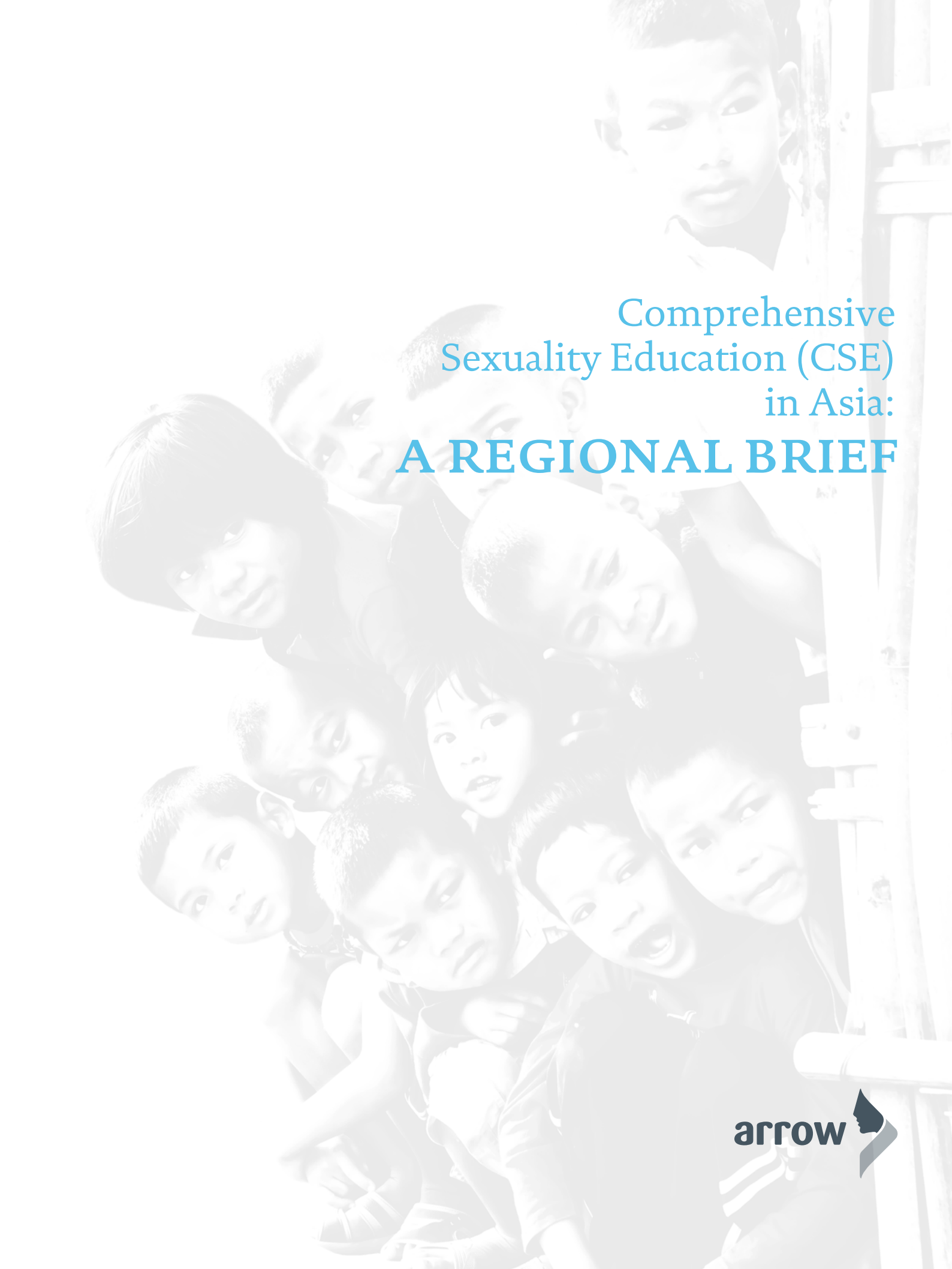


# Comprehensive Sexuality Education (CSE) in Asia:

# A REGIONAL BRIEF





Comprehensive  
Sexuality Education (CSE)  
in Asia:

**A REGIONAL BRIEF**



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## CONTENTS

<b>LIST OF ACRONYMS</b>	<b>6</b>
<b>PREFACE</b>	<b>7</b>
<b>INTRODUCTION</b>	<b>8</b>
<b>METHODOLOGY</b>	<b>9</b>
<b>WHAT IS COMPREHENSIVE SEXUALITY EDUCATION (CSE)?</b>	<b>9</b>
<b>CSE AND INTERNATIONAL HUMAN RIGHTS LAW</b>	<b>11</b>
<b>STATUS OF CSE IMPLEMENTATION</b>	<b>12</b>
CSE in Laws and Policies	12
Status of Implementaion of CSE	19
<b>KEY RECOMMENDATIONS FOR POLICY AND PROGRAMMATIC ACTIONS</b>	<b>25</b>
<b>ENDNOTES</b>	<b>27</b>
<b>BIBLIOGRAPHY</b>	<b>29</b>

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## LIST OF BOXES AND TABLES

<b>TABLE 1:</b> Seven Basic Components of the CSE Curriculum	<b>10</b>
<b>TABLE 2:</b> Status of Ratification on International Human Rights Instruments	<b>11</b>
<b>TABLE 3:</b> Status of CSE Integration in Country Laws and Policies	<b>14</b>
<b>TABLE 4:</b> Summary of CSE Implementation in the Countries	<b>22</b>

## LIST OF ACRONYMS

6

Comprehensive  
Sexuality  
Education (CSE)  
in Asia:  
A Regional Brief

<b>ARROW</b>	Asian-Pacific Resource & Research Centre for Women
<b>CBOs</b>	Community-based Organisations
<b>CSE</b>	Comprehensive Sexuality Education
<b>ICPD</b>	International Commission on Population and Development
<b>NGOs</b>	Non-government Organisations
<b>PLHIV</b>	People Living With HIV
<b>RH</b>	Reproductive Health
<b>RTIs</b>	Reproductive Tract Infections
<b>SH</b>	Sexual Health
<b>SRH</b>	Sexual and Reproductive Health
<b>SRHR</b>	Sexual and Reproductive Health and Rights
<b>STDs</b>	Sexually Transmitted Disease
<b>STIs</b>	Sexually Transmitted Infections

## PREFACE

Sixty percent of the world's youth live in Asia-Pacific—that is—more than 750 million young people between the ages of 15-24. Nineteen percent or roughly one in every five persons is young. This is a vital group that will drive development and rights in our countries and in our region. To invest this key group with knowledge, capacities and life skills often ensures that countries will be able to realise these fruits in the future. An essential aspect of this investment must be comprehensive sexuality education.

Comprehensive sexuality education imparts critical information and skills for life. These not only include knowledge on pregnancy prevention and safe sex, but also understanding bodies and boundaries, relationships and respect, diversity and consent. Countless research reports prove the effectiveness of CSE in terms of self-reported risk behaviours (such as delayed initiation of sex, decreased frequency of sex, fewer partners, and increased use of condoms and/or other forms of contraception).

But more than that: access to comprehensive sexuality education is grounded in the fundamental human rights of having the right to education, the right to health, the right to sexuality and moreover, the right to non-discrimination, the right to privacy—all of which, on the overall impacts, the right to life. A denial of comprehensive sexuality education constitutes a denial of these fundamental rights.

In most countries in Asia implementation is far from sufficient as the components of CSE are either completely omitted or diluted due to complexities associated with implementations. These complexities acquire many forms, namely bureaucratic shifts and changes within relevant ministries, while the

challenges within the administrative and pedagogic dimension see a disconnect from the development of context-specific CSE curricula to how they are imparted within the schools and out-of-schools. Additionally, the stigma on the centrality of sexuality is feared to stir up premature sexual activities among young people. These complexities are fuelled and shaped by religious strongholds, which provide advice on moral, behavioural, and cultural codes of society.

ARROW recognises these gaps as well as the importance on the implementation of CSE for young people in the region. ARROW has been working ceaselessly with our partners who have provided national research and evidence to substantiate this regional brief.

This brief aims to provide an overview on the status of the implementation of CSE within Asia, drawing specifically to 11 countries from South, South East and Central Asia. It further analyses the current laws and policies on the status of CSE while presenting the gaps, challenges and barriers on its implementation. Furthermore, the brief also posits recommendations for the improvement of the existing policies, which would enable progressive action by governments, policy-makers, duty-bearers, non-governmental bodies, and other stakeholders. We hope that this brief will help nuance the imminent situation on the implementation of CSE while recognising the policy and structural changes that need to take place in order to build a more resilient and promising future for our young people.

**Sivananthi Thanenthiran**  
ARROW Executive Director



## Introduction

Over 60% of the world's young people<sup>1</sup> between the ages of 15-24 live in the Asia-Pacific region.<sup>2</sup> In countries such as Afghanistan, Lao PDR, Pakistan, and the Philippines, young people now account for almost a third of the population.<sup>3</sup> These young people live in diverse political, socio-cultural, and economic contexts. A majority of the young people in the Asia Pacific region live in rural areas, but these demographic trends are quickly shifting because of increasing urbanisation, labour migration, and many other critical contributing factors<sup>4</sup> such as conflict and disasters due to either climate change or natural causes. Young people, moreover, make up at least a quarter of all migrants in the region.<sup>5</sup>

Despite the diversity, young people in the region share many significant common barriers to enjoying their sexual and reproductive health and rights (SRHR). These include poverty, migration, religious fundamentalism and extremism, climate change, access to education and information services, employment opportunities, and healthcare; all these barriers often intersect with harmful cultural traditions, conservative socio-cultural norms and laws. Globalisation in the Asia Pacific region, driven by technological advances that have increased the interconnectivity of people and accelerated the spread of ideas, information, and perceptions, has resulted in some significant social and cultural changes for some groups of young people.<sup>6</sup> In this context, sexual values, norms and behaviours amongst young people are constantly changing. Urbanisation and globalisation are also some of the contributing factors to these changing values and attitudes.<sup>7</sup> Yet, at the same time, religious and socio-cultural traditions and political ideologies remain entwined and continue to have profound effects on collective ideals and moral standards around sexual behaviour, sexuality and gender.<sup>8</sup>

While research shows an increasing number of young people who are becoming sexually active at an earlier age and are initiating sex outside of marriage,<sup>9</sup> their access to comprehensive sexuality education remains limited and most young people lack sufficient knowledge about SRH and life-skills to negotiate safe and consensual relationships.<sup>10</sup> They also continue to face significant barriers to accessing services needed for a safe and healthy sexual relationship.<sup>11</sup> As a result, young people are at risk of poor health outcomes, such

*As many as 63% of pregnancies among girls who are 15-19 years of age are unintended, which often leads to underreported burden of unsafe abortion in the region. The reported rates of STIs are also alarmingly high in young people: up to 10% of males and 20% of females were reported having one or more STI symptoms in the last 12 months.*

as early and unintended pregnancies, unsafe abortion, and STIs including HIV. One in seven girls in the region has given birth by the age of 18 often resulting from child marriage and high unmet need for contraception.<sup>12</sup> As many as 63% of pregnancies among girls who are 15-19 years of age<sup>13</sup> are unintended, and this often leads to underreported burden of unsafe abortion in the region. The reported rates of STIs are also alarmingly high in young people: up to 10% of males and 20% of females were reported having one or more STI symptoms in the last 12 months.<sup>14</sup> Less than a third of young people do not have sufficient knowledge about HIV while most new infections occur among young key populations including female sex workers, young men who have sex with men, transgender men, and young drug users (via injection).<sup>15</sup> Sexual and reproductive health outcomes not only impact the health and wellbeing of young people, but also have significant implications on their education and social and economic participation.<sup>16</sup>

Scientific literature<sup>17, 18</sup> has supported the importance of Comprehensive Sexuality Education (CSE) (details about seven elements of CSE are provided in the next section) in providing a rights-based framework for young people with the knowledge and skills to make informed decisions about the initiation of sex and sexual behaviours, thus, preventing negative sexual and reproductive health outcomes.<sup>19</sup> CSE provides safe spaces and platforms for young people, strengthening inter-personal skills that address issues of gender and sexuality, promoting consensual, mutually respectful and non-violent relationships.<sup>20, 21</sup> But how are governments in the Asia Pacific region incorporating comprehensive sexuality education into its existing and new policies and programmes, and to what extent? What are some of the specific structural barriers that hinder the full and effective implementation

of CSE? Is the existing curriculum comprehensive enough? Does it take into account the various social determinants, including gender inequality and income status, among others? Does it consider the issues of access such as geographical locations and people living with disabilities? Are adequate resources allocated to ensure effective implementation of the sexuality education programmes? What are some of the measures that governments, duty-bearers and other actors should undertake in order to ensure full and meaningful implementation of CSE? These are some of the questions that we hope to address through this brief.

## Methodology

Advocacy, evidence-generation, and monitoring the progress of the implementation of CSE in the region has remained one of the key thematic areas of ARROW's work. In 2016, ARROW organised a regional CSE workshop, as part of the Building Next Generation Movement Leaders and Organisations in South Asia initiative, bringing together civil society organisations, youth-led and youth-serving organisations, and women's rights organisations from ten countries in the Asia Pacific region: Bangladesh, Cambodia, China, India, Laos PDR, Mongolia, Nepal, Pakistan, Philippines, and Vietnam.<sup>22</sup> The workshop aimed to discuss the status of CSE in the respective countries, using the CSE framework as described in the ARROW publication, "The Essence of an Innovative Programme for Young People in South East Asia: A Position Paper on Comprehensive Sexuality Education (including Youth Friendly Services) Meaningful Youth Participation and Rights-Based Approaches in Programming" and deliberate on the way forward with regards to addressing this issue in the Asia Pacific region.

As a follow-up to the regional CSE workshop, the partners conducted desk research to analyse the status of CSE in laws, policies and programme strategies, using the framework and developed briefs for advocacy and engagement with the governments in respective countries. The national advocacy briefs aimed to provide an overview of status of the implementation of CSE and identify gaps to inform their advocacy at the country level.

This regional brief is another effort in the same direction and provides an overview and synthesis of findings and information provided by partners on the implementation of CSE. It also attempts to identify the trends, gaps, and opportunities for further engagement with the governments, policy makers, and other actors across the 11 countries in the region.

This brief is a secondary analysis and is primarily informed by the advocacy briefs prepared by our national partners.<sup>23</sup> Mapping reports and studies conducted by UNFPA and other UN agencies have been referred to as a secondary resource, wherever needed.

## What is Comprehensive Sexuality Education (CSE)?

The 1994 International Conference on Population and Development (ICPD) Programme of Action provides guidance on sexuality education to "meet the special needs of adolescents [...]. Such programmes should include support mechanisms for the education and counselling of adolescents in the areas of gender relations and equality, violence against adolescents, responsible sexual behaviour, responsible family-planning practice, family life, reproductive health, sexually transmitted diseases, HIV infection and AIDS prevention. Programmes for the prevention and treatment of sexual abuse and incest, and other reproductive health services should be provided."<sup>24</sup>

*CSE is based on the premise that sexuality is a fundamental aspect of human life with several dimensions and cannot be understood without a sex positive, rights-based approach.*

Working definitions of CSE have evolved since then, and are based on the premise that sexuality is a fundamental aspect of human life with several dimensions and cannot be understood without a sex positive, rights-based approach<sup>25</sup> that is grounded in respecting gender and diversity,<sup>26</sup> human rights, and empowerment of children, adolescents and young people to exercise independent decision making.



ARROW believes that CSE should empower young people to fully achieve and enjoy their well-being. ARROW endorses the seven basic components of the CSE curriculum,<sup>27</sup> which must be covered at all times, and ARROW has also expanded on these elements.<sup>28</sup> These seven components include gender, SRH and HIV, sexual citizenship rights, pleasure, freedom from violence, diversity, and relationships.

Since CSE provides comprehensive information about SRH services, it must be linked with youth-friendly sexual and reproductive health services<sup>29</sup> as well as an effective referral system.<sup>30</sup> CSE should also be made accessible for all, including out-of-school young people and young people with disabilities, through innovative approaches and models of education.<sup>31</sup>

10

Comprehensive  
Sexuality  
Education (CSE)  
in Asia:  
A Regional Brief

**TABLE 1: Seven Basic Components of the CSE Curriculum**

<b>GENDER</b>	CSE must address the difference between gender and sex, gender roles and attributes including perceptions of masculinity and femininity, the changing norms and values in society, among others. It should also address the various forms of gender expression beyond the framework of gender conformity and the dichotomies of male and female. CSE should also address various forms of discrimination and gender-based inequalities, gender-based violence perpetuated by gender-based roles, and gender stereotyping.
<b>SRH AND HIV</b>	CSE must include sexuality and the life cycle, human anatomy, the reproductive process as well as menarche and menstrual hygiene management, how to use condoms and other forms of contraception (including emergency contraception), and abortion (safe and unsafe). It should also cover sexually transmitted infections (STIs) and HIV, including transmission and symptoms, among others.
<b>SEXUAL RIGHTS AND SEXUAL CITIZENSHIP</b>	People's sexual health and emotional well-being are connected to their ability to exercise their human rights (for example, the right to education, the right to health, etc). CSE, thus, should include the knowledge of international human rights and national policies, laws and structures that relate to people's sexuality and sexual rights, including rights-based approaches to SRH and related barriers, available services and resources and how to access them, and the diversity and dynamic nature of sexuality and culture, among others. In addition, sexual citizenship entails that people should have the right to exercise their civil rights regardless of their sexual orientation and gender identity.
<b>PLEASURE</b>	CSE must include comprehensive information on the biology and emotions behind the human sexual response, the interplay of gender and pleasure, and sexual well-being, consent, among others. This refers to being positive about young people's sexuality and understanding that sex should be enjoyable and not forced.
<b>VIOLENCE</b>	CSE must address the various types of sexual violence and abuse, and how they manifest; particularly gender-based and sexual violence, and rights, laws and support options available, among others.
<b>DIVERSITY</b>	CSE must include the understanding and recognition of the range of diversity in our lives (e.g., faith, culture, ethnicity, socioeconomic status, ability/disability, HIV status and sexual orientation) and the development of a positive view towards it, among others.
<b>RELATIONSHIPS</b>	CSE should empower young people with information, knowledge and other skills to strengthen their communication in all kinds of relationships, especially on negotiating through the emotional thicket of intimate and romantic relationships.

Source: ARROW. "IPPF Framework on Comprehensive Sexuality Education." *The Essence of an Innovative Programme for Young People in Southeast Asia*. (ARROW, 2012).

## CSE and International Human Rights Laws

When looking at the status of the implementation of CSE, it is important to also look at the international human rights conventions and treaties that the 11 member states have ratified. Non-discrimination, the right to health, including sexual and reproductive health and rights, and the right to education have been mentioned in the international human rights instruments.<sup>32</sup> By ratifying these treaties, states affirm their commitment to upholding these rights. States who ratify these treaties are also required to report on the progress of the implementation of their commitments; thus, these ratifications of these treaties serve as an important advocacy and accountability tool.

The treaties that protect the rights to life, health, non-discrimination, education and information include the International Covenant on Economic, Social and Cultural Rights (ICESCR), the International Covenant on Civil and Political Rights (ICCPR), the Convention

on the Elimination of All Forms of Discrimination Against Women (CEDAW), the Convention on the Elimination of All Forms of Racial Discrimination (CERD), the Convention on the Rights of the Child (CRC), the International Convention on the Rights of Migrant Workers and Members of their Families, and the Convention on Rights of Persons with Disabilities (CRPD). These rights are interpreted to require sexuality education in schools by UN treaty monitoring bodies that monitor the state implementation of the ICESCR, ICCPR, CEDAW, and CRC.<sup>33,34</sup> The Human Rights Committee [HRC] (which monitors the ICCPR) has also “urged the removal of barriers to access by adolescents to information about safer sex practices, such as condom use.”<sup>35</sup> Indeed, HRC has cited sexuality education as a means to ensuring the right to health because it contributes to the reduction of the rates of maternal mortality, abortion, adolescent pregnancies, and HIV/AIDS.<sup>36</sup>

II

Comprehensive  
Sexuality  
Education (CSE)  
in Asia:  
A Regional Brief

**TABLE 2: Status of Ratification on International Human Rights Instruments**

COUNTRY	ICESCR	ICCPR	CEDAW	CERD	CRC	CRPD	International Convention on the Rights of Migrant Workers and Members of their Families
Bangladesh	☒	☒	☒	☒	☒	☒	☒
Cambodia	☒	☒	☒	☒	☒	☒	☒
China	☒	☒	☒	☒	☒	☒	—
India	☒	☒	☒	☒	☒	☒	—
Lao PDR	☒	☒	☒	☒	☒	☒	—
Mongolia	☒	☒	☒	☒	☒	☒	—
Nepal	☒	☒	☒	☒	☒	☒	—
Pakistan	☒	☒	☒	☒	☒	☒	—
Philippines	☒	☒	☒	☒	☒	☒	☒
Sri Lanka	☒	☒	☒	☒	☒	☒	☒
Vietnam	☒	☒	☒	☒	☒	☒	—

Source: United Nations. “Ratification status by country or by treaty.” [http://tbinternet.ohchr.org/\\_layouts/TreatyBodyExternal/Treaty.aspx](http://tbinternet.ohchr.org/_layouts/TreatyBodyExternal/Treaty.aspx).

## Status of CSE Implementation

In this section, we attempt to review the inclusion of CSE provision in laws, policies and programmes/implementation strategies in the 11 countries. For this brief, we examine laws, policies and programmes/implementation strategies on youth/youth affairs, gender and women empowerment, education, reproductive health and population welfare, and HIV/AIDS. Using the seven basic elements of CSE, indicated above in detail, we look at the gaps in the existing legal, policy, and programmatic frameworks with respect to the inclusion of CSE provision. The overview has been further divided into two sections: a) Inclusion of CSE in laws and policies; and b) Inclusion of CSE in programme/implementation strategies and the status of implementation.

### CSE IN LAWS AND POLICIES

While the inclusion of sexuality education in laws and policies does not guarantee its effective implementation, it does indicate and reflect the willingness and commitment of governments towards it. Hence, it is vital to look at the extent to which CSE is included in existing legal and policy frameworks. All 11 countries reviewed have included information and education components on some elements of sexual and reproductive health in one or more laws and/or policies at the national level (Table 1). However, integrated and comprehensive reference or guidance to comprehensive sexuality education and access to youth friendly SRH services in a single law/policy is missing in majority of the countries.

In **Bangladesh**, the constitution is the Supreme law of the land and guarantees the rights of all to equality and non-discrimination. The Population Policy (2012), however, only refers to creating awareness and the provision of counselling services on “family planning, reproductive health, reproductive tract infections and HIV/AIDS.”<sup>37</sup> The National Adolescent Reproductive Health Strategy (2006) in Bangladesh calls for ‘improving services for married adolescent girls’ and

highlights the “role of education, employment and empowerment [which] is acknowledged as a necessary condition for improving their reproductive health,”<sup>38</sup> but does not provide any details or guidance on the type of education measures. It also does not outline provisions of services and counselling for unmarried youth. There have been references in the Bangladesh Health Policy in regard to the provision of basic health and reproductive health information through the school curricula, but there are no references related to CSE in the National Education policy (2010).<sup>39</sup> Although there is an SRHR education curricula being developed by the National Curriculum and Textbook Board (NCTB), it is not as comprehensive, based on the seven elements on CSE. The teacher training for this is also inadequate.<sup>40</sup>

*While inclusion of sexuality education in laws and policies do not guarantee its effective implementation, it does indicate and reflect the willingness and commitment of governments towards it.*

In **Cambodia**, CSE has received a lot of attention in a number of policies. For instance, the National Population Policy calls “to accelerate life-skills education training by way of CSE in schools/colleges, so that students are prepared for their adolescent and youth ages.”<sup>41</sup> Similarly, the Ministry of Education, Youth and Sport (MoEYS) is also responsible for developing the CSE curriculum for informal education systems. The definitions of CSE, however, remain limited in the guiding documents and policies. The CSE curriculum developed by MoEYS focuses on puberty, gender, gender-based violence, drug abuse, life skills (values, civil rights, ethics, decision-making skills, future planning, emotion management), pregnancy, family planning, STIs and HIV/AIDS.<sup>42</sup> The National Youth Policy (2011) of Cambodia also calls for specific measures to increase access to health services for poor and vulnerable youth, in addition to expanding health education to youth.<sup>43</sup>

In **China**, references to some components of CSE can be found in the Regulations on AIDS Prevention and Treatment (2006), the Population and Family Planning Law of the People's Republic of China (2002), Law on Maternal and Infant Health Care, Law on the Protection of the Rights and Interests of Children (2007), and Principle of Health Education on STD/HIV/AIDS Prevention (1998).<sup>44</sup> These references remain limited to puberty, sexual health, and STIs. For instance, the Population and Family Planning Law of the People's Republic of China (2002) calls for schools to “conduct among pupils’ education in physiology and health, puberty or sexual health” which is “suited to the characteristics of the receivers.” The Law on Maternal and Infant Health Care calls for “medical and health institutions” to “provide citizens with pre-marital health care services, including pre-marital health instruction: education in sex, human reproduction and genetic disease.”<sup>45</sup> The Law on the Protection of the Rights and Interests of Children (2007) outlines that “school should provide guidance to children on their social life, psychological health and puberty education in line with their development needs at different stages.”<sup>46</sup>

*In India “the curricula does cover a wide range of issues in their in-school education curriculum, but it does not include the various sexual orientations and gender identities, sexual pleasure, and sexual diversity; thus, reinforcing the heteronormativity and legitimacy of sexual relationship between a man and a woman.”*

In **India**, the Adolescent Education Programme (AEP) introduced by the Ministry of Human Resource Development, in partnership with UNFPA, and NCERT, is implemented in selected government and private schools affiliated under the Central Board of Secondary Education (CBSE). The curricula does cover a wide range of issues in their in-school education curriculum, but it does not include the various sexual orientations

and gender identities, sexual pleasure, and sexual diversity; thus, reinforcing the heteronormativity and legitimacy of sexual relationship between a man and a woman.<sup>47</sup> The Ministry of Health and Family Welfare in India has also launched the RMCH+A (Reproductive, Maternal, Newborn, Child and Adolescent Health) programme and National Adolescent Health Mission (RKSK) which provides counselling services to adolescents and young people through trained counsellors and peer educators. However, the focus remains limited to basic components of sexual and reproductive health, for example, puberty, contraception, RTI/STI, sex, first pregnancy, and abuse.<sup>48</sup>

In **Laos PDR**, references to some components of CSE can be found in the Law on HIV/AIDS Prevention and Control (2010), National Population and Development Policy (1999), Decree on Hygiene, Disease Prevention and Health Promotion (2001), and the National School Health Policy. The Law on HIV/AIDS Prevention and Control (2010), for instance, calls for improved “advocacy and education on HIV/AIDS for a wide understanding throughout the society mainly at secondary schools, vocational schools, universities, factories, detention centres (closed settings), correctional institutions, and among the most at risk populations”; “various means of advocacy and education through mass media”; “[the provision of] information on harms of HIV/AIDS, modes of transmission, ways of prevention, treatment, care and living in harmony without stigmatisation and discrimination against people living with HIV and AIDS.”<sup>49</sup> The National Population and Development Policy (1999) calls for the provision of “reproductive health and sexuality education” to adolescents. It also calls for “effective measures to reduce unwanted and early pregnancies for women under 18 years of age. At the same time, [to] promote education [...] preventing the transmission of Sexually Transmitted Diseases (STDs); including HIV/AIDS [among adolescents and young adults].”<sup>50</sup>

TABLE 3: Status of CSE Integration in Country Laws and Policies

COUNTRY	COVERAGE OF CSE CONTENTS							Specific Target Groups	Level of Education (Primary, Secondary, Tertiary)	Reference to Non-formal Education	Linked with Youth-friendly Health Services?
	Gender	SRH and HIV	Sexual Rights and Sexual Citizenship	Pleasure	Violence	Diversity	Relationships				
<b>Bangladesh</b>	References to gender issues and awareness are included. No mention of gender identities is included.	RH, SH, STI, HIV, pregnancy, and safe sex/behaviour are included	None, except rights, elimination of stigma and discrimination against People Living with HIV (PLHIV)	☒	Sexual abuse and violence is included	☒	☒	All, especially married adolescent girls	All	Yes (vocational training)	
<b>Cambodia</b>	References to gender issues and awareness are included. No mention of gender identities is included.	RH, SH, safe sex, HIV/AIDS are included	☒	☒	Sexual abuse and gender issues are included	☒	☒	All, including adolescents, poorest and most at risk youth, and 'less-educated women'	Does not specify	References to outreach to out-of-school youth are included but no details are provided	
<b>China</b>	☒	References to awareness on puberty, prevention of HIV/AIDS, RH, and SH are included	☒	☒	☒	☒	☒	Does not specify	All	Does not specify	
<b>India</b>	References to gender issues including gender and sexuality-based discrimination are included	References to awareness on puberty and related physiological changes, body image, encouragement of delayed pregnancy, RTI and STIs, HIV/AIDS are included	None, except awareness on stigma and discrimination against PLHIV	☒	References to violence and abuse are included	☒	References to positive non-sexual relationships are included	All, including adolescents, rural youth, young adults (aged 20-35)	Secondary and tertiary levels	Yes (youth organisation, sports clubs)	
<b>Lao PDR</b>	☒	References to RH and SH are included	None, except rights, elimination of stigma and discrimination against People Living with HIV (PLHIV)	☒	☒	☒	☒	All, including adolescents and young adults	Secondary and tertiary levels	Yes (vocational centres)	
<b>Mongolia</b>	☒	Prevention of early births, RH, prevention of STIs/HIV/AIDS	☒	☒	☒	☒	☒	All, including adolescents	Does not specify	Yes	
<b>Nepal</b>	☒	Sexuality, prevention of unwanted pregnancy, STIs	☒	☒	Sexual violence	☒	Safe and positive sexual activities	All, including adolescents	All	Yes	
<b>Pakistan</b>	☒	Prevention of STI, HIV/AIDS, responsible and safe sexual behaviour	☒	☒	☒	☒	Life skills to manage issues in early years of marriage				



TABLE 3: Status of CSE Integration in Country Laws and Policies

COUNTRY	COVERAGE OF CSE CONTENTS							Specific Target Groups	Level of Education (Primary, Secondary, Tertiary)	Reference to Non-formal Education	Linked with Youth-friendly Health Services?
	Gender	SRH and HIV	Sexual Rights and Sexual Citizenship	Pleasure	Violence	Diversity	Relationships				
Philippines	References to gender awareness and gender issues	Prevention of STI, HIV/AIDS, teen pregnancy, puberty and physical/emotional changes in adolescents, family planning methods	Value and knowledge on self-protection against discrimination	☒	Sexual abuse and violence	☒	Responsible relationships	All	All	Yes	
Sri Lanka	Gender issues and gender-based violence and harassment	Reproductive health, sexuality and sex-related issues, HIV/AIDS, STIs, teenage pregnancy	☒	☒	Sexual abuse, harassment and sexual and gender-based violence	Discrimination faced by youth of different sexual orientations	Positive values in relationships	All	Secondary and tertiary	Yes (vocational centres)	
Vietnam	☒	RH, sex education, HIV/AIDS, STIs, sexuality	Reproductive rights	☒	Awareness on rights to ensure equality in relationships, mutual respect	☒	Awareness on rights to ensure equality in relationships, mutual respect	All, including ethnic young women	Primary	Does not specify	

Source: UNESCO. *Sexual Education in Asia and the Pacific: Review of Policies and Strategies to Implement and Scale Up*. (Bangkok: UNESCO, 2012); UNFPA, UNESCO and WHO. *Sexual and Reproductive Health of Young People in Asia Pacific*. (Bangkok: UNFPA, 2015); CSE laws and policies mapping conducted by ARROW partners.

In **Mongolia**, references to sexuality education remain limited to awareness on STIs/HIV and reducing fertility rate. For instance, the National Program of Action for the Development and Protection of Children calls for policies to include improving the knowledge of adolescents about reproductive health and the prevention of STIs and HIV/AIDS, to address the current low level of health education. The National Population Policy (1996) calls for the provision of education and information to increase and encourage “spaced births.” There are no references to any component of CSE in the laws and policies on education and HIV/AIDS prevention.<sup>51</sup>

In **Nepal**, references to some components of CSE are included in the Population Policy and Reproductive Health (2003), National Nutrition Policy and Strategy (2004), National AIDS/STI policy (2011), National Youth Policy (2010), and Education Sector Policy on HIV/

AIDs in Nepal (draft, 2010). The National Youth Policy (2010) refers to the inclusion of “health education” in the curriculum, education on “sexual health safety” to free the youth from “all kinds of sexual violence,” and the strategy to “keep the Nepalese youth away from HIV/AIDS.” References to life-skills development are included in the Non-formal Education Policy without providing any details on the content. The National Health Policy (1991) and Second Long Term Health Plan (1997-2017) have outlined the need to provide adolescent reproductive health services<sup>52</sup> but do not provide any policy guidance on CSE. Currently, the Environment, Health and Population is one of the curricula that is mandatory for students, and this contains components of CSE and limited to reproductive health education. The Curricula Development Centre is the leading government agency involved with the design and implementation of the curriculum. The curriculum is an optional subject when it comes to class 9 and class 10.

In **Pakistan**, following the 18th Amendment in the Constitution, federal policies have been resolved and provinces are tasked to devise their own local policies. To date, only two provinces have launched youth policies (Punjab and Khyber Pakhtunkhwa). Punjab's Youth Policy was finalised in 2012 while in all the other provinces this is still in a draft form. Punjab's Youth Policy is hailed by many as an important policy to enforce the SRHR agenda for the youth. The age bracket for youth has been defined as 15-30 years. While the policy acknowledges the importance of sexual and reproductive health (SRH), the overall focus on SRH is not very significant and more importance has been given to sports and entrepreneurship initiatives for the youth. A positive step, however is that, the department has also devised an Adolescent Strategy and Strategic Plan (2013-17) which other than focusing on education and economic empowerment, also stresses the need for developing "healthier and happy adolescents" as well as empowerment and protection from all forms of abuse, violence and exploitation. It promises the establishment of Adolescent and Youth Friendly SRH services and age appropriate life-skills curriculum. In addition, the strategy proposes to involve grassroots service providers such as the Lady Health Visitors (LHVs) and Lady Health Workers (LHWs) to create awareness among the adolescents on sexual and reproductive health issues of adolescents. In addition, teachers are to be sensitised and trained in counselling skills on SRH issues. The strategy calls for the inclusion of SRH services in the Punjab Health Policy and Health Strategy. It is important to remember that the age bracket for adolescents has been defined as 9-14 years of age and hence, it covers the adolescents who are missed in the Youth policy. PWD Punjab has established 7 Youth Friendly Centres/Clinics which are operating with help from UNFPA.

In the Khyber Pakhtunkhwa province of Pakistan, the ministry launched the youth policy in early 2017 and it has components calling for sexual and reproductive health education. Much would depend on the dissemination of information about these policies among the youth themselves. Additionally,

the provincial government has established Youth Centres ("Jawan Markaz") to engage with the local youth and to involve them in capacity building and similar educational programmes.<sup>53</sup> References for raising awareness for HIV and AIDS have been included in the National HIV Plans as well. Prior to the 18th Amendment, references to life-skills based education was made in the National Youth Policy (2009) in the context of reproductive health, but it does not refer to CSE. Similarly, the National Health Policy 1997, 2001, and 2009 also refer to increasing awareness for reproductive health information and services among adolescents but do not refer to the term "sexuality."<sup>54</sup> These references are vague and do not clearly provide an outline for the implementation strategy.

*The Youth in Nation-building Act (Republic Act 8044) of the Philippines calls for "promotion and protection of the physical, moral, spiritual, intellectual and social well-being of the youth" but does not provide any details on specific policy and programmatic measures to achieve this goal.*

In the **Philippines**, the Responsible Parenthood and Reproductive Health Act of 2012 (Republic Act 10345) is the key guiding document and law for the provision of CSE. The Act notes that "reproductive health and sexuality education is a lifelong learning process of providing and acquiring complete, accurate and relevant age and development-appropriate information and education on reproductive health and sexuality" and that sexual health "requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free from coercion, discrimination and violence."<sup>55</sup> It also recognises that reproductive health education and information should be imparted to adolescents by "adequately trained teachers, in formal and non-formal education systems."<sup>56</sup> The Act prevents the sharing of any information on abortion and abortion methods.

The Magna Carta of Women (MCW) of 2009 (Republic Act 9710) of Philippines calls the Commission on Higher Education (CHED) to pursue and implement comprehensive health information and education, including “age-appropriate adolescent health and sexuality education”<sup>57</sup> with a focus on respect and responsibility. It also calls for measures to educate parents in order to enhance their communication with children. In addition, it notes the need to train health services providers and educators “towards gender-responsive, culture-sensitive, non-discriminatory and non-judgmental behaviours and attitudes.”

The Youth in Nation-building Act (Republic Act 8044) of the Philippines calls for “promotion and protection of the physical, moral, spiritual, intellectual and social well-being of the youth”<sup>58</sup> but does not provide any details on specific policy and programmatic measures to achieve this goal. The Philippines AIDS Prevention and Control Act of 1998 calls the Department of Education, Culture and Sports (DECS), the Commission on Higher Education (CHED), and the Technical Education and Skills Development Authority (TESDA) to integrate information on HIV/AIDS and other STIs in the secondary and tertiary levels in formal education systems as well as in the non-formal learning systems. The Act also directs that such a curriculum should not be used “as an excuse to propagate birth control or the sale or distribution of birth control devices: Provided, finally, that it does not utilise sexually explicit materials.”<sup>59</sup>

In **Sri Lanka**, the Population and Reproductive Health Policy for Sri Lanka (1998), National Policy on Maternal and Child Health (2012), National Strategic Plan on Maternal and New-born Health (2012-2016), National HIV/AIDS Policy Sri Lanka (2011), National Policy on HIV and AIDS in the World of Work in Sri Lanka (2010), National Youth Policy of Sri Lanka (2014), Women’s Charter (1993), Policy Framework and National Plan of Action to address Sexual and Gender-based Violence (SGBV) in Sri Lanka 2016- 2020 (2016), and National Child Protection Policy (2013) refer to some components of CSE. The Population and Reproductive

Health Policy for Sri Lanka (1998), for example, aims to “achiev[e] a higher quality of life for its people by providing quality reproductive health information and services, achiev[e] gender equality, provid[e] health care and social support for the elderly, promot[e] the economic benefits of migration and urbanization while controlling their adverse social and health effects, and [reach] a stable population size in the long term.”<sup>60</sup> It also calls for a multi-pronged strategy to “a) ensure adequate information on population, family life including ethical human behaviour, sexuality and drug abuse in school curricula at the appropriate levels; b) strengthen youth worker education by including information about drug abuse and sex related problems at vocational training centres, institutions of higher learning, workplaces, Free Trade Zone factories, etc.; c) encourage counselling on drug and substance abuse, human sexuality and psychosocial problems especially by NGOs, CBOs, and the National Youth Services Council; and d) promote informed constructive media coverage of youth related social problems.”<sup>61</sup> The National Policy on Maternal and Child Health (2012) recognises the changing scenarios of women, children and adolescents and proposes a “lifecycle approach to addressing sexual and reproductive health needs of the population”<sup>62</sup> and calls for a “comprehensive child and adolescent health programme in school and community settings and implement need based health education focusing on skill development.”<sup>63</sup>

The National HIV/AIDS Policy Sri Lanka (2011) and the National Policy on HIV and AIDS in the World of Work in Sri Lanka (2010) do not make any direct references to sexuality education, but acknowledges the importance of generating awareness on HIV/AIDS as a preventive measure.<sup>64</sup> The policies do not make any specific references to the inclusion of adolescents and youth as target groups in awareness raising programmes.<sup>65</sup>

The National Youth Policy of Sri Lanka (2014) “recognises SRH related issues faced by adolescents such as low level of knowledge on reproductive health including Sexually Transmitted Infections and HIV,

adolescents having sex with commercial sex workers, difficulties in accessing information with regards to sexual and reproductive health, lack of support for youth with different sexual orientations or facing personal crises, and increase in gender-based violence, sexual harassment, teenage pregnancies and sexual abuse.” It calls for several policy recommendations “to promote the health and wellbeing among young people through information and access to youth friendly services on sexual and reproductive health,” including the need to “review and improve school health program[me]s and expand and strengthen physical, mental including sexual reproductive health education at school level and continue these services as appropriate to higher education sector.” It also calls for capacity building of health professionals to provide youth health services. The policy does not outline any recommendation for CSE for young people who are not part of any formal education system.<sup>66</sup>

The Women’s Charter (1993) of Sri Lanka notes the responsibility of the government to ensure the elimination of gender stereotyping in all education material. The Policy Framework and National Plan of Action to address Sexual and Gender-based Violence (SGBV) in Sri Lanka 2016- 2020 (2016) underlines that “all learners should be exposed to teaching methods and materials that are free of stereotypes, discrimination and gender bias.” It also notes the need for “strategies/activities related to CSE/LSE [to] include the need to integrate reproductive health information in school education” and promotion of “positive values in relationships through value education and imparting life skills.”<sup>67</sup>

In **Vietnam**, references to sexuality education can be found in the existing laws and policies, however the scope remains limited. For example, the draft of the National Strategies for Vietnamese Youth Development (2011-2020) calls for “strengthening primary health care, reproductive health and social evils prevention and control among the youth.”<sup>68</sup> The Directive on strengthening HIV Prevention and Control in the education sector (2008) calls the education institutions

to “strengthen their HIV steering committees, improve the quality of regular education activities on HIV prevention with a focus on stigma and discrimination reduction and improving HIV prevention skills among students, integrat[ing] HIV prevention and control into other program[me]s, [and] protect[ing] the rights of PLHIV.”<sup>69</sup> The National Strategy on Reproductive Health Care 2001-2010 (2001) has outlined the improvement of “RH status and sexual health of adolescents through education, counselling and provision of specific RHC services for specific age groups” as its key objectives.<sup>70</sup>

There are multiple laws and policies in place in all the 11 countries with some references to CSE components, and in most cases, the laws and policies call for measures to introduce sexual and reproductive health and HIV awareness. But significant gaps still remain evident in terms of scope and coverage of content. For instance, none of the laws and policies, and strategies in the 11 countries under review have included all seven components of CSE, and issues such as safe abortion, sexual rights, sexual orientation and gender identities, the aspects of pleasure and consent are not covered/addressed in the existing legal and policy frameworks. Awareness on gender issues is a common theme in laws and policies on gender equality and women’s empowerment and health and population, but these issues are not given sufficient attention in the youth and education laws and policies. References to awareness on HIV/STIs can be consistently found in the laws and policies of all 11 countries. Stigma and discrimination due to HIV status has been identified as specific issues in laws and policies in Bangladesh, India, Lao PDR, Sri Lanka, and Vietnam.<sup>71</sup>

In most of the countries, there are more than one law and policy document outlining recommendations for sexuality education. However, an inconsistency is evident in terms of coverage of the content. For example, education and awareness raising on SRH can be found in health and population welfare related policies and laws, but no detailed references to SRH information were found in the education or youth policies in the same country. In some countries,

sexuality education has been integrated in the population and health laws and policies, but is not included in their education policies.

Majority of the policy documents do not provide guidance on the implementation modalities. Training of health service providers and educators, and sensitisation of parents have been identified as potential modalities in policy documents in some countries (The Philippines, for example). Since laws and policies form the legal basis of any programmatic intervention, these gaps need urgent attention.

### STATUS OF IMPLEMENTATION OF CSE

This section provides an overview of the status of the implementation of CSE by looking at education, gender equality and women empowerment, health and population welfare, HIV/AIDS, and youth welfare implementation strategies and programmes, and existing CSE curricula wherever available.

The coverage of sexuality education curricula in schools is very limited across the 11 countries, despite the mention of sexuality education in relevant laws and policies at the national level in all the 11 countries. The implementation of sexuality education is mostly institutionalised and therefore, adolescents and young people, who are enrolled in informal education systems and “out-of-school,” often fall out of the reach of existing systems structures. In terms of the coverage of issues as well, in majority of the countries reviewed, national curricula mostly focus on knowledge often limited to biology and sexual and reproductive health.<sup>72</sup>

In **Bangladesh**, for instance, sexuality education is not comprehensive and addresses gender, human rights, sexual and reproductive health and HIV, and aspects of violence in a limited manner. The curriculum does not address sexual rights and sexual citizenship, and the aspects on pleasure, diversity and relationships are addressed in a heteronormative framework. The implementation aspect of the CSE curricula needs greater attention and focus.

*The coverage of sexuality education curricula in schools is very limited across the 11 countries, despite the mention of sexuality education in relevant laws and policies at the national level in all the 11 countries.*

In **Cambodia**, multiple strategic plans and programme documents call for the implementation of CSE and provide guidance on different modalities for implementation. For instance, the Health Strategic Plans (2008-2015) calls for the strengthening of “public health interventions to deal with cross-cutting challenges, especially gender, health of minorities, hygiene and sanitation, school health, environmental health risks, substance abuse/mental health, injury, occupational health, disaster, through timely response, effective collaboration and coordination with other sectors.” Multiple strategic plans are currently in place that provide guideline on CSE implementation in schools, and the CSE curriculum has been developed by the Ministry of Education, Youth and Sports (MoEYS) for Grades 5-11. The curriculum currently includes topics such as puberty, gender-based violence and values. The scope of information on SRH which is covered in the curriculum varies for different grades. The Department of Informal Education under MoEYS is responsible for the implementation of a curriculum focusing on HIV/AIDS prevention, drug abuse and gender-based violence. Information on youth-friendly services has not been integrated into the curriculum.

In **China**, implementation strategies for the delivery of CSE is outlined in multiple strategic plans and programmes documents including the HIV/AIDS and education strategic plans.<sup>73</sup> The Ministry of Education issued Primary and Secondary Health Education Guidelines (2008) which calls for integrating health education in primary and secondary level classes for 6-7 hours per semester. In addition, the Women’s Development Guidelines in China (2011) emphasises on contents and information related to gender equality in the education curricula. However, despite having



multiple guidelines and strategic documents in place, the scope of the issues covered remains limited. The thematic focus is mainly preventive, and in the absence of a formal curriculum, the coverage and implementation is not consistent in the education institutions across the country.<sup>74</sup> It is also noteworthy that the most recent National Plan for Medium and Long Term Education Reform and Development (2010-2020) does not include strategies to implement CSE.<sup>75</sup>

In **India**, a two-pronged approach is being used to implement CSE. For in-school/formal education systems, the curriculum is being implemented through Adolescent Education Programmes, delivered to students of grade 8, 9 and 11 (aged between 13-18) by a cadre of trained teachers. The curriculum covers a wide range of issues related to sexual and reproductive health, but components such as sexual citizenship and sexual rights are not incorporated. The content reinforces the heteronormative notions of sexuality and sexual relationships. References to “relationships” are limited to non-sexual relationships, for example, family, parents and friends, and power hierarchies, negotiation, and decision-making skills within the sexual relationships including marriages are not discussed.<sup>76</sup> As a result, the curriculum fails to challenge and transform the social and cultural beliefs about gender-based violence and power dynamics in these relationships.<sup>77</sup> There is no formal curriculum in place for out-of-school youth, but information and counselling is provided through the adolescent friendly health clinics put in place under the Ministry of Health and Family Welfare’s RMCH+A initiative.

In **Lao PDR**, vague references to the implementation of sexuality education can be found in the existing strategic plans and programme documents. For example, the Education for All Plan of Action (2003-2015) calls for development and dissemination of “supplement materials on life skills, reproductive health and HIV/AIDS, ‘Health Promotion Learning Kits,’ and Education for Sustainable Development” in primary schools “[w]ith support from UN agencies, NGOs and concerned agencies.” CSE is being implemented

through a life-skills curriculum developed by the Ministry of Education (MoE) and it includes modules on HIV/AIDS, STIs, reproductive health, and drug use. The modules are being taught at the secondary level in grade 8 and grade 11 in schools. A new Sexuality Education Teachers guideline was developed by the MoE for formal, non-formal and vocational education institutes. Its implementation, however, remains limited to 4 provinces (out of 17) only.<sup>78</sup>

*The curriculum covers a wide range of issues related to sexual and reproductive health, but components such as sexual citizenship and sexual rights are not incorporated. The content reinforces the heteronormative notions of sexuality and sexual relationships.*

In **Mongolia**, the Education Sector Strategic Plan on School Health Education (2010-2015) recognises the “need for expansion of comprehensive health education and HIV prevention programmes not only among secondary schools, but TVET students, out-of-school children and youth and disabled people and general population.” The National Program on Reproductive Health calls for increased “focus on adolescent reproductive health issues through sensitising school leaders and teachers, creating adolescent-friendly clinics and training adolescent peer-trainers.” The National Strategic Plan on HIV/AIDs and STIs (2010-2015) outlines 16 strategies for implementation, 3 of which are directly related to CSE: “a) revision and implementation of health education curriculum in the formal education sector; b) preparing and strengthening capacity of the health education teachers to implement the revised health education curriculum; and, c) HIV and STI prevention and condom promotion programmes for young people in non-formal education.” It also highlights the contents of the revised curriculum which include “HIV and STI prevention in the wider context of life skills, sexuality, SRH, gender equality, prevention of alcohol abuse and drug use, issues related to stigma reduction, such

as human rights, values of respect and compassion, acceptance of differences, managing bullying, and other relevant topics.” Sexuality education has been integrated into the curriculum of the secondary level education.

In **Nepal**, sexuality education is integrated in the mandatory course titled, “Environment, Health and Population (EPH),” and is being taught to students in grade 6-10. The contents of sexual and reproductive health include puberty, anatomy and physiology of male and female reproductive systems, family planning methods, STIs, and menstruation. Definitions of sexuality and SRH are also provided along with references to adolescent friendly health centres. The programme and implementation strategies do not provide a definition of CSE and what it entails in the Nepali context. The existing curriculum lacks a rights-based framework, and information on sexual and reproductive matters is provided in the context of health only. The curriculum is only revised every 5 years and thus lacks information on emerging issues with respect to young people’s sexuality and SRH. The curriculum is currently being implemented in formal education systems only; there is no curriculum or structure in place to reach out-of-school youth.<sup>79</sup>

In **Pakistan**, there is no formal curriculum in place to implement comprehensive sexuality education. Due to the devolution resulting from the 18th Amendment, many provinces have yet to devise programme/ implementation strategies, especially on gender and youth issues. For example, youth policies have been launched in the Punjab and Khyber Pakhtunkhwa provinces, but the implementation plans are not in place yet. Due to continuous engagement of civil society organisations, some components of sexuality education have been integrated in the life-skills based education modules in the Sindh and Punjab provinces, but implementation remains a challenge. Adolescent friendly health centres have been put in place in selected districts within the Punjab province which provide information and counselling services on matters related to sexual and reproductive health and

puberty. “*Jawan markaz*” (youth centres) were launched in the Khyber Pakhtunkhwa province in 2016 to provide counselling services to young people on mental and physical health issues, but the status of the coverage of CSE remains unknown. Detailed guidance on implementation modalities is provided in the country’s HIV and AIDS prevention strategies - ranging from revising the curriculum, training the teaching staff, services for out-of-school youth - but implementation of these strategies remains a challenge due to a hostile socio-political climate in the country.

In the **Philippines**, strategies for CSE have been outlined in different implementation strategies and plans. For instance, the Strategic Framework on the HIV Response on Children and Young People (2010) calls for “key HIV and STI prevention information, including messages on where to access HIV-related services” as well as “integration of age-appropriate and gender-sensitive HIV prevention education in the general school curriculum (formal and non-formal).” The 5th AIDS Medium Term Plan 2011-2016 (2011) outlines that “schools or educational settings and teachers play key roles in (1) removing stigma and discrimination against people living with HIV; (2) providing emotional support.” Similarly, the National Policy and Strategic Framework on Male Involvement in Reproductive Health (2006) outlines priority elements of RH for immediate action by the health sector, including “adolescent reproductive health, family planning, violence against women and children, prevention and management of abortion and its complications, prevention and treatment of reproductive tract infections, including STI, HIV/AIDS, and education and counselling on sexuality and sexual health.” It is also interesting to note that while there are no references to sexuality education in the education sector strategic plans, a curriculum has been approved by the Department of Education for CSE implementation. The scope of the content varies for different grades. The Basic Health Education curriculum has been devised for primary and secondary level education focusing on decision-making skills, values, and ethics for self, family and community. Contents

TABLE 4: Summary of CSE Implementation in the Countries

COUNTRY	COVERAGE OF CSE CONTENTS							Specific Target Groups	Level of Education (Primary, Secondary, Tertiary)	Reference to Non-formal Education	Linked with Youth-friendly Health Services?
	Gender	SRH and HIV	Sexual Rights and Sexual Citizenship	Pleasure	Violence	Diversity	Relationships				
<b>Bangladesh</b>	☒		☒	☒	Sexual abuse and violence is included	☒	☒	All	Grades 6-12	☒	☒
<b>Cambodia</b>	☒	STI, HIV/AIDS,	☒	☒	Gender-based violence	☒	☒	All	All	CSE curricula is in place for in-school, out-of-school, and non-formal education	
<b>China</b>	☒	Sexual health	☒	☒	☒	☒	☒	Does not specify	Extra curricular subject for tertiary level only	Does not specify	
<b>India</b>	Gender awareness	Puberty and related physiological changes, body image, encouragement of delayed pregnancy, RTI and STIs, HIV/AIDS are included	None, except awareness on stigma and discrimination against PLHIV	☒	References to violence and abuse are included	☒	References to positive non-sexual relationships are included	All	Secondary and tertiary levels	Yes	Yes
<b>Lao PDR</b>	☒	HIV/AIDS/, STIs, sexual health	None, except rights, elimination of stigma and discrimination against People Living with HIV (PLHIV)	☒	☒	☒	☒	All,	Primary and secondary level	No curriculum for non-formal education	
<b>Mongolia</b>	☒	HIV/AIDS/, STIs, sexual health	☒	☒	☒	☒	☒	All	Curriculum is in place for primary and secondary level In-school education	Yes	
<b>Nepal</b>	☒	HIV/AIDS/, STIs, sexual health	☒	☒	Sexual violence	☒	☒	All	Secondary	Yes	No
<b>Pakistan</b>	☒	☒	☒	☒	☒	☒	☒	References can be found in implementation strategies, but no curriculum in place	☒	☒	☒

**TABLE 4: Summary of CSE Implementation in the Countries**

COUNTRY	COVERAGE OF CSE CONTENTS							Specific Target Groups	Level of Education (Primary, Secondary, Tertiary)	Reference to Non-formal Education	Linked with Youth-friendly Health Services?
	Gender	SRH and HIV	Sexual Rights and Sexual Citizenship	Pleasure	Violence	Diversity	Relationships				
Philippines	References to gender awareness and gender issues	Prevention of STI, HIV/AIDS, teen pregnancy, puberty and physical/emotional changes in adolescents, family planning methods	Value and knowledge on self-protection against discrimination	☒	Sexual abuse and violence	☒	Responsible relationships	All	All	Yes	
Sri Lanka	Gender issues and gender-based violence and harassment	Reproductive health, sexuality and sex-related issues, HIV/AIDS, STIs, teenage pregnancy	☒	☒	Sexual abuse, harassment and sexual and gender-based violence	Discrimination faced by youth of different sexual orientations	Positive values in relationships	All	Secondary and tertiary	Yes (vocational centres)	
Vietnam	☒	RH, sex education, HIV/AIDS, STIs, sexuality	Reproductive rights	☒	Awareness on rights to ensure equality in relationships, mutual respect	☒	Awareness on rights to ensure equality in relationships, mutual respect	All, including ethnic young women	Primary	Does not specify	

Source: UNESCO. *Sexual Education in Asia and the Pacific: Review of Policies and Strategies to Implement and Scale Up*. (Bangkok: UNESCO, 2012); UNFPA, UNESCO and WHO. *Sexual and Reproductive Health of Young People in Asia Pacific*. (Bangkok: UNFPA, 2015); CSE laws and policies mapping conducted by ARROW partners.

on growth and development and personal health are introduced in the curriculum for grade 5 (students aged between 10-12 years old). It also covers puberty, physiological changes during puberty, menstruation and management, sexual harassment, and concepts of gender identities.<sup>80</sup>

In **Sri Lanka**, programme documents and implementation strategies can be consistently found for all laws and policies around education, gender equality and women empowerment, health and population, HIV/AIDS, and youth issues. But when it comes to implementation of CSE, multiple modalities are currently in place. For example, a Reproductive Health Education programme has been launched by the Ministry of Health in collaboration with the National Institute of Education to enhance young people’s knowledge on SRH. The Family Health Bureau has launched a School Health Promotion Programme with a

component on ASRH. For out-of-school young people, counselling services are being provided by the National Youth Services Council. The Gender Unit of Family Health Bureau, on the other hand, provides counselling and information services to married/cohabiting couples.<sup>81</sup> Sri Lanka’s Policy Framework and National Plan of Action to address Sexual and Gender-based Violence (SGBV) identifies education and awareness raising as primary preventive measures to address SGBV.<sup>82</sup>

In **Vietnam**, references to the implementation of CSE can be found in multiple strategic plans. For instance, the National Strategy on Reproductive Healthcare (2001-2010) outlines that “the Ministry of Education and Training shall be responsible for mapping out and guiding the implementation of the programme on gender, reproductive and sexual health education for pupils of general schools, colleges, universities,

secondary vocational schools and other form of education. The Ministry shall coordinate with the MoH in planning to provide teachers with more knowledge and skills for teaching and imparting the contents of sex, sexuality, and RH. The Ministry shall participate in IEC activities relating to RHC for pupils and students.” It also calls for the utilisation of multiple communication methods and strategies. The Education Development Strategic Plan (2009-2020) calls for a revision of the curriculum to include components on “civic education, life skills, sexual health, gender, and HIV & AIDS education.” Emphasis on enhancing information on values and ethics to “preserve national traditional cultural values” can also be found in the same document. The current sexuality education curriculum is being implemented at all levels including the primary level education.

*The coverage of sexuality education curricula in schools is very limited across the 11 countries, despite the mention of sexuality education in relevant laws and policies at the national level in all the 11 countries.*

The secondary analysis shows that strategic plans and programme documents can be found more frequently than laws and policies in all of the 11 countries under review. In majority of the countries, detailed references to the implementation of CSE can be found, but the actual implementation of the CSE curricula is not very consistent. For example, in Pakistan, the strategic plan on HIV/AIDS prevention and control outlines detailed implementation modalities, but no formal curriculum exists for CSE. Similarly, in Bangladesh, the strategic plans have references to a range of SRH related issues, but contrastingly, sexuality education is missing in its entirety from the curricula and the focus remains only on HIV education. In some other countries, sexuality and HIV education has been made a part of the curricula, however the content is not always compulsory (for example, Sri Lanka).<sup>83</sup> In many of these countries, sexuality and HIV education is only

integrated in the curricula at the secondary level and hence misses out on opportunities to reach out to younger students at the primary level, and ultimately influencing their choices before their attitudes are developed and they become sexually active. Inconsistencies can also be found in the different strategic documents as they evolve over time. While, in most cases, the progress has been positive, in the case of China, the most recent strategic document on Education does not contain any reference to CSE.

Teacher training on sexuality and HIV education came forward as a common theme in the implementation plans while specific details on what level this education component should be introduced at seemed to be missing from the implementation strategies in many countries.<sup>84</sup> Teacher training and sensitisation on the new and updated curricula is not carried out frequently and hence, the effective implementation of the curricula remains a huge challenge.<sup>85</sup>

Due to the lack of informal education and outreach strategies, the coverage of the scope of sexuality education to many out-of-school adolescents and youth remains a huge challenge. The approach to integrate sexuality education also varies significantly across these 11 countries. The provision of sexuality education is not institutionalised and is usually a complementary component to formal curricula and hence, it gets side-lined as a subject. Dissemination of information is the most commonly employed methodology and not enough resources are allocated to train teachers to equip them with sufficient skills and information.<sup>86</sup>

*CSE policies and programmes should be formulated based on equity that is all adolescent and young people should have access to CSE regardless of their age, gender, HIV, disability, sexual orientation and gender identities, marital status and socio-economic status.*



In the existing policy framework of some of the countries, there is the provision of giving extra attention to the needs of marginalised youth populations including ethnic minorities and young people in rural and remote areas. For example, Viet Nam's Youth Development Strategy (2011-2020) has specific provisions on the rights of ethnic minorities youth. However, majority of these laws address gender issues from a heteronormative lens, with specific references to the protection of "traditional" values and cultural norms.<sup>87</sup> Additionally, CSE policies and programmes should be formulated based on equity that is all adolescent and young people should have access to CSE regardless of their age, gender, HIV, disability, sexual orientation and gender identities, marital status and socio-economic status. CSE programmes and policies should also acknowledge that young people come from diverse backgrounds and that their issues are compounded by their socio-economic contexts, which often hinder their access to information and services. Moreover, CSE programmes should be linked to youth-friendly sexual and reproductive health (SRH) services through referral systems and updated information about available services.

## Key Recommendations for Policy and Programmatic Actions<sup>88</sup>

Based on these analysis, key areas that need further improvement were identified. We recommend the following to governments, policy-makers, duty-bearers, non-governmental bodies, and other stakeholders in the concerned countries.

### **I. Create a more enabling environment for adolescents and young people to access Comprehensive Sexuality Education.**

- a. Prioritise the inclusion of quality and non-judgemental Comprehensive Sexuality Education in education, youth and health laws and policies and other relevant policy frameworks that urgently address and ensure the Sexual and

Reproductive Health, Gender Equality and Human Rights of adolescents and young people.

- b. Strengthen cross-sectoral coordination to ensure laws and policies that address CSE are effectively implemented and practised.
- c. Strengthen the monitoring and evaluation component in relevant policies and programmes to ensure consistent and effective implementation.
- d. Ensure universal access to quality and non-judgemental comprehensive sexuality education by introducing laws and policies for the provision of CSE to adolescents and young people in out-of-school and informal settings and implementing interventions to ensure that the most marginalised adolescents and young people are reached similarly.

### **II. Increase the quality and coverage of Comprehensive Sexuality Programmes**

- a. Sexuality education is currently focused on in secondary school curriculums; this means that significant opportunity to engage with adolescents and young people is missed before fundamental attitudes and behaviours are formed and before they choose to become sexually active, hence making the inclusion of quality comprehensive education from the primary school level onwards a priority. There is a strong need for a comprehensive, evidence based response that is age-appropriate to meet the defined needs of adolescents and young people. The essential components of CSE are often not clearly defined and addressed at the policy level and are often conflated with Life-Skills programmes, which limit the coverage of issues. It is critical to ensure that these gaps in policies are addressed in order to ensure a sex-positive, rights-based curriculum that is free of stigma and discrimination, and meets global standards established for CSE programming.
- b. Ensure that the CSE curricula in the 11 countries address all seven essential elements to comprehensive sexuality education, especially sexual rights and sexual citizenship, pleasure, violence, diversity, and relationships, which are often not covered.

- c. Ensure that the CSE curricula provide information and referrals on how to access SRH services and counselling.
- d. Establish sensitisation platforms for parents and community members to understand and support the need for CSE, by reducing stigma and discrimination on issues of sex and sexuality and promoting inter-generational dialogue between adults and adolescents and young people to better articulate and dialogue about their SRH needs.
- e. Introduce training and sensitisation programmes for teachers and administration departments in curriculum/education policies. Training modules for teachers implementing CSE programmes should be revised periodically to ensure they are in line with the current needs.
- f. Invest in sensitisation (and where relevant training) programmes on adolescent and youth Sexual and Reproductive Health and Rights for health service providers and other front-line workers in order to equip them with the necessary skills and knowledge.
- g. Explore the usage of innovative tools and mechanisms, for instance, mobile phones, the internet, mass media, etc., to increase outreach to adolescents and young people in remote and rural areas.

### III. Increase and support efforts to bridge the existing knowledge gaps

- a. Invest in rigorous periodic research and disaggregated data collection initiatives for context-specific needs assessment for CSE curricula. This includes utilising existing national data disaggregated on a 5-year age cohort basis.
- b. Review and revise the implementation of the CSE curricula on a periodic basis to ensure the curricula are up-to-date and consistent with the current knowledge needs of young people and SRH research in the Asia Pacific region.
- c. Invest in conducting rigorous evaluation of existing CSE programmes to assess and improve Knowledge, Attitude and Behaviour outcomes and strengthen life-skills, towards identifying good practises for scale and sustainability.

### IV. Increase youth participation in policy making and programme planning processes

- a. Support the active and meaningful engagement of young people through established platforms, such as youth committees and commissions, in order to integrate their inputs in national and local level policy and programmes development processes related to CSE and provision of youth friendly services.
- b. Strengthen existing youth networks and advocate for inclusion of underserved and marginalised youth groups in existing youth networks, decision making structures at sub-national and national level.

### V. Ensure adequate resource allocation for effective implementation of CSE programmes

Address financial and budgetary barriers to ensure effective implementation of comprehensive sexuality education initiatives and programmes at national and local levels.

## Endnotes

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ARROW is a regional non-profit women's NGO based in Kuala Lumpur, Malaysia, and has consultative status with the Economic and Social Council of the United Nations. Established in 1993, it envisions an equal, just, and equitable world, where every woman enjoys her full sexual and reproductive rights. ARROW promotes and defends women's rights and needs, particularly in the area of health and sexuality, and to reaffirm their agency to claim these rights.

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