

Human Rights Standards on

Comprehensive Sexuality Education

Key Questions

for Monitoring Health System Compliance with Human Rights Obligations

The questionnaire below provides a tool for assessing your health system's compliance with human rights obligations regarding CSE.

States have an obligation to develop laws, policies, and practices to ensure access to comprehensive, scientifically accurate sexuality information and education consistent with the evolving capacities of children and adolescents.³⁰ A human rights-based approach calls for the meaningful participation and inclusion of adolescents and youth—including those from marginalized groups—in the development of laws, policies, programs, and other interventions around CSE.

³⁰ See, e.g., SRRE, Rep. of the Special Rapporteur in the right to education (2010), *supra* note 84, para. 87(c).

1. Is CSE part of the mandatory or standard school curriculum and accessible to all adolescents, including those with diverse learning needs, in an age-appropriate manner?³¹

ALWAYS

OFTEN

SOMETIMES

RARELY

NEVER

Examples of Implementation

Review school curricula in various settings and regions to analyze whether and how CSE is taught, as well as whether such programs are mandatory, presented in a format that is accessible to students with different needs (in local languages, Braille, etc.),³² and available in age-appropriate forms.³³

Where CSE is not mandatory or part of the standard curriculum, play a leadership role in advocating for its inclusion, including by increasing national and local health and education officials' familiarity with evidence-based rationales for a gender-focused, rights-based, comprehensive approach.

Partner with young people and foster youth leadership and participation in matters that affect their lives and their communities. Facilitate dialogues between youth networks and advocates, communities, and health and education officials to understand and address concerns about the inclusion of CSE in the school curriculum.

KEY RESOURCES

UNFPA, UNESCO, UNAIDS, UNICEF, UN Women, and WHO, [International Technical Guidance on Sexuality Education: An Evidence-Informed Approach](#), pp. 81, 89

UNFPA, [Operational Guidance for Comprehensive Sexuality Education: A Focus on Human Rights and Gender](#), p. 19

UNESCO, [Sexuality Education Review and Assessment Tool \(SERAT\)](#)

³¹ See, e.g., Human Rights Committee, Concluding Observations: Poland, para. 11, U.N. Doc. CCPR/C/79/Add.110 (1999); INTERIGHTS v. Croatia, supra note 84, para. 47; SRRE, Rep. of the Special Rapporteur in the right to education (2010), supra note 84, para. 87(c); ESCR Committee, Gen. Comment No. 22, supra note 5, para. 61.

³² See, e.g., INTERIGHTS v. Croatia, supra note 84, para. 47; SRRE, Rep. of the Special Rapporteur in the right to education (2010), supra note 84, para. 87(d).

³³ ESCR Committee, Gen. Comment 22, supra note 5, para. 63 (ensuring that all schools incorporate unbiased, scientifically accurate, evidence-based, age-appropriate, and comprehensive sexuality education into their required curricula).

2. Are CSE programs available and accessible through out-of-school initiatives (e.g., through community-based organizations), in order to reach individuals excluded from the educational system?³⁴

ALWAYS

OFTEN

SOMETIMES

RARELY

NEVER

Examples of Implementation

In cooperation with key partners, including youth and parents, conduct an assessment of policies on sexuality education and other relevant themes (such as gender mainstreaming in education) at the national and subnational levels, and collect data on the impact of such policies.

Identify whether and how CSE programming outside of schools reaches marginalized groups, such as LGBTIQ youth, youth living with HIV, youth with disabilities, youth who use drugs, and youth who engage in sex for money. Draw on this assessment to develop priorities for action.

Work with civil society and local government officials to map opportunities to link CSE programming with existing programs, including initiatives on gender equality or violence prevention, programs that engage boys and young men on gender equality or sexual and reproductive health issues, and campaigns to end child marriage, prevent transmission of HIV, promote girls' education, promote puberty education or traditional rites of passage, or strengthen laws on gender-based violence.

Partner with national and local health officials to develop public education campaigns and programs to raise awareness about sexual and reproductive health issues, such as the risks of early pregnancy and the prevention of STIs, through the media and other alternative forums.³⁵

KEY RESOURCES

UNFPA, UNESCO, WHO, UNICEF, and UNAIDS, [International Technical and Programmatic Guidance on Out-of-School Comprehensive Sexuality Education: An Evidence-Informed Approach for Non-Formal, Out-of-School Programs](#), p. 11

³⁴ See, e.g., Committee on the Rights of the Child, General Comment No. 4: Adolescent health and development in the context of the Convention on the Rights of the Child, para. 28 (2003), U.N. Doc. HIR/GEN/1/Rev.9 (Vol. II), at 410 (2008) [hereinafter CRC, Gen. Comment No. 4]; SRRE, Rep. of the Special Rapporteur in the right to education (2010), supra note 84, para. 87(f).

³⁵ See, e.g., CRC, Gen. Comment No. 4, supra note 91, para. 28; CRC, Concluding Observations: Honduras, para. 63(e), U.N. Doc. CRC/C/HND/CO/3 (2007); SRRE, Rep. of the Special Rapporteur in the right to education (2010), supra note 84, para. 87(f).

3. Has the state ensured that CSE is taught by trained teachers and peer educators in a safe learning environment, in which individuals are able to participate free from discrimination, harassment, and violence?³⁶

ALWAYS

OFTEN

SOMETIMES

RARELY

NEVER

Examples of Implementation

Partner with national education officials and youth coalitions to develop materials and include instruction on CSE in teacher training programs to ensure that instructors are adequately trained to provide comprehensive information in a safe learning environment³⁷ and to ensure respect for confidentiality and privacy.

Work with local youth advocates to identify obstacles that impede individuals' access to CSE and develop advocacy initiatives to counter such opposition.

Work with civil society and other experts to develop trauma-informed CSE programming that teaches about sexuality in a way that does not re-traumatize participants by arousing feelings or memories associated with a traumatic experience (known as triggering).

Support initiatives to develop safe spaces for out-of-school CSE programs, including physical venues and online platforms.

Advocate for the state to take special measures to reach adolescents who face multiple or intersecting barriers to SRHR,³⁸ including adolescent girls; young people with disabilities; those living with HIV/AIDS, in detention, or in humanitarian contexts; young people selling sex; and adolescents of diverse SOGIESC.

KEY RESOURCES

UNFPA, UNESCO, UNAIDS, UNICEF, UN Women, and WHO, [International Technical Guidance on Sexuality Education: An Evidence-Informed Approach](#)
RAND, [Support for Students Exposed to Trauma: The SSET Programme, Group Leader Training Manual, Lesson Plans, and Lesson Materials and Worksheets](#)
CARDEA, [Guide to Trauma-Informed Sex Education](#)

UNFPA, UNESCO, WHO, UNICEF, and UNAIDS, [International Technical and Programmatic Guidance on Out-of-School Comprehensive Sexuality Education: An Evidence-Informed Approach for Non-Formal, Out-of-School Programs](#), p. 18

UNESCO, [Global Guidance on Addressing School-Related Gender-Based Violence](#)

³⁶ See, e.g., CRC, Gen. Comment No. 4, supra note 91, para. 39(a).

³⁷ See, e.g., CEDAW Committee, Gen. Recommendation No. 24, supra note 6, para. 18; INTERIGHTS v. Croatia, European Committee of Social Rights, No. 45/2007, para. 47 (2009); SRRE, Rep. of the Special Rapporteur in the right to education (2010), supra note 84, para. 87(e); ESCR Committee, Concluding Observations: Denmark, paras. 60, 61, U.N. Doc. E/C.12/DNK/CO/6 (2019); CRC Committee, Gen. Comment No. 15, supra note 52; CRC Committee, Gen. Comment No. 20, supra note 25, para. 17; ESCR Committee, Gen. Comment No. 22, supra note 5.

³⁸ CESCR Committee, Gen. Comment No. 22, supra note 5, para. 61.

4. Has the state developed a quality CSE curriculum that is scientifically accurate, unbiased, nondiscriminatory, rights-based, and inclusive of and responsive to sexual and gender diversity?³⁹

ALWAYS

OFTEN

SOMETIMES

RARELY

NEVER

Examples of Implementation

Support national education and health officials in developing CSE materials and ensuring they are up to date, scientifically accurate, free of gender and other harmful stereotypes or social norms,⁴⁰ and inclusive, including by facilitating expert reviews of such materials and inputs for improvement by young people and other key stakeholders.

Convene and support a diverse coalition of young people, including those from marginalized groups, to conduct annual reviews of CSE curricula to identify gaps or areas for strengthening, including revisions to address harmful and discriminatory stereotypes,⁴¹ address unequal power dynamics and patriarchal or heteronormative norms,⁴² and integrate a gender perspective that respects diversity.⁴³

Develop young people's capacity for advocacy by involving youth leaders as stakeholders in policy actions and by including lessons on advocacy and rights—especially advocacy around sexuality education and human rights and diversity—as part of CSE curricula.

Facilitate partnerships between local governments and civil society organizations that are experienced in developing and implementing gender-transformative programs to conduct CSE programs. Ensure that such efforts reach out to youth who are not in school, and prioritize vulnerable girls, including those who are married.

KEY RESOURCES

UNFPA, UNESCO, UNAIDS, UNICEF, UN Women, and WHO, [International Technical Guidance on Sexuality Education: An Evidence-Informed Approach](#), p. 84

UNFPA ESARO, [Regional Comprehensive Sexuality Education Resource Package for Out of School Young People](#)

UNFPA, [Operational Guidance for Comprehensive Sexuality Education: A Focus on Human Rights and Gender](#)

See also questionnaires on "Contraceptive Information and Services," "HIV and Other STIs," "Gender-Based Violence," and "Harmful Practices"

³⁹ CRC Committee, Gen. Comment No. 20, supra note 25, para. 61.

⁴⁰ See, e.g., INTERIGHTS v. Croatia, European Committee of Social Rights, No. 45/2007, para. 47 (2009); SRRE, Rep. of the Special Rapporteur in the right to education (2010), supra note 84, para. 87(d).

⁴¹ See, e.g., INTERIGHTS v. Croatia, European Committee of Social Rights, No. 45/2007, para. 48 (2009); SRRE, Rep. of the Special Rapporteur in the right to education (2010), supra note 84, para. 63.

⁴² See, e.g., SRRE, Rep. of the Special Rapporteur in the right to education (2010), supra note 84, paras. 62-63; ESCR Committee, Gen. Comment No. 22, supra note 5, paras. 35, 48, 61; CEDAW Committee, Concluding Observations: Montenegro, paras. 30-31, U.N. Doc. CEDAW/C/MNE/CO/2 (2017); CEDAW Committee, Concluding Observations: Portugal, para. 33, U.N. Doc. CEDAW/C/PRT/CO/8-9 (2015); CEDAW Committee, Concluding Observations: Timor-Leste, para. 27, U.N. Doc. CEDAW/C/TLS/CO/2-3 (2015); CEDAW Committee, Concluding Observations: Mongolia, para. 25(a), U.N. Doc. CEDAW/C/MNG/CO/8-9 (2016); See also, CRPD Committee, Concluding Observations: Islamic Republic of Iran, para. 49(b), U.N. Doc. CRPD/C/IRN/CO/1 (2017).

⁴³ See, e.g., SRRE, Rep. of the Special Rapporteur in the right to education (2010), supra note 84, paras. 21-23, 87(d).

5. Does the CSE curriculum raise awareness of gender-based violence and harmful practices, with the aim of providing participants with tools to prevent, identify, and report gender-based violence and harmful practices?

ALWAYS

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SOMETIMES

RARELY

NEVER

Examples of Implementation

Support coordinators of CSE programs in linking to initiatives in other sectors that have overlapping goals (e.g., national programs and campaigns to end child marriage, prevent transmission of HIV, promote girls' education, and strengthen anti-rape laws).

Ensure that CSE programs discuss how gender-based violence and harmful practices link to human rights, and provide tools to recognize such practices, understand how to seek support, and advocate for their elimination.

KEY RESOURCES

UNFPA, [UNFPA Operational Guidance for Comprehensive Sexuality Education: A Focus on Human Rights and Gender](#)

See also questionnaires on "Gender-Based Violence" and "Harmful Practices"

6. Has the state taken steps to repeal laws, policies, and regulations restricting access to CSE and information on sexual and reproductive health, including laws requiring parental authorization for participation in such programs or contradictory provisions in plural legal systems?⁴⁴

ALWAYS

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SOMETIMES

RARELY

NEVER

Examples of Implementation

With national legal experts and national child rights' mechanisms, conduct a review of laws, policies, and regulations to identify provisions that may hinder access to information on sexual and reproductive health (e.g., parental consent requirements for CSE; parental consent requirements for sexual and reproductive health care; laws mandating the reporting of children's sexual activity; and laws criminalizing adolescents for consensual sexual activity, marriage below legal minimum ages, or drug use).

KEY RESOURCES

UNFPA APRO, [Rights Versus Protection. Marriage, Sexual Consent and Medical Treatment](#)

UNFPA ESARO, [Harmonizing the Legal Environment for Adolescent Sexual and Reproductive Health and Rights](#)

UNFPA ESARO, [Technical Brief on Criminalization of Consensual Sexual Acts among Adolescents](#)

CRR, [Capacity and Consent: Empowering Adolescents to Exercise their Reproductive Rights](#)

See also questionnaires on "Contraceptive Information and Services," "HIV and Other STIs," and "Harmful Practices"

⁴⁴ Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Interim rep. of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, transmitted by Note of the Secretary-General, paras. 56, 64, 65(e), U.N. Doc. A/66/254 (Aug. 3, 2011) (by Anand Grover) [hereinafter SRRH, Interim rep. of the SRRH (2011)].

7. Has the state enacted administrative or judicial safeguards to provide remedy and redress regarding violations of human rights related to CSE and sexual and reproductive health information (e.g., improper requirement of parental consent; information promoting heteronormative stereotypes; and non-evidence-based information or curricula that adopt an abstinence-only approach⁴⁵)?

ALWAYS

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SOMETIMES

RARELY

NEVER

Examples of Implementation

Build capacity among officials from the judiciary and human rights institutions concerning evidence-based rationales for CSE and relevant international and regional human rights standards.

Raise awareness among the public, including among young people and adolescents, of their rights to CSE and sexual and reproductive health information, and how to access such services inside and outside of school.

⁴⁵ See, e.g., Convention on the Rights of the Child, adopted Nov. 20, 1989, G.A. Res. 44/25, annex, U.N. GAOR, 44th Sess., Supp. No. 49, U.N. Doc. A/44/49 (1989) (entered into force Sept. 2, 1990) (stating that “children should have the right to access adequate information related to HIV/ AIDS prevention and care, through formal channels (e.g. through educational opportunities and child-targeted media) as well as informal channels” and that “effective HIV/AIDS prevention requires States to refrain from censoring, withholding, or intentionally misrepresenting health-related information, including sexual education and information ... State parties must ensure that children have the ability to acquire the knowledge and skills to protect themselves and others as they begin to express their sexuality”).