



COMPREHENSIVE SEXUALITY EDUCATION IN AFRICA: THE WAY TO GO

DEFINITION OF COMPREHENSIVE SEXUALITY EDUCATION

Comprehensive sexuality education (CSE) is a curriculum-based process of participatory teaching and learning about aspects of sexuality aimed at equipping children and young people with knowledge, skills, attitudes and values that empower them to realize their sexual and reproductive health well-being and rights; develop healthy interpersonal relationships; reflect on the impact of their choices on self and societal well-being; and secure and protect their rights throughout their lives (UNESCO, 2018)

OVERVIEW

This policy brief advocates for the strengthened implementation of Comprehensive Sexuality Education (CSE) across Africa to address the urgent health, social, and developmental challenges facing adolescents and young people. Africa's population is youthful, growing rapidly and projected to reach 2.5 billion by 2050¹. This demographic

trend presents opportunities but also stresses the need to invest in adolescent health and wellbeing to achieve Agenda 2063 aspirations. Regional and continental commitments, such as the AU 2023 Continental Strategy on Education for Health and Well-being and the 2013 East and South African (ESA) Ministerial Commitment, emphasize CSE as a priority.

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Effective implementation of CSE reduces HIV infections, unintended pregnancies, child marriage, and misinformation while promoting gender equality and life skills. Evidence shows that CSE delays sexual debut, promotes safer sex, and empowers adolescents². However, challenges persist; socio-cultural resistance, inadequate teacher training, curriculum gaps, weak monitoring, and reliance on donor funding. Success stories from Zambia, Senegal, and Nigeria show that political will, curriculum reforms, and safe youth spaces can advance CSE outcomes³. The policy gaps identified include weak or unclear implementation frameworks, exclusion of out-of-school youth, lack of monitoring indicators, weak teacher capacity, inconsistent curriculum delivery, parental and community resistance and inadequate information. Integration of CSE into national curricula, while incorporating indigenous African knowledge, is key in addressing the challenges faced by adolescents during transition and has the potential to empower Africa's youth and transform social and economic outcomes across the continent.

BACKGROUND

The world population has continued to grow rapidly in the last six decades from around three billion in 1960 to about 8 billion in 2022. Africa's population was estimated to be 1.5 billion in 2024 up from 283 million in 1960. It is projected to increase by 950 million to about 2.5 billion by 2050⁴. The youthful population in Africa is also growing with projections indicating that by 2050, one in every three young people globally will be African hence the need to invest in their health and wellbeing to support Africa Agenda 2063 aspirations. The continental strategy on education for health and well-being of young people launched by AU in 2023, re-emphasized the need to secure young people's health through education with emphasis on health topics, life skills and health behaviours. Africa's commitment for an educated, healthy and thriving adolescents and young people is also reflected in Eastern and Southern Africa commitment on integrating Comprehensive Sexuality Education in the curriculum.

People are motivated to stay healthy when they make investments for self-development, like in

education so as to reap the benefits accruing from such investments⁵ (Cutler and Lleras Muney, 2006). Health education endeavours to enable people exercise effective control over their health through provision of information, offering health education, strengthening life skills, facilitating attitude change, and giving motivation for action. Promoting sexual and reproductive health education opens wide choices for adolescents while ensuring that the healthier choices are the easier ones.

The 1994 ICPD in Cairo set the pace for implementation of CSE programmes in SSA⁶. In 2013, Eastern and Southern Africa countries signed a commitment to scale up comprehensive, sexuality education from primary school level. A review of sexuality education curricula conducted in 2012 in 10 countries, revealed significant gaps in coverage of key topics such gender inequality, power dynamics, abortion, homo sexuality and masturbation (Wekesa et al, 2019).

In SSA, CSE is predominantly school-based at both primary and secondary levels. Teachers deliver CSE as part of the curriculum in classroom settings⁷. In a few cases, CSE is taught as a stand-alone subject (or alongside other skills-based subjects), but usually integrated into relevant "career subjects. Stand -alone CSE classes are taught in South Africa, Namibia, and Zimbabwe⁸.

Deeply rooted socio-cultural norms and values are often the principal barriers facing implementation of the CSE in SSA⁹. Inadequate knowledge acquisition by teachers on CSE curriculum is also a major issue. The need to expand and strengthen comprehensive sexuality education was re-emphasized during the 2025 RHNC conference by various speakers:-

"Every young person deserves honest, age-appropriate, and culturally respectful information about their bodies and their rights. Whether in school or through social platforms, we need to make sure that what they learn is accurate, practical, and empowering—because when they're informed, they're protected. And in an age of viral misinformation, this couldn't be more urgent"

Dr. Wayuwa.

THE CSE SITUATION

Sexuality education addresses urgent health, social and developmental challenges facing adolescents. Every week, thousands of adolescent girls and young women in sub-Saharan Africa acquire HIV, with nearly 3,300 new infections among this group in 2024 alone¹⁰. Comprehensive sexuality education (CSE), when paired with access to adolescent-friendly services, is one of the most effective tools to reverse this trend (Wekesa et al., 2019). Research shows that on average, one in five girls in Africa becomes pregnant before the age of 19, and in more than 20 countries, the rate of teenage pregnancy exceeds 25%¹¹. These early pregnancies disrupt education, limit economic opportunities, and perpetuate cycles of poverty. Furthermore, child marriage remains widespread, with nearly half of girls in West and Central Africa married before age 18, undermining their rights and health outcomes¹². In today's digital era, adolescents are increasingly turning to online sources for sexuality information, often encountering misinformation and harmful content¹³. By integrating digital literacy and online safety into CSE, young people can be empowered to navigate digital spaces safely. For governments and communities, investing in sexuality education is, therefore, not only a health intervention, but also a pathway to advancing gender equality, reducing poverty, and unlocking the demographic dividend essential for Africa's sustainable development.

There are misconceptions and misinformation that sex education in schools increases risky sexual behaviour amongst adolescents and young people. A study conducted by the World Health Organization (WHO) shows that sex education delays the start of sexual activity, reduces sexual activity among young people and encourages those already sexually active to have safer sex¹⁴.

In sub-Saharan Africa, sexuality programmes are school based and emphasize abstinence, HIV prevention and transmission while issues on gender inequality, power dynamics, abortion, homosexuality and masturbation are rarely discussed (UNESCO, 2012). In some African communities, sexuality education is considered appropriate only in the context of marriage ceremonies. These cultural beliefs have contributed to resistance to

RESEARCH SHOWS THAT ON AVERAGE, ONE IN FIVE GIRLS IN AFRICA BECOMES PREGNANT BEFORE THE AGE OF **19**, AND IN MORE THAN **20** COUNTRIES, THE RATE OF TEENAGE PREGNANCY EXCEEDS **25%**. THESE EARLY PREGNANCIES DISRUPT EDUCATION, LIMIT ECONOMIC OPPORTUNITIES, AND PERPETUATE CYCLES OF POVERTY.

CSE in schools, resulting in a limited curriculum that focuses solely on abstinence, unwanted pregnancies, and STI prevention despite evidence from various studies reporting positive health and education outcomes when CSE is integrated into curriculum (Wekesa et al., 2019).

Sexuality education in SSA often adopts a biological approach, focusing heavily on life skills and HIV prevention, while other frameworks are treated negatively. In Kenya, evidence shows that only 2% of students have learned all the topics outlined in the CSE curriculum, despite three out of four teachers believing they had provided comprehensive instructions¹⁵. In SSA, the HIV pandemic is primarily driven by high-risk heterosexual practices which account for about 90% of the infection¹⁶. Young people are particularly vulnerable to HIV infection because of the risky sexual behaviours. These behaviours are influenced by lack of access to accurate and personalized HIV information and prevention services¹⁷.

Inadequate implementation and monitoring of CSE policies is a major barrier encountered in sexuality programmes. In Kenya and Ghana, CSE policies are rarely translated into practice due to the absence of clear implementation frameworks and weak regulatory and supervisory mechanisms¹⁸.

Teachers who are ill equipped to address topics considered taboo within their communities lead to the omission or negative framing of issues like abortion, homosexuality, and masturbation when delivering CSE content. These barriers have been documented in Ethiopia¹⁹, Uganda²⁰, South Africa, Kenya²¹ and Lesotho. A study in Lesotho found

that parents were not entirely opposed to sexuality education, but expressed concerns about both the content and teaching methods²². Traditionally, parents were expected to provide sexuality education, with informal instructions beginning at puberty—at menarche for girls and later for boys²³.

Zambia is one of the most advanced countries in the Eastern and Southern Africa region in terms of provision of sexuality education and sexual and reproductive health (SRH) services for young people²⁴. The government of the republic of Zambia has demonstrated the political will to invest substantially in prevention efforts, negative outcomes relating to sexual and reproductive health (SRH) of the country's young people, such as rising numbers of early unintended pregnancies, new HIV infections and other STIs, gender-based violence, and child marriages resulting in school drop outs being the key issues that have served as motivation to advanced sexuality education²⁵. In 2011, Zambia enacted the Education Act which aimed at promoting education on sexuality, reproductive health and HIV/AIDs, and in 2013 revised the school curriculum to strengthen the provision of sexuality education with the development of comprehensive sexuality education framework 2013.

The need for CSE in SSA is heightened by the region's high rates of HIV/AIDS among young people, child marriage, adolescent pregnancy, unsafe abortions, and violence against children. Adolescents population comprise of 23% of the global population with SSA hosting over 226 million aged 10-19 years old²⁶. Adolescents and young women aged 15-24 account for 63% of all new HIV infections in 2021 while six out of every seven new HIV infections occur among adolescents 15-19 in SSA²⁷. In 2023, 77% of AGY who acquired HIV in 2023 live in SSA with about a two thirds (60% living in Eastern and Southern Africa²⁸. Adolescents birth rates have been on a decline at global level while sub-Saharan Africa continues to have twice the global average at 100/1000 women in 2021²⁹. In South Africa, lack of reproductive health services and appropriate Sexuality education are some of the contributing factors of high adolescent birth rate³⁰. Sexual debut starts early with more than half (54.3 %) of

adolescents' girls aged 15-19 reporting to have had sex before age 18 and 12.3% before age 15³¹.

GAPS IN POLICY AND LEGAL INSTRUMENTS

In many African nations, while policy and legal instruments related to sexuality education exist, significant gaps remain in their comprehensiveness and implementation, hindering effective delivery of information and services³². These gaps stem from factors like insufficient content, lack of teacher training, and societal resistance to certain topics³³. Additionally, some laws and policies restrict access to sexual and reproductive health services and education³⁴, further compounding the issue.

INADEQUATE KNOWLEDGE ON ASRH

Knowledge on menstrual hygiene among secondary learners in Nigeria is poor with more than half (57%) of girls falling in this category³⁵. Two out of three adolescent girls lack knowledge on puberty and menstruation across many African communities, where menstruation is shrouded by stigma, misconceptions and cultural barriers that prevent girls from seeking information, accessing products, and managing menstruation safely and with dignity³⁶.

RECOMMENDATION FROM NARDOS HAGOS, DIRECTOR, EXTERNAL RELATIONS FOR AFRICA REGIONAL OFFICE, INTERNATIONAL PLANNED PARENTHOOD FEDERATION SCALE UP SERVICES FOR ADOLESCENTS, INCLUDING COMPREHENSIVE SEXUALITY EDUCATION (CSE), CONTRACEPTION, STI PREVENTION, AND MENTAL HEALTH SUPPORT. RHNK 2025, CONFERENCE REPORT



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Adolescents and young people have a high-risk appetite and engage in high risky behaviours³⁷ which expose them to drug use, unprotected sex, etc.³⁸. These behaviours can be attributed to inadequate knowledge about sexuality issues³⁹. The Adolescents and young people to make decisions as regards their sexual and reproductive health but, research shows that majority of them lack adequate knowledge to make appropriate decisions (UNFPA, 2016).

RELIGIOUS AND CULTURAL BELIEFS

Sexuality education in some African communities is viewed as appropriate in marriage ceremonies⁴⁰. Such beliefs have contributed to CSE resistance in schools with sexuality education limited to abstinence, unwanted pregnancies and STIs prevention, denying children and young people access to SRHR information. Some communities are patriarchal and as such men are assigned a dominant role whereas women are expected to be compliant and submissive and teaching on gender in schools may conflict with community beliefs and practices⁴¹.

Adaptation and implementation of CSE curricula in some SSA countries normally fails to acknowledge that sexuality education existed in such societies prior to westernization and that integration of

indigenous knowledge and practices could enrich these curricula and give them legitimacy⁴².

PARENT-RELATED FACTORS

Full implementation of comprehensive sexuality education curriculum in the Africa continent faces many challenges⁴³. Implementation of CSE is usually resisted by parents who fear that CSE curriculum promotes promiscuity or is being offered outside the right environment⁴⁴. Some individuals and groups believe that CSE leads to early sexual debut and deprives children of their innocence while others hold that CSE is a means of recruiting young people towards alternative lifestyles and it is inappropriate for young children.

Sex education rarely happens between children and parents in SSA⁴⁵ and thus many parents are either unwilling to talk about sex, are uncomfortable doing so, or lack the knowledge to pass the information. Many barriers prevent open communication between parents and children, which is enshrined in fear that informing young people about sex and teaching them how to protect themselves will make them sexually active (UNICEF, 2002b). With the era of modernism, many parents are spending many hours away from their children who are many times, left with inexperienced caregivers on sexuality education (UNICEF, 2002a)



KEY FINDINGS

1. **Demographics of adolescents and young people in Africa**
 - Africa's youthful population is growing rapidly and will reach 2.5 billion by 2050, with one in three young people globally being African which make investment in adolescent health and well-being urgent in achieving Agenda 2063 aspirations.
 - Comprehensive Sexuality Education (CSE) reduces HIV infections, unintended pregnancies, child marriage, and misinformation, while promoting gender equality, life skills, and delayed sexual debut.
2. **Implementation challenges**
 - Major barriers include socio-cultural resistance, weak or unclear policy frameworks, inadequate teacher training, curriculum gaps and poor monitoring
 - Sensitive topics like gender inequality, abortion, homosexuality, and masturbation are often in conflict with African culture and values.
3. **Policy and legal gaps**
 - Existing policies often lack clear implementation mechanisms, monitoring indicators, and provisions for out-of-school youth.
 - Legal restrictions in some countries limit adolescents' access to SRHR services and information.
4. **Knowledge and information barriers**
 - Large proportions of adolescents, especially girls, lack adequate knowledge on puberty, menstruation, and reproductive health, due to stigma, misinformation, and cultural barriers.
 - Expanded reach of and reliance on digital platforms exposes youth to misinformation, hence the need for integration of digital literacy in CSE.
5. **Socio-cultural and parental resistance**
 - In many communities, sexuality education is only considered appropriate in marriage contexts, reinforcing abstinence-only approaches.
 - Parents often resist CSE, fearing it promotes promiscuity, while many lack knowledge or confidence to discuss sexuality with their children.
6. **Teacher-related barriers**
 - Teachers are often poorly trained, uncomfortable, or constrained by community norms, leading to partial or biased delivery of CSE content.

SUCCESS STORIES FROM THE REGION

Zambia model of CSE has been hailed as it integrates school-based education with clubs and community safe spaces and offer sexual health information, relationships and life skills⁴⁶. In a study carried out in Zambia to reduce early unplanned pregnancies and improve SRH outcomes among AGYW, results indicated a significant reduction of pregnancies in the intervention as compared to nonintervention schools.

In Namibia, Life Skill Education (LSE) is a career subject with some components taught as a stand-alone subject. UNESCO 2015, Other elements of LSE are mandatory for all students and continuous assessment are done although not examinable

UNESCO,2015. There are also full-time life skills teachers for teaching CSE⁴⁷.

In other African countries, implementation of CSE is integrated in other carrier subjects like Biology, Religious Studies and Home Economics and do not require specialized teacher. However, in Zambia and Namibian, CSE is elaborate its with CSE integrated in the curriculum, with specialized teacher training, taught as a carrier subject and components of CSE integrated in all school level, with regular monitoring of the implementation⁴⁸. There is also a clear coordination framework, strong policy environment and provision for out of School⁴⁹.

CONCLUSION

Comprehensive Sexuality Education (CSE) plays an important role in equipping adolescents and young people in sub-Saharan Africa with the knowledge and skills to navigate pressing health, social, and developmental challenges. Investing in adolescent health and well-being guided by data and delivered in ways that are culturally sensitive and inclusive is critical to achieving Africa's long-term development agenda. CSE can reduce health risks, empower adolescents to make informed choices, promote gender equality, and contribute to unlocking Africa's demographic dividend while promoting broader social transformation

Although progress has been made, CSE implementation continues to face significant barriers. These include restrictive socio-cultural norms, insufficient teacher training, weak monitoring and evaluation systems, limited financing, and the exclusion of out-of-school youth. Addressing these challenges requires strong political commitment, sustainable financial support, integration of CSE into curricula, continuous teacher capacity building, robust advocacy, and the meaningful participation of adolescents themselves.

POLICY IMPLICATIONS

If strengthened and scaled, CSE is proven to empower young people, reduce health risks, advance gender equality, and unlock the demographic dividend for Africa's sustainable development if it is strengthened and scaled up in all African Countries

POLICY RECOMMENDATIONS

- Ministries of Education to integrate CSE into the curricula and incorporate indigenous African knowledge and practices on sexuality education.
- Ministries of Education to coordinate country-specific dialogues to agree on the content, scope and timing of CSE
- Ministries of Education to facilitate evidence-based policy and programmes to inform CSE at national and sub-national levels.
- Ministries of Education to establish clear implementation frameworks with monitoring indicators to track CSE delivery and outcomes.
- Ministries of Health to create safe, youth-friendly spaces and ensure access to accurate, practical, and empowering SRHR information and services.



**CSE HAS THE POTENTIAL
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