

**Editorial****Advancing Sexuality Education for Adolescent Development: Addressing Harmful Sociocultural Norms and Practices**Bhagwan Aryal¹; Shyam Krishna Maharjan²; Ramesh Adhikari³¹Central Department of Education, Tribhuvan University, Kathmandu, Nepal²Tribhuvan University, Kathmandu, Nepal³Mahendra Ratna Campus, Tribhuvan University, Kathmandu, Nepal

Adolescence is a pivotal stage characterized by significant bodily, emotional, cognitive, and psycho-social changes, during which individuals develop their identities, attitudes, and behaviors concerning sexual maturation and relationships (Stephanie, 2024; Kim et al., 2023). Adolescents' health, growth, and development are dynamic and influenced at one stage of life, shaping progress or decline in the next (World Health Organization & United Nations Children's Fund, 2024). To support young people's health and well-being, particularly during times of rapid physical, mental, and social development, reliable, adolescent-friendly information is essential. However, adolescents around the globe face extensive risks related to sexual and reproductive health and rights (SRHR), including high rates of early sexual initiation due to premature development of sexuality, unintended pregnancies, and exposure to sexually transmitted infections (STIs) (Baraki & Thupayagale-Tshweneagae, 2023; Ramirez-Villalobos et al., 2021; Dienye, 2011), which remain significant public health concerns. In many contexts, this vulnerability is compounded by economic constraints and socio-cultural taboos, and inadequate and unreliable access to accurate information (Le Mat et al., 2023).

Nepalese adolescents and youth are also vulnerable to many Sexual and Reproductive Health and Rights (SRHR) issues. Regarding early marriage in Nepal, 41.09% of women are married before the age of 18, and 76.95% by the age of 20 (NSO, 2023), even though the legal age of marriage is 20 years. Early pregnancy is also prevalent, with 14% of adolescent girls aged 15 - 19 already mothers or pregnant with their first child (Ministry of Health and Population et al., 2023). Other problems include gender-based violence, youth violence, sexual violence, behavioral issues, suicides, harmful socio-cultural practices, and drug addiction. Many adolescents lack the awareness, perceptions, and abilities to prevent the risks associated with their age-related factors and struggle to make responsible decisions. Therefore, to address these challenges of everyday life and foster adolescent development and wellbeing, sexuality education is urgently needed for adolescents.

The Imperative for Comprehensive Sexuality Education (CSE)

When we are discussing sexuality education, Comprehensive Sexuality Education (CSE) stands ahead as a holistic educational process for the overall development of adolescents and youth in the world. It is defined as an age-appropriate, curriculum-based teaching/and learning process that provides rights-based, culturally sensitive, age-specific, and factual information about the cognitive, emotional, physical, and social dimensions of sexuality (Rodríguez-García et al., 2025; UNESCO et al., 2018). CSE is recognized as an effective approach to addressing issues of young people (Aryal et al., 2023). It includes eight interlinked

key concepts, both biological and socio-cultural, such as relationships, values, gender, safety from violence, skills for health and wellbeing, human body and development, sexual behavior, and sexual and reproductive health (UNESCO et al., 2018).

CSE, a rights-based approach to teaching young people about various aspects of sexuality (Sekhar et al., 2024), aims to equip them with attitude, skills, and knowledge of human rights, gender equality, diversity, and healthy-positive relationships (Aryal et al., 2025). It is not like traditional abstinence-only education, which was not only ineffective but also harmful to adolescents (Mbizvo et al., 2023). Meta-analyses conducted by Rodriguez-Garcia et al. (2025) and Kim et al. (2023) show that CSE leads to visible changes in knowledge, attitude, and self-efficacy on sexual health. It helps in promoting health and dignity by empowering young people to make informed, responsible, and dignified decisions in life, such as postponing their sexual initiation, using contraceptives, abstaining from self-harming behaviors, and being aware of their rights and responsibilities (Mbizvo et al., 2023; Myat et al., 2024; Stephanie, 2024). A systematic review by Ramirez-Villalobos et al. (2021) found that CSE delays the onset of sexual activities, and Kim et al. (2023) revealed that it prevents unintended pregnancy.

Nepal has shown a commitment to CSE inclusion in the health and education sectors to improve adolescents' health and wellbeing. It is included in the national adolescent health and development strategy 2018 and adolescent-friendly health service programs. Similarly, it is included in the school-level curriculum of Nepal from grades 4 to 12 as compulsory and elective subjects, and is also integrated into various educational plans, such as the School Education Sector Plan 2022-2032. However, the current school-level curriculum has covered limited sexuality-related content, and also vertical linkage and content coherence are missing across different grades (Aryal et al., 2025) when compared to UNESCO's International Technical Guidance on Sexuality Education (ITGSE) 2018.

Confronting Sociocultural Barriers

The provision of sexuality education in schools is often confronted with deep-rooted social taboos and socio-cultural malpractices in developing countries. Nepal also faces a similar situation where CSE contents are not delivered as expected by the curriculum. Discussing sex is forbidden by religion, culture, and social values. In Nepal, for example, most families are hesitant to provide sexuality education at home, leaving schools as a primary venue for systematic education (Aryal et al., 2025). A similar situation is observed in several countries, such as Nigeria, where cultural inhibitions lead to secrecy around sexuality issues and make open conversations difficult for parents and educators (Dienye, 2011).

Because of a lack of awareness of adolescents' SRHR and persistent socio-cultural taboos, a few Muslim-majority countries continue to practice female genital mutilation (FGM), which severely affects the reproductive health of girls. According to data from the 31 countries with available population-level information, it is estimated that over 230 million girls and women worldwide have undergone FGM. The majority of these cases are found in Western, Eastern, and Northeastern Africa, as well as in a few Middle Eastern and Asian countries (WHO, 2025). With millions affected and an urgent need for stronger prevention measures and survivor support globally, FGM remains a serious public health and human rights issue (WHO, 2025).

Likewise, in the Western regions of Nepal, women still practice staying in the menstrual huts during menstruation, a tradition known as 'Chhaupadi', which undermines women's health and empowerment. Thakuri et al. (2021) found that 84% of the girls aged 15 to 17 practiced *Chhaupadi* during menstruation, and it was more common among girls born to illiterate mothers and from nuclear families. The situation worsens when socio-cultural beliefs create barriers to the adoption of CSE implementation in schools. Therefore, as a resolution, it is necessary to address parental and community concerns of safe practices and cultural integrity, train the trainers, and implement evidence-based interventions with community participation (Oas, 2023).

Societies show discretion towards sexuality-related teachings due to socio-cultural norms. Some cultures are more restrictive of certain behaviors and impose restrictions on teaching sensitive subjects (Attila et al., 2023), while some emphasize gendered ideals such as female sexual abstinence (Le Mat et al., 2023). These further include malpractices such as child marriage and dowry systems, perpetuating gender-based violence (GBV) (Mbizvo et al., 2023). CSE is the answer to these problems, helping navigate these complex socio-cultural realities (Le Mat et al., 2023).

While discussing the role of society and culture as a traditional barrier to change, it is also highlighted that cultural dynamics must be critically engaged in addressing adolescent issues (Mukuro, 2023). It is not only a barrier, but an opportunity and resource for promoting ethical and healthy behavior (Le Mat et al., 2023) among young people. CSE interventions, as guided by the ITGSE 2018, must move beyond tradition and modernity and address patriarchy and gender roles as root causes of violence.

Integrating CSE to Eliminate Harm

Lack of sexuality education in adolescents can be linked to many harms, such as early sexual contact, unsafe sexual relationships, early marriage, early pregnancy, unintended pregnancies, sexual violence, addictions, and other socio-cultural malpractices. CSE can prevent many of these, including sexual violence (Schneider & Hirsch, 2020). Earlier, it was considered a prevention strategy for unintended pregnancies and HIV, but presently, it is recognized as a comprehensive and rights-based curriculum that addresses risk factors for sexual violence. Moreover, it explicitly addresses sexual and gender violence, child abuse, unsafe sexual behavior, harmful social and emotional risk factors, peer pressure, and other power dynamics relevant to the adolescents (Mbizvo et al., 2023). Therefore, beyond the prevention strategy, CSE should be integrated to eliminate all forms of harm to the adolescents as follows:

Mandatory Curriculum

Nepalese youths lack access to CSE in their adolescence because it is not a mandatory subject in grades 9-12. However, a comprehensive and rights-based sexuality education curriculum is necessary at the school-level that includes the full range of sexuality-related content as prescribed by the ITGSE 2018 (Aryal et al., 2025). It should include the contents on relationship, gender, and violence prevention to empower adolescents with proper knowledge (Kim et al., 2023), critical thinking, and the ability to analyze the information through media (Rodriguez-Garcia et al., 2025). It should span over several grades (Myat et al., 2024) and be

accessed by the students before the onset of risky adolescent behaviors (Schneider & Hirsch, 2020).

Linkage of CSE to Health Service

Instead of the sole teaching of CSE content in schools, it is more effective if linked to related health services, such as adolescent-friendly health services. A clear nexus between the two helps in improving the status of adolescents (Myat et al., 2024). This linkage was vividly observed in Zambia, where it effectively reduced early and unintended pregnancies (Mbizyo et al., 2023). For this, health service and public health professionals should be oriented about the CSE key concepts and how to address adolescent needs and issues related to privacy, quality, and safety (Baraki & Thupayagale-Tshweneagae, 2023). Teachers also need to orient adolescents about the characteristics of adolescent-friendly health services and encourage their use when needed.

Investment in Teachers' Training

Sexuality education is still a matter of hesitation for many teachers. Teachers require continuous training and orientations in the recent changes in educational practices because they are change agents (Ramirez-Villalobos et al., 2021). CSE, being a new subject for many, requires sensitization training, workshops, and orientations, with a focus on pedagogical skills such as participatory and reflexive approaches. In Nepal, this opportunity is very limited and confined to the project areas of some developmental agencies. Opportunities for pre-service and in-service training should be accessible and available to every teacher.

Enabling Environment

CSE, being a sensitive and transformative education, requires an enabling environment at school for effective delivery. Therefore, it is impactful when there is parental support and community engagement (Ramirez-Villalobos et al., 2021). In addition, there must be an atmosphere of respect, participation, open discussion, and comfort at home and in school while seeking information and skills on sexuality-related issues. Parents and teachers should lower the stigma associated with sexuality instructions (Aryal et al., 2023). Local agencies and municipal governments should own CSE interventions for creating an enabling environment for adolescents.

Conclusion

Adolescents endure many changes, including the development of sexual identity, attitude, relationships, and behaviors. Prevailing sociocultural norms and taboos in many developing countries mainly limit the delivery of sexuality education to adolescents. Timely intervention of CSE as a rights-based and participatory strategy can empower adolescents to make responsible decisions in their lives, resulting in the prevention of harm and improvement of holistic health. It will also ultimately challenge the harmful sociocultural practices and improve gender equality and the achievement of sustainable development goals. Advancing sexuality education by making it a mandatory subject in schools, linking CSE to health services, investing in teachers' training, and creating an enabling environment at home and school for discussion are pertinent for adolescent development.

References

- Aryal, B., Adhikari, A., & Pokhrel, R. (2023). Comprehensive sexuality education for addressing young people's SRHR status in Nepal. *Interdisciplinary Research in Education*, 8(2), 97–102. <https://doi.org/10.3126/ire.v8i2.60225>
- Aryal, B., Adhikari, A., & Sharma, M. K. (2025). School-level curricula for sexuality education in Nepal considering international technical guidance on sexuality education 2018. *Perspectives on Higher Education*, 15(02), 41–60. <https://doi.org/10.3126/phe.v15i02.81102>
- Attila, F. L., Owusu, F., Agyei-Sarpong, K., & Donkoh, H. (2023). Adolescence and sex education: Socio-cultural and psycho-theoretical perspectives. *Mediterranean Journal of Social & Behavioral Research*, 7(1), 43–49. <https://doi.org/10.30935/mjosbr/12801>
- Baraki, S. G., & Thupayagale-Tshweneagae, G. B. (2023). Socio-cultural factors perceived to influence sexual behaviours of adolescents in Ethiopia. *African Journal of Primary Health Care & Family Medicine*, 15(1), 3865. https://hdl.handle.net/10520/ejc-phcfm_v15_n1_a3865
- Dienye, V. U. (2011). The educational and social implications of sexuality and sex education in Nigerian schools. *African Journal of Social Sciences*, 1(2), 11–19. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=1894185
- Kim, E. J., Park, B., Kim, S. K., Park, M. J., Lee, J. Y., Jo, A. R., Kim, M. J., & Shin, H. N. (2023). A meta-analysis of the effects of comprehensive sexuality education programs on children and adolescents. In *Healthcare* (Vol. 11, No. 18, p. 2511). MDPI. <https://doi.org/10.3390/healthcare11182511>
- Le Mat, M. L., Kosar-Altinyelken, H., Bos, H. M., & Volman, M. L. (2019). Discussing culture and gender-based violence in comprehensive sexuality education in Ethiopia. *International Journal of Educational Development*, 65, 207–215. <https://doi.org/10.1016/j.ijedudev.2018.08.004>
- Mbizvo, M. T., Kasonda, K., Muntalima, N. C., Rosen, J. G., Inambwae, S., Namukonda, E. S., Mungoni, R., Okpara, N., Phiri, C., Chelwa, N., & Kangale, C. (2023). Comprehensive sexuality education linked to sexual and reproductive health services reduces early and unintended pregnancies among in-school adolescent girls in Zambia. *BMC Public Health*, 23(1), 348. <https://doi.org/10.1186/s12889-023-15023-0>
- Ministry of Health and Population, Nepal; New ERA; & ICF. (2023). *Nepal demographic and health survey 2022*. Ministry of Health and Population. <https://dhsprogram.com/pubs/pdf/FR379/FR379.pdf>
- Mukoro, J. (2023). Five narratives on the intersections between sexuality education and culture. *Globalisation, Societies and Education*, 21(3), 417–430. <https://doi.org/10.1080/14767724.2022.2027746>
- Myat, S. M., Pattanittum, P., Sothornwit, J., Ngamjarus, C., Rattanakanokchai, S., Show, K. L., Jampathong, N., & Lumbiganon, P. (2024). School-based comprehensive sexuality education for prevention of adolescent pregnancy: a scoping review. *BMC Women's Health*, 24(1), 137. <https://doi.org/10.1186/s12905-024-02963-x>
- National Statistics Office (NSO). (2023). *National population and housing census 2021 (National Report)*. National Statistics Office, Nepal.
- Oas, R. (2023). Why comprehensive sexuality education is not the answer. *Century for Family and Human Right*. <https://c-fam.org/wp-content/uploads/Why-Comprehensive-Sexuality-Education-is-Not-the-Answer..pdf>
- Ramirez-Villalobos, D., Monterubio-Flores, E. A., Gonzalez-Vazquez, T. T., Molina-Rodríguez, J. F., Ruelas-González, M. G., & Alcalde-Rabanal, J. E. (2021). Delaying sexual onset: outcome of a comprehensive sexuality education initiative for adolescents in public schools. *BMC Public Health*, 21(1), 1439. <https://doi.org/10.1186/s12889-021-11388-2>

- Rodríguez-García, A., Botello-Hermosa, A., Borrallo-Riego, Á., & Guerra-Martín, M. D. (2025). Effectiveness of Comprehensive Sexuality Education to Reduce Risk Sexual Behaviours Among Adolescents: A Systematic Review. *Sexes*, 6(1), 6. <https://doi.org/10.3390/sexes6010006>
- Schneider, M., & Hirsch, J. S. (2020). Comprehensive sexuality education as a primary prevention strategy for sexual violence perpetration. *Trauma, Violence, & Abuse*, 21(3), 439-455. <https://doi.org/10.1177/1524838018772855>
- Sekhar, M. A., Edward, S., Grace, A., & Pricilla, S. E. (2024). Understanding comprehensive sexuality education: A worldwide narrative review. *Cureus*, 16(11). <https://doi.org/10.7759/cureus.74788>
- Stephanie, M. G. (2024). The Impact of Comprehensive Sexual Education on Adolescent Attitudes and Knowledge: Implications for Program Development and Policy. *Acta Psychologia*, 3(3), 100-110. <https://doi.org/10.35335/psychologia.v3i3.64>
- Thakuri, D. S., Thapa, R. K., Singh, S., Khanal, G. N., & Khatri, R. B. (2021). A harmful religio-cultural practice (Chhaupadi) during menstruation among adolescent girls in Nepal: Prevalence and policies for eradication. *PloS One*, 16(9), e0256968. <https://doi.org/10.1371/journal.pone.0256968>
- UNESCO, UNAIDS, UNFPA, UNICEF, UN Women, & WHO. (2018). *International technical guidance on sexuality education: An evidence informed approach*. UNESCO Publishing. <https://doi.org/10.54675/UQRM6395>
- World Health Organization, & United Nations Children's Fund. (2024). *Improving the health and wellbeing of children and adolescents: guidance on scheduled child and adolescent well-care visits*. World Health Organization. <https://shorturl.at/yV4oo>
- WHO (2025). New recommendations to end the rise in “medicalized” female genital mutilation and support survivors. <https://rb.gy/1t158q>