



Youth Preferences for Comprehensive Sexuality Education

Albania, Cyprus, Georgia, Kazakhstan, Latvia,
North Macedonia, Romania, Spain, Sweden



**Findings from a youth-led research project with
young activists in the IPPF European Network**



Acknowledgements

This research was collaboratively produced by a diverse team across the YSAFE IPPF EN network.

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Welcome

This report was developed from a nine-country case study conducted across the IPPF European and Central Asian network. The case studies include Albania, Cyprus, Georgia, Kazakhstan, Latvia, North Macedonia, Romania, Spain, and Sweden. The YSAFE team led the development of the research aims, scope, and methodology, and carried out the study, analysis, and writing.

The study was exploratory in nature, aiming to understand young people's preferences for sexuality education. The report begins by introducing the YSAFE network and outlining how the research was conceived. It then describes the methodology and presents findings from each country's case study. The final sections draw together cross-cutting insights, discuss limitations, and offer recommendations and a call to action for YSAFE's future work.

We are excited to share our findings with you!

Meet the research team

YSAFE is a youth-led network within the International Planned Parenthood Federation (IPPF). It connects young activists from over twenty countries across Europe and Central Asia who are dedicated to promoting sexual and reproductive health and rights (SRHR). YSAFE members (or YSAFERS) lead projects, advocate for better access to information, and work closely with IPPF Member Associations to make sure that every young person can make informed, confident, and safe choices about their bodies and relationships.

Our mission is to **empower young people to take the lead in advancing SRHR, and to ensure that their voices shape the policies, education systems, and community in programs that affect them.** This is where our project was born: A youth-led comprehensive sexuality education (CSE) research project. It emerged from a shared need to understand what young people across Europe and Central Asia truly want and need from their sexuality education.

The project was carried forward by volunteers from the YSAFE network, coordinated at a regional level and supported by local youth-led research teams within IPPF Member Associations. An independent research consultant with expertise in co-creative research and youth-centred sexuality education supported us throughout. Each of us brought different strengths, and together, we worked to ensure that this research accurately reflects the real experiences of young people, rather than assumptions made about them.

[Want to learn more about the YSAFE research values and the volunteers who led this project?](#)
[Then click here](#)

Conceptualising the Research

Comprehensive Sexuality Education (CSE) for all is one of the four key priorities outlined in YSAFE's 2023–2028 Strategy. YSAFE strives to go beyond teaching the bare minimum in sexuality education and to incorporate intersectional perspectives and diverse experiences. Building on this strategic priority, the YSAFE Steering Committee and Partnerships & Advocacy task force identified the need to **generate youth-led evidence that could inform CSE advocacy efforts**. Thereby, this pilot research project serves as both an exploration of sexuality education in nine-country contexts and a foundation for building stronger, youth-led initiatives across the region.

CSE can include the teaching or provision of information on a **range of topics related to sexuality, sex, relationships, sexual health, gender equality, consent and bodily autonomy**. We understand that learning can occur in the classroom, through conversations with health professionals or peers, or through self-led exploration of information online, on social media, or through resources such as books, videos, and podcasts. In this research, we therefore understand **CSE in its broadest sense, including formal and informal learning channels**. In this report, you may see us refer to sexuality education (SE) rather than CSE, as some programmes may not necessarily offer a comprehensive curriculum. SE is an umbrella term.

Research questions

Working in partnership with an external consultant, the YSAFE steering committee began conceptualising a YSAFE-led research project in July 2024. The study's scope and research questions were then defined by the wider YSAFE network during the Regional Youth Forum in October 2024. This was achieved through a series of participatory workshops, during which YSAFERs identified key themes and under-explored areas in sexuality education, as well as pressing challenges in their respective countries.

This co-creative process surfaced topics such as CSE accessibility and inclusivity, the treatment of gender and sexuality diversity, and the integration of young people's perspectives into education programs. Discussions revealed that CSE content and delivery vary widely across the IPPF EN region, from long-established curricula to contexts where CSE remains absent or contested. Given these differences, the research scope was kept intentionally broad, allowing each country to explore CSE within its own context while contributing to a shared regional understanding. Our central research question was: **What are young people's preferences for sexuality education across the IPPF EN region?**

Our sub research questions were:

- **What do young people want to learn in their sexuality education?**
- **Where and from whom do young people prefer to learn their sexuality education?**
- **How do young people want to learn about sexuality education?**

Methodology

We developed a mixed-methods case study approach to examine data from nine countries and identify cross-country patterns and insights, utilising both qualitative and quantitative tools. Three research methods were co-created during the regional Youth Forum, and each country team selected which to implement based on their socio-political context, participant access, and available time.

The research was carried out in nine countries across the IPPF European Network: Albania, Cyprus, Georgia, Kazakhstan, Latvia, North Macedonia, Romania, Spain, and Sweden. Each team worked in its own way, using a combination of methods that made sense for its context.

Data was collected between February and May 2025. All participants received information about the project and provided informed consent. Data was transcribed and anonymised at the point of storage, in accordance with GDPR and YSAFE's data handling policies. The YSAFE team collaborated with an external consultant to strengthen their skills in data collection, conducting ethical research and youth-centred approaches for research on sensitive topics. Where applicable, data was translated into English to support joint analysis across the team. Using a Reflective Thematic Analysis approach, the YSAFE team worked in smaller groups to analyse national datasets, identify cross-cutting insights, and develop overarching themes.

Our three methods were: **Social Media Review, Survey and Focus Group Discussions.**

Method 1: Social Media Review
Applied by: Georgia and Kazakhstan

In contexts where the YSAFE team were unable to contact participants, we offered a desk-based social media review to indicate how young people respond to and engage with social media content around topics of SE. Through **hashtag searching and snowball sampling**, the teams identified accounts that were popular on both Instagram and TikTok. Only publicly available content was used, and teams gathered information on audience interaction, including how young people commented on content, their preferences for topics/formats, and any questions they had. The teams also analysed whether there was any clear preference for content from peer-based influencers or from formal accounts linked to medical or health professionals.

Method 2: Survey
Applied by: Albania, Cyprus, Georgia, Kazakhstan,
North Macedonia, Romania, Sweden

In efforts to gain a broad reach and access participants from different areas of the country, seven of the teams opted for a survey. Questions were designed to elicit participants' satisfaction with the current SE offering, preferences for learning and recommendations for future initiatives. **We used both quantitative and qualitative questions.** Teams adapted the questions based on the socio-political landscape. Responses remained anonymous, and in some cases, participants were invited to submit their contact details if they wished to participate in follow-up focus group discussions. The total number of survey participants was 1419.

Method 3: Focus Group Discussions (FGD)
Applied by: Albania, Latvia, Kazakhstan, North Macedonia,
Romania, Spain, Sweden

FGDs were conducted both in person and online, aiming to gather more qualitative insights into people's experiences and perspectives on SE. **Teams adapted the YSAFE focus group discussion guide, and some added creative methods, such as body mapping, image-based storytelling, and collective collage.** The benefits of these additional methods helped participants to open up on sensitive or tricky topics related to sexuality education. We engaged with 154 young people across the focus group discussions.

Participants

In total, 1,573 young people aged between 15 and 25 took part and shared their views on how sexuality education could better reflect their lived experiences and needs.

The project reached young people mainly in cities but also (in some cases) smaller towns and communities. In the majority of country contexts, we recruited participants **aged 18–25**, as it was the most accessible way to engage with young people in a short space of time, without seeking additional parental consent. However, due to the team's established youth networks, Romania, North Macedonia, and Kazakhstan were able to recruit young people **aged 15–17 for the survey**. The distribution of the survey respondents by country is shown in **Figure 1**.

The majority of survey respondents identified as **heterosexual (54%)**, followed by **bisexual (19%)**, and **gay or lesbian (8%)**. Other sexual identities included **queer, pansexual, asexual, finsexual and demisexual**. Around 5% of participants selected unsure/questioning or prefer not to say.

19% of survey respondents were **15–17 years old**, **44%** were **18–21**, and **37%** were **22–25** years old. **13%** of identified as **living with a disability or chronic long-term condition**.

Gender identity was predominantly **female, woman, or girl (68%)**, followed by **male, man, or boy (23%)**, as shown in **Figure 2**. While some respondents identified as **gender-fluid, non-binary, or transgender**, these groups were not actively recruited in this phase of research, which is an area to prioritise for future studies.

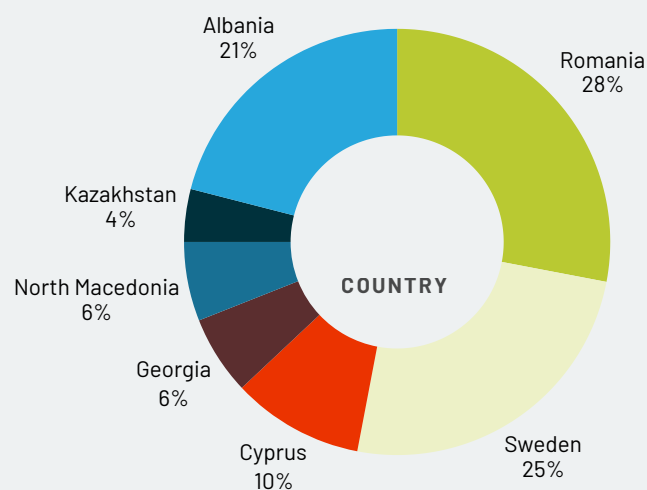


FIGURE 1: SURVEY RESPONSES BY COUNTRY

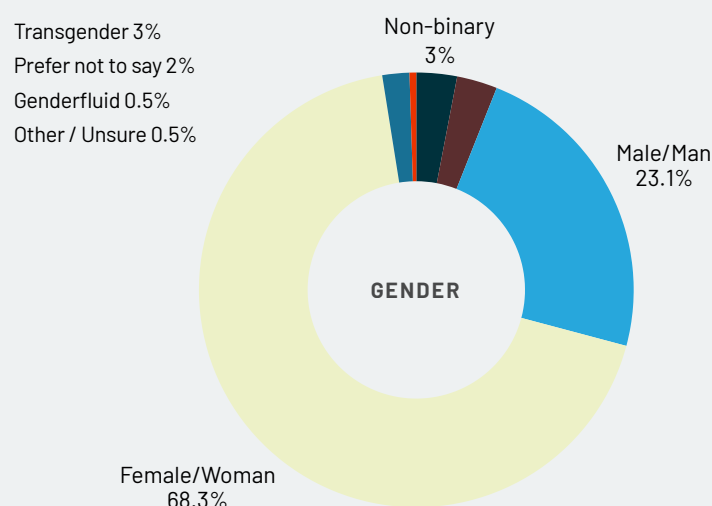


FIGURE 2: SURVEY RESPONSES BY GENDER

Albania

Survey: 300 respondents

Focus groups: 24 participants

Survey participants were aged 15 to 25. 68% identified as female, 29% as male. 78% identified as heterosexual, 12% identified as bisexual, 6% as pansexual, and 4% preferred not to say.



Current CSE context

CSE is **formally included in the national curriculum**, but its **implementation remains inconsistent**. Barriers to quality delivery include limited teacher training and persistent stigma inherited from the Communist era, when such topics were banned from public discussion. Although other resources providing SRHR services exist, access is **often hindered by fear of judgment, lack of awareness, mistrust, and concerns about confidentiality**. Social conservatism and enduring religious influences also shape this situation. While LGBTQI+ rights are advancing, stigma remains widespread, and access to SRHR education and services continues to be affected by inadequate and untenable policies.

Key findings

Young people in Albania want sexuality education that is comprehensive, inclusive, and emotionally aware, rather than limited to biology or reproduction. The majority described current education as **"too biological and not about real life."** According to the survey, 60–65% were dissatisfied or very dissatisfied with existing sex education, while only 10% felt satisfied. Participants strongly expressed the need to learn about consent, emotions, gender identity, relationships and body image. One participant said, **"I've never heard anyone talk about consent or mutual agreement. 'No' should always mean no."** LGBTQ+ participants noted that programs ignore their realities, with one person stating that **"At school they only talked about boys and girls; I never felt represented"** Many participants also wanted discussions about body positivity and self-acceptance, particularly in the face of judgment or shame. They also highlighted the need for practical knowledge on contraception, STIs, and confidential counselling.

Regarding SE formats, participants expressed a preference for **interactive and creative learning methods over traditional lectures**. They emphasised that learning should happen through dialogue, not memorisation. **Workshops, podcasts, and online visuals** (including images, videos and social media reels) were their favourite formats. One said, **"Podcasts invite people with different experiences,"** while others noted that **"videos and real stories are easier to remember."**

Survey responses confirmed these trends, with **workshops and discussions emerging as the most preferred format**, followed by online visual content, such as Instagram or TikTok reels, and then lectures and podcasts.

Participants also emphasised that SE should be continuous and occur **across schools, online spaces, and community settings**. However, barriers such as teachers' discomfort, lack of trained educators, and social stigma remain. A participant explained, **"We learn from social media, but we never know what's true."** Trust was identified as the most critical factor in choosing where to learn.

The survey found that **60% preferred learning from health professionals**, 20% from teachers or NGOs, and 15% from parents or adult family members. Participants reported feeling safest with professionals who provide factual, non-judgmental information. **"I feel safe learning from doctors or counsellors who give real answers,"** one noted. Others valued online platforms for their privacy and anonymity, though many warned that **"not everything online is reliable."** LGBTQ+ and disabled youth indicated that online and NGO-led spaces felt safer and more inclusive than formal settings.

Conclusions

This study underscores the pressing need for comprehensive, inclusive, and emotionally sensitive sexuality education in Albania. Although CSE is included in the national curriculum, inconsistent implementation, insufficient teacher training, and social stigma hinder its effectiveness. Young people expressed general dissatisfaction with the current system. They called for interactive and participatory methods, podcasts, online visuals, and storytelling that encourage dialogue and reflection. Trust emerged as a key element, with young people favouring health professionals and inclusive, stigma-free learning spaces. To meet these needs, policies, curricula and teacher training must evolve to foster safe, engaging, and inclusive education.

Cyprus



Survey: 149 respondents

Participants were aged 18 to 25. 70% identified as female, and 77% heterosexual. The rest identified as gay or lesbian (13%), bisexual (7.5%), queer (1.4%), or preferred not to say.

Current CSE context

Health Education has been mandatory in public schools in Cyprus since 2011, and the CSE Act came into force in 2023. However, CSE still focuses mainly on biological and reproductive health. Teachers are not required to take specific training on sexuality education, and their personal views often influence how the subject is delivered. As a result, essential topics such as consent, relationships, and inclusion are frequently overlooked.

Key findings

Most respondents stated that they want an SE that extends beyond anatomy and reproduction. They want to learn about **contraception, consent, emotions, relationships, gender identity, and LGBTQI+ topics**.

Most participants learn about sexuality and relationships through **social media (63%)**, mainly Instagram, TikTok, and YouTube. School followed (34%), then online blogs and forums (28%), search engines (21%), and medical or health professionals (15%). Only 4% said they had never received any information. When asked about their **primary source, social media remained the top choice (45%)**, while schools and health professionals dropped below 6%. This shows that young people rely heavily on digital spaces to learn about sexuality.

One participant shared: **“Through the internet, I learned about sex and sexuality in an open-minded environment where new questions were always created and answered with critical thinking and valid sources.”** Although social media feels open and accessible, it is not always reliable, as another participant noted: “I don’t know what’s true and what’s not, nor ways to be safe.”

The majority expressed a preference for learning experiences that are interactive, participatory, and non-judgmental. The most popular learning method was discussion-based activities (38%), followed by books and magazines (35%) and short online materials such as reels or infographics (26%). Structured presentations (26%) and individual mentoring or interactive games (25%) were also mentioned.

Most participants indicated that they would like to learn from health professionals (60%), educators (47%), parents (36%), friends and peers (24%), and social media influencers (19%). They described the ideal educator as knowledgeable, empathetic, and trustworthy. This demonstrates a clear preference for CSE to be delivered by trained professionals and teachers who can foster an atmosphere of trust and respect.

Conclusions

CSE in Cyprus remains limited, primarily focusing on biology. Most young people rely on informal and digital sources for information. Our survey findings indicate that participants desire CSE that is inclusive, practical, and consistent, covering topics such as emotional well-being, consent, and respect in relationships. Focus groups and interviews could help capture young people’s experiences and feelings in greater depth.

Georgia



Survey: 80 respondents

Social Media Review: 12 SRHR-focused accounts

Of the survey respondents, 83.75% were women and 16.25% men. 82.5% identified as heterosexual, while smaller percentages identified as bisexual, pansexual, or gay and lesbian. 2.5% reported having a disability.

Current CSE context

CSE is not mandatory at the national level. While some aspects of reproductive health are included in biology and civic education courses, these lessons **rarely cover the emotional, psychological, and social dimensions of sexuality.** Socio-cultural and religious norms continue to shape the national context of youth SRHR. The Georgian Orthodox Church holds considerable influence, reinforcing conservative views and discouraging open discussion of sexuality. **Same-sex marriage is constitutionally prohibited,** and conversations about sexual orientation or gender identity are often stigmatised.

Key findings

Participants expressed a strong desire for SE that **extends beyond biological and reproductive health.** The most frequently mentioned topics that participants wanted to learn more about included contraception, menstruation, hygiene, consent, body image, mental health, and prevention of gender-based violence.

Respondents envisioned an inclusive, age-appropriate, and continuous system that would provide scientifically accurate information and emotional support within a non-judgmental environment. One participant summarised the societal challenge clearly: **"Perhaps the biggest obstacle is stereotypical views and the rules of conduct shaped by social norms. The fact that almost no one ever speaks openly about this topic leaves many people uneducated."**

The study found that most young people access information about sexuality through digital spaces due to the absence of reliable institutional education. Primary sources included **search engines (61%) and social media platforms (43%).** These conditions create an environment in which young people receive fragmented, inconsistent, and often unreliable information. The absence of formal, credible education leads many to seek knowledge from informal or online sources. As one participant noted, "Sexual education in Georgia is still a new topic, and **like many other novelties, it faces resistance. Many are afraid to discuss this topic because it is taboo in society.**"

While online sources offer privacy and accessibility, participants raised concerns about **misinformation, unreliable content, and the lack of expert moderation.** The social media review showed that **short, relatable, and interactive formats, such as brief videos, polls, and personal discussions, were most engaging.**

Despite their reliance on digital spaces, most survey respondents **expressed higher trust in professional sources**. Doctors and pharmacists (49%) were identified as the most credible, followed by family members (21%) and partners (20%). **Schools ranked the lowest, reflecting a credibility gap in formal education.**

Conclusions

SE in Georgia remains insufficient and inaccessible to many young people. Although digital tools have expanded opportunities for independent learning, they cannot replace formal, comprehensive, and credible education. These findings underscore the importance of strengthening the connection between professional expertise and accessible learning formats. Educational efforts should build on youth familiarity with digital platforms while ensuring that accurate, medically sound information is available.

Kazakhstan



Survey: 57 respondents

Focus Groups: 30 participants

Social Media Review: 5 SRHR-focused accounts

The majority of survey respondents were aged 18–21, and were pursuing or had completed a Bachelor's degree. 64% identified as women, 32% as men, and 5% preferred not to say.

Current CSE context

CSE is not part of the formal education system in Kazakhstan; however, some related topics are integrated into other subjects, such as 'Basics of Life Safety' and Biology, for older students. As such, young people rarely receive accurate and unbiased information about their bodies, relationships, and sexual health in school. Topics such as consent, contraception, and reproductive rights are seldom discussed openly, either at school or at home.

Key Findings

Most survey participants **showed interest in all the listed topics**, demonstrating a significant gap in the current SE offering. The most common topics chosen were **STIs, contraception methods, consent and personal boundaries**. At the same time, some FGD participants expressed hesitation about discussing issues related to SE in school settings. Their concerns often reflected discomfort or uncertainty about how to introduce these topics and who should be responsible for doing so.

This hesitation highlights the **persistence of stigma and misconceptions** surrounding sexual and gender diversity. It also highlights the impact of the broader political and social environment, where **restrictive attitudes and limited access to inclusive information** continue to shape how young people perceive and discuss these issues.

There was no single clear preferred learning format, as survey respondents want a mix of methods, **including videos, lectures, and informal settings**. Many said that it is easier to talk to medical specialists, friends or peers, or social media influencers, rather than parents or teachers, of whom several suggested they would experience shame.

One participant explained: **"Parents don't explain this topic, so children learn from social networks, but this should be taught at school."** Nevertheless, participants highlighted that learning from their peers did not provide them with substantial information. Moreover, FGD data and the social media review highlighted a preference for more authentic and culturally sensitive content that feels relatable and non-judgmental.

Conclusions

This data reveals that the current SE in Kazakhstan has significant gaps and faces numerous challenges related to stigma, limited accessibility, and a lack of trusted sources. Young people are eager to learn about a wide range of topics related to sexual health and relationships, but face barriers in accessing accurate and reliable information.

Latvia



Focus Groups: 22 participants

45% of participants identified as male, and 55% as female assigned at birth (social gender or sexual orientation was not asked for safety precautions).

Current CSE context

In Latvia, SE is incorporated in many different school subject curricula, such as biology and social studies; however, in practice, **the curriculum is not always followed due to the shame and stigma surrounding the topic**, and it certainly does not include LGBTQI+ topics.

Key Findings

The prominent topic young people defined as not talked about enough was the emotional aspects of CSE, as one participant put it, **"the emotional aspect of intimate relationships, specifically[...] How to feel safe? How to have a secure relationship?"** Participants also shared that they wanted to know more about the "awkward" part of sex, as it is not often discussed or shown in pornography. There was also an interest in learning more about pleasure: **"For the physical matters, how to feel properly and actually, what should he do?"**

A participant shared that **“growing up, girls are always told that the worst thing is that you'll get pregnant unplanned, but there's less talk about some of the diseases you can get and how you can get them and how you can check if you have them,”** and many agreed that more education about STIs is needed.

A common theme was being hopeful that in the future, parents would be less ashamed to teach their kids: **“[They] are the ones who can reach children faster and influence their understanding. School gives the basics, but if parents explain and talk at home, it is easier for children to understand and accept things.”**

Participants noted that SE is implemented differently across schools, with smaller towns and schools having limited or no CSE in comparison to the capital city. Of the participants who did not recall being taught any CSE at school, most supported the mandatory implementation for future generations. Of the participants who had experienced CSE in school, **several noted that they did not feel safe having SE conversations with their family and indicated a preference for private learning experiences**, such as booklets and anonymous Q&A forums. They think that “it [anonymity] wouldn't really reduce the stigma, if it exists, but it would just give a sense of security.”

The majority of participants noted that school-based CSE should **“have a separate lesson and a separate teacher who doesn't do anything else”** and for them to be a young person. The rationale for this was that many deemed teachers incapable and/or unwilling to educate properly due to shame and/or a lack of training, and indicated a preference for talking to someone closer to their own age to enhance comfort. It was also agreed that the lessons should start earlier in school, with age-focused topics, including challenging social constructs of gender, such as harmful **common attitudes that ‘boys will be boys’**.

Conclusions

Despite the small sample of participants, the research elicited a general sense of dissatisfaction with SE. The young participants expressed a desire for a **multi-format provision of SE, including a mix of school-based content** (with trained, and ideally younger teachers), resources for **self-led learning, that prioritise anonymity**, and **hopes for more parent-child conversations in future**. It would be beneficial to test some of the suggested educational approaches (for example, the Q&A forum) and conduct surveys to assess the effectiveness and recognition of existing resources, including booklets, magazines, and online content.

North Macedonia



Survey: 88 responses

Focus Groups: 18 participants

65% of survey respondents identified as female, 30% male. The majority identified as heterosexual, with 26% identifying as either bisexual, homosexual or queer.

Current CSE Context

Sexuality remains largely taboo, and CSE has historically been absent from the school curriculum. As of September 2025, Comprehensive Sexuality Education has been piloted in Macedonian schools, a curriculum and manual have been developed, and teachers are continuously being trained. While this marks a significant step forward, it is still not officially introduced as a subject. The rise of anti-gender discourse and the change of government have slowed its implementation in the formal education system.

Key findings

Most participants rated their experience of CSE as having a **low or very low level of satisfaction**. Lessons are few, narrow in scope, and sometimes skipped altogether. Only a few respondents reported high satisfaction (4 or 5), and none listed school or parents as their primary information source, indicating that both formal and family-based education remain largely ineffective or avoided, reflecting the perception that sex is a **“shameful subject.”**

In terms of topics, participants expressed the most significant interest in learning more about **sexual reproductive health, body and body image, and gender**. This was closely followed by **relationships and intimacy, as well as sexual behaviours**. Sexual violence ranked second to last despite rising domestic and intimate partner violence (mainly affecting women), highlighting the urgent need for early education on gender-based violence.

Most participants reported that their primary sources of SRHR information **include short-form social media platforms** such as Instagram, TikTok, Reels, Threads, and X. A smaller number mentioned blogs or AI search engines (ChatGPT, Perplexity, Gemini). **Friends and peers were listed as the primary source**, with several participants mentioning peer-to-peer education within school clubs or youth groups. Interestingly, **many participants reported receiving information from a parent or guardian**, suggesting that younger parents may be becoming more open to conversations previously deemed taboo.

Regarding preferred sources of information, **most listed educational institutions as their top choice, followed by medical professionals and teachers/professors**. Parents ranked fourth, ahead of peers and social media, which came last despite being the most used sources. This shows that while **young people rely heavily on digital content**, they recognise its limitations and risks of misinformation.

Due to stigma and fear of judgment, **it was suggested that youth often turn to digital sources for privacy, even while acknowledging that structured education would be more trustworthy**. Across the FGDs, participants noted that stigma continues to silence conversations about sexuality, particularly for girls and LGBTQ+ youth. Furthermore, cultural and religious conservatism reinforces the idea that discussing sexuality is “shameful.” **Access inequality persists for Roma and rural youth**, who face socioeconomic and digital barriers.

When asked what kind of SE they would like, the majority favoured **structured lectures with discussion-based activities**. Participants also wanted content based on **real-life peer experiences, making lessons relatable, engaging, and practical**. There was a clear preference for **short, interactive, gamified workshops** that modernise lectures, maintain engagement, encourage open-mindedness, and foster tolerance among young people. A smaller group expressed interest in **one-on-one mentoring sessions**, reflecting social anxiety and fear of judgment in group settings.

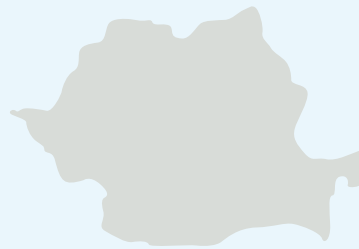
Conclusion

The findings of this study highlight that the participants desire **structured, trustworthy, and inclusive sexuality education that extends beyond the current limited biological focus in schools**. Despite widespread reliance on social media and peers for SRHR information, youth express a clear preference for credible, institutional sources such as educators and medical professionals. **However, social stigma, lack of trained staff, and minimal curricular integration continue to restrict access to accurate and comprehensive education.**

Romania

Survey: 395 responses

Focus Groups: 21 participants



Of the survey respondents, 65% were 15–17, 30% were 18–21, and 5% were 22–25 years old. Most identified as women (65%), followed by men (25%), transgender (5%), and non-binary (3%).

Current CSE Context

Romania's youth SRHR landscape is shaped by **strong conservative and religious influences**, especially from the Romanian Orthodox Church, which dominates debates on morality, family, and education. CSE is highly contested: although discussed at the policy level, **implementation is uneven** and largely dependent on local schools and NGOs. **Efforts to make CSE compulsory face strong political and social resistance**. Access to contraception and SRHR services remains inconsistent, particularly for adolescents, who often rely on NGOs or informal sources for information. LGBTQI+ rights are limited, with no legal recognition of same-sex unions, **reinforcing stigma and exclusion**.

Key findings

During the FGDs, participants expressed interest in learning about **consent, rights, body image, hygiene, and protection**. As one participant explained, "You have to know how to listen to the other person and not to push some limits," while another noted, "A forced yes is a NO!". Knowledge of reproductive health, anatomy, contraception and protection against STIs was also highly valued by participants. However, **discussing pleasure or desire remained uncomfortable for some**: "I think it can be something perverse," reflecting cultural and religious taboos that create tension between curiosity and societal norms.

Across the survey, participants recognised gaps in formal education, and many noted **their reliance on online sources**, such as social media, search engines, blogs, and medical websites. Respondents expressed a clear vision for quality sex education: it should be mandatory, age-appropriate, inclusive and cover both physical and emotional aspects of sexuality, ideally starting in middle school.

As for learning formats, participants preferred **interactive and practical approaches, including group discussions, videos, and real-life scenarios**, as these methods facilitated learning and engagement. They suggested starting with age-appropriate content, introducing anatomy and puberty, followed by sexual rights, contraception and relationships. Some noted that beginning with **single-gender groups allows for greater comfort**, while others were fine with mixed sessions to provide diverse perspectives.

Survey data revealed a firm reliance on **digital sources for private, self-paced learning**. Platforms like Instagram, TikTok, YouTube, and Reddit are valued for their accessibility, relatability, and anonymity. At the same time, participants emphasised the importance of learning from **reliable sources, such as healthcare professionals or specialised educators**, to ensure trustworthy and accurate information. Interactive methods like group discussions and workshops were favoured over traditional lectures, as they **create safe spaces for dialogue and help normalise conversations about sexuality**.

Some trusted adults, including teachers, health specialists, and NGOs, were prioritised as preferred sources. Still, participants noted they should be well-trained on these topics: **"It's so awkward to talk about this with a teacher who also teaches you math."** Parents are valued for fostering trust and openness, but not for detailed instruction: **"Parents... should create a certain openness... then a specialised person explains in detail."**

Survey respondents emphasised the same point, highlighting that **professionals provide objective, fact-based and non-judgmental guidance**, while **friends and peers can offer relatable experiences and emotional support**. Digital sources remain an important complement, providing private and immediate access to information. However, participants stressed the importance of **verification and reliability**: "Sexual education should be done on social media only by trusted people with some kind of license." Survey findings reveal that where schools fail to provide sex education, online platforms become primary sources, despite misinformation concerns. Participants envision a **hybrid approach that combines professionals, parents, and verified digital sources to deliver comprehensive and inclusive sex education**.

Conclusions

The participants in this research called for CSE that balances biological knowledge with emotional literacy, consent and healthy relationships. They prefer interactive, **age-appropriate learning methods delivered by trusted adults, supported by verified digital resources**. Current gaps, caused by systemic absence of school-based education, cultural taboos and unreliable information, **drive them to seek knowledge independently online**. Despite challenges, participants understand that effective sex education should be mandatory, accurate, inclusive and normalised across society.

Spain



Focus Groups: 32 participants

Current CSE context

In Spain, sexuality education is incorporated into a few school subjects, such as Biology or Civic Education. Still, **it is not mandatory and is often limited to basic information** about pregnancy and infections. In October 2022, the “Only Yes Means Yes” Consent Law came into effect in Spain. The legal changes mean victims will no longer have to provide proof of violence or threat of violence, coercion or resistance against their attacker(s) in court. Despite the progress it represents, the inclusion of consent in Spanish legislation has brought with it a **surge of resistance and a series of misinformation campaigns**, a fact that further highlights the importance of access to CSE and reliable information about Gender Based Violence and other topics.

Key findings

Across the FGDs, participants expressed a desire for CSE that addresses real-life situations and emotions, not just risks and protection. They want to understand how relationships work, how to communicate effectively, how to cope with shame and insecurity, and how to explore their bodies safely. Many asked for more open discussions about gender, sexual orientation, and pleasure. One participant said, **“They tell us how to avoid pregnancy but never how to enjoy intimacy or feel comfortable with our bodies.”** Others felt that topics such as **menstruation, body image, or consent should be taught to everyone, not just girls.** Similarly, CSE should help boys understand emotions and gender-based violence, instead of focusing only on biology or performance.

Participants **preferred workshops and informal conversations over formal lectures.** They suggested that interactive activities enable them to share experiences and talk without fear of being judged. When facilitators are open and use everyday examples, young people may be more relaxed and willing to learn.

Several mentioned that **the way teachers act has a significant influence.** For example, if teachers demonstrate discomfort, students tend to remain quiet. When the space feels safe and respectful, people are more likely to participate. As one person said, **“When it feels like a normal conversation, not a warning, you actually learn something.”**

Participants also talked about **learning in therapy or through online content.** Many said therapy helped them speak openly and understand sexuality as part of mental and emotional health. Others mentioned using TikTok, Instagram, and online platforms to find honest information. They recognised that **not everything online is reliable, so they suggested including media literacy in sexuality education.** They also liked the idea of revisiting topics over the years, but with greater depth each time. Instead of hearing the same information about infections, they want discussions that grow with age and experience.

Alongside schools, **youth club workshops organised by NGOs** were described as the best learning spaces because they are **open, safe, and based on real conversation**. **Friends** were also mentioned as an important source of information and support, and some participants noted the importance of **speaking the same language** and understanding everyday experiences.

Most participants said they **would like to talk with their parents**, but that it rarely happens, due to feelings of shame or awkwardness. A few described positive experiences with open-minded parents who listened without judgment. Some suggested that **parents also need sexuality education** so they can talk more comfortably with their children. Online spaces were another key source. Participants followed creators who talk about relationships, body image, or gender identity. They saw **online learning as accessible and diverse, but wanted guidance on how to recognise reliable information**.

Conclusions

Young people in Spain build their understanding of sexuality by **combining different sources**. **Schools provide basic facts but not emotional or inclusive education**. Workshops, friends, therapy, and online spaces fill some of these gaps. To enhance current school offerings, participants advocated for **in-depth teacher training** and **expanding the curriculum** to include topics such as emotions, relationships, pleasure, and diversity, in addition to prevention.

Sweden

Survey: 356 responses

Focus Groups: 7 participants

The majority of survey respondents identified as women (76%). Most people identified as heterosexual (34.2%), closely followed by bisexual (32.5%).

Current CSE context

CSE has been **compulsory in schools since 1955**. In 2020, sexuality education became compulsory in teacher training programs, and in 2022, the name of sex ed in school changed to **"Sexuality, Consent, and Relationships"**. Earlier in 2025, an inquiry was presented that proposed deleting formulations about sexuality, consent, and relationships from the school's curriculum goals and mandate. If this is removed, **it risks undermining sexuality education**.

Key findings

In general, participants wished they had learned more about **lust, desire, how to have sex, body and emotions, sexuality, kinks, and relationships**. Many mentioned that they want to learn more about consent, LGBTQI+ and the importance of hearing **people's own experiences to normalise and eliminate or reduce prejudices**.



More than half of all respondents stated that they learn or have learned about sex education in school, but **very few indicated that it is or has been their primary source of information**. Many respondents emphasised the importance of receiving sex education in school and that it needs to be taken more seriously. The participants indicated they wanted to learn more about norms, identity, consent, pleasure, and other related topics. One person said, **"How sexuality and identity go together. Because for some people, sexuality can be, I mean, the biggest part of their identity."**

Group discussion-based activities were the preferred choice among participants, regardless of age, sexual orientation, gender identity, or disability. However, it's essential to recognise that participants have **diverse learning preferences**: they may want to learn through **relatable stories from influencers, watch videos independently, or participate in safe forums for group discussions**, among other methods. They also value **one-on-one learning** for topics they don't understand. **Some want better education in school. Some prefer to learn privately.**

Participants noted that digital platforms and **social media** are helpful for **quick answers** and **relatable personal stories**, while **remaining anonymous**. However, due to the nature of social media, **content often 'pops up'** based on an algorithm, meaning that **young people may not necessarily search for it**. This brings the challenge of **navigating between reliable and unreliable sources**, which in some cases can lead to a skewed understanding. One participant shared:

"Many people on social media spread information that **lacks research and facts**. Social media and porn are a big problem as **many young people get a false image of what a sexual relationship should look like...**"

Many participants wanted a **more inclusive and comprehensive school education** to foster understanding and prevent misconceptions. **While medical professionals and friends are the most common sources of information, few rely on them as their primary source**. Participants value learning from multiple people, turning to medical professionals for reliable answers and to friends for discussions about identity and sexuality. This highlights the importance of diverse, trusted sources for sexuality education.

Conclusions

Based on the responses, the perception is that many respondents have good knowledge and/or are satisfied with their understanding of "factual questions," such as STI/STD prevention and contraceptive use. The participants **sought to learn about more complex topics, including relationships, identity, sexuality, consent, and, importantly, to gain insight from people's own experiences**. Across the study, participants noted a preference for different learning formats, indicating that a holistic, **multi-method SE approach** may better meet the needs of young people.

Cross Cutting Themes and Insights



The nine country case studies varied in scope and methodology, offering flexibility to explore youth-centred research across the YSAFE network. While this diversity limits direct comparison, consistent themes emerged around young people's preferences for sexuality education. As several survey questions were the same across participating countries, we can also draw some comparative quantitative insights. This section presents the overall survey findings and cross-cutting themes derived from the qualitative data collected through focus group discussions.

What do young people want to learn in their sexuality education?

Across the 1,419 survey respondents, **69% rated their experience with sexuality education as either neutral, dissatisfied, or very dissatisfied.** In focus group discussions, participants generally equated sexuality education with what is taught in schools. In contexts where it was not mandatory, they expressed a strong desire for it to be implemented across all schools and age groups. Many also emphasised the **need for sexuality education to evolve over time**, reflecting different life stages and experiences.

Drawing on both survey and qualitative FGD data, participants consistently called for sexuality education to **move beyond biological and reproductive 'facts'** or the dominant risk-based approach focused on pregnancy and STI prevention. They expressed clear interest in more socio-emotional content, including **gender and LGBTQI+ identities, consent, body image, mental health, pleasure, relationships, and violence prevention.** In several settings, participants also requested more detailed information on contraception, STIs, and menstrual health.

Across the case studies, participants highlighted the **absence of inclusive spaces** for sexuality education. Some noted that formal, school-based curricula often **overlook LGBTQI+ and disability-focused content, failing to reflect the realities** of many young people. **Informal discussion spaces** were sometimes perceived as **safer and more inclusive**, which may help explain why online platforms are consistently popular sources of information. In settings where LGBTQI+ stigma is widespread, participants identified a clear gap in how these topics are approached within formal curricula.

Overall, the findings suggest that young people **desire inclusive CSE that evolves with them, revisiting key topics while deepening their exploration of socio-emotional and relational aspects over time.** An inclusive curriculum that grows with learners and reflects their lived realities would better meet their needs and support more inclusive and meaningful learning experiences.

Cross Cutting Themes and Insights

Where and from whom do young people prefer to learn their sexuality education?

Across the case studies, young people expressed diverse preferences regarding where and from whom they wish to learn about CSE. **Survey participants consistently highlighted trusted adults**, such as medical or SRHR professionals, teachers, and in some cases, parents or other family members,^[1] as preferred sources of learning. Qualitative findings reinforced this, with many calling for **better training for healthcare professionals and teachers to create inclusive, comfortable spaces** where young people can openly share questions and curiosities. Several participants also advocated for specialised SE teachers in schools, reflecting a desire for dedicated spaces to discuss these topics safely and confidently.

Healthcare professionals were commonly viewed as **reliable sources of factual, non-judgmental** information, while **friends and peers provided emotional support and relatable experiences**. However, discussions about sex and sexuality within families often remained difficult due to stigma and 'awkward' discomfort. Participants who wished for greater parental involvement called for more family-focused sexuality education resources, **suggesting an opportunity to equip parents through training and accessible materials**.

When asked to identify their primary source of sexuality education, **62% of survey respondents chose online platforms**. This included social media (35%), search engines, AI or chatbots (20%), and online forums or blogs (7%). The most popular offline sources were **healthcare professionals** (10%), followed by books, magazines, friends, and youth clubs (each at around 5%), and schools (4%). Even in contexts with established, mandatory CSE, such as Sweden, few respondents identified school as their primary source of information, highlighting the **continued significance of digital spaces for learning and connection**.

Some participants also called for **stronger media literacy** education to help them assess the credibility of online content, particularly on social media, where personal stories can blur the line between experience and expertise. As one participant from the Romania case study noted, **"Sexual education should be done on social media only by trusted people with some kind of license."**

Taken together, these findings illustrate that **young people learn within a broad learning ecosystem composed of multiple sources**, each offering distinct forms of support, from medical knowledge and factual accuracy to socio-emotional guidance, relatable experiences, and anonymity. Future research should map the operation of this ecosystem across various contexts and explore opportunities to enhance its effectiveness. These insights underscore the **need for a blended approach** that values and **integrates both online and offline systems** as complementary sources of sexuality education.

^[1] For the Swedish country case study, we noticed the parent, guardian or other family members was missing as an option on the survey. This was a mistake, and we noticed that some respondents have still mentioned family members in the free-text answers, but we cannot comment on how many would have chosen that option if it had been presented to them.

Cross Cutting Themes and Insights

How do young people want to learn sexuality education?

Although online and digital content remain essential for young people, **discussion-based activities were the most preferred learning format** across the survey (see figure 3). Preferences for other formats were relatively close, including short-form media (such as images or reels), structured presentations or lectures, one-to-one learning with mentors or professionals, podcasts or radio, long-form videos, books or magazines, and narrative or story-based content. Online discussion forums and interactive games were less popular.



Figure 3: Survey respondents preferred SE learning formats

These findings highlight young people's preference for a **multi-format sexuality education ecosystem that combines different approaches**. A blended model, mixing self-directed online learning with guided discussions and structured teaching, can help meet diverse learning needs and preferences.

Online content also offers valuable anonymity, an essential factor in societies where conversations about sex and sexuality remain stigmatised. Recognising that participants learn in varied ways is essential: some prefer relatable stories from influencers, others prefer independent video learning, group discussions in safe spaces, or one-on-one guidance from trusted adults. Together, these preferences underscore the need for flexible, youth-centred approaches to sexuality education.

Limitations and Learnings



Reflecting on the research process and our methodological learnings

This pilot study aimed to test flexible, co-creative research methodologies and explore how YSAFE can best mobilise its network to design research suited to diverse contexts. Through conducting the research and reflecting on our experiences, certain limitations and areas for improvement became apparent.

Recruitment success varied across countries and methods, which **affected representation**. Most survey respondents identified as women, and **future research should prioritise inclusion of gender-diverse participants, people living with disabilities, and young people in rural areas**. Some case studies had large numbers of participants, while others had smaller numbers, which limited comparability. **Greater ethnic and linguistic diversity** should be incorporated in future studies to ensure broader inclusion.

Survey responses were sometimes brief, offering limited depth, but the mixed-methods design allowed us to balance this with richer qualitative insights from focus group discussions. These FGDs offered valuable opportunities to explore attitudes, beliefs, and experiences, and created a safe and supportive environment for discussing sensitive topics.

Similarly, while the social media review helped contextualise the broader information landscape, it offered less depth on young people's perspectives and lived experiences.

Time constraints and limited staffing also posed challenges. Conducting the research largely alone highlighted the value of collaborative teamwork for managing workload, maintaining quality, and ensuring diverse perspectives in the analysis.

Overall, the **mixed-methods approach proved effective for capturing both breadth and depth**. With experience gained from this pilot study, future research can refine the design by using surveys to **identify key themes in an initial phase, followed by targeted focus groups or online discussions to explore them further**.

Call to Action



The YSAFE team has developed the following recommendations to lead to more youth-friendly and inclusive CSE.

Policy Makers

- Support the development of **comprehensive, gender-inclusive, evidence-based, and interactive SE** in formal education that is **age-appropriate** and supports students through their school lifecycle.
- Develop policies for a **revived national curriculum** that extends beyond biology, reproduction, and prevention, helping us understand our bodies, emotions, identities, relationships, whilst prioritising wellbeing and healthy sexual experiences.
- Support the implementation of **mandatory CSE training** for **specialised CSE teaching staff** in schools.
- Invest in policies to **develop an ecosystem of learning formats** to support holistic CSE learning.
- Develop policies to support **interdisciplinary collaboration frameworks** among schools, health services, and mental health professionals, ensuring consistent and evidence-based messaging.



Health Professionals

- **Prioritise developing youth-friendly spaces in your facility.** When we feel safe, respected, and supported, we are more likely to engage.
- Develop **offline and digital resources** with jargon-free and clear information.
- Encourage **reflective practice** to help professionals identify and address personal biases that may influence their interactions with youth.
- Include **CSE training in professional development** programs for psychologists, counsellors, and social workers.



Schools and Educators

- **Hire specialised staff for CSE delivery and invest in holistic training.** Focus areas should include: LGBTQI+ and disability awareness and inclusion, effective communication strategies for dialogue, healthy relationships, and establishing and maintaining boundaries.
- Ensure **classrooms become safe spaces** where diversity is respected and where young people can openly discuss sexuality issues that go beyond health and prevention.
- **Develop an ecosystem of multi-format learning** that prioritises dialogue. **Consult with your students and co-create resources** that cater to their learning needs. The more your students feel seen, the more they are willing to open up and trust schools as an important source of SE. From our research, some popular formats you can explore include digital learning resources, participatory group discussions, and storytelling.
- **Incorporate media literacy** to support students in navigating online SE content, particularly on social media and AI.
- **Offer parent-focused workshops** to increase comfort and knowledge around sexuality, relationships, and diversity. Provide parents with practical tools for active listening, responding without judgment, and initiating age-appropriate conversations.
- Consider **partnering with nearby SRHR health services** to offer holistic learning, signposting and support.



Young People

- **Have your say!** Encourage your school to work with you on developing youth-friendly, inclusive CSE. **Assemble a student forum** and ask for support from trusted adults to enable longer-term change.
- Invest in **media literacy skills** to navigate online social media content.
- You can do your part by **normalising conversations** around sexuality education, by talking with your peers, teachers or family members.
- Check out **YSAFE's website** for a list of recommended SE content and tools.
- **Get involved** with advocacy efforts and research like this to help change the future of youth CSE.

Thank you!

Thank you for taking the time to read this report. If you have any questions or would like to discuss our findings further, please don't hesitate to reach out to us.



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