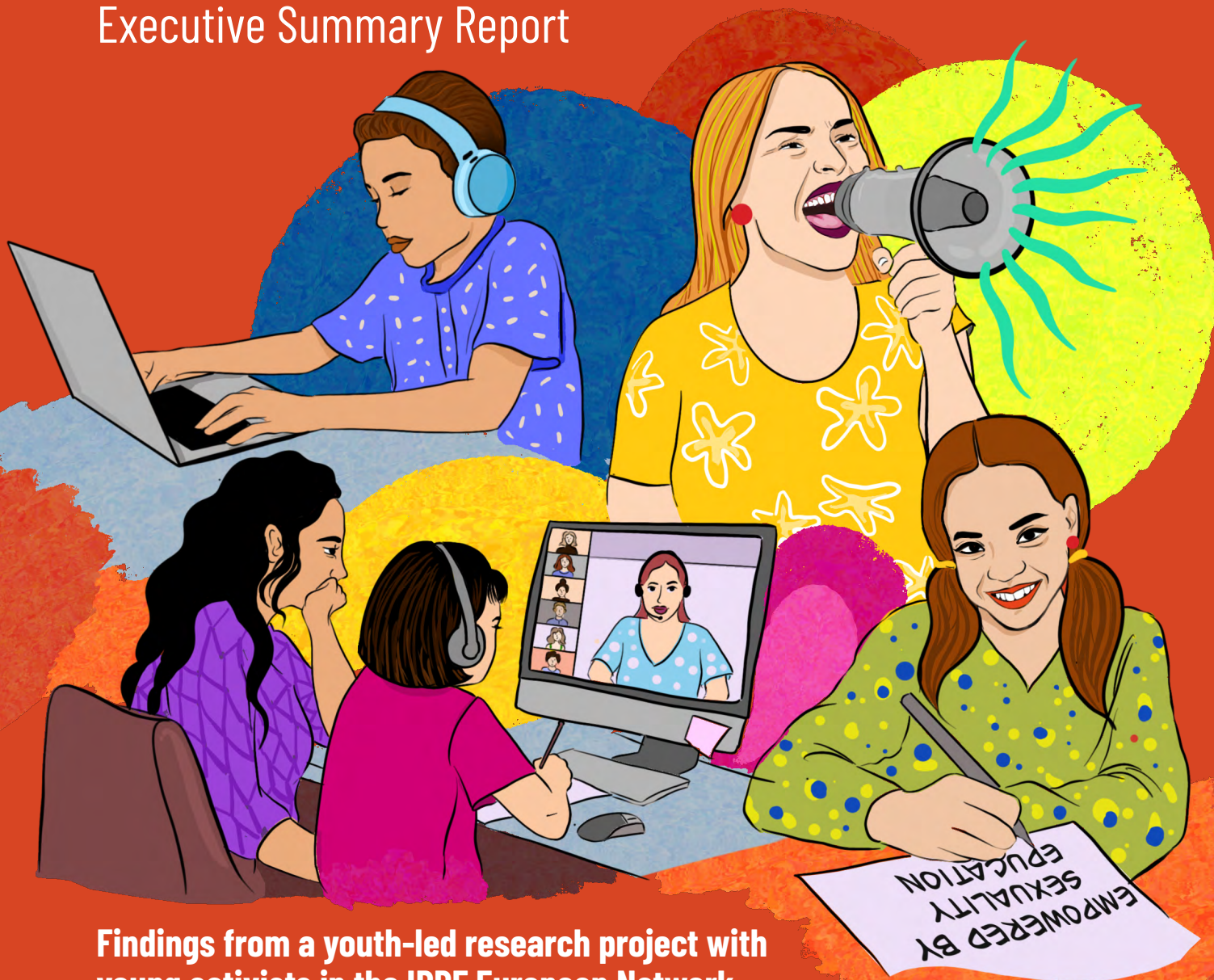




YOUTH PREFERENCES FOR COMPREHENSIVE SEXUALITY EDUCATION

Executive Summary Report



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

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

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Introduction

This report was developed from a nine-country case study conducted across Europe and Central Asia. The case studies include Albania, Cyprus, Georgia, Kazakhstan, Latvia, North Macedonia, Romania, Spain, and Sweden. The study was exploratory in nature, aiming to understand young people's preferences for sexuality education.

Meet the YSAFE research team

YSAFE is a youth-led network within the IPPF. It connects young activists from more than twenty countries across Europe and Central Asia. Our mission is to empower young people to take the lead in advancing SRHR (sexual and reproductive health and rights), and to ensure that their voices shape the policies, education systems, and community programs that affect them. This is where our project was born: the youth-led comprehensive sexuality education (CSE) mapping project. YSAFE's approach to CSE seeks to challenge colonial, cisnormative, heteronormative, racist, and ableist power structures within SRHR, while elevating the perspectives of marginalized and underserved populations.

Learn more about YSAFE research and the volunteers who led this project. [Click here!](#)

What is CSE, and why are we focusing on it?

CSE includes teaching or provision of information on a range of topics related to sexuality, sex, relationships, sexual health, gender equality, consent and bodily autonomy. 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 project, 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.



Research scope and focus

Gender-transformative approaches in Sexual 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 and Participants

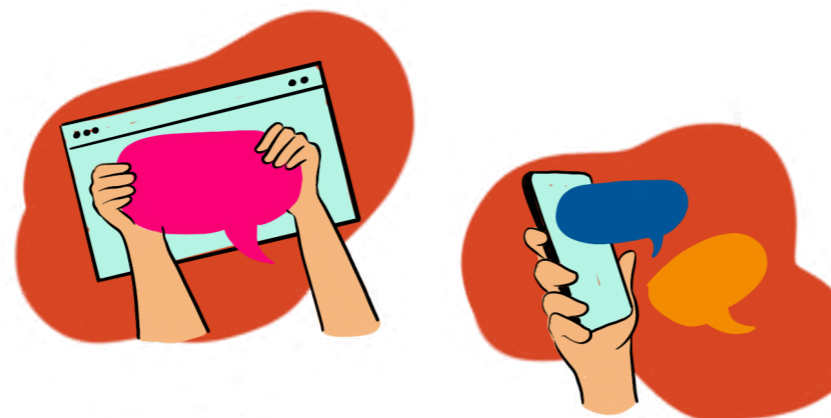
We developed a mixed-methods, case study approach to examine data from nine countries and identify cross-country patterns and insights. In total, **1,573** young people aged between 15 and 25 took part in the research.

Method 1: Social Media Review:

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, and any questions they had.

Method 2: 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. The total number of young participants from the survey was 1419.



Method 3: Focus Group Discussions (FGD):

FGDs were conducted both in person and online, aiming to gather more qualitative insights into people's experiences and perspectives on SE. It also helped participants to open up on sensitive or tricky topics related to sexuality education. We engaged with 154 young people across focus group discussions.



If you'd like to know more about the research scope or the participant demographic, [click here](#)

Country case studies



Albania

Methods chosen:

Survey with 300 respondents and FGDs with 24 participants¹

Key Findings:

The majority described current education as **"too biological and not about real life."** Participants expressed the need to learn about consent, emotions, gender identity, relationships and body image.

"I've never heard anyone talk about consent or mutual agreement. 'No' should always mean no."

LGBTQ+ participants noted that programs ignore their realities.

"At school they only talked about boys and girls; I never felt represented".

Many participants wanted discussions about body positivity and self-acceptance, particularly in the face of judgment or shame. They highlighted the need for practical knowledge on contraception, STIs, and confidential counselling.

SE should happen through dialogue, not memorization. Workshops, podcasts, and online visuals (images, videos and social media reels) are favorite formats.

"Podcasts invite people with different experiences," and "videos and real stories are easier to remember."

Workshops and discussions emerged as the most preferred format, followed by online content, such as Instagram or TikTok reels.

"We learn from social media, but we never know what's true."

60% preferred learning from health professionals, 20% from teachers or NGOs, and 15% from parents or adult family members.

"I feel safe learning from doctors or counsellors who give real answers,".

Others valued online platforms for their privacy and anonymity, though many warned that "not everything online is reliable." LGBTQ+ and those with disability indicated that online and NGO-led spaces felt safer and more inclusive than formal settings.

¹Participants were aged 15 to 25. About 68% identified as female, 29% as male. In terms of sexual orientation, 78% identified as heterosexual, 12% identified as bisexual, 6% as pansexual, and 4% preferred not to say.

Cyprus



Methods chosen:

Survey with 149 participants²

Key Findings:

Young people rely heavily on digital spaces to learn about sexuality.

“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.

“I don’t know what’s true and what’s not, nor ways to be safe.”

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.

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%). This shows a clear desire for CSE delivered by trained professionals and teachers who can create an atmosphere of trust and respect.

²Participants 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.

Georgia



Methods Chosen:

Survey with 80 participants³ and Social Media Review (12 SRHR-focused social media accounts)

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. Young people envisioned an inclusive, age-appropriate, and continuous system that would provide scientifically accurate information and emotional support within a non-judgmental environment.

“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.”

Primary sources included search engines (61%) and social media platforms (43%). The absence of formal, credible education leads many to seek knowledge from informal or online sources.

“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.

³83.75% 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.

Kazakhstan



Methods chosen:

Survey with 57 participants⁴ and Focus Group Discussions with 30 participants, **and** social media review of 5 SRHR-focussed accounts.

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 topics linked 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 format, as survey respondents want a mix of learning 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

⁴Most participants were from Almaty and lived in urban areas. Most respondents were aged 18–21, and were pursuing or had completed a Bachelor's degree. 64% identified as woman, 32% as man, and 5% said they preferred not to say. The majority did not identify as living with a disability or chronic illness.

Latvia



Methods chosen:

Focus Group Discussions with 22 participants⁵

Key Findings:

The prominent topic young people defined as not talked about enough was the emotional aspects of CSE,

"the emotional aspect of intimate relationships, specifically [...] How to feel safe? How to have a secure relationship?"

There was also an interest in learning about pleasure:

"For the physical matters, how to feel properly and actually, what should he do?". "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,"

Many agreed that more education about STIs is needed.

The 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."

SE is implemented differently across schools, with smaller towns having limited or no CSE in comparison to the capital city. 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.

"it [anonymity] wouldn't really reduce the stigma, if it exists, but it would just give a sense of security."

Most noted that school-based CSE should 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. 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'**.

⁵45% identified as male, and 55% as female assigned at birth (social gender or sexual orientation was not asked for safety precautions).

North Macedonia

Methods chosen:

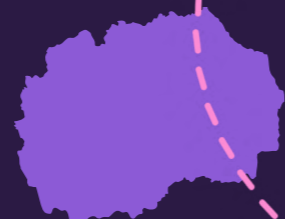
Survey with 88 participants aged 15-25, focus group discussions with 18 participants.

Key Findings:

Most participants rated their experience of CSE with a low satisfaction rate. This reflects the lack of a formal CSE curriculum in schools, where SRHR is often taught as part of the basic Biology curriculum. Lessons are few, narrow in scope, and sometimes skipped altogether. Participants expressed the most significant interest in learning more about SRH, body image, and gender. This was closely followed by relationships and intimacy, as well as sexual behaviors.

Primary sources of information include short-form social media such as Instagram, TikTok, Reels, Threads, and X. Some mentioned blogs or AI search engines (ChatGPT, Perplexity, Gemini). Regarding preferred sources of information, most listed schools as their top choice, followed by medical professionals and teachers.

Youth often turn to digital sources for privacy, while acknowledging that structured education would be more trustworthy. Stigma continues to silence conversations about sexuality, particularly for girls and LGBTQ+. 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. The majority favored discussion-based activities with content based on real-life peer experiences, making lessons relatable, engaging, and practical. There was a clear preference for short, interactive, gamified workshops that modernize 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.



Romania

Methods chosen:

Survey with 395 participants⁷ and focus groups with 21 participants.

Key Findings:

Participants expressed interest in learning about consent, rights, body image, hygiene, and protection.

“You have to know how to listen to the other person and not to push some limits.”. “A forced yes is a NO!”.

Knowledge of reproductive health, anatomy, contraception and STIs was also highly valued by participants. Discussing pleasure or desire remained uncomfortable for some: **“I think it can be something perverse,”**

Participants recognized gaps in formal education, and many noted their reliance on online sources, such as social media, search engines, blogs, and medical websites. Participants preferred interactive and practical approaches, including group discussions, videos, and real-life scenarios. Some noted that beginning with single-gender groups allow for greater comfort, while others were fine with mixed sessions.

Platforms like Instagram, TikTok, YouTube, and Reddit are valued for their accessibility, relatability, and anonymity. Participants emphasized the importance of learning from reliable sources, such as healthcare professionals or specialized educators, to ensure accurate information. Interactive methods like group discussions and workshops were favored over traditional lectures. 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.”

Survey respondents emphasized 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.

“Sexual education should be done on social media only by trusted people with some kind of license.”

Where schools fail to provide SE, 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.



⁷65% identified as female, 30% male, 4% preferred not to say and 1 person identified as non-binary. The majority identified as heterosexual, with 26% identifying as either bisexual, homosexual or queer. The majority identified as Macedonian, but we did have some representation from Albanian and Romani groups.

Spain



Methods chosen:

Focus Group Discussions with 32 participants.

Key Findings:

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.

“They tell us how to avoid pregnancy but never how to enjoy intimacy or feel comfortable with our bodies.”

Menstruation, body image, or consent should be part of the lessons for everyone, not just girls. 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. When the space in school feels safe and respectful, people are more likely to participate.

“When it feels like a normal conversation, not a warning, you actually learn something.”

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 SE. Alongside schools, youth club workshops organized 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. Most participants said they would like to talk with their parents, but that it rarely happens, due to feelings of shame or awkwardness. 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 recognize reliable information.

Sweden



Methods chosen:

Survey with 356 participants⁸ and focus groups with 7 participants.

Topics of Interest and Learning Priorities

Participants wished they had learned more about lust, desire, how to have sex, body and emotions, sexuality, kinks, and relationships. Many want to learn more about LGBTQIA+ and the importance of hearing people’s own experiences to normalize and eliminate or reduce prejudices. More than half stated that they learn about SE in school, but very few indicated that it is their primary source of information. Many emphasized the importance of receiving SE in school and that it needs to be taken more seriously. They also want to learn more about norms, identity, consent, pleasure, and other related topics.

“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 is the preferred choice. However, participants have diverse learning preferences: they may want to learn through relatable stories from influencers, watch videos independently, or participate in safe forums. They also value one-on-one learning for topics they don’t understand. Some want better education in school. 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.

“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...”

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 SE.



Cross-Cutting Themes and Insights

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

Participants consistently called for SE that goes beyond biological and reproductive “facts” and the dominant risk-based framing focused on pregnancy and STIs. They expressed strong interest in more socio-emotional content, covering topics such as gender and LGBTQI+, consent, body image, mental health, pleasure, relationships, and violence prevention. In several contexts, participants also requested more information on contraception and menstrual health.

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

Participants highlighted trusted adults, such as medical professionals, teachers, and in some cases, parents or other family members, as preferred sources of learning.

Healthcare professionals were commonly viewed as reliable sources of factual, non-judgmental information, while friends and peers provided emotional support and relatable experiences. However, discussion about sexuality within families remained difficult due to stigma and discomfort. Participants who wished for greater parental involvement called to equip parents through training and accessible materials.

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

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.

How do young people want to learn about sexuality education?

Although online and digital content remain essential for young people, discussion-based activities were the most preferred learning format. 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 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.

These findings highlight young people’s preference for a multi-format SE 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 stigmatized. Recognizing that participants learn in varied ways is essential: some prefer relatable stories from influencers, others 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-centered approaches to sexuality education.



Our Call to Action

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 **get involved** with advocacy efforts and research like this to help change the future of youth CSE.



