

Topics: Recent topics in public health in Japan 2026**< Review >****The current state and challenges of comprehensive sexuality education in Japan**KODAMA Tomoko¹⁾, YUKAWA Keiko²⁾, WATARAI Mutsuko³⁾¹⁾Department of International Health and Collaboration, National Institute of Public Health²⁾Department of Epidemiology and Statistics, National Institute of Public Health³⁾Department of Nursing, Faculty of Healthcare, Tokyo Healthcare University**Abstract**

Comprehensive sexuality education (CSE) has been internationally recognized as a critical component of health promotion, gender equality, and human rights for children and adolescents. United Nations Educational, Scientific and Cultural Organization (UNESCO)'s International Technical Guidance on Sexuality Education emphasizes a curriculum that is age-appropriate, evidence-based, and grounded in scientific research. It also highlights the importance of fostering healthy relationships, promoting gender equality, and preparing young people to make informed decisions about their sexual and reproductive health. Recent updates to global CSE guidelines further incorporate education on sexual diversity as well as the challenges posed by the digital era, such as online safety, consent in digital communication, and privacy protection.

In Japan, sexuality education has traditionally been limited in scope and shaped by cultural, political, and institutional factors. While public health initiatives have addressed issues such as HIV prevention and reproductive health, comprehensive approaches to sexual education remain contested. Curriculum guidelines issued by the Ministry of Education, Culture, Sports, Science and Technology (MEXT) outline basic health and hygiene instruction, but more sensitive topics—including contraception, sexual diversity, and sexual rights—have often been restricted. At the same time, grassroots efforts by educators, medical professionals, and non-governmental organizations have introduced innovative practices, including pilot programs inspired by UNESCO's CSE framework. This review provides an overview of the current state of CSE in Japan, analyzing both institutional policies and emerging practices. Key themes include the integration of gender equality and human rights perspectives, the inclusion of sexual diversity, strategies for preventing sexually transmitted infections and unintended pregnancies, and the role of digital literacy in fostering safe and respectful relationships. In conclusion, expanding evidence-based and inclusive sexuality education in Japan is essential not only for improving adolescent health outcomes, but also for advancing gender equality and supporting young people to navigate complex interpersonal and digital environments in the 21st century.

keywords: Comprehensive Sexuality Education (CSE), adolescent health, gender equality, sexual diversity, digital literacy

(accepted for publication, February 4, 2026)

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I. Introduction

Comprehensive sexuality education (CSE) has been recognized as a critical component of public health strategies aimed at promoting the sexual and reproductive health of children and adolescents. International guidelines, particularly those issued by UNESCO, emphasize the importance of evidence-based, age-appropriate curricula that integrate gender equality, human rights, and the development of healthy interpersonal relationships [1]. Globally, CSE has been associated with positive outcomes, including delayed initiation of sexual activity, increased use of contraception, reduced rates of unintended pregnancies and sexually transmitted infections, and enhanced understanding of consent and respectful relationships [2]. These benefits are well-documented in the literature and underscore the necessity of implementing comprehensive sexuality education programs worldwide [3,4].

Despite these demonstrated benefits, the implementation of comprehensive and inclusive sexuality education remains uneven across countries [5]. Many programs focus primarily on biological aspects of reproduction and disease prevention, while broader psychosocial dimensions—including sexual diversity, Lesbian, Gay, Bisexual, Transgender, Queer / Questioning, and others (LGBTQ+) inclusion, consent, and digital literacy—are often underrepresented. The rapid expansion of digital media has further complicated the educational landscape, raising new challenges related to online safety, privacy, and the negotiation of consent in digital contexts [6].

In Japan, school-based sex education has historically emphasized health and hygiene, with limited attention to topics such as sexual orientation, gender identity, contraception, and sexual rights [7,8]. While recent policy initiatives and pilot programs have sought to align domestic practice with international recommendations, barriers remain, including cultural sensitivities, limited teacher training, and fragmented implementation across educational settings [9]. At the same time, civil society and professional organizations have introduced innovative practices to promote inclusive, evidence-based education.

This review describes the current status and evolution of CSE in Japan, with a focus on both policy frameworks and educational practice. Domestic developments are situated within an international context informed by global CSE standards, with particular attention to gender equality, sexual diversity, sexual and reproductive health, and the growing importance of digital literacy and consent education. We further discuss persistent structural and institutional challenges in the implementation of CSE in Japan and outlines future directions for policy, curriculum development, and

research aimed at strengthening adolescent health, well-being, and human rights.

II. Global frameworks for comprehensive sexuality education

UNESCO's International Technical Guidance on Sexuality Education offers a comprehensive framework for developing and implementing effective comprehensive sexuality education (CSE) programs. Created in collaboration with UN agencies, it emphasizes delivering CSE in a positive, evidence-based, and youth-centered manner, grounded in human rights and gender equality. Programs should be age-appropriate, promote gender equality, and provide learners with the knowledge and skills to make informed decisions about their sexual and reproductive health [1]. International evidence demonstrates that CSE produces multiple benefits [1-4]. Health outcomes include reduced rates of unintended pregnancies, sexually transmitted infections, and HIV among adolescents. Social benefits include improved understanding of consent, respectful relationships, and the ability to make informed sexual and reproductive choices. Educational benefits include enhanced academic performance and higher school attendance, as CSE fosters a supportive and inclusive learning environment. These findings underscore the critical role of comprehensive sexuality education in promoting the holistic well-being of young people globally.

III. Current key themes in comprehensive sexuality education

Comprehensive sexuality education (CSE) programmes worldwide are defined as curricula that equip young people with knowledge, skills, and attitudes necessary for informed decision-making regarding sexual and reproductive health [1,3]. It is structured around eight key concepts: relationships; values, rights, culture, and sexuality; understanding gender; violence and staying safe; skills for health and well-being; the human body and development; sexuality and sexual behaviour; and sexual and reproductive health (Figure 1). Evidence from school-based interventions further demonstrates that such programmes contribute to measurable behavioral outcomes, including delayed sexual initiation among adolescents [2]. The core themes include:

● **Gender Equality and Rights-Based Education:** CSE emphasizes gender equality, challenging traditional gender norms and stereotypes, and promoting respect for the rights of all individuals, including sexual and gender minorities [1, 10]. Evidence indicates that integrating gender-sensitive content improves attitudes toward

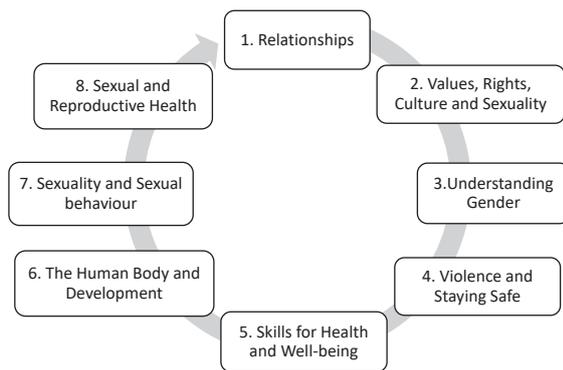


Figure 1 Key concepts of comprehensive sexuality education[1]

equality and reduces gender-based discrimination [11].

- **Sexual and Reproductive Health:** Programs address essential aspects of reproductive health, contraception, prevention of sexually transmitted infections (STIs), and promotion of healthy sexual behaviors [1,3]. International studies show that well-implemented CSE contributes to delayed sexual initiation, increased contraceptive use, and lower rates of unintended pregnancies and STIs [2-4].
- **Sexual Diversity and Inclusion:** Inclusive curricula acknowledge and respect sexual orientation and gender identity, helping adolescents understand diversity and develop empathy [1,10]. In Japan, pilot initiatives and NGO-supported programs have begun integrating LGBTQ+ content, although coverage remains inconsistent [12-14].
- **Consent, Healthy Relationships, and Digital Literacy:** With the growing influence of digital technology, CSE programs increasingly focus on consent, communication skills, and navigating online interactions safely. Digital literacy education is critical for preventing harassment, protecting privacy, and fostering respectful relationships in both physical and online environments [6,15-18].

IV. Current status and trends of CSE in Japan

1. Historical background and policy frameworks

In Japan, sexuality education has historically emphasized health and hygiene, focusing primarily on biological aspects of reproduction, prevention of sexually transmitted infections (STIs), and pregnancy prevention [8,19]. This orientation was institutionally formalized in the 1958 Course of Study for Health and Physical Education issued by the former Ministry of Education, which established sexuality education primarily within the framework of hygiene and reproductive biology. Through the revision of Japan's national Course of Study, the area of health within health and physical education was newly established in 1990s [20],

clearly delineating health education content across school levels and marking the beginning of structured health instruction in the curriculum, although detailed coverage of reproductive health topics was limited in subsequent revisions [19], the current Course of Study issued by the Ministry of Education, Culture, Sports, Science and Technology (MEXT) (revised in 2017 and implemented nationwide from 2020) continues to provide the official framework for health and sexuality-related education in Japanese primary and secondary schools [21]. While these guidelines cover basic reproductive health, sensitive topics such as contraception, sexual orientation, gender identity, and sexual rights are often limited or omitted due to cultural sensitivities and social norms [1,2].

In Japan, prefectural ordinances aimed at protecting and promoting the healthy development of youth have been widely established; as of the mid-2010s, most prefectures had enacted such youth protection and development ordinances, which—despite variations in name and specific provisions across jurisdictions—commonly include regulations designating and restricting the distribution of materials deemed harmful to minors, such as books, films, and advertisements, and increasingly address harmful online content [22]. In recent years, growing public awareness of sexual violence and adolescent vulnerability, which might have been influenced in part by ongoing public debates and gradual shifts in sexuality education, appears to have encouraged legal reform. Reflecting this broader social change, the Penal Code was amended in 2023 to raise the age of sexual consent from 13 to 16 years for the first time in more than a century [23]. This legal revision signals increasing societal recognition of the need to protect adolescents and further underscores the importance of strengthening comprehensive sexuality education that explicitly addresses consent and sexual rights.

Timeline of sexuality education policy and developments in Japan is shown in Table 1.

2. Current programs and implementation

Recent years have seen incremental efforts to expand the scope of comprehensive sexuality education in Japan. Pilot programs in selected schools have begun incorporating lessons on gender equality, sexual diversity, consent, and healthy relationships [4]. Non-governmental organizations (NGOs) and professional associations have also contributed by providing training for educators and developing supplementary materials that align with international standards. Despite these initiatives, implementation remains inconsistent across regions and schools, and teacher preparedness continues to be a significant challenge [24].

Table 1 Timeline of Sexuality Education Policy Developments and Related Legal Acts in Japan and Relevant International Frameworks

Year	Act and related events
1946/1947	Post-war introduction of school-based sexuality education (often called “purity education” initially)
1947	Basic Act on Education established in Japan
1958	First formal adoption of Curriculum Guidelines (<i>Gakushū Shidō Yōryō</i>), later becoming the legal basis for standardized school curricula, including health and related topics.
1970s–1980s	Shift toward including broader developmental and psychosocial aspects in school sexuality education (beyond biological facts).
1998	Report of the Curriculum Council in Japan emphasized enhancing sex education in health & physical education subjects (<i>kokutai report</i> influences subsequent guideline updates).(a)
2000s	Continued role of <i>Gakushū Shidō Yōryō</i> in defining nationwide standards, but criticisms about limits (“taboo” topics, restricted content) emerged, including debate about “hadome provisions.” (b)
2006	Basic Act on Education revised in Japan
2009	UNESCO International Technical Guidance on Sexuality Education was published
2018	UNESCO International Technical Guidance on Sexuality Education revised (global benchmark for CSE).
2020s	Growing recognition of comprehensive sexuality education, calls for broader topics including consent, gender equality, diversity. Research on comprehensiveness and variation in Japanese sexuality curricula using UNESCO guidance as benchmark.
2023	Penal Code was amended in 2023 to raise the age of sexual consent from 13 to 16 years Act on the Promotion of Public Understanding of the Diversity of Sexual Orientation and Gender Identity

References: [8, 10-12, 19, 20, 24-27]

✂Translated into English by the authors.

(a) https://www.mext.go.jp/b_menu/hakusho/html/hpae199801/hpae199801_2_037.html

(b) “hadome provisions”

In Japan, “hadome provisions” in the Course of Study have been criticized for discouraging comprehensive sexuality education in practice, contributing to the avoidance of topics such as sexual intercourse and contraception in school materials.

Explanatory Notes on the Elementary School Curriculum Guidelines (10-11years old, Year 5. Science) p71.

Chapter B Life•Earth (2) Birth of Animals

“The process leading to human fertilization shall not be addressed.”

https://www.mext.go.jp/component/a_menu/education/micro_detail/_icsFiles/afieldfile/2019/03/18/1387017_005_1.pdf?utm_source=chatgpt.com

Health and Physical Education (12–13 years old; Year 7 / Junior High School Year 1)

From the perspective that it marks the onset of maturity enabling pregnancy and childbirth, this shall cover fertilisation and pregnancy, but shall not cover the course of pregnancy.

(1) To enable students to understand the development of physical and mental functions and mental health.

(i) During adolescence, functions related to reproduction mature as a result of endocrine activity. In addition, it is necessary to adopt appropriate behavior in response to changes accompanying this maturation.

(3) With regard to item (1)(i), instruction shall address fertilization and pregnancy up to conception, from the perspective that maturation enabling pregnancy and childbirth begins at this stage, while the course of pregnancy shall not be addressed. In addition, as physical functions mature and sexual impulses may arise and interest in the opposite sex may increase, instruction shall address the need for respect for others, appropriate responses to information, and responsible decision-making in behavior.

https://www.mext.go.jp/a_menu/shotou/new-cs/youryou/chu/hotai.htm?utm_source=chatgpt.com

*In Japanese junior high school health and physical education, HIV/AIDS is included in the curriculum under infectious diseases and shall be addressed alongside sexually transmitted infections.

(4) To enable students to deepen their understanding of healthy living and the prevention of disease.

(e) Infectious diseases occur primarily as a result of pathogens. In addition, many infectious diseases can be prevented by eliminating sources of infection, blocking routes of transmission, and strengthening the host’s resistance.

(9) With regard to item (4)(e), instruction shall also address Acquired Immunodeficiency Syndrome (AIDS) and sexually transmitted infections.

3. Integration of digital literacy and consent education

The increasing use of digital technology among adolescents has introduced new challenges for sexuality education, prompting the integration of digital literacy components into CSE programs [6,15,16]. Young people are increasingly exposed to online environments where issues related to privacy, digital relationships, and sexual communication arise [15,16]. Consequently, sexuality education has begun to address topics such as safe use of social media, protection of personal information, management of online relationships, and recognition of online harassment or exploitation [15-17]. Previous research in Japan has shown that the rapid spread of information and communication technologies has influenced young people's access to sexual information and shaped their sexual awareness and behaviors [18]. Incorporating these elements aims to equip adolescents with the competencies necessary to navigate digital spaces safely and responsibly while fostering respect for themselves and others.

4. Challenges and opportunities

Key challenges for comprehensive sexuality education in Japan include cultural and institutional resistance, limited teacher training, fragmented curriculum delivery, and lack of systematic evaluation [5,8,12,19]. However, these challenges also present opportunities: aligning domestic CSE initiatives with UNESCO guidance, expanding teacher training programs, and fostering collaboration between schools, health professionals, and civil society organizations can enhance both the reach and effectiveness of CSE in Japan [4,5,10,12,27].

International standards for comprehensive sexuality education recommend that basic concepts related to pregnancy be introduced to children aged 5–8 years, while topics such as fertilization, family contexts of childbirth,

unintended pregnancy, and contraceptive methods are addressed for those aged 9–12 years within age-appropriate curricula [1,27]. In contrast, Japan's national Course of Study for health and physical education does not explicitly include structured instruction on fertilization, unintended pregnancy, or contraceptive methods at the elementary or lower secondary levels [20]. This discrepancy illustrates a significant gap between internationally recommended comprehensive sexuality education frameworks and the scope permitted within Japan's formal school curriculum [12].

Despite international recognition of comprehensive sexuality education (CSE) as an essential public health strategy, several structural and sociocultural barriers continue to constrain its implementation in Japanese schools. Long-standing social norms and cultural sensitivities surrounding sexuality have historically shaped a cautious educational environment in which controversial or value-laden topics are often restricted or avoided altogether [8,28]. These constraints are further reinforced by educators' limited training and lack of confidence in addressing issues such as sexual diversity, consent, and rights-based approaches to sexuality education [13]. Moreover, inconsistencies in how sexuality education is incorporated across local jurisdictions and individual schools have resulted in fragmented curriculum delivery and uneven educational quality nationwide. The absence of systematic national evaluation frameworks has also made it difficult to assess program effectiveness, limiting opportunities for evidence-based refinement and policy improvement [14].

Addressing these challenges presents several opportunities (Figure 2):

- Aligning domestic CSE programs with UNESCO guidance and international best practices.
- Expanding teacher training and professional development programs focused on inclusive, evidence-based sexuality

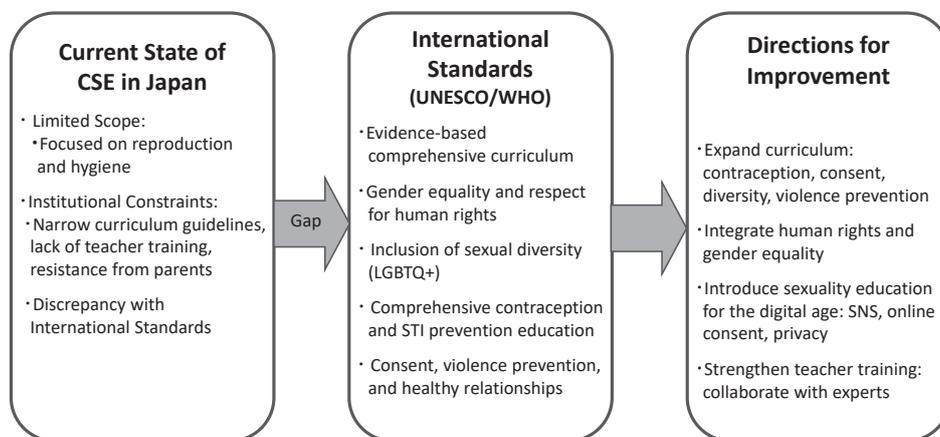


Figure2 Gaps and Directions for Improvement

education.

- Enhancing collaboration between schools, health services, and civil society to provide holistic education.
- Conducting systematic research and program evaluation to strengthen evidence on outcomes and guide policy decisions.

V. Comparative perspectives

Comparing Japan with neighboring East Asian country such as South Korea reveals differences in the implementation and scope of comprehensive sexuality education (CSE). In South Korea, school-based CSE includes structured curricula addressing reproductive health, contraception, consent, and gender equality, with national guidelines providing standardized content for all educational levels [25,29]. While Japan has recently begun integrating topics such as sexual diversity and consent, coverage remains less systematic and comprehensive compared with these East Asian peers.

European countries such as the Netherlands, Sweden, and Germany provide instructive and well-documented examples for Japan in the development of comprehensive sexuality education (CSE). In these countries, CSE has been embedded within national curricula for several decades and is delivered as part of compulsory education, supported by clearly articulated policy frameworks and curriculum standards [30-32].

Their approaches emphasize gender equality, sexual and reproductive rights, consent, and the promotion of healthy interpersonal relationships, reflecting a rights-based and evidence-informed orientation to adolescent health and well-being [31-33].

At the regional level, European frameworks for sexuality education have been shaped through sustained research, policy dialogue, and international collaboration, most notably under the leadership of the WHO Regional Office for Europe [33,34]. These frameworks have contributed to greater curriculum coherence, the development of teacher training guidance, and continuity of CSE content across educational levels. From a public health perspective, European experiences indicate that nationally coordinated, evidence-based comprehensive sexuality education—supported by standardized curricula and trained educators—can contribute to improved adolescent sexual and reproductive health outcomes and may offer valuable insights for strengthening preventive strategies in Japan.

VI. Trends and psychosocial contexts of adolescent sexual behaviour in Japan

Although contemporary sexual issues among young

people often bring to mind sexually transmitted infections (STIs), induced abortion, online dating via social networking services, compensated dating, dating violence, and sexual victimization, recent surveys indicate that the rate of sexual experience among adolescents and young adults in Japan has actually declined. Approximately 20 years ago, more than 40% of high school seniors nationwide reported having had sexual intercourse, and issues such as induced abortion, STIs, and compensated dating were major social concerns [35]. In contrast, current estimates suggest that the sexual experience rate among high school students has fallen around 10% [36]. Correspondingly, the induced abortion rate among females aged under 20 years peaked at 13.1 per 1,000 females aged 15–19 in 2001 and has shown a consistent downward trend over the past two decades, reaching 4.1 in 2024 [37].

Recent research suggests that the COVID-19 pandemic altered adolescents' romantic and sexual relationships, with reductions in in-person contact and decreases in sexual activity linked to social distancing and loneliness during lockdowns [38]. Findings from longitudinal and population-based studies further indicate that adolescent sexual behaviour is associated with psychosocial risk factors, including low parental involvement, depressive symptoms, and other behavioural problems, which may contribute to early or risky sexual activity [39, 40].

Studies conducted in Japan similarly suggest that adolescents' sexual awareness and behaviour are shaped by psychosocial contexts such as self-esteem, social capital, and family relationships, highlighting the role of relational and psychological factors in sexual health [41,42]. Moreover, attachment styles and relational profiles have been shown to correlate with mental health and sexual risk-taking during adolescence, underscoring the interplay between emotional development, interpersonal relationships, and sexual health outcomes [43].

At the population level, surveillance data from Japan show that syphilis cases resulting from heterosexual transmission among both males and females have increased since around 2011, with a sharp rise after 2021 [44], underscoring the continuing importance of effective sexual health education and prevention strategies.

An additional area requiring greater attention in CSE in Japan is the situation of children and adolescents living in residential care settings, such as child welfare institutions. Young people in these settings often have histories of abuse, neglect, or disrupted family relationships, which place them at increased risk of sexual victimization, problematic sexual behaviours, and difficulties in forming healthy interpersonal relationships [45-47]. Japanese studies have pointed out that sexuality education in child

welfare institutions remains limited and fragmented, partly due to insufficient staff training, institutional constraints, and hesitation to address sexual topics within care facilities [46,48]. International research similarly indicates that adolescents in out-of-home care experience higher levels of sexual health risk and would benefit from tailored, trauma-informed approaches that integrate sexuality education with psychological and social support [46]. Incorporating rights-based and trauma-informed CSE into child welfare services may therefore contribute to reducing sexual health disparities and supporting the long-term well-being of this particularly vulnerable population.

VII. Future directions and policy implication

To strengthen comprehensive sexuality education (CSE) in Japan, future efforts are needed to prioritize policies that are grounded in scientific evidence and aligned with international frameworks, particularly the UNESCO International Technical Guidance on Sexuality Education [1,10]. A substantial body of international research demonstrates that well-designed CSE is associated with improvements in adolescents' knowledge, attitudes, and preventive behaviours, including delayed sexual initiation and safer sexual practices [2-4,11]. In the Japanese context, recent trends—such as declining sexual experience and abortion rates alongside emerging public health challenges including rising sexually transmitted infections—underscore the need for evidence-informed and adaptable policy responses [12,37,44].

Effective implementation of CSE depends heavily on the preparedness of educators. However, studies have shown that many teachers experience difficulties and lack sufficient training to address sensitive topics such as sexual diversity, consent, and gender equality [5,12,13]. Expanding both pre-service and in-service teacher training, together with the development of standardized yet flexible curricula aligned with international guidance, may help reduce regional disparities and improve the overall quality of CSE delivery across schools [1,3,12,14].

In addition, the increasing influence of digital environments on adolescents' sexual awareness and behaviour highlights the importance of integrating digital-age competencies into CSE [15-18]. Addressing online safety, privacy, and digital relationships within sexuality education can complement traditional content and respond to contemporary risks. Finally, strengthened collaboration among schools, health services, civil society organizations, and international agencies is essential to support sustainable and inclusive CSE. Such multi-sectoral partnerships can facilitate knowledge exchange, enhance program reach, and ensure that sexuality education in Japan continues to evolve in response

to changing social and public health needs [1,4,10].

Finally, future CSE strategies in Japan explicitly would require to address the needs of adolescents in vulnerable circumstances, including those living in residential care and child welfare institutions. These young people face elevated sexual health risks shaped by prior adversity, relational instability, and limited access to consistent education and support [45-48]. Incorporating rights-based and trauma-informed CSE within child welfare services, in collaboration with health and social care professionals, may contribute to reducing sexual health disparities and promoting long-term well-being.

VIII. Conclusion

This review has examined the development, current status, and challenges of comprehensive sexuality education (CSE) in Japan within a broader international and public health context. International evidence consistently demonstrates that well-designed, rights-based CSE contributes to improved sexual and reproductive health outcomes, healthier interpersonal relationships, and greater gender equality among adolescents. However, the Japanese experience illustrates how historical, cultural, and institutional factors continue to shape both the scope and implementation of sexuality education.

Although key indicators such as adolescent sexual experience rates and induced abortion rates have declined over the past two decades, emerging challenges—including the rise of sexually transmitted infections, the influence of digital environments, and the growing salience of psychosocial determinants—underscore the ongoing relevance of CSE in Japan. The findings reviewed here suggest that adolescent sexual behaviour cannot be understood solely through biomedical or risk-focused frameworks, but must be situated within broader relational, psychological, and social contexts, including family relationships, mental health, attachment, and social capital. Moreover, persistent gaps remain in curriculum consistency, teacher training, and systematic evaluation, as well as in the provision of tailored sexuality education for vulnerable populations such as adolescents in residential care settings. Addressing these gaps requires moving beyond fragmented or minimal approaches toward integrated, evidence-informed strategies that align educational policy with public health and child welfare systems.

In conclusion, strengthening CSE in Japan will depend on sustained policy commitment, improved educator capacity, and closer integration of sexuality education with mental health, digital literacy, and social support frameworks. By drawing on international guidance while responding to domestic realities, Japan has the opportunity to advance

a more inclusive and context-sensitive model of CSE that promotes adolescent health, well-being, and human rights in an increasingly complex social environment.

Acknowledgment

This study was supported by a Grant-in-Aid for Scientific Research (B) (No. 1186811) from the Japan Society for the Promotion of Science, Ministry of Education, Culture, Sports, Science and Technology, for FY2022–2025, and by a Health, Labour and Welfare Sciences Research Grant from the Japanese Ministry of Health, Labour and Welfare for FY2025–2027 (Grant No. 25HB0101).

Conflicts of Interest

The authors declare no conflicts of interest.

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< 総説 >

国内における包括的性教育の現状と課題

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抄録

ユネスコの包括的性教育 (Comprehensive Sexuality Education: CSE) ガイドラインは、科学的根拠に基づく年齢別カリキュラムを基盤とし、ジェンダー平等、人権、健康的な人間関係の形成を重視している。近年の国際的なCSE枠組みでは、性的多様性への配慮に加え、性感染症予防、デジタル環境における同意、オンライン安全やプライバシー保護といった課題も重要な要素として位置づけられている。

日本における性教育は、歴史的に文化的・政治的・制度的要因の影響を受け、比較的限定的な範囲で展開されてきた。学習指導要領に基づく学校教育では基礎的な健康・衛生教育が中心となり、避妊、性的多様性、性的権利といったテーマについては慎重な運用が続いてきた。一方で、近年は教育者、医療専門職、非政府組織 (NGO) などによる実践を通じ、国際的なCSEの理念を参照した試行的な取り組みもみられる。本稿では、日本における包括的性教育の制度的枠組みと実践の動向を概観し、その特徴と課題を整理する。あわせて、CSEが制度的に定着している各国との比較を通じ国際的文脈を踏まえて検討する。日本におけるエビデンスに基づく包括的性教育の充実、青少年の健康と福祉の向上に加え、ジェンダー平等の推進や、複雑化する対人関係・デジタル環境への適応を支える上で重要な意義を有すると考えられる。

キーワード：包括的性教育 (CSE), 思春期保健, ジェンダー平等, 性的多様性, デジタルリテラシー