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**Briefer on the  
Comprehensive Sexuality Education (CSE)**

**Comprehensive Sexuality Education (CSE) under DO 31, s. 2018**

Basis of CSE:

- Studies from 2013 and 2017 (Young Adult Fertility and Sexuality Study, National Demographic and Health Survey) revealed a concerning rise in early sexual activity among Filipino youth (15-24), with a significant increase in teenage pregnancies.
- The 2013 FLEMMS report highlighted early marriage (12.9%) as a major factor in school dropout, particularly in CAR, Region XI, and Region XII.
- Government agencies like the DOH and DSWD underscored the health and safety risks faced by this population. Note that as of Q3 2024, 32% of new HIV cases occurred among 15-24-year-olds, with this age group accounting for 30% of all cases diagnosed from 1984 to 2024. Further, DSWD reported 17% prevalence of sexual violence among 13-17 year olds.
- Global HIV trends show that new HIV infections and AIDS-related deaths are already declining while the Philippines is still seeing a rapid increase. Diagnosed HIV cases are now getting younger with the predominant age group shifting from 35-49 years old in 2002 to 2005 to 25 to 34 years old since 2006. In 2023, Almost half (47%) of new infections in 2023 was among the young key population or the youth, ages 15-24 years old. By 2030, majority of new cases will be among the children aged 9 years old today.
- The DepEd, recognizing these challenges, emphasizes the crucial role of CSE in equipping youth with the knowledge, values and the ability to make informed decisions and mitigate these risks. CSE aims to improve health outcomes, promote gender equality, and empower young Filipinos.

Components of CSE:

- Curriculum and key stage standards adapt a grade level age and developmentally appropriate approach that include learning competencies which anticipate biopsychosocial milestones by about two years.
- Topics include human development, personhood, healthy relationships, sexuality and sexual behaviors, sexual and reproductive health, gender, culture, and human rights. These are integrated in multiple subjects such as MAPEH, Araling Panlipunan (AP), Edukasyon sa Pagpapakatao (ESP), and Science.



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**Integration with Adolescent Reproductive Health (ARH) Program and Impact Monitoring**

- The Department of Education (DepEd), in partnership with the Department of Health (DOH) and the Commission on Population and Development (CPD), leads in the implementation of the Adolescent Reproductive Health (ARH) Program.
- The ARH in schools, implemented by the School Health Division (SHD) of the Bureau of Learner Support Services (BLSS), is in accordance with RA 10354, known as the Responsible Parenthood and Reproductive Health Act of 2012, with the Philippine Comprehensive Sexuality Education Standards towards an engaged and empowered Filipino youth for healthier adolescent behaviors and better learning outcomes.
- It complements the implementation of the in-classroom Comprehensive Sexuality Education (CSE) rolled out through the curriculum and a more service provision, awareness building, and referral-oriented approach. It focuses on establishing friendly adolescent health facilities of information reproductive health concerns, including capacity building and health promotion activities for learners and DepEd personnel.
- Specifically, the ARH in schools are being implemented through the following intervention programs and activities, such activities are being conducted through school health personnel:
  - Technical support is being provided to the Curriculum & Teaching strand in implementing and strengthening the Comprehensive Sexuality Education (CSE).
  - Peer Counseling, Psychological First Aid (PFA), and psychosocial screening and evaluation are being provided to PLHIVs in order to provide them with necessary mental health and psychosocial interventions due to their situation
  - HIV/AIDS cases are likewise referred to service providers including the Department of Health, Local Government Units, and Health centers and facilities.

**Criticisms of CSE from Project Dalisay and Partners**

Issue	Key portions in CSE Curriculum that aligns or contradicts to issues	Possible points for integration and improvement of CSE
<b>Heavy reliance on international influences:</b> They've expressed alarm over a pending bill promoting CSE, which is perceived as	<ul style="list-style-type: none"><li>• The standards set by international groups for implementing CSE are not followed in total by DepEd.</li><li>• There is a localization which takes into account local culture</li></ul>	DepEd will be appreciative of efforts of groups reiterating moral decision-making instead of disinformation (abstinence is still



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<p>hypersexualizing children at an early age. The program is linked to international organizations such as UNESCO, UNFPA, and UNICEF.</p> <p>Overreliance on risk reduction through contraceptives and "safe practices" over promoting abstinence and moral decision-making.</p>	<p>and context. Like in other countries, "the content of CSE is tailored to fit the local contexts"<sup>1</sup>.</p> <ul style="list-style-type: none"> <li>• Before CSE, learning competencies were integrated in the existing curriculum according to RPRH Law (<i>integrate age- and development-appropriate reproductive health education which shall be taught by adequately trained teachers through formal and non-formal educational systems</i>), a series of consultations were done to determine how learners can best critically identify which information or situation is/are helpful or harmful for them and make responsible decisions about it.</li> </ul>	<p>part of the integration, but does not forbid those who are already sexually active from accessing possibly life-saving information on adolescent and sexual reproductive health; SRH services with parental consent).</p>
<p><b>Inappropriate content, especially for young children:</b> They teach specific content in the CSE curriculum, such as teaching children as young as six about bodily pleasure and sexual rights, including the negotiation of sexual activity, which they argue is inappropriate and harmful.</p> <p>Inappropriate content and early exposure to explicit material without sufficient psychological preparedness, potentially desensitizing moral boundaries.</p>	<ul style="list-style-type: none"> <li>• The source referenced in the video is not a DepEd-produced material. The CSE guidelines stipulate that the program is integrated into the K to 12 curriculum, contrary to the claim that it is taught as early as 0 to 4 years old. As part of the curriculum, CSE standards adopt a grade level, age and developmentally appropriate teaching and evaluation approach. The content progressively becomes more complex, starting from the basic information, gradually progressing in complexity, following the development of a child – puberty, early adolescence, middle adolescence, late adolescence, and early adulthood.</li> </ul>	<p>A review of DO 31 s. 2018 CSE Department Order and Curriculum Guides to check for non-age appropriate contents, and to further include parents groups and other special interest groups in the review and consultation.</p>

<sup>1</sup> <https://www.unfpa.org/stories/10-myths—and-truths—about-comprehensive-sexuality-education>



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	<ul style="list-style-type: none"><li>● In the development of <b>Detailed Lesson Plans (DLPs)</b> for CSE, there is no explicit focus on teaching young children's topics such as oral or anal sex or encouraging exploration of bodily pleasure in inappropriate ways.</li><li>● The earliest discussion of genitals is in Kinder, but simply the difference between male and female genitals. Further, there is no instruction on masturbation.</li><li>● The curriculum clearly integrates genital care as part of proper personal hygiene practices and includes the use of contraceptives as a preventive measure against Sexually Transmitted Infections (STIs).</li><li>● The integration of personal hygiene, specifically genital care, into the Grade 4 Health and Physical Education curriculum is crucial, as it lays the foundation for long-term health and well-being.</li><li>● At this stage of development, learners begin to experience physiological changes, making it imperative to educate them on appropriate hygiene practices to prevent infections and promote comfort.</li><li>● Discussions on genital care foster body awareness, encourage the establishment of healthy habits, and provide students with the necessary knowledge to maintain their personal health, which is essential for their overall physical, emotional, and social development.</li><li>● This education is not about encouraging sexual activity, but rather about ensuring that learners understand how to</li></ul>	
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	<p>protect themselves from serious health risks, such as STIs. By teaching them about contraception, we are not only addressing the physical health aspects but also fostering responsible behavior, respect for others, and the ability to make decisions based on knowledge rather than misinformation.</p> <ul style="list-style-type: none"><li>● For younger learners, CSE focuses on foundational topics such as understanding their bodies, respecting personal boundaries, recognizing safe and unsafe situations, and fostering respect for themselves and others. These lessons are presented in a way that aligns with their developmental stage, ensuring that content is appropriate, educational, and supportive of their overall growth.</li><li>● The concern raised reflects a misunderstanding of how CSE is implemented. Teachers undergo training to deliver these lessons professionally and sensitively, ensuring that discussions are framed in a way that empowers learners with accurate information and helps them make informed decisions. CSE is not about overstepping boundaries but about equipping learners with tools to protect themselves and respect others. The goal is to build a safe, informed, and respectful environment, not to create discomfort or confusion.</li></ul>	
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<p><b>Impact on innocence and decision-making:</b> There is a concern that teaching children about sexual rights and negotiation skills at such a young age undermines their innocence and ability to make informed decisions. They argue that children do not possess the capacity to make such life-defining decisions.</p> <p>Violation of children's constitutional rights, such as the destruction of their innocence, exposure to bullying and sexual abuse, and lack of development of their spirituality and morality.</p>	<ul style="list-style-type: none"> <li>• DepEd ensures that CSE content for young learners is limited to basic health concepts, self-awareness, and respect for oneself and others.</li> <li>• CSE integration begins in Kindergarten, and foundational lessons focus on developing healthy attitudes and behaviors that promote personal growth, safety.</li> <li>• CSE is not intended to replace or undermine parental guidance; rather, they provide a baseline of understanding that parents can build upon according to their cultural and religious beliefs.</li> <li>• CSE also incorporates values such as respect, acceptance, equality, tolerance, and empathy among others. Furthermore, CSE equips children and young people with knowledge, attitudes, values, and skills necessary to make informed and responsible decisions about their health and well-being. Learners also get to understand concepts such as being a good friend, caring for others, and respecting oneself and others in Values Education. CSE also helps develop important life skills such as the ability to say no and ask for help, which contributes to the protection and safety of children.</li> </ul>	<p>Values aspect and integration of abstinence education may be made more explicit in the amendment to DO 31 s. 2018. DepEd will also revisit the Singapore MOE Sexuality Education program for possible integration of best practices.</p>
<p><b>Conflict with cultural and religious values:</b> They argue that the mandatory nature of the bill and the current form of CSE conflict with Filipino cultural and religious values, stating that it disregards the family's</p>	<ul style="list-style-type: none"> <li>• <b>CSE does not infringe on religious and cultural values.</b> It is important to note that CSE is also comprehensive. It also acknowledges the context to which this is being delivered and hones the skill of the learner to examine, understand,</li> </ul>	<p>Values aspect and integration of abstinence education may be made more explicit in the amendment to DO 31 s. 2018. DepEd will also revisit the Singapore MOE Sexuality</p>



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<p>sacredness as outlined in the Constitution.</p> <p>Emphasis on secularization and lack of integration of spiritual and moral dimensions in teaching sensitive topics. This is seen as contradicting core values and failing to deeply uphold religious perspectives on sexuality and morality.</p> <p>Curriculum is alleged to violate Section 14 of the RH Law (RA 10354), which allows the teaching of contraceptives and reproductive health only to adolescents and with parental consent and consultation. The claim is that the curriculum introduces these topics to younger children without proper parental involvement.</p>	<p>and be critical of the norms and behaviors that affect choices in a variety of settings.</p> <ul style="list-style-type: none"><li>• DepEd Order No. 31, s. 2018 explicitly states that the CSE must ensure that it is age-appropriate, culturally sensitive, and contextually relevant. This directive aligns with the 1987 Philippine Constitution, which upholds the sanctity of the family and the rights of parents as primary educators of their children. It is important to note that CSE in the Philippines is designed to respect and integrate Filipino cultural and religious values while addressing the health and safety needs of learners.</li><li>• The CSE framework explicitly promotes values such as respect, responsibility, and the dignity of human life, which are in harmony with the moral and spiritual principles upheld by many Filipino families. It also emphasizes the role of parents and guardians as partners in educating learners, ensuring that sensitive topics are taught in ways that reflect the cultural and religious diversity of Filipino society.</li><li>• The CSE curriculum is grounded in inclusivity and respect for diversity, as mandated by RA 10533. It supports the notion that comprehensive sexuality education should foster respect for all individuals, regardless of sexual orientation or gender identity, to prevent discrimination, bullying, and stigma. CSE provides age-appropriate discussions to</li></ul>	<p>Education program for possible integration of best practices.</p>
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	<p>promote understanding, empathy, and respect among learners, without promoting any specific sexual orientation or gender identity.</p> <ul style="list-style-type: none"><li>• Moreover, Republic Act No. 10354, or the Responsible Parenthood and Reproductive Health Act of 2012, mandates the inclusion of CSE in schools but underscores the need for it to be delivered in a manner that is consistent with the religious convictions of the learners' families. This legal framework provides safeguards to ensure that the implementation of CSE respects Filipino values and beliefs.</li><li>• The perception of CSE as lacking spiritual and moral dimensions may arise from misunderstandings about its content and delivery. In reality, CSE in the Philippines aims to equip learners with accurate, science-based information while fostering values such as self-discipline, respect for human dignity, and the importance of family and community. The program does not seek to secularize discussions on sensitive topics but to empower learners to make informed, responsible decisions in a way that aligns with their faith and moral upbringing.</li><li>• By involving parents, educators, and community leaders in the planning and delivery of CSE, DepEd ensures that the program continues to reflect the unique cultural and religious</li></ul>	
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	<p>fabric of the Philippines, fostering both education and moral development for the benefit of all learners.</p>	
<p><b>Ineffectiveness of CSE in other countries:</b> They point out that CSE has proven ineffective in addressing teenage pregnancy issues in other countries yet continues to be pushed in the Philippines.</p>	<ul style="list-style-type: none"> <li>● A Cochrane review of <b>41 randomized controlled trials in Europe, the United States, Nigeria and Mexico</b> also confirmed that <b>CSE prevents unintended adolescent pregnancies</b> (Oringanje et al, 2009)</li> <li>● A comparison study in <b>Kenya</b>, involving more than 6,000 students who had received sexuality education led to <b>delayed sexual initiation</b> compared to more than 6,000 students who did not receive sexuality education (Maticka-Tyndale, 2010)</li> <li>● A review of 22 curriculum-based sexuality education programmes found that 80% of <b>programmes that addressed gender or power relations were associated with a significant decrease in pregnancy, childbearing or STIs.</b></li> <li>● These programmes were five times as effective as those programmes that did not address gender or power (Haberland, 2015).</li> <li>● CSE empowers young people to reflect critically on their environment and behaviours, and promotes gender equality and equitable social norms, which are important contributing factors for improving health outcomes, including HIV infection rates.</li> </ul>	<p>Continuous monitoring of outcomes of CSE programs being implemented</p>



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	<ul style="list-style-type: none"><li>● CSE in Indonesia (Setara)<sup>2</sup>: The positive changes cited include:<ul style="list-style-type: none"><li>○ increased comfort when talking about puberty and body-related topics;</li><li>○ feeling more positive about the changes happening because of puberty; considering gender equality more important;</li><li>○ feeling safer from bullying;</li><li>○ increased self-confidence; and increased comfort with experiences of romantic/sexual attraction</li></ul></li><li>● A 2023 meta-analysis shows that well-designed CSE programs can significantly improve knowledge of sexual and reproductive health, promote safer sexual behaviors (e.g., increased contraceptive use, delayed sexual initiation), enhance attitudes towards gender equality and consent, reduce risky sexual behaviors, and improve health outcomes such as lower rates of STIs and unintended pregnancies, with effectiveness depending on program quality and cultural adaptation. (Kim, 2023)<sup>2</sup></li><li>● Even in DepEd's implementation of CSE, there have been gains as in the following:</li></ul>	
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<sup>2</sup> [https://rutgers.international/wp-content/uploads/2021/02/ENG-IR\\_QulP-Report\\_Setara.pdf](https://rutgers.international/wp-content/uploads/2021/02/ENG-IR_QulP-Report_Setara.pdf)

SETARA is an ongoing two-year comprehensive sexuality education (CSE) intervention implemented in junior high schools in Indonesia, targeting students aged 12-15 years old



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**Historical Trend of Teenage Pregnancy Cases in Basic Education**  
*As of January 13, 2025*

**Table 1. Adolescent Reproductive Health (ARH) Cases in DepEd per School Year**

School Year	Total Number of Teenage Pregnancy Cases	Total Number of Dropouts due to Teenage Pregnancies
2019-2020 <sup>3</sup>	35,739	1,625
2020-2021	27,031	5,277
2021-2022	27,940	5,910
2022-2023 <sup>4</sup>	13,003	826
2023-2024*	6,840	876

<sup>3</sup> Data for SYs 2019 to 2022 were collected from the Basic Education Information System (BEIS)

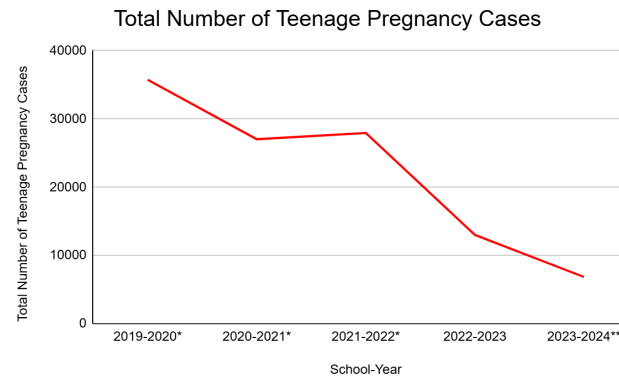
<sup>4</sup> Data collection shifted from BEIS to actual field reports from health personnel



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- \*Preliminary data collected from the field, subject to further validation

**Graph 1. Historical Trend of Teenage Pregnancy Cases**



**Graph 2. Historical Trend of Dropouts due to Teenage Pregnancy**



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	<p style="text-align: center;">Total Number of Dropouts due to Teenage Pregnancies from SYs 2019 to 2024</p> <table border="1"> <caption>Data for Total Number of Dropouts due to Teenage Pregnancies</caption> <thead> <tr> <th>School-Year</th> <th>Dropouts due to Teenage Pregnancies</th> </tr> </thead> <tbody> <tr> <td>2019-2020</td> <td>1,800</td> </tr> <tr> <td>2020-2021</td> <td>5,200</td> </tr> <tr> <td>2021-2022</td> <td>5,800</td> </tr> <tr> <td>2022-2023</td> <td>1,000</td> </tr> <tr> <td>2023-2024*</td> <td>1,000</td> </tr> </tbody> </table>	School-Year	Dropouts due to Teenage Pregnancies	2019-2020	1,800	2020-2021	5,200	2021-2022	5,800	2022-2023	1,000	2023-2024*	1,000	
School-Year	Dropouts due to Teenage Pregnancies													
2019-2020	1,800													
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2022-2023	1,000													
2023-2024*	1,000													
<p><b>Lack of parental involvement and consultation:</b> There is a strong emphasis on the lack of consultation with Filipino parents and faith communities regarding the implementation of CSE, raising concerns about the agenda behind its promotion.</p>	<ul style="list-style-type: none"> <li>• There are orientations for parents in schools where CSE is being rolled out. This is to also emphasize that CSE that age- and developmentally-appropriate, rights-based, and culture-sensitive should be complemented by open and safe conversations at home.</li> <li>• As of 2023, 11,079 PTA-PTC parent representatives from pilot and non-pilot regions were trained and oriented on CSE.</li> </ul>	<p>Reiteration in review of DO 31 s. 2018 of the capacity of schools to localize CSE through consultation with parents and the local community.</p>												
<p><b>Lack of Regulatory Impact Assessment:</b> The CSE did not undergo the required Regulatory Impact Assessment as per the Ease of Doing Business Law (RA 11032).</p>		<p>Expansion of consultations for revisions to DO 31 s. 2018 to parents and special interest groups</p>												



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<p>CSE curriculum does not align with the principles and governance structures outlined in RA 9155, such as empowering schools to make decisions that reflect the values and needs of their local community.</p>	<ul style="list-style-type: none"><li>● The CSE guidelines actually allow flexibility in teaching CSE topics, encouraging schools and teachers to consider cultural and family contexts. DepEd also supports a collaborative approach, emphasizing that this integration into the curriculum is most effective when it involves parents and communities.</li><li>● This is explicit in section V.B of DO 31 s. 2018 which makes mention that the implementation of CSE likewise benefits from consultations from parents-teachers-community associations, school officials, civil society organizations and other interest groups that ensures cultural acceptability, efficiency and appropriateness of key concepts and messages.</li><li>● While section V.F on the role of the school includes implementing CSE programs and projects through curriculum integration across learning areas, information dissemination and advocacy campaigns, networking and partnerships.</li></ul>	<p>Reiteration in review of DO 31 s. 2018 of the capacity of schools to localize CSE through consultation with parents and the local community.</p>
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<sup>2</sup> Kim, E. J., Park, B., Kim, S. K., Park, M. J., Lee, J. Y., Jo, A. R., Kim, M. J., & Shin, H. N. (2023). A Meta-Analysis of the Effects of Comprehensive Sexuality Education Programs on Children and Adolescents. *Healthcare*, 11(18), 2511.



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**Proposed Alternative to the CSE: Holistic Life Preparedness Program (HLPP)**

- The Holistic Life Preparedness Program (HLPP) is an educational and social support program initially implemented in Mandaue City. It targeted vulnerable students and schools. It was a collaborative effort between The LORD Who Cares Foundation, Inc. (TLWCFI) and DepEd Region 7.
- The HLPP included the following key components:
  - Wholeness - Connecting with God in a personal way, pursuing needed emotional healing, and influencing positively the activities of the body.
  - Life Changing Values Program - A values-based program focused on developing self-worth, decision-making skills, and living God's way.
  - Relevant Academic Support - Providing support through programs like Alternative Learning System (ALS), Philippine Educational Placement Test (PEPT), and Modular Open High School Program.
  - Job Readiness Program - Offering technical-vocational training to prepare students for employment.
  - Parents' Strengthening Program - Engaging and supporting parents as part of the holistic approach.
  - Vulnerability Reduction - Addressing issues like low self-worth, teenage pregnancy, destructive habits, poverty, and truancy that lead to school dropouts.
- Outcomes and Impact: The HLPP program reportedly had positive impacts on the participating students, including: improved teacher-student rapport, improved school attendance, improved school performance, and reduction in issues like suicide, teen pregnancy, and gang violence.
- Key differences in HLPP and current CSE:
  - HLPP takes a holistic, values-based, and family-centered approach, focusing on spiritual, moral, and emotional development, while CSE is criticized for its secular, risk-reduction approach that contradicts core family and religious values.
  - HLPP emphasizes virtues like chastity, respect, and self-control, rooted in religious teachings and Filipino cultural values while CSE is criticized for supposedly introducing explicit, age-inappropriate content without sufficient psychological preparedness.
  - HLPP emphasizes strengthening family bonds and the role of parents as primary educators, while CSE is criticized for lacking proper parental consultation and consent, especially regarding the teaching of contraceptives.
  - HLPP aims to address root causes of issues like teenage pregnancy, such as family breakdown and lack of spiritual formation, while CSE is criticized for being perceived to be ineffective and potentially harmful to young people's sexual and reproductive health and rights.



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### Possible Integrations

- Review of Department Order 31 s. 2018
- The Singapore Sexuality Education Curriculum which integrates the family as basic unit of society, and includes abstinence before marriage as a key mechanism against teen pregnancies and STIs. It integrates other mechanisms such as contraception, but maintains the family primacy, abstinence narrative.
- Integration of abstinence messaging as part of key messages, and integrating parental discussions with children as one of the primary modes of sexuality education
- Localization of CSE through providing options of how to implement sensitive aspects of the curriculum and allowing the School Governance Council to engage with parents and the local community on how to implement these aspects of the curriculum.
- Possibly integrating HLPP as one of the practices that can be adopted by schools