

Laws, Policies, and Comprehensive Sexuality Education Programs for Students in Vietnam: Status, Causes, and Solutions

Nguyen Le Hoai Anh^{1*}

Nguyen Do Hong Nhung²

Abstract

This article provides a comprehensive analysis of the legal and policy framework, implementation status, and barriers to comprehensive sexuality education (CSE) for students in Vietnam. Through a review and analysis of policy documents, research reports, and international technical guidance, the study shows that the implementation of CSE in Vietnam remains fragmented, lacking systematization, and does not fully meet global standards. Although there are certain legal foundations, Vietnam still lacks a coherent national policy and a stand-alone CSE curriculum. The current integration model does not ensure comprehensive content coverage or consistency in pedagogy. Key challenges include policy gaps, limited teacher capacity, a lack of standardized materials, and deep-rooted socio-cultural barriers, such as gender bias and community reluctance. Accordingly, the paper proposes a set of strategic solutions, including establishing a clear national policy framework, investing in teacher training and professional development, developing context-appropriate teaching materials, and promoting multisectoral coordination among education, health, and social organizations to create an enabling environment for effective CSE implementation, thereby empowering the young generation in Vietnam.

Keywords: Comprehensive sexual education, Policy and law, Program, Vietnam.

Introduction

Comprehensive Sexuality Education (CSE) is recognized as a global public-health and development priority. Its importance is affirmed in the Sustainable Development Goals, particularly SDG 3 (Good Health and Well-Being) and SDG 5 (Gender Equality) (World Health Organization, 2015). International frameworks emphasize that CSE is not only a tool for reducing unintended pregnancy and sexually transmitted infections but also a means of advancing human rights, gender equality, and youth empowerment (UNESCO et al., 2018; UNICEF et al., 2021). By equipping learners with knowledge, skills, and values, CSE helps them build healthy relationships, make informed decisions, and protect their health throughout their life course.

In Vietnam, socio-economic transformation since the Doi Moi reforms in the late 1980s has influenced traditional norms regarding gender and sexuality among adolescents (Burns et al., 2024). However, Vietnamese adolescents, especially marginalized groups such as ethnic minority girls, continue to face persistent challenges in sexual and reproductive health. Data from the 2019 Global

¹ Dr., Faculty of Social work, Hanoi National University of Education, Hanoi, Vietnam.

² Dr., Department of Educational Psychology, Thai Nguyen University of Education, Thai Nguyen City, Vietnam.
E-mail: nhungndh@tnue.edu.vn

*Corresponding Author, E-mail: anhnlh@hnue.edu.vn

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School-based Student Health Survey (GSHS) in Vietnam raise notable concerns: 10.42% of students reported experiencing physical violence in the 12 months before the survey; the proportion of students having first sexual intercourse before age 14 doubled from 1.48% in 2013 to 3.51%; while condom use among sexually active students declined from 52.6% to 42.4% (World Health Organization, 2022). Adolescent abortion rates remain high, with 60–70% of approximately 300,000 cases annually involving students, placing Vietnam among the highest in Southeast Asia and fifth globally (Nguyen & Le, 2024). For vulnerable groups, ethnic minority students face stark inequities: maternal mortality ratios two to three times the national average, and a study in A Luoi District (Hue province) found that 85.9% of ethnic minority adolescent girls had poor SRH knowledge and 79.4% did not know the most fertile period (Nguyen & Nguyen, 2023). Students with disabilities face gaps in accessible materials, increasing the risk of abuse. These realities underscore the urgency of CSE content on respectful relationships and violence prevention skills, demonstrating CSE as an evidence-based intervention addressing concrete health problems.

CSE is “a curriculum-based process of teaching and learning about the cognitive, emotional, physical, and social aspects of sexuality” (UNESCO et al., 2018). In Vietnam, the Ministry of Education and Training (MOET) draws on UNESCO’s International Technical Guidance to deliver CSE in response to increasing adolescent challenges, including early sexual initiation, unintended pregnancy, and STIs. While the policy context reflects progressive, rights-based commitments, implementation is constrained by cultural and structural factors. For example, Vietnam has ratified international conventions on the rights of the child and gender equality that inform domestic laws, yet social norms that treat sexuality as taboo hinder adequate provision (Yount et al., 2023).

This paper aims to review and critically analyze the legal system, policy environment, and implementation status of CSE for students in Vietnam. Building on this analysis, we identify gaps, root causes of prevailing challenges, and propose evidence-based strategic solutions to improve the quality and effectiveness of CSE within the national education system. Through this multidimensional analysis, the study contributes to policy dialogue in Southeast Asia, where similar cultural and institutional challenges persist, and provides valuable evidence for policymakers, educators, and stakeholders striving to build a healthy, equitable, and empowered generation in Vietnam.

Methodology

This study employs a qualitative policy analysis combined with a literature review of national legal documents, policy frameworks, and international technical guidelines on Comprehensive Sexuality Education (CSE). The analysis examines the coherence, scope, and implementation gaps of CSE policies in Vietnam across multiple governance levels.

Document selection followed a purposive and systematic approach. National legal and policy documents were identified based on their relevance, legal authority, and recency, including laws, national strategies, ministerial decisions, and official curriculum guidelines issued primarily by the Ministry of Education and Training and related agencies. In addition, international frameworks and guidance documents (e.g., UNESCO, WHO, UNFPA) were included to provide a comparative and normative reference.

While this study does not adopt a full Systematic Literature Review (SLR) protocol, it applies key principles of systematic review, including transparent selection criteria, thematic categorization, and critical synthesis of sources. The collected documents were analyzed using a thematic framework

to identify patterns, gaps, and challenges in policy design and implementation across macro, meso, and micro levels.

Content

1. Legal and policy framework in Vietnam on comprehensive sexuality education for students

CSE is recognized as essential to human development, helping children and adolescents build a sound understanding, life skills, human rights values, and a commitment to gender equality. Globally, CSE is implemented as an integral part of health education, global citizenship education, and human rights education. Vietnam, as a signatory to the Convention on the Rights of the Child (1989) and the Program of Action of the International Conference on Population and Development (United Nations Population Fund, 1994), has gradually integrated sexuality education and reproductive health into its school curricula.

Reviewing current legal and policy instruments is the first step in identifying national political commitment, as well as opportunities and challenges for institutionalizing CSE. Although Vietnam lacks a dedicated national law or policy on CSE, several legal documents provide an indirect basis for implementing relevant provisions.

In the table below, we outline a three-tier framework of Vietnam's legal and policy context for Comprehensive Sexuality Education across educational levels.

Table 1 Vietnam's Legal and Policy Framework on CSE

TIER 1: LEGAL FOUNDATIONS		
<i>Legal basis for introducing sexuality education and CSE in schools.</i>		
Legal document	Articles & relevant excerpts	Content related to CSE
Constitution (2013)	Arts. 37, 38, 39	Ensures gender equality; the right to education; the right to health care and protection, including reproductive health.
Law on Gender Equality No. 73/2006/QH11	Arts. 6, 7, 14	Sets fundamental principles on gender equality; mandates gender mainstreaming in policies, programs, and plans; prohibits gender stereotypes in textbooks; promotes gender equality in access to knowledge.
Law on Children No. 102/2016/QH13	Arts. 6, 37–41, 44	Stipulates children's rights to protection from abuse and violence and to age-appropriate education, including sexuality education.
Law on Education No. 43/2019/QH14	Arts. 2, 8, 29–31	General education must ensure holistic development, including ethics, lifestyle, life skills, gender, and reproductive health.
Law on Youth No. 57/2020/QH14	Arts. 11, 16, 19	Ensures youth receive education on sexuality, reproductive health, life skills, and access to youth-friendly services.
Penal Code No. 100/2015/QH13	Arts. 90, 141–147	Defines sexual offenses (rape, coercion, sexual intercourse with persons under 16, etc.) as a legal basis for educating students on preventing harassment and abuse.

Table 1 Vietnam's Legal and Policy Framework on CSE (Continue)

TIER 2: NATIONAL POLICIES & STRATEGIES		
<i>Operationalizes legal provisions via goals, orientations, and intersectoral responsibilities.</i>		
Policy / Strategy	Issuing authority	CSE-related content
National Strategy on Gender Equality 2021–2030 (Decision 28/QĐ-TTg, 2021)	Prime Minister	Sets targets to strengthen gender equality education in schools; trains teachers on gender; builds safe, non-discriminatory learning environments.
Vietnam Population Strategy to 2030 (Decision 1679/QĐ-TTg, 2019)	Prime Minister	Assigns MOH and MOET to provide reproductive health education and integrate sexuality education in curricula.
Vietnam Youth Development Strategy (2021)–2030 (Decision 1331/QĐ-TTg, 2021)	Prime Minister	Enhances life skills education, reproductive health, violence prevention, and gender equality for adolescents and young people.
National Action Plan on Adolescent and Youth SRH 2020–2025 (Decision 5914/QĐ-BYT, 2020)	Ministry of Health	Target: 80% of adolescents and youth receive SRH education; integrates safe sex, contraception, STI/HIV prevention, gender equality, and violence prevention.
Education Development Strategy 2021–2030 (Decision 711/QĐ-TTg, 2022)	Prime Minister	Integrates sexuality education, SRH, and life skills into curricula; strengthens education on equality and prevention of gender-based violence in schools.
TIER 3: EDUCATION PROGRAMS, IMPLEMENTATION GUIDANCE & INTERNATIONAL COOPERATION		
<i>Documents and guidance that operationalize CSE in schools.</i>		
Document / Program	Issuing/coordinating body	CSE-related content
Circular 32/2018/TT-BGDĐT – General Education Curriculum (2018)	MOET	Integrates sexuality education & SRH into subjects: Natural & Social Sciences (grades 1–3), Science (grades 4–5), Biology, Civic Education, and Experiential Activities (lower/upper secondary).
Decision 4834/QĐ-BGDĐT (17 Dec 2019)	MOET	Approves curricula and teacher guidance for CSE at lower secondary (grades 6–9) and upper secondary (grades 10–12).
Decision 777/QĐ-BGDĐT (22 Feb 2021)	MOET	Approves guidance materials: CSE for preschool; CSE in the 2018 primary curriculum; and in the 2018 lower and upper secondary curricula.
Decision 656/QĐ-BGDĐT (27 Feb 2024)	MOET – UNFPA	Approves guidance for implementing CSE within the 2018 curriculum for students with disabilities in inclusive secondary education.
“Sexuality and Adolescent SRH in Schools” (2015)	MOET & UNFPA	Guides teachers in integrating gender, abuse prevention, and responsible decision-making.

Document / Program	Issuing/coordinating body	CSE-related content
UNESCO (2018) International Technical Guidance	UNESCO	International technical guidance on CSE.
MOET – UNFPA (2022) Training Materials	MOET – UNFPA	Training of Trainers on comprehensive sexuality and life skills education.
Plan (2022) Teacher Guidance	Plan International	Teacher guidance on CSE for lower and upper secondary students.
MOET – UNESCO – UNFPA – Plan cooperation (2018–present)	Intersectoral	Pilots and scales CSE in provinces (e.g., Cao Bằng, Khánh Hòa, Vĩnh Long, Hà Giang, Lai Châu) and develops national TOT materials.

Vietnam’s CSE legal framework is rooted in statutory instruments and has been operationalized through intersectoral strategies. Since 2019, MOET has cooperated with UNESCO, UNFPA, Plan International, and other partners to pilot CSE across educational levels in multiple provinces. The 2024 guidance for students with disabilities marks progress toward inclusion (MOET & UNFPA, 2024).

Compared with regional and global policies, Vietnam’s framework is broad in scope and signals a strong state commitment to gender equality and children’s rights.

Table 2 Comparison of Vietnam’s CSE with selected countries

Country	Key CSE policy features	Comparison with Vietnam
Thailand	Policy support for CSE within basic education, with sexuality education integrated across primary and secondary curricula and provided as a standalone subject in vocational institutions (UNICEF & Thailand, Ministry of Education, 2017).	A similar level of commitment, but Vietnam lacks a dedicated, stand-alone CSE framework.
Philippines	The Responsible Parenthood and Reproductive Health Act (RA 10354, 2012) mandates CSE from the primary level. (MOET, 2018).	Vietnam remains at the “integration” stage without mandatory provisions.
Indonesia	CSE is integrated into religious and moral education; it focuses on abuse prevention and early pregnancy prevention.	Culturally similar to comparable social challenges.
Nepal	Adopt UNESCO’s CSE framework at at lower secondary and secondary level; unified national teacher training (UNFPA, 2020).	Vietnam has analogous documents (e.g., Decision 4834/BGDĐT, 2019), but with a narrower scope.
Australia, New Zealand	Sexuality education is compulsory within Health and Physical Education (mandatory through primary and lower secondary; optional in senior secondary in NZ). Some Australian states explicitly require assessment and reporting (NSW Department of Education, 2026).	Vietnam could learn from quality assurance and teacher competency models.

Even compared with the Philippines and Thailand, two ASEAN neighbors, Vietnam appears to be in the “policy preparation” phase rather than the “complete institutionalization” phase. These countries were selected because they represent regional peers in Southeast Asia with comparable socio-

cultural contexts that have progressed further in institutionalizing CSE (Thailand, the Philippines, Indonesia, Nepal), as well as high-income education systems (Australia and New Zealand) that offer mature models of compulsory CSE and quality assurance.”

2. Implementation status of CSE for students in Vietnam

CSE has been integrated into Vietnam’s general education curriculum to equip students with the knowledge, skills, and attitudes necessary for sexuality, reproductive health, and human rights. In practice, schools in many provinces and major cities have made progress in implementing CSE, supported by MOET’s educational materials and teacher training programs.

However, a significant gap persists between laws and policies on paper and realities in classrooms. CSE content is often delivered in a fragmented manner, lacks systematization, and fails to meet students’ needs, especially those from vulnerable groups.

2.1 Curricular model and content

Under the 2018 General Education Curriculum, CSE-related topics are integrated across subjects and educational activities. At the primary level, issues such as personal hygiene, friendship, family, and basic abuse prevention are introduced through Natural and Social Sciences, Science, Ethics, and Experiential Activities (Nguyen, 2016; UNFPA, 2020). At the lower secondary level, human reproduction and STIs are primarily covered in Grade 8 Biology, while other aspects are addressed in Civic Education and Experiential and Career Guidance. Nonetheless, this integrated model produces gaps and constraints, as highlighted in recent reviews (MOET, 2018). However, this integration model creates several 'gaps' and limitations in the curriculum, as indicated in the review study by Le Minh Thi (2022) and the curriculum framework documents (Plan International & MOET, 2022b).

Table 3 Analysis of CSE integration in the educational curriculum in Vietnam

Educational level	Subjects with integration	Topics covered	Gaps / Limitations
Primary	Science; Ethics; Experiential Activities	Personal hygiene, basic abuse prevention, friendship, and family.	Lacks content on bodily and emotional changes during puberty; concepts of gender and gender diversity.
Lower Secondary	Biology (Grade 8); Civic Education; Experiential Activities	Human reproduction; STIs; friendship; love.	Neglects early puberty (Grades 6–7); content is heavily biomedical; lacks psychosocial, rights-based, and diversity dimensions.
Upper Secondary	Biology; Civic Education; Experiential Activities	Advanced SRH topics; relevant legal provisions (e.g., marriage).	Remains fragmented; quality depends on teacher initiative and capacity.

2.2 Pedagogy and teacher capacity

Teacher training materials emphasize learner-centered, participatory pedagogy and create safe spaces for open discussion (Plan International Vietnam, 2023). In practice, however, many teachers rely on didactic transmission. Key reasons include limited capacity to teach sensitive topics and discomfort when discussing sexuality, hindering classroom effectiveness and safe environments for student questions (Nguyen & Nguyen, 2023).

2.3 Access for vulnerable student groups

The implementation of CSE for vulnerable student groups faces even greater challenges. Specialized guidance materials emphasize the need to adjust content, methods, and teaching materials to suit the specific needs of students with disabilities (Plan International & MOET, 2022a). However, practical implementation requires teachers to possess specialized skills and invest significant time and resources, which many schools lack. Ethnic minority students face unique barriers, such as language barriers, strict cultural norms around sexuality and child marriage, and geographical isolation, which make it difficult to access information and health services (Burns et al., 2024). Current CSE programs are often not adapted to the cultural context and specific needs of these communities.

3. Challenges and barriers to CSE implementation in Vietnam

Identifying and systematically categorizing barriers is a prerequisite for designing multi-level and sustainable interventions. While Vietnam has made progress in intersectoral integration and teacher capacity building, implementation continues to face multidimensional challenges at the macro (policy), meso (school), and micro (community and individual) levels (Le, 2022).

3.1. Macro level (policy and system)

At the macro level, obstacles stem from an insufficiently coherent institutional commitment and weak coordination mechanisms, leading to fragmented and unsustainable implementation. Vietnam currently lacks a comprehensive national policy and a clear roadmap for CSE, resulting in inconsistent, overlapping efforts (MOET & UNFPA, 2024). CSE has not been designed as a continuous, coherent program; instead, content is dispersed across subjects (e.g., Grade 5 and 8 Science, Civic Education, Experiential Activities), which dilutes compared to a standalone subject (Nguyen, 2016; Keogh et al., 2018). Clear knowledge gaps exist in the official curriculum, particularly for Grades 6–7, early adolescence, when demand for sexuality information is high. CSE content emphasizes cognitive knowledge while underdeveloping behavioral skills (communication, negotiation, decision-making). Weak links between school health systems and professional health services limit comprehensive counseling and care; accessible, adolescent-friendly services for students with disabilities are notably lacking (Le, 2022; MOET & UNFPA, 2024). Public funding for CSE remains modest, creating dependence on NGO and donor projects and undermining sustainability and scalability (Keogh et al., 2018). Monitoring and evaluation mechanisms are underdeveloped, making it difficult to implement continuous program improvement without standardized tools. Finally, interministerial coordination (e.g., between MOET and MOH) remains suboptimal (Keogh et al., 2018).

3.2. Meso level (schools and teachers)

At the school level, the main challenges involve system capacity and teacher preparedness to deliver CSE effectively. First, pre-service teacher education and in-service training do not yet equip teachers with sufficient knowledge, pedagogy, and attitudes to deliver CSE confidently and effectively (UNESCO et al., 2018; Trang, 2021). Counselors working in school psychology are often part-time and lack professional training despite the specialized nature of this work (Plan International & MOET, 2022a). Second, teachers struggle with abstract and sensitive topics (e.g., sexual relations, reproduction) and scientific terminology (e.g., in Grade 5 Science), leading many to skip or gloss over lessons. Third, resources and methods remain limited; textbooks often include only simple illustrations (Nguyen, 2016). Schools lack engaging teaching aids, and teachers default to traditional methods to maintain control, while feeling uncomfortable with participatory approaches (Even theoretically knowledgeable teachers face difficulties translating concepts into classroom practice (Keogh et al., 2018). The absence

of standardized, culturally appropriate teaching packages further constrains delivery. Additional burdens include performance pressures, heavy workloads, and school environments that lack the safety and trust needed for discussing sensitive content—resulting in perfunctory implementation (Nguyen, 2016; DeJaeghere et al., 2021).

3.3. Micro level (community, family, and students)

At the micro level, barriers arise from socio-cultural norms, family knowledge gaps, and psychological pressures on students. Traditional norms—shaped in part by Confucian values—sustain taboos around sexuality; entrenched gender bias and rigid social expectations inhibit open conversations on CSE (Nguyen et al., 2025). Parents often lack the knowledge and skills and feel reluctant to discuss sexuality with their children (Nguyen & Nguyen, 2023); some oppose school-based CSE outright. Stigma toward minorities, LGBTQ+ communities, persons with disabilities, and ethnic minorities hampers inclusion and diversity (Dinh et al., 2024; Plan International & MOET, 2022a). Even when students possess basic knowledge, they may lack the confidence to apply it due to peer pressure, fear of judgment, and insufficient skills to negotiate safer sexual practices (Nguyen et al., 2025).

4. Root causes of barriers to CSE implementation

Moving from “symptoms” (barriers) to “root causes” deepens analysis and informs solutions with greater potential for systemic impact. Barriers to CSE in Vietnam arise from the intersection and mutual reinforcement of socio-cultural, institutional, and economic factors.

4.1. Socio-cultural causes

Socio-cultural barriers to Comprehensive Sexuality Education (CSE) in Vietnam are deeply rooted in traditional norms, many of which are shaped by Confucian values emphasizing modesty, moral restraint, and family honor. Within this cultural framework, sexuality is predominantly associated with marriage and reproduction, while open discussions, particularly with children and adolescents, are often considered inappropriate, especially at the primary education level (Nguyen, 2016).

These norms contribute to the emergence of an entrenched “culture of silence”, which operates not merely as a lack of communication but as a systemic constraint on knowledge exchange. Teachers and parents frequently express concern that sexuality education may encourage premature curiosity or misunderstanding; consequently, sensitive topics are often avoided, selectively delivered, or addressed superficially (Plan International, 2020). At the same time, ambiguity persists regarding the division of responsibility between schools and families: while some teachers defer sexuality education to parents, many parents expect schools to assume this role. This misalignment creates tension, particularly when scientific knowledge challenges established familial beliefs (Trang, 2021).

Gender norms further reinforce these constraints. Dominant stereotypes such as masculinity associated with assertiveness and femininity with passivity and chastity limit open dialogue on sexuality and restrict the development of equitable gender relations. These norms undermine bodily autonomy and disproportionately affect women, girls, and gender minorities (Thi et al., 2023; Yount et al., 2023).

The persistence of the “culture of silence” has significant implications for CSE implementation. Students often turn to informal and unreliable sources, including peers and unregulated online content, increasing their exposure to misinformation and risky behaviors. Simultaneously, teachers may feel constrained or uncomfortable in addressing sensitive topics comprehensively, thereby reducing the depth and effectiveness of classroom instruction.

Addressing these socio-cultural barriers requires a transition from silence to structured, age-appropriate, and culturally responsive communication. This entails normalizing discussions of sexuality within both school and family contexts, supported by clear institutional guidelines, teacher training, and community engagement strategies that foster trust and openness.

4.2. Systemic and institutional causes

Vietnam's educational tradition emphasizes centralized, one-way transmission and academic subjects, hindering the development of interactive, participatory, and life-skills-oriented pedagogy essential to effective CSE (Keogh et al., 2018). This systemic pattern interacts with cultural taboos: the didactic model is further entrenched when teachers hesitate to move away from moral-arbiter roles toward facilitation. The absence of a firm, institutionalized national CSE policy relegates CSE to a secondary priority, fragmenting resource allocation, teacher training, and quality assurance, and leaving implementation to local discretion rather than embedding CSE as an essential component of holistic education.

4.3. Economic and resource constraints

The limited government funding for "soft" programs, such as school health and life skills education, has resulted in a shortage of resources for CSE. This creates a heavy reliance on funding from international and non-governmental organizations, which undermines the program's sustainability and nationwide scalability. When projects end, activities are often suspended or terminated (Keogh et al., 2018). Furthermore, economic factors such as poverty are closely linked to reproductive health issues, especially in disadvantaged areas and ethnic minority communities. Poverty is one of the leading causes of child marriage, early school dropout, and limited access to information and health services, creating a vicious cycle of vulnerability (Trang, 2021).

These challenges and causes are not unique to Vietnam but reflect common issues in implementing CSE in many low- and middle-income countries. However, identifying the specific causes in the context of Vietnam provides a basis for discussion and guidance on appropriate solutions.

5. Proposed solutions to enhance CSE effectiveness in Vietnam

Addressing the identified root causes requires a systemic, multi-tiered approach that ensures alignment among policy design, institutional capacity, and socio-cultural transformation. Building on the analysis of existing gaps and international experience, we propose an integrated framework structured around three interconnected pillars: (i) policy and governance reform, (ii) system and teacher capacity strengthening, and (iii) community- and learner-centered interventions.

5.1. Policy and governance reform: Establishing coherence and accountability

A foundational priority is to move from fragmented integration toward an institutionalized national framework for Comprehensive Sexuality Education. Vietnam should develop a dedicated national CSE policy or framework that clearly articulates objectives, minimum content standards, learning outcomes, and age-appropriate progression across grades. This framework should be formally anchored in existing legal instruments and accompanied by a realistic roadmap, including milestones and budgeting commitments.

Strengthening MOET–MOH coordination is essential to ensure coherence between school-based CSE and adolescent-friendly health services. A formal inter-ministerial mechanism should be established to jointly: (i) issue implementation guidelines for schools, including referral pathways to

health services; (ii) develop shared indicators and tools for monitoring CSE delivery and student health outcomes; and (iii) coordinate communication campaigns to ensure consistent messages across education and health sectors. Clarifying roles and accountability among central ministries, departments of education and health, and schools will help reduce overlaps and implementation gaps.

Finally, policy reform should be accompanied by dedicated and sustainable financing for CSE. This includes earmarking resources for teacher training, teaching and learning materials, monitoring and evaluation, and inclusive adaptations for vulnerable groups. Reducing dependence on short-term donor projects will enhance the sustainability and scalability of CSE nationwide.

5.2. System and teacher capacity: Embedding CSE into pre-service and in-service training

Effective CSE delivery depends on teachers who are confident, competent, and supported by their institutions. Vietnam should integrate CSE competencies into pre-service teacher education curricula at pedagogical universities and colleges. CSE should not be treated as an optional topic but as a required component of programs in primary, lower secondary, and upper secondary education. This integration should cover subject knowledge, participatory pedagogy, classroom management of sensitive topics, and referral procedures for cases of violence and abuse.

For the existing workforce, MOET and teacher training institutions should develop competency-based in-service programs linked to teachers' professional development frameworks. These programs can combine modular workshops, school-based mentoring, and peer-learning networks, allowing teachers to gradually build confidence and skills. Training should be accompanied by standardized, culturally appropriate teaching packages aligned with the 2018 General Education Curriculum, including lesson plans, case studies, and interactive activities for different grade levels.

At the school level, leaders should create conditions that enable teachers and counselors to implement CSE effectively—for example, by allocating sufficient time within timetables, recognizing CSE responsibilities in teachers' workloads, and strengthening school counseling services. Linking CSE implementation to existing quality assurance mechanisms can help institutionalize expectations and avoid perfunctory delivery.

5.3. Community engagement and breaking the culture of silence

Given the deep-rooted socio-cultural barriers identified in Section 4, policy and school reforms must be complemented by community engagement strategies that explicitly address the “culture of silence” around sexuality. Schools can organize regular information sessions and dialogue forums for parents and caregivers that explain the objectives and content of CSE, address common misconceptions, and emphasize evidence that CSE does not encourage early sexual activity but strengthens protection and decision-making skills.

Collaboration with mass organizations (e.g., Youth Union, Women's Union) and community leaders is crucial for adapting messages to local cultural contexts and reducing stigma around discussions of sexuality, gender, and diversity. Media and social media campaigns co-designed with young people can further normalize age-appropriate conversations about CSE and promote positive role models. These measures aim explicitly to break the entrenched culture of silence by creating safe, structured, and age-appropriate spaces for dialogue in both school and family settings.

5.4. Inclusive and context-specific approaches for diverse learners

To ensure that no learner is left behind, CSE in Vietnam must be tailored to the specific needs of ethnic minority students and students with disabilities, who face multiple and intersecting

vulnerabilities. For ethnic minority communities, CSE materials should be culturally sensitive and, where appropriate, bilingual (Vietnamese and relevant local languages). Teaching approaches can draw on visual aids, storytelling, and community-based activities that resonate with local norms while challenging harmful practices such as child marriage. Engaging trusted community figures, such as village leaders, religious leaders, and local health workers, can enhance legitimacy and uptake.

For students with disabilities, CSE should be integrated within the broader framework of inclusive education. This includes developing accessible materials (e.g., Braille, large print, audio, sign language, easy-to-read formats), training teachers in disability-inclusive pedagogy, and providing individualized support where needed. Schools should also ensure that reporting and counseling mechanisms are physically and communicatively accessible, so that students with disabilities can safely disclose abuse and seek help. These adaptations are essential to operationalize the rights-based commitment expressed in recent MOET–UNFPA guidance on CSE for students with disabilities.

5.5. Strengthening system integration and student support services

Finally, effective CSE requires stronger integration between schools and health and social services. Schools should establish clear referral protocols to adolescent-friendly health facilities and hotlines, with staff trained to identify and respond to cases of violence, abuse, or psychosocial distress. Multi-disciplinary teams involving teachers, school counselors, health workers, and social workers can coordinate support for at-risk students.

Developing simple, student-centered information tools—such as school-based information corners, confidential question boxes, or digital platforms moderated by trained professionals—can help bridge the gap between knowledge and practice. By aligning policy frameworks, school systems, and community environments, these solutions aim to transform CSE from a fragmented, project-based intervention into a coherent, institutionalized component of holistic education in Vietnam.

Conclusion

Effective implementation of CSE in Vietnam is not only an educational priority but also a critical public health and human rights imperative. While Vietnam has made important early efforts to introduce CSE, the current system remains fragmented and insufficiently comprehensive, limiting its overall effectiveness.

This study provides a systematic analysis of the legal, policy, and implementation landscape of CSE in Vietnam. The findings reveal that although a relatively broad legal and policy foundation exists, the absence of a dedicated national CSE framework and the overreliance on curriculum integration have resulted in significant gaps in content continuity, pedagogical depth, and quality assurance.

These limitations manifest across multiple levels. At the macro level, challenges in policy coherence, intersectoral coordination, and sustainable financing constrain long-term implementation. At the meso level, insufficient teacher preparation, a lack of standardized teaching materials, and limited institutional support weaken the quality of delivery. At the micro level, deeply embedded socio-cultural norms, particularly the “culture of silence” surrounding sexuality, continue to inhibit open communication, reduce community acceptance, and limit student engagement.

Importantly, these challenges are not isolated but interconnected, reflecting systemic constraints embedded within broader cultural, institutional, and educational structures. Addressing them therefore requires a comprehensive, whole of system approach that extends beyond the classroom.

Based on these findings, several strategic directions are proposed. First, a dedicated national CSE policy framework should be established, with clear implementation guidelines, sustainable resource allocation, and accountability mechanisms. Second, it is necessary to strengthen teachers' capacity through integrated reforms in both pre-service and in-service training, including the integration of CSE competencies and interdisciplinary approaches into teacher education. Third, intersectoral coordination between the education and health sectors should be institutionalized, particularly through strengthened school health linkages and joint monitoring systems. Fourth, culturally responsive and inclusive approaches must be prioritized to ensure equitable access for ethnic minority students and students with disabilities. Finally, addressing socio-cultural barriers requires sustained efforts to break the "culture of silence" through community engagement, parental involvement, and meaningful youth participation.

Taken together, these strategies point to the need for a systemic transformation of CSE in Vietnam, one that moves beyond fragmented interventions toward a coherent, inclusive, and sustainable model capable of advancing the health, rights, and well-being of future generations.

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