

Training course in adolescent sexual and reproductive
health 2019

Comprehensive sexuality education provision

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Introduction

Globally, adolescents face tremendous challenges in meeting their sexual reproductive health and rights needs^{1 2 4}. Girls in particular, are faced with increased risk of unplanned pregnancy, early marriages and childbearing, unsafe abortions, unequal gender norms that support harmful traditional practices such as female genital mutilation (FGM), sexually transmitted infections/diseases including HIV/AIDS, sexual coercion, exploitation⁴ and gender-based violence^{1 2 4}. Comprehensive Sexuality Education (CSE) is a structured and holistic approach of teaching and learning that addresses the cognitive, emotional, physical and social aspects of sexuality¹. When adequately implemented, CSE empowers young people to make informed choices about relationships, sexuality, and they are able to thrive where gender-based violence, gender inequality, and sexually transmitted infections (STIs) are continuous threats to their health and wellbeing^{1 2}.

Question 1:

What evidence could you use to convince decision makers that CSE does not harm children and adolescents?

Empirical research indicates that CSE has several positive effects, such as, first, enhancing adolescents' knowledge and improving their attitudes regarding sexual and reproductive health and behaviors^{1 2 3}. Second, when conducted both in or out of school, it has shown no effect in increase in sexual activity, sexual risk-taking behaviour or STI/HIV infection rates^{1 2 3}. Third, there is evidence that abstinence only interventions are ineffective in delaying sexual initiation, reducing the frequency of sex, or reducing the number of sexual partners' interventions that combine delaying sexual activity with other content are more effective^{1 2 3}. Fourth, interventions with a focus on gender are more effective than generic ones at achieving positive health outcomes such as reducing rates of unwanted pregnancy or STIs^{1 2 3}. Lastly, school-based programs that integrate CSE into their curricular have greater impact when there is active engagement of parents and teachers, training institutes and youth-friendly services^{1 4 6 7}.

Question 2:

What in your opinion is one widely held misconception about CSE?

One widely held misconception about CSE is that it encourages adolescents and youth to have sex and engage in risky sexual behavior^{1 2 4 5}. This has caused limited support in terms of investing adequate resources, proper training for teachers, and developing basic and meaningful content in CSE. Evidence indicates that CSE can help young people delay age of first sexual debut^{1 2 4 5}.

Question 3:

What are the eight underpinning concepts of the ITGSE? In your opinion, which one is the most important and why?

The eight key concepts of the ITGSE include; relationships; values culture and sexuality; understanding gender, violence and staying safe; skills of health and wellbeing; the human body and development; sexuality and sexual behavior; and sexual and reproductive health¹.

In my opinion, understanding gender, gender roles, from socialization to societal prescription of what women, men, girls and boys should do, builds a foundation of how power is assigned based on gender, how roles are ascribed, how gender influences rights, participation in leadership and in accessing and controlling of resources¹. Comprehensive sexuality education has the potential to promote gender equality by decreasing gender-based violence and discrimination, enhances self-efficacy, confidence, gender equitable norms, and teaches students to build positive, stronger, healthier relationships¹. With this foundation, it will be easier to build on concepts such as development, sexuality and sexual behavior.

Question 4

The UNESCO publication identifies barriers to the implementation of CSE (pages 4-11). Of these barriers, identify three that are most relevant to your country and explain why.

One major barrier to CSE is the resistance by parents, teachers, and community members⁷. This is because CSE goes against most cultural beliefs and socializations where roles are ascribed based on sex. Thus, it is more acceptable for men and boys to discuss matters of sex and sexuality compared to girls. This resistance may push adolescent to seek information from various unreliable sources^{6 7}. Second, inadequate preparation and support provided to teachers in terms of training, materials, lack of curricular, learning activities that are age, gender and human rights sensitive, and culturally appropriate, and content that does not meet the need of adolescents^{6 7}. For example, topics include abstinence and pregnancy and do not address relationships, sexual and productive health, social norms, sexuality, rights, gender, sexual orientation, contraception⁴. Third, insufficient funding for CSE programs from the government due to other competing priorities, coupled with lack of adequate staff with adequate capacity, and materials to implement the programs^{6 7}. Countries may rely on international donors to supplement funding of these programs, but this is not sustainable as funding often runs out and they may mandate use of different curricular for these programs^{4 6 7}.

Question 5

The UNESCO publication proposes actions to overcome these barriers (pages 12-14). Of these actions, identify two that are most appropriate to the barriers that you have identified.

First, countries should invest in relevant teacher education and support, whereby, government ministries of health and education should not only give teachers what to teach but also provide them with practical guidance on how to teach the content. They must ensure adoption and integration of age, gender and human rights sensitive and culturally appropriate curricular, collaborative teaching and learning activities and methodologies, and involve adolescents in designing the curricula^{4 6 7}. Second, ensure that CSE curricular is meaningful, relevant and evidence-based⁶. This ensures teachers and facilitators are informed on best practices and include information that is relevant to young people such as gender, power relations, decision-making, sexuality, contraception, gender-based and sexual violence, consent, menstruation, and social skills to ensure content is responsive, appropriate and relevant.

Conclusion

Comprehensive sexuality education is an integral aspect in the development and wellbeing of both in and out of school adolescents. Teachers, facilitators, health workers, and parents must have buy-in on the importance of CSE and provide relevant, meaningful information for adolescents to be able to make informed choices. Governments must invest in CSE interventions from a policy level and ensure adequate funding for sustainability.

References

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