Training course in adolescent sexual and reproductive health 2019

Comprehensive sexuality education provision

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<u>**Question 1:**</u>

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

Evidence that can be used to convince decisions makers that comprehensive Sexuality Education (CSE) does not harm children and young adolescents.

Benefits of comprehensive sexuality education. First and foremost, CSE is meant to equip children and young people with knowledge, skills, attitude and behaviour towards sexual and reproductive health and behaviour. When decision makers understand such benefits, they can be compelled to support CSE initiatives.

Clarifying around the myths associated with CSE and share how CSE does not affect children and young adolescents. For example, many cultures perceive that CSE increases sexual activity and sexual risk-taking behaviour and therefore increases infection rate of sexually transmitted infections including HIV. Such myth can only be managed by presenting facts that CSE does not promote such behaviours but rather support children and young adolescents to understand sexuality and be able to make informed decisions appropriate to themselves and others around them. Decision makers have to understand that CSE is a lot more than just sex.

It is also important to share evidence that absence focused programming is not effective in delaying initiation into sexual activity, reducing frequency of sex or reducing number of partners. It is rather important for children and young adolescents understand sexuality, have knowledge and skills that can change their lifestyle and make informed decisions.

Comprehensive sexuality education is comprehensive and when delivered fully as intended, it can have desired impact on children and young people's health and outcomes. They should understand that CSE is not mere sex but a blended curriculum that can help children and young adolescent realize their sexual potential.

Present that **CSE is gender focused programs** and are substantially more effective than gender-blind programs in achieving health outcomes, reducing unintended pregnancy or STI.

Besides, **sexuality education is most impactful** when school based programs are complemented with non-discriminatory, youth friendly services and parental engagement.

<u>**Question 2:**</u>

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

One widely held misconception about CSE in my opinion

"Comprehensive Sexuality Education leads to early sexual initiation" is widely held misconception. There is high community and parental resistance to CSE because first sex is regarded as "bad manners" and any discussions around sexuality is not done in open. According to societies and individuals, this is meant to protect children and young adolescents. It is perceived that when children and young adolescents understand sexuality, it can consequently

"rob them of" their innocence at early age. "It does not sound sweet to mention the work sex in the presence of children and young adolescents", exclaimed an individual one time. "Children will start experimenting, looking for condoms for safe sex but also nurses will shy away from giving them", added one social worker. This gives an opinion that across personalities, i.e. communities, social workers and medical workers all have similar thinking. "I cannot talk about sex and reproductive organs in public, it is not good", said one boy without explaining why it was not good but obviously couldn't hold the conversation further than that.

Question 3:

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

The eight underpinning concepts of the International Technical Guidance on Sexuality Education (ITGSE)

1. **Relationships.** This entails learning about families, friendship, love and romantic relationships, tolerance, inclusion and respect and long-term commitments and parenting
2. **Values, rights, cultures and sexuality** which entails understanding values and sexuality and culture, society and sexuality
3. **Understanding Gender** – Learning about social construction of gender and gender norms, gender equality, stereotypes and bias and gender based violence
4. **Violence and staying safe** – Gives details on violence, consent, privacy and bodily integrity, and safe use of information and communication technologies (ICTs)
5. **Skills for Health and well-being** – Entails learning Norms and peer influence on sexual behaviour, decision making, communication, refusal and negotiation skills, media literacy and sexuality and finding help and support
6. **The human body and development** – Gives understanding about sexual and reproductive anatomy and physiology, reproduction, puberty and body image
7. **Sexuality and sexuality behaviour** which entails understanding about sex, sexuality and the sexual life cycle and sexual behaviour and sexual response
8. **Sexual and reproductive health** – Understanding pregnancy and pregnancy prevention, HIV and AIDs stigma, care treatment and support, understanding, recognizing and reducing the risk of STIs including HIV.

The one which is the most important in my opinion

Relationships

Why

Related topics (Families, friendship, love and romantic relationships, tolerance, inclusion and respect and long-term commitments and parenting) are foundational to other underpinning concepts of ITGSE. To build consensus, there is need to start from the family, since children are born and brought up in families, this institution has a big role in change. Good/positive parenting practices enhance children's understanding about themselves, community/society which builds a

strong foundation about the way they perceive sexuality. It builds behaviour and social aspect of life hence building a good start in life and challenge existing unrealistic social constructs.

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.

Barriers to the implementation of CSE identified by the UNESCO publication

The barriers outlined by UNESCO publication are classified into two i.e. social barriers/opposition and operational constraints. The 3 barriers that are relevant to my country are:

1. Community and parental resistance to Comprehensive Sexuality Education

Why?

This is a social barrier that manifest in form of resistance to CSE by parents, opinion leaders in the communities, cultural institutions leaders, religious leaders among others. These groups have strong voice that affects ability of policy and decision makers to act in support to CSE. Their voice is influential in modeling the nature of the communities and respective social constructs that may also affect teachers' attitudes and readiness to teach CSE curriculum, promote classroom conditions conducive for teaching and learning CSE and motivate learners for uptake of CSE.

There is a lot of misconception that CSE is inappropriate for young children, it goes against local culture or religious values, encourages early sex initiation or causes gender confusion. Parents, communities and religious leaders are uncertain about CSE and what it translates to in practice, this leaves everyone to interpret in their own way. Such uncertainties and associated misinterpretations fuel negative social attitudes further and limit the amount and accuracy of information adolescents receive at home and in schools because of capitalizing in culturally negative issues, leaving out benefits associated with CSE. In my country, negative social norms are also manifested by resistance against sexual diversity i.e. failure to recognize and tolerate sexual orientation such as lesbian, gay, bisexual, transgender and intersex issues (LGBTI). As pointed out in ITGSE, Uganda (my country) has high resistance against CSE especially a number of sections, including sexual diversity and restricts discussions with children about "sex".

2. Insufficient or piecemeal funding to CSE

Why?

In my country, where some buy in is realized, there is laxity in allocation of funds and in some situation where funds are allocated, it is minimal that no results may be achieved. Government priorities are different and that is why such areas are categorized under unfunded priorities. Also where donor funds are available efforts are not effectively coordinated. There are restrictions, different interests and patchy efforts resulting into ineffective collective efforts. Also, huge gaps are experienced where donor funds end and not more funds allocated for continuity. This affects young people's morale and uptake of CSE and may not take the program serious.

3. Teachers are not adequately prepared and supported

Why?

For CSE program to be achieved, there is need to prepare the stakeholders in the delivery of the program. It is important to note that CSE in not in pre-teacher training service but rather should be picked as a core deliverable at in-service level. Also to note is that teachers are part of the society with strong objection to CSE and therefore require adequate preparations for them to first appreciate CSE and also be able to pass information to learners. In my country, teachers have limited capacity to teach CSE, the quality of education they received on sexuality education is insufficient to enable them teacher leaners. The existing systems are also a barrier to teachers' ability to teach CSE, their level of confidence to teach is low and may not be in position to teach some sensitive topics e.g. issues of sexual diversity. If they did, they risk to be terminated from service and perceived as promoting LGBTI. Even the schools will risk being closed. Current school enrolment in both primary and secondary schools is high with high pupil teacher ratio. This compromises classroom conditions conducive for teaching and learning CSE program. Also, inadequate teaching and learning materials exists. It curtails practical learning.

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.

Two Actions proposed in the UNESCO publication to overcome the barriers above

1. Commit to strong political leadership

The government is mandated to regulate its country's operations and therefore all policies, guidelines among others are developed and implemented under the leadership of the government. It has strong pronunciation on how this can be achieved. Therefore political buy in is very important if CSE is to be achieved. Relevant line ministries should be engaged and supported to develop guidelines for implementation of CSE and also sufficient budget allocation should be seen being done. The budget should cater for different components necessary for implementation of CSE. Such components include awareness, capacity building of relevant stakeholders e.g. teachers, development of the curriculum and other teaching material etc.

2. Engagement with community and parent organisations

There is need for coordinated efforts. Parents/families and communities are the first setting for the children and therefore their engagement will build foundation for buy in. They will promote CSE right from family level and advocate for its services. This will compel the government to oblige and serve its citizens. Also, engagement of parents and communities can help address myths associated with CSE and increase its uptake. Parents will adopt positive parenting practices and promote CSE right from that level.