

Module 2: Evidence based approaches to sexuality education for adolescents - Adolescent health and development with a particular focus on sexual and reproductive health - Assignment

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Sexuality education is defined by UNESCO^{1,2} as "an age appropriate, culturally relevant approach to teaching about sex and relationships by providing scientifically accurate, realistic, non- judgemental information".

Barriers to expanding or improving sexuality health in Zimbabwe

1. Culturally, boys and girls are taught about sexual issues separately by aunties and uncles respectively.

- In the Zimbabwean traditional society, it is the paternal aunt who teaches young girls about sexuality and maternal uncle does the same with the young boys. The modern society focuses on the immediate family which leaves parents with the role of educating their children ,in most cases they are do not have adequate knowledge on sexual education, the society itself is not open about sexual issues.
- There is no open, interactive and participatory atmosphere for discussion.
- Traditionally there is what is called *Chiramu* (brother in law playing with the wife's young sister) - normally it ends with the brother in law impregnating the wife's young sister.
- There is also what is called *Nhaka* (wife or husband inheritance in the event of death) in areas where they still practice this tradition; they do so without checking the cause of death and also the health status of the surviving spouse to be inherited.
- Another traditional practice is that of *Ngozi* (appease an avenging spirit) it is one of the practice whereby if one family commits murder to another family, the spirit of the deceased will demand a young virgin girl to be given to his family.

2. Religious beliefs

- Religion encourages young people to abstain till marriage, and there is no access to information on what young people should do in the event that they indulge in irresponsible behaviour. It also discourages the use of contraceptives and on the other hand there are church Sects like Vapostori that encourages polygamy.

3. Inaccessibility of resources

- The society is not really open about sexuality issues and all young people under the age of 18 require parental consent for issues like abortion and those under 18 will not even dare to visit family planning sites for fear of victimisation. Sex is only expected to be for those in marriage so most young people or unmarried people will stay away from these services for fear of being shun upon by elders and fellows.

4. Separated or isolated projects
 - Dealing with a sexuality education as one organisation will only solve the problem partly as the project will not cover the whole population and it is difficult for monitoring and evaluation hence one cannot trace fully who has received education and who has not.
5. Society not sure at what age sexuality education should commence
 - There is always a belief in people that the earlier it is introduced the earlier they will indulge in sex.

Suggestions on overcoming these barriers adapted to Zimbabwe

The first stage in trying to overcome these barriers is the creation of a national body composed of experts in Reproductive health like what was done in Nigeria where they created a coalition on Sexuality education. It should comprise of educationist, psychologist, policy makers, lawyers, representatives from politicians, women's and youth groups and Zimbabwe National Traditional Healers Association and many other relevant authorities who are key players in the society.

Secondly, there should be sensitization of the society to encourage openness and to help people understand why sexuality education should be implemented. This process should target the key elements of the society that have influence in policy making for example the ministry of education need to understand why sexuality education should be implemented in schools from the age of 4. There on, adopting the policy implemented in Mexico, the ministry of education will take responsibility of sensitizing its teachers through implementing sexuality education in teacher training colleges who will later on impart the knowledge in schools, later on, through the curriculum by the help of provided text books.

When implementing sexuality education they should make sure they design programmes relevant to different communities to suit the needs of rural communities and all those who are unable to understand English well by translating the documents to the local language *Shona* and to use relevant terminology. Some male teachers may not be able to call sexual organs by their names but there is local terminology known to everyone in the communities that may make it lighter and easier to administer the program. For example one may not be able to say vagina but locally one can say easily *nhengo yemukadzi* meaning the female organ.

In trying to overcome cultural and traditional barriers the targeted group is the Zimbabwe Traditional healers Association that will need to bring in their knowledge on how the traditional practices can be put together with sexuality education without causing harm to adolescents.

In tackling religious beliefs, a coalition of churches should be approached, help them understand why it is necessary not only to advocate for abstinence but also practicing.

Safe sex. Churches in Zimbabwe are of great importance as they have their youth groups that can be used as targeted groups for implementation of sexuality education.

Sensitization should also be done in communities to help everyone prepare for the implementation, if its parents, there will readily accept that their children receive sexuality education at school. This will also help people, not to take sexuality education as a western concept but a process that will help meet the Millennium development goals on maternal health,

HIV prevention, poverty reduction and the well being of the society since adolescents are the future.

Working together with non- governmental organisation, faith based organisations and ministry of health will help in making a great effort and help cover all sectors in the society.

Above all governments should have the political will and commitment and should be held accountable to their responsibility as signatories to relevant International agreements.

References

1. [UNESCO. International Technical Guidance on Sexuality Education. Volume I. The rationale for sexuality education. Paris: UNESCO; 2009.](#)
2. [UNESCO. International Technical Guidance on Sexuality Education. Volume II. Topics and learning objectives. Paris: UNESCO; 2009.](#)