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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Barriers to improving sexuality education in your country or community

Cultural, religious and societal norms

Uganda remains largely a patriarchal and conservative society where the subject of sex or sexual behavior is taboo between the immediate and nuclear family. Parents, as a norm do not explicitly discuss sexuality issues with their children, and the children are expected to get such information from their peers or teachers. In some instances, traditional sexuality sessions are conducted by older women, who are not related to the children, known as Sengas. This information is primarily focused on girls and what they should expect or how they should behave in the marriage relationship. As a result boys are by and large left out and many of them do not receive any formal sex education before first sex. Even between married couples, the subject of sexuality is rarely broached.

In some schools, especially the Muslim or Catholic founded ones, sexuality education is forbidden, and abstinence only messages are encouraged.

Legal aspects

In Uganda, sex with a person below 18 is considered ‘defilement’, (regardless of whether or not the sexual activity was through mutual consent or not) and this attracts a maximum sentence of 7 years imprisonment (though to date no one has been so sentenced). The majority of people on remand in prison are waiting for their cases to be heard, a usually protracted process. As a whole, then, young people below 18 are presumed to be asexual, and therefore in no need for sexuality education. Though not official, there is also a nationwide drive against ‘intergenerational sex’, defined as intercourse between persons who have an age difference 12 years or more. This is a measure to curb the high prevalence of HIV, purportedly brought about by the exchange of money or gifts between the parties. Many people are ignorant about these measures.

Inadequate knowledge and skills

Many would be teachers of sexuality education in schools do not have the skills, knowledge or mental set-up to provide sexuality education. The little information there is, is mainly reproductive Health education which is focused primarily on the system and workings of the reproductive health system. Others confuse sex education with sexuality education. Teachers are usually uncomfortable delivering sexuality education messages, and relationships are rarely discussed. Stigma and discrimination pose significant barriers for youths when they attempt to access appropriate and adequate information, services, and care they need. There is a scarcity of Youth Friendly Services and facilities focusing on the needs and preferences of young people. Additionally, in many situations, there is lack of adequate information and information that is passed on in an interesting and interactive way, and that can lead to changes in attitude and in behavior change. Education on topics such as homosexuality is expressly forbidden.

Inadequate or insensitive implementation of current SRHR policies or guidelines

The National Population Policy and National Adolescent Health Policy (2004) are in place. In addition to these policies, a Strategy to Improve Reproductive Health in Uganda, the National Family Planning Advocacy Strategy 2005/10, and National Advocacy Strategy to improve Reproductive Health in Uganda have been developed. However, the implementation of these policies and strategies is inadequate. The national adolescent Guidelines on sexual and reproductive health are in draft, but… the IPPF Declaration on Sexuality has not been fully disseminated, and there are still attitudinal barriers to rolling it out.

Poor funding of adolescent reproductive health programmes

In Uganda many of the adolescent interventions such as promoting sexuality education are novel, likely to be NGO driven, and do not attract needed systematic government support.

Illiteracy

Many adolescents and adults are illiterate and as a result they cannot take advantage of basic or modern methods of communication, such as communicating in the English language or gaining instruction through IEC functions such as radio, drama or the written word delivered in English. This barrier is more potent in the rural areas, and more so among women and girls. Even common media such as radio are often only available to men. According to the Uganda Demographic and Health Survey 2006 (UDHS 2006).

Political pressures

Strong political pressures have come to bear on young people in recent years. Spear headed mainly by the first lady, Mrs. Janet Museveni, a self confessed ‘born again’ Christian, who unapologetically fronts abstinence as the primary solution to young person’s sexuality. This in part was the agenda fronted by the previous US administration under the PEPFAR anti- HIV programme. There is also the innate belief that sexuality education promotes early sexual behavior and promiscuity, and some teenagers are encouraged to make ‘virginity pledges’, that is to swear that they will remain celibate until marriage.

Review of the resource materials and short suggestions on overcoming these barriers (adapted to Uganda)

A key theme in approaching the area of sexuality education is to utilize evidence based approaches.

Cultural, religious and societal norms

Ways of removing these barriers include, using cultural or religious champions to paint an alternative scenario, and justify why change is necessary. Additionally, we could obtain alternative interpretation of conservative religious texts from the Koran, Bible, etc in favour of sexuality education, which can help people get new perspectives on sexuality and sexuality education. Appropriate ‘levers of success’, that are cultural and context specific provide the best way to approach the issue. There is no tailor made solution to this.

In Uganda at community level, the structure of the Village Health Team (VHT), drawn from members of the community is being promoted as a means through which different health related

interventions, including RH will be more readily available to the members of the community. These can be used to deliver sexuality education in a culturally relevant and sensitive way.

Legal aspects

Some of these legal aspects could be mitigated through advocacy for less stringent interpretation of the law e.g. less years of imprisonment for defilement, lowering the age of legal sexual consent, and more general and sexuality education and information about what the law stipulates. As recommended by the IPPF document, from Evidence to Action, the law regarding sexuality issues needs to be gender sensitive and rights based.

Inadequate knowledge and skills

Targeting youth, both in and out of school, is important in delivering needed messages on sexuality. Appropriate interventions that are cultural and context specific provide the best way to approach the issue. Additionally, the messages delivered need to be clear and unambiguous. There is no tailor made solution to this, as exemplified by the document, 'levers of success'. A key lever of success includes a workable and user friendly sexuality education curriculum tailored to the particular needs of the society. The Kenya example brings this to light. In recent years, there has been an effort to include what is termed 'sex education', but again, here the main focus has been on the changes or functions of the reproductive health system. Another key lever has to be the identification and active involvement of allies among key decision makers. In our context, we can speak of sexuality education champions (though even the word itself may be stigmatising), targeting specific people such as the minister of education, Commissioners of Health, Education or Gender respectively. Support for in-service training for teachers to gain the skills and attitude to deliver consistent and untainted sexuality health messages is another key intervention.

Partnerships with different ministries such as education, gender, health as well as with like minded NGOs will be critical. The sharing of knowledge, perspectives and experiences is critical. Some NGO in Uganda such as RHU or Straight Talk are at the forefront of breaking down the barriers to appropriate and much needed sexuality education. From the document, International Technical Guidance on Sexuality Education, it is clear that information about sexuality has to be based on technical good practice; otherwise the potential to do more harm than good exists. The focus is to develop appropriate life planning skills, and to develop and sustain risk reducing behavior. The information passed on should always be age and context specific. The environment should also be created that is conducive to the delivery and uptake of sexuality education. Key stakeholders such as the young people themselves, parents, teachers, should be actively involved, or risk alienation. Knowledge to young people can also be passed on through the available media. For example, in Uganda there are popular newspapers and newspaper supplements such as Straight Talk, Teen Talk, or Rock point 256, and information is also passed on through youth clubs, religious bodies, or government and non government organizations.

Inadequate or insensitive implementation of current SRHR policies or guidelines

In the China example, there was long standing favorable policy environment. In the Uganda context, to overcome this hurdle, we need to identify and co-opt more key decision makers such as commissioner of reproductive health, the Permanent Secretary of Finance, Education and Health, respectively. Good policy could be demonstrated through the use of successful pilot

projects. The Nigeria example shows that in order to fully succeed, often policy should be endorsed by the highest policy making body. In such a situation the policy can be supported and protected. Therefore, buy-in in key to policy implementation. This can be a protracted process, but if it succeeds, it may well be worth it. The Vietnam example shows that a working action plan is essential to rolling out the policy, and this has to be funded and supported consistently.

In Uganda, many RH policies are hastily patched up, without a clearly coherent policy framework, and the essential buy-in by key stakeholders, including the young people themselves, is not given the necessary attention. We here in Uganda will have to adopt similar strategies if some of our policies are to stop gathering dust on our shelves.

Poor funding of adolescent reproductive health programmes

This barrier is related to the poor implementation or making operational of related policy. This barrier can be mitigated through advocating for more resources for young people, or by integrating sexuality education message delivery to already well funded programmes such as those for HIV/AIDS. For example, it has been recognized that people living with HIV can be vital educators and can mobilise young people for other health related messages and services because of their own experience and they can provide guidance and support to young people.

Illiteracy

Sexuality education messages should be age and context specific if they are to succeed. To overcome this barrier of illiteracy in Uganda, the messages developed should transmit information, the values, life planning skills such as interpersonal and relational skills as well as risk reduction practices. In our context, different IEC interventions can be adapted at community level that subtly delivers sexuality education messages. We could employ popular dramatists or musicians to deliver such messages in an entertaining way. Community radio talk shows could be another intervention model. At community level, the government health facilities at county and sub county level can also offer information and services in the local spoken dialects.

Political pressures

From the IPPF document, Evidence to Action, it is clear that it is necessary to advocate for sexuality education using different strategies. This can involve stakeholders such as civil society. However, comprehensive sexuality education as espoused by the document may not be so applicable in Uganda. Here, this has got to be done in a stage by stage process, aware of the strong forces that are aligned to the political barriers, such as conservative cultural and religious barriers. It would be prudent to recruit sexuality education champions from the political, religious and cultural elite so as to overcome this barrier. A way to do this is to use to evidence based approaches that clearly show the advantages of early and consistent sexuality education.

Assignment documents

1. IPPF. From evidence to action: Advocating for comprehensive sexuality education. London: IPPF; 2009.
2. UNESCO. International Technical Guidance on Sexuality Education. Volume I. The rationale for sexuality education. Paris: UNESCO; 2009.

3. UNESCO. International Technical Guidance on Sexuality Education. Volume II. Topics and learning objectives. Paris: UNESCO; 2009.
4. UNESCO. Levers of Success. Case studies of national sexuality education programmes. Paris: UNESCO; 2010.