

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, challenges and suggestions for improving sexuality education in our community (Iraq)

Barriers

- The common concerns about the provision of sexuality education in many parts of the world are the same in my community (section 3 p 8 vol 1¹).
- Parents are not well prepared to talk freely about sexuality education with their children leaving them to learn that from peers or media which may not always be oriented and many times ill informed.
- Teachers are not trained to provide such information effectively and carefully in order not to provoke resistance and anger because this is still a sensitive subject to talk about.
- The school curricula lack clarity and orientation about sexuality education in the items of school programs though some contain information about physiology and biology of reproduction. Classrooms are crowded and lack teaching materials.
- Schools do not teach effectively communication and negotiation skills, assertiveness and other skills that help empower young people.
- Human rights are newly introduced in the school curricula and in the mentality of a society who had no choice for their rights and obligations before 2003!
- Young people lack services (whether social, health or school services) where to get the correct information in case needed or to consult in case they have an enquiry or a problem where they can find confidentiality and well informed people who can help them.
- Doctors are not trained to handle such issues neither before nor after graduation from the medical schools, as medical schools' curricula teach what is present in medical textbooks and not what is present in society!
- Medical staff are taught how to give medical treatment but not how to be non judgmental nor where social help is given to such individuals if ever present.

Challenges and facts

Generally speaking:

- Looking at the empty side of the glass the sexuality education programmes mentioned in volume 1 page 13¹ did not have that significant impact on the different items of sexual behavior apart of that of reducing risk behavior, which challenges the efficiency of these

programs; therefore there would be a need to deliver sound sexuality knowledge and not to let those who chose abstinence to be bullied by their peers i.e. respect their informed choices.

- Sexuality education needs political will, social preparedness, well informed instructors whether be parents or teachers which may not always be the case.
- Sexuality education programmes are usually directed towards the victims but what about the offenders? They are almost ignored.

In my community:

- The sexuality subject is almost unspoken in our society, though physicians face and treat their aftermath events like unsafe abortions and STIs .
- Young people between the age of 13-18 (i.e. at the secondary school level) are separated in school for boys only and school for girls only, although the school curricula are the same.
- Speaking positively: Men and women receive the same salaries for doing the same job in our society marking a sort of equity in this aspect.
- Women are generally less informed than men but they are more vulnerable groups because of early teenage marriage that is becoming increasingly common in the society obliging young girls to leave schools and face the complications of pregnancy and need for contraception.
- The high value placed on female virginity has led to very limited provision of sexuality education to young people namely females.² A similar condition is present in Iraq and in general in the Arab world.

Suggestions to overcome barriers to sexuality education in our community

There is a need to build on what is present in society:

- Sexuality education needs to be put in school curricula and integrated into different items of the school programs like biology, health, civics and ethics education. Sexuality health education may be integrated in a national unified formal school curriculum for general health education. The conceptual framework of sexuality education should be taught to those who are being prepared to be future school teachers because of the sensitivity of the subject.
- Curricula need to provide school children with communication skills, negotiation skills, and assertiveness and self expression. In addition to teaching them their rights as human beings and not necessarily saying that this is for sexuality education because these are arts and skills needed for school children to handle their future life situations.
- Make use of gender separation at the secondary school level to teach boys and girls relatively different and gender suitable programs with one objective in mind: attain healthy sexual life inside the frame of marriage and family making which is the norm in our society.

- Sexuality education may be integrated with HIV prevention and family planning programs.

References

1. [UNESCO. International Technical Guidance on Sexuality Education. Volume I. The rationale for sexuality education. Paris: UNESCO; 2009.](#)
2. [UNESCO. Levers of Success. Case studies of national sexuality education programmes. Paris: UNESCO; 2010.](#)