

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 sexuality education in Afghanistan**

1. Talking about sexuality is taboo in Afghanistan. Even health providers are not ready to talk about these issues.
2. Most of people of Afghanistan are illiterate.
3. Only small number of girls enters school and only little number of them in the cities finishes the school. If sexuality education become a topic in the school this small number will lose the opportunity of entering school at all.
4. Afghanistan is a man domain country and men have different perception of the women rights.
5. Religious leaders will not allow the government and policy makers to introduce sexuality education in school curriculum. All kind of sexual activities before marriage, homosexuality, having more than one partner for women and criminal abortion are explicitly prohibited in Islam religion. The religious leaders argue that all necessary information is available in religious books so there is no need for more information.
6. Awareness of Afghan people is very low about STDs and HIV.
7. Reproductive health directorate of Ministry of Public Health is not capable of advocating and initiating sexuality education (lack of technical staff, poor communication with other ministries and stakeholders).
8. The health seeking behavior is poor among adolescents due to cultural, economical and low knowledge reasons.
9. In Afghanistan most of the men refuse using condom, or even don't allow his wife to use contraceptives. Contraception is considered an action against Islam religion; the situation is a little better in cities.

## **Suggestions on overcoming these barriers**

1. Since Afghanistan is a post conflict country with destroyed infrastructures, still the education system is not standardized and the quality of education is low. Starting sexuality education in Afghanistan context is too early now and is not practical. We still need to wait for more 5-10 years for having a suitable situation for such interventions. But still we can plan some changes. For example adding some topics in biology and anatomy subjects of secondary schools with the help of experienced international and local consultants.

2. A responsible committee with the members from ministry of education, ministry of public health, religious leaders and other stakeholders should discuss this issue and plan carefully.
3. The relation of these lessons to Islam religion should be emphasized for defending any opposition. In Islam it is advised for all Muslims to know their body first of all then try to know the nature.
4. The teachers must be trained to explain such topics in detail and try to create an interactive environment in the class and the teachers have to encourage students to ask questions.
5. A subject is taught in girl's school which has topics about house affairs, cooking, hygiene, and so on. Some topics about the adolescent's physiological and psychological changes, early marriage disadvantages, role of women in the development of a country, etc. must be chosen carefully and must be taught with trained teachers and still all topics must be explained as an Islam religious guidance.
6. Traditionally the incomplete information about sexuality is provided by the parents and friends for the adolescents. The parents themselves don't have a correct and scientific information about sexuality. They must not be ignored. If we educate them they can convey the information to their children. There is an opportunity to add some important messages in the curricula of health education programs which is a part of Basic Package of health services (BPHS). Another opportunity is that the health providers must be trained to educate people during the family planning consultations and home visits. The messages must be chosen by experts and the provider must be well trained.
7. After evaluating the impacts of above activities in a community with such a complex context we can plan the next steps.

## 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.](#)