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 expanding or improving sexuality education in my country or community (Zimbabwe)

1. Ignorance and embarrassment hinder expansion of sexuality education. The people who are supposed to teach young people about this topic also do not have enough knowledge to do so. Many people are still ignorant on the importance of sexuality education. Parents, caregivers and even teachers are still embarrassed to discuss sexual issues with their children or students. They still believe young people will learn on their own as they grow up.

2. Some cultures are still a barrier to improving and expanding sexuality education as they violate young people's rights. There are still communities in Zimbabwe who believe in trading their daughters for wealth, in forced or arranged marriages, even way before the daughters are mature enough for marriage. Since this is a constant practice in some communities of my nation, the young people in those communities now tend to believe that it is normal and acceptable for their parents to do so. Some cultures believe that talking to young people about sexuality is a way of encouraging young people to be promiscuous. It is taboo to them to discuss such issues with children.

3. Most schools cannot afford to pay their teachers well, let alone add a teacher for a subject which they believe is not as important as their other subjects. In their curriculum, they usually focus more on the subjects which they are going to assess on, and brush sexual and reproductive health education. When they tackle the subject, they usually dwell more on the physical development and less on the psychological and emotional aspect of sexual development. There is no openness and the real motive for sexual intercourse, which includes pleasure and child bearing, is usually avoided. They usually focus on the negative side of sex and impose ideas on young people. Parents and teachers usually encourage or impose abstinence on young people, though a number of them still fail to abstain. This means young people do not get all the necessary information they need in order to make informed decisions and it occasionally leads them to sexuality problems.

4. Sexuality education is introduced late in most settings, yet young people are physically developing early nowadays. This increases their vulnerability to abuse, exploitation, and unplanned pregnancies among others. With technology improving every day, adolescents are learning about explicit sex through the media like the internet, televisions and so on. They are learning deeper things about sex without the basic knowledge they require to know first. Like any normal person, they become curious and experiment, leading to unplanned sexual intercourse, pregnancies, sexually transmitted infections and HIV.

5. Young people are suffering discrimination by health care providers. Some are denied their right to contraceptives and reproductive education because of their age yet they are indulging in sex at a tender age. Some are ashamed to ask for such due to the attitude they will receive from

the health care providers. Because of the brain-drain due to emigration, and the imbalance of the nurse-patient ratio, health care providers rarely find time for health education and focus mainly on curative procedures. This normally leaves the community less informed thereby increasing the rate of HIV/AIDS, and vulnerability to sexual abuse.

6. With the current economic hardships in Zimbabwe, resources are still a barrier to expansion of sexuality education. The government is struggling to pay its employees, let alone fund some programmes.

The policy of the nation also does not allow pregnant young people to return to formal school during pregnancy or after delivery. On the other side those who are homosexual or bisexual are still cursed by the community and the government itself. So with all this laid on the table, many young people are not receiving enough education.

Review of the source materials provided

The documents focus on good sexuality education for young people so that they can have a healthy and fulfilling life. They were written by IPPF and UNESCO, some independent groups which focus on sexuality, sexual and reproductive health especially for young people. Often young people do not receive adequate sexual preparations leading to vulnerability to abuse, exploitation, unplanned sex, unplanned pregnancies, sexually transmitted infections, HIV and AIDS. So these groups promote young people's rights to sexual and reproductive health, and their right to make their own choices concerning services to seek, partners, consensual marriage, when to have intercourse and when to have children. They work with children at local and national level. The documents are produced to encourage initiation of new programmes and to reinforce the effective implementation of existing programmes.

The case studies used in these publications are to a large extent appropriate to my own case, which is Zimbabwe, though the socio-economic and cultural scenarios differ in some ways. The authors demonstrate well researched ideas, being mostly consultants on specific third world countries.

Knowledge is power, so goes the old saying. This is primarily what these publications are saying in essence, and especially at the school level, which readily provides a platform for information dissemination, and with all other factors in favour, can effectively educate the youth about their sexuality and help them make vital decisions. I personally think the authors succeeded in selling their ideas, at least at a theoretical level, rightly pointing out it takes cooperation and commitment at all stakeholder levels. However, with regards to my own case study, Zimbabwe, variations emerge in different aspects.

From the Chinese case study, I see an enduring history of legislative and political commitment to the goal of sexuality education, though not always specifically school based, with the introduction of relevant law as early as 1929. Zimbabwe has seen frightening political, economic and social decline in recent years, seeing legislators concentrating more on political wrangling than development of the education system, particularly one that embraces more school based sexuality education. There have been however small inroads in this direction, owing to the days prior to the political chaos, and a flimsy continuation of these efforts up to now. Economic collapse has meant poor remuneration for teaching staff, therefore less commitment to teaching even curriculum based examinable subjects. Teachers should address sensitive issues which

parents cannot discuss with their young ones but this is not happening. In the poverty stricken rural areas there is even less access to teaching resources.

In another study conducted in California, sexuality programmes delayed initiation of sexual indulgence, increased contraceptive use for females, reduced frequency of unprotected sex, increased condom use and decreased the number of sexual partners.

In Zimbabwe efforts are being made but less information filters to remote parts of the country. Not to ignore though, efforts by non-governmental organizations to disseminate information to the Zimbabwean population, despite their harassment by the repressive regime. UNAIDS has been active in Zimbabwe, together with other youth and gender groups, availing information through publications such as *Asking the Right Questions: Advancing an HIV Research Agenda For women and Children-International Aids Society, HIV Prevention in Young People in Sub-Saharan Africa: A Systematic Review-London School of Hygiene and Tropical Medicine and How to Support Children and Young People Campaigning-Participation Works.*

The challenge still exists though, on how to properly encompass sexuality education in the national education system to the extent that China has managed to do. If this can be done, then the rate of HIV and AIDS, among other problems, can be reduced. According to WHO, the sub-Saharan Africa constitutes two-thirds of young people living with HIV. Globally, fifty percent of infected people are women and the rate increases to sixty percent in sub-Saharan Africa. But internationally, life expectancy for HIV infected people has increased due to anti-retroviral therapy and related treatment and support.

Zimbabwe participated in the same trial education programme as Kenya, namely Quality Education for Social Transformation (QUEST), and the authors do well to cite problems faced such as shortage of education material and dissemination of information in rural areas, which is the case in Zimbabwe and in a large way hampers efforts to improve school based sexuality education.

Family planning education was well implemented in post colonial Zimbabwe and went a long way in spreading sexuality awareness amongst the population, though not as effectively in the youth as there still is a prevalence of teenage pregnancies, STIs and HIV infection. But it is not like Zimbabwe is doing nothing about the problems. The Ministry of Health and child Welfare is working hand in hand with the Zimbabwe National Family Planning Council, National AIDS Council, Ministry of Education, Sports and Culture, UNFPA and UNICEF, though sometimes cultural, political and economic views are some stumbling blocks. According to their programme namely *"Increasing the utilisation of comprehensive Youth-Friendly Sexual and Reproductive Health Services at district level in Zimbabwe" of 2006 to 2008*" health staff, peer educators, teachers, parents and the community are all involved to create an environment conducive to young people's Sexual and Reproductive Health. Peer educators are attached to the health facilities to provide Behaviour Change Communication to young people and increase their demand for Youth-Friendly SRH information and services.

In their publications the researchers mentioned the need for greater political will to develop school based sexuality education, the implementation of which largely depends on societal support, and the courage to surmount traditional barriers and go past taboos without necessarily infringing on society's cultural rights. Zimbabwe would learn a lot from the researchers' case studies, though more political commitment and holistic stakeholder participation is required.

These are well researched documents and should they be properly embraced, a lot can happen to improve the health of future generations.

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.