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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I. Introduction

Adolescents' sexuality and their reproductive health is a delicate and sensible topic to address. The topic actually is surrounded by customs related to social, cultural and religious norms and values which are still very rigid. Many people believe that talking about it would inevitably involve the recognition that the so protected children are sexually active. The fear is that parental authority be flouted and the order gives way to slackness which would result in sexual libertine. So sexuality is a taboo subject that leads to a "conspiracy of silence".[1] But considering the situation in the DR Congo, the taboo has not been beneficial. At least one woman is raped daily[2], the thread of HIV infection scaled-up spread is more than feared; the number of teenage mothers is not reduced, as well as clandestine abortions with their burdens on morbidity and mortality. Faced with this reality, does the taboo play the role as a protector of traditional values or is it a « conspiracy » for a time bomb?

II. Barriers to sexuality education in the DR Congo

Analysing the situation, the taboo is strengthened amid obstacles related the more and customs, to religious traditions, to scarce sources of information addressing youth education, to poverty and promiscuity; to war and to absence of a responsible policy in this area.

1) Mores and customs: sexuality remains largely a taboo subject in DR Congo. A real embarrassment is still noticeable when it comes to addressing issues related to sexuality with adolescents. Congolese languages do not lend themselves to ensure easy communication. Words indicating genitals, sex or everything related to intimacy of a man or woman sound like rude and crude. Expressions and contours are often used to describing this « privacy area ». Fathers who would address the topic of menstruation, for example, with their daughters are rare. The general conception is that talking about sexuality with teenagers is not only immoral but also carries the danger of encouraging sexual promiscuity. Parental authority would lose its substance. However this belief is not unanimous. There are ethnic groups with a long tradition of sex education.[3] But there are stigmatized by referring to medical, moral and religious values. All results in a lack of family-based sex education.

2) Religious barrier: compliance with religious precepts supports the customs and traditions. Yet the concepts of abstinence and faithfulness advocated by faith-based groups have already shown their limits. But condom use is still banned. There have already been organised public meetings during which condoms have been burned on the grounds that they are sin-designed inventions to promote prostitution. These obstacles are notably very active through pressure groups that

influence policy decisions. Freedom to the media to inform the youth is blocked, even the introduction of curriculum devoted to school-based sexuality education.

3) Scarce information sources: consequently the society has little means to providing youth with accurate, sincere information to ensure their sex and reproductive health education. The parents are silent, the media censored, a nationwide curriculum on the subject is not envisioned, health facilities are not prepared to deliver quality care and information that would help youth with problem, the medical staff sometimes stigmatizing, they often confide in corrupted charlatans.

4) Poverty and promiscuity: it is therefore to the cover of promiscuity (important factor especially in cities), through a bad neighbourhood and the pressure of the street that younger adolescents have access to biased and incorrect information about sexuality. Their early experiences are inspired by pornography and sophist reasoning such as: if you do have sex intercourse before a certain age you will remain impotent or frigid for life; a woman's beauty is measured by the number of sexual partners that she has got, sex is money for a girl; early pregnancy is similar to a parasite in a fingernail that can be removed easily; to get sex intercourse with an old man immunizes against STIs. Moreover, there are cases in which parents share the same room to sleep with their children at age to understand when they are having sex. Trauma for these children is evident.

5) War: "War is the mother of all evils".[4] The upsurge in cases of rape becomes a characteristic of the country recently. It is due to the war situation that grieves the population. Rape is used as weapon of war.[2] The lords of war invent new doctrines to push young people to commit rape on a large scale. Young people are misled into believing that rape is a source of vital energy. More they have perpetrated rape less they are vulnerable to fighting. The impact on the sexual education of youth is destructive. The young become sexually active at earlier age. They are uninformed of dangers and do not protect themselves against STDs or unintended pregnancies. War has changed the social and family structures: the stigmatization of rape victims and children born of rape are often rejected.

6) The failure of the state: Given this situation, the government should redouble its efforts with a particular interest in providing a "national strategic framework for the implementation of adolescent sexual and reproductive health programmes and services".[5,6] Nevertheless, a glimmer of hope has been born some months ago with the introduction of the National Programme for Adolescent Health (PNSA) supported by UNFPA, but it remains at the theoretical level.

The chain of information transmission is deficient from bottom to top. The consequences are known: Rape, sexual exploitation, forced marriages, spread of HIV / AIDS and STIs, teenagers-mothers, high rates of unsafe abortions, stigmatization of single mothers and children, excessive use of aphrodisiacs and drugs, etc

III. Suggestions to addressing the issue

To cope with this situation, the following solutions are suggested. They are not new. But their implementation would contribute to changing attitudes necessary to overcoming these barriers.

1) Raising awareness: community awareness can foster a positive impact to addressing adolescents' Sex and Reproductive Health Education issues. Awareness should aim at changing beliefs and behaviours. Our manners and customs do not necessarily lead us away from the

thread of dialogue and openness. It is possible to adapt them to today's reality preventing youth about the dangers related to risky behaviours. It is also possible to adapt the terminology while being natural and without brutalizing modesty. Physicians are able to do so without problem in hospitals. This awareness should be done through media, youth associations, NGOs, and religious assemblies.

Media: have a duty to popularize the right information for young people. Some private media such as UN backed Radio Okapi provides a good example.

Youth Association: supporting education of young people by young people to change behaviours of their peers. Positive peer pressure always has an impact on youth.

NGOs: Promoting their work. "Le Service Central Education à la Vie" is an example. It has been active since the 1970s through a holistic education based primarily on awareness of sex education in families and the importance of reproductive health. In connection with sex education, it exploits the themes such as "live one's sexuality is an art that can be learned".

.*Religious assemblies*: A change in the position of religious leaders against the use of condoms is desirable in the example of the Anglican Archbishop Desmond Tutu in South Africa.[7]

2) School-based sexual and health reproduction education: the introduction of sex education and reproductive health in school curriculum based on recent evidence on the subject.[8] The implementation of specific programs to the needs of adolescents and youth are essential. The information provided should be age-appropriate and becoming increasingly comprehensive with each grade level.

3) Strengthening distributive justice: the lords of war are guilty of war crimes daily. Justice should severely punish any case of rape and especially their sponsors. Impunity must end. Only justice can stop any form of impulse tending to sustain such ignominy. The signals initiated by the international tribunal in the Hayes gives a good example.[9]

4) Effective health services: the health facilities should play the role not only of providing quality care but also quality information, with the goal of expanding access to youth-friendly reproductive health services. Medical staff should help youth with problems without attitudes of disapproval, as is often the case.

5) Proactive policy: the government must play its role of locomotive for carrying forward the process of change. Everything will remain a dead letter if there are no large-scale political commitments.

IV. Conclusion

Many societies have experienced significant advances in the field of sex education for children at the emergence of sexually transmitted diseases.[10] The increase in cases of rape that stain the image of the nation should prompt us to tackle hard-hitting sex education for young people.

V. References

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