

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. Barriers to expanding or improving sexual education in Rwanda**

### **1. Culture and social related stigma to talking about sexuality**

In some areas of the country, culture and society consider talking about sex as taboo, especially in the presence of youth. This hinders the easy communication between sexual educators, parents and youth. Depending on the level of education some people do not feel comfortable with their sexuality and talking about it.

### **2. Church teaching and abstinence only based approach to sexual education**

Some churches do not agree with comprehensive sexual education and tend to support abstinence only based approach. With the high influence of the church in the country this leads a number of young people to be at risk of lacking the necessary knowledge they need for their sexual health.

### **3. Lack of enough qualified educators to address issues related to sexuality and sexual education**

Lack of enough and qualified sexuality educators is another obstacle to sexual education as it requires teaching materials and specific methodology.

### **4. Negative beliefs about sex**

Some people think sex is bad, leads to immorality, people having sex end up being single, should only be used for procreation... All of those negative beliefs or lies impede the good communication and the habit to talk about sex when necessary.

### **5. Privacy**

Many people consider sex something private. Even people can fear buying a condom because they do not want to share with the pharmacist that they are going to have sex.

### **6. Sexual vocabulary**

Sex vocabulary also brings problems while talking about sex. There is a limited number of persons who can talk of vagina in my language publically, even penis. This limits the smooth communication about sex because people sometimes can lack the right word to use.

## **7. Poor communication between parents and children about sex**

The current understandings of parents about sex are still not enough for an open sexual discussion with their children. Fluidity of family structures is a new social reality for teens and may have harmful effects on development.

## **8. Negative beliefs about comprehensive sexual education as an increasing factor to early sexuality**

Part of the population believes that talking about sex to children and youth will increase their drive to having sexual intercourse earlier.

## **9. Existing gender norms and power disparities about deciding sex and talking about sex between men and women**

Social and cultural norms build notions of masculinity and femininity which in turn create unequal power relations between men and women. This power imbalance impacts women's and men's access to key resources, information and their sexual interaction.

# **II. Short suggestions to overcoming the above barriers to sexuality education in Rwanda**

## **1. Culture and social related stigma to talking about sexuality**

Create an open discussion about social and cultural norms contrasting with sexuality education.

Identify key cultural, religious and human rights and supportive legal norms and message about sexuality<sup>1</sup> and show the long-term advantages of sexual education to the adolescents with contrast to the outcome while we all become silent.

Use media and other means of communication to explain to the society the advantage of changing some norms and taboo related to sexuality in order to achieve better sexual health for our community. The media can also be used to transmit enough information about the issue of right, law and sexuality and stress the need to change social norms which are against human rights. Cultural and social norms should not be static, and some societies are already champions in addressing sexuality related problems due to their flexibility about norms and taboos to sexuality.

## **2. Church teaching and abstinence only based approach to sexual education**

The primary goal of sexual education is that children and young people become equipped with the knowledge and skills, and value to make responsible choice about their sexual and social relationship in a world affected by HIV<sup>2</sup>.

Asking church leaders to create a forum that will discuss with other stakeholders about the form of sexual education to be used in the country is one of the solutions to the above challenge. It is important that national programs on reproductive health share and discuss with supporters of

abstinence only based approach about the negative evidence based findings associated with its implementation. They are facts that abstinence only programs do not delay teen sexual activity, contain distortions and inaccurate medical information, and endanger the health and wellbeing of our youth. So religious coalition should be created to support comprehensive sexual education to save lives of youth in Rwanda.

### 3. Lack of enough qualified educator to address issues related to sexuality and sexual education

For effective implementation of sexual education it is crucial to use interactive learning and interactive discussions. **This kind of experimental approach promotes a learning process in which the child/young person has control over his/her own development<sup>3</sup>.**

In Rwanda a number of teachers should be trained to provide these methods to address sexuality through a well integrated curriculum on sexual education within a formal education system. The curriculum would strengthen the implementation of comprehensive sexual education and HIV to young children early since they start primary school until they become adults. The activities to be carried out have to be sensitive to community values and available resources so that we can insure the implementation of the programmes described in the curriculum<sup>2</sup>.

To meet that objective Ministry of health can be involved in providing training of trainers. Trainers can be from both Ministry of health and Ministry of education and then create a continuous pipeline to all teachers in order to address sexual education to children and adolescents since primary school. Countries like Jamaica, Mexico, and Nigeria... are good examples with successful programmes to train teachers and create national reproductive health curriculum<sup>4</sup>.

### 4. Negative beliefs about sex

Young people are usually educated to abstain from sex, however this ends definitely towards risky sexual relation as they do not get opportunities to ask questions with accurate answers for a right and personal decision. Comprehensive sexuality education attempts to do away with traditional value<sup>3</sup>. We need to promote comprehensive sexuality education which encourages values, by helping young people to identify their own values and empowering them to lead their lives according to these values<sup>3</sup>. The negative beliefs about sexuality should also be integrated into the national curriculum on sexuality education and permit young people to take their own decision with objective information about the dangers and advantages associated with their sexual behaviors.

### 5. Privacy

The issue of privacy is mostly due to negative beliefs and lies associated with sexuality. By addressing the problem of negative beliefs and some cultural and social related stigmas the fear to express sexuality publically will get to an end in the Rwandan society.

### 6. Sexual vocabulary

This point will also be addressed together with the cultural and social norms and negative beliefs about sexuality. On addition teachers have to get adequate methodologies through training to

address this problem by didactic materials so that children and young people can be able to communicate freely. Meanwhile before the community becomes familiar with some feared words to communicate publically, alternative vocabulary can be used like *a woman's sex or a man's sex* instead of using vagina or penis.

## **7. Poor communication between parents and children about sex**

Young people's perception and behaviors are greatly influenced by the family, community value, social norms and conditions<sup>2</sup>.

In Rwanda some parents do not have enough information about the effect of comprehensive sexuality education to their children and this leads to some concerns that may be against comprehensive sexuality education. For that reason some specific programmes either through media, sensitization at health centers or hospitals and even in administrative conferences can be designed for parents to explain the rationale of comprehensive sexual education to their children and how much their role is capital.

## **8. Negative beliefs about comprehensive sexual education as an increasing factor to early sexuality**

To address this problem, it is a matter of passing the accurate evidence based information to the community. The Ministry of health, Ministry of education, NGOs and other institutions addressing the issue of reproductive health can use media, books, theatre plays and involve in the curriculum clear scientific information about the advantage of comprehensive sexuality education compared to disadvantage of abstinence only programmes in delaying initiation of sexual intercourse and likelihood to practice safe sex.

## **9. Existing gender norms and power disparities about deciding sex and talking about sex between men and women**

In Rwanda, steps have been made toward gender balance; women are now taking responsibilities especially in administration however there is a lot to be done to empower women on sexual rights. Before parents discuss with their children about sexuality education they first have to be able to interactively talk about sexual and reproductive health as a couple. Due to power disparities between men and women, men tend to have superiority in deciding how and when to have sex. It is important to strengthen programmes that empower women to be responsible of their reproductive health and participate in deciding when to get pregnant. Once women are empowered, the transmission of sexuality education to their children will be easier. For children and young people, gender equality has to be emphasized and both girls and boys should have access to sexuality education.

## **III. References**

1. [UNESCO. International Technical Guidance on Sexuality Education. Volume II. Topics and learning objectives. Paris: UNESCO; 2009.](#)

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3. [IPPF. From evidence to action: Advocating for comprehensive sexuality education. London: IPPF; 2009.](#)
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