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 – improving sexual health education

1. Traditional culture
2. Confused role of families often with children of different mothers and fathers
3. Gender inequalities and women with little independence and possibility of self-determination
4. Poverty
5. Difficulties in introduction of sexual health in high school curriculum
6. Mixed religion setting
7. Poor access to efficient education
8. Misleading campaigns giving more emphasis to sexual abstinence and leaving aside the role of condoms
9. HIV epidemics: vulnerable children and orphans
10. Lack of sexual education at primary education level

Suggestions on overcoming these barriers

Mozambique is a huge country with around 20 million people. The youth population is estimated at 6 million and about 80% of female youth initiate their sexual life at the ages of 15-19 years. Consequently, 60% of girls in the 15-19 age group are either pregnant with their first child or are already mothers. Infection rates among the 15-19 years are much higher among young girls (16%) than among boys (9%). About 350 persons among these are infected with HIV virus every day and 45% of infections occur among Mozambicans under 24 years of age.

In 1999, with the support of UNFPA, the Government adopted an integrated strategy to provide information, communication and education to adolescents. The main goal is to adopt and implement policies and programmes at the central and local levels to improve the knowledge, skills, behaviour and practices of sexual and reproductive health of youth. The approach involves three ministries: Youth & Sports, Education, and Health. Civil society, NGO's and youth associations are also partners. The Ministry of Education focuses on youth in schools, the Ministry of Youth conducts out-of-school interventions, and the Ministry of Health provides the necessary framework for youth-friendly clinics.

In my belief in this strategy there are different obstacles that have to be faced in order to expand and improve sexual education in Mozambique.

The first one is the great impact of traditional culture, with the initiation rites in which the role of women is defined as dependent on the need to satisfy the husband's desire and therefore creating a gender imbalance. Moreover the traditional initiation to sexual life is mixed up to traditional

belief such as that to be healed from HIV a man has to have sex with a virgin or that a widow needs purification after the death of a husband by going to bed with her husband's brother.

There's extreme poverty in the lower class and this creates in many cases a dependence of women from men; at times women get pregnant even with married men because they hope this can force the man to accept financial responsibility. Of course this doesn't happen always and many women find themselves sick and with a small child, so without the possibility to work. This also creates a setting where a man can have an official wife and unofficial mothers of his sons. These children will grow with a distorted and difficult idea of family.

There are many religions that peacefully live together but in my opinion this mix up takes away the soul of the religion, so, for example, many times Catholics may find themselves praying in Lutheran churches where priests get married and therefore religion principles may "loosen up" a bit. It is therefore also difficult to work and spread cultural religion-based principles since there are so many different religions coexisting and somehow creating a religious "fusion".

My ideas to overcome these obstacles are the following:

1. In regards to traditional culture an effort has to be made to try to bring sexual education consensus principles into the "training" courses represented by initiation rites. It may therefore change to an occasion to implement positive changes, even if it is difficult because of the vastity and variety of the population of Mozambique. Cooperation with the local chiefs and traditional healers needs to be sustained so that alternative purification rites are spread and taught to the population.
2. A general support to primary, secondary and even tertiary education, to make it more efficient so that critical minds are created able to understand the limits and help the changes happen. Women must be in the first line so that being well educated they are empowered and can win the traditional barriers of their society by having more independence, self empowerment and influence on the norms of the society.
3. Churches may be used as already it is happening but the government with the Ministry of Health should supervise and guarantee a uniform message to avoid the abstinence only messages that have shown to be ineffective when carried out alone with no association with the recommendation to use condoms.
4. Civic education should be part of the curricula: a strong sense of family should be taught and gender respect should be part of it.

Culture and education are for me the keys to make sexual education efficient in Mozambique: the challenge is to bring changes but at the same time doing it with respect.

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.