

## Module 2: Evidence based approaches to sexuality education for adolescents - Adolescent health and development with a particular focus on sexual and reproductive health - Assignment

Jean-José Wolomby-Molondo

Department of Obstetrics and Gynaecology, University Clinics of Kinshasa,  
Kinshasa, Democratic Republic of Congo

### **Barriers to expanding or improving sexuality education in D. R. Congo**

After reviewing the module “Evidence based approaches to sexuality education for adolescents”, I retain the following barriers in my country:

1. Many people don't know what means exactly “sexuality education”, specially “comprehensive sexuality education”; and the immediate and future consequences when adolescents and young people did not get this education.
2. The issue is addressed by two ministries: Ministry of Public Health (12 years-old and over) and the Ministry of Primary, Secondary and Professional Schools (less than 12 years-old). Each Ministry has a structure (programme) for the question. The coordination of the two ministries is not effective.
3. These programmes don't cover all the Country. They are not implemented in all the provinces.
4. A national policy exists but not well known.
5. The lack of skilled teachers in the domain of sexuality education.
6. Difficulties to integrate sexuality education curricula in “classic teaching programme”.

### **Suggestions on overcoming these barriers**

According to the resource materials, we can suggest that the first action to carry out is the advocacy at different levels: Parliament, Ministries of Public Health, Ministry of Primary, Secondary and Professional School, Ministry of Education and Scientific Research and Donors. The evidence-based messages must be adapted to each audience (See *IPPF : From evidence to action* and *UNESCO : International Technical guidance on Sexuality Education, Vol. I* for the content of the messages).

A second step should be the coordination between 3 ministries in order to develop curricula for sexuality education at primary and secondary school level and at the university level. These curricula can be inspired by the tools developed by UNESCO (*International Technical Guidance on Sexuality Education, Vol. II*) and should be adapted to local conditions, values, beliefs, culture (See Kenya example). Such kind of curricula will be a continuous work from very young people to young adults.

A third step should be the training of teachers in the area.

Finally, the integration of developed curricula on sexuality education in “classic” training course according to the age and the school level of learners. These curricula can be a part of an existing course or a new course. The mechanisms for monitoring and evaluation of the effectiveness of the intervention should be foreseen.

## **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.](#)