

Reaching adolescents through teachers & community-based educators

Dr V Chandra-Mouli

(chandramouliv@who.int)

Training Course in Sexual and Reproductive Health Research
Geneva 2015



UNDP · UNFPA · UNICEF · WHO · World Bank
Special Programme of Research, Development
and Research Training in Human Reproduction

Sexuality education - Definition

- Sexuality Education is defined as an age-appropriate, culturally relevant approach to teaching about sex and relationships by providing scientifically accurate, realistic, non-judgmental information.

Source: UNESCO, UNAIDS, UNFPA, UNICEF and WHO. International technical guidance on sexuality education. Volume 1. The rationale for sexuality education. An evidence-informed approach for schools, teachers and health educators. UNESCO. Paris. 2009.

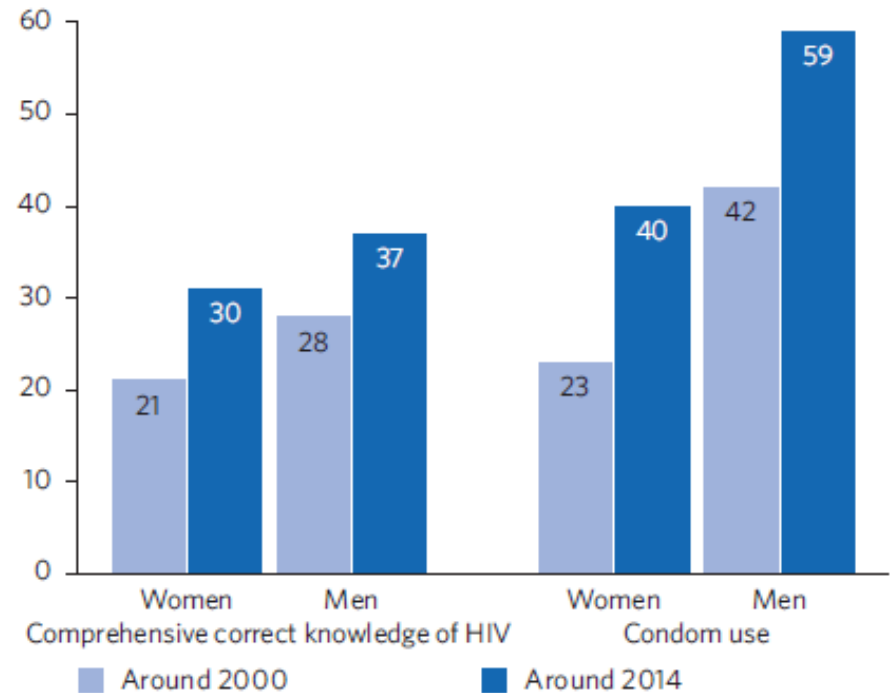
Key statement 1. Children & adolescents need & have a right to sexuality education.

HIV/AIDS

Knowledge of HIV and HIV prevention remains low among young people

Proportion of women and men aged 15–24 in sub-Saharan Africa with comprehensive correct knowledge of HIV transmission and reporting condom use at last higher-risk sex,* around 2000 and 2014 (percentage)

United Nations. Millennium Development Goals Report: 2015. UN, New York, 2015.



* Higher-risk sex refers to sex with a non-marital, non-cohabiting partner.

Note: The values in the chart represent the regional aggregate for those sub-Saharan African countries that have survey data in both periods—around 2000 and around 2014. 'Around 2000' data refer to a survey conducted during 1996–2006. 'Around 2014' data refer to a survey conducted during 2007–2014.

Menstruation

How knowledgeable are adolescent girls in low- and middle-income countries about menstruation & how prepared are they for reaching menarche?

Recognition that is a physiological process ranges from 6.0% to 86.3%

Poor awareness prior to reaching menarche ranges from 32.5% to 81.6%

Initial perception upon reaching menarche is that it is life-threatening, many believe it is unnatural

Poor awareness of the origins of menstrual blood as high as 97.5%

Negative feelings including fear, disgust, anxiety and confusion



V Chandra-Mouli, S V Patel, M Sommer. Systematic Review: Knowledge and Understanding of Menarche, Menstrual Hygiene and Menstrual Health among Adolescent Girls in Low- and Middle-income Countries. Submitted for review.

Key statement 2. Sexuality education is not just about teaching about sex, reproduction & avoiding sexual & reproductive health problems.



UNFPA Operational Guidance for Comprehensive Sexuality Education:

A Focus on Human Rights and Gender

It aims to:

- ✓ improve knowledge & understanding
- ✓ promote self awareness & equitable social norms
- ✓ build social skills to make and follow through on choices



**Key statement 3. Sexuality education
does not harm children &
adolescents; it can do them a lot of
good.**

Sexuality education:

- ✓ **Does not lead to early or increased sexual activity**

Well designed & well conducted sexuality education can:

- ✓ **bring about positive changes in sexual behaviour (demonstrated in more studies),**
- ✓ **reduce negative health outcomes (demonstrated in less studies)**

Sexuality education that addresses gender & power:

- ✓ **are more likely to be effective in reducing unwanted health outcomes**



N Haberland, D Rogow. Sexuality Education: Emerging Trends in Evidence and Practice. *Journal of Adolescent Health*, 2015.

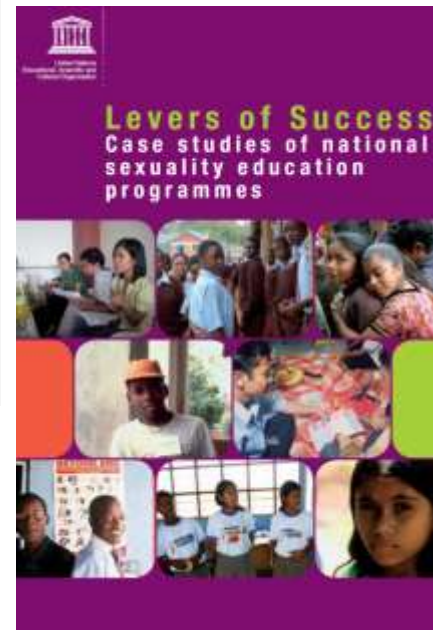
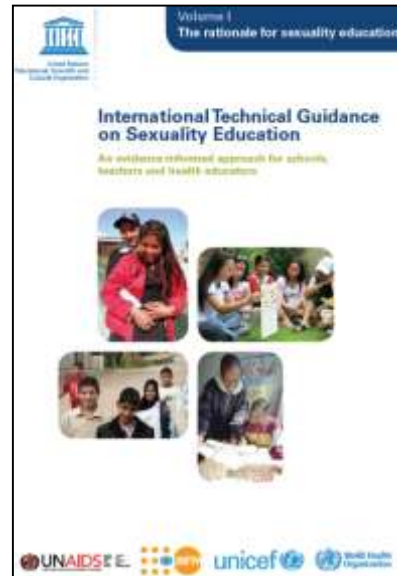
N Haberland. The case for addressing gender & power in sexuality and HIV education: A comprehensive review of evaluation studies. *International perspectives in sexual and reproductive health*, 2015.

Key statement 4. We are failing to reach children and adolescents with sexuality education.

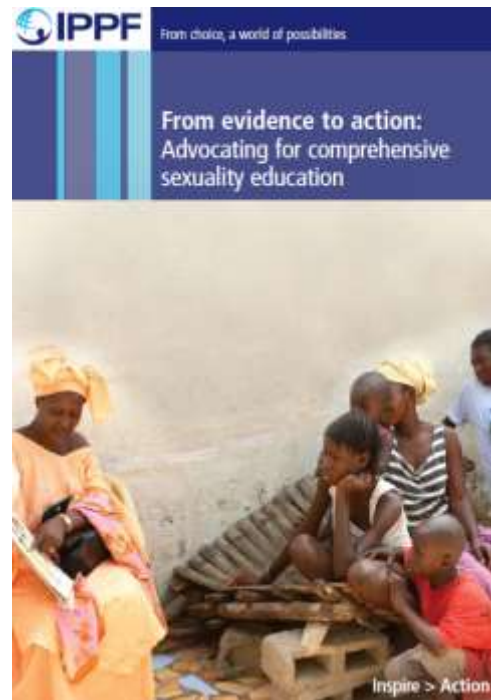
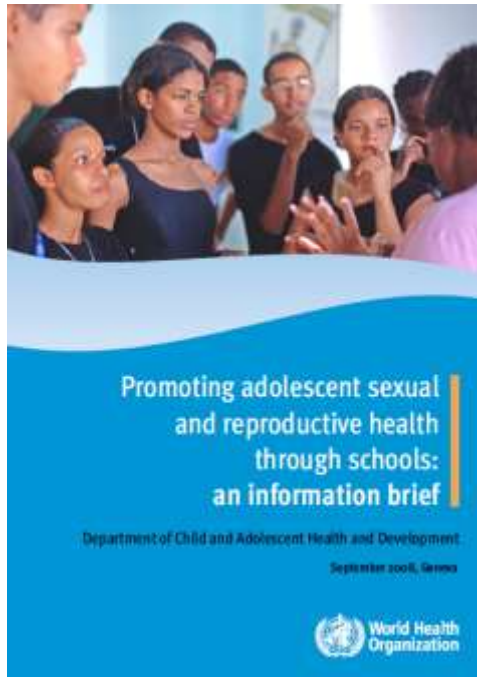
Sexuality education – generating evidence

Evidence generated

- (i) Effectiveness of interventions
- (ii) Effective means of delivering interventions at scale in a sustained manner
- (iii) Cost of delivering them



Sexuality education – developing policy/programme support tools



Advocacy & programme support tools developed

Sexuality education – Content

(from UNESCO, International technical guidance on sexuality education, 2009)

Relationships

Values, Attitudes and Skills

Culture, Society and Human Rights

Human Development

Sexual Behaviour

Sexual and Reproductive Health

6. Overview of key concepts and topics

<p>Key Concept 1: Relationships</p> <p>Topics:</p> <ul style="list-style-type: none">1.1 Families1.2 Friendship, Love and Romantic Relationships1.3 Tolerance and Respect1.4 Long-term Commitment, Marriage, and Parenting	<p>Key Concept 2: Values, Attitudes and Skills</p> <p>Topics:</p> <ul style="list-style-type: none">2.1 Values, Attitudes and Sources of Sexual Learning2.2 Norms and Peer Influence on Sexual Behaviour2.3 Decision-making2.4 Communication, Refusal and Negotiation Skills2.5 Finding Help and Support	<p>Key Concept 3: Culture, Society and Law</p> <p>Topics:</p> <ul style="list-style-type: none">3.1 Sexuality, Culture and Law3.2 Sexuality and the Media3.3 The Social Construction of Gender3.4 Gender-Based Violence, Sexual Abuse and Harmful Traditional Practices
<p>Key Concept 4: Human Development</p> <p>Topics:</p> <ul style="list-style-type: none">4.1 Sexual and Reproductive Anatomy and Physiology4.2 Reproduction4.3 Puberty4.4 Body Image4.5 Body Rights	<p>Key Concept 5: Sexual Behaviour</p> <p>Topics:</p> <ul style="list-style-type: none">5.1 Sex, Sexuality and the Sexual Life Cycle5.2 Shared Sexual Behaviour and Sexual Response	<p>Key Concept 6: Sexual and Reproductive Health</p> <p>Topics:</p> <ul style="list-style-type: none">6.1 Pregnancy Prevention6.2 Understanding, Recognising and Reducing the Risk of STIs including HIV6.3 HIV and AIDS Stigma, Care, Treatment and Support

Sexuality education – Process

(from UNESCO, International technical guidance on sexuality education, 2009)

Characteristics	
1.	Involve experts in research on human sexuality, behaviour change and related pedagogical theory in the development of curricula.
2.	Assess the reproductive health needs and behaviours of young people in order to inform the development of the logic model.
3.	Use a logic model approach that specifies the health goals, the types of behaviour affecting those goals, the risk and protective factors affecting those types of behaviour, and activities to change those risk and protective factors.
4.	Design activities that are sensitive to community values and consistent with available resources (e.g. staff time, staff skills, facility space and supplies).
5.	Pilot-test the programme and obtain on-going feedback from the learners about how the programme is meeting their needs.
6.	Focus on clear goals in determining the curriculum content, approach and activities. These goals should include the prevention of HIV, other STIs and/or unintended pregnancy.
7.	Focus narrowly on specific risky sexual and protective behaviours leading directly to these health goals.
8.	Address specific situations that might lead to unwanted or unprotected sexual intercourse and how to avoid these and how to get out of them.
9.	Give clear messages about behaviours to reduce risk of STIs or pregnancy.
10.	Focus on specific risk and protective factors that affect particular sexual behaviours and that are amenable to change by the curriculum-based programme (e.g. knowledge, values, social norms, attitudes and skills).
11.	Employ participatory teaching methods that actively involve students and help them internalise and integrate information.
12.	Implement multiple, educationally sound activities designed to change each of the targeted risk and protective factors.
13.	Provide scientifically accurate information about the risks of having unprotected sexual intercourse and the effectiveness of different methods of protection.
14.	Address perceptions of risk (especially susceptibility).
15.	Address personal values and perceptions of family and peer norms about engaging in sexual activity and/or having multiple partners.
16.	Address individual attitudes and peer norms toward condoms and contraception.
17.	Address both skills and self-efficacy to use those skills.
18.	Cover topics in a logical sequence.

Sexuality education - Good practice

(from UNESCO, International technical guidance on sexuality education, 2009)

Implement programmes that include at least 12 or more sessions

Include sequential sessions over several years

Select capable and motivated educators to implement the curriculum

Provide quality training to educators

Provide on-going management, supervision and oversight

Sexuality education – taking evidence to action

“Most adolescents & youth do not yet have access to comprehensive sexuality education (CSE), despite repeated intergovernmental agreements to provide it, support from the UN system, & considerable project-level experience in a wide range of countries and research showing its effectiveness.”

Report of the Secretary General, United Nations on 'Assessment of the status of implementation of Programme of Action of the ICPD', Commission on Population and Development, April 2014.

- ❑ **They reach pupils late**
- ❑ **They do not reach marginalized adolescents**
- ❑ **Their messages do not relate to the realities of many adolescents' lives**
- ❑ **They are poorly delivered**
- ❑ **They are not linked to health services**

N Haberland, D Rogow. Sexuality Education: Emerging Trends in Evidence and Practice. Journal of Adolescent Health, 2015.

OCTOBER 2012

BY MAMDOUH WAHBA
AND FARZANEH
ROUDI-FAHIMI

THE NEED FOR REPRODUCTIVE HEALTH EDUCATION IN SCHOOLS IN EGYPT

Two Steps Forward, One Step Back

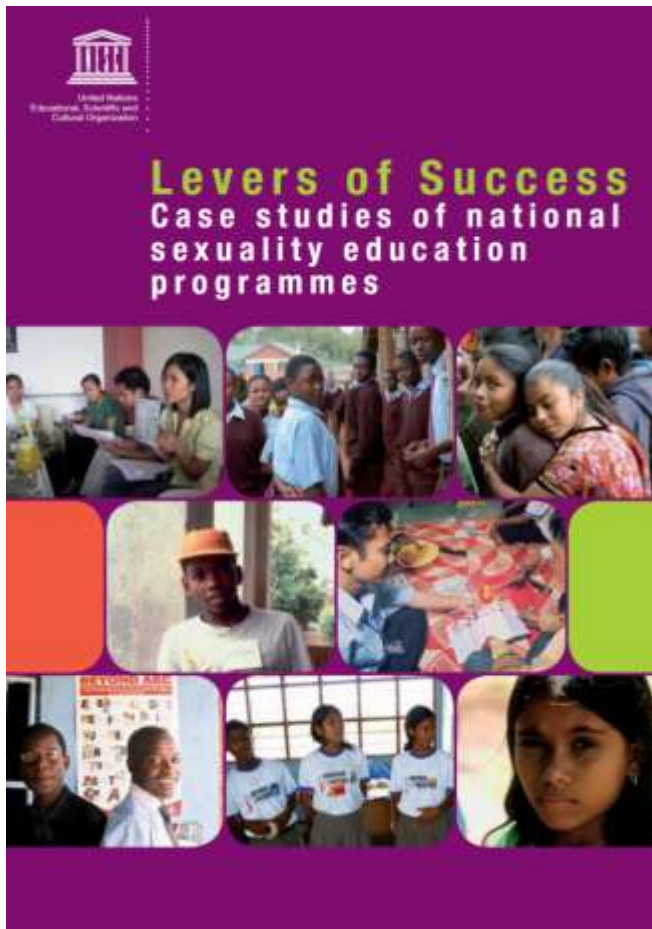
SRH education in schools in Egypt has experienced both progress and setbacks. In 2010, the press reported that the Minister of Education ordered the "removal of the contents related to male and female genital systems and sexually transmitted diseases from the school curriculum in the science books for grade 9."²² The order was not adopted, either because it was never actually given or because the minister retracted it. The only real change has been the inclusion of reproductive systems in the science books of grade 8 instead of grade 9, which child health advocates saw as a move in the right direction. However, in 2011, following the revolution and the subsequent political instability, the newly appointed minister ordered the removal of the same topics, along with family planning methods, from the 12th grade curriculum for the sake of shortening its contents.



Source: Nowtoronto.com

Key statement 5. A small number of countries are pushing beyond 'boutique' projects to implement large scale & sustained sexuality education programmes in schools.

Positive deviant countries - Nigeria



- ❑ 2002 - After an extensive consultative process, a national policy was made to scale up school-based education using the Family Life & HIV Education (FLHE) curriculum.
- ❑ **Trained 'carrier-teachers' deliver FLHE to junior & senior secondary schools**
- ❑ 2012 – FLHE has now been introduced in more than 30 (out of 36) states
- ❑ **Well-done studies in some states have shown improvements in knowledge, understanding & reported behaviours.**

S Huaynoca, **V Chandra-Mouli**, N Yaqub Jr, D M Denno. Scaling up comprehensive sexuality education in Nigeria: from national policy to nationwide application. Sex Education, 2013. doi: 10.1080/14681811.2013.856292.

Positive deviant countries - Pakistan

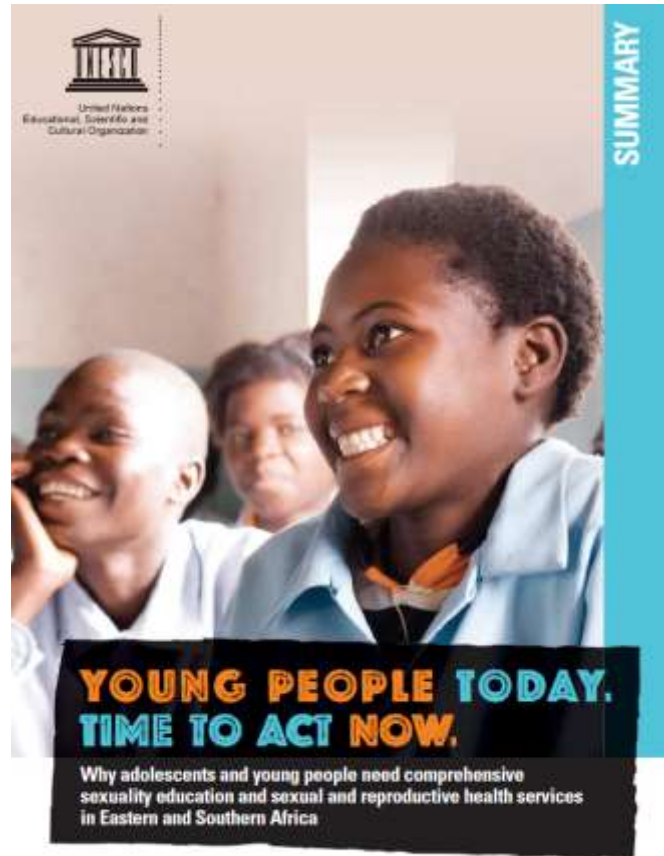


- ❑ Perceived the need for life skills based education
- ❑ Motivated to implement it
- ❑ Had a good understanding of the political, social and cultural environments
- ❑ Able to advocate effectively
- ❑ Able to identify and generate financial resources
- ❑ Had an indepth understanding of the education system's capacities and limitations
- ❑ Able to train and support the education system staff

J Svanemyr, Q Baig, V Chandra-Mouli. Scaling up life skilled based sexuality education in Pakistan: A case study. Sex Education, 2015. doi: 10.1080/14681811.2014.1000454.

Key statement 6. While there is continued (and growing) resistance, there are also global and regional initiatives to move the agenda forward.

Eastern & Southern African Ministerial Commitment on comprehensive sexuality education and sexual and reproductive health services for adolescents and young people



"We, the Ministers of Education and Health from 20 countries in Eastern and Southern Africa , gathered in Cape Town, South Africa on 7 December 2013, working towards a vision of young Africans who are global citizens of the future...

...we will lead by bold actions to ensure quality comprehensive sexuality education and youth-friendly sexual and reproductive health services in the ESA region".