

Training course in adolescent sexual and reproductive
health 2021

Comprehensive sexuality education provision

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Question 1

Why do adolescents need comprehensive sexuality education (CSE)? – identify one reason.

Comprehensive sexuality education provides adolescents with a holistic approach to their sexual health. It prepares them for a safe, productive, empowered and fulfilling life in a world where gender -based violence, gender inequalities, health disparities, exposures to sexually transmitted infections and unintended pregnancies. CSE raises the awareness of adolescents' rights specifically teaching them about the cognitive, emotional, physical, and social aspects of sexuality. (UNESCO, 2020)

Question 2

What according to you is the biggest operational constraint in the provision of CSE in your country, and why?

One biggest constrains in my country is that the curricula and teaching resources omits key topics and does not meet the needs of young people - Nigeria is one of the identified five developing countries that have scaled up the delivery of CSE. The Nigeria CSE programme is known as the family life HIV education (Huaynoqa, 2013). FLHE was developed in 2003 by the Nigerian Education Research and Development Council (NERDC) in wide consultation with stakeholders including NGOs across the six geopolitical zones of Nigeria, whose views and reviews helped to shape and ensure national coverage and sociocultural applicability of the FLHE curriculum to the diverse communities throughout the country. There is evidence that the FLHE curriculum is more focused on sex and gender rather than sexuality health. (Igbokwe, 2019)

It was noted that, while New Zealand and Bangladesh ignored gender -based issues such as early marriage, gender based and other harmful practices, the FLHE curriculum touched on these in detail. On the other hand, the FLHE was found to be very weak in sexual issues of abortion, contraception use, masturbation, and sexual diversity. It was more focused on abstinence, thus limiting the potential for the FLHE to be effective and impactful. This curriculum is fraught with other implementation issues including its delivery to only adolescents in schools, leaving the out of school ones to their fate. Also, the curriculum is divided to fit different age/class groups which presents a missed opportunity for holistic sexuality education. (Sarma, 2013)

Question 3

In what way could CSE be integrated into your country's educational curriculum?

Involving young people is key as this ensures content is relevant and tailored to their needs. It will also help if there is focused consultation of different levels of ecological influence Building the capacity of relevant teachers to be able to deliver quality information in the curriculum.

Question 4

Identify three strategies that Aahung and Rutgers used to build community support for CSE in Pakistan?

The following are the strategies used by Aahung and Rutgers in Pakistan:

- Understanding local context as the foundation for programme design and development
- Strategically selecting issues to be included in curricula to tailor content to the program's context.
- Engaging gatekeepers at many levels through outreach and sensitization

Question 5.1

Within the ecological framework, what are the levels of influences that need to be understood when planning to deliver sexuality education to adolescents?

The levels of influence to understand are, the individual, interpersonal, organizational, community and societal. These are seen in the persons of the adolescents, the parents/peers, school administrators, community or religious leaders and the government, respectively.

Question 5.2

In the case of Aahung and Rutgers, who were the gatekeepers or influential people in the lives of adolescents that were engaged and sensitized?

The influential key people that were engaged and sensitized are the parents and community stakeholders through the teachers and administrator

Question 5.3

In your context, which gatekeepers or influential people would need to be engaged and sensitized to deliver CSE?

In my opinion, sensitization and engagement should be targeted at parent and teachers using the existing framework of parent teacher association in the schools. Strategies should also be put in place that target the society. The Global Fund supported Association for Reproductive and Family Health (ARFH) a non-governmental organization in Nigeria under its round 9 grant. This support aimed to strengthen implementation challenges by way of strengthening coordination. They set up a project advisory and advocacy committee (PAAC) and a project management team. These were tasked and set up FLHE desk officers for resource mobilization in each state and they were supported to strengthen its implementation in the state by creating an enabling environment and resource management per state. (ARFH, 2019)

Question 6

What strategies did Rutgers and Aahung use to overcome resistance to CSE in Pakistan?

Both organizations strengthened their media presence and built public perception for their work, they also used their engagement with the media to refute false statements. Rutgers Pakistan stimulated public discussion by reaching out to a small group of respected and well-known journalists. Aahung, increased community acceptance by strategically using opportune moments to stress the values in the work they do. The two organizations did a strategic value clarification for their work. What was also unique in their strategy is the fact that they could identify and isolate who their resistance was being the media and religious leaders.

Question 7

How is CSE different from sexuality education?

Sexuality education aims to develop and strengthen the ability of children and young people to make conscious, satisfying, healthy and respectful choices regarding relationships, sexuality and emotional and physical health (UNFPA, 2016). Sexuality education seeks to educate adolescents on reproduction, risk and diseases based on gender or anatomy. Sexuality education focuses more on pro-creation and the biological underlay. On the other hand, comprehensive sexual education (CSE), is sexual education within the framework of human rights, gender equality and other dimensions of sexuality with a focus on the recreational aspects of sex (Wahba, 2020). Comprehensive sexuality education is a curriculum-based process of teaching and learning about the cognitive, emotional, physical, and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes, and values that will empower them to realize their health, well-being, and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and understand and ensure the protection of their rights throughout their lives.

Question 8.1

What are the considerations that the International Technical Guidance suggests when designing a school-based CSE program?

A school based CSE should be guided by evidence and adapted to local context. It should be designed to measure and address factors such as beliefs, value, attitudes, and skills. The approach adopted should be measurable and look to have a positive impact on students. The program must follow all national policies, guidelines, and regulations. It should be age appropriate, follow a life-style approach, and evolve incrementally so as not to overwhelm the student. The programme should be effective, interactive, and participatory.

Question 8.2

What did the Egyptian Family Health Society (EFHS) do to understand the needs of adolescents related to sexuality education before initiating their school-based SE program?

They “learn by educating” needs assessment exercise. The committee decided to begin with a biology lesson about male and female reproductive organs already included within the official school curriculum which usually been skipped by teachers and had never been questioned in exams. This made the officials in the Ministry of Education so pleased. Along

with discussing this lesson, it had been planned to allocate ample time for responding to anonymous written questions from students.

Question 8.3

What were the protocols used to respond to sensitive questions asked during the EFHS' seminars?

The protocol used was to use the well-trained young physicians providing the seminars to discuss the selected lesson and devote enough time to answer the questions received from students. Questions not answered were referred to the Youth Health Hotline operated by the Society. The physicians collect all the papers received from students with their questions during the seminars, analyses and form the basis for the curriculum development.

Question 9.1

Describe a CSE initiative in your country that you believe has affectively promoted CSE for adolescents in or out of school.

The implementation of social and behavioral change communication through peer educator in coordination with school counseling support and availability of youth friendly clinic to address technical issues that are beyond the capacity of the trained peer educators and adolescent reproductive health counselors in the school.

Question 9.2

Identify one factor that has contributed to the effectiveness of this initiative.

Parent child communication involvement which helps to reinforce information gotten from peers and school counselors.

Question 9.3

Identify 2 factors that you believe are critical for strengthening implementation of CSE in your country?

The two factors that I think are critical for strengthening CSE in my country are:

1. Incorporation of adolescent reproductive health services at the primary health care level within the national health policy framework.
2. The involvement and training of religious leader and community association in the national response to adolescent reproductive health.

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