2.4 School-based Sexuality Education

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Introduction

Concerns about adolescents' sexuality have emerged in the light of decreasing opportunities for realistic preparation for sexual life in the family context. Traditional education through initiation ceremonies, grandparents as role models, oral traditions and folklore, ancestral sanctions, etc. have declined in relevance. The erosion of traditional control over 'appropriate' sexual behaviour has been attributed to socio-economic and demographic changes, including urbanisation, greater mobility, stimuli in the media, and more interpersonal openness. In addition, as an increasing number of adolescents is subject to sexually transmitted diseases (STDs) and HIV/AIDS, unplanned pregnancies and unsafe abortion, the need for inculcation on sexual and reproductive health (SRH) for adolescents acquires a new urgency.

Sexuality is important for general health. However, adolescents are not only embarking on risky sexual relationships out of ill-informed choice, but also by force, e.g. prostitution, sugar daddies, protection in turn for sexual favours in street gangs, etc. Currently, neither parents nor the education system appear competent to address this issue, and youth instead turn to peers, the media, or popular role models, who do not confer the relevant information or morale for a healthy sexuality of adolescents either. It is hence of vital importance to adapt those institutions directly involved in the upbringing of children and youth, primarily the family and school, to the needs of adolescent SRH. This paper is concerned with sexuality education at school as a strategy to address adolescent SRH. This focus is at the detriment of the large number of out-of-school children and youth.

- Helpful as school-based sexuality education is, it does not reach all adolescents, and needs to be supplemented by community-based non-formal educational programmes.

What is Sexuality Education?

Sexuality education emphasises a broad approach to sexuality, focusing on the whole person and presenting sexuality as a positive part of life. It covers all aspects of becoming and being a sexual, gendered person and includes biological, psychological, social, economic, and cultural perspectives. It explores values and develops social skills with the goal of promoting SRH (Irvin 2000). Because attitudes towards sex are usually adopted prior to adolescence, and to pre-empt risky sexual activity, sexuality education should begin to intervene at an early age.

To be effective sexuality education should be a gradual process, with appropriate information and skills conveyed at different ages. Initially, the facts of life should be disseminated as an integral part of other subjects, including biology and social sciences. Progressively, sexuality education should adapt to the learners' changing interests and capacities. It must also be
complemented by counselling and other services. It requires a non-judgemental approach based on trust between the educator and the young person in order to discuss the meaning, pleasures and risks of sexuality in the youth's own terms. Although such a relationship is difficult to establish for a variety of reasons (age hierarchy, taboo to talk about sex, institutional impediments, etc.), educators must be trained and motivated to build a positive environment and empower youth to understand their sexuality, resolve conflicts and take their own decisions.

If it exists at all, sexuality education at school at present tends to be part of family life education, and is mostly only introduced at the end of primary school or in secondary school. Family life education generally concentrates on responsible parenthood within marriage, reproductive physiology and to a lesser extent on STDs, usually with a moralising connotation. It rarely offers information about sexuality and gender relations, or reproductive health services.

- Effective sexuality education teaches practical skills such as sexual negotiation, decision-making and life planning, in addition to providing basic information on gender, human reproduction, contraception, STDs and HIV/AIDS, and counselling services.

Objectives of sexuality education as concerns children
- Understanding human relationships;
- Acquiring acceptable attitudes and values towards sexuality;
- Enriching the conceptualisation of family life issues;
- Understanding the spiritual aspects, to ensure self-discipline;
- Knowing about primary and secondary sexual characteristics and how they function;
- Understanding the processes and consequences of sexual activity, of pregnancy, contraception and abortion, and of STDs and HIV/AIDS;
- Providing knowledge of relevant available health services;
- Identifying the potential impact of sexual activity on their personal development, and interpersonal relations.

Curriculum Development

In almost every country, the implementation of sexuality education in and outside schools has faced legal, cultural and religious barriers as well as opposition from parents, teachers, health care providers and government officials, who often find it difficult to agree on the need for and nature of sexuality education. At issue are the subjects to be covered, the age groups taught, teacher training, and the method of instruction. At the basis of such considerations should be a needs-assessment of the target group youth (see Girrbach in this publication). In country’s where there is no provision for such education, the Ministry of Education together with the Ministry of Health should be at the forefront of devising school-based sexuality programmes, to spearhead necessary policy adjustments. Co-ordination with the Ministry of Education as legally responsible for syllabuses and curricula is necessary also because of the increasing number of educational and social issues competing for limited school time. Clearly stated policies and an appropriate curriculum are essential for successful classroom approaches.
Bodies to develop the sexuality education curriculum can be curriculum centres, educational institutes, or ministerial departments. In any case, curriculum developers should be competent in planning, needs assessment, curriculum development techniques, participatory and didactic educational methods, and evaluation, as well as have sound background and understanding of the complex issues involved in communicating about sexuality. School-based sexuality education should be developed within the context of the traditions, beliefs, values, and behavioural and educational norms of the society. It must address the needs and concerns of young people themselves as well as those of communities and teachers (UNAIDS/WHO/UNESCO 1999).

- Without changing the overall school curriculum, modules can be pre-tested in selected schools by inserting them into existing subject areas.
- Sexuality education can be taught either as part of an established subject e.g. health education or social studies, or as a separate subject, or as a cross-curricular issue, or as an extra-curricular activity.

**AIDS as a topic in primary education in Guinea**

The GTZ-supported projects Promotion of Basic Education in Labé and Rural Health, together with the regional health authorities, the National Institute for Pedagogical Research and Implementation (INRAP), and various NGOs, developed a concept for the integration of HIV/AIDS as a topic in primary education. The aim is to effectively prevent the spread of the virus by addressing young people before they become sexually active, which is as early as 12 years of age. A trial curriculum will be launched in six primary schools in Labé and Faranah in the academic year 2000/2001:

- In class, HIV/AIDS will be addressed from year one onwards in various subjects, and wherever the topic of discussion allows reference.
- In the wider school context, peer education and distribution of condoms will take place, complemented by work with parents, and out-of-school youth.

Both school-based and community-wide activities will be initiated by teachers. It is particularly important to change methods of instruction, in order to foster an open dialogue between teachers and pupils, and to provide mother-tongue education. Accordingly, teachers will undergo special (in-service) training, imparting among others skills for self-initiative, creative and participatory teaching methods, and the development of their own ideas. Currently, an initial 18 teachers are being trained.

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**Teacher Training**

Teachers tend to be no better equipped to provide sexuality education than parents, and may give inadequate or incorrect information. This is not only a question of lack of training. Teachers have also been raised in traditions, beliefs, values and taboos similar to the parents and students. Their behavioural patterns often do not differ from their students as for instance the level of HIV infections among teachers indicates. Moreover, due to authoritative education systems, and the concomitant nature of student-teacher relationships, as well as large classroom sizes, students will be reluctant to confide and discuss sexual issues with teachers and vice versa. The quality and impact of sexuality education crucially hinges upon the educator’s capacity and style. Numerous guides and materials are available to assist individual
teachers or institutions to develop training sessions, including teaching guides, workbooks, educational games, audio-visual tapes etc.

- Sufficient time and resources must be allocated for training, practice, supervision, and refresher courses for a large number of teachers, as well as curriculum and material development.
- Counsellors should support teachers in or outside the school, who can adequately help pupils with personal difficulties regarding SRH.

**Strategies for teaching**

- Answer children’s questions honestly at all levels;
- Encourage observations of insects, fish, etc. for incidental learning of reproductive processes;
- Use direct teaching for specific issues like menstruation;
- Co-operate with the (school) health club if existent;
- Encourage project work on specific issues to find out pupils’ attitudes and suggestions (topics could be: mates who have dropped out because of pregnancies, abortion, STDs);
- Foster healthy relationships through interactive methodology, including role plays, discussions;
- Allow for peer discussions;
- Provide for (or refer to) individual counselling;
- Organise SRH weeks in schools;
- Use radio, posters and other material to disseminate information.

**Pedagogical Approaches**

Responsible behaviour is key to adolescent SRH, and to preventing teenage pregnancy, STDs and HIV/AIDS, sexual violence and substance abuse. In order to modify negative behaviours, information dissemination has to go hand in hand with the promotion of personal skills that influence behaviour, *i.e.* life skills, which help the individual translate acquired knowledge, attitudes and values into positive behaviour. Traditionally, teaching about sexuality in schools has taken a moralising, simplistic approach. To change the overall climate of formal education from a teacher-centred, authoritarian system to an open, enabling learning environment is a necessary though time-consuming process.

**Life Skills**

Life skills are personal skills that have a strong influence on behaviour, providing the link between underlying co-requisites such as knowledge, attitudes and values, and the desired positive health behaviour outcome. The list of life skills described by both WHO and UNICEF includes:

- Decision making
- Problem solving
- Creative thinking
- Critical thinking
- Effective communication
- Interpersonal relationships
- Self-awareness
- Self-esteem
- Empathy
- Coping
**Age Appropriateness**

Sexuality education programmes are sometimes simplistically designed for an apparently homogeneous group of adolescents with regard to biology, sexuality, age, power relations, family situation, socio-economic background, etc. Interventions must be appropriate to age, gender and developmental stage. It is useful to conduct a mini-participatory research or question-and-answer session to determine what issues are of interest at a particular age. For instance at early puberty, adolescents tend to be curious about sexuality, emotions and the physical changes experienced at puberty. Timely quality sexuality education can help prevent undesirable or risky behaviour patterns.

- Quantity and type of health-related information must be suitable for the age cohort addressed, and appropriate health services available.
- In recognition that attitudes and beliefs are formed early in life, sexuality education should start in primary school, before young people engage in sex, and before substantial proportions of young people drop out of school.
- 'Spiral curricula' reinforce newly acquired knowledge and attitudes at regular intervals, thereby enabling students to relate them to specific situations encountered at different ages.

**Gender Considerations**

It must be ensured that male and female adolescents are comfortable in discussion on sexual and reproductive issues with each other. Though some subjects may be better dealt with in single-sex classes, there are advantages in mixed sessions – beyond feasibility – especially when discussing gender relations. Mixed settings help adolescents to understand better each other’s anxieties and attitudes and improve communication.

- Involve a combination of mixed and single-sex classes, depending on cultural appropriateness, and subject matter, yet allowing scope for exploring the other sex’s views.

**Participatory Learning**

Evidence points to the fact that sexuality education, which tries to involve the adolescents in discussions and activities, are more effective than teacher-centred lectures. A workshop approach allows young people to explore their own attitudes and make discoveries for themselves, and it helps them to build self-esteem and gain confidence to make choices regarding sexual behaviour – including the confidence to delay a sexual relationship until they feel ready.

- Active, participatory learning methods are required to address the affective and behavioural domains of sexuality education.
• A useful approach is to bring trained outside (health) educators into the classroom, in order to alleviate concerns about confidentiality, and to utilise innovative, participatory and interactive educational techniques.

**Peer Education**

Given that adolescents tend to communicate better with their peers than with adults, peer education can be a useful supplement to a comprehensive school-based sexuality education – but should not substitute it. In the school context, peer educators can either work together with the teacher to promote SRH, or offer activities/services of their own to complement the teachers’ role. There are clear limits to adolescent peer educators’ ability to handle certain situations, for which they may need to refer their peers to trained adults, health and counselling services.

• Peer educators should be approachable inside the classroom and informally during breaks, sports activities, and in school-clubs, or they may set up a special room for counselling, information, and distribution of condoms (see Blankhart in this publication).

• Sports programmes are one opportunity for girls to develop self-esteem, master new skills, and formulate a sense of bodily integrity crucial to promoting their health and self-image (see Kreiß & Loewen in this publication).

**Community Links**

In many societies, community members may feel that sexuality education encourages young people to experiment prematurely – even though several studies have shown that it does not lead to increased sexual activity (UNAIDS 1997b, WHO 1993). However, typically there is a range of opinions in the community, some of which can be drawn upon for support. In order to change sexual behaviour sustainably, programmes need to adopt a participatory community development approach, which is often achieved through involvement and adaptation of strategies to local concerns. Through sensitisation of the community and, in particular, the elders, leaders, decision makers, women’s and youth groups on the positive aspects of reproductive health one can find ways to develop community support.

Networking with groups and organisations, such as social services, youth-agricultural departments, women’s groups, youth organisations and vocational training schools, may assist in programme design and implementation.

• Parent-teacher associations, adult education classes, formal meetings and presentations, religious groups’ activities and community group meetings are appropriate settings for promoting collaboration between the school involved in sexuality education and the wider community.
Checklist how to proceed

- Take into account national guidelines because curricula, teacher training, and to a certain extent also in-service training, are decided upon at central government level.
- Co-operate with the Ministry of Education and of Health, to lobby for sexuality education to become part of the school curriculum for boys and girls preferably before they reach puberty, each and every year as they move from primary to high school.
- Advocate for clear, appropriate policy and curricula adjustments, and relevant pre- and in-service training of large numbers of primary and secondary school teachers.
- Promote sexuality education at school through one of the following:
  1. implementation of a separate course;
  2. infusion of topics into core subjects;
  3. utilisation of outside educators prepared to discuss sexual matters and help students gain access to community health services;
  4. introduction of sexuality education/reproductive health issues through existing HIV/AIDS prevention programmes.
- Assess and understand the concerns and needs of adolescents (differentiated by age and gender) prior to developing messages and activities which meet the needs of the different cohorts.
- Involve young people at all stages, *i.e.* design, implementation and evaluation of the sexuality education, to secure their acceptance and use of the programme. Girls’ participation requires extra efforts according to their specific needs.
- Supplement the sexuality education with various pedagogical approaches, including peer educators, sports, community development, etc. aiming to impart information on adolescence, gender, human development, communication, participatory methodology, managing group processes, etc.
- Collaborate closely at all stages with teachers, parents, health personnel, community and religious leaders to get school-based sexuality education accepted.
- Mobilise multi-sectoral commitment and support, and build on existing networks *e.g.* youth or women’s groups, churches, informal work sites. Consider forming multidisciplinary networks to broaden the school-based programme, and overcome the separation of formal and non-formal education.
- Offer or co-operate with community-based non-formal educational programmes in order to reach the out-of-school youth.
SRH projects should attempt to enhance strengths of school-based sexuality education, and confront its weakness.

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<tr>
<th>Strengths of school-based sexuality education</th>
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<td>• Chance to reach all young people in school</td>
<td>• Does not reach those who do not attend school or drop out early.</td>
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<td>• Lack of active support, commitment and co-ordination from ministries of health and education and school officials may hinder progress</td>
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<td>• Inadequate mechanisms to supervise, monitor, and evaluate programmes</td>
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<td>• Sexuality education can be included in the pre-service and in-service training of teachers</td>
<td>• Young people have problems to talk about sensitive issues in front of their teachers</td>
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<td>• Sexuality educators must be carefully selected. Not everyone is suitable.</td>
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<td>• Trained teachers can function as role models, resource people for accurate information, and effective instructors.</td>
<td>• Lack of skilled personnel, training, and materials or transfer of teachers trained in sexuality education</td>
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<td>• Teachers feel embarrassed to discuss sensitive issues with students because they have been raised in traditions, taboos and beliefs similar to the parents.</td>
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<td>• Sexuality education can be integrated in ongoing programmes or school clubs</td>
<td>• Opposition from parents, school leaders, teachers, religious leaders.</td>
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<td>• The school setting allows to provide youth with information and services with relatively few resources.</td>
<td>• Heterogeneous target population: Young people are not stratified according to age and gender. The curriculum does not consider different interests; the same materials are used for girls and boys.</td>
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<td>• Introduction of sexuality education/reproductive health through existing HIV/AIDS-prevention programmes.</td>
<td>• Many subjects compete for limited school time.</td>
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<td>• Good AIDS education for adolescents does not lead to increased sexual activity, but on the contrary delays the age of first sexual intercourse.</td>
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<td>• Teachers can have a substantial input in the activity of the community.</td>
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<td>• School can reach the community; links with parents and community members can ensure that they receive consistent SRH messages.</td>
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- There are educational opportunities by overcoming the separation between the formal and non-formal school system. Both systems may inform and complement each other.

- Establishment of linkages with health system for youth services.

- Bringing outside educators into the classroom might alleviate pupils' concerns about confidentiality.

- School provides options to train peer educators in sexuality education.

- Integrating reproductive health education into sports promises to be a valuable strategy, especially for girls.

- Outside educators who are only involved from time to time are unlikely to assure sustainability of activities.

- Peer educators are not willing or able to volunteer for a longer period of time. They also need training, motivation and continued support.

- Peer educators/counsellors require intensive training and ongoing follow-up/supervision as well as back up by qualified adult educators.
Bibliography


Birdthistle, I. & C. Vince-Whitman (n.d.). Reproductive Health Programs for Young Adults: School-Based Programs. Washington: FOCUS on Young Adults Research Series.


