Education and Sexual and Reproductive Health and Rights: A Review of the Critical Debates

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Introduction

Due to demographic changes in the past decades, today’s generation of young people (10-24 years) are the largest in human history. They present the world with an unprecedented opportunity to accelerate economic growth, reduce poverty and improve other dimensions of human development. Hence, they are seen as central to the development agenda in the coming two decades (ICPD, 2014). Nevertheless, young people suffer disproportionately from negative sexual and reproductive health outcomes, which undermine their well-being and future opportunities, as well as their ability to contribute to the societies in which they live. Sexual and reproductive health is a human right and is crucial to good health and human development. However, there are multiple challenges in realising this right. Some of the major concerns young people are faced with include social and economic barriers in accessing sexual and reproductive health information and services, persistent low levels of contraception use, high incidence of sexual abuse, female genital mutilation, maternal mortality, HIV/AIDS and other sexually transmitted diseases.

The International Conference on Population and Development (ICPD) which took place in Cairo, Egypt in 1994 has made a profound impact on the way the world views population issues. Previously, major concerns related to sexual and reproductive health were tackled on the basis of demographic objectives. However, for the first time, ICPD explicitly recognized reproductive rights as human rights. Therefore, the objectives of many governments have changed from primarily focusing on reducing fertility to the promotion of sexual and reproductive health and rights (SRHR) of the individuals. Gender equality, the empowerment of women and girls and the rights of adolescents have become integral to promoting SRHR (Bergman, 2004). Since 1994, SRHR are also increasingly linked to broader development issues, such as poverty reduction. Its linkages to reducing high fertility and mortality rates, and the spread of HIV and other sexually transmitted infections have particularly received attention.

In various low income countries, there has been significant progress in advancing reproductive rights. Several countries established in their policies and laws ‘the basic right of all couples and individuals to decide freely and responsibly the number, spacing, and timing of their children, and to have the information and means to do so; as well as the right to attain the highest standard of sexual and reproductive health, and to make decisions free of discrimination, coercion, or violence” (Obaid, 2009, p. 102). Many of these issues explicitly or implicitly make a link to education since improvement in many SRHR indicators require investment in the education system as well. This paper seeks to give an overview of literature on education and SRHR, and discuss some of the critical issues on the topic. Thereby, it aims to underscore the importance of education for promoting SRHR in low income countries. The paper is structured as follows: First, an overview of how education and SRHR interrelate will be presented. This will be followed by discussing the discourses on sexuality education from three different angles; morality, health and rights-based. Afterwards, the forms and outcomes of sexuality education will be described, and some key issues in sexuality education will be considered, including the content of the curriculum, the pedagogical approach, parental and community opposition, and the role of teachers. The paper will conclude with some policy recommendations.

1 The authors would like to acknowledge the constructive comments received from Marielle Le Mat (the University of Amsterdam) and Mieke Vogels (The Netherlands Ministry of Foreign Affairs) on this paper.
2 See Centre for Reproductive Rights and UNFPA, 2013 for a detailed overview of these concerns.
Education and SRHR

Education relates to SRHR issues in various ways. Four interactions are particularly discernable. First of all, schools and other (non-formal) learning environments are sites where some of the most troubling incidences relating to sexuality take place, e.g. sexual abuse. Second, several SRHR issues have negative bearings on the education system; early marriages or unwanted pregnancies, for instance, result in absenteeism and drop-outs, and HIV/AIDS might negatively influence teacher availability. Third, education has direct bearing on several indicators of SRHR. For example, the number of years of schooling of women closely relates to maternal and child mortality rates, and to the number of children they have. In addition, when girls attend schooling, the chances of them getting pregnant or marrying at an early age is lower compared to those who are out of school. Finally, education can help to respond to these challenges and to promote SRHR through socialization, sexuality education programmes or counselling services. These interactions are further elaborated below.

School as a site

What is concerning to many educators is the fact that schools are sites where some of the most distressing concerns relating to SRHR originate, such as sexual abuse (Jewkes and Abrahams, 2002), spread of HIV/AIDS and other STIs. The Human Rights Watch report (2001) “Scared at school: Sexual violence against girls in South African schools” documents persistence of widespread forms of gender-based violence, sexual harassment and coercion at South African schools. Wolpe et al. (1997) also confirm that gender inequalities and violence are twin epidemics in South African schools. Another study on sexual abuse of girls in various African countries details the widespread abuse of girls by male teachers (Leach et al., 2003). Moreover, Le Mat’s research in secondary schools in Ethiopia reveals concerns about sexual abuse among girls, and apprehensions about how it negatively influences their well-being and education (Le Mat, 2013).

The burden of SRHR issues on the education system

Various SRHR concerns have direct and indirect consequences on the education system and on schooling of children and youth. These concerns include unwanted pregnancies, sexual abuse, early marriage, and HIV/AIDS and other STIs.

- **Sexual abuse** has wide-ranging negative consequences on the individuals involved (see Jewkes et al., 2012). In addition to its harmful effects on the well-being, psychological and intellectual development of girls and boys who were subjected to it, sexual abuse also has consequences on their education. When it takes place between peers or when the perpetrator is a teacher, victims might feel agony about coming to school, or about being present in a specific class. This might eventually lead to school alienation and withdrawal. Furthermore, the psychological ramifications of sexual abuse might impair cognitive development and functioning of victims, limiting their capacity to concentrate and comprehend the topics studied. Hence, their achievement level might decrease.

- **Unwanted pregnancies**: Adolescents who become pregnant are likely to have lower educational attainments. This is due, in part, to policies in some countries permitting or mandating expulsion of pregnant students, but also to stigma, bullying and discrimination related to the pregnancy. Despite some recent policies aimed at keeping pregnant girls at school, in practice few girls continue with their schooling during their pregnancies due to the above mentioned concerns. Moreover, it is often difficult for girls
and young women to resume their education once the baby is born because of childcare duties, financial limitations or concerns about discrimination. Hence, unwanted pregnancies tend to result in premature termination of schooling for girls.

- **Early marriage**: For many girls, early marriage is likely to mean the end of their education, and forces them to set aside their chances of a vocation or a career. This severely limits their access to paid-work and decision-making positions outside the home (UNFPA, 2013). Early marriage also means that girls have to live in a situation that are not their own choice.

- **HIV/AIDS and other STIs** have direct consequences on teacher and student availability, their regular attendance and their performance. For instance, in Sub-Saharan Africa (SSA), many countries have lost teachers to AIDS or encounter serious HIV-associated teacher absenteeism, hampering educational supply and reaching Education For All goals. HIV/AIDS also negatively influences the demand for education, since many children face HIV-related illness or death of parents or siblings, requiring them to be increasingly absent from schooling to care for them or to look for work in an effort to compensate for lost family revenues (Grassly, 2003).

### Educational attainment and SRHR

The level of education of individuals directly influences various SRHR indicators. Studies show that women with seven or more years of schooling have between two and three fewer children than women with fewer than three years of education. They are also less likely to marry early, more likely to be informed about and practice family planning, and their children tend to have a higher survival rate (WHO, 2008). Youth who can read and write is also more able to inform themselves about their sexual and reproductive rights and to learn about ways to protect themselves.

### Learning about sexuality through schooling

#### Socialization

In the past decades we have seen an increasing number of enrolments rates at primary and secondary schools in developing countries. This means that in many countries, children and young people spend a great deal of their time at schools. Hence, childhoods have increasingly become institutionalized worldwide; and schools have developed into key networks of social relations. Whether a specific school provides education on sexuality through a prescribed curriculum or not, every school is in fact involved in ‘educating’ its children and youth through a hidden curriculum. This informal curriculum enables or limits students to acquire knowledge and understanding on sexuality and to negotiate sexuality with peers and teachers within the school community.

Consequently, schools play a highly important role in socializing children and young people on various issues that are central to their life, including gender relations and sexuality. In their study in a working class primary school in South Africa, Bhana et al. (2011) demonstrate the ways in which children give meaning to gender and sexuality, and how they develop their gendered identities and opinions about sex through friendships and routine games, as well as through violent gendered interactions. For instance, the study shows that
boys and girls develop cross-gender friendships, however, the violence of boys prevents the development of equitable relations among them.

**Sexuality education**

The education system can play an important role in promoting SRHR through incorporating sexuality education into its curriculum subjects or through offering specific sexuality education programmes. Sexuality education has been a highly contentious topic in many countries. However, in recent decades, many cultures and societies worldwide have been opening up about sexuality issues and have increased their receptivity to sexuality, particularly to HIV/AIDS education. Sexuality education will be further discussed in the forthcoming sections as it is the central focus of this paper.

**Access to counselling and other services**

Schooling not only provides a setting in which officials or civil society organizations can reach out to large numbers of children and adolescents to provide sexuality education, it can also offer an institutional setting whereby children and adolescents can have access to counselling and other services related to sexual and reproductive health.

**The discourses on sexuality education**

There are various discourses addressing the question why sexuality education is relevant and how it should be provided. Farelly et al. (2007) identifies three main discourses, namely: 1) cultural preservation perspective, 2) risk minimisation perspective, and 3) the view that sexual expression should enable cultural and individual enlightenment and emancipation. The first two perspectives represent traditional discourses in the field and they tend to (re)produce conservative understandings of sexuality and sexuality education. The third discourse is developed as a critical response to the dominant, mainstream, approaches. Each of these discourses assumes that individuals will engage in particular practices based on appropriate knowledge or absence of knowledge, which will secure or prevent desirable experiences, feelings and behaviour. Each discourse also implies how sexuality education should be provided, including content, teaching and learning methods, and desirable outcomes. Another discussion on discourses on sexuality education is offered by Braeken and Cardinal (2008), who propose three categories: morality, health and rights-based discourses. They are further elaborated below.

**Morality approach**

This approach emphasizes cultural preservation, and perceives education as a tool to help to convey the dominant religious and moral values and norms on sexuality. It emphasizes the importance of education in teaching young people about family values, the accepted community standards and the law on issues related to sexuality. The morality approach often takes a normative standpoint and assumes that there is a right and wrong, and young people should simply follow those values and norms instead of being encouraged to develop their own (Braeken & Cardinal, 2008). In this respect, the purpose of sexuality is explained largely as reproduction, and the normality of heterosexual relationships are usually underlined. Education campaigns or programmes based on this approach often resort to conservative messages, and prioritise preservation of the cultural and religious status quo, rather than addressing pressing health issues such as high levels of teenage pregnancies and motherhood or STDs. Such programmes do not allow space for the voice of children and youth, but rather view them as
being passive subjects, incapable of employing agency who need to be taught in a top down way about the right norms and values. The ‘Abstinence until marriage” campaigns well illustrate this approach.

**Health approach**

This approach points to a variety of distressing concerns with regard to sexual and reproductive health and envisages education as one of the ways of alleviating them. These concerns include, for example, unwanted pregnancies, vulnerability of young people to STI and HIV, female genital mutilation, and sexual abuse. For instance, in several SSA countries, such as South Africa, concerns about the high HIV and AIDS prevalence rates amongst the youth, have resulted in an urgency for sexuality education. Hence, sexuality education was viewed as the cornerstone of HIV and AIDS prevention programmes (Pettifor et al., 2004). A health approach to sexuality education assumes that a value-free and objective education has the potential to offer factual and technical information on sexuality. This way, it is expected to support young people in managing their sexual lives and the health outcomes of their sexual experiences (Braeken & Cardinal, 2008). The health approach tends to neglect social inequalities and other contextual issues which are central to opportunities people have and the choices they make. It is based on a narrow understanding of sexuality as it neglects aspects such as passion and desire, or any other positive element of sexuality. Furthermore, in this approach, girls and women tend to get more attention than their male counterparts since they are perceived as more vulnerable compared to the latter.

**Rights-based approach**

The rights-based approach focuses on rights within cultural and social power dynamics. A central concept is that of sexual rights, which, as affirmed by Sheill (2006, p. 40), incorporates human rights that are already recognised in national laws and in various international human rights standards. The treaties themselves do not explicitly refer to or define what ‘sexual rights’ are, but they include rights that have direct bearing on sexual health and sexual rights. These include the right to life (International Covenant on Civil and Political Rights, Article 6); to liberty and security of person (ICCPR Article 9.1); to enjoy the benefits of scientific progress (International Covenant on Economic Social and Cultural Rights (ICESCR) Article 15.1(b)); to freedom of expression, including the right to seek, receive and impart information (ICCPR Article 19); the right to marry and found a family (ICCPR Article 23); to health (ICESCR Article 12); and the right of equal access for women to healthcare services, including family planning (Convention on the Elimination of All Forms of Discrimination Against Women, Article 12).

The rights-based approach perceives education as an instrument through which social inequality and exclusion can be addressed and through which persistent gender roles and societal stereotypes are questioned. Consequently, education is expected to support all members of a society to make informed choices about their sexuality. According to this perspective, education can promote the concept of ‘rights’ in general and ‘sexual rights’ more specifically, and it can uphold equality, social justice and empowerment. It is not only through formal educational programmes on sexuality, but also through creating participatory platforms which enable young people to discuss sensitive cultural issues, such as FGM and early marriages. It is particularly through this broader set of spaces, that the education system can help young people to explore their opinions, and to question the relevance and suitability of these practices to their own realities, lifestyles and choices. Such processes can support young people in developing credible and informed negotiation arguments and plans with parents, elders and community leaders, and they can help them reflect on why and how their right to
these choices are significant to their happiness, development and self-realisation (Braeken & Cardinal, 2008). This would imply that the education system can have a transformative role in the society, as it would not only promote SRHR but also gender equality, democratic principles, and respect for diversity across societies.

**Forms of sexuality education**

With the above mentioned three discourses in mind, we can now move to more concrete forms of sexuality education. In the debate on forms of sexuality education, there tend to be two rather polarised positions: some advocate abstinence-until-marriage, while others promote a rights-based, gender sensitive and comprehensive sexuality education for all young people, irrespective of their age, marital status, sexual orientation and socio-economic status. The abstinence-until-marriage approach in sexuality education, which is clearly linked to the morality discourse outlined above, promotes abstinence as the most effective measure to prevent unwanted pregnancy and the transmission of HIV and other STIs among young people. It has been pioneered by the USA and some international policy-makers have become fervent supporters of this approach. According to some, the widespread acceptance of the abstinence approach is not so much a reflection of common agreement on the matter at stake. It rather indicates how the debate is skewed into a political and religious debate (Braeken & Cardinal, 2008). The approach in itself is also receiving quite some critique. Abundant empirical evidence shows that the abstinence-until-marriage response does not address the real issues of young people's sexual and reproductive health. Furthermore, there is large evidence indicating that such educational programmes are not effective in postponing sexual initiation, frequency of sexual activity, the number of sexual partners or preventing unwanted pregnancies (Collins et al., 2002; Santelli et al., 2006). Comprehensive sexuality education (CSE), on the other hand, is gender sensitive and rights-based, aiming to provide sexuality education through a curriculum that includes an examination of human development, relationships, personal skills, sexual behaviour, society and culture. It also strives to help young people to understand and know about their sexual and reproductive rights (Braeken & Cardinal, 2008).

**Benefits of sexuality education**

There are diverse opinions on the impact and efficacy of the role of education in contributing to young people’s sexual and reproductive health. Some maintain high expectations of what the education system can offer, and perceive it as a solution to a series of complex, persistent and multifaceted social issues, including unwanted pregnancies, STI and HIV, and sexual abuse. Yet, some others point to the complexity of the phenomenon of sexuality, and underscore the fact that education system can only be one of the sources of information and influence in young people’s lives. Such arguments point to several other important socio-economic and political issues, e.g. poverty, employment, access to health care and social justice, having significant influences on young people’s experiences and choices (Braeken & Cardinal, 2008).

The desired outcomes of sexuality education often depend on the type of educational programme and the approach on which it is based, e.g. morality, health or rights-based. Various studies indicate that comprehensive sexuality education, which is based on a rights approach, indeed supports young people in developing healthier and more satisfying relationships. It enables them to feel more confident in making informed choices about their sexuality, and to recognize their rights as sexual beings (Jewkes et al., 2002). Evidence shows that CSE plays an important role in improving young people’s sexual health and well-being, as it
can delay initiation of sexual activity, decrease the number of sexual partners, increase contraceptive and condom use, and decrease STIs including HIV and cervical cancer. Moreover, sexuality education helps reduce unintended pregnancies, thereby reducing the health risks associated with unsafe abortions and the negative influence of adolescent pregnancies in the enjoyment of other rights, e.g. curbing drop-out rates or expulsion from school because of pregnancies (Collins et al., 2002; Kirby, 2006; Santelli et al., 2006).

As underscored earlier, SRHR are critical to promoting development, ameliorating poverty and for achieving other MDGs. In September 2005, at the UN World Summit, the heads of government pledged themselves to realising the goal of universal access to reproductive health by 2015. This goal is integrated into strategies to attain the MDGs, specifically those aimed at improving maternal health, promoting gender equality reducing maternal and child mortality, combating HIV/AIDS and eradicating poverty. Indeed, investing in comprehensive sexuality education can have long-term positive impact on achieving various MDGs as outlined in the figure below.

<table>
<thead>
<tr>
<th>MDGs</th>
<th>Contribution of CSE</th>
</tr>
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<tbody>
<tr>
<td>MDG1 Reduce poverty and hunger</td>
<td>Through information and empowerment, great control over sexual health, reducing unwanted pregnancies and STIs, enabling young people to seek education and employment, and reducing the likelihood of them falling into the grip of poverty.</td>
</tr>
<tr>
<td>MDG2 Achieve Universal Primary Education</td>
<td>Reducing early drop-out rates that might be caused by unwanted pregnancies; and eliminating STIs and sexual abuse which might have a negative impact on regular school attendance, academic achievement and quality of educational experiences.</td>
</tr>
<tr>
<td>MDG Goal 3: Promote Gender Equality and Empower Women</td>
<td>Incorporating gender issues and empowering girls and women, addresses concerns with regard to rights within and through education; helps girls to take control of their sexual and reproductive health and decision-making; by reducing unwanted pregnancies, STIs and sexual abuse, it increases the chances of girls and young women to continue with their education at all levels; and promotes the role of men in gender equality.</td>
</tr>
<tr>
<td>MDG Goal 5: Reduce Maternal Mortality</td>
<td>Informs young women on reproductive health issues, resources available, their rights and the legal framework; reduces unwanted pregnancies, hence abortion and mortality rates that might be caused by it; and informs young women on how and where to seek safe abortion.</td>
</tr>
<tr>
<td>Goal 6: Combat HIV/AIDS and Other Diseases</td>
<td>Through information, helps reduce the spread of HIV and other STIs; sensitizes young people to the needs of people living with HIV/AIDS, reducing the stigma; Encourage young people to be tested for HIV; and provides information and supports those infected to live positively and reduce possibilities of further infection and transmission.</td>
</tr>
</tbody>
</table>

Source: Adapted from (Braeken & Cardinal, 2008).
Key debates on sexuality education

Having outlined major discourses and forms of sexuality education as well as its positive role in promoting SRHR, in this section, some of the key debates on sexuality education will be overviewed. These include lack of access to information; spread of misinformation and contradictory messages; the setting where sexuality education can be most effectively provided; the issues around curriculum content, acknowledgement of diversity, and pedagogical approach; the role of teachers in sexuality education and the need for better teacher training; and the role of parents and communities and their possible opposition to sexuality education.

Lack of access to information

The right to complete and accurate information and education on SRHR is a fundamental right of young people, enshrined in the Convention on the Rights of the Child and the commitments made at the ICPD. Complete information covers a wide variety of sexual and reproductive health topics, ranging from information on gender relations and equality to responsible sexual behaviour and the prevention of STIs and HIV (UN, 1995). According to the ICPD Programme of Action, states must take action to remove all barriers interfering with access to health education and information. Nevertheless, inadequate access to reproductive health education and information continues to be a persistent problem. It is the poorest girls and women who have the least access to information and services (Obaid, 2009). Political will lacks in many contexts in expanding and improving sexuality education. In some countries, laws even inhibit access to such information, e.g. laws that prohibit or criminalize dissemination of sexual and reproductive health information. Such laws and some other practices and cultural understandings might lead to stigmatization, thereby inhibiting the exercise of sexual and reproductive health and rights (Center for Reproductive Rights and UNFPA, 2013).

Spread of misinformation or contradictory messages

The spread of misinformation or information that is not scientifically based is also an important challenge. For instance, in Malawi, 40% of girls aged 12–19 years believed they would not get pregnant if they had sex while standing up, and in Kenya some believed that taking an aspirin would prevent pregnancy (Tawrow, 2008). In some other settings, misinformation is given to individuals on sexual and reproductive health through targeted programmes. For instance, according to Santelli et al. (2006), 11 out of 13 curricula used in Abstinence-only programmes in the USA contained false or distorted information; e.g. health risks associated with contraceptives or abortion are exaggerated. Such practices might prevent individuals, including adolescents, from using reproductive health services.

Moreover, young people seek and receive information on issues related to sexuality from both informal and formal sources, including family, peers, school programmes, media (particularly radio) and pornography. These sources might have different importance and roles for girls and boys, providing different, sometimes contradictory types of information. In various traditional societies, young people and adults do not converse about sexual matters as these are considered a taboo. Moreover, probing questions on sexuality render an adolescent a suspect of being sexually active. Hence, comprehensive sexuality education can play a critical role in discussing the validity of various information sources, and supporting children and young people in critically reflecting upon the accuracy and relevance of information they receive in their immediate environment (Rijsdijk et al., 2013).
The settings for sexuality education

Since the great majority of young people attend schools before they become sexually active, schools are well placed as an intervention site (Giami et al., 2006). The relatively high proportion of young people in sub-Saharan Africa who are out of school (e.g. teenage women and mothers, groups that are at high risk for unintended pregnancies and STIs, and young men and women from poor families who do not attend school or drop out due to financial or other reasons), suggests that in addition to school-based education, a variety of other approaches must be used (Singh et al., 2006).

An alternative to school is the home environment. However, many parents are not accustomed to talk about sexuality with their children despite various HIV/AIDS campaigns encouraging them to do so. Many also appear to be in denial of youth sexual activity, and the objectivity and the accuracy of the information provided at home would be questionable. In addition, regrettably, there are various reports indicating that girls are sexually preyed upon by family members who live in the same household (Abuya et al., 2012), suggesting that parents or other adult relatives are not necessarily the best sources of information or support in this area. Another option is to provide sexuality education through a written curriculum, which can be implemented at clinics or in some community settings. Such trainings have significant roles in reaching out to marginalized groups and those at high-risk, e.g. children and young people who are out-of-school (Kirby, et al., 2007). Furthermore, in recent years, the role of mass media (particularly radio), and social media (e.g. facebook) has been increasingly explored as an alternative way of providing sexuality education. In sum, since childhood and part of youth has been increasingly institutionalized in schooling settings, schools continue to offer the best available option to reaching large numbers. Nevertheless, educators and policy makers need to be flexible in their approaches and should utilize various alternatives in order to reach larger segments of the society. These may include out-of-school peer education, use of street theatre, youth clubs, sport clubs, parent-teacher associations, community based organisations and faith based organisations.

Appropriate age for receiving sexuality education

In a meta-analysis of 30 countries in Sub Saharan African and Latin America and the Caribbean, Singh et al. (2006), demonstrate that high proportions of young people become sexually active during their teenage years, yet there are significant gaps in their knowledge about contraception and other protective behaviours. The authors also report high rates of STIs and HIV, and pregnancy and parenthood at a young age. Such evidence underscores the need for comprehensive sexuality education starting in the early adolescence years.

Teaching in mixed or single-sex classes

The needs of boys and girls in sexuality education programmes can differ as well as the level and the nature of their participation when they are taught in mixed classes. Some studies in sub-Saharan Africa reveal that in mixed classes, girls tend to be quiet and hesitant to express their opinions (Pattman and Chege, 2003). This suggests that single-sex classes might be more conducive to offer sexuality education programmes. However, comprehensive sexuality education incorporates discussions and negotiations of gender roles and expectations within societies and how they are displayed in sexual experiences. This requires interactions between girls and boys, in order for them to understand each other’s perspectives and distinct lived experiences. Consequently, some call for discussions on sexuality organized at schools in mixed groups. The large part of existing sexuality values, attitudes, beliefs and practices directly or
indirectly relate to gender and power issues, as in the case of the norm that boys should provide for girls or the practice that girls ask presents and money from boys and men in return for sex. Hence, sexuality education programmes can largely benefit from discussions organized in mixed groups, which relate to cultural background and history of the relevant customs, what purpose they served in the past, how they evolved over time, and how boys and girls feel about the custom and the consequences of it. Critical, reflexive discussions on such topics can help young people to question their existing values, norms and practices, and provide new insights to each other's perspectives (Muhanguzi, 2011).

**Curriculum content**

As argued earlier in the paper, sexuality education programmes are often dominated by discourses that are linked to health or moral discourses, emphasizing biological aspects and the negatives of sex, such as teen pregnancies, disease, abuse, violence, shame or sin. They are often criticized for being clinical, overly technical, impersonal, prevention oriented, doom-laden and narrowly defined (Allen, 2005). Research shows that youth themselves are not very pleased with the content of these programmes either. For instance, studies conducted in Uganda reveal that in and out of school youth are not very positive about the information they gather from educators on sexuality issues. They often remark that such education is one-sided, authoritarian, theoretical, prescriptive, flawed and insufficient (Muhanguzi and Ninsiima, 2011; Nobelius et al. 2010). Another study in Uganda also confirmed that boys and girls viewed the information they received at school as insufficient, fear-based and normative, and mainly focused on abstinence and married relationships (Rijsdijk et al. 2013). Such approaches bear little relation to the lived experience of young people in various socio-cultural settings.

Furthermore, most sexuality education programmes do not cover a discussion on emotions, feelings and relationships with significant others, even though incorporating relationships and such broader contexts are critical (Francis, 2010). In recent years, there has been an increase in open discussions around sex, yet, an affirming and positive definition of sexual health that takes account of physical attraction, sexual pleasure, desire and passion is still missing (Aggleton and Campbell, 2000). Various programmes attempt to incorporate scientific and empirical knowledge and a high dose of morals, nevertheless the majority of them continue to omit feelings, bodily emotions, and a general discourse on erotics (Allen, 2001).

Consequently, there are increasing calls for the content of sexuality education programmes to include the whole spectrum of discourses from "disease to desire", so that they can effectively address the needs of young people. Moreover, positive sexuality education which avoids blaming and shaming youth about their sexual experiences and feelings, and which views sexuality as both risky and enjoyable has more likelihood to meet the needs of youth (Francis, 2010). Such programmes should also not only address knowledge needs in this area, but also help to develop competencies, skills and attitudes, such as critical thinking skills, assertiveness, being able to communicate, negotiate, and recognize and resist pressure from others (Shaw, 2009). Gender inequalities are central to many concerns within SRHR. Nevertheless, many sexuality education programmes do not pay adequate attention to gender analysis (Barcelona and Laski, 2002), and this disconnects sexuality education from the socio-economic and cultural context in which sex takes place (Rogow and Haberland, 2005).

**Pedagogical approach**

Simply informing youth about sexuality does not necessarily lead to the prevention of the negative health outcomes targeted by sex education programmes. Likewise, when sex
education is taught as a series of moral injunctions against premarital sex, it silences youth on deeper discussions on sexuality and their own feelings and experiences (Pattman and Chege, 2003). Studies indicate that the link between formal sexuality education and adoption, incorporation and internationalization of these messages by individuals is rather complex and indirect (Abel and Fitzgerald, 2006). Some studies show that youth want to be active participants allowing them a say in what is discussed. In fact any sex curriculum cannot be discussed without considering the input from youth about their sexuality and experiences (Allen, 2005). Hence, there is a need for what is called ‘emotional teaching’ and support on relationships as well as practical and social information. Such approaches increase the chances of translating knowledge into sustained behaviour in real life situations (Kelly, 2002). Moreover, sexuality education programmes are criticized in some settings for their lack of emphasis on improving negotiation skills. Youth often indicate that they need to talk to their sexual partner prior to sex or they might be in situations where they are coerced into sex. Nevertheless, many sex education programmes lack role plays or techniques to develop negotiation skills, assertiveness and how to say no (Abel and Fitzgerald, 2006).

**The training of teachers and other educators**

Another critical issue in sexuality education relates to teacher’s preparedness to teach in sexuality education programmes. Teachers’ own biographies inevitably interact with their teaching styles in various subtle and observable ways. Similar to parents, teachers and other educators involved in sexuality education have morals and values on these highly sensitive issues and they influence how teachers mediate sexuality education curriculum within classroom settings. Hence, it is highly critical that educators are aware of their own value structures and how these interact with what and how they teach on sexuality. This is particularly crucial when teachers are involved in teaching comprehensive sexuality education programs. When their own value structures contradict with the values and rights promoted in comprehensive sexuality education programs, teachers might implement the curriculum in ways that might lead to implementation failure.

Moreover, teachers often do not have skills and knowledge to teach about sexuality. For many teachers, talking about sexuality generates a lot of stress, anxiety, embarrassment and discomfort in a society where talking about sexuality is viewed as a taboo. Moreover, some teachers are concerned that by talking about sex they might inadvertently stimulate learners’ curiosity about sex, and motivate them to experiment with sexuality. Some others are disquieted by talking about sex to such young learners, or are apprehensive about parental resistance or possible accusations (Jewkes, 2009). Such apprehensions and distress on the part of teachers might stimulate similar attitudes among students during sexuality education classes, leading to little or no openness and room for participation and discussion on the topic. Indeed, some studies reveal that many teachers are more comfortable teaching in abstinence programmes (Goldman, 2008) rather than those which attempt to incorporate emotions and bodily feelings of desire and attraction. These concerns highlight the importance of adequately training teachers to teach themes related to sexuality. It is important to note that such training requires not only knowledge about sexuality and reproduction, but also skills and competencies to stimulate discussion, open exchanges, communication and negotiation between teachers and students, and between boys and girls.

**Parental or community opposition**

As already hinted at in the previous section, another issue of concern is parental or communal resistance. When teachers are required to teach topics that contradict with values, norms and
religious notions within a society, they often feel constrained and find it very difficult to challenge these existing norms and values. Instead, they attempt to avoid conflict. Moreover, teachers in various contexts encounter resistance from parents or some other community members towards sexuality education since they fear that knowledge of or discussion on sexuality might intrigue and stimulate young people to become sexually active. In fact, social contexts can be hostile to sex education altogether, or might be receptive to the forms that purely aims to impose prevailing norms (Francis, 2010). Parental and community resistance to sexuality education can be an important challenge, implying that teachers might need to educate parents too in order for sexuality education to have a transformative impact. Yet, this is often beyond the capacities of individual teachers.

**Failure to acknowledge diversity**

A final issue of concern are the dominant morals and values of a society which inevitably influence how sexuality education is implemented at schools. Very often, such cultural norms and values limit or totally prevent discussions on certain topics related to sexual diversity. Such highly sensitive topics include non-marital sexual relationships, homosexual and bisexual relationships, and masturbation. Various studies indicate that the organization of relations at schools and the sexuality education itself is based on the assumption that heterosexuality is the natural order of things. Such an approach inadvertently feeds into homophobia (Kehily, 2002).

**Conclusion**

This paper presented an overview of literature on SRHR and education, and argued for the importance of education for promoting SRHR of children and young people in low income countries. Indeed, several indicators of SRHR are positively related to the level of educational attainment, and comprehensive sexuality education can play an important role in advancing gender equality and to make sure that young people have access to information on sexual and reproductive health rights.

Although sexuality education programmes offered in formal settings have many potential benefits, they are also criticised for insufficiently supporting youth in today’s rapidly changing context. The current generation of young people is increasingly exposed to peer pressure, more sex and earlier sex messages, and a continuous storm of distorted media images. Their attitudes towards sex are motivated and shaped by such influences. Consequently, how youth are viewed by adults, and the needs of youth for information and skills to negotiate their sexuality have been modified (Giami et al., 2006). Therefore, sexuality education programmes need to consider these changes, particularly the global sex curriculum the children and young people are exposed to through mass media. Such approaches would improve the relevance of sexuality education programmes to the needs of young people. Moreover, there is also an urgent need to re-conceptualise children and youth positively and legitimately as active sexual subjects within programmes addressing sexuality issues. Various sexuality education programmes aim to empower the participants, and enable them to take greater control of their sexual lives. Acknowledging the agency of the youth is critical to achieve these aims. Indeed, youth cannot be empowered without being treated as agents (Allen, 2005).

As pointed out earlier, many indicators of SRHR are positively linked to educational level. However, a number of studies reveal that women and girls are at increased risk of sexual and physical violence by an intimate partner, when they become more educated and empowered. For instance, in South Africa, women with no education are less likely to
experience sexual violence compared to those with higher levels of education. This implies that greater empowerment of women and girls might feel threatening to men who might in turn resort to violence to gain control (Jewkes et al., 2002). Such findings demonstrate that policymakers and educationalists need to develop adequate strategies to sensitize the community and develop tailor-made non-formal education programmes addressing communities at large. Such attempts might promote open discussions to protect women, youth and children from sexual violence and abuse, and promote gender equality. In this respect, involving men in promoting SRHR is fundamental, yet various policies and interventions in the past have failed to engage with them adequately.

The policies and intervention programs of the Dutch development cooperation in the past decades underscore a firm commitment to promotion and realisation of SRHR, which has remained a priority area over the years (MINBUZA, 2013). Although these efforts deserve to be applauded, the role of education in the overall strategic framework is weak. We believe that attention to education, in particular to girls’ education, improving literacy amongst women, and comprehensive sexuality education focusing also on teachers and parents (through NGOs, faith based organisations, teacher training programmes, training of health personnel) should be an integral part of policies aimed at promoting SRHR in low income countries. Such complementary actions across various sectors – including health and legal system, are crucial. A more integrated approach might facilitate synergies across sectors that are implicated by SRHR issues, and might improve the effectiveness of the intervention programmes.
References

Abel, G., Fitzgerald, L. 2006. When you come to it you feel like a dork asking a guy to put a condom on: is sex education addressing youth’s understanding of risk? Sex Education 6 (2), 105–119


Center for Reproductive Rights and UNFPA. 2013. ICPD and Human Rights: 20 years of advancing reproductive rights through UN treaty bodies and legal reform.


