SEXUAL AND REPRODUCTIVE EDUCATION AMONG GIRLS AND YOUNG WOMEN IN AFRICA: PROGRESS, CHALLENGES AND WAY FORWARD.

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Abstract

One of the major barriers to access education by girls is inadequate sexual reproductive health (SRH) education in African schools. Research shows that inadequate SRH education leads to negative health outcomes which in turn result in negative educational outcomes. SRH education helps to empower young women and girls to protect their health and wellbeing as they grow and take on family responsibilities. Specifically, access to SRH education enables individuals to choose (i) whether, when and with whom to engage in sexual activity, (ii) whether and when to have children, and (iii) to access the information and means to do so. Findings from the review shows that there is lack of SRH which should empower girls on their rights to use protection when in engaging in sexual activity. The other reasons could also be sexual violence and abuse perpetrated by boys and male adults against girls. This further shows that failure by girls to use protection may result in higher levels of HIV infection and which in turn leads to dropout from school which will in turn leads to exclusion and marginalization of girls. When girls fail to use protection, the chances of HIV infection are higher and thus are likely to drop out of school compared to boys. Specifically, for every two girls that enroll for primary school education only one finishes. This rate of dropouts for girls is likely to be much higher at secondary and tertiary levels of education. In light of the above, we recommend that policies and programs be designed to address and encourage school progression and completion of primary and even secondary or higher levels must be built on a clear understanding of the interrelationships between schooling and reproductive health and behavior during the adolescent years of girls.

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1. INTRODUCTION

The right to education for all is embedded in international conventions. Decades of empirical evidence and practical experience support the robust association's women's educational attainment and positive development outcomes[1]. According to Summers L (1994), it is conventional wisdom in development discourse that where education levels are higher among women, fertility rates are lower, family size is smaller and women's health and economic status are stronger. The argument is that it is healthier, safer transition of girls and young women to adulthood and their empowerment during this process that are, in fact the linchpins between education and their improved outcomes at the individual and societal levels.

Education is essential to prepare young women and girls for healthy, safe and productive transitions to adulthood. However young women and girls in Africa are often underserved by the education sector and too many are not in school, or not receiving a quality education, relevant education in a safe and supportive environment. At the same time, programs that emphasize girls' healthy and productive transitions to adulthood are not adequately linking with the conventional education sector. Despite coming up with elaborate programs with common goals to support the empowerment of girls in so many fronts, such efforts are usually fragmented and consequently do not reach the needy areas of girls at an adequate scale.

Access to SRH education enables individuals to choose (i) whether, when and with whom to engage in sexual activity, (ii) whether and when to have children, and (iii) to access the information and means to do so. To some, these rights may be considered an everyday reality. However, that is not the case for millions of young people in the world especially young women and girls.

Specifically, statistics show that in developing countries, 20,000 girls under the age 18 give birth(United Nations Population Fund) For example the number of children out of school in sub Saharan Africa has remained more than 30 million over the past five years. Of this total, more than 50% are girls. One of the major barriers to access education by girls is inadequate sexual reproductive health (SRH) education in African schools. Research shows that inadequate sexual reproductive health education leads to negative health outcomes which in turn result in negative educational outcomes. In addition, research also shows that one third of girls in Africa are married before the age 18, and one third of women in the developing world give birth before age 20. Early marriage is associated with social isolation, domestic violence, increased vulnerability to HIV and other sexual health infections and early pregnancy. Such conflating events

[1] Warner A et al. Girls Education, Empowerment, and Transitions to Adulthood. The Case for a shared agenda. International Center for Research on Women.

curtail childhood and have direct consequences for girls' health, educational and economic opportunities.

In light of the above, this paper will review the current efforts on SRH, challenges being faced and propose ways to improve effectiveness of programmes on SRH in Africa based on case study evidence from selected countries in Africa.

The remainder of the paper is as follows: Section 2 will discuss Theoretical support for SRH in school; Section 3 will present Methodology Section 4 will present Findings and Section 5 will conclude and provide recommendations.

2. THEORETICAL SUPPORT FOR SRH IN SCHOOLS

2.1. What is SRH education?

SRH education is defined as an age appropriate, culturally relevant approach to teaching about sex and relationships by providing scientifically accurate, realistic, nonjudgmental information[2]. The United Nations further emphasized that SRH is about providing young people with knowledge, skills and efficacy to make informed decisions about their sexuality and lifestyle. UNESCO identifies the primary goal of sexuality education as that children and young people become equipped with knowledge, skills and values to make responsible choices about their sexual and social relationships in a world affected by HIV. When young people are equipped with accurate and relevant information, when they have developed skills in decision making, negotiation, communication and critical thinking and have access to counselling and SRH education that is non-judgmental they are better able

- They are able to advantage of educational and other opportunities that will impact their lifelong well being
- Avoid unwanted pregnancies and unsafe abortions
- Improve their sexual and reproductive and protect themselves against Sexually transmitted infections
- Understand and question social norms and practices concerning sexuality, gender and relationships contribute positively to society
- And be better equipped to face other challenges in life, especially during the transition period from childhood to adulthood.

[2] Wahba M AND Fahimi R (2012). The need for Reproductive health Education in schools in Egypt.

2.2. Why SRH Education in schools

Teenage pregnancy among girls is one of the more pervasive problems affecting the health, economic and political progress and empowerment of young women and girls[3]. The untimely pregnancy of young girls is ranked as the third most common reason for them dropping out of school (UNICEF 2008). Hence there is need of raising awareness to girls and young women in schools. However, a large body of scientific research in both developed and developing countries has shown that SRH education programs have improved the overall health of young people[4].

Providing SRH in schools is a cost effective way of reaching young people particularly young women and girls as the majority of adolescents will be enrolled in school. Schools have also been regarded as appropriate settings in which to educate the adolescents' girls and boys about sexuality and relationships, as the school is a captive setting in which to reach a large audience of young people especially girls often before they initiate sexual activity[5]. Research also shows that educational achievement and regular school attendance can be protective against risky behaviors.

2.3. Why young women and girls

Young women and girls are a critical demographic for social change and global development, representing a large and underserved population in Africa. According to Warner, et al (2012) notes that the current cohort of young women and girls is the largest in human history, and the number is expected to peak in the next decade. Nevertheless, girls fall through the cracks of many development programs and services, and thus remain marginalized from the mainstream economic activity.

The stage of adolescence for young women and girls is a critical development period. Girls face particular challenges in this period. While boys and girls are relatively equal in health and developmental outcomes during this early childhood, disadvantages mount for girls during this period[6]. Girls experience a density of transitions emanating from biological and social changes. Girls reach puberty at a younger age than boys which means that they face developmental and social challenges related to sexual maturation earlier in life[7]. As such girls have less access to sexual health information and are less

[3] National Strategy for the reduction of Teenage Pregnancy 2013-2015. Let girls Be Girls, Not Mothers!. Sierra Leone.

[4] Kirby D, (2012) Sex Education: Access and Impact on sexual Behavior of Young people. New York

[5] Smith K. A and Harrison A (2012). Teachers' attitudes towards adolescent sexuality and life skills education in rural South Africa.

[6] UNICEF (2011). Boys and girls in the Life cycle. New York. United Nations Children's Fund, Division of Policy NA Practice.

[7] Warner A, et al, (2012). Girl's education, Empowerment and Transitions to Adulthood. The case of a shared agenda. International Centre for research on Women.

likely to marry and begin childbearing during this period. These unintended pregnancy leads girls to drop out of school and boys are left to continue with school as they is no policy that states that both boys and girls when they are involved in preganccy whilst still at school should all stay away from school.. Hence the girl is disadvantaged. The boys' educational careers are less likely to be compromised by fatherhood than it does to young girls.

According to United Nations Population Fund (UNFPA) often, society blames only the girl for getting pregnant. The reality is that adolescent pregnancy is most often not the result of a deliberate choice, but rather the absence of choices, and of circumstances beyond a girl's control. It is a consequence of little or no access to school, quality information and health care.

Sexual activity mostly results in adolescent pregnancy and birth, thereby leading to school dropout or expulsion, since the policy in many developing countries is unfriendly to pregnant adolescents[8]. Thus teenage sexual activity whether or not it leads to pregnancy or birth may have a negative impact on young women's future educational attainment through school dropout. Marriage may also lead to school dropout, even if the young women does not get or become pregnant.

Dropping out of school for young women and girls jeopardizes a girl's future economic prospects and excludes her from other opportunities in life which leads to disempowerment in most aspects of life. This is because with education, it raises their status in their households and communities and gives them more say in decisions that affect their lives. An educated girl is less likely to enter into a child marriage, and she is better able to delay childbearing, leading eventually to healthier pregnancies with better outcomes for her future. Girls should be in a position to use the SRH knowledge, confidence and skills they gained through teachings in schools to negotiate their social relationships and prevent unplanned pregnancies and sexually transmitted infections. They should be knowledgeable, skilled and empowered to access SRH services as their right and as well to use such knowledge to prevent unplanned pregnancies and STIs and ultimately to improve on their educational outcome.

[8] Hindin J. M and Fatusi O. A (2009). Adolescent Sexual and Reproductive Health in Developing Countries: An Overview of Trends and Interventions. International Perspectives on Sexual and Reproductive Health.

2.4. The policy framework for sexual and reproductive health education for young people

In response to the needs of young people for information and skills to protect their SRH and lives, the global community has taken a series of measures to establish a policy framework for such education. The 1994 International Conference on Population and Development's (ICPD) Programme of Action, often referred to as the Cairo Agenda, calls on governments to provide sexuality education to promote the wellbeing of adolescents and specifies key features of SRH education.[9] The Cairo Agenda clarifies that such education should take place both in schools and at the community level, and at an appropriate age. SRH education should be started as early as possible helps to foster mature decision making. ICPD+5 further reinforces and specifies the commitment of governments to provide formal and non-formal SRH information as part of promoting the wellbeing of adolescents. ICPD+5 reiterate the call for comprehensive sexuality education as part of promoting the wellbeing of adolescents. Such education will also enhance gender equality and equity as well as responsible sexual behavior. This will protect them from early and unwanted pregnancy, sexually transmitted diseases including human immunodefiency syndrome HIV and AIDS and sexual abuse, incest and violence.

The Commission on Population and Development, in 2012 also reaffirmed through approving resolutions that called upon governments to provide young people with comprehensive education not only on human sexuality and SRH but also on gender equality and human rights, to enable them to deal positively and responsibly with their sexuality.

3. METHODOLOGY

The paper is based on a desk review of academic and practice oriented publications from policy documents as well as unpublished studies, reports and other literature.

4. FINDINGS

Most interventions programs to SRH education were instituted in schools in many countries but the focus of these has been primarily on preventing HIV. The programs

[9] Haberland N and Regrow D,(2014), Sexuality Education: Emerging Trends in Evidence and Practice, Population Council, New York

have only been concentrating on HIV, hence teen pregnancy have received little attention. This has however disempowered young girls as they cannot make informed decisions because of lack knowledge pertaining to pregnancy especially teen pregnancy.

Gaps still exist within programs that target both knowledge and behavior change in the sexual activities of adolescents particularly young girls. Programs need to go beyond HIV and focus on broader topics in sexual and reproductive health. As in many programs, other STIs and pregnancy prevention are conspicuously absent. In addition, gender differences need greater attention as well. Given the fact that gender differences in behavior as well as in some of the consequences of sexual activity, communication from any reliable source on sexual and reproductive health needs not only to be gender sensitive, but to empower adolescent's particularly young girls, to negotiate behavior on the basis of accurate information10.

Research shows that, although sexual and reproductive education have become almost universal, students are not receiving even the general information early enough to fully protect themselves against unintended pregnancy and STIs.

Schools are also important centers to deliver SRH education because with well trained teachers, girls and boys can receive unbiased information unlike through their peers who may give misleading information to their counterpart.

Findings in this paper will be presented in three sections:

- Current statistics of on SRH outcomes;
- Challenges in achieving SRH education; and
- Case studies from selected countries.

4.1. Current statistics on SRH outcomes

Africa has the world's highest rates of adolescent pregnancy, a factor that affects the health, education and earning potential of millions of African girls (UNFPA 2013). Niger tops the list with 51 percent of women 20 and 24 reporting a birth before the age of 18. And of 20 countries with the highest rates of adolescent pregnancy, 18 are African according to t report on Motherhood in Childhood: Facing the challenges of adolescent pregnancy.

In the figures below, we show some statistics to demonstrate that lack of SRH, coupled with other factors, may be affecting girls (in the age-group 15-24 years) more than boys.

[10] Glasier A et al (2006). Sexual and Reproductive health: A matter of life and death.

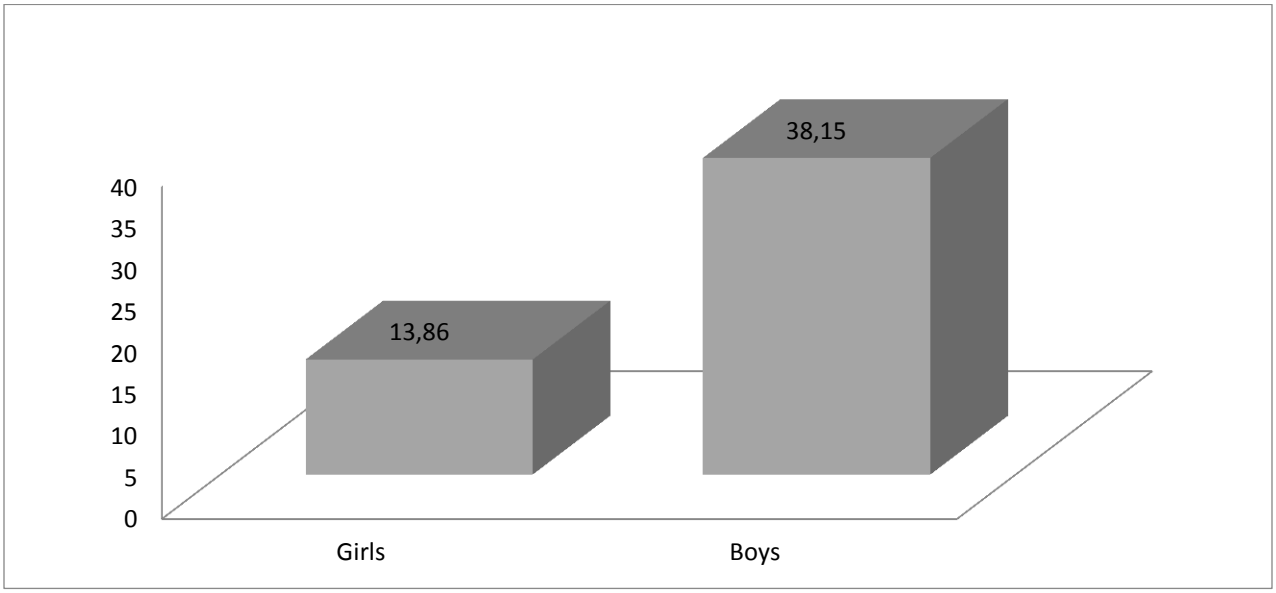
Specifically, we use the (i) average condom use, (ii) HIV prevalence, and (iii) Primary school completion rates.

Condom use

Condom use is the percentage of the population ages 15-24 who used a condom at last intercourse in the last 12 months. As shown in Figure 1 below, boys are three times likely to use condoms compared to girls. This maybe likely as a result of lack of SRH which should empower girls on their rights to use protection when in engaging in sexual activity. The other reasons could also be sexual violence and abuse perpetrated by boys and male adults against girls.

As shown in Figures 2 and 3 below, failure by girls to use protection may result in higher levels of HIV infection and which in turn leads to dropout from school which will in turn leads to exclusion and marginalization of girls.

Figure 1: Average condom use over the period 1994-2012 for African countries



HIV prevalence

Figure 2: Average HIV prevalence over the period 1990-2013 for African countries

Prevalence of HIV is the percentage of people who are infected with HIV. Youth rates are as a percentage of the relevant age group.

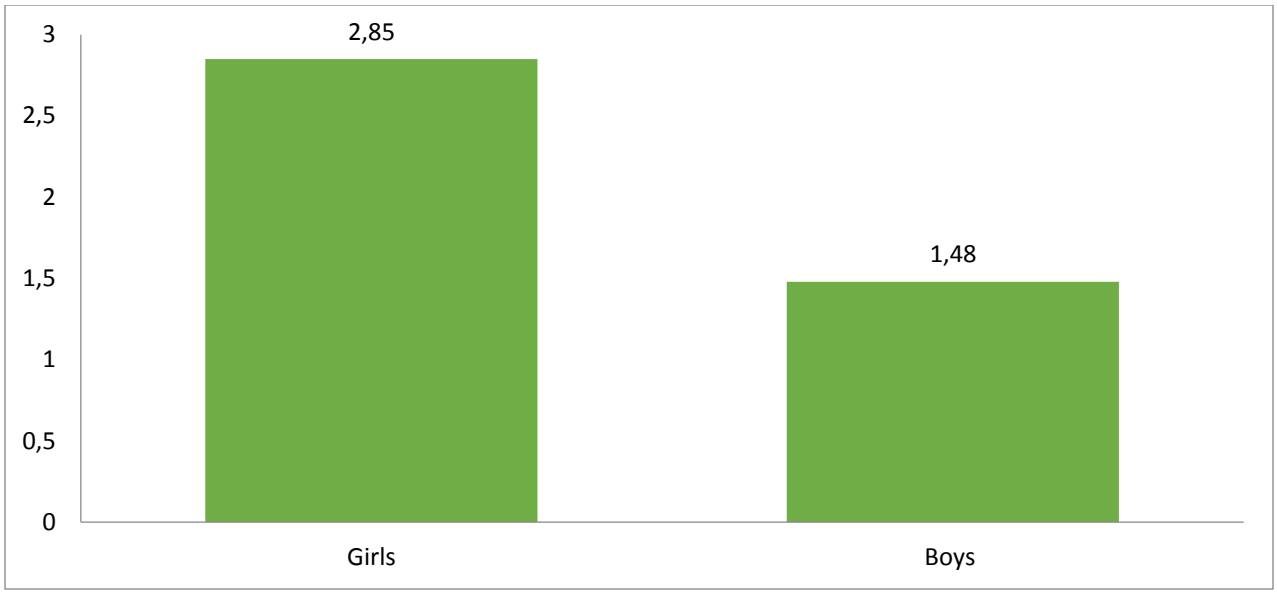
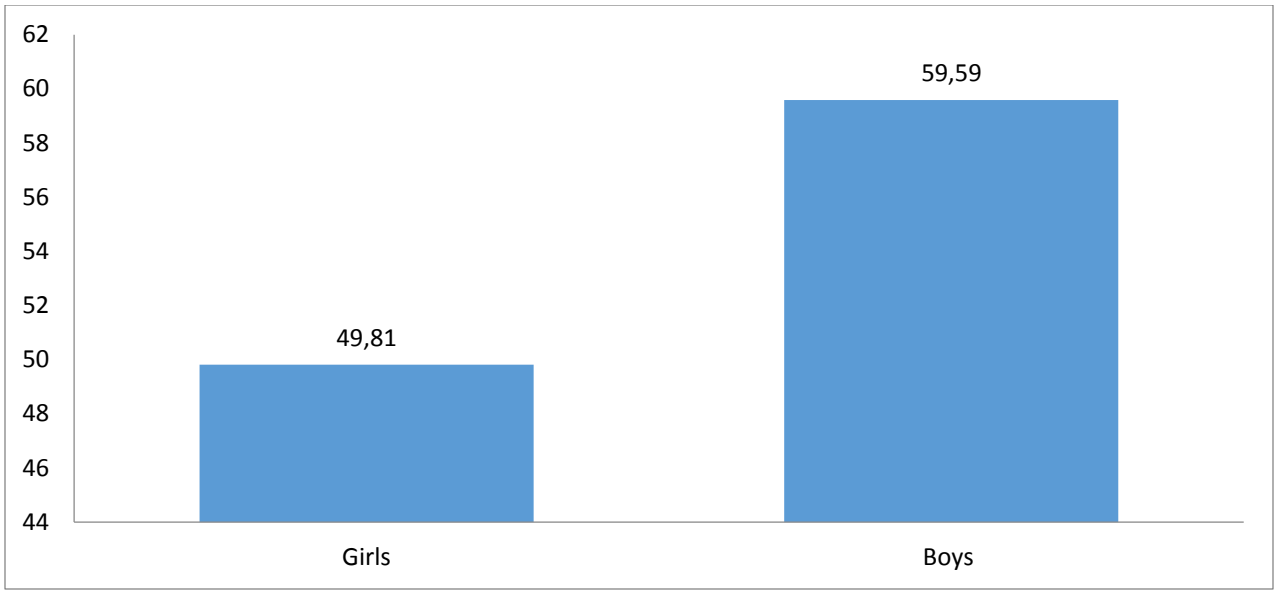


Figure 2 above shows that girls are twice as likely to be infected by HIV. As indicated above, this maybe as a result of failure to use protection during sexual intercourse.

Primary school completion rates

Figure 3: Average primary school completion rates over the period 1970-2012 for African countries

Primary completion rate, or gross intake ratio to the last grade of primary education, is the number of new entrants (enrollments minus repeaters) in the last grade of primary education, regardless of age, divided by the population at the entrance age for the last grade of primary education. Data limitations preclude adjusting for students who drop out during the final year of primary education.



Due to failure to use protection and higher HIV infection rates, girls are likely to drop out of school compared to boys. Specifically, for every two girls that enroll for primary school education only one finishes. This rate of dropouts for girls is likely to be much higher at secondary and tertiary levels of education.

Given the importance of SRH in empowering girls and willingness by different countries to implement it in schools, it is imperative that there should be a review why SRH has not been successfully implemented in many African countries. A review of some of the challenges is below

4.2. Challenges in achieving SRH education

Despite enormous progress in the development of effective school education programs, substantial challenges remain. Obstacles to the implementation of school health programs common to most countries include a lack of

- Active support, commitment and coordination from ministers of health and education and school officials
- Resources such as skilled personal, training and materials
- Mechanisms to supervise , monitor and evaluate programs
- Well defined national policies and strategies for promotion, support and coordination and management of school programs.

The emergence of HIV gave many governments the impetus to strengthen and expand SRH education efforts and currently it is estimated that well over 100 countries have

such programmes, including almost every country in sub Saharan Africa[11]. According to research it has however proved difficult to develop a consistent approach to SRH education, due to the variety of country settings with different Adolescents SRH policies and programmes, within different cultural traditions and ideologies and with different quality standards.

In the last decade many countries in Africa have attempted to implement reproductive health programmes in schools. In almost every country, the provision of sex education has faced legal, financial, cultural and religious barriers as well as opposition from school leaders, teachers, parents and students themselves.

Although the issue is on the agenda of ministers of health and education in most countries, implementation continues to be constrained and limited to small areas. Moreover, decision makers and educators are often unsure about what works to improve SRH outcomes among the young women and girls.

Challenges encountered in proving SRH education in schools is that there is lack of teacher expertise regarding accurate information about HIV and life skills and lack of teacher time and support to implement the life skills education programs that will in turn empower girls and young women. According to the research done in South Africa in 2012, time constraints and heavy teaching workloads were given as the reasons why information was not formally disseminated or lacking. There is no also dedicated time in schools schedules for the life skills curriculum; several teachers reported that they had to focus on teaching the subjects for which students took formal examinations. Teachers are not adequately trained just like in many African schools because also they are no continuously professional development and support for the teachers. There is also a habit of silence on particular issues that are considered as taboo which especially deal with sex and sexuality.

4.3. Review of case studies from selected countries

4.3.1 Case study from Egypt

In Egypt, sexual and reproductive health education is weak overall in the public school curriculum, and activates related to reproductive health are particularly inadequate. A few short lessons on reproductive health were first added to the school curriculum after the 1994 UN population conference. Reproductive health is part of the health education curriculum, which briefly introduces food groups and hygiene in grade 3. The digestive

[11] World Health Organisation(2008). Promoting adolescents sexual and reproductive health through schools in low income countries: an information brief. Geneva

and respiratory systems are taught in grade 4, the urinary and cardiovascular systems in grade 5, and the locomotive and neurological systems in grade 6.

The science syllabus for the second year of preparatory school grade 8 contains a description of the structure and functions of male and female genital systems along with a brief mention of reproduction. The only genital disease discussed is puerperal sepsis (genital infection after delivery) and syphilis. Teachers do not always present this lesson, they often ask pupils to read it at home or discuss it with their parents. If the lesson is given in class, the teachers usually do not allow questions or laughter. The information in this lesson is not tested in any examination. The topic is discussed again in the 12th grade biology, in the last year of secondary school. Family planning and the impact of population growth in Egypt are mentioned only in the syllabus of religious studies in grades 9 and 12.

4.3.2 Case study South Africa

The variety of different life skills curricula currently being implemented by South African schools and institutions focus largely on HIV and AIDS awareness and information do not sufficiently emphasize the importance of physical and mental wellness in youth[12]. Curriculum policies for the South African schooling sector also recognize gender equality as a worthwhile goal to pursue through education. The National Curriculum Statement for grades R-12 outlines the knowledge, skills and values to be learned in the country's schools. In particular its aims include, among others equipping students, irrespective of their social-economic background, race, gender, physical ability or intellectual ability with knowledge, skills and values necessary for self-fulfillment and meaningful participation in society as citizens of a free country (Department of Basic Education 2011).

The curricula seems to be having a positive effect on students' knowledge and awareness of HIV and AIDS, but they do not adequately meet goals of the National policy to promote healthy behavior and positive attitudes[13]. There is more emphasis information on HIV and AIDS and not the advancement of life skills that would allow students especially young women and girls to develop healthy life styles.

4.3.3 Case study of Zimbabwe

[12] Thaver L and Leao A. Sexual and HIV/ AIDS Education in South African Secondary Schools. BUWA! A JOURNAL ON African Women's Experiences.

[13] Visser M.J. (2005). Life skills training as HIV/AIDS preventive strategy in secondary schools: Evaluations of a large scale implementation process. Journal of Social Aspects of HIV/AIDS

Zimbabwe launched the AIDS Action Programme for schools in 1991 through a partnership between UNICEF and the Zimbabwean Ministry of Education and Culture. Explicitly focusing on behavior change, the program provided information about sexually transmitted infections and HIV and AIDS and also built life skills to enable youth to make better decisions.

AIDS Action Programme for schools was compulsory curriculum taught separately and or integrated into other subjects. Students and teachers' books included core and supplementary materials addressing four topics that is relationships, life skills, health and human growth and development. Supplementary materials included Body talk in the Age of AIDS, a page in the New Generations a free monthly newspaper for young people and play scripts for use in school drama competitions. The books and supplementary materials supported the main purpose of teaching HIV prevention.

Throughout different phases, the program consistently worked to meet the five UNAIDS criteria for the best practices in schools based HIV and AIDS education prevention effectiveness, ethical soundness, relevance efficiency and sustainability.

The AIDS Action Programme was institutionalized throughout the country, maintaining high quality in the program was constant challenge, many teachers were trained and many schools throughout Zimbabwe implemented the program, however a constant need for additional training and support underscored that maintaining large initiatives requires long term commitment and significant and continuing technical input(Advocates for youth. Life skills Approaches to Improving Youth's Sexual and Reproductive Health.)

5. STRATEGIES GOING FORWARD: HOW CAN WE BETTER PROTECT AND EMPOWER GIRLS AND WOMEN?

We need to have our sex education based on biology, not ideology. Biology flatly rejects the idea that women are just like men. Girls are protected and empowered when they have a knowledge and understanding of their unique gifts, especially their sexuality. This empowers them to make prudent decisions concerning their sexual activity, decisions which lead to greater reproductive, emotional and psychological health.

Training teachers is important to the success of school based SRH education. This is because their knowledge, attitudes and motivation affect their ability to teach sensitive subjects. Training the teachers is crucial because it enhances their knowledge about SRH matters and improves their communication skills so that they are confident managing a classroom discussion and answering questions. In a recent study carried out in three governorates in Egypt and South Africa it was found out that teachers wanted training in providing SRH information and felt unprepared to undertake this role

without it[14]. Teacher training on delivering SRH education is very crucial because they will deliver well informed, unbiased information and the teachers with training they can be motivated and confident.

There is need to reinstitute strategies to retain girls in school by addressing both financial and school performance reasons , as well as ensuring early return post pregnancy, this may be the most effective social protection that the education system can offer to prevent and mitigate the impact of early pregnancy. When young women and girls do dropout of school concerted effort is required to enroll them in school or in alternative systems of education as education empowers them later in life.

There is need for countries to adopt a holistic approach which does not dwell on changing girl's behavior, but the one that seeks to change attitudes in society so that young women and girls are encouraged to stay in school, child marriage is banned, girls have access to sexual and reproductive health including contraception and young mothers have better support systems. Going forward there is need to change policies and norms of families, communities and governments that often leave the girl with no other choice, but a path to early pregnancy.

There is need to modify sexuality education or life skills curricula to include wider discussions of violence, coercion, human rights and healthy and respectful relationships not only to concentrate more on HIV and Aids issues. Schools should add more of awareness raising components on sexual coercion and violence to programmes focused on girl's empowerment. Schools should support programmes that build disadvantaged girl's economic, social and health assets to reduce their vulnerability to sexual violence or the need to engage in transactional sex to support themselves. Sexual and reproductive health education must not entirely focus on Factual information[15]. It must be an active learning environment where students can engage with the material. Think about what they are learning and develop skills that will help to make them healthy life choices with regards to their sexual behavior. In other words one can call it empowerment.

Policies and programs designed to address and encourage school progression and completion of primary and even secondary or higher levels must be built on a clear understanding of the interrelationships between schooling and reproductive health and behavior during the adolescent years of girls.[16]

[14] Geel, Quality Sexual Education Needed for Adolescents in Egyptian Schools. Promoting adolescents sexual and reproductive health through schools in low income countries: an information brief. Geneva

[15] .Thaver L and Leao A (). Sexual and HIV/ AIDS Education in south African Secondary Schools.

[16] Biddledcom. A et al (2007). Premarital Sex and Schooling Transition in Four Sub- Saharan African Countries.

6. CONCLUSION

The purpose of this paper was to provide a review of progress, challenges and ways to improve the implementation of SRH education among adolescents in schools in schools in Africa. Adolescence is a critical period in girls' as well as boys lives. This is because of the transition from childhood to the responsibilities of adulthood. With better understanding of their bodies and their own physical and psychological changes, young people can go through puberty more confidently. Sexual and reproductive health education helps to empower young women and girls to protect their health and wellbeing as they grow and take on family responsibilities. Specifically, access to SRH education enables individuals to choose (i) whether, when and with whom to engage in sexual activity, (ii) whether and when to have children, and (iii) to access the information and means to do so. To some, these rights may be considered an everyday reality. However, that is not the case for millions of young people in the world especially young women and girls.

The review shows that there is lack of SRH which should empower girls on their rights to use protection when in engaging in sexual activity. The other reasons could also be sexual violence and abuse perpetrated by boys and male adults against girls. This further shows that failure by girls to use protection may result in higher levels of HIV infection and which in turn leads to dropout from school which will in turn leads to exclusion and marginalization of girls.

When girls fail to use protection, the chances of HIV infection are higher and thus are likely to drop out of school compared to boys. Specifically, for every two girls that enroll for primary school education only one finishes. This rate of dropouts for girls is likely to be much higher at secondary and tertiary levels of education.

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