

How Comprehensive Sexuality Education Supports a Better, Healthier Future!

An Information Booklet



Important words and phrases

AIDS: Acquired Immune Deficiency Syndrome. AIDS results from untreated HIV and can lead to death. Antiretrovirals are used to treat HIV and prevent AIDS.

CSE: Comprehensive sexuality education is culturally and age appropriate information that teaches young people about sexuality and sexual and reproductive health issues.

Culture: This is defined as “modes of life, traditions and beliefs; perceptions of health, disease and death; family structures; gender relations; languages and means of communication” which are embraced by groups of people.

Gender: The socially and culturally assigned roles of being male or female. Gender roles are dependent on culture. It is possible to work towards changing the cultural pressures experienced by both males and females in their roles.

Gender-based violence: Gender-based violence (GBV) is violence directed at someone because of their gender – it can be in the form of sexual abuse, physical violence, economic or emotional or psychological abuse.

Gender equality: Gender equality refers to equal treatment of women and men in laws and policies and equal access for men and women to resources and services.

HIV: Human immunodeficiency virus – a virus that, left untreated, leads to AIDS.

PMTCT: Prevention of mother-to-child transmission of HIV. All couples planning to have a baby should go together for PMTCT services. They are free.

Sexuality: Refers to how people experience and express themselves as sexual beings. This can include their behaviour, actions and thoughts.

SRH: Sexual and reproductive health is the knowledge, skills and ability to make responsible, positive, informed and safe sexual choices – including choosing not to have sex.

SRHR: Sexual and reproductive health rights are the rights of all people to the information and services they need to protect their SRH. Rights come with responsibilities, including the responsibility to protect one's own health as well as the health of others.

Youth Friendly Services: Youth friendly SRH services are specifically targeted to meet the needs of young people and ensure that service provision is accessible and confidential.

Introduction

This booklet provides information for parents, caregivers, community leaders, youth group and religious leaders, community members, teachers and others involved in the welfare and development of children.

It explains what good comprehensive sexuality education for children is all about and why communities should support young people's access to sexual and reproductive health services.

It also explains the six topics that guide the teaching of comprehensive sexuality education (relationships, values, culture, puberty, sexual behavior, and sexual and reproductive health), and what information needs to be shared with children on each topic, at the different stages of their growth, that is – The right information, at the right time.

Not being aware of what is being taught to children can result in worry and resistance from parents and caregivers. This can lead to the wrong information being shared about what is being taught and to whom.

Young people are getting infected with HIV more often than any other age group in eastern and southern Africa. Every hour, 52 young people across the region get infected with HIV; of these, 60% are in young women. This reason, more than any other, is why communities need to work together with governments, schools and other groups to ensure young people receive the right information, at the right time.

**Adolescence: The period
between 10 and 19 years**

Youth: 15 – 24 years

Young people: 10 – 24 years

World Health Organization

¹ YOUNG PEOPLE TODAY: Time to Act Now. ESA Ministerial Commitment, 2013.

There is a pamphlet titled *Talking to your Child about Sexual and Reproductive Health* as part of the *Engaging Communities in CSE* materials. This will give you more detailed information and guidance.

Another is titled *Talking to your Parents on Sexual and Reproductive Health*, which can also be shared with young people.

This should make it easier for everyone involved to start caring by sharing! Parents make the difference!

Sexuality education is part of the responsibility of education and health authorities and organisations, parents and caregivers. What are you doing to protect young people in your community?



What is Comprehensive Sexuality

Education?

Comprehensive sexuality education, or CSE, provides children and young people with knowledge and skills relating to their healthy development and their sexuality.

Six topics are recommended across southern and eastern Africa. These are:

1. Relationships
2. Values, attitudes and skills
3. Culture, society and human rights
4. Human development
5. Sexual behaviour
6. Sexual and reproductive health.

What is discussed in these topics depends on the age of the child, together with an understanding of the culture and norms where the young person lives. The topics are just a guide. CSE programmes in schools and communities will vary from place to place and from country to country, but regional guidelines suggest that covering these six topics will best ensure young people are well equipped for the future.

What is the Aim of CSE?

The aim of CSE is to support children and young people to be informed and develop the skills, values and attitudes needed for a full and healthy life; to make responsible choices and decisions, as well as to reduce sexual and reproductive health risks such as unintended pregnancy, sexually transmitted infections and HIV infection.

What are the Benefits of CSE?

Governments, through policies and guidelines at regional and national level, are already aware of the benefits of ensuring young people have the right information at the right time.

CSE provides an opportunity to equip young people with the knowledge and skills to make responsible choices in their lives, particularly where HIV prevalence is high.

Governments understand that providing children with comprehensive sexuality education has positive benefits, as children who have received this in school or through clubs are more likely to:

- Abstain from or delay having sexual relations
- Avoid or reduce the frequency of unprotected sex when they become sexually active

AT THE RIGHT TIME, IN THE RIGHT WAY!

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AT THE RIGHT TIME, IN THE RIGHT WAY!

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Tips on Talking to Young People about Sex and Sexuality

It is common for parents, caregivers, aunties and uncles, to feel uncomfortable when talking to children about sex. Admitting that can be a good way to start the conversation, for example, by saying, “It’s totally normal that this feels uncomfortable, but I love you and care about you so we need to talk about important things like this.”

Throughout the conversation, remember to listen to your child. This shows that you are interested in what they have to say and will help them to be more open.

Try starting with:

“What have you heard about (whatever you want to talk about)?”, “What do you think about ...?” or

“Can you tell me what you already know about ...?”

Remember to share your own experiences, fears and concerns from when you were their age; this builds trust and understanding.

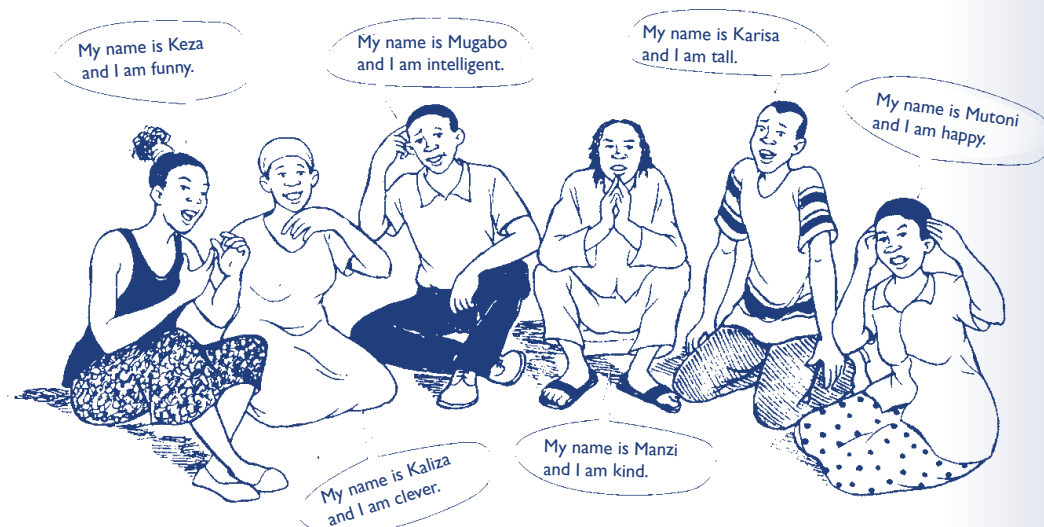
Be encouraging and never judge. Listen to everything they say calmly if you want to gain their trust and have a second conversation! Be sure you understand; ask, “Does that answer your question?”

Never guess – if there is a question you cannot easily answer, find out. Teachers and health service providers are there to help.

Be a role model: Show other community members – especially parents and caregivers – that you are encouraging young people to be safe and responsible; talk to the young people in your care; support them when they seek information and services. People will respect you for it and may even follow your lead!



Support CSE clubs at school and in the community: or a listening club, where you and your children listen together to radio programmes that talk about sexual and reproductive health, together.



AT THE RIGHT TIME, IN THE RIGHT WAY!

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- Have fewer sexual partners when sexually active
- Use protective and preventive methods against unintended pregnancy and sexually transmitted infections (STIs) if they engage in sexual activities.

How is CSE Taught?

All across southern and eastern Africa (and beyond), comprehensive sexuality education is taught in schools in the following ways:

For children in-school

- Through the school curriculum as a taught subject – sometimes it is an examinable subject that children must pass to move on.
- In Rwanda, CSE is one of the cross-cutting subjects in the new competence-based curriculum.
- Through the school health clubs.

For children out-of-school

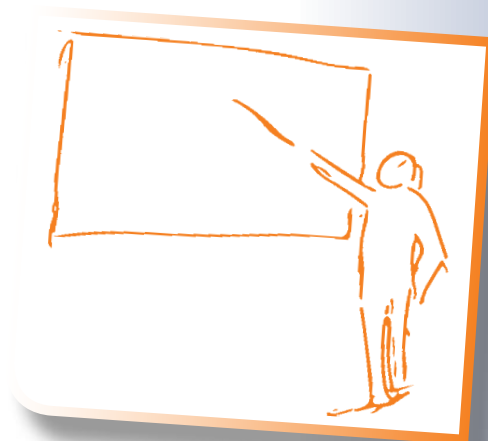
- Through health clubs and groups run by school staff, community-based organisations or non-governmental organisations or both. Some clubs and groups also involve parents, religious leaders and local healthcare staff.

Why is Teaching CSE Important?

Adolescents make up a large proportion of the population in Rwanda.

62% of Rwandans are below 25 years, and 41% are below 15 years .

Today, few young people receive adequate preparation for a smooth transition from childhood to adolescence to adulthood and information for healthy sexual lives.



This leaves them potentially vulnerable to coercion, abuse and exploitation, unintended pregnancy and sexually transmitted infections (STIs), including HIV. Thus, there is an urgent need to address the gap in knowledge about sexuality, gender and other related reproductive health issues including HIV. Strategies to counter this situation should start early in the socialization of children - at home, in school and in the community.

There is social stigma associated with adolescents' and young people's sexuality and with premarital sex in Rwanda. However, available information shows that, a large number of young people are sexually active. 23.6% of girls aged 18 – 19 report that they had sex before the age of 18, and 28.1% of boys.

Adolescent fertility in Rwanda is increasing. Adolescent fertility by the age of 18 is at 11.5 percent. At age 19, fertility rate reaches 20.8%. Girls with no education and primary education are most affected .

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What to Do as a Parent or Caregiver

Spread the word: Share the information in this handbook – and other information you gather – with your friends, neighbours, family members, church groups and anyone else whom you think would benefit. Even if you just share the information with one other person, you are making a difference!



Take a lead in supporting youth friendly services:

Young people are at risk; denying them access to services puts everyone at risk. Their good health is the future of the community.



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Families, communities and schools can work together to ensure that young people are given the right information at the right time!

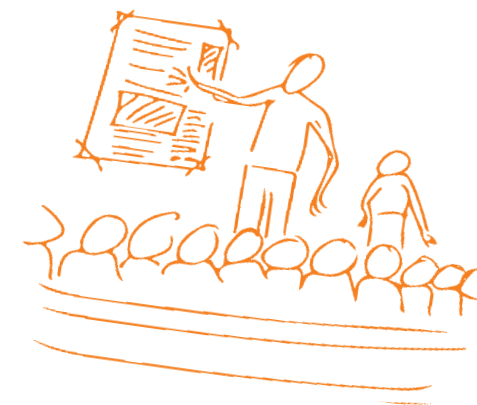
What to Do as a Community

- As a community, find out about the comprehensive sexuality education and life skills curriculum for in- and out-of-school youth in your area before you make any judgments.
- As a community, reflect on the issues that young people are facing today; what problems are you seeing? How can CSE help you tackle these problems together, safely and respectfully?
- Support youth friendly service provision. Many young people would be safer if they could independently access health information and services, but they are afraid to do so because they feel judged by the community.
- Talk to health care providers and show your support for young people taking responsibility for their good health. Young people are the future of the community.

For these girls, the pregnancy often means an end to their education, limited opportunities for economic participation, and a premature and abrupt end to childhood. Adolescent girls have a significantly higher risk of complications and death during pregnancy and childbirth than adult women. Condom use is still low, only half of sexually active young girls (15-19) report that they used a condom at last sexual intercourse. Similarly, only 32.8% of sexually active girls, 15 – 19 are using a contraceptive method .

The education sector has a critical role to play in preparing children and young people for their adult roles and responsibilities. School settings provide an important opportunity to reach large numbers of young people with sexuality education before they become sexually active, as well as offering an appropriate structure (i.e. the formal curriculum) within which to teach CSE.

Teachers remain trusted sources of knowledge and skills in all education systems and they are a highly valued resource of the education sector.



Knowing the facts only solves part of the problem. Young people need access to both health information and health services. This can only be achieved when:

- Parents support teachers in teaching all the topics in the curriculum.
- Parents and communities support the provision of youth friendly services that can reach young people in- and out-of-school.

What National Legal and Policy Frameworks Inform the CSE Program in Rwanda?

The CSE programme supports the implementation of Rwanda's aspirations and commitments made in national policy documents and international instruments. Pillar 2 of the Vision 2020 aspires to human resource development and a knowledge based economy, with improvements in health and education to build a productive and efficient workforce. CSE supports the ambitious goals set up by Vision 2020. CSE contributes to the implementation of the Adolescent Sexual and Reproductive Health and Rights Policy and Strategic Plan (2011) and the National School Health Policy and Strategic Plan (2014).

Additionally, the Convention on the Rights of the Child (1989), the Education for All and the World Summit on Children in 2002 have affirmed the right of all children and adolescents to receive sexual and reproductive health (SRH) information, education and services in accordance with their specific needs.

Specifically, the 2014 National School Health Policy and Strategic Plan provide guidance on important areas schools should focus on in order to ensure a healthy learning environment for children:

- Health promotion, disease prevention and control;
- HIV, AIDS and other STIs;
- Sexual and Reproductive Health and Rights;
- Gender and Gender Based Violence issues
- Environmental health;
- School nutrition;
- Physical education;
- Mental health and related needs.

The School Health Strategic Plan also states the following: A health promoting school will provide skills-based health education with a focus on promoting well-being, preventing health problems, promoting activities appropriate to children's intellectual and emotional abilities and helping children to make healthy choices and adopt healthy behaviors throughout their lives;

resources on contraception, prevention of HIV and sexually transmitted infections and avoiding unplanned pregnancy.

Accurate information directly from health service providers can have a very positive impact on young people's healthy behaviour. It can support the information young people traditionally receive at home from parents, or culturally from aunties and uncles, as well as from school.

Parents, caregivers and families play a vital role in supporting youth friendly services. Young people will not come forward to receive the information and support they need if they feel judged.

For young people not enrolled in school, who miss long periods of school or who are forced to drop out of school due to family or personal circumstances, youth friendly services can provide the information they miss from comprehensive sexuality education teaching in school.



Supporting Youth Friendly Services

Youth friendly services (YFS) provide health services based on a comprehensive understanding of what young people in any given society or community want and need. These services include:

- Sexual and reproductive health counselling
- Relationship and sexuality counselling.
- Sexual abuse counselling
- Counselling on contraception and contraceptive provision, including emergency contraception.
- Prevention of sexually transmitted infection (including HIV), testing and counselling services
- Abortion services (where legal and when permissible)
- Prenatal and postpartum services.

Sexual and reproductive health is the knowledge, skills and ability to make responsible, positive, informed and safer sexual choices – including choosing not to have sex.

Support young people's access to information, treatment and care:

Youth friendly services are needed for all young people, whether sexually active or not. They can give advice on abstaining and having healthy relationships and intimacy without sex; while for those who are sexually active they need to provide nonjudgmental advice and

School health improves health knowledge, attitudes and skills, health behaviors and health outcomes, and improves educational and social outcomes. The well-being of the learners is essential to quality education.

For children to develop their full potential through full participation in educational activities and acquire knowledge and skills to become productive citizens who will lead their country to wealth and prosperity, it is important to ensure that all children enjoy a healthy, safe and protected childhood.

Integration of CSE in the Competence-based curriculum

CSE is one of the eight (8) cross-cutting issues that have been integrated in the competence-based curriculum for primary and secondary schools. CSE has been integrated in five (5) subjects, that is; two subjects in Primary level – **Social and Religious Studies** and **Science and Elementary Technology**.

For Secondary Level, CSE is found in **Biology** and **Health Sciences**, **General Studies** and **Communication Skills** and **History** and **Citizenship**.

CSE Topics in the curriculum

1. Relationships

- Families
- Friendship, love and Romantic relationships
- Tolerance and respect
- Long-term commitment, marriage and parenting.



2. Values, Attitudes and Skills

- Values, attitudes and sources of sexual learning
- Norms and peer influence on sexual behaviour
- Decision making
- Communication, saying NO effectively and negotiation skills refusal and
- Finding help and support.



3. Culture, Society and Human Rights

- Sexuality, culture and law
- Sexuality and the media
- Understanding gender
- Gender-based violence, including sexual abuse, exploitation and harmful practices.



4. Human Development

- Sexual and reproductive body parts
- Reproduction
- Puberty
- Body image
- Privacy and bodily integ.



Sexual and Reproductive Health

For 5–8 year-olds it focuses on understanding health and disease; that all people – children and adults – need love; as well as understanding that people living with HIV and other chronic illnesses have the right to love, care and respect.



For 9–12 year-olds looks at pregnancy prevention, how HIV and sexually transmitted infections are transmitted and avoided; stigma and discrimination and their negative impacts, especially on people living with HIV.

For 12–15 year-olds discusses contraception and how it works, including abstinence; the rights of young people to access contraceptives and the physical, emotional and economic risks of early pregnancy. Also, the importance of living positively with HIV, if infected or affected.

For 15–18+ year-olds looks at the benefits and risks of contraceptives, confidence in discussing and using them in relationships; HIV transmission, links between sexually transmitted infections and HIV risk; safer sex communication and decision making skills, HIV stigma, care, treatment and support.

Sexual Behaviour

For 5–8 year-olds focuses on their curiosity about their bodies and understanding the private parts of their bodies. It is about showing and receiving love safely as a family.

For 9–12 year-olds looks at puberty, how the body reacts as it grows sexually (including masturbation); and the importance of talking to a trusted adult about sexuality.

For 12–15 year-olds provides increased understanding about sexual feelings and self control. Abstinence is discussed – saying no; risky sexual behaviour, especially with regard to sexually transmitted infections, HIV and the dangers of early pregnancy.

For 15–18+ year-olds comprehensive sexuality education discusses the biological, social, psychological, spiritual, ethical and cultural issues around sex and sexuality. The consequences of engaging in sexual behaviour; together with young people's rights and responsibilities, especially in accessing sexual and reproductive health services when information or support is needed.



5. Sexual Behaviour

- Sex, sexuality and the sexual life cycle
- Sexual behaviour and Sexual response.



6. Sexual and Reproductive Health

- Pregnancy prevention
- Understanding, recognising and reducing the risk of sexually transmitted infections, including HIV
- HIV and AIDS stigma, care, treatment and support.



Dispelling Myths and Misunderstandings About CSE

There are a number of myths and misconceptions about the provision of comprehensive sexuality education to children and young people, that have led to many youth in east and southern Africa missing out on important information and skills-building that could help keep them safe and healthy.

Below are some of the common concerns, questions and myths that people have with regard to CSE.

Are these concerns that you have? How can you overcome them?

Human Development



For 5–8 year-olds is about knowing the differences between male and female bodies, where babies come from and how the body grows and changes, as well as the importance of privacy.

For 9–12 year-olds looks at puberty and the sexual and reproductive body parts, how pregnancy occurs and can be prevented safely. It looks at all the social, emotional and physical changes of puberty; at body image and the importance of privacy as we mature.

For 12–15 year-olds begins to look at and understand the biological aspects of sex, the social aspects of gender, and the different stages of pregnancy and child birth. Body image is further explored and how our own body image can be positive or negative. The right to privacy, choice and consent are emphasized.

For 15–18+ year-olds explores the sexual and reproductive life cycles of men and women; male and female hormones, emotional changes, the need for mutual consent, as well as issues of infertility, and how it can be overcome; as well as making sensible and safe choices around sex, marriage and lifestyle.

Culture, Society and Human Rights

For 5–8 year-olds it looks at where we get information from, what we see on TV or hear on radio; understanding gender and both the positive and harmful behaviours that affect our health and well being. It introduces the right for children to be protected and who should protect them.

For 9–12 year-olds introduces that different cultures have different ways of doing things and restrictions on behaviour, especially related to sexuality and how cultures change over time. Activities or ceremonies marking the shift to adulthood are also discussed.

For 12–15 year-olds explains international agreements and national policies regarding human rights and the health of all people, including adolescents. Sexuality and the media discusses unrealistic images around sexuality and relationships, as well as the positive and negative effects media can have. Gender and gender equality are discussed and how applying unequal standards to women and men can lead to inequality, gender-based violence and other harmful practices.

For 15–18+ year-olds supports them to better understand the idea of human rights relating to health, especially sexual and reproductive health and rights. It encourages self reflection and linkages between culture, gender-based violence and both harmful and positive cultural practices.



Concern/Myth	Reality
“Will teaching my child about sexual and reproductive health and sexuality encourage them to start having sex?”	No. In fact, it has been found that children and young people who are exposed to comprehensive sexuality education are more likely to start having sex later and to be more responsible regarding their sexual behaviour. Comprehensive sexuality education also provides information on safer sex options to ensure that those who do engage in sex are informed and prepared.
“Sexuality education deprives children of their innocence”	Information is provided at the right time in the right way. The reality is that children see and hear a lot more than we think. And some young children ARE already sexually active!
“Sexuality education is against our culture or religion”	Traditionally, young people have always been given advice on sex and sexuality; but now, the traditional ways of providing this information are no longer there. Culture is dynamic and needs to adapt to these changed circumstances. Comprehensive sexuality education can help highlight positive AND harmful cultural practices and give communities the reason to change.

Concern/Myth	Reality
“Parents and family members should teach young people about sexuality”	Changing family structures have led to the breakdown of traditional approaches in many places. Young people today face new risks that may not have been present when their parents or grandparents were growing up. Parents and caregivers may feel uncomfortable about discussing these issues but healthcare workers and professional educators can help, as they are trained in these areas. It takes a village to raise a child!
“Parents will object to sexuality education being taught in schools”	School-based comprehensive sexuality education is not intended to replace the role of parents and families. With schools supporting the role of families, young people are better able to develop the values, skills and knowledge to make informed and responsible choices.
“Sexuality education may be good for young people, but it is not appropriate for young children”	A major focus of comprehensive sexuality education is on ensuring that the information is age-appropriate. For younger children, it focuses on helping them to understand their bodies and feelings. The basics are built upon gradually as the child matures.

Values, Attitudes and Skills



For 5–8 year-olds looks at who we are and what we believe in. It also discusses how we make decisions; knowing what good and bad behaviours are, and how children should be protected and supported.

For 9–12 year-olds looks at the roles of parents and other family members in terms of what we believe and how we behave. It discusses attitudes and values with regard to sexuality. Resisting peer pressure and understanding one's own values are also introduced, together with our collective responsibility to uphold people's rights.

For 12–15 year-olds looks at making the right choices for yourself and how your own choices can affect others. Emotions, alcohol and drugs are discussed, as well as building self confidence and self-esteem.

For 15–18+ year-olds the discussion looks at managing changing relationships, especially with parents and elders. It is also about being aware of the legal, social and health consequences of any choices made. Communication, refusal and negotiation skills in relation to sex are discussed, and on beginning to have sex, safer sex and healthy sexual relations.

Relationships



For 5–8 year-olds comprehensive sexuality education is about relationships with family members and friends; knowing about respect, and understanding different family environments and what is safe for children and what is not.

For 9–12 year-olds it looks at puberty, as well as good communication in relationships with family and friends; how to manage yourself and your relationships; as well as learning tolerance and respect for others. The issues of marriage, commitment and parenting are discussed, introducing rights and responsibilities, especially of parents for their children.

For 12–15 year-olds it begins to look more closely at puberty and what it means; what responsibility means with these changes, and how to be a responsible family member. It also looks at the different kinds of relationships, including romantic ones. Stigma, discrimination and bullying are discussed, along with what a successful marriage requires, in terms of maturity and commitment.

For 15–18+ year-olds peer pressure and sexual relationships are important topics. There is more discussion on abuse, identifying it and avoiding it. Parenting skills are discussed, as well as the legal environment, such as age of consent for sex and marriage, reporting abuse and where help can be found.

Concern/Myth	Reality
“Teachers may lack the skills needed to teach comprehensive sexuality education.”	T eachers can be parents too and also have concerns about comprehensive sexuality education. Training supports better understanding and skills to tackle the difficult issues.
“Sexuality education is already covered in other subjects (biology, life skills or civics education).”	H aving a specific comprehensive sexuality education school curriculum in place – with age-appropriate guidelines for different age groups – ensures that all children and young people receive the information that they need.
“Sexuality education should promote values.”	S chool-based comprehensive sexuality education is based on human rights and strengthening values such as respect, acceptance, tolerance, equality, empathy and shared responsibility.

What Topics can be Discussed at Different Ages?

All topics are discussed, but not in the same way. Each topic is designed by experts to be shared at four different stages:

- 5 – 8 years
- 9 – 12 years
- 12 – 15 years
- 15 – 18 + years.

Many parents, caregivers and other community members become concerned when they discover that children as young as five years old are being taught comprehensive sexuality education.

Knowing what is actually being taught can help.

It is very simple. The information stays just ahead of the expected behaviour of each age group. Sexual and reproductive health is only discussed in detail as young people reach puberty and their bodies and feelings begin to change.

Schools and clubs teach to locally agreed topics, and guidelines are part of national training for school staff and other professionals.

Schools and health clubs are able to share the topics, content and activities, with communities and explain why each is important and how they help to keep children safe. All it takes is to ask, get involved and support CSE programmes.

The following pages show what information it is recommended to share with the different age groups.

