



AN ADVOCACY BRIEF FOR THE EFFECTIVE INSTITUTIONALIZATION OF COMPREHENSIVE SEXUALITY EDUCATION (CSE) IN THE TEACHING SYLLABUS OF SECONDARY SCHOOLS IN CAMEROON

Introduction

The power and importance of education cannot be overemphasized. Education has the ability to change the lives of individuals and the world for the better. Just like medication, education being one of the four main socializing agents, has the ability to address social problems and bring lasting solutions to them when used in a targeted manner. (Curry, T., Jobu, R., Schwirian K. 2004). Comprehensive Sexuality Education is not an exception to this school of thought as it has been proposed in several countries to address sexual risk behaviors and promote sexual health in the face of the HIV/AIDS pandemic as well as to enable rights to freedom of sexual expression and from repression (UNESCO, 2009). Comprehensive Sexuality Education or sex and relationship education has been defined as a curriculum which is used to teach youth about all aspects pertaining to sex, sexual identity, the opposite sex, and sexual behavior (Campos D, 2002) aiming at developing young people's ability to make informed choices about their behavior, intimate relationships and act with confidence and competence.

The Issue

In Cameroon, adolescents (10-19 years old) and young adults (20-24 years old) represent 34% of the national population according to the extrapolations of the last general census of population and housing (BUCREP 2010). Early fertility is high at a rate of 119-127 ‰ among 15–19-year-olds, one in four teenagers (25.6% of 15–19-year-olds) have already started their reproductive life: 21% have had at least one child and 4% are pregnant with the first child. The median age at first intercourse of girls who attended school until the end of primary school is 15.9 years, compared to 18.6 years for those who have completed secondary and higher education. Identified reproductive health issues for this segment of the population include: early sexual intercourse, unwanted early pregnancy, sexually transmitted infections, early marriages, sexual violence and abuse, clandestine abortions, and multiple partners. These reproductive health problems result from a gross lack of preparation for sexuality - lack of comprehensive education in sexuality and sexual abuse (Woog and Kågesten, 2017).

A majority of adolescents enter into sexuality without any knowledge or skill and without any preparation from their family. Most young people learn about their sexuality through their peers, media or social networks (Nsangou MM, Bonono RC, Ongolo-Zogo P. 2018). The manifestation of neglect of teaching Comprehensive Sexuality Education (CSE) can be proven through sex scandals involving teenagers in middle and high schools. Colleges and high schools have become spaces of sexual vulnerability for adolescents. A media observation shows a recurrence of sexual scandals in recent years like the case of the pornographic video of Bafang Technical High School (Africapresse, 2018), sexual intercourse between students at College de la Retraite (Camer24, 2017), sexual intercourse between students in the bilingual Lycée de Santchou (Camernews, 2017),



the Vogt College pedophile case (Camer24, 2017), the "orgy" affair between pupils at the Lycée Classique de Bafoussam (Grand Ouest grandstand, 2015) and the case of sexual intercourse between two students at the College of Industrial and Commercial Technical Sciences (CSTI) of Etoug-Ebé (Africapresse, 2013).

The Context

A survey via interview to know the level of exposure, knowledge and opinions of students aged 15 to 28 in and out of schools in Yaoundé on the accessibility of Comprehensive sexuality education and advice was carried out by the Adolescent Girls and Young Women HIV ambassadors of HOVUCA. Participants were drawn from public, lay private and denominational English and French speaking schools. The results indicate that, out of a total of 25 schools sampled, 70% of the schools claimed to offer Sexual and Reproductive Health and while 30% openly claimed not to offer sexual and reproductive health but operated health clubs which orientate the health aspects of their students. To further ascertain the feedback from the school administrations, interviews were carried out with 125 students of these schools to evaluate their knowledge on sexual and reproductive health. Eighty percent of these students were of the opinion that sexual and reproductive health offered is limited to reproduction and menstrual cycle during regular biology lessons while 20% said health clubs were focused on HIV/AIDS, general health promotion and current health events. It was observed that these students have a high knowledge of HIV, but are lacking in knowledge on other Sexually Transmitted Infections (STIs) which are not covered in depth, with very little or no knowledge at all on contraception.

A majority of the students interviewed felt that they didn't have sufficient access to Comprehensive sexuality education and expressed the desire to have it taught as a component of the school's program. While a majority of the students say they prefer to receive knowledge on comprehensive sexuality education from school because they feel uncomfortable discussing issues pertaining to sexual health with their parents, 60% of the 50 parents and faith based leaders interviewed were of the opinion that, teaching sex education to girls can cause them to become inquisitive, morally loose and may lead them into early sexual debut, 20% claimed to teach their daughters elementary menstrual hygiene but did not have time to offer them sexual education, and the remaining 10% were convinced that sexual and reproductive health education was offered in schools and thus did not see the need for any lessons from them. This therefore serves as a huge obstacle to adolescent girls and young women out of schools who may not have access to comprehensive sexuality education due to fear, timidity, embarrassment and not knowing where to go for information. This therefore is a wakeup call for the need for policymakers especially in the education sector including our parliamentarians to evaluate the current state of school-based SRH education in Cameroon and either strengthen the subject matter if existent, or introduce it as a subject in the national curriculum of secondary schools.

An example of the benefits of comprehensive sexuality education in the lives of Adolescent Girls and Young Women can be seen in Zambia, where the collaboration between UNFPA,



UNESCO and the Ministry of education in implementing comprehensive sexuality education in schools is yielding a positive outcome. A majority of the adolescent girls and young women of Zambia have not only learned to prevent the transmission of HIV but also methods of preventing unintended pregnancies thereby reducing the rate of teenage pregnancy in the country. Research also show that these girls exhibit a high level of critical thinking, confidence, assertiveness, respect for others and responsible sexual behaviors. (<http://www.unfpa.org/news/sexuality-education-offers-life-saving-lessons-zambias-young-people.2021>). These feedback and more we too can get in Cameroon should the powers that be take up the challenge and decide to fight for the health and future of our adolescent girls and young women throughout the national territory by implementing comprehensive sexuality education as an independent subject in the curriculum of all secondary schools. It is against this backdrop that we propose the following recommendations to the government;

Recommendations to the Government:

1. Comprehensive Sexuality Education should be mentioned as an intervention and strategies of National Adolescent Health and Developmental Strategy. The education policy of the Ministry of Education should specify comprehensive sexuality education as an approach in policy and program.
2. The government should design and implement comprehensive sexuality education curricula that will begin from lower secondary school and includes adequate information on all element of comprehensive sexuality education and not just focusing on sexual and reproductive health. Comprehensive sexuality education curriculum should be designed on life skill approach where students can transform theoretical information into practice and can lead to change in behavior towards safe sexual and reproductive life.
3. This age appropriate and right based comprehensive sexuality education curriculum should be designed only after frequent consultation with stakeholders such as adolescent and young people, youth, CSOs, NGOs working in sexual and reproductive health rights with special focus to comprehensive sexuality education, child psychologist, parents, teachers and other.
4. Sexuality education should not be limited to young people in school. Comprehensive sexuality education can be very successful among out-of-school young people by disseminating information through local health facilities, adolescent friendly health service sites, radio, television, internet, mobile phones, text messaging and setting up hotlines.
5. Mobilization of child clubs and informal groups can be an asset in order to provide information and knowledge to the school going young people and out-of-school young people.
6. Train and monitor the comprehensive sexuality education teachers, and provide them resources on comprehensive sexuality education and other relevant issues. Effective supervision and qualitative delivery of sexuality education should be upheld.