



**Experiences and Perceptions
of Mid-adolescents, Parents
and Teachers on
Comprehensive Sexuality
Education: A Multiple
Country-based Qualitative
Research Study in
Bangladesh, Jordan, Burundi**

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ACRONYMS AND ABBREVIATIONS

CIPD	The Chartered Institute of Personnel and Development
CMPS	Carolina Magnus Paramedical School
CSE	Comprehensive Sexuality Education
DHS	Demographic and Health Survey II
FP	Family Planning
FGD	Focus Group Discussion
HIV	Human Immunodeficiency Virus
IDI	In-Depth Interviews
KII	Key Informants Interviews
MPHAC	Ministry of Public Health and AIDS Control
NGO	Non-Governmental Organization
PHE	Patriotic and Human Education
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infections
UN	United Nations
UNFPA	United Nations Population Fund

Executive Summary

In order to determine the baseline situation on comprehensive sexuality education in Burundi, AFPA conducted a baseline study to guide interventions in this area. The survey was conducted in two different settings, namely rural and peri-urban, with a sample of 60 stakeholders. The people surveyed were divided into three categories: young students, teachers and parents. In each environment, we took 30 samples, including 10 students, 10 teachers and 10 parents, i.e., a total of 60 respondents in the two environments. We based our study on 9 indicators suggested by the sponsors of the study.

The study revealed that the majority of parents in both settings (60%) were against their children being in a relationship while they were still in school or had not yet reached puberty. At school, the study found that sex education is neglected. In fact, only 31.8% of interviewed teachers affirmed that they teach sex education. The majority of teachers interviewed (100%) agreed that there are not even specific sessions on comprehensive sex education in the classroom. As for the opinion on gender norms or attitudes, it turned out that there is no gender equity and this is manifested, according to them, in the treatment of cases of unwanted pregnancies. Regarding the teaching of CSE before marriage, young people, teachers and parents all agree on the importance of teaching CSE before marriage.

Some factors that were identified as major barriers to accessing knowledge about sexuality education were shyness and discomfort. And to deal with the obstacles and challenges during the knowledge exchange at home, parents who dare to have this debate report that they have led the topic using examples from situations of certain behavioral discrepancies that are observed in the environment to encourage their children to speak up. Others indicate that they use the movies that their children watch on TV or on their phones to trigger the debate.

Finally, the majority (95%) of youth interviewed in both settings (Rugombo and Mutimbuzi) affirmed that parents do not take the lead in providing access to information on CSE for youth. Within the two parents, it is the mother who provides more support to the girls while the boys get information (albeit less complete) from peer groups. Only 22.8% and 19.05% say that their parents take certain opportunities to talk to them about CSE, but nevertheless state that the exchanges are not rich enough because the children themselves often do not dare ask enough questions

Recommendations

To parents

- Dispel the fear that prevents them from talking to their children about CSE;
- Be by their children's side and re-energize dialogues with them about sexuality education;
- Depending on the age of the child, choose an appropriate way to make the dialogue with the child about CSE a success;
- Ensure the pressing needs of their young girls to try to provide for them so that they do not fall prey to ill-intentioned people who take advantage of their material needs to set traps for them to get pregnant;

To Ministry of Education

- Establish measures to prevent the multiplication of unwanted pregnancies by severely punishing the perpetrators.
- Provide sufficient teaching materials for all disciplines including CSE;
- Plan sessions where students can be brought together and informed about Comprehensive Sexuality Education.
- Establish a system for monitoring teachers and other education personnel who develop suspicious relationships with students to take appropriate action before it is too late;
- Include well-designed chapters on comprehensive sexuality education in the curriculum.
- Provide capacity-building seminars for teachers who teach courses that include the CSE.
- Take disciplinary action against teachers and other personnel under their department's jurisdiction who exhibit undignified behavior toward students.

To school authority

- Revitalize less clubs and create new clubs where they are not and look for experts in Comprehensive Sexuality Education to give sufficient and clear information, because in this school there are technical teachers who do not have extensive knowledge related to

Comprehensive Sexuality Education. Often, in this lesson, there are technical terms that teachers do not understand.

- Encourage teachers of PHE to include sex education in their annual course planning.
- Encourage children to join CSE clubs;
- Provide timely alert on teachers and other staff who exhibit misconduct and take prompt action;
- Document all suspicious relationships between students to discourage them;
- Always ask for justifications from students who are absent from school and summon parents if the absences persist to find out the real reasons;
- Do not cover up for teachers who are responsible for unwanted pregnancies but take the lead in denouncing them.

To the ministry of justices

- Severely punish all perpetrators and co-perpetrators of rape of minors;
- Provide specialized training to magistrates and officers of the judicial police for minors;
- Provide the minors' police with the necessary resources to enable them to act very quickly in the case of the rape of a minor

To the Associations fighting for the rights of the child

- Organize workshops and seminars to discuss CSE;
- Provide the media with messages about CSE;
- Condemn all acts that cause sexual violence against minors;
- Encourage family dialogue between parents and children about CSE;
- Organize activities to supervise students during their vacations to prevent them from becoming idle, which can lead them to acts of debauchery;
- Supporting CSE school clubs.

To local administration

- Establish local committees to fight against child rape and to strengthen parents on methodologies to introduce CSE in households;
- Organize work camps during the vacations and use the opportunity to teach lessons on CSE in a more relaxed environment other than traditional classes.

Introduction

In some countries, especially in Africa, a certain barrier between generations seems to have been established regarding what to say and what not to say. Anything that should not be said openly or at least between people of a certain age gap is called "taboo". Among those things considered "taboo" in Burundi, there is "Comprehensive Sexuality Education" (CSE).

For Action Canada for Sexual Health and Education, however, "comprehensive sexuality education (CSE) is a curriculum-based teaching and learning process that addresses the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and youth with the knowledge, skills, attitudes and values that will enable them to develop their health, well-being and dignity, to develop respectful social and sexual relationships, to reflect on the impact of their choices on their personal well-being and that of others, and to understand and defend their rights throughout their lives¹.

The Kirundi proverb says, "Uca mu kibira utazi, ugaca inkoni utazi," which means, "When you pass through a forest you don't know, you pick up a stick you don't know. And since young people have to make decisions about their sexual and reproductive health at some point in their lives, they should probably have enough knowledge about what makes them vulnerable to forced sex, sexually transmitted infections, unwanted pregnancies, etc.

For UNFPA, "Comprehensive sexuality education empowers young people to make informed decisions about their sexuality, well-being and health, and to advocate for their rights in these areas. It gives them the resources to do so in the form of knowledge, behaviors, and skills. This is a prerequisite for full bodily autonomy, which means having the right to make their own choices about their bodies, but also having the information to make those choices wisely².

These words reveal that this is a very important subject that all young people should benefit from to prevent many mishaps that can hinder their good future.

In developed countries, sex education has a prominent place in children's education. According to the newspaper Cairn.info, in France, the Ministry of National education has given a significant place to health education, particularly sexuality education, in the missions assigned to its staff³.

In Burundi however, the discussion of sexuality does not seem to be allowed to young people; parents and even teachers have long neglected this notion and the consequences have continued to manifest themselves.

¹ Action Canada for Sexual Health and Rights, March 23, 2020 article

² <http://www.unfpa>, Comprehensive Sexuality Education accessed August 18, 2021

³ www.Cairn.info 2015 public health journal.

ANALYSIS OF THE SITUATION IN BURUNDI

Burundi's demographic situation is characterized by an extremely young population. Indeed, according to the available data from the 2008 census, young people under 15 years of age represent 46% of the population and the median age for the Burundian population is 17 years. Two-thirds of the total population (65.7%) is under the age of 25, of which youth aged 10 to 24 account for half and one-third of the total population (33.9%). With 21.6% of the population between the ages of 15 and 24, adolescents and young people in general constitute an important segment of the population that must be invested in to promote the country's development⁴.

Thus, to enable youth and adolescents to frame their opportunities leading to sustainable development, it is important to address all aspects of their development, including physical, mental, physiological, psychological, and cognitive development.

On the other hand, the rapid physical and emotional growth of adolescents, as well as the often influential and contradictory cultural messages that come from the outside world, explain why health issues are unique to them. In addition, the lack of adequate education and support leads to a lack of knowledge and self-confidence among adolescents, preventing them from making good decisions about their health in general and their sexuality in particular.

According to the Final Evaluation Report of the Menyumenyeshe program, "it is important to promote the sexual and reproductive health of adolescents and youth to enable them to transform their potential into opportunities leading to development⁵.

Adolescents' rapid physical and emotional growth and the varied and conflicting messages they receive from the world around them make it difficult for them to understand and deal with health issues in a way that is unique to them, and therefore they need support and education. Adolescents lack the knowledge and confidence to make good decisions about their health and safety, and this is a crucial stage in their lives because if young people make bad decisions, it can affect their entire lives. For example, according to UNFPA, nearly 16 million girls between the ages of 15 and 19 and 2 million girls under the age of 15 give birth each year worldwide. One in five girls has already had a child by the age of 18. In the poorest regions of the world, this figure is more than one in three⁶.

In Burundi, according to data provided by the ministry in charge of basic and secondary education, during the 2011-2012 school year, out of 6,120 students returning to school after dropping out for various reasons, 1,000 girls had interrupted their schooling because of pregnancy, or 16%. According to the same report, 1287 cases of unwanted pregnancies were recorded in secondary schools and 707 in elementary school during the 2010-2011 school year. For the 2011-2012 school year, with 1286 cases, the figures have not changed much⁷.

⁴ General Population and Housing Census of 2008 in Burundi

⁵ MSPLCS, Menyumenyeshe Program Final Evaluation Report, p.11

⁶ UNFPA School Pregnancy Study, 2013, p.13

⁷ Idem

In the first quarter of the 2012-2013 school year, some provincial secondary education departments had already recorded more than 150 cases of pregnancy (274 in Makamba, 191 in Ngozi). According to data from the 2008 RGPH, 5.2% of girls between the ages of 12 and 18 have one or more children; 28% of minors with a child are between 12 and 14 years old. According to the results of the second Demographic and Health Survey (DHS II) conducted in Burundi in 2010, 11% of adolescents between 15 and 19 years of age have already begun their reproductive life, which indicates a state of early fertility.

A significant percentage of young people (53% of young men and 55% of young women aged 15 to 24) do not know how to prevent the sexual transmission of HIV, which indicates a low level of knowledge about HIV/AIDS prevention. Few sexually active adolescents practice safe sex: 30% of young people aged 15 to 24 used a condom during their last sexual intercourse. 13% of young people, including 1.3% of those aged 15 to 19 and 11.7% of those aged 20 to 24, use modern contraceptive methods, despite the high level of knowledge of at least one of these methods, which is 97.4% among adolescent girls and 99% among adolescent boys. Sex education is a challenge for many countries. An assessment of sexuality education coverage estimates that only 36% of young men and 24% of young women aged 15 to 24 in low- and middle-income countries have completed and correct knowledge about how to prevent HIV⁸.

At the ICPD beyond 2014, states committed to ensuring access to sexual and reproductive health for young people and adolescents to meet the requirements of sustainable development. It was highlighted that many adolescents and youth around the world have low levels of access to health care, including sexual and reproductive health information and services⁹.

For parents who believe that sexuality education increases adolescent and youth sexual activity, sexual risk-taking, or STI/HIV rates, Action Canada reports that comprehensive sexuality education improves knowledge and attitudes about sexuality by¹⁰ :

- Better knowledge of our rights in the context of sexual relationships
- Better communication with parents about sex and relationships
- Increased effectiveness in managing risky situations.

According to Chandra-Mouli et al. 2015; Fonner et al. sexuality education is most effective when school-based programs are supported by community-based initiatives ... for health care providers, and when there is sustained involvement of parents and teachers¹¹.

In the Education Cluster's August 2020 secondary data review report in Burkina Faso, early marriage and pregnancy are frequent causes of school difficulties and dropout. According to the Plan International, "70,000 adolescent girls per year die from complications of pregnancy and childbirth¹².

⁸ Isabelle Aujaulat and Brigitte Rose, Teenage pregnancies, Volume 2, France 2005

⁹ MSPLCS, Menyumenyeshe Program Final Evaluation Report, 2019, p.13

¹⁰ Action Canada, Saving Lives article, July 23, 2019

¹¹ Chandra-Mouli et al. 2015; Fonner et al. 2014; UNESCO 2015a).

¹² Plan International report found at www.plan-international.fr June 23, 2016.

Today, although there are no updated figures in Burundi at the national level reflecting the extent of early marriage are reported throughout the country. According the survey results of Demographic and Health of 2010, fertility in Burundi is early with 11% adolescent girls aged 15-19 who already have a child.

On the other hand, in Burundi, the culture makes health and sexual education a taboo subject, even though, according to the survey, adolescents face the problem of early marriage every day. Adolescents face serious challenges to their sexual and reproductive health and rights on a daily basis. These include the risk of unwanted pregnancies and sexually transmitted diseases, as well as dropping out of school and failing.

A lack of sufficient information on sexuality education can thus constitute a major handicap to the future of the child. Many wonder how the situation can be reversed. To address this, education specialists have initiated CSE. This allows for the integration of sexuality education in schools and other institutions to enable young people to make informed decisions and plan their lives, as it promotes respect for human rights and gender equality, as well as mutual respect, non-violence in relationships, tolerance, responsible parenting, and equal rights within families and relationships.

In the Menyumenyeshe program evaluation report, helping young adolescents protect their health is a public health priority. In the same report, "Inadequate knowledge of contraception and how to obtain health services, high risk of sexual violence, and little independence in deciding when to have children or in using contraception also explain the particular vulnerability of many adolescents and youth in Burundi¹³.

With this in mind, AFPA felt it was important to conduct a baseline study to understand the experience and perception of adolescents, parents and teachers on sex education in Burundi. Indeed, the mission of the Association of Women Psychologists in Action is to contribute to the promotion of the human person and her harmonious development. Its overall objective is to contribute to the well-being of all human beings and to the promotion of their integral development.

POLITICAL ENGAGEMENT

Since parents find it difficult to discuss sex education with their children, which is considered taboo in African and especially Burundian society, school is a privileged environment since children can learn in the company of their peers. Some parents do not even want this debate to take place at school.

So, we find that in the community CSE is hardly taught. In the school, this institution also seems to have neglected it since there is not enough time reserved for CSE and no pedagogical support as revealed by teachers in interviewed in Kajaga and Rugombo.

¹³ MSPLCS, Menyumenyeshe Program Final Evaluation Report,, 2019, p.11

CONCLUSION

At the end of the baseline study, conducted by the Association of Female Psychologists in Action (AFPA), related to the perceptions of young people, parents and teachers on Comprehensive Sexuality Education, we saw that knowledge and practices on this subject remain deficient among young students. Young people, teachers and parents alike affirm that the lack of knowledge about CSE has serious consequences for the future of young people.

At home, it was found through this study that most parents do not have time to devote to their children's CSE or at least lack adequate methodology, although some reported that they look for some opportunities to dialogue with their children on this topic. Only 19.05% and 22.8% of our interviewed students, respectively in Rugombo and Kajaga, confirmed that their parents take time to talk with them on topics related to CSE. At school, the teachers interviewed indicate that the Ministry has not set aside time for this concept, but that there is a small debate that develops in the course of PHE, but in a very superficial way, whereas it is, according to the teachers, a very fundamental subject for the life and future of their students. They also indicate that they lack the appropriate material to teach this subject, not to mention the time that has not been allocated to this notion. The teachers told us that in view of the necessity of this topic, they try to talk to the students outside of class about certain notions that are an integral part of sexual education, such as the image of being in a relationship and related hidden practices, and sexual education for unmarried people. Teachers indicated that this does not happen without hindrance because not all educators and even students share perceptions about this subject, which still seems to be a taboo subject in Burundi.

Parents indicated that they take some time to educate their children about sex, but that many children are distrustful. Participants agreed that a training and awareness campaign is needed to make CSE a reality in Burundi. On the other hand, suitable subjects and sufficient time at school were felt by our interviewees to be necessary for young students to access CSE.

As there are young people who do not have the chance to continue their schooling, other frameworks such as the church or associations were deemed necessary to be associated to guarantee CSE in Burundi. This would allow to concretize the international commitments taken during the International Conference on Population and Development beyond 2014 by the member countries of the UN.

Through this baseline study of youth, parents, and teachers' perceptions of comprehensive sexuality education, we have seen that knowledge and practice of comprehensive sexuality education is still lacking among young students. Youth, teachers, and parents alike report that

ignorance of CSE has serious consequences for young people's futures.

At school, the teachers interviewed indicate that the Ministry has not set aside time for this concept, but that there is a small debate that develops in the PHE course, but in a very superficial way, whereas, according to the teachers, this is a very fundamental subject for the life and future of their students. They also indicate that they lack the appropriate material to teach this subject, not to mention the time that has not been allocated to this notion. The teachers told us that in view of the necessity of this topic, they look for opportunities to discuss with their students, even outside of class, certain notions that are an integral part of the CSE, such as the image of being in a love relationship and related hidden practices, or the consequences of sexual relations with unmarried people. Teachers indicated that this does not happen without hindrance because not all educators and even students share perceptions about this subject, which still seems to be a taboo subject in Burundi.

Some parents indicated that they take some time to educate their children about sex, but that many children feel too embarrassed and refrain from commenting when parents bring up the subject. By common agreement, this study revealed that an awareness campaign is more than necessary to make CSE a reality in schools and that parents should also be made aware to support teachers in this matter. On the other hand, suitable subjects and sufficient time in school were felt to be an urgent necessity for young students to access the CSE.

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