



BRINGING
GENERATIONS
TOGETHER FOR OUR SRI LANKA

**DELIVERING COMPREHENSIVE
SEXUALITY EDUCATION
WHOSE ROLE IS IT?**

UNFPA Generation-to-Generation Dialogues - 6
#G2GLK
September 2019

CONTENT

UNFPA'S GENERATION-TO-GENERATION DIALOGUES	1
DELIVERING COMPREHENSIVE SEXUALITY EDUCATION – WHOSE ROLE IS IT?	2
ABOUT THE STUDY	4
DISCUSSION POINTS	5
1. NEEDS OF TODAY'S YOUNG PEOPLE	5
2. THE ROLE OF PARENTS AND TEACHERS	7
3. EXISTING SERVICES AND INTEGRATED SERVICE PROVISION	8
CONCLUSION: CONNECTING THE DOTS	Inner Back Cover

UNFPA'S GENERATION-TO-GENERATION (G2G) DIALOGUES

The United Nations Population Fund (UNFPA) in Sri Lanka, launched its first inter-generational dialogue in December 2015. Since then, UNFPA has facilitated five such Generation-to-Generation (G2G) dialogues that provide an open platform for the three generations to come together to share their ideas on socio-economic issues in Sri Lanka.

The discussions are based on previous studies and research done in the area of sexual and reproductive health of young people in Sri Lanka. By using and analyzing the data from these researches, and furthering the discussion at the G2G dialogues, UNFPA hopes to build a body of evidence that documents shifting population dimensions and drive evidence-based policy making at the national and sub-national levels.



The first G2G focused on youth as a driving force in maintaining Sri Lanka's middle-income status, taking into consideration the demographic bonus (Dec 2015)



The second G2G highlighted the need to invest in women as game changers for Sri Lanka's future development (Mar 2016)



The third G2G, titled 'Shifting Demographics and Development Opportunities' focused on education, labour, and fertility trends in Sri Lanka (Dec 2016)



The Fourth G2G focused on the demographic shift in age, where UNFPA and the Department of Census and Statistics (DCS) jointly launched a Thematic Report titled 'Ageing Population of Sri Lanka: Emerging Issues, Needs, and Policy Implications' (Oct 2017)



The fifth G2G gave the limelight to the "Need for Comprehensive Sexuality Education (CSE) in Sri Lanka" with the union of UNFPA and the Parliamentary Sectoral Oversight Committee on Women and Gender and the Ministry of Education in Sri Lanka (July 2018)

DELIVERING COMPREHENSIVE SEXUALITY EDUCATION – WHOSE ROLE IS IT?

THE SIXTH GENERATION-TO-GENERATION DIALOGUE

The United Nations Population Fund (UNFPA) hosted its 6th Generation-to-Generation dialogue in partnership with the Ministry of Education to highlight that a wide range of stakeholders share responsibility in providing comprehensive sexuality education.

To understand the current context of delivering comprehensive sexuality education in Sri Lanka, the Ministry of Education, with support from UNFPA, commissioned an island-wide study on the 'Analysis, of Knowledge and Attitudes of School Children's Sexual and Reproductive Health Education'. A policy brief based on the study was formulated and launched at the event.

This post-brief document provides a snapshot of the discussions of the G2G dialogue and provides advocacy pointers that can assist in evidence-based policy making.



“Even while growing up in Japan as a young person, I had no comprehensive sexuality education, which shows that this is an issue across the globe. Teachers and parents must not shy away from providing life-saving information to young people” Ms Ritsu Nacken, UNFPA Sri Lanka Representative delivering her opening remarks.



“In the survey it was found that many teachers refused to respond to questions relating to sexual and reproductive health information although it is part of the school curriculum. The low response rate from teachers also highlights the stigma around sexual and reproductive health and rights (SRHR)” – Prof. K. Karunathilaka, Senior Professor of Sociology (Chair), University of Kelaniya.



Debate by young people on ‘Who plays a bigger role in delivering Comprehensive Sexuality Education - Parents or Teachers?’



“For as long as I was a health teacher to this day, we have spoken about how to provide sexuality education, yet, have not been able to find a solution to the problem of effectively delivering it. I feel it is also mostly due to the lack of modern teaching methods and tools like using interactive videos”- Ms Renuka Peiris, Director School Health & Nutrition Branch, Ministry of Education.





Moderator:

- Ms Madusha Dissanayake, Assistant Representative, UNFPA

Panelists:

- Ms Sivananthi Thanenthiran, Executive Director, Asia Pacific Research and Resource Center for Women (ARROW), Malaysia
- Dr Chamanthi Wijemanna, Medical Officer, Adolescent & Youth Health, Family Health Bureau
- Mr Senal Senevirathne, Teacher in a leading boy's school in Colombo
- Ms Gayani Princely, Principal in a leading girl's school in Colombo
- Ms Hasana Isadeen, a Parent & a Lawyer

KEY ISSUES IN SRI LANKA

- 50% of young people are unaware about most aspects of basic sexual and reproductive issues. (National Youth Health Survey 2013 & 2014, the Sri Lankan government, UNFPA and UNICEF)
- 4.6% of pregnancies in Sri Lanka are teenage pregnancies with subnational disparities of 5–8%. (Demographic Health Survey, 2016)
- 66% of girls in Sri Lanka are not aware of menstruation until their first occurrence. (Menstrual Hygiene Management in Schools in South Asia, UNICEF, WaterAID, 2015)
- The age of sexual initiation was 15.3 years for males and 14.4 years for females, and adolescents had low knowledge of contraception and STI/HIV, teenage pregnancy and risk of sexual abuse. (National Survey on Emerging Issues among Adolescents in Sri Lanka, UNICEF, 2004)



Evidence shows that many young people approach adulthood faced with conflicting, negative and confusing messages about sexual and reproductive health and sexuality that are often exacerbated by embarrassment and silence from adults, including parents and teachers. In many societies, attitudes, cultural norms and stigma discourage public discussions and dialogues around sexuality and sexual behavior. Yet the issues around sexual and reproductive health prevail within societies, especially among young people.

The G2G dialogue aimed to facilitate a discussion on how different stakeholders, with special emphasis on teachers and young people, can come together to address gaps in comprehensive sexuality education in Sri Lanka, through targeted initiatives and inclusive policies.



ABOUT THE STUDY

In 2016, UNFPA supported the Ministry of Education to commission a national study on Comprehensive Sexuality Education (CSE) in Sri Lanka. This study, titled 'An analysis of Knowledge and Attitudes of School Children's Sexual and Reproductive Health Education', was conducted by Prof. K. Karunathilake. The study provides recommendations based on the key findings, to further strengthen delivery of curriculum-based comprehensive sexuality education in Sri Lanka.

STUDY OBJECTIVES TO DETERMINE:

- Current level of knowledge and attitudes on CSE within school adolescents.
- Level of preparedness among teachers delivering the curriculum based CSE programme.
- Current physical environment of the classroom for teaching CSE.
- Role of school principals in the delivery of CSE.
- Parental attitudes to school based CSE delivery.

KEY FINDINGS

- 82% of the students considered sexual and reproductive health as important for a successful life and more girls than boys considered it essential.
- 78% of students identified sexual and reproductive health as a teaching priority in the school curriculum.
- 72% of students identified teachers as the preferred source to obtain sexual and reproductive health information.
- Only one third of the students considered current teaching as adequate for satisfactory knowledge about the physical changes in adolescence, pregnancy and the reproductive systems.
- Nearly one third of boys and two fifths of girls were unaware of spontaneous (uncontrolled) ejaculation.
- 85% of girls believed that a girl cannot get pregnant before her first menstruation.
- Only 35% of girls and 60% of boys were aware that using a condom may prevent a pregnancy.
- 75% of girls thought that menstrual blood was 'polluted'.
- 40% of boys believed that wet dreams were abnormal.
- Over 2/3 of the students believed that immunization could prevent STIs.
- Only 2/3 of students had appropriate attitudes with no stigma and discrimination around HIV.
- Over 79% of students thought that decisions related to sexual relationships should be a mutual responsibility of both partners.

SUMMARY OF FINDINGS

In public secondary schools, CSE is primarily taught by Health Science Teachers, whom the majority of students identified as their preferred source of information. However, Health Science Teachers themselves preferred that external resource persons taught the subject, probably due to their lack of knowledge and confidence to deliver the subject matter.

These deficiencies were self-identified by the teachers and corroborated by students, parents and principals. This study provides many useful insights on measures that are necessary to strengthen and sustain the delivery of age-appropriate CSE in public secondary schools.

Clearly, intense and continuous training and capacity building with reviewing and revamping the teacher training curricula and the use of computer-based interactive teaching approaches are required to strengthen teacher capacity for effective programme delivery.

The teacher's ability to speak openly, confidently and without shame on sensitive sexuality related subject matters is vital for effective delivery of CSE, as well as to inculcate healthy open attitudes among students.

Full Study:



DISCUSSION POINTS

1. NEEDS OF TODAY’S YOUNG PEOPLE

Working with and delivering for a technologically engaged generation in a constantly changing world is a challenge. It is important to understand the current generation of adolescents before planning interventions for issues faced by them.

20th Century Education	21st Century Education
Time Based	Outcome-driven
Text book-driven	Research-driven
Passive learning	Active learning
Teacher-centered	Student-centered
Fragmented curriculum	Integrated curriculum
Printed	Multimedia
Individual	Team
Memorized	Creative thinkers, design thinkers

Source: <https://www.21stcenturyschools.com/>

The digital universe has seen a 50 fold growth from the beginning of 2010. This means: People are accessing more and more information through digital media. (Source: *The Digital Universe in 2020: Big Data, Bigger Digital Shadows, and Biggest Growth in the Far East. December 2012, by John Gantz and David Reinsel.*)

Skills on using digital spaces and social media should be provided for young people. Young people should be aware of the boundaries and ethics they should maintain while using digital spaces.

When we formulate programmes and policies we must always put the needs of young people of the current generation at the focus, and the needs of other generations should not control and perpetuate their beliefs in the decisions made on behalf of young people.

International Conference on Population and Development held in 1994 in Cairo, Egypt, set the platform to view population and development issues from an SRH perspective. Sri Lanka is one of the countries which has committed to advancing the ICPD principles. These principles emphasize on putting the rights of individuals at the center of policy and programme formulation. This should be adopted when working with young people.

The 2030 agenda on Sustainable Development, which Sri Lanka strives to achieve also emphasizes on the importance of quality healthcare which includes SRH services and quality education including CSE. (SDG 3 & 4)

SRH services are usually provided at hospitals and medical clinics but these usual hospital clinics with long queues and waiting time do not appeal to young people as they are interested in immediate solutions. There are also Adolescent and Youth Friendly Health Service Centres run by the Ministry of Health. However young people are reluctant to access information from these centres, or they are unaware of such services that are available for them.



“WHILE WE DISCUSS IN VARIOUS FORUMS WHO SHOULD DELIVER CSE? PARENTS OR TEACHERS? THE INFORMATION IS FREELY AVAILABLE IN THE DIGITAL SPACES BUT MOST OF THE TIME THAT INFORMATION IS INACCURATE. THEREFORE IT IS ALL OF THE STAKEHOLDERS RESPONSIBILITY TO PROVIDE ACCESS TO ACCURATE INFORMATION ON SRH TO YOUNG PEOPLE”

SIVANANTHI THANENTHIRAN

“THE SRI LANKAN LOCAL LANGUAGE VOCABULARY DOES NOT PROVIDE ACCURATE TERMINOLOGY THAT ENABLES COMFORTABLE CONVERSATIONS ABOUT SEXUAL AND REPRODUCTIVE HEALTH. TEACHERS AND PARENTS NEED TO HAVE THE KNOWLEDGE ON ACCURATE TERMINOLOGY TO BE ABLE TO HAVE AN OPEN AND A PROGRESSIVE DIALOGUE WITH YOUNG PEOPLE”

HASANAH CHEGU ISADEEN

POLICY INTERVENTION:

Develop lesson plans and modalities that support interactive, non-judgmental youth friendly interaction with students; Explore alternative communication strategies engaging modern technology to impart information and support self-learning for older adolescents.



2. THE ROLE OF PARENTS AND TEACHERS

Children expect their parents to be wise and informative on all subjects as they are inevitably the first and most important teachers in their lives. Parents should be open with children and support children through the various stages of development they go through specially when dealing with SRH related changes.

It is also important to use terminologies such as “appropriate touch-inappropriate touch” instead of “good touch-bad touch,” because children should not grow up thinking sexual touch is inherently bad. While there are various barriers to teaching CSE, if teachers and parents are equipped with knowledge and skills CSE can be easily delivered as a life-skill subject.

Sexuality is part of our everyday life, common to every human being. Similar to our other basic needs sex and sexuality should be normalized and openly discussed by both parents and teachers. But not all parents have the knowledge and skills to have these conversations with their children, therefore teachers have a key role to play in advancing the discussions.

There is a general fear and doubt among most parents regarding the delivery of CSE in schools due to their unawareness on the content and its objectives. Parents should be informed and sensitized on what is in the curriculum and should be given evidence-based information, so that they are able to better support what the teachers deliver in the classroom. CSE provides necessary knowledge and skills for our younger generation to make informed decisions. This includes teaching issues of consent and respect for other human beings.

Parents should be able to create a solid background at home for the child to have open conversations, so that it is easier for the child to learn and grasp CSE in school. Teachers can explore interactive learning methods by using video games and online activities.

Consent should be a key discussion that parents and teachers focus on and also teach young people to understand and respect the different boundaries of individuals.

“IN CASE A STUDENT COMES ACROSS A PROBLEM DUE TO LACK OF CSE, THERE NEEDS TO BE A SUPPORT SYSTEM FOR THEM WITHIN THE SCHOOL. IN MY SCHOOL I ENSURE THAT THERE ARE TEACHERS CAPACITATED TO HANDLE SUCH INCIDENTS AND I MYSELF DISCUSS IT WITH STUDENTS”

MRS .GAYANI PRINCELY

“THE EXAMINATION SYSTEM UNDERMINES THE LEARNING OF THESE SOFT SKILLS, BY QUANTIFYING THE LEARNING. CSE IS A SUBJECT THAT IS CLOSE TO OUR HEARTS AND IT NEEDS TO BE TAUGHT WITH A LIFE SKILLS ANGLE.”

SENAL SENIVIRATHNE

POLICY INTERVENTION:

Strengthen infrastructure for sustained and effective CSE delivery by;

- Updating curricula in teacher training colleges
- Conducting regular in-service training and skills building of teachers
- Instituting regular monitoring and evaluation of the teaching programme
- Interval revision of the CSE syllabus content
- Engaging and sensitizing parents at ‘Parent-Teacher’ meetings on age-appropriate curriculum content
- Allocation of sufficient funds to ensure sustainability of the programme
- Policy intervention in the Education sector

Designing and offering a pilot programme on parenting, to support better parent-child relationships, and to equip parents with the skills and knowledge to discuss sexual and reproductive health with their children.

3. EXISTING SERVICES AND INTEGRATED SERVICE PROVISION

The Ministry of Health Circular No. 01-25/2015 states that “the best interest of the child should be the basic concern of Medical Officers when providing reproductive health services for adolescents”.

Ministry of Health has set up 34 Adolescent and Youth Friendly Service Centers and they specifically cater to the needs of adolescents creating a private and confidential space for young people.

Recent progress in the Ministry of Education supported by UNFPA includes the supplementary reading materials produced for grade 6, 7 and 12 students on SRHR as a self-learning tool kit. Students can use the weblinks that are provided in the Grade 12 booklet to obtain more information and knowledge on topics such as contraception and pregnancy which are not generally taught in schools. These will be made into e-modules next year and will be available for students and public access via Nanasa website under the Ministry of Education.

Sexual and reproductive health training workshops are conducted in VTA institutes and youth centers targeting out-of-school young people. The capacities of VTA trainers are strengthened to deliver the 18-hour compulsory CSE module which is to be passed through a circular in 2020.

Schools invite Ministry of Health officers to deliver Sexual and Reproductive Health lessons when and if the teachers are unable to deliver the module. This is a task of the Ministry of Health according to a recent circular to ensure the delivery of CSE in schools.

Schools should refer students to the Ministry of Health office or adolescent youth friendly health service centers once they identify that they need more sexual and reproductive health related information and services.

At grass root level, Public Health Midwives (PHM) conduct home visits and register all adolescents, make a record of issues adolescents may be facing, and refer to MOH or the youth friendly health service center accordingly.

One sector alone cannot implement CSE effectively, and a wide range of stakeholders must come together to advance CSE.

People with diverse sexual orientations and gender identities face bullying and stigma. This happens due to lack of awareness, which can be prevented by implementing CSE and having open discussions and dialogues around sexuality as well as respect and relationships.

“WHILE EDUCATION AND FAMILY SYSTEMS ARE THE CLOSEST UNITS TO ADDRESS SRH NEEDS OF ADOLESCENTS, THE HEALTH SECTOR COMES IN AS A THIRD SECTOR INVOLVED IN SRH SERVICE PROVISION.”

DR. CHAMANTHI WIJEMANNA

POLICY INTERVENTION:

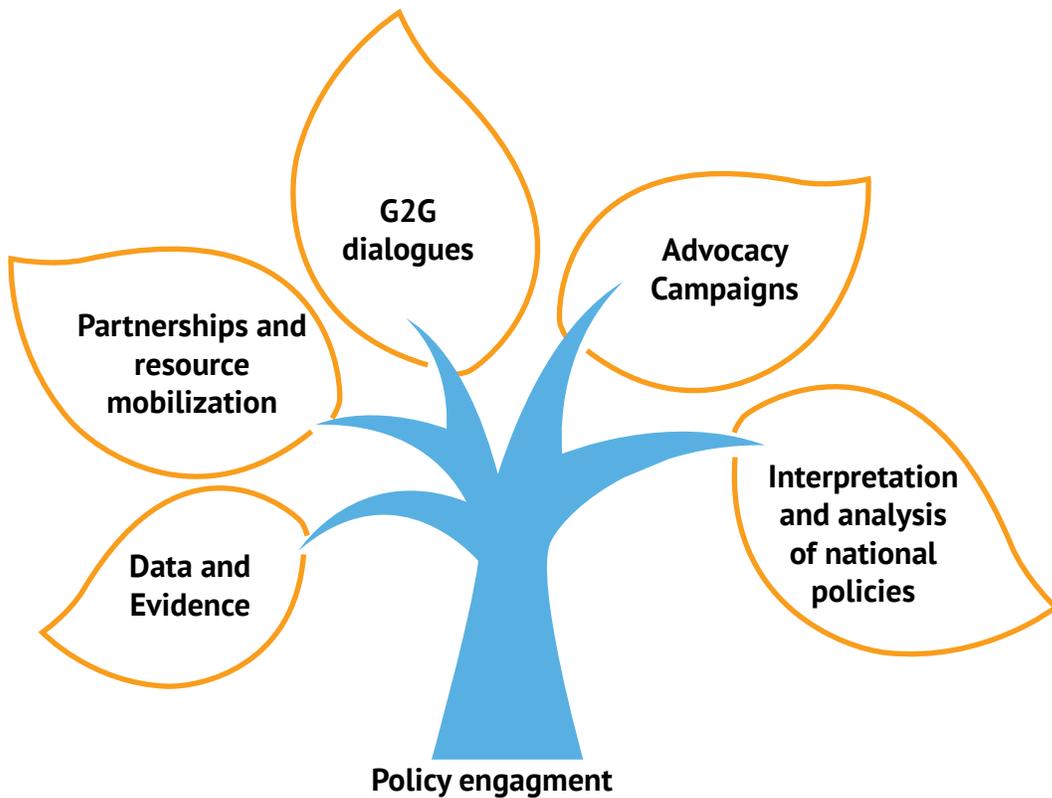
Sri Lanka has 4.4 million young people. It is essential to identify a consistent approach to reach out to all youth, leaving no one behind. In doing so, resources have to be allocated continuously to ensure sustainability.

Collaboration between health, education and the justice sector is essential to address the need for CSE in Sri Lanka spearheaded by the government of Sri Lanka.

It is crucial to strengthen referral mechanisms and ensure health services are delivered in a youth-friendly manner.

The government needs to allocate finances to strengthen capacities of teachers, teacher trainers and in-service advisors on delivering effective CSE and make health and physical education a compulsory subject.

CONCLUSION: CONNECTING THE DOTS



The Generation-to-Generation dialogues are an integral part of UNFPA Sri Lanka’s national policy engagement work in advancing policies on women, youth, and the elderly, with a rights-based approach.

The dialogues capture the voices of the three generations and take into account the opinions, critiques, and recommendations of both the young, and the old. Further, the G2G dialogues support national decision-making with evidence beyond data, taking into account analysis and well-debated policy interventions and recommendations.

The sixth G2G has provided substantial guidance and direction into how Sri Lanka can be better prepared with innovative methods to educate the younger population on their sexual and reproductive health and rights. The dialogue brought out inter-linked perspectives and ideas from community, individual, and institution-based approaches, emphasizing the need for comprehensive sexuality education from multiple avenues. These discussions were derived based on the latest research supported by UNFPA Sri Lanka, thereby ensuring that the recommendations were evidence-based, practical, and moved beyond identifying of issues.

UNFPA is committed to continue working closely with the Government of Sri Lanka to support the governments’ efforts for evidence-based policy making, integrating data on population dynamics.



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