Title: How a group of non-government organizations built support and pushed ahead with implementing Comprehensive Sexuality Education, in a climate of growing conservatism: The case of Pakistan.

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Pakistan houses a considerable youth population with an estimated 44.6 million individuals falling within the age bracket of 15-24 years by the year 2020. This age group accounts for approximately one quarter of Pakistan’s population and thus will inevitably play a critical role in shaping the future economic and developmental prospects of the country. Presently, Pakistan’s youth population faces significant challenges including low levels of school enrollment with an estimated 30% of children never attending school and consistently high drop-out rates between primary and secondary school, particularly for girls. Adolescents are also exposed to significant health risks as a result of inadequate access to information, exclusion from health care services and the continued practice of harmful traditions. Due to their physical appearance, adolescents are often viewed as adults after the onset of pubertal changes resulting in an increase in social responsibilities, including marriage and childbirth, and economic contribution to the household. However, due to their young age, adolescents do not command social status or hold decision making power and therefore, often do not have adequate access to reproductive health care or accurate information, leaving them ill equipped to manage their reproductive lives.

Adolescent girls are particularly vulnerable with 1 in 6 girls between the ages of 15 to 19 years being married and a considerable percent, particularly in rural areas, still being married even prior to 15 years of age. Subsequent early and frequent pregnancies, inadequate access to contraception and information about birth spacing, meager prenatal care and related maternal morbidities including: premature and obstructed labor, obstetric fistula and low birth weight, have been shown to be higher in early age pregnancies. Furthermore, gender views amongst adolescents largely remain stagnant and traditional suggesting that gender discriminatory practices prevalent in society today will prevail unless issues of gender equity are actively addressed with young people.

Due to the stigma and shame associated with discussing sexual health concerns, most adolescents still access information through informal and unreliable channels such as peers or alternate health service providers. In a baseline evaluation conducted in 8 government schools in rural and urban Sindh, only 34% of adolescents reported that they would discuss a concerning health issue with their parents indicating that communication within families remains poor. As a result, adolescents have been shown to have limited information on issues related to sexual rights and health including pubertal development and sexually transmitted infections. In the metropolitan center of Karachi, for example, over 50% of adolescent girls were unable to identify any one kind of sexually transmitted infection. Furthermore, those individuals who can successfully impart sexual and reproductive health information to adolescents, such as teachers, are also often devoid of
accurate knowledge. In a baseline evaluation study conducted in 4 districts of Sindh, less than 50% of teachers were able to correctly identify the definition for HIV or AIDS.

While open discussion about sexuality and the body is generally considered taboo, adolescents express concern about a number of topics related to sexual health and development. Studies have revealed that adolescent boys express concerns about natural pubertal changes and maintain deep-rooted myths about the possible negative effects of masturbation on their masculinity and fertility. As a result, adolescents express a strong desire to have access to more information particularly with regards to puberty and development. In a survey conducted in a girls’ school in the largely conservative city of Peshawar, 88% of respondents indicated that there was a definite need for comprehensive sexuality education.

Prioritizing Sexuality Education

Recognizing the immediate and long-term needs of the youth population of Pakistan, the government integrated references to “life skills based education” in relevant policy documents in 2009. A significant area of focus for the government education initiatives has been on the prevention of HIV/AIDS, which has been integrated in the national curriculum for classes 9 and 10. However, while there is a recognition of the importance of life skills education from the government, the systematic development of clear guidelines for the integration of a comprehensive curriculum is still lacking. Moreover, after the passing of the 18th amendment which resulted in provincial devolution, integration plans need to be made independently in each province and cannot be mandated by the federal government.

In the absence of a structured public sector initiative, urgency for integration of comprehensive sexuality education programs in private and public schools and with marginalized adolescents, including out-of-school youth, became visible. Such programs needed to be initiated at an earlier age to equip adolescents with age-appropriate information and skills while maintaining cultural relevance and sensitivity in a society that is still largely uncomfortable with discussing sexual and reproductive health, particularly with young people. A number of organizations in Pakistan, including UNICEF, Rutgers WPF and Aahung initiated independent life skills based education programs and collaborative programs with the government in response to the unmet need.

As geographically sporadic programs across Pakistan began to be implemented the need for greater collaboration between organizations for the purposes of advocacy and support was felt. In 2009, an opportunity presented itself with the “Hamara Kal” (Our Tomorrow) project lead by Rutgers-WPF with the support of the European Union and implemented by 3 geographically distinct organizations – HANDS, Awaz CDS and Aahung. In order to capitalize on past experience and integrate a greater breadth of sexuality education topics, Rutgers-WPF and Aahung merged their distinct curriculum tools to develop a more comprehensive 18 lesson curriculum. The curriculum covers critical sexual and reproductive health and rights topics such as physical development, harassment and violence, marital rights and birth spacing in a culturally appropriate manner, while also
focusing on building core life skills in students which support communication, decision making and negotiation. While the content, recommended methodology and focus given to rights and empowerment in the curriculum is modeled upon a comprehensive sexuality education framework, a strategy decision was made to continue referring to the content as life skills based education (LSBE) as a result of the language already mandated in government policy documents.

The “Hamara Kal” curriculum was piloted in 320 schools in 3 districts of Pakistan (Mitiari and Karachi in Sindh and Multan in Punjab) with 139,000 students of grades 7-10 (ages 12-17 years). An evaluation of the pilot with a sample of 300 students revealed that those who had gone through the curriculum demonstrated improved communication skills with 91% of students stating that they felt an improved ability to discuss sexual and reproductive health issues with caregivers. Similarly, the evaluation showed that the parents of young people see it brings a positive contribution to their lives and has helped bridge the gap in communication between parents and children. Overall, 80% of the students reported a higher level of confidence after going through the sexuality education curriculum.

The “Hamara Kal” curriculum was also piloted by Aahung in a parallel intervention in girls’ schools operated by the Indus Resource Center in Khairpur, Sindh. The 3 year project evaluation revealed that significant change had occurred in girls who had gone through LSBE with regards to their awareness of sexual rights, capacity to voice opinions about their marriage partner and marital rights, knowledge of puberty and associated hygiene, and importance given to birth spacing for maternal health purposes. In order to strengthen the school-based interventions, information sessions were also held with the larger community including: men, women, school administration and community leaders. The community sensitization complimented the school-based programs with all key stakeholders assessed at the community level reporting a decrease in their acceptance of early and forced marriages. A significant number of stakeholders also stated that the incidence of early marriages had decreased in their community during the course of the project. The evaluation suggests that while sexuality education programs are critical for young people to gain awareness regarding their sexual rights, the involvement and support of the community, particularly family decision makers, can greatly enhance adolescents’ capacity to exercise their rights. Moreover, community involvement alongside sexuality education programs decreases the potential for social backlash and creates greater possibility for programs to become sustainable through community ownership.

While more systematic evaluations are required to provide a stronger evidence base for decreasing the adolescent reproductive health burden, initial results support the positive impact such programs have on the awareness levels and attitudes of adolescents, and on the development of a necessary skill set to negotiate reproductive rights and access health care. The direct link between the program results and the life skills based education needs identified in policy documents has opened up space for dialogue with relevant departments of education in Pakistan to integrate sexuality education content into the teaching curriculum set by provincial bodies. As each province stands independent on
policy decisions after devolution of the central government of Pakistan in 2010, advocacy strategies have been developed for each province independently with key individuals from each department of education being integrated into the advocacy process to ensure transparency, ownership and accountability.

In order to create greater cohesion in independent advocacy efforts, during 2012, 6 partner organizations in Pakistan, including Rahnuma Family Planning Association of Pakistan, Plan International, Rozan, UNFPA, Rutgers WPF and Aahung, further developed a framework for local comprehensive sexuality education curriculum content. The framework spans a greater age bracket for intervention by including 16-18 year old adolescents and includes more comprehensive topics related to sexuality. Moreover, the framework is adapted from the IPPF “It’s All One” curriculum and provides local organizations with a platform for program planning and advocacy initiatives. Ultimately, the advocacy strategy is to have the framework serve as a national implementation guideline to manage the variation in curriculum content in each province and ensure that those critical content areas for sexuality education which can be challenging to implement are not being sidelined. A multi-partner Sexual and Reproductive Health and Rights Alliance was formulated in 2012 to provide a platform from which organizations could advocate for integration of LSBE into provincial curricula.

Existing Challenges

Ongoing barriers exist to the integration of the curriculum into provincial education mandates with the most significant challenge stemming from present government reluctance to commit to curriculum integration. Due to intimidation from right wing fundamentalists and the already fragile education system not having adequately trained teachers or infrastructure, government bodies have accepted the importance of the curriculum, but have been unwilling to prioritize implementation. Several strategies have been deployed to enlist greater ownership by the government including: the ongoing involvement of key individuals from departments of education, recruitment of master trainers for curriculum training and implementation from the department of education, consultation with religious scholars on the content of the curriculum to mitigate risks of right-wing backlash, and ongoing engagement with the media.

In a conservative social environment, sexuality education content in Pakistan has also had to be carefully navigated in order to be socially accepted. Growing religiosity coupled with extremism in the country, particularly in more conservative provinces, has resulted largely in content on sexual behaviours having to be removed. However, a number of socially complex topics, which are of serious concern in Pakistan, such as marital rights, maternal health and violence, have been successfully negotiated through ongoing consultations with stakeholders, including teachers, parents, media personnel and religious leaders. The consistent use of a rights based framework in which human dignity and respect are highlighted has also supported in working with conservative elements. Moreover, complete transparency through the implementation process where all stakeholders were exposed to the content and objectives prior to implementation has
resulted in community advocates supporting in dispelling misconceptions about sexuality education and highlighting the benefits seen in their communities.

At the local level, cohesive advocacy efforts have started to overcome the implementation barriers that inhibit provincial/national sexuality education programs. Yet global priorities must also support the critical role of sexual and reproductive health and rights education in promoting adolescent health and education outcomes and consequently their economic and social potential. The limited focus of education initiatives in Pakistan, particularly with regards to girls, is often devoid of an adequate focus on the social determinants of poor enrollment and retention for girls schooling. Moreover, poor family health outcomes linked to maternal and child health needs must be addressed in a holistic manner which includes prevention of infection, violence, safe access to contraception and health care services which promote client rights and choice. Such an integrated approach promoted by international agencies and global advocates would strengthen education initiatives and support longer term sustainable change in gender norms and health indicators in Pakistan.

**Sources:**