

ADDIS ABABA UNIVERSITY
COLLEGE OF DEVELOPMENTAL STUDIES
CENTER FOR GENDER STUDIES

Thesis

**Assessment of the Importance of Comprehensive Sex Education in Secondary School
Curricula**

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Assessment of the Importance of Comprehensive Sex Education in Secondary School
Curricula

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This is to clarify that the thesis prepared by Tsion Molla, titled: Assessment of the Importance of Comprehensive Sex Education in Secondary School Curricula in Ethiopia is submitted in partial fulfillment of the requirements for a Degree of Master of Art in Development Studies (Gender Studies) complies with the regulations of the university and meets the accepted standard with respect to originality and quality.

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Abstract

This study aimed to assess the importance of Comprehensive Sex Education (CSE) in Secondary School Curricula. The research focused on assessing the need for the introduction of comprehensive sex education in secondary school curricula, the debate that exists, the role of CSE in promoting gender equality, and existing gaps that remain in the existing curricula. Primary data was collected through an in-depth, semi-structured interview through various techniques. Phone and online interviews were used besides in-person interviews. Respondents include educators, gender experts, curriculum experts, and advocates. Document review was employed to review the secondary school textbook Biology and Civics and Ethical Education and assess the strengths and gaps in relation to CSE. A provisional code was set out to serve as a guide to explore and analyze the documents. The research findings have pointed out that CSE is not officially included in the secondary school curriculum (grades 9 to 12), although certain topics related to sexual and reproductive health are covered in Biology Civics and Ethical Education. Some essential topics were excluded, while the approach and focus are only biological and physical and do not include psychological and social aspects. The study presents the importance of CSE to adolescents' overall well-being, empowerment, awareness, and informed decision-making, leading to improved sexual and reproductive health outcomes. Finally, the study discusses the existing debate and various perspectives around the inclusion of CSE in the curriculum, including concerns of sensitivity, encouragement of adolescent sexual activity, the existing lessons on sexual and reproductive health being sufficient and whether CSE should be a co-curricular activity or a curricular activity. It is recommended that the Ministry of Education revise and expand the current curriculum by adding important topics of comprehensive sex education that are missing and including psychological and social aspects to engage students with real-life case studies. NGOs are recommended to provide culture-sensitive co-curricular CSE materials to ensure approval from the Ministry of Education. Further research and evaluation are recommended to design age-appropriate and culturally sensitive CSE.

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CHAPTER 1

1. Introduction

1.1 Background of the Study

Comprehensive sex education may also be described as "sexuality education", which means that it encompasses education about different aspects of sexuality; the biological and physical aspects of sexuality largely concern the human reproductive functions, including the human sexual response cycle (Ferrante, 2014), information about family planning, reproduction (fertilization, conception and development of the embryo and fetus, through to childbirth), plus information about all aspects of one's sexuality including: body image, sexual orientation, sexual pleasure, values, decision making, communication, dating, relationships, consent, sexually transmitted infections and how to avoid them, birth control methods and more. (Stanger-Hall et al., 2011)

Adolescents are at risk of avoidable sexual and reproductive consequences like unsafe abortion, unwanted pregnancy, Sexually Transmitted Infections and the like (Zimmerman & Doljanac, 1998). When their challenges can be easily avoided by transparent discussion, the lack of communication and the taboo behind the concept of sex hold back adolescents from openly discussing it with their parents, putting them at high risk.

Sex education promotes sexual health, which is defined as a state of physical, emotional, mental and social well-being in relation to sexuality (IPPF, 2016). The ignorance of students, parents and teachers around sex education results in perpetuating the existing norm of lack of discussion and increases denial, confusion and frustration around the concept (UNESCO, 2009). Other studies show the relevance of sex education in the educational setting.

When analyzing it from a gender perspective, sexuality is influenced by gender inequality and social norms, resulting in different realities for both sexes. Women are pressured to control their sexuality, while men are pressured to experience sex early on. Sex education will help clear out misunderstandings and stereotypes. The

Cultural taboos, shame, and lack of communication skill of adolescents that exist makes them not discuss openly with their parents about sexual and reproductive health issues, which is why students need to be educated about it.

In Ethiopia, there have been numerous government and NGO efforts to improve sexual and reproductive health outcomes (Pincock, K. et al., 2023) in addition, there are Gender, HIV/AIDS and Youth Clubs in schools that create awareness of gender and HIV/AIDS. However, not all schools have those clubs; some do not have adequate personnel running them, and all students are not part of it. (Heslop, J., 2018 et al.)

1.2 Statement of the Problem

About 63% of the total population of Ethiopia is below the age of 25 years. In Ethiopian history, young people ages 10–24 are the largest group to be entering adulthood. Ethiopia has a rapidly growing population of adolescents and youth 33.8% of the estimated total population of 90 million (CSA, 2015).

Adolescence is usually a time to begin to experiment with sex. While experimenting, adolescents often encounter high-risk situations, such as contracting STD/HIV/AIDS and often experience unintended pregnancy and illicit abortions. This age is also characterized by recklessness, risk-seeking, sexual and drug experimentation, and a lower perception of vulnerability to the adverse consequences of the above risk-behaviors (Fekadu, 2001).

Existing evidence shows that the major sexual and reproductive health problems of adolescents and youth in Ethiopia include risky sexual practices, child marriage, early child bearing, unintended pregnancy, unsafe abortion and its complications and STIs, including HIV. Early sexual debut and teenage pregnancies are common owing to the high rate of child marriages and the subsequent family and societal pressure on girls to prove their fertility. The median age at first sexual intercourse among women aged 25-49 is 16.6 years. Rural women begin having sexual intercourse about 2.2 years earlier than urban women (EDHS, 2016).

The right to sex education is based on several international agreements and laws, including the right to information, as recognized in the right to health and the right to education. Nonetheless, it remains a challenge to ensure that access to sex education is a “claimable right:” a right that young people, as rights-holders, are able to hold states and other “duty-bearers” accountable for guaranteeing and fulfilling, not only through effective protection but also through the provision of programs and services (UNFPA, 2010).

Although, as part of the health strategy of FDRE, increasing awareness and knowledge about reproductive health issues is one of the plans (MOH, 2006). There is still very limited information on reproductive health topics such as physiology, reproduction cycle and life skills.

Sexual experience begins early in Ethiopian society (Fekadu, 2001), yet the need for sex education in high school continues to be controversial among educators, students and parents, which is why assessing the importance of sex education is a much-needed and timely topic to research on.

1.3 Objective of the Study

General Objective

The General Objective of the research is to assess the importance of comprehensive sex education in secondary school curricula.

Specific Objective

1. Assess the need to introduce comprehensive sex education in the secondary school curriculum.
2. Assess the debate regarding the introduction of comprehensive sex education in the curriculum of secondary school students.
3. Examine the role of sex education in promoting gender equality.
4. Assess the secondary school curricula and the gap in terms of comprehensive sex education.
5. Explore the efforts being made to include comprehensive sex education in secondary school curricula.

1.4. Significance of the Study

As cultural norms around sexuality evolve, it becomes increasingly clear that the youth are left to their own devices, and they will inevitably encounter issues related to consent, gender equality, and sex related challenges as they grow up. Thus, these growing challenges are pushing for comprehensive sex education, which provides students with age-appropriate, medically accurate information on a broad set of topics related to sexuality, including human development, relationships, decision-making, abstinence, contraception, and disease prevention (Bridges E. Hauser D.,2014).

Sex education is becoming an increasingly controversial topic when it comes to cultural territory like Ethiopia. Even though there is a need for assessment, there is limited research in Ethiopia that assesses the importance of including sex education in secondary school curricula.

This research will help assess the secondary school curriculum from the perspective of sex education and the information given about the subject. In addition to that, the research will help offer valuable guidance on the formulation of policy and change of curriculum for the provision of sexual and reproductive health education and services to young people. The findings will also contribute to the field of academia by adding more inputs to sex education.

CHAPTER 2

2. Review of Relevant Literature

2.1 Comprehensive Sex Education

Comprehensive sex education (CSE) is “*a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and understand and ensure the protection of their rights throughout their lives.*” (UNESCO, 2009, p. 16). Therefore, it is a kind of holistic education; it is deeper than just educating students about sex. Students will be educated about self and interpersonal relationships (Browes, 2015).

Research indicates that CSE helps in improving attitudes related to sexual and reproductive health and behaviors. Students will understand the body structures of men and women and how sex works. To teach students to establish and accept the role and responsibility of their own gender by acquiring the knowledge of sex. To educate students about gender, biological differences, social norms and consent (UNFPA 2014).

In research conducted (Fekadu, 2001) administered questionnaires to 354 sexually active female adolescents (aged 15 to 19 years), of which 29% had planned sex while the remaining 71% reportedly had causal sex. Moreover, 22% reported ever use of condoms, while 24% admittedly experienced abortion. The research shows that respondents initiated sex as early as 11 years. Some of the reasons for sexual debut were identified, with 'maintaining relation with male partners' (51%), 'for the sake of passionate love'(45.8%), and 'to overcome loneliness' (40%) as the three most important reasons. Which is why efforts must strengthen to empower young female adolescents to protect themselves from sexual vulnerabilities. These efforts include sex education to secondary school students who are at risk and more vulnerable to sexual violence, lack of empowerment and education.

Sex education will help students develop healthy relationships with friends in their romantic and interpersonal relationships. It also helps an individual cultivate a sense of responsibility towards others and oneself (Student Health Service Department of Health, 2010). In addition to that, sex education also helps young people protect themselves from vulnerable and harmful sexual behaviors or sexual exploitation.

According to the International Technical Guidance on Sexuality Education (UNESCO, 2009, P. 3) “*The primary goal of sexuality education is that children and young people, become equipped with the knowledge, skills and values to make responsible choices about their sexual and social relationships in a world affected by HIV. Sexuality education programs usually have several mutually reinforcing objectives: • to increase knowledge and understanding; • to explain and clarify feelings, values and attitudes; • to develop or strengthen skills; and • to promote and sustain risk-reducing behavior.*”

Young people receive confusing and conflicting information about relationships and sex (UNESCO, 2019). Confusion leads to an increasing demand from young people for reliable information, which prepares them for a safe, productive and fulfilling life. Sex education will respond to this demand by empowering young people to make informed decisions about relationships and sexuality while they navigate a world where gender-based violence, gender inequality, early and unintended pregnancies, HIV and other sexually transmitted infections (STIs) have a serious risk to their health and well-being.

Sexual education as a school curriculum started in Sweden in 1955. In the 1970s and 80s, many Western European countries followed Sweden. In the 1990s and 2000s, in France and UK which continued to Portugal, Spain, Ukraine and Armenia continued to Portugal, Spain, Ukraine and Armenia in France and the UK. (European Expert Group on Sexuality Education, 2016; WHO, 2010) The focus of sexuality in Europe during the 1960s-1970s was the prevention of unintended pregnancy; in the 1980s, it was about the prevention of HIV; in the 1990s, it was about awareness of sexual abuse; during the 2000s, the prevention of sexism, homophobia and online bullying was embraced. At this moment in time, analysis of gender norms and reflections on

gender equality are embraced more. Although the focus of sex education changed through time in line with public health and educational priorities, the key principles stayed the same.

In a study conducted in several European countries, it is seen that long-term national sexuality education programs have decreased teenage pregnancies and abortion, as well as sexually transmitted infections and HIV among young people from age 15 to 24. In addition to that, it is indicated that it has increased confidence and skills to deal with challenges; it also empowers young people and helps them achieve meaningful relationships (BZga UNFPA, WHO, 2016).

In the setting of Africa, primary and secondary school students of Kenya take courses called Life Skills Education. So do students in Malawi, Mozambique, Namibia, and Swaziland. South Sudan adds “peace-building” to the subject title. Lesotho, Madagascar, Rwanda, Tanzania, Uganda, and Zambia are more direct. These countries add the word “sexuality” to the course name. (Engelman, 2020)

(European Expert Group on Sexuality Education, 2016) explains that Good-quality sexuality education is grounded in internationally accepted human rights, particularly the right to access appropriate health-related information. This right has been confirmed by the:

1. United Nations Committee on the Rights of the Child
2. The Committee on the Elimination of Discrimination against Women
3. The Committee on Economic, Social and Cultural Rights
4. The United Nations Convention on the Rights of Persons with Disabilities
5. The 1994 Programme of Action of the International Conference on Population and Development
6. The United Nations Special Rapporteur on the Right to Education in a 2010 report to the United Nations General Assembly devoted exclusively to this topic
7. The European Court of Human Rights in 2011.

In research conducted, learnings on human relationships and sexuality are given by parents, relatives, friends and other important people in children's lives. These informal sources are usually insufficient due to the complexity of knowledge and skills required when discussing topics like Sexually transmitted diseases, HIV, contraception and other related issues. In addition, young people prefer to have an additional source of information as they might not feel comfortable discussing these issues with their parents (UNESCO 2009). The main source of knowledge they go to appears to be unlicensed video films or pornography, meaning, Speech, writings, pictures, images, or films depicting erotic behavior with the intent of sexual arousing the reader or viewer among young people (Francoeur et al., 1991) .

According to research conducted by the NUS (National Union of Students, 2015), The majority of students view porn to find out about sex. The survey done on more than 2,500 school and university students in the UK found 60% of respondents watch porn to get information about sex – despite almost 75% saying that it creates unrealistic expectations. Of the students surveyed, 75% say the sex education at their school was not practical and rated it as either fair, poor, or terrible. On top of this, 50% say issues they need to know about are not covered in class.

Sex education is highly necessary for young people as the intent of pornography is not to give knowledge and accurate information; it cannot be used as an alternative to sex education. Pornography exists within a broader sociocultural context in which stereotypes about gender, sexism, sexual objectification and violence-supportive attitudes are at play. It can also promote unprotected and unsafe sex. The range of online risks children and young people experience, like the dynamics and prevalence of cyber-bullying, sexting, exploitative relationships and connections online, increases dramatically (Armstrong, A. et al, 2017).

Comprehensive programmes are effective in changing behavior when implemented in school, clinic and community settings and when addressing different groups of young people: e.g. both males and females, sexually inexperienced and experienced youth, and young people at lower and higher risk in disadvantaged and better-off communities. Nearly all sexuality education programmes that have been studied have

increased knowledge about different aspects of sexuality and the risk of pregnancy or HIV/STIs. This is important because increasing knowledge is a primary role of schools (UNESCO, 2009).

Although highly criticized, research indicates that sex education does not encourage students to engage in sexual activity; it instead aims to develop and strengthen the ability of students to make conscious, healthy and respectful decisions (UNFPA, WHO et al. 2016).

Criticism of this highlights that sex education curricula based on the Comprehensive Sexuality Education (CSE) model do not discourage sexual activity but only emphasize contraception. This education can make teens feel pressured to have sex and view teen sex as an expectation. (Gennarini, S. et al., 2018)

The argument also includes that through encouraging contraceptives, adolescents will engage in sexual activity. Sexual activity of teens is linked to emotional problems, depression, unstable relationships, low self-esteem, depression and suicide attempts (American College of Pediatricians, 2010).

Higher sexual knowledge scores were also related to higher comfort levels with sexual topics. Students who had taken human sexuality, compared to those who had not, displayed higher levels of health sexual behaviors, and partake in more frequent sexual communication with partners (Fisher et al., 1983).

(UNESCO, 2009) mentions that in six studies conducted, the impact sex education has on the sexual behavior of young people is explained. Of six studies that measured the impact of sexuality education programs, more than a third delayed the initiation of sexual intercourse, about a third, decreased the frequency of sexual intercourse, and more than a third decreased the number of sexual partners, either among the entire sample or in important sub-samples.

Regarding the impact on condom and contraceptive use, these six studies demonstrate that more than a third of the programs increased condom or contraceptive use, while more than half reduced sexual risk-taking among entire samples or in important sub-samples (Kirby D, et al., 1994)..

Programmes that were designed to reduce sexual risk and employed a logic model also endeavored to change other factors that affect sexual behaviour. Those programmes that were effective at either delaying or reducing sexual activity or increasing condom or contraceptive use typically focused on: Knowledge, perceptions of risk, personal values about sexual intercourse and abstinence, attitudes about condoms and contraception, perceptions of peer norms, communication with parents or other adults and potentially with sexual partners (Kirby D, et al., 1994).

Advocates for Youth studies that two-thirds of 48 comprehensive sex ed programs studied had positive effects. Forty per cent had delayed sexual initiation, reduced the number of sexual partners, or increased condom or contraceptive use, 30 per cent reduced the frequency of sex, including a return to abstinence and 60 per cent reduced unprotected sex (Bridges E. Hauser D.,2014).

They also undertook exhaustive reviews of existing programs that work to prevent teen pregnancy, HIV, and STIs and compiled a list of programs that have been proven effective by rigorous evaluation. Thirty-six effective programs were identified, and among these, 16 programs demonstrated a statistically significant delay in the timing of first sex, 21 programs showed statistically significant declines in teen pregnancy, HIV or other STIs, 16 programs helped sexually active youth to increase their use of condoms, nine programs demonstrated success at increasing use of contraception other than condoms. (Bridges E. Hauser D.,2014).

A Mormon early abstinence-only program has seen that there was a change due to their program, yet the change was only in the increase in knowledge and not in behavior (Olson et al., 1984).

The CDC has identified only five sex education programs throughout the country as successful, and (Kirby, 1999 & 2001) identified ten critical characteristics shared by all of them, including a focus on reducing one or more sexual behaviors that lead to unintended pregnancy or HIV/STD infection; a grounding in theory; inclusion of activities that address social pressures; and examples of and practice with communication, negotiation, and refusal skills. Most importantly, according to Kirby,

effective programs deliver and consistently reinforce a clear message about abstaining from sexual activity and/or using condoms or other forms of contraception.

2.2 Gender and Sex Education

Gender is also an angle that is usually not analyzed in the issue of sex education. Sex education fosters norms and attitudes that promote gender equality and respect for human rights and diversity (UNFPA, 2010). Ethiopia has reported 79 births for every 1,000 young women aged 15-19. Adolescent girls receive limited information/advice about puberty, menstruation and menstrual hygiene. Menstruation is still stigmatized, and the onset of puberty poses a risk to girls' school attendance, given that a reported 15% of girls and young women have missed school because of menstruation (Population Council, 2019).

In a study, the Population Council published, young women aged 15-24 face problems relating to unintended pregnancy resulting from premarital sex, either voluntarily or forced. According to data from 2014, although adolescents had the lowest abortion rate among all women younger than age 35, they had the highest abortion rate among sexually active women. Unintended pregnancies among adolescents were 44%, and 46% of those unintended pregnancies ended in abortion (Guttmacher Institute, 2018).

Unequal relationships exist between the sexes and among age groups, socioeconomic and cultural differences, and diversity in sexual orientation and identities when associated with risk factors, create situations of increased vulnerability to HIV/STI infection.

According to studies, women are disproportionately afflicted by HIV/STI infections; this is brought about by several things, including the unequal power dynamics that exist between men and women in intimate relationships, the lack of access to healthcare and HIV prevention programs, and gender-based violence (Zhou, Shang, & Li, 2019).

Young people are among the age groups that are most susceptible to HIV/STI

infections, with an estimated 5,000 new infections occurring daily among young people between the ages of 15 and 24 (UNAIDS, 2020). The study (Dehne et al., 2015) explains that insufficient access to HIV prevention strategies, a lack of comprehensive sexual education, and stigma and prejudice against young people who participate in sexual activity are some of the reasons for high susceptibility.

Inequalities in social and economic standing can contribute to a greater propensity for HIV/STI infections. For instance, people who live in underdeveloped areas may have less access to healthcare facilities, HIV prevention strategies, and awareness, which increases their risk of infection (UNAIDS, 2020).

Gender norms have a significant impact on sexual behavior, and they often reinforce gender inequality and discrimination. An exploration of how gender norms affect sexual health outcomes uncovers differences in the way girls and boys experience sex. For example, girls often are socialized to be submissive and to see motherhood as a path to higher social status. On the other hand, boys are often socialized to take risks and be aggressive, even violent. According to Breuner, C. C., Mattson, G., & Committee on Adolescence. (2016) Gender norms often perpetuate the belief that males are entitled to force sex because their sexual needs are beyond their control and require immediate satisfaction. In other cases, men use sexual violence to enforce gender norms. This includes coercing women into submissiveness. Traditional gender norms dictate that men should be dominant, aggressive, and sexually active, while women should be submissive, passive, and sexually reserved. This creates a situation where men are expected to pursue women sexually, and women are expected to resist their advances, and this norm leaves women vulnerable to unwanted sexual attention and harassment Tong, R. (2009).

Gender-specific communications that reflect a double standard for men and women are usually included in sex-education given by parents and schools. Men are encouraged to show sexual desire; while it is a frowned upon subject for women, sexual expression and experimentation are also considered acceptable for boys yet unacceptable for women. Girls and women are encouraged to please their partners and not to show their desires. Girls hear fear-based and negative messages, usually

abuse, while it is more positive for boys. The gender-norms that we live in also exist in how parents, curriculums and educators transfer education and information.

Addressing gender also may produce benefits beyond sexual health outcomes, including less partner violence, more female control over sex, and less sexual coercion, as well as contributing to realizing other social returns, such as safer schools and improved schooling outcomes.

Integrating gender sensitization and human rights education at all levels of education curricula is the responsibility of educators. Sexuality education should also include a gender perspective that encourages people to think critically about the world around them and should also foster a rethinking of the stereotypical roles assigned to men and women so that real equality can be achieved (UNFPA, 2010).

2.3 Debate over Sex Education

Although in simple terms, sex education is defined as the “*transmission of appropriate sex-based knowledge, values, attitudes and roles to children. It seeks to teach boys and girls the physiological functioning and use of sex organs and the expected roles of each sex organ. In the past, people thought sex and sexuality only to mean sexual intercourse, whereas they embrace species, growth and development of human body including physical, physiological, and emotional changes of all sexual behaviors.*” (Anameze, 2002, p. 225), it sure has many debates and controversies.

In the United States, the controversy between comprehensive sex education and abstinence-only education is usually of conservatives and liberals. Conservatives claim the alarming statistics illustrate why abstinence should be the single mantra when it comes to sex education. Liberals counter that the increase in disease is the strongest case for more detailed information (Masland, 2013).

Besides that, Masland also has seen that controversy lies in how much to teach. Another is a battle on whether giving kids more information about sex actually leads to sexual activity or not. In a study, the World Health Organization conducted 35 sex

education programs, around the world, there is no evidence that comprehensive programs encourage sexual activity. The study also concluded that abstinence-only programs are less effective than comprehensive classes that include abstinence and safe-sex practices such as contraception and condom use. Conservatives believe that sex-ed is an inconsistent message, after saying it is best not to do it but teaching them how to send mixed signals.

Rijsdijk et al. (2011) identified three broad factors that could facilitate or hinder effective CSE program implementation in any context, including Africa: sociocultural factors, political factors (e.g., criminalization of sexual activities such as homosexuality), and economic factors (e.g., placing of resource constraints on schools).

Research in Sub-saharan Africa outlines that topics such as abortion, homosexuality, and sexual pleasure are found to be particularly contentious, with policymakers expressing concerns that providing such information would corrupt social norms and identities and erode children's innocence. This research also indicates that young people were concerned about facing criticism or consequences from their community, whereas parents, family members, and teachers expressed discomfort or fear in introducing young individuals to content that is not suitable for their age. (Achen, D. et al. 2023).

2.4 Types of Sex Education

Abstinence-only education, also known as “sexual risk avoidance programs,” teaches that abstinence from sex is the only morally acceptable option for youth and the only safe and effective way to prevent unintended pregnancy and STIs. It focuses exclusively on waiting for marriage until sex (Stanger-Hall et al. 2011). It teaches that STDs and HIV are the results of sex. Condoms and birth control are not mentioned at all. This method leaves out information for teenagers who do choose to have sex, leaving them at risk for pregnancy and STDs; therefore, it is highly criticized. In addition to that, these programs do not inform the youth about family planning (delaying pregnancy) or sexually transmitted diseases they could receive

from their marriage partner. Yet, abstinence programs are said to work better for individuals who have not yet initiated sexual intercourse (Olson, 1984).

Other critics suggest that abstinence-only programs are fear-based and use false information about the effectiveness of contraception and the ways you can get STDs and HIV.

CHAPTER 3

3. Research Methodology

3.1 Research Method

The methodology used for this research is qualitative research design. It aims to accurately capture the existing insight of key informants involved in the investigated phenomenon. To further understand the highly debatable phenomenon in depth, the researcher has found it more appropriate to use qualitative research. The research will use descriptive design to describe and validate listed objectives. Descriptive studies are valuable in providing needed facts for planning social action programs, as descriptive information can focus directly on a theoretical point. It may be useful in verifying focal concepts through empirical observation. The more adequate the description, the greater is the likelihood that the units derived from the description will be useful in subsequent theory building (Dubin, 2002). The Descriptive study intends to answer the research questions in-depth and arrive at a logical conclusion while assessing the who, what, when, where and how of introducing sex education as a curriculum in secondary schools.

In addition to that, Content Analysis will be used to assess secondary school curricula. Content analysis is a research technique for making replicable and valid inferences from texts (or other meaningful matter) to the contexts of their use (Krippendorff, 2004).

3.2 Study Participants

The study was conducted in Addis Ababa. Key stakeholders were interviewed to assess the relevance of sex-education in secondary school curricula. Key stakeholders that were included in the study were Policy-makers, Government ministries, including health, education and youth-related, Education professionals and institutions, Religious leaders and faith-based organizations, Researchers, and NGOs that are particularly working on sexual and reproductive health with young people. Key informants include two curriculum experts from the Ministry of Education and two gender experts from the Ministry of Health.

In addition to these government representatives, key informants also included individuals from organizations actively involved in promoting reproductive health and combating HIV/AIDS. This included a trainer and project manager from Setaweet, a feminist organization that conducts training programs for high school students and challenges gender norms. A program coordinator from Talent Youth Association, an organization focused on improving adolescent reproductive health and HIV/AIDS prevention, was also interviewed.

Another key informant was a Development Expertise Center (DEC) trainer, a local civil society organization implementing comprehensive sexuality education programs. A program director from Engenderhealth, a reproductive health advocacy and awareness organization, was also interviewed, along with the founder of Addis Powerhouse, a feminist platform conducting gender research. Additionally, a project coordinator from IPAS Ethiopia, which works to expand access to comprehensive abortion care and prevent unwanted pregnancies, was interviewed.

Lastly, Siyane Aniley, a PhD researcher and advocate for comprehensive sex education and a director from Sele Ethiopia Zem Anelem Saving the Generation from Homosexuality Association, a group that opposes homosexuality and comprehensive sex education, were also included as interviewees.

3.3 Data Collection Methods

The researcher collected both primary data and document review to gather the information needed for analysis. Data is collected through a semi-structured interview technique. An ‘interview’ is typically a face-to-face conversation between a researcher and a key informant involving a transfer of information to the interviewer (Cresswell, 2012). Interviews are primarily done in qualitative research and occur when researchers ask one or more key informants general, open-ended questions and record their answers.

3.3.1 Primary data

An in-depth interview was conducted to gain deep insight into the importance of comprehensive sex education, the current circumstances, debate on the issue, and more questions were posed to answer the proposed research questions fully. A semi-structured interview technique was used for the interview. Data was collected using field notes and/or recordings after obtaining consent from key informants.

There were 12 interviewees included in the study. Key informants were CSE trainers, advocates, researchers, experts, and project managers working in governmental and non-governmental organizations related to CSE. The researcher collected in-depth information on people’s opinions, thoughts, experiences, and feelings; interviews are useful when the topic of inquiry relates to issues that require complex questioning and considerable probing.

After consent was obtained from interviewees, one-on-one semi-structured interviews were conducted with individuals who are relevant stakeholders in the listed organizations. In a semi-structured interview, the interviewer uses a set of predetermined questions, and the respondents answer in their own words.

Semi-structured interviews are useful when there is a need to collect in-depth information systematically from a number of respondents or interviewees (e.g., teachers) (M. Easwaramoorthy et al., 2006). Four semi-structured interview guides were

formulated, catering to distinct target groups. The first guide targeted trainers, while the second guide was tailored for advocates, researchers, experts, and project managers. Lastly, a separate guide was designed specifically for government offices.

The interviews mainly focused on answering the research questions. Interviews were administered face-to-face, via email and phone call and were recorded and written down with the consent of each key informant.

3.3.2 Document Review

Documents have been used to help assess secondary school curriculum documents to analyze the component of sex education, assess gaps and recommend directions to answer the proposed research question. The reviewed documents are Biology, civics and ethical education textbooks for Grades 9 - 12. Civics Education is defined as that part of the education of the young that focuses on the healthy relationship between each citizen and the state in a political community. Biology education is a life science that allows students to learn about themselves and the organisms in their environment.

3.4 Data Analysis

The collected data is analyzed through thematic analysis, which aims to identify, analyze, and interpret the meaning within qualitative data (Braun & Clarke, 2006). To conduct the analysis, a semantic approach is used to examine the explicit content of the data, as opposed to a latent approach that seeks to read into the underlying assumptions and subtext. The semantic approach is selected for more reliability and validity, ensuring that the interpretations are firmly grounded in the data, leaving less room for the researcher's preconceived notions or biases. Data has been obtained through interviews, transcribed, and organized around critical themes to identify commonalities. Underneath each theme and sub-theme, qualitative data analysis methods, such as description, narration, and direct quotation, are used.

In addition, content analysis has been employed as a method for document analysis.

The study assessed the current state of secondary school curricula and identified gaps in sex education to determine the necessity of introducing sex education into the curriculum using content analysis.(Alan. & Bryman, 2011)

3.4.1. Provisional Coding

A predetermined ‘start list’ set of codes prior to fieldwork was developed from anticipated categories, types of responses, concepts and themes of the study (Saldana, 2013). The provisional coding has served as a guide to explore and analyze the document in depth.

The study’s provisional list was generated mainly from the (UNESCO et al., 2018) guideline on Comprehensive sex education was used. In addition, preparatory investigations like literature review, the researcher’s previous knowledge, research questions, and previous findings were used to generate the listed provisional coding.

Codes	
Abstinence	Gender
Abortion	Gender equality
Abstinence-only	Gender roles
Reproductive rights	Reproductive health
Mental health	Sex
Sexual health	Sexually transmitted diseases
HIV/AIDS	Pornography
Sexuality	Sexual behavior
Sexual intercourse	Pregnancy
Contraception	Consent
Body Image	Gender based violence/ Abuse
Puberty / secondary sexual characteristics	Harmful practices

Love	Relationship
Menstruation/period/menses	Self-awareness
Puberty	

3.5. Limitation of Study

This research specifically pertains to the Biology, Civics and Ethical Education material and cannot be extended to different subjects. This means that the research findings may not be generalized to other subject areas. Furthermore, the research solely focused on content study and did not evaluate how the material is actually taught in classrooms. As such, it is possible that the research findings do not accurately depict how the curriculum is actually taught in schools.

The study is also limited to examining the experiences and perspectives of stakeholders, and students, teachers and parents' experiences were not included. Since the key informants interviewed for this study did not include any students, it is recommended that future investigations into sex education consider a variety of influencing factors for a more holistic understanding of the subject's place in secondary school curricula.

3.6. Significance of the Study

By conducting interviews with various stakeholders, such as professionals and educators, this study will provide a unique perspective on the topic of comprehensive sexuality education (CSE). The significance of this study lies in its originality, as there is currently a lack of research in this specific area. Additionally, the absence of secondary data review in this field further emphasizes the importance of conducting primary research through interviews and document review.

By uncovering new insights, this study will serve as a solid foundation for future research endeavors. The findings may prompt other researchers to delve deeper into specific aspects of the topic, exploring different variables, methodologies, or populations. The significance of this study lies not only in its contribution to the existing body of literature but also in its potential to ignite and inspire further exploration in the field. As a result, it will enable scholars and experts to continue expanding our understanding and make meaningful advancements in the area under investigation.

3.7. Ethical Consideration

Respondents participated on the basis of informed consent. The researcher provided sufficient information and allowed individuals to understand the implications of participation and to reach a fully informed, considered and freely given decision about whether or not to do so; without the exercise of any pressure or coercion, the interviewee was free to decline participation at any time of the interview.

The researcher assured respondents of privacy and confidentiality. Consent has been asked for data gathering methods like recording and taking notes, and gathered data has been stored confidentially. Misleading information and representation of biased primary data findings were avoided. In addition, maintaining the highest level of objectivity in discussions and analysis throughout the research was highly considered (Bryman and Bell, 2007).

CHAPTER 4

4. Findings

4.1. Primary data

4.1.1. Current State of Comprehensive Sex Education in Ethiopia

According to key informants, currently, comprehensive sex education is not officially included in the curriculum. However, some topics related to sexual and reproductive health are incorporated into some subjects like Biology and Civics and Ethical Education. To supplement this, some non-governmental organizations (NGOs) provide sex education to students in selected schools. These organizations focus on different components of comprehensive sex education that cover many topics, including reproductive health, relationships, and gender-based violence.

There are elements of comprehensive sex education that are included in the secondary school curriculum. A key informant from the Ministry of Education stated that,

“The current curriculum's Biology subject has units dedicated to the reproductive system and health appropriate to children's age in different grades; in addition to that, the civics and ethical education also has various lessons on gender and reproductive health, and we can say it is fairly enough for the students.”

According to an interviewed sex education trainer, the existing curriculum and certain training programs have gaps in their topics. She asserts that a CSE should not just be about pregnancy and HIV prevention as it is included in the existing curriculum but should address a range of issues related to body awareness, gender, culture, sexual rights, and contraception. She explains that the training should be engaging and skill-based, with an emphasis on self-awareness, self-knowledge, and self-empowerment.

CSE is not sufficient in the curricula of Ethiopian secondary schools, according to an interview with a sex education researcher and advocate,

“While some NGOs and school clubs offer CSE, the content and delivery of sex education is influenced by the education ministry and regional education bureaus. The curriculum could aim to provide a more comprehensive understanding of sexual and reproductive health, including topics such as consent, healthy relationships, and addressing issues of gender-based violence.”

Key informants from non-governmental institutions mentioned that to fill the gap that exists, there are training sessions being provided by some organizations; a key informant from Engender health explained,

“Currently, there are a lot of non-governmental organizations training students on various components of sex education and some with comprehensive sex education as it is believed the sex education topics are not well included in the curriculum.”

A key informant from the Development Expertise Center and Engender health, organization’s that have been providing training called ‘The world starts with us’ explained that the training provided is an innovative, computer-based, comprehensive sex education programme that uses a rights- and evidence-based approach. The programme’s content is structured according to a logical sequence of events and consists (depending on the setting) of 14–17 lessons, divided into four sections, including – among others – modules on self-awareness, decision-making, identity and sexual development, the role of the social environment (including media), gender and rights, sex and love (orientation, pleasure), sexual health problems, and life skills (Vanwesenbeeck et al., 2015). This training rolled out in Ethiopia in 2013 G.C and has been providing training's to different age groups in various regions. The program is vetted by the Ministry of Education and selection of schools of implementation is done by the Ministry, They highlighted that the training has been adopted to Ethiopian context and has excluded some topics. Both organizations are currently providing sex education as a co-curricular activity, but due to the Ministry of Education and certain teachers' demand to exclude certain topics such as love and sex, topic including pleasure and sexual orientation which are considered

inappropriate for students at this stage, it is challenging to include all elements to make the lesson comprehensive.

YWCA, and Setawet key informants report difficulties of being asked to exclude topics while providing comprehensive sex education and related topics. A project manager from Setawet discusses challenges in delivering gender equality training that includes topics such as healthy relationships and consent, due to push-back from the Ministry of Education and schools. She shared her experience of being asked to remove the topic 'consent' to get an approval to provide the training. It is believed that the topic consent encourages sexual activity among adolescents as it is training students that they can give consent to sexual activities. Similarly, YWCA explains that they were required by the Addis Ababa Education Bureau to remove some topics related to gender-based violence from their training.

A key Informant from Setawet mentioned that,

“The Addis Ababa education bureau banned our training because the head of the department at the time thought the chapter on consent was too suggestive for the students and asked us to cut it out. We didn't want to do that because that goes against our effort to provide students with an awareness of what basic SRH education does not entail in the Ethiopian curricula. This is a specific example of my encounter, I am sure other organizations faced the same challenges when it comes to this topic.”

She further pointed out,

“CSE is faced with resistance from policy makers, teachers, and parents, who may have limited knowledge and biases towards certain topics, but I believe it is important to stress the importance of continuous discussions and advocacy to bridge the gap.”

A Ministry of Education source said that the ministry has received a CSE curriculum for all levels of education that needs to be reviewed and approved before being offered as co-curricular training. He did, however, say that the draft document was not acceptable for the norms and culture of the country. He asked "Why do we need to

teach kids of all ages about sexual issues and stir up their personal emotions?,this will ruin their innocence and relationships with their peers"

In addition to policy makers and educators, religious institutions are concerned about including CSE in the curriculum. A key informant from Sele Ethiopia Zem Anelem (ሰለ ኢትዮጵያ ዝም አንልም), an association that works with the motto “Saving the generation from homosexuality (ትውልድን ከግብረሰዶም እንታደግ)” debates that comprehensive sex education often has an LGBTQ+ agenda and promotes oversexualization of adolescents. He suggests that parents and the community should take responsibility for educating children and adolescents about sexual and reproductive health by limiting student access to Internet information and creating an open learning environment in the house. He also points out that CSE in Ethiopia is adopted from other countries and does not fit into Ethiopia’s religion, culture and norms.

Researcher and advocate for sex education argued that although adolescents should take CSE lessons, it shouldn’t be included in the curriculum but should stay a co-curriculum lesson. She explained: *“I do believe sex education is important to provide for students in secondary schools; however, I believe it should not be included in the mainstream curriculum but be provided as a co-curricular activity.”*

She added, *"As a trainer, I have seen that students are more excited that it is a co-curricular activity since it doesn't have exams and the training methodologies are engaging; they are more responsive to it as a co-curricular training."*

4.1.2. Importance of Comprehensive Sex Education in Secondary School

The development stage of puberty for children from 14-18 years old is marked by significant physical, emotional, and psychological changes. This period, known as adolescence, is a time of transition from childhood to adulthood. The onset of sexual maturity and rapid physical and cognitive development characterize it. A key informant from Addis Powerhouse explains. *“Adolescence is characterized by a lot of body changes including menarche, and access to comprehensive sex education is important for adolescents to be aware of the developmental changes.”*

According to key informants, it would be ideal for parents to provide sex education to their children accordant to their developmental stage. However, it is important to consider that many parents are not educated themselves and may not be aware of all the different components that comprehensive sex education entails. Additionally, it should be noted that discussing sex is still considered taboo in many parts of Ethiopia. This can make it difficult for parents to share the subject with their children and may result in a lack of clear and accurate information being shared.

Key informants from non-governmental organizations stressed the importance of CSE inclusion in the curriculum for secondary school students. A source from Addis Powerhouse mentioned that sexual and reproductive health is an essential aspect of an individual's overall physical and psychological well-being. She further explains that besides empowering adolescents, it also provides them with awareness of themselves and their bodies and gives them information on healthy and harmful relationships and reproductive health.

The program coordinator from YWCA explained:

“The issue of youth sexual practice in Ethiopia shows us the need for comprehensive sex education programs in the country. The lack of guidance and information is causing harm to the young population, including unplanned pregnancies and unsafe abortions, leading to potential infertility. The cultural norms, school system, and family structure do not provide adequate education on the topic, leaving young people vulnerable to harmful media influences. However, providing comprehensive sexual education can help to create healthy sexual practices and protect the human resources of the country in the long term.”

It is becoming increasingly common for pornography to be used as a form of sex education for young people. Many experts warn about the negative impact this can have, particularly on male students. (Armstrong, A. et al., 2017). A key informant from Setaweet, mentioned that

“...pornography is often aggressive and not gender-sensitive, which

can lead young men to believe that sex should be aggressive and that women are nothing more than objects to be used for their own pleasure. This can lead to harmful sexual practices and contribute to a culture of sexual harassment and assault.”

According to trainer on sex education, access to knowledge through CSE is vital to the health of young girls and boys and promotes gender equality. Educational initiatives that provide information on safe sexual practices, family planning, and reproductive health empower young people to make informed decisions about their health and well-being.

A project director from Engender Health explains that:

“Some of the results we have seen after giving the CSE training using the world starts with us curriculum is that CSE-trained students have helped their peer return to school after abduction, students involved in community activities in stopping early marriage and improved level of awareness on menstrual hygiene management among adolescent and youth including producing handmade sanitary pads.”

Key informants mentioned that an effective CSE program is one that not only improves sexual and reproductive health outcomes but also enables informed decision-making, increased access to healthcare, promotes healthy relationships, prevention of sexually transmitted infections, reduced unplanned pregnancies, and accurate knowledge on sexual and reproductive health contributing to their overall well being and educational success.

The project coordinator from IPAS explained that CSE is about providing information and preparing individuals for real-life situations. *“Students should learn about the different resources available to them if they face any issues related to sexual and reproductive health”*. These resources can be organizations, counseling services, or health clinics. Providing students with information on where to go and what to do during a crisis can help them make informed decisions.

4.1.3. Gender and Comprehensive Sex Education

Key informants from civil society organisations discussed that gender is at the heart of comprehensive sex education due to its inclusion of topics such as self-awareness, consent, healthy relationships, sexual and reproductive health, and sex and gender. Delving into these topics promotes awareness and equality while also decreasing the prevalence of gender-based violence, stereotyping, discrimination and harmful societal norms and attitudes. A project director from Engender health also expressed that the organization evaluates not only gender sensitivity but gender transformativeness on a quarterly basis through vetting and careful planning.

Source from Setaweet mentioned through the Gendershops training, a training provided to secondary school students that covers topics from the definition of Gender, consent, healthy relationships, self-love, privilege, and questioning masculinity and femininity, they have gathered that students have challenged their biases and attitudes towards gender roles and has improved their relationship with peers. This key informant explained:

“CSE also assists in preventing and controlling GBV; it promotes healthy relationships by teaching students about boundaries, consent and communication, addresses gender norms, and provides information on SRH, all providing knowledge to assist in creating a safer and equal society.”

Trainer on sex education expressed that, CSE is an effective way to teach students about the biological and societal differences between males and females. It helps students to understand the physiological differences between males and females, such as the differences in reproductive systems and hormonal changes. It also educates students on societal differences, like gender roles and biases, and how they impact males and females differently. By understanding this, students can become more empathetic towards each other, developing a greater understanding of the challenges that men and women face. She said *“In my experience, I have seen male students become more empathetic to female students after understanding about*

menstruation.”

CSE plays a crucial role in achieving gender equality as it equips girls with knowledge and skills, enabling them to make informed decisions about their bodies. This, in turn, boosts their confidence and helps them resist societal pressures. The project coordinator from IPAS explained,

“Educating girls on this subject not only empowers them but also benefits the broader community. By standing up for their rights and challenging inequality, they can fight patriarchy and say no to any form of discrimination.”

4.2. Document Review

Biology education and Civics education were the documents reviewed to answer the research questions. Biology education is a life science that allows students to learn about themselves and the organisms in their environment. It allows students to appreciate the harmony, contrast and beauty of nature around them. Biology as an experimental science involves critical thinking, reasoning and problem-solving in everyday life. The Biology textbook will be reviewed because concepts like HIV, STIs, Sexual health, Reproduction, Puberty, Contraception and the like are usually covered in this subject.

Civics Education is defined as that part of the education of the young that focuses on the healthy relationship between each citizen and the state in a political community. It brings into the successive growth and development of the young all the dimensions of this fundamental human relationships; all the ranges of rights and duties, freedom and responsibilities; provides the young with all the necessary capacities and skills, dispositions and attitudes; vision and meaning to life in general and to grasping of their specific manifestations as political, economic, social, and cultural phenomena. Civics and Ethical Education textbook will be reviewed because concepts like Healthy Relationships, Body Image, Gender-based violence, Harmful Practices, Gender Equality and the like are covered in this subject.

4.2.1. Reproductive Health, HIV/AIDS and Sexually Transmitted Diseases

The grade 9 Biology textbook has a whole section for HIV and AIDS under Micro-organisms and disease. It elaborates and describes the structural and functional aspects as well as how HIV affects the immune system. Besides that, it shows the local and global prevalence and explains the impacts of HIV and Aids. In addition to that, the textbook also explains care-giving and support to people living with HIV and the importance of counseling and testing services. It encourages the life skills such as assertiveness, decision making and problem-solving so they can be able to help prevent the spread of HIV and AIDS.

In grade 9 Biology textbook STD's (STI's) is explained as *“a growing problem in Ethiopia – partly because sexual activity often starts relatively young, partly because people often have more than one sexual partner and partly because access to health care is often difficult”* The section looks at three types of STI's (Gonorrhoea, Syphilis and Chancroid). The symptoms, transmission, effects on the body, control and prevention are explained under each type of STI.

The grade 10 Biology textbook reproductive health section highlights the biological aspect of conception (fertilization). *“When a single sperm joins with the ovum this is the moment of fertilization, which in humans is also known as conception.”* The text also describes that it is dangerous for girls under 18 to be pregnant, as maturation does not stop. Contraception methods are explained in methods (Natural method, Physical or barrier method, hormonal method, sterilization or surgical contraception method, The IUD or intrauterine device). Under each method, the types, advantages, disadvantages and effectiveness are well explained.

HIV aids is also explained under the Reproductive Health section in the grade 10 Biology textbook. It explains more in-depth how HIV is transmitted, its symptoms, testing and treatment options. Besides the biological aspect, this section also explains responsible sexual behavior. The section also has an exercise *“Sometimes it*

can be difficult to behave sensibly, but young people must be careful when they have sexual relations. They need to be assertive and sensible. Plan and act out one of these role plays:

a) A young girl and her boyfriend, the boy, want them to have sex. The girl wants to abstain.

b) A nurse/village elder has a discussion with some young pregnant women on how they can reduce the risk of their baby contracting HIV/AIDS.”

In regards to substance abuse and reproductive health, the textbook explains that substance abuse (Binge drinking, excessive use of khat, Illegal drug and more) increases the risk of Sexually transmitted diseases through unprotected sex. *“Research has shown that young people who drink alcohol are more likely to have unprotected sex. This means they are more likely to become pregnant, and also much more likely to become infected with HIV/AIDS. Young people who drink every day are three times more likely to have unprotected sex than those who do not drink.”*

The grade 11 Biology text book explains HIV AIDS in more depth than the grade 9 and 10 books. It explains the four ways of transmission *“• homosexual or heterosexual intercourse with an infected person • transfusion of infected blood or blood products • sharing infected needles • from mother to child during pregnancy”*. Besides that, the life cycle of HIV and similar viruses are also described. In addition to the biological aspect, the stigmatization and effective fight against AIDS, the control of the spread of AIDS by breaking the transmission pathway is discussed as well. *“Restricting the number of sexual partners: In terms of AIDS, this is simple mathematics. If we have sex with many people, we increase our risk of contracting HIV and then passing it on. Sex within a loving, monogamous relationship limits the spread of AIDS. This will require strength of character as friends may not be prepared to restrict the number of their sexual partners. You should not be swayed and you should try to educate them that their choice is a threat to the health and well-being of the whole community.”* Not sharing infected needles and circumcision of men is also explained.

The book also emphasizes how important and effective community response is,

giving an insight on where young people can find services “*The government-run local health centres deliver primary health services such as family health, communicable disease prevention and control, including HIV and health education. Being aware of the advice these centres can offer is crucial in the fight against AIDS.*”

Besides lecture, there are activities under this section. The first one is an activity that requires students to point out an inaccuracy in a poster presented (fig 1.34.) The poster depicts that the transmission of AIDS is through 1) Blood Transfusion 2) Syringes 3) During Pregnancy and 4) Pre-marital sex. The second is a brainstorming exercise that is done in groups. Students are expected to brainstorm on given topics like “*Reasons why young women (and/or young men) should say 'no' to sexual intercourse before marriage, Things young women (and/or young men) can do to avoid the temptation to have sexual intercourse, Things boyfriends and girlfriends can do together without encouraging each other to have sexual intercourse, Excuses given for not using condoms and responses to them*”. The third exercise is to write a poem by choosing one

from 3 listed scenarios: “*1, A girl who contracts AIDS from her only sexual encounter – a casual encounter which she did not intend; it happened when she was feeling low as a result of an argument with her best friend 2, A boy who finds he has AIDS as a result of sharing needles to inject drugs 3, A girl/boy who has to give up his/her dream of further education to support the family because the father is dying from AIDS – or you could think of your own AIDS-related situations.*” The fourth activity is a role play under given topics and present to class. The topics include: “*1, One person will be the ‘uncertain teenager’ who is tempted to try a new experience 2, One person will be the ‘bad friend’ who will try to persuade him/her that the experience will be fun with no problems 3, One person will be the ‘good friend’ who will try to persuade him/her that there are always consequences and he/she needs to think carefully.*” The final activity is a discussion and presentation on the topic “*Preventing spread of HIV/AIDS in the community and supporting people living with HIV/AIDS.*”

STD's and contraception's are not discussed further than HIV/AIDS in the Grade 11 Biology text book.

Grade 12 Biology text book describes the structure of HIV virus in lecture form and figure (1.29,1.31), explains the life cycle of HIV and shows how it replicates, how different the anti- retroviral drugs work, effectiveness of the drugs, the social and economic impacts of AIDS and demonstrates the life skills that lead to responsible sexual behavior.

Activities include for students to develop a plan an HIV/AIDS awareness campaign to be used in the community. Another activity is directly quoted: "*Avoiding AIDS is about respect • you respect your body – you refuse to expose it to HIV • you respect your future – you refrain from sexual intercourse or always use condoms correctly. Work in pairs and think of five more 'respects' that will help a person to avoid AIDS. For each write a short paragraph explaining how respecting each item will help you to avoid AIDS and incorporate the paragraphs into a poster.*" The third activity is the agree/disagree game. When the teacher reads the listed statements out loud, the students will respond by standing next to the lines that represents their opinions and explain why they agree, disagree or don't know. Some of the statements are "*I would feel embarrassed talking about condoms. It is natural for young men to experiment with several sexual partners. The main reason to have sex is for pleasure. I am not the kind of person to get HIV/ AIDS. Condoms prevent you from getting HIV.*" The last activity under this section is a case study about a girl called Almaz who is a seventeen year old and has a boyfriend who she wants to marry, she told her boyfriend that she wants to wait till marriage to have sex. Yet, her boyfriend's friends tease him for being a virgin so he gets another girlfriend and has sex with her using a condom. The exercise is to write a short dialogue between Almaz and her boyfriend after she finds out about the situation. The exercise has included things students should consider while writing the dialogue like, does she still believe in her decision to wait (why and why not?) If Almaz decides to have sex with her boyfriend? How can she be sure that he has used condoms previously? And more scenarios and thoughts to consider are listed.

Regarding birth rates, the book indicates that Ethiopia is one of the highest birth rates in Africa and highlights the importance of education regarding contraception. It explains that *“It is vital that the government makes available as many resources as possible to help local communities, particularly rural communities”* The text book recommends, *“1, sex education 2, access to contraception 3, general education to enable students to consider other options in their futures All of these will help in reducing the rapid population growth rate. In addition, help with the following will improve general health, which is usually associated with lower reproduction rates: 1, education about diet 2, resources to improve the quantity and quality of crops grown and stock reared in rural communities.”* Four countries (China, India, Iran and USA) are listed with their ways of reducing numbers born and its effect on population. According to the text, USA’s population is stable and increasing only slightly. The mentioned way of reducing numbers born is by making free contraception and sex education available to the public by giving priority to the poorest. Students are asked to read the measures taken by other countries and list measures they think Ethiopia should take and why they think so.

In Civics and Ethical Education grade 9 text book, HIV/Aids is discussed in the topic ‘Voluntarism’. It explains that voluntary work includes working on HIV/AIDS and provides a case study on a volunteer serving HIV positive people. It is also included in the unit ‘Responsibility’ under the lesson responsibility to combat HIV/AIDS, it highlights definition of HIV/AIDS, protecting themselves from the virus and student’s responsibilities in raising HIV/AIDS awareness. Under unit 10, Active community participation, it discusses involvement in the fight against HIV/AIDS.

Similarly, in grade 10 Civics text book, HIV/AIDS is also explained in ‘Voluntarism’ and ‘Responsibility’ following up from grade 9, it delves deeper to the impact of HIV/ AIDS and how students can contribute in the fight against HIV/AIDS. Grade 11, civics text book also discusses HIV/AIDS under the lesson ‘responsible behavior against HIV/AIDS’. This section discusses the history of HIV/AIDS, How it is transmitted and how students can protect themselves. While

discussing protection, it mentions “*One way to help protect ourselves is by using a condom when having sex as this creates a barrier between body fluids. Another way is to make sure that equipment used to cut the body is properly sterilized.*” Under the unit ‘Justice’, grade 12 civics text book discusses deliberate transmission of disease as a crime. It also expands on the severity of HIV/AIDS as a global pandemic.

4.2.2. Harmful practices: Female genital mutilation (FGM)

Female genital mutilation (FGM) is explained in reproductive health section in grade 10 Biology text book. It explains that FGM is a harmful practice that is practiced in different areas in different regions in Ethiopia, the effects of FGM in regards to infections, risk of HIV infection and loss of blood “*The process of FGM when a girl is cut can result in serious bleeding and infections which can kill. In Ethiopia today, with our high rates of HIV/AIDS, it can put our girls at risk of HIV infection too*”. Information and efforts of the Kembatta Women’s Self-Help Centre, Kembatti Mentii GezzimaTope (KMG) organization and the national committee set up known as the Eradication of Harmful Traditional Practices (EHTP) are explained. The roles of religious leaders and how it is not acceptable in both Islam and Christianity. As an exercise, students are expected to work in groups and plan a campaign to help people in their area by designing a poster or a leaflet.

FGM is not included in grade 9, 11 and 12 Biology textbook.

Under grade 9, Civics and Ethical Education textbook, FGM is discussed under the lesson ‘The basis of knowledge and wisdom’. It presents a case study of a girl who faced FGM and how it affected her. Under grade 10 civics and ethical education text book, FGM is briefly mentioned under transmission of HIV/AIDS and civic participation when discussing the contributions of EWLA in outlawing the practice of FGM and domestic violence. FGM is not included in grade 11 and 12 Civics and Ethical Education textbook’s.

4.2.3. Development (Puberty)

In relation to development, grade 9, 11 and 12 Biology textbooks do not include

lessons on puberty. The grade 10 Biology text book details the type of hormones; growth and sex hormones “*Growth hormones produced by the pituitary gland have a long, slow effect on you throughout childhood, and then when you reach puberty, the sex hormones are produced, which lead to long- term physical development and growth.*” The hormones are then described in depth. How the hormones are produced, the roles of the hormones and development of sexual characteristics it results is also explained and a diagram is presented.

The text book explains that the order and the speed in which puberty occurs is an individual manner and no two people experience puberty in the same manner. The book lists a general sequence of events both for boys and girls. “*Puberty in boys usually begins somewhere between the ages of 9 and 15 years old. It may happen very rapidly, over the space of a year or so, or it may take place much more slowly over a number of years*” It continues to explain how the chemical changes triggers puberty causing the development of secondary sexual characteristics. The main secondary sexual characteristics like growth spurt, development of pubic, facial and body hair, enlargement of the larynx resulting to deeper voice and more is listed and presented in Figure 3.41 for boys.

“*Girls often go into puberty slightly earlier than boys, and so between the ages of 8–14 most girls begin the changes which will take their bodies into sexual maturity.*” Just as it is explained for boys, the hormones that control puberty and the chemical process is explained. The main secondary sexual characteristics like the development of the female pattern of fat deposits on the hips, buttocks and thighs, pubic and body hair, growth spurt, menstruation and more are listed and presented in Figure 3.42. A diagram that depicts the male (Activity 3.14) and female (Activity 3.15) reproductive system (side and front view) from Biology lesson in grade 8 is used to revise and make students exercise on how much of the system they can remember.

4.2.4. Menstruation

Menstruation is not mentioned in the grade 9, 11 and 12 Biology text books. The grade 10 Biology textbook explains Menstruation's biological aspect: the cycle and

hormones involved and their functions. Under the 'Endocrine Glands' section, the menstrual cycle and its changes are explained. During puberty "*The ovaries begin the production of mature ova and menstruation begins.*" *Chemical control by hormones is vital in the female reproductive system. Hormones control the whole process of menstruation and pregnancy. The menstrual cycle is a sequence of events which takes place approximately every four weeks throughout the fertile life of a woman, from the age of puberty to around 50 years of age.* It also further explains that "*A babygirl has ovaries full of immature ova, but they do nothing until after puberty. Then, once a month, a surge of the hormone FSH from the pituitary gland in the brain starts a few of the ova developing.*" It continues exploring the biological aspect of menstruation, hormones and ovulation highlighted in Figure 3.44.; on how changes in hormone levels influence the events of the menstrual cycle. It also dives deeper into explaining the menstrual cycle's four main hormones: FSH (follicle stimulating hormone), LH (luteinising hormone), Oestrogen and Progesterone, and their roles in the menstrual cycle.

4.2.5 Gender

Grade 12 Biology text book explains, "*Gender, in humans, is determined by the X and Y chromosomes; males have the genotype XY whilst that of females is XX*" under the unit 'Genetics'. Gender is not discussed in grade 9-11 Biology curriculum.

Gender equality is a lesson under the equality section of grade 9 civics text book. The lesson starts with defining gender and sex, it then dives into the meaning of gender equality, its importance and the effects of inequalities. It explains gender as a social concept. And it closely relates it to our culture while discussing gender roles, "*In some societies only men weave. Women can help men but they do not weave. This does not mean that women have no ability to weave. They do not weave because the culture does not allow them to be weavers.*".

The lesson also includes a table for students to fill out sex differences and gender biases between male and female. Similarly, grade 10 civics text book includes

gender equality. This textbook further explores equality, discussing “*Equality is not only about rights and benefits but also burdens that should be distributed equally.*” It also explains Ethiopia’s constitutional response to gender equality detailing article 35. This text book has also included a case study on ‘The girls empowerment and management project’ Grade 11 text book delves deeper in gender issues and socially discriminated groups under the unit equality it explains that “*cultural differences in society shape how the different gender issues are viewed and handled.*” Grade 12 civics text book does not include gender in the lessons.

CHAPTER 5

5. Discussion

5.1. Exploring Varied Perspectives

The long-standing debate on sex education for youth encouraging sexual activity among adolescents, engagement in harmful sexual practices has been a finding in this research. Secondary school sex education has always been a contentious topic with differing viewpoints from many sources. Some people argue that adolescents in secondary school are too young to learn about sex, while others think that adolescence marks a period of physical changes and the onset of sexual activity. Advocates for CSE in secondary schools contend that giving adolescents information about sex may enable them to make wise decisions about their sexual well-being. On the other side, some who are against teaching sex education in secondary schools contend that doing so could encourage adolescents to engage in sexual promiscuity.

The UNESCO (2016) review has found out comprehensive sex education programmes contribute to delayed initiation and frequency of sexual intercourse, decreased number of sexual partners, reduced risk-taking, and increased use of condoms and contraception, concluding that CSE has positive effects. Other researchers also point out that sex education does not increase sexual activity, risk-taking behavior or HIV/STI rates (Fonner et al., 2014; Shepherd et al., 2010).

Findings have also shown that there is an additional controversy in CSE being appropriate in considering Ethiopia's religious and cultural roots, while others argue that a lot of CSE materials have been adopted to be sensitive to the country's religions, cultures and norms.

Not only social norms and culture but history, religion, and gender roles in society determine what is acceptable in terms of the content of CSE. It is argued that sex education attacks and undermines the religious faith of many students. There are students whose parents have taught that premarital sex, birth control and abortion are wrong and will now sit in class and have an authority figure in contradiction with their beliefs and what they are taught. Contraceptives and same-sex marriage are also topics that several religions disapprove of. (Gennarini et al., 2018)

It is believed that, adolescents should be empowered to avoid risks altogether, not just reduce the harms associated with inherently risky sexual behavior. Lessons on consent, love, pleasure and contraceptives is thought to be too suggestive in promoting the sexual activities of adolescents.

In a patriarchal society, women are not encouraged to learn about sex and question their gender roles (OHCHR, 2023). Reservations about CSE carry pronounced anxieties about what it means for young people's sexuality and reproduction, particularly with an emphasis on young women's sexuality.

Research points out, that opposition to CSE undermines rights, rigour, evidence, and health outcomes that form the core of CSE. Abstinence only approaches has shown to be ineffective as they withhold important sexual health knowledge, and stigmatize young people who are sexually active (UNFPA et al., 2020).

It should also be noted that this existing controversy seems to be deeply rooted in the largely donor-driven nature of organizations that advocate for and provide CSE. CSE's initiative and the curriculum content not developed in the country but being derived and adopted from international organizations raises concerns. Research in Zambia also shows that donor funded CSE has been rejected by some actors (including teachers) who have side-lined implementation because they perceived it

as a foreign agenda (Zulu et al., 2019). This concern can be addressed through further research in assessing the cultural appropriateness of the CSE materials that have been adopted in Ethiopia. However, it is also important to note that NGO's should be able to design a local CSE that is culturally appropriate to include in the curriculum.

There is also a debate on whether the current curriculum in schools is adequate enough to provide comprehensive education on sexual and reproductive health. Some key informants argued that the existing curriculum is sufficient, while others contended that there is a need for more topics to be included. Those in favor of the existing curriculum argue that it already covers sufficient information and includes topics such as safe sex practices, sexually transmitted infections, and contraception. They believe there is no need to add more content to the program, as the existing curriculum is age and culture-appropriate and provides students with the information they need to make informed decisions regarding their health and well-being. However, those who contend this argument explain that the content and methodology of teaching in schools are lacking and inadequate, resulting in students being denied access to comprehensive sexual and reproductive health education.

The document analysis in this research has assessed that the existing secondary school curriculum in sex education is limited and does not provide comprehensive information on the topic. The curriculum focuses on the biological aspects of sex education but does not address the social and psychological aspects. It also does not effectively address concepts like gender, self-awareness, body image, self-love/image, gender-based violence, relationships and more.

Comprehensive sexual education (CSE) goes beyond sexual and reproductive health issues such as contraception, STIs, and HIV/AIDS but also includes anatomy, menstruation, pregnancy, contraception, and issues like gender equality, consent, and harmful practices. CSE should address these topics' psychological, social, and emotional aspects. It aims to empower learners by improving their analytical and communication skills and promoting health and well-being in relation to sexuality, human rights, interpersonal relationships, values, cultural norms, gender equality,

non-discrimination, sexual behavior, violence and gender-based violence, consent, and harmful practices. (UNESCO, 2016)

Another varied perspective gathered from the results is a different view on the inclusion of sex education in the curriculum of grade 9 – 12 but that it should continue being a co-curriculum , after school lesson. However, according to key informants who advocate for its inclusion in the curriculum, Ethiopia's few organizations and limited resources make it impossible to give CSE to all of the country's schools. It is crucial to keep in mind that various organizations create or employ various resources and approaches to deliver extracurricular lessons, which will challenge the lesson's uniformity. CSE can be offered as a stand-alone curriculum or as an integrated subject infused throughout the curriculum. When it is a stand-alone program in school or after school, it provides in-depth coverage of topics, but requires specialized trainers, time, and budget. When integrated, learners will learn aspects of CSE in different subjects, and it creates an opportunity to learn across the curriculum (UNESCO, nd.)

5.2. The Need for CSE in Secondary School Curriculum

Through the research findings, it has been gathered that comprehensive sex education (CSE) is not officially included in the curriculum of Ethiopian secondary schools, but certain topics related to sexual and reproductive health are covered in Biology, Civics and Ethical Education lessons. Some NGOs in Ethiopia provide CSE as a supplement to fill the existing gaps in the curriculum.

Even though some NGOs support the delivery of CSE in a few schools, their efforts are limited, and many schools continue to lack access to this education/training. The discrepancy of the subjects covered by various organizations is also challenging. For all schools and secondary school students to be included, including CSE in the curriculum is essential. However, CSE is facing resistance from policymakers, educators, and religious institutions due to beliefs that the education on sexual and reproductive health that already exists in the curriculum is sufficient and that it promotes the over-sexualization of adolescents.

Despite the resistance to CSE, results have revealed it is essential for the overall well-being of adolescents, and it empowers them with awareness of their bodies, information on healthy and harmful relationships, and reproductive health. Access to CSE is assessed to be vital to the health of young girls and boys and promotes gender equality. Gathered results show that CSE can lead to informed decision-making and improved sexual and reproductive health outcomes, thereby reducing unplanned pregnancies and sexually transmitted infections.

Given the many physical, sexual, cognitive, social, and emotional changes that happen during adolescence, it is important to provide knowledge to guide adolescents through these critical years. A study in Kenya found out that CSE decreased the onset age of young people having sex; it has also shown that it has increased condom use. A review has shown that CSE has increased the knowledge and improved the attitude of adolescents towards sexual and reproductive health (UNESCO, 2016).

Fact sheet of UNFPA lists that CSE effectively reduces early and unintended pregnancy increases contraception, links adolescents with youth-friendly health services, and prevents unintended pregnancy, STI and HIV/AIDS (UNFPA, 2020). It has been gathered that, gender is at the center of CSE, challenging societal norms and attitudes while decreasing the prevalence of gender-based violence, stereotyping, and discrimination. It also empowers female students and helps them know their rights, be assertive, be aware of available resources and decide for themselves. Male students will also understand the inequalities, stereotypes and gender norms that exist. The lesson will build empathy and understanding between students. CSE empowers girls to negotiate sexual relationships and challenge gender norms; adolescents will develop an understanding of risky and harmful relationships and develop the skills to reject unwanted sexual activity and seek help in case of GBV (UNFPA et al., 2020) Overall, CSE inclusion in the secondary school curriculum benefits the broader community by creating well-informed and assertive adolescents.

5.3. Document Discussion

The existing secondary school curriculum includes components of sex education in Biology and Civics and Ethical Education. However, a review of the curriculum shows that discussion on sex education is limited. The Biology textbook for grades 9-12 takes a biological/physical approach and does not include a psychological/social approach in explaining different concepts of CSE.

According to the definition of UNESCO (2009), CSE comprises of not just the physical aspect but the cognitive, emotional, and social aspects of sexuality. *“It not only explains the biological knowledge of sexually transmitted diseases, adolescence, and contraception but also equips young people with the skills, attitudes and values that will help them realize their health, well-being and dignity. It also should help them develop a respectful social and sexual relationship, be aware of their choices and consequences, and understand and ensure the protection of their rights and others.”*

The Biology text books explain the biological aspects of HIV/AIDS and sexually transmitted diseases (STDs), such as how they are transmitted, how they are prevented, and how they are treated. This is important information, but it does not provide students with the social and emotional skills they need to make healthy choices about their sexual health.

The Civics and Ethical Education curriculum does address some social aspects of HIV/AIDS and STD's, such as volunteerism, responsibility and the legal aspect however, it still lacks discussing aspects of healthy relationships which is an important component when discussing the psychological and social aspect of HIV/AIDS and STD's.

In addition, the Civics and Biology curriculum does not address the issue of consent. It does not teach students about the importance of getting consent before engaging in sexual activity, or about how to revoke consent if they change their mind. This is a critical omission, as consent is essential for healthy sexual relationships and the prevention of HIV/AIDS and STD's.

The finding also leads us to point out that the curriculum doesn't address self-awareness, body image and self-love which will help students in understanding one's own values and beliefs to have a strong sense of self awareness, self love and positive body image in order to be assertive and make healthy sexual choices. It also doesn't include lesson on healthy relationships to help students understand the signs of unhealthy relationships, communicate their needs effectively and resolve conflict.

Research shows that subjective well-being is highly affected in the age of adolescence. Through self awareness trainings, adolescents have developed strong self-identity and self-love improving their mental health (Golshiri,p. et al., 2023). During adolescence, people learn how to form safe and healthy relationships with guardians, friends, teachers, community members and romantic partners. It is important for them to learn about establishing and maintaining healthy relationships with everyone. Romantic relationships also play a critical role in their development.

The curriculum includes abstinence, sex, sexual and reproductive health just in relation to HIV/AIDS and STD's. This narrow focus does not provide students with the comprehensive information they need to make healthy choices. Although it is just from a biological stand point, it is important to mention, Grade 10 Biology textbook presents an exhaustive list of contraceptive methods, outlining their pros, cons and effectiveness. A survey based research has found that CSE was associated with increased contraceptive use and less intoxicated sexual intercourse (Kohler PK et al., 2008). This lesson will empower students to recognize the availability of contraceptives and gain insights to make informed choices.

Discussing harmful practices across grade 9 to 10 textbooks is inefficient. While female genital mutilation was addressed in both grade 9 civics and ethical education as well as grade 10 Biology, the information presented lacked clarity in defining FGM and took a limited approach. The textbooks primarily focused on the topic of FGM resulting in infections and the transmission of HIV/AIDS, without delving into the psychological effects. Additionally, though there is an activity included in the textbooks for students to plan a campaign against FGM, resources are not provided to aid with this task. Other harmful practices such as abduction, early marriage and

various forms of gender based violence are not well discussed.

Menstruation is discussed only in grade 10 Biological text book, the lesson focuses on biological aspect, discussing the cycle, the hormones involved and their functions. This leaves a broad gap in the understanding of menstruation for students. The limited approach and the topic not being included in the Civics and Ethical Education creates a barrier for female students from applying the lesson to real life menstruation management and understanding that it goes beyond hormonal changes and includes physical and emotional challenges, managing menstrual products, and dealing with stigma. It also does not educate male students, who have never experienced menstruation in their lives, to understand the challenges female students face.

Lesson on gender is not sufficiently included in the Biology curriculum, the grade 12 Biology textbook explains that chromosomes define gender and does not explain the difference between gender and sex. However, the civics text book of grade 9 includes the difference of sex and gender and civics text books of grade 10 and 11 discusses gender quality and gender roles. It is important to note that the inclusion of gender in the curriculum does not have depth and fails to allow students to discuss stereotypes, real life challenges they face and gender-based violence. This can lead to a lack of understanding of the social and cultural aspects of gender and how it affects themselves and society as a whole.

The document review findings imply the need to revisit secondary school curriculum to ensure that students have a comprehensive understanding of sexual health. Various topics like relationships, respect, self-image, and gender must be encompassed within the curriculum.

It is also important to note that, teachers in certain areas cannot provide information or promote practices considered taboo in their community (Wekesah et al., 2019). Teachers might avoid or skip topics they don't feel comfortable talking about and might discuss them in a negative light.

Furthermore, social and psychological aspects of sexual health education must be

given equal consideration to biological aspects. It is important to recognize that CSE includes biological, psychological, interpersonal, and sociocultural factors (UNESCO, 2016). CSE should consider the social and cultural contexts in which individuals live and emphasize the importance of addressing the psychological, emotional, and social aspects of sexual health.

The provision of real-life examples should also be incorporated into the curriculum. This could involve scenarios on safe sex practices, prevention of unintended pregnancies, discussions on the responsibility of sexual partners towards each other, and forms of gender based violence. Including exercises and discussion sessions would enable students to engage actively with the topics and implement it in their lives.

CHAPTER 6

6. Conclusion and Recommendation

6.1 Conclusion

Comprehensive sex education is an important tool in promoting gender awareness and equality. It covers topics such as self-awareness, consent, healthy relationships, sexual and reproductive health, and sex and gender, which can help decrease gender-based violence, stereotyping, discrimination, and harmful societal norms and attitudes.

The key findings of this research, from the limited/few interventions, is that, CSE training for secondary school students has challenged student's biases and attitudes towards gender roles and has improved their relationship with peers. Understanding the biological and societal differences between male and female has helped students become more empathetic towards each other and develop a greater understanding of the challenges that men and women face. CSE also equipped girls with knowledge and skills to make informed decisions about their bodies and resist societal pressures. CSE educates and empowers students to question and challenge gender norms and

stereotypes leading to the promotion of gender equality.

The study has also found out that, Biology curricula of grade 9 - 12 include biological/physical aspects of topics like HIV/AIDS, STD's, menstruation and contraception however, the Civics and Ethical Education text book addresses the social aspect of HIV/AIDS and STD's but lacks depth and does not include topics like consent, healthy sexual relationships and self-awareness, body image, conflict resolution, puberty and menstruation. The gender aspect of the curriculum is also lacking in terms of discussing about stereotypes, gender norms, masculinity and femininity, gender based violence and relationships.

This results implies that it is crucial for stakeholders to engage in dialogues to explore diverse viewpoints and work towards reaching a consensus and bring their efforts together to lobby the inclusion of CSE in secondary school curriculum. This will allow uniformity in the CSE lesson across the country benefiting not only a few schools with access to co-curricular training's but all school based adolescents. It is worth noting that the attitudes and beliefs towards CSE is complex and multifaceted, and it's promotion of comprehensive sex education in Ethiopia must be approached with sensitivity and respect towards cultural and religious diversity.

6.2 Recommendation

It is recommended that the Ministry of Education conduct further research and revise the current curriculum by adding more topics that have been excluded and expanding the approach to include psychological and social aspects, rather than solely focusing on biological and physical subjects. It is recommended for the lesson to be more engaging and include real-life case studies, discussion and debates and exercises to engage students. This revision will call for educators to be further trained to provide accurate, gender-sensitive information.

It is also important for NGO's working on CSE to continue providing co-curricular CSE to schools and be active in developing or carefully adopting CSE materials to ensure it is culture sensitive before looking for approval from Ministry of Education and implementation in schools.

There is significant resistance towards sex education programs due to cultural and religious differences between local and international communities and programs being donor-driven. This can act as a barrier towards establishing a donor-based comprehensive and inclusive approach to sex education. This calls for the importance of developing and adopting materials to be culture sensitive, including case studies, exercises and lectures based in history and local knowledge.

There is also a pressing need for ongoing research and evaluation of CSE in schools. The researcher recommends conducting further studies to determine the need for an age-appropriate CSE across various grade levels in the curriculum.

There is lack of communication between parents/guardians and adolescents regarding sexuality due to the existing taboo. Therefore adolescents are vulnerable to misinformation through other sources adolescents get their information from. The researcher recommends that the community, parents, educators and students create a space to discuss various aspects of sexuality to correct and provide accurate information.

Studies that examine the experiences and perspectives of students in the field of CSE are essential for understanding the various challenges and questions that students may face in their adolescent years. The researcher suggests mixed-methods research, which combines both qualitative and quantitative approaches, to better understand students' experiences and needs of CSE.

Reference

Alan, Bryman (2011). *Business research methods*. Cambridge: Oxford University Press.

Anameze, L.N. (2002). *Sex education and Marriage Counseling*.

Achen, D., Fernandes, D., Kemigisha, E., Godfrey Zari Rukundo, Nyakato, V. N., & Coene, G. (2023). Trends and Challenges in Comprehensive Sex Education (CSE) Research in Sub-Saharan Africa: a Narrative Review. <https://doi.org/10.1007/s11930-023-00362-1>

American College of Pediatrician, Position Statement on Abstinence Education, October 2010

Armstrong, A. Quadara, A., El-Murr. A., & Latham, J. (2017). *The effects of pornography on children and young people: An evidence scan*. Melbourne, Australian Institute of Family Studies.

Braun, Virginia; Clarke, Victoria (2006). *Using thematic analysis in Psychology*. *Qualitative Research in Psychology*

Boti, N., Hussen, S., Shegaze, M. *et al.* (2019) Effects of comprehensive sexuality education on the comprehensive knowledge and attitude to condom use among first-year students in Arba Minch University: a quasi-experimental study. *BMC Res Notes*

Breuner, C. C., Mattson, G., & Committee on Adolescence. (2016). Gender norms and sexual health behaviors among young adolescents. *Journal of Adolescent Health*

Bryman, A. & Bell, E. (2007) “*Business Research Methods*”, 2nd edition. Oxford University Press. BZga, UNFPA, WHO (2016) *Sexuality Education: Policy Brief Volume 1*.

Creswell, J. W. (2009). *Research design: Qualitative, quantitative, and mixed methods approaches* (3rd ed.). Los Angeles: Sage.

Dagne HG. (1994). *Socio-Cultural Background of Early Marriage in Ethiopia*. Inter-

African Committee on Traditional Practices Affecting the Health of Women and Children, Addis Ababa, Ethiopia.

Dehne, K. L., Riedner, G., & Seward, J. F. (2015). Young people and STIs: Need for interventions to address the specific needs of this age group.

Department of Education. (2019). Relationships Education, Relationships and Sex Education (RSE) and Health Education Draft statutory guidance for governing bodies, proprietors, head teachers, principals, senior leadership teams, teachers.

Darroch, J. E., & Singh, S. (2015). Trends in contraceptive need and use in developing countries in 2003, 2008, and 2012: An analysis of national surveys. The Guttmacher Institute.

Doljanac, R. F., & Zimmerman, M. A. (1998). Psychosocial factors and high-risk sexual behavior: Race differences among urban adolescents. *Journal of Behavioral Medicine*.

Dubin, Robert. (2002) *Theory Building, Business Research Methods*, Macmillan Publishing Company, New York.

Emily Bridges, MLS, and Debra Hauser, MPH (2014). *Sexuality Education Building an evidence-and rights-based approach to healthy decision-making*. Advocates for Youth

Engelman, R. (2020) *Sexuality Education Begins to Take Root in Africa*.

Ethiopia Federal HIV/AIDS Prevention and Control Office (2014). *Country Progress Report on the HIV Response*.

European Expert Group on Sexuality Education (2016) *Sexuality education – what is it?*, Sex Education

Federal Democratic Republic of Ethiopia Ministry of Health (2007). *National Adolescent and Youth Reproductive Health Strategy 2007 – 2015*, Ethiopia.

Federal Democratic Republic of Ethiopia Ministry of Education (2009) *Curriculum Framework for Ethiopian Education (KG – Grade 12)*, Ethiopia.

Fekadu Z. & Kraft P. (2001). Predicting intended contraception in a sample of Ethiopian female adolescents: The validity of the theory of planned behavior. *Psychology and Health*.

Fisher, W. A., Byrne, D., & White, L. A. (1983). Emotional barriers to contraception.

Fisseha Eshetu, David Zakus and Derege Kebede (1993). The Attitudes of students, parents and teachers towards the promotion and provision of condoms for adolescents in Addis Ababa.

Filippini, A. (2016). Sexual Education: Abstinence-Only vs. Comprehensive Education Sexual Education: Abstinence-Onlyvs.Comprehensive Education. <https://huskiecommons.lib.niu.edu/cgi/viewcontent.cgi?article=2002&context=studentengagement-nt-honorscapstones>

Francoeur, R. T., Perper, T., Scherzer N. A., Sellmer G. P. & Cornog, M. (1991). *A descriptive dictionary and atlas of sexology*. New York: Greenwood Pres.

Fonner, V. A., Armstrong, K. S., Kennedy, C. E., O'Reilly, K. R., & Sweat, M. D. (2014). Schoolbased sex education and HIV prevention in low- and middle-income countries: a systematic reviewand meta-analysis.

Gegenfurtner, A., & Gebhardt, M. (2017). Sexuality education including lesbian, gay, bisexual, and transgender (LGBT) issues in schools. *Educational Research Review*

Gennarini, S., Orlandi, M., & Oas, R. (2018). Seven Reasons to Reject “Comprehensive Sexuality Education.” <https://c-fam.org/wp-content/uploads/CSE-Briefing-Paper-8.26.18.pdf>

Golshiri, P., Mostofi, A. & Rouzbahani, S. The effect of problem-solving and assertiveness training on self-esteem and mental health of female adolescents: a randomized clinical trial. *BMCPsychol* 11, 106 (2023).

Guttmacher Institute (2018) Induced Abortion and Post-abortion Care Among Adolescents in Ethiopia. <https://www.guttmacher.org/fact-sheet/adolescent-abortion-ethiopia>

HealthThink. (2021). SEX EDUCATION: A STEP IN THE RIGHT DIRECTION – Health Think Analytics

International Planned Parenthood Federation (2016). Everyone's Right to Know. Portfolio Publishing, London.

Incheon Declaration and SDG4 (2012). Education 2030 Framework for Action

Isangedighi, A.J. (1986). Love Life and Parenting Among Adolescents in the Nigerian Society. Ibadan: Academic Publishing Company.

Jennifer Gonzales & Kim Allen, (2010). Human Development & Family Studies. University of Missouri Extension.

Joan Ferrante (2014). Sociology: A Global Perspective. Cengage Learning.

Julie Mellin (2016) Empowering Young People to Strengthen Comprehensive Sexuality Education in Ethiopia. International HIV/AIDS Alliance.

Kohler PK, Manhart LE, Lafferty WE. (2008) Abstinence only and comprehensive sex education and the initiation of sexual activity and teen pregnancy. J Adolesc Health.

Kirby D, Short L, Collins J, Rugg D, Kolbe L, Howard M, Miller B, Sonenstein F, Zabin LS. School-based programs to reduce sexual risk behaviors: a review of effectiveness. Public Health Rep. 1994 May-Jun;109(3):339-60. PMID: 8190857; PMCID: PMC1403498.

Kirby, D. (1999). Reflections on two decades of research on teen sexual behavior and pregnancy. Journal of School Health, 69, 89-94.

Kirby D. (2001). Emerging answers: Research findings on programs to reduce teen pregnancy. Washington, DC: National Campaign to Prevent Teen Pregnancy.

Krippendorff, K. (2004). Content analysis: An introduction to its methodology: Sage.

LeClair, D. (2006). Let's Talk About Sex Honestly: Why Federal Abstinence-Only-Until Marriage Education Programs Discriminate Against Girls, Are Bad Public

Policy, And Should Be Overturned. Wisconsin Women's Law Journal.

Leekuan, P., Kane, R., Sukwong, P. et al. (2022) Understanding sexual and reproductive health from the perspective of late adolescents in Northern Thailand: a phenomenological study.

Mayo Clinic (2020) Coronavirus disease 2019 (COVID-19) – Symptoms and causes

M. Easwaramoorthy & Fataneh Zarinpoush, (2006). Interviewing for research. Imagine Canada, Canada.

Masland M. (2013). 'The Carnal knowledge': The sex ed debate.

Ministry of Health (MOH), (2006) National Reproductive Health Strategy 2006-2015, Ethiopia.

Moira N. Lynch (2017). Abstinence-only Sex Education in the United States: How Abstinence Curricula Have Harmed America. Portland State University.

Mueller, T. E., Gavin, L. E., & Kulkarni, A. (2008). The Association Between Sex Education and Youth's Engagement in Sexual Intercourse, Age at First Intercourse, and Birth Control Use at First Sex. *Journal of Adolescent Health*, 42(1), 89–96. <https://doi.org/10.1016/j.jadohealth.2007.08.002>

National Students Union (2015). Students turn to porn to fill the gaps in their sex education. Retrieved from: <https://www.nus.org.uk/en/news/students-turn-to-porn-to-fill-the-gaps-in-their-sex-education/>

Nicole Jaramillo, Eric R. Buhi. Ph.D., John P. Elder, Ph.D, Heather L. Corliss Ph.D. (2017). Division of Health Promotion and Behavioral Science, Graduate School of Public Health, San Diego State University, San Diego, California

Nwakonobi, F.E., Onwuachu, W.C. (2009). Sex Education, A Way Forward towards Biology Curriculum Delivery in Secondary Schools in Anambra State. *An International Multi-Disciplinary Journal*, Ethiopia

Olson, T. D., Wallace, C. M., & Miller, B. C. (1984). Primary prevention of adolescent pregnancy: Promoting family involvement through a school curriculum.

Journal of Primary Prevention.

OHCHR,(2023) Compendium Comprehensive Sexuality Education

Peter van Eeuwijk and Zuzanna Angehrn (2017) How to Conduct a Focus Group Discussion (FGD) Methodological Manual. Swiss Tropical and Public Health Institute.

Pincock, K., Yadete, W., Girma, D., & Jones, N. (2023). Comprehensive sexuality education for the most disadvantaged young people: findings from formative research in Ethiopia. *Sexual and Reproductive Health Matters*, 31(2). <https://doi.org/10.1080/26410397.2023.2195140>

Rijsdijk, Liesbeth E, Arjan E.R. Bos, Robert A.C. Ruiter, Joanne N. Leerlooijer, Billie De Haas, and Herman P. Schaalma. (2011) "The World Starts With Me: A Multilevel Evaluation of a Comprehensive Sex Education Programme Targeting Adolescents in Uganda." *BMC Public Health* 11: 334.

Sex Education: Arguments for and Against. (n.d.). *Debating Africa*. <https://debating.africa/debate/arguments-for-and-against-sex-education/>

Shepherd, J., Kavanagh, J., Picot, J., Cooper, K., Harden, A., Barnett-Page, E., ... & Clegg, A. (2010). The effectiveness and cost-effectiveness of behavioral interventions for the prevention of sexually transmitted infections in young people aged 13–19: a systematic review and economic evaluation. *Health Technology Assessment*.

Stanger-Hall, Kathrin F.; Hall, David W. (2011). "Abstinence-Only Education and Teen Pregnancy Rates: Why We Need Comprehensive Sex Education in the U.S" *Associations Between Sex Education and Contraceptive Use Among Heterosexually Active, Adolescent Males in the United States*.

The World Bank. (n.d.). <https://data.worldbank.org/indicator/SP.DYN.CBRT.IN?locations=ET> Tong, R. (2009). *Gender inequality: Feminist theories and politics*. Oxford University Press.

UNESCO (2009). *International Technical Guidance on Sexuality Education: An*

evidence informed approach for schools, teachers and health educators.

UNESCO (2009). International Guidelines on Sexuality Education: An evidence informed approach to effective sex relationships and HIV/STI education.

UNESCO (2016) UNESCO Strategy on Education for Health and Well-Being: contributing to the Sustainable Development Goals.

UNESCO (nd.) CSE curriculum review, selection, and adaptation | Comprehensive Sexuality Education Implementation Toolkit.

UNFPA (2010) Comprehensive Sexuality Education: Advancing Human Rights, Gender Equality and Improved Sexual and Reproductive Health, A Report on an International Consultation to Review Current Evidence and Experience Bogotá, Columbia December 2010

UNFPA (2014) Adolescent Sexual and Reproductive Health.

UNFPA. (2014). Operational Guidance for Comprehensive Sexuality Education: A focus on human rights and gender. New York.

UNFPA, WHO, BZGA, 2020 Comprehensive sexuality education - fact-sheet series

UNESCO, UNFPA, UNICEF, UN Women, & WHO. (2018). International technical guidance on sexuality education: An evidence-informed approach for schools, teachers and health educators.

UNAIDS. (2020). Global HIV & AIDS statistics—2020 fact sheet.

UNESCO. (2009). International Technical Guidance on Sexuality Education: The rationale for sexuality education Volume I (Vol. 1).
<https://unesdoc.unesco.org/ark:/48223/pf0000183281/PDF/183281eng.pdf.multi>

UNESCO. (2023). Comprehensive sexuality education: For healthy, informed and empowered learners | UNESCO. [Www.unesco.org](https://www.unesco.org).
<https://www.unesco.org/en/health-education/cse>

Wangamati, C. K. (2020). Comprehensive sexuality education in sub-Saharan Africa: adaptation and implementation challenges in universal access for children and

adolescents. *Sexual and Reproductive Health Matters*.

WHO Regional Office for Europe and BZgA. 2010. *Standards for Sexuality Education in Europe: A Framework for Policy Makers, Education and Health Authorities and Specialists*. Köln: BZgA.

Zhou, Y., Shang, X., & Li, D. (2019). Gender differences in sexual knowledge, attitudes, and behaviors among Chinese college students.

Zulu, J. M., Blystad, A., Haaland, M. E. S., Michelo, C., Haukanes, H., & Moland, K. M. (2019). Why teach sexuality education in school? Teacher discretion in implementing comprehensive sexuality education in rural Zambia.