Adolescent Sexual and Reproductive Health and Rights (ASRHR) 3

Students in Seychelles take part in the 2019 launch of the Orange Campaign, a government effort to raise awareness about gender-based violence (GBV) in primary schools.
Photo: Sharon Thelemaque Ernesta

KEY POINTS

- UNESCO estimates that 75 million learners enrolled in primary and secondary schools in Southern Africa (more than 70% of students) were out of school due to COVID-19 from February to May 2020.
- Governments have struggled to keep this commitment internationally binding, commitments to achieving universal access to Sexual and Reproductive Health and Rights (SRHR) due to the COVID-19 pandemic.
- Menstrual health and harmful practices for adolescents are not receiving sufficient attention.
- Better access to sex education and contraceptive information could reduce high numbers of maternal deaths due to unsafe abortion.
- Bowing to local and global advocacy, and in a major policy reversal, Tanzania's government committed to provide pregnant girls with equal opportunity to education in March 2020.

Introduction

Youth in Southern Africa face many sexual and reproductive health challenges, such as unintended pregnancies, Sexually Transmitted Infections (STIs), limited youth-friendly health facilities, and sexual exploitation. Adolescents represent more than half of Sub-Saharan Africa's population (United Nations, 2018), including in Comoros, the newest member of the Southern African Development Community (SADC). This chapter on Adolescent Sexual Reproductive Health Rights (ASRHR) will look at progress in the 16 SADC countries in implementing the SADC Gender Protocol articles that focus on Comprehensive Sex Education (CSE), access to Sexual Reproductive Health and Rights (SRHR) services for young people, and teenage pregnancy.

The COVID-19 pandemic has impeded progress on some of these issues. The pandemic has crippled major economies around the world. SADC states have an obligation to ensure access to sexual and reproductive healthcare services during a crisis. Twelve SADC member states implemented lockdown measures, allowing only essential services to remain open. Namibia and Eswatini declared partial lockdowns, while Tanzania and Zambia imposed curfews and movement restrictions instead of a full lockdown. These restrictions have seen schools closed across the region. This has implications for adolescent health that we have yet to fully understand as the crisis continues.

Over the past years, the region has made tremendous strides in CSE, aligning with international agreements such as the International Conference on Population and Development (ICPD, 1994), which formally introduced the concepts of sexual and reproductive health and reproductive rights. In 2019, stakeholders took stock of 25 years of progress towards agency, education, and access to critical health services in 179 countries that signed on to the global commitment (ICPD, 2019).[1] SRHR services sits alongside four other key thematic areas highlighted as part of the 2019 ICPD, also known as the Nairobi Summit. These renewed commitments agreed to by governments, members of civil society, and other key stakeholders include a pledge to incorporate CSE in national plans and strategies. These commitments, if implemented, will ensure improved sexual and reproductive health outcomes including a reduction of adolescent STI rates, HIV infection and unintended pregnancy (Sexual and reproductive health and rights: an essential element of universal health coverage).[2]

In addressing ASRHR, it is important to emphasise that adolescents are not "little adults" or "big children." They are individuals existing in the important years when reproductive growth occurs, and foundational sexual socialisation takes place. Adolescents face the pull of both negative and positive behaviours and influences, and thus need access to health education, counselling, and services. Administering of CSE in schools is the ideal entry point for reaching adolescents. CSE administered through community projects can reach those youth and adolescents who do not attend school.

CSE helps empower young people because it is grounded in human rights

[1] https://www.nairobisummiticpd.org/content/about-nairobi-summit [accessed 18 April 2020]
[2] https://www.unfpa.org/sites/default/files/pub-pdf/SRHR_an_essential_element_of_UHC_2020_online.pdf [accessed 18 April 2020]

ASRHR and COVID-19

As much of the world shut down because of the COVID-19 coronavirus in early 2020, governments in SADC also closed and regulated schools, retails outlets and non-essential services. According to the United Nations Educational, Social and Cultural Organisation (UNESCO), as of 12 June 2020, 144 countries had implemented nationwide school closures.[3]

Government also cancelled non-emergency health services because of the large number of COVID-19 cases in many parts of the region. This put access to SRHR on the back burner, as governments also closed public community-level youth centres and public and academic clinic facilities to prevent the spread of the deadly virus. The 16 SADC countries have all responded to the global call for isolation, physical distancing, and variations of lockdown scenarios under which citizens have been regulated and obliged to remain at home. These actions mean governments must find new ways to provide information and support to adolescents and young people so they can continue to realise their sexual and reproductive health and rights (UNFPA, 2020).[4] Activists have expressed concerns about the gendered nature and impact of COVID-19, including on ASRHR, with some worried about increased vulnerability of women and girls and a potential spike in teenage pregnancies.

School closures due to COVID-19 widen education inequalities and affect vulnerable girls and youth disproportionately. Adolescent girls who already face domestic and family-related violence may experience even higher levels due to isolation and quarantine. Out of the total population of students enrolled in educational programmes, UNESCO estimates that more than 70% are currently out of school due to the pandemic, representing 75 million primary and secondary learners over the period February to May 2020[5]. Drawing lessons from the 2014-2016 Ebola outbreak in West Africa, during which similar quarantines took place, experts and activists have warned that school closures expose girls to sexual violence and unintended/unwanted pregnancy (Peyton, 2020).[6] When forced to remain at home, girls become vulnerable to sexual predation from relatives, neighbours and others.

The SADC Secretariat and UNESCO have launched initiatives to ensure continuity, inclusion and equity for all.[7] Using the hashtag *#Learning NeverStops*, SADC governments and development agencies have mobilised resources to provide online distance learning and television education programmes as part of the Global Education Coalition. They have also made several investments to reduce the pandemic's impact on ASRHR.

In **South Africa**, Harambee, an agency that champions local human resources, is working with partners to provide trusted and accurate information to young people (Southern Africa Trust, 2020). Meanwhile, UN Women and civil society organisations have been providing online webinars and WhatsApp outreach programmes for reporting violence and mental health needs in the Eastern Cape. They have also accelerated service delivery for GBV survivors, especially women in the informal economy, as well as young girls and women affected by HIV and AIDS.[8]

Throughout the COVID-19 pandemic, the Media in Education Trust (MIET) Africa in **Lesotho, Malawi,**

3 https://en.unesco.org/covid19/educationresponse [accessed 19 April 2020]
4 https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_Preparedness_and_Response_-_UNFPA_Interim_Technical_Briefs_Adolescents_and_Young_People_23_March_2020.pdf [accessed 19 April 2020]
5 https://en.unesco.org/covid19/educationresponse [accessed 19 May 2020]
6 https://news.trust.org/item/20200319115906-eieyl/?utm_source=Global+Health+NOW+Main+List&utm_campaign=d0c2ace1c0-EMAIL_CAMPAIGN_2020_03_19_03_46&utm_medium=email&utm_term=0_8d0d062dbd-d0c2ace1c0-3019493 [accessed 19 April 2020]
7 https://en.unesco.org/news/sadc-and-unesco-sign-agreement-ensure-learning-never-stops [accessed 20 May 2020]
8 https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/issue-brief-covid-19-and-ending-violence-against-women-and-girls-en.pdf?la=en&vs=5006 [accessed 19 May 2020]

Zambia, and **Zimbabwe** has embarked on SMS engagement with beneficiaries of the FutureLife-Now! programme, a regional school-based initiative aimed at reducing HIV infections and increasing anti-retroviral adherence amongst young people in SADC. Twenty-five thousand beneficiaries receive four messages per month over the course of the COVID-19 engagement.

Zambia: COVID-19 may reverse SRHR gains

Zambian activist and counsellor Nsofwa Petronella Sampa worries that the restrictions placed on young people due to COVID-19 will impede their access to SRHR services. Legislators in Zambia, which is currently under a partial shutdown to fight COVID-19, have brought in measures that include the mandatory use of face masks in public and closures of all social spaces including restaurants, bars, gyms and sporting facilities.

Sampa, who is blind, says she feels more vulnerable because of her disability. "I had to wash my hands at every shop I entered. But I also had to endure some acts that are totally unfriendly to persons with disabilities like I am. Zambia is also enforcing physical distancing rules, which means its citizens cannot shake hands with one another. For Sampa, this makes her feel like she does not exist, and she says she feels more susceptible to contracting the deadly virus. "When it comes to physical distancing being talked about, that doesn't exist with us. Those of us that are blind, we normally hold our guides as we walk. So, I don't know how physical distancing would work," Sampa explains.

Zambian activist and counsellor Nsofwa Petronella Sampa.
Photo courtesy of Fortress Media

She also worries about what these measures will mean for accessing SRHR services with restrictions placed on youth-friendly facilities. Sampa, who is a 2017 Mandela Washington Fellow, notes that "some facilities are not allowing everyone to go in... even safe spaces for young people where they access SRHR services are closed due to [the] 'stay home' emphasis by authorities. So, some facilities would obviously tell young people to go and access, for example condoms, at pharmacies where they have to buy them," Sampa says.

This story by Arthur Sikopo is part of the Gender Links News Service's series on Gender and COVID-19.

Table 3.1: Key CSE and Teenage Pregnancy Indicators

Countries/Indicators	Angola	Botswana	Comoros	DRC	Eswatini	Lesotho	Madagascar	Malawi	Mauritius	Mozambique	Namibia	Seychelles	South Africa	Tanzania	Zambia	Zimbabwe
CSE curriculum that reflects international standards[9]	Partial	Partial	N/A	No	Yes	Yes	N/A	Yes	N/A	Partial	Yes	N/A	Yes	Yes	Yes	Partial
Age of access to contraceptives	N/A	12	N/A	18	15	N/A	12	16	16	16	12	15	12	12	16	16
Legal age to consent to sex (M)[10]	18	16[11]	13[12]	18	16	16	14[13]	16	16	18	14	18	16	18	16[14]	16
Legal age to consent to sex (F)[15]	16	16	13	14	16	16	14	16	16	18	14	18	16	15	16	16
Adolescent fertility rate (births per 1000 women, 15-19 years of age)[16]	151	46	70	124	77	93	110	133	26	149	64	62	68	118	120	86

Source: Gender Links 2018 updated 2020.

Table 3.1 shows that:

- Of 16 SADC countries, only seven have CSE programmes that fully meet international standards.
- Countries that make it difficult for younger adolescents to access contraceptives, specifically DRC, Mozambique, and Zambia, have higher adolescent fertility rates.
- Experts calculate the adolescent fertility rate as the annual number of live births to women aged 15 to 19 years, divided by the number of women aged 15 to 19 years, expressed as births per 1000 women.
- The legal age of consent to sex in three SADC countries is quite young (13-14 years), which is a concern because many adolescents in this age group do not have the education and experience required to make safe sexual choices.
- Researchers documented increases in adolescent fertility ratios in 2018/2019 in Malawi, Namibia, South Africa, and Zambia. While efforts to incorporate sex education into school curriculum have increased, this raises concerns about access to family planning and contraception, including in schools.

The 2019 SADC Gender Protocol SRHR Barometer highlighted high rates of teenage pregnancies in Malawi, Tanzania, and Zambia, with more than 50% of female school dropouts due to pregnancy (EUP, 2018).[17] The 25-year progress marker at ICPD in November 2019 noted that, while there has been progress, millions of women in the SADC region still do not have access to, or use, modern contraceptives to prevent unintended and unwanted pregnancies. Additionally, unsafe abortions continue to contribute to high maternal death rates in the region (UNFPA).[18]

Unsafe abortions continue to contribute to high maternal death numbers in the SADC region

[9] UNESCO, Emerging Evidence, Lessons and Practice in Comprehensive Sexuality Education, a Global Review, 2015
[10] https://www.up.ac.za/media/shared/10/ZP_Files/harmonizationoflegalenvironment-digital-2-2.zp104320.pdf [accessed 21 April 2020]
[11] https://www.youngpeopletoday.org/wp-content/uploads/2018/06/ESA_Commitment_Report_2015.pdf [accessed 21 April 2020]
[12] https://www.ageofconsent.net/world/comoros [accessed 21 April 2020]
[13] https://www.youngpeopletoday.org/wp-content/uploads/2018/06/ESA_Commitment_Report_2015.pdf [accessed 21 April 2020]
[14] https://www.youngpeopletoday.org/wp-content/uploads/2018/06/ESA_Commitment_Report_2015.pdf [accessed 21 April 2020]
[15] https://www.up.ac.za/media/shared/10/ZP_Files/harmonizationoflegalenvironment-digital-2-2.zp104320.pdf [accessed 21 April 2020]
[16] https://data.worldbank.org/indicator/SP.ADO.TFRT?locations=BW-CD-AO-LS-MG-MW-MU-NA-MZ-ZA-SC-SZ-TZ-KM-ZM-ZW [accessed 21 April 2020]
[17] https://www.youngpeopletoday.org/wp-content/uploads/2019/04/Unesco_EUP_Report_2018_LOW_RES.pdf [accessed 22 April 2020]
[18] https://www.unfpa.org/resources/supplement-background-paper-sexual-and-reproductive-health-and-rights-essential-element [accessed 22 April 2020]

Comprehensive Sex Education (CSE)

SDG-4 Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all. SDG 5.6.2 indicator measures the "number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education."

ICPD paragraphs 4.29, 7.37, 7.41, and 7.47: Sexuality education to promote the well-being of adolescents and specifies key features of such education.

- Education should take place both in schools and at the community level, be age-appropriate, begin as early as possible, foster mature decision-making, and specifically aim to improve gender inequality.
- Such programmes should address specific topics, including gender relations and equality, violence against adolescents, responsible sexual behaviour, contraception, family life and sexually transmitted infections (STIs), HIV and AIDS prevention.

The East and Southern Africa (ESA) Ministerial Commitment: 15 SADC countries signed the East and Southern Africa (ESA) Ministerial Commitment, which 20 countries endorsed and affirmed in 2013 (the ESA-CSE commitment). Education and health ministers from these countries committed to accelerate access to CSE and health services for young people in the region. Comoros is the only SADC country that is not part of this commitment.

SADC Gender Protocol Article 11: Ensure that the girl and the boy child have equal access to information, education, services and facilities on sexual and reproductive health and rights. Adopt laws, policies, and programmes to ensure the development and protection of the girl and the boy child.

The SADC SRHR Strategy for ensuring CSE notes that member states should accelerate and improve delivery of quality comprehensive sexuality education for in and out of school youth by the education and youth sectors. The strategy further specifies:

- Member states should ensure that young people and adolescents are prepared, supported and provided with education and all the information and skills to make safe and healthy decisions about their life and future. This includes ensuring that adolescents and young people both in and out of school have access to quality, comprehensive, age-appropriate, scientifically accurate life skills-based CSE with linkages to youth-friendly SRHR services and the youth sector more broadly.
- The importance of strengthening the capacity of educators at all levels, specifically to provide age, gender and culturally appropriate rights-based CSE that includes core elements of knowledge, skills and values as preparation for adulthood and, wherever possible, the creation of intra-curricula school CSE programmes.
- The need to build and strengthen the skills of those working in wider youth and community interventions to expand capacity within member states to reach out-of-school youth.
- That stakeholders should explore creative approaches to build the capacity of media, including radio, to reach out-of-school youth.

CSE is a rights-based approach to adolescent sex education that seeks to equip young people with the knowledge, skills, attitudes and values they need to determine and enjoy their sexuality. While some SADC CSE programmes align with international standards, country-specific cultural interpretations exist, with universal sexual rights-based lessons on understanding the physical, emotional, and individual aspects of sex and relationships. CSE views sexuality holistically, as

part of young people's emotional and social development. It provides young people the opportunity to acquire essential life skills and develop positive attitudes and values (UNESCO, 2018).[19]

CSE curriculum in schools and in out of school programmes is meant to provide accurate information on sexual and reproductive rights in a neutral manner that dispels myths and traditionally limiting or erroneous approaches to SRHR. Through these programmes, young people receive education on STIs and HIV and AIDS and can develop critical thinking and decision-making skills that provide a sense of self and confidence. Cultural and religious traditions that pose a threat to sexual rights and ethical barriers to exercising SRH still hold sway in the SADC region. Thus, the role of regional and national policies, laws, and structures becomes paramount in navigating the understanding that sexuality and culture are diverse and dynamic. Policies and laws safeguard choice and civil protections, this includes underscoring the importance of consent and the right for adolescents to have sex only when they feel ready to do so. This also includes the sometimes-contentious right to freely express and explore one's sexuality in a safe, healthy, and pleasurable way.

As part of education and literacy obligations, CSE commitments appear in many international agreements and normative frameworks, including those listed above. The Sustainable Development Goals (SDGs) monitoring framework under SDG target 3.7 states that by 2030 there must be "universal access to sexual and reproductive health care services, including family planning, information and education, and the integration of reproductive health into national strategies and programmes" (UN, 2015).[20] Article 14 of the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (The Maputo Protocol) enshrines sexual reproductive health and

'Restless development' girls in Chipata. Photo: Gender Links

reproductive rights (SRHRR).[21] This includes adolescent sexual and reproductive health (ASRH); family planning; prevention and management of STIs including HIV and AIDS; safe abortion care; health and development; and health education (The Operationalisation Of The Continental Policy Framework For Sexual And Reproductive Health And Rights, 2016).[22]

These show strong convergence with the Continental Policy Framework on Sexual and Reproductive Health and Rights which calls for increasing resources to SRHR programmes, translating the International Conference on Population and Development (ICPD) and Beijing+20 commitments into national legislation, and SRHR policies, including continuing to reduce HIV and AIDS, expanding contraceptive use, reducing levels of unsafe abortion, and ending early and child marriage. All of these form part of CSE when educators administer it accurately.

Like these global frameworks, the SADC Gender Protocol Article 11 also enshrines SRHR education, requiring state parties to adopt laws, policies, and programmes that ensure the girl and boy child have equal access to information, education services and facilities on SRHR and that state parties shall develop concrete measures to prevent teenage pregnancies (Morna, C., Rama,

[19] UNESCO. 2018 Global CSE education campaign; https://en.unesco.org/news/unesco-launches-its-global-comprehensive-sexuality-education-campaign [accessed 21 May 2020]
[20] https://sustainabledevelopment.un.org/sdg3 [accessed 22 April 2020]
[21] The Operationalisation Of The Continental Policy Framework For Sexual And Reproductive Health And Rights: https://au.int/sites/default/files/documents/30358-doc-mpoa_7-_revised_au_stc_inputs_may_se-rob-director_002.pdf [accessed 22 April 2020]
[22] Ibid.

K., Chigorimbo, S., 2019). This Protocol article also calls on member states to "ensure that the girl and the boy child have equal access to education and health care, and are not subjected to any treatment which causes them to develop a negative self-image."

United Nations Population Fund (UNFPA) research on ASRHR notes that **Comoros** has been improving health care services and decreasing maternal mortality. UNFPA programmes there provide emergency obstetric care and family planning (UNFPA, 2019).[23] CSE education in Comoros includes the Adolescent and Youth Health Strategy, developed as part of the National Plan for Sexual and Reproductive Health and the National Youth Policy. According to 2019 UNFPA data, Comoros's education empowers adolescents, and specifically girls, with access to sexual and reproductive health and reproductive rights, in all contexts, with consideration for their active participation and leadership.[24] The UNFPA, however, notes that Comoros still provides inadequate CSE curriculum in some areas, as it has no legal framework for adolescent SRHR services. Comoros has been rolling out youth-friendly centres to provide CSE and other SRHR services as a response to high levels of unprotected sexual activity, which results in unwanted pregnancies, STIs and increased rates of HIV and AIDS.[25]

Cultural and religious traditions that pose a threat to exercising SRH still hold sway in SADC

#VoiceandChoice ASRHR campaigns

The #VoiceandChoice campaign, coordinated by Gender Links (GL) and partners, has been running since 2018, with seven partner countries working specifically on ASRHR campaigns that have been documented on the GL website and social medial (Gender Links, 2019).[26] In the **Democratic Republic of the Congo (DRC)**, the campaign's initiatives and strategies have most commonly focused on reduction of risky sexual behaviours and decreasing the proportion of early marriage. Joint campaign activities align with regional initiatives, such as #OurGirlsMatter, that focus on preventing early pregnancy. Union Congolaise des Femmes de Médias (UCOFEM), GL's partner in DRC, has been part of an effective campaign that has attracted media attention because of its SRHR training.

In **Namibia**, the office of the first lady has spearheaded efforts to reduce teenage pregnancy by providing SRHR information and education in schools. The campaign extends to local communities and Namibian media has also featured it, with messaging on improving access to available health services by removing cost-related barriers. Prior to the ESA-CSE commitment, a programme called Life Skills Education mainly delivered sex education in Namibia's schools.

[24] https://www.unfpa.org/sites/default/files/KM_UNFPA_Results_07_27.pdf
[25] https://www.unfpa.org/sites/default/files/portaldocument/DP.FPA_.CPD_.COM_.6Finalcountryprogrammedocumentfor theComoros.pdf [accessed 15 April 2020]
[26] https://genderlinks.org.za/what-we-do/sadc-gender-protocol/voicechoice/cse-and-teenage-pregnancy/

Similarly, in **South Africa**, the #VoiceandChoice teenage pregnancy campaigns have seen the development of Information, Education and Communication (IEC) messaging and community drama road shows in several provinces. These campaigns first started in Limpopo province, where the Capricorn Municipality and school collaborations led them.

On 12 March Youth Day 2020 in **Eswatini**, Nhlangano Town Council conducted the #VoiceandChoice sex education and management of menstrual health campaign through dialogue and youth drama sessions. The council worked with three schools: Evelyn Baring High School, Nhlangano Central High School, and Nhlangano Primary School. Ten councils implemented the #VoiceandChoice menstrual health campaign along with two national campaigns with youth alliance focal points. The campaigns included local marches to spread awareness, and the councils distributed toiletries and women's hygiene products to the schools. In the same campaigns, #VoiceandChoice and #SheDecides partnered to engage and sensitise youth through dialogues on the topic of early child marriage. Faith-based organisations in Manzini hosted the Early Child Marriage campaign and took the lead on these initiatives.

In **Malawi** the Phalombe Youth Arms Organisation has been disseminating specific SRH information for local youth. The group is also working with the district health office on issues of SRHR and youth-friendly health services. Next up, they want to expand efforts to work with youth champions to sensitise the community on COVID-19 and family planning.

In **Zimbabwe**, GL has partnered with the Kadoma City Council to raise awareness of COVID-19, with youth at the forefront of the campaign. Using digital technology and mainstream media, the youth in Kadoma municipality have led the fight against the pandemic, which has affected their access to SRHR services. The municipality's health department works at the local level to deliver messages about COVID-19 through drama, videos, and other publicity materials.[27] The Kadoma City Council and junior councillors have been using WhatsApp, Smartphones, and TV campaigns to share animated and sign language videos that raise awareness about COVID-19 prevention. The council has mostly distributed the video messaging in three local languages to hard-to-reach communities and disabled people. Kadoma junior councillors showed initiative and determination in presenting the project idea to the City Council, which joined together with Gender Links Zimbabwe to find resources for the messaging.

[27] Kadoma Municipality Health Department video on COVID-19 awareness

Policies and practice

Recognition of SRHR is a precondition for the growth of social capital, an outcome indicator linked to all aspects of sustainable growth and development. Many national policymakers and civil society leaders who invest in policy review and implementation agree that the SDGs cannot be achieved "without focusing on six aspects of adolescents' SRHR: pregnancy, HIV, child marriage, violence against women and girls, female genital mutilation, and menstruation".[28]

There has been considerable progress made in many of these areas and increased funding for programmes and research targeting adolescents. This includes significant growth in the number of evidence-informed policies, normative documents, and guidelines on adolescent-responsive SRHR programming. Despite progress, several critical gaps remain.

Table 3.2: Breakdown of CSE in 13 SADC countries[29]

Country	National policy	CSE place in the curriculum	Reflects international standards	Offered at		Mandatory or optional	Teacher training
				Primary	Secondary		
Angola	Yes	In progress - stand-alone	Under review to meet standards	Yes	Yes	Mandatory	Yes
Botswana[30]	Yes	Integrated	Under review to meet standards	Yes	Yes	Integrated into mandatory subjects	Yes
Comoros[31]	No	Integrated in other lessons[32]	Yes	Yes	Yes	Unknown	Unknown
DRC	Yes	Integrated	No	Yes	Yes	Mandatory and examinable	Yes
Eswatini	Yes	Stand alone	Yes	Yes	Yes	Mandatory and examinable	Yes
Lesotho	Yes	Integrated - primary Stand-alone - secondary	Yes	Yes	Yes	Mandatory	Unknown
Malawi	Yes	Stand-alone	Yes	Yes	Yes	Mandatory and examinable	Yes
Mozambique	Yes	Integrated	Under review to meet standards	Yes	Yes	Mandatory and examinable	Unknown
Namibia	Yes	Stand-alone	Yes	Yes	Yes	Mandatory and assessment	Yes
South Africa	Yes	Stand-alone	Yes	Yes	Yes	Mandatory and examinable	Yes
Tanzania	Yes	Integrated	Yes	Yes	Yes	Mandatory and examinable	Yes
Zambia	Yes	Integrated	Yes	Yes	Yes	Mandatory and examinable	Unknown
Zimbabwe	Yes	In progress	Under review to meet standards	Yes	Yes	Mandatory and examinable	Yes

Source: Emerging evidence, lessons, and practice in comprehensive sexuality education: A global review, 2015 and specified data sources referenced in footnotes.

[28] Volume 65, Issue 6, Supplement, S1-S2, December 01, 2019. Adolescents' Sexual and Reproductive Health and Rights: What Has Been Achieved in the 25 Years Since the 1994 International Conference on Population and Development and What Remains to Be Done? Caroline W. Kabiru, Ph.D. https://www.jahonline.org/article/S1054-139X(19)30468-9/pdf
[29] https://unesdoc.unesco.org/ark:/48223/pf0000243106 emerging evidence, lessons and practice in comprehensive sexuality education o a global review 2015 [accessed 21 April 2020]
[30] https://www.youngpeopletoday.org/wp-content/uploads/2018/06/CSE_Scale_up_in_practice_JUNE_2017_FINAL.pdf
[31] https://www.afro.who.int/sites/default/files/2019-08/39%20Comoros%20AH24022019.pdf [accessed 21 April 2020]
[32] https://www.un.org/en/development/desa/population/publications/pdf/policy/reproductive_health_policies_2017_data_booklet.pdf [accessed 22 April 2020]

Table 3.2 shows that:

- Thirteen SADC countries have CSE offered in both primary and secondary schools, which is crucial to equip learners with knowledge, skills, values, and positive attitudes about their reproductive health and sexuality.[33]
- Most schools in the region now make CSE mandatory.
- Comoros, a new addition to the list, has no national ASRHR or CSE policies. However, it does have health ASRHR strategies in place that adopt concrete measures to administer CSE nationwide.
- Madagascar, Mauritius and Seychelles provide school-based sex education in other subjects such as biology, life-skills and other civics education initiatives.[34]

Many teachers require training, support, and a coordination mechanism to ensure that they cover the full curriculum across all subjects.[35] Research suggests that when larger numbers of staff take part in CSE, it results in more holistic "whole school" approach.

Named differently by each country, the function of ASRHR policies or programmes remains the same: to provide school-based sexual health education in both primary and secondary schools.

In **Eswatini**, the Child Protection and Welfare Act of 2018 enables young people 12 years and older to access SRHR information and services, including contraceptives. However the Sexual Offences and Domestic Act (SODV) of 2018 states that the age of consent for any sexual practice is 18 years and older. This points to the need for policymakers to ensure consistency in rights and overall ASRHR outcomes through policy alignment when reviewing and enacting new laws and policies.[36] Eswatini is one of four countries with a standalone CSE curriculum. It includes HIV prevention, delayed sexual debut, and preventing, identifying and reporting abuse (UNESCO and UNFPA, 2012). In 2017 and 2018, the Eswatini Ministry of Education engaged primary and high school pupils on Comprehensive Sex Education and Information (CSE&I) aimed at promoting access to SRHR information and services. The joint initiative between the government and other civil society organisations, specifically UNICEF and Save the Children, strengthened nationwide capacity to jointly collaborate on CSE matters for young people. With specific objectives for effective ASRHR outcomes, the Maternal Newborn Child Health (MNCH) programme, which houses ASRHR responsibility, aims to reduce teenage pregnancy and positively influence adolescent sexual behaviour.[37]

Eswatini is one of four countries in SADC with a standalone CSE curriculum

[33] https://unesdoc.unesco.org/ark:/48223/pf0000247268 [accessed 23 April 2020]
[34] Reproductive health policies 2017 - https://www.un.org/en/development/desa/population/publications/pdf/policy/reproductive_health_policies_2017_data_booklet.pdf [accessed 23 April 2020]
[35] https://www.unaids.org/sites/default/files/media_asset/ITGSE_en.pdf [accessed 23 April 2020]
[36] https://genderlinks.org.za/news/the-sexual-offences-domestic-violence-act-analysis/
[37] http://www.gov.sz/index.php/departments-sp-654042511?id=473 [accessed 24 April 2020]

Eswatini: CSE emphasises abstinence

The Eswatini CSE curriculum includes abstinence as the key method for preventing early pregnancy. One young woman, who prefers to use only her first name, says she accidentally became an advocate for teenage pregnancy prevention through abstinence.

Enhle, at 24, says she remains a virgin, even though she knows that it is generally assumed that most women will have become sexually active by the time they reach her age. Sexual debut is around the age of 16 for many girls in the region. Enhle says she has been able to avoid sex despite societal pressure to enter into sexual relationships.

Teenage pregnancy prevention is especially relevant in Eswatini, which has some of the world's highest rates of HIV and AIDS. Abstinence offers a solution to the scourge, especially because young women represent the most vulnerable group for contracting HIV. A focus on abstinence as a preventative measure is one way to advocate about SHRH issues. Yet it is also uncommon, and many young women who choose this route are ignored because

Eswatini youth came together in 2019 to sign a pledge that they will contribute to a GBV-free nation. Photo: Gender Links

many assume that all young people are sexually active.

This myth means many young people do not hear about abstinence as an option. Educational emphasis is often placed on correct and consistent condom use and family planning provision. By raising awareness of stories such as Enhle's, some educators hope that abstinence may be "cool" again.

Source: Bongiwe Zwane, independent journalist with The Times of Swaziland, as part of a submission for the SADC Protocol @ Work Gender Links Summit case study 2020.

A recent CSE highlight in **Lesotho** occurred at a February 2020 sharing meeting with the Lesotho Ministry of Education and Training. Participants noted that Lesotho introduced "Life Skills Education" at the time of the ESA-CSE commitment. The customised content includes the reduction of (i) HIV infection, (ii) early/unwanted pregnancy and (iii) child marriage. In 2019, educators began developing scripted lesson plans for Grade 12. Education Management Information Systems (EMIS) data shows that more than 90% of primary and high schools offer life skills in curriculum, though it remains unclear why the remaining 10% do not.

Lesotho's Ministry of Education has adopted training materials for teachers, which has improved their confidence in teaching the subject, although many acknowledge there is still a long way to go. Specifically, teachers would like a guide to provide them with scientifically accurate information (MIET, 2020). This aligns to the findings of a 2012 UNESCO review in Lesotho schools.

The Government of Lesotho, through the Ministry of Education and Training (MOET) is a signatory to the SADC Comprehensive Education Policy. Its curriculum review included the launch of a

textbook that addresses Sesotho cultural norms and encourages diverse learning related to sex and sexuality using the country's mother tongue. To ensure that CSE becomes effective and productive, the MOET has included psychosocial support services for schools (training teachers in lay counselling). This component ensures that schools accommodate those learners who do not receive support at home (Adesina & Olufadewa, 2019).

The Child Friendly School Standards Policy of 2012 guides Lesotho's child friendly school programmes. One of the main strategic goals in this policy includes, "mainstreaming HIV and AIDS prevention and awareness into all aspects of school life, making schools centres for sexual and reproductive health education." Hopefully, the long-term impact for CSE in Lesotho schools will be a demystifying of sex and sex education.

Most educators prefer the integration and infusion of CSE into other subjects. CSE is integrated into one or more subjects in Madagascar, Mauritius, Mozambique, and Zambia (UNESCO HIV and Health Education Clearinghouse, 2016). In the integration scenario, course material in relevant classes covers specific CSE topics on subjects already taught in the curriculum, for instance teachers cover topics around pubertal changes and reproduction in biology classes. Likewise, teachers speak about values and norms in religious education classes.

In **Zambia**, integration has the advantage of removing the perceived additional strain that a standalone subject might otherwise add to both learners and teachers. Integrating CSE into other classes decreases the pressure to create space in the school day to teach a new subject and removes the need to bring on board a dedicated, specially trained instructor. The downsides of integration include the need to train an increased number of teachers to deliver CSE schools and the potential for the quality of the CSE to be compromised or watered down.[38]

Cultural, religious and traditional practices may negatively impact CSE

According to the UNFPA 23 country review of the Legal Environment for Adolescent Sexual and Reproductive Health and Rights (Africa, 2017): "The application of customary and religious laws over statutory policies is a barrier to the acceptance and uptake of ASRHR." The report notes that this "is further impacted by the lack of accessible youth-friendly health centres across some SADC countries. Acceptance of adolescent sexual and reproductive health and rights is slowly improving but cultural beliefs and taboos are still barriers to ensuring young people have adequate access to information and services."[39]

Most educators prefer the integration and infusion of CSE into other subjects

[38] https://aphrc.org/wp-content/uploads/2019/12/comprehensive-sexuality-education-in-sub-saharan-africa-1.pdf [accessed 24 April 2020]
[39] https://esaro.unfpa.org/sites/default/files/pub-pdf/2017-08-Laws%20and%20Policies-Digital_0.pdf

Teaching and talking about sexuality can be challenging in social and cultural contexts with negative and contradictory messages about sex, gender, and sexuality. However, most good teachers and educators have the skills needed to build rapport with learners, actively listen, identify needs and concerns, and provide information. Training in this vein can make up part of the curriculum at educator training institutes (pre-service) or as in-service teacher training. Societal changes due to modernisation and urbanisation have led to changes in traditional family structures, leaving many young people unable to rely on parents or guardians for information and guidance about responsible sexual behaviour. As such, the need for teacher training in CSE content through participatory methodologies is essential. This does not mean all teachers must be experts on sexual health and sexuality.

CSE helps Tanzanian communities address harmful gender stereotypes

In Tanzania, a recent CSE education awareness drive on SRHR among women and teenagers aged 13 to 45 years took CSE to community leaders in the Bagamoyo and Pangani districts in Tanga Region. The project's leaders hope to drive community participation and change in coastal villages, where participants will become "agents of change" by using the knowledge they acquire about reproductive health and tools.

The programme aims to help youth develop knowledge and skills, such as communication and decision making, to help them transition to adulthood in good health. It also provides access to satisfactory sexual and reproductive health education, including information about teenage pregnancies and the spread of HIV and AIDS, and addresses emotions involved in sexual experiences.

The training approach uses a participatory and animation methodology, experience-sharing forums for village leaders about sexual reproductive health education, and drama and song as tools to communicate sensitive issues and demonstrate the disadvantages of perpetuating negative perceptions, norms, behaviours, and attitudes about SRHR.

Facilitators found parts of the project challenging because of inadequate and unequal access to sexual reproductive health education in different villages. Traditional beliefs also posed a challenge, as men in some villages believe it is not part of their culture to listen to women. Thus, the team worked hard to change this perception held among a majority of men.

The Gender Hub at Tanzania's Antakae primary school in Antakae village in 2018. Photo: Gender Links

Facilitators worked with Muheza District Commissioner Mwanaisha Tumbo and ward representative John Kiko to overcome these challenges. The long-term impact included a better understanding of SRHR among community members, including youth, and greater awareness about harmful gender stereotypes. These communities also say they have seen a decrease in early pregnancy, school dropouts, early marriages, and the spread of HIV and AIDS since the project started.

Source: Janeth John, Binti Makini Foundation, SADC Protocol @ Work Summit 2019.

In 2019, the **South Africa** Department of Basic Education (DBE) introduced "scripted lesson plans" for CSE. This is a structured lesson plan with educator guides in a process that includes parent orientation as a critical element for successful implementation. The new structured lesson plans are tailormade to help learners build an understanding of concepts, content, values, and attitudes around sexuality, sexual behaviour, and leading safe and healthy lives. The DBE has worked hard to develop a comprehensive curriculum that will address challenges and issues faced by learners in their daily lives.[40] International agencies have been intricately involved in the process, including UNESCO and UNFPA, and the United States Agency for International Development (USAID). They provided technical and financial support to develop scripted lesson plans on SRHR education. However, the newly scripted CSE met with some controversy following its public launch, as some expressed discomfort with the curriculum. The department has argued that its lesson plans are not overtly sexual and are appropriate for the classroom. DBE Minister Angie Motshekga said parents can opt out of the life orientation curriculum for their children, provided that they can produce an alternative curriculum that meets the required national criteria.[41]

The **Botswana** Christian AIDS Intervention Programme (BOCAIP) and the District Health Management Team (DHMT) have conducted activities aimed at reducing teenage pregnancy, new HIV infections, and GBV in Botswana. Policy and legal frameworks, such as the Ministry of Education and Skills Development HIV and AIDS Strategic Framework (2011-16) and the National Strategic Framework for HIV and AIDS (2009-2016) guide this work, which has prioritized the prevention of new infections, especially among young people.

Monitoring and evaluation of CSE[42]

Assessing the impact of CSE in promoting improved SRH outcomes for young people requires a monitoring and evaluation (M&E) system based on an agreed set of targets and goals. In collaboration with numerous agencies - including UNFPA, UNESCO, World Health Organisation (WHO), International Planned Parenthood Federation (IPPF), the SRHR Africa Trust (SAT), Southern Africa HIV and AIDS Information Dissemination Service (SAfAIDs) and Media in Education Trust (MiET Africa) - SADC governments have developed various monitoring systems to assess progress, such as the SADC SRHR Strategy and the ESA Commitment Accountability Framework.

Assessing the impact of CSE in promoting improved SRH outcomes for young people requires an M&E system based on an agreed set of targets and goals

[40] https://www.education.gov.za/Home/ComprehensiveSexualityEducation.aspx [accessed 23 April 2020]
[41] https://www.parent24.com/Learn/Learning-difficulties/parents-can-opt-out-of-new-cse-lessons-says-dbe-minister-20191112 [accessed 23 April 2020]
[42] https://esaro.unfpa.org/sites/default/files/pub-pdf/2017-08-Laws%20and%20Policies-Digital_0.pdf [accessed 24 April 2020]

Table 3.3: Monitoring and Evaluation strategies across SADC[43]

Country	Approach to CSE	M&E and CSE strategies
Botswana	Integrated	• CSE content is age-appropriate and taught within the context of culture.[44] CSE is compulsory and examinable, although examination tends to concentrate on core subject competency requirements.[45]
Comoros	Integrated	• Integrated provision for CSE,[46] however mostly civil society and international institutions deliver it. • The Association Comorienne pour le Bien-Être Famille (ASCOBEF) delivers a comprehensive range of school SRH programmes and services in collaboration with the government.
Eswatini	Stand alone	• The policy and curriculum have a monitoring, feedback and evaluation strategy that aligns with, and ensures the effective implementation of, Life Skills Education (LSE). • The SODV enactment in 2018 supports better outcomes in reduced GBV among adolescents, mostly advocated by youth.
Lesotho	Integrated	• The Ministry of Education and Training introduced the Curriculum and Assessment Policy of 2009 in Lesotho schools.[47] • Although it is a slow and ongoing process, knowledge levels have increased because of the advanced Life Skills syllabus.
Madagascar	Integrated	• The Direction des Curricula et des Intrants' (DCI's) M&E plan integrates key performance indicators about supervision and evaluation of activities, as well as impact on learners starting at the primary school level. In addition, the DCI and Institut National de Formation Pédagogique (INFP) have plans to monitor the rollout of training.[48]
Malawi	Stand alone	• The government, with support from UNESCO, has developed a CSE monitoring tool that ensures trained teachers receive regular support and supervision. • Malawi has seen improved outcomes in reduction of child marriages and community leaders have taken on the fight through initiatives such as "One community."[49]
Mozambique	Intergrated	• The Department of School Health (Departamento de Saúde Escolar) has ensured widespread dissemination of SRHR and HIV and AIDS materials.
Namibia	Stand alone	• Progress has been slow in reduction of teenage pregnancy, which is a government priority.
South Africa	Stand alone	• South Africa has a four-pronged approach to curriculum assessments, monitored by curriculum specialists within DBE and governed by the Curriculum Assessment and Policy Statement. • This includes annual monitoring visits to provinces and schools by the national coordinator of the Life Skills programme. • Stakeholders hold inter-provincial meetings twice a year to share information and best practices, and to assess progress and gaps on implementation.
Tanzania	Integrated	• While outcome evaluations of CSE programmes frequently focus on measuring results, such as increased knowledge, the Ministry of Education Science and Technology made a commitment in March 2020 to reach more than 6.5 million secondary school students with specific mention of non-discrimination of pregnant girls. • Additionally, school heads have been trained how to monitor and report on CSE.[50]
Zambia	Integrated	• Zambia commissions and undertakes research studies to monitor delivery and quality of CSE, including tracking of progress made towards policies such as the National AIDS Strategic Framework (2011-2016 and 2017-2021) and the Adolescent Health Strategic Framework (2010-2016 and 2017-2021).
Zimbabwe	In progress	• Guidance and Counselling (G&C) has M&E tools to monitor implementation of life skills, which include the evaluation of the National Adolescent Sexual and Reproductive Health Strategy (2010-2015).

[43] UNESCO.2017 CSE Scale Up in Practice: Case studies from Eastern and Southern Africa. https://hivhealthclearinghouse.unesco.org/library/documents/cse-scale-practice-case-studies-eastern-and-southern-africa. [accessed 25 April 2020]
[44] MIET together with SADC Secretariat as its implementing partner, Review Meeting of Future Life Now, CSTL project 2020.
[45] UNESCO.2017 CSE Scale Up in Practice: Case studies from Eastern and Southern Africa. https://hivhealthclearinghouse.unesco.org/library/documents/cse-scale-practice-case-studies-eastern-and-southern-africa.
[46] https://esaro.unfpa.org/sites/default/files/pub-pdf/2017-08-Laws%20and%20Policies-Digital_0.pdf [accessed 25 April 2020]
[47] https://genderlinks.org.za/casestudies/lesotho-demystify-sexual-education-in-secondary-schools/
[48] UNESCO.2017 CSE Scale Up in Practice: Case studies from Eastern and Southern Africa. https://hivhealthclearinghouse.unesco.org/library/documents/cse-scale-practice-case-studies-eastern-and-southern-africa
[49] https://www.hivsharespace.net/resource/evaluation-one-community-malawi
[50] Ibid

Table 3.3 provides an update on recent measures taken in SADC countries to monitor CSE. According to UNFPA, proper evaluation of CSE should assess monitoring and evaluation on three levels, including regionally, through laws and policies relating to CSE indicators. Because a central regional body does not collect data, an overview of monitoring and evaluation in SADC requires analysis from different data sets and sources to get this regional overview. Thus Table 3.3 describes how various countries conduct monitoring and evaluation and assess the impact of specific SRHR health indicators, for example on new HIV infections, child marriages, and other areas.

Engaging out-of-school youth

Most SADC countries have diverse policies that integrate CSE in "out-of-school" youth programmes. The ministers of health and education in Botswana, Lesotho, and Malawi have endorsed the East and Southern African Commitment, which has time-bound targets to scale up CSE and SRHR services for young people (UNFPA - Africa, 2017).[51]

Mozambique uses a multi-sectoral initiative called Programa Geração Biz as part of out-of-school CSE curriculum. It adopts a three-pronged approach to reaching out-of-school young people with SRH interventions in health clinics, schools, and the community (UNESCO, 2017).[52]

CSE requires community mobilisation and a safe space for girls to meet. In **Namibia**, the Ministry of Sports, Youth and National Services provides CSE to out-of-school youth. With support from UNFPA, the ministry developed its out-of-school CSE curriculum, and several NGOs support sector efforts to strengthen the delivery of CSE and SRHR services to these youth (UNESCO, 2017). For example, a partnership between the Namibia Planned Parenthood Association (NAPPA), the Ministry of Sports, Youth and National Services, and the Ministry of Health and Social Services, provides out-of-school youth with services at NAPPA youth-friendly clinics that operate in several youth centres.

Young women participate in an SRHR workshop in Mogovolas in north-eastern Mozambique in 2019. Photo by Graca Maria

The COVID-19 pandemic has seen most schools closed due to lockdown. While this presented challenges and opportunities to home school youth on CSE, many young people do not have access to online courses because they do not have internet access at home. In many communities in SADC, access to technology remains a luxury. Therefore, parents or guardians must home school youth on CSE. However, in many parts of SADC, home-schooling on CSE is taboo.

[51] https://esaro.unfpa.org/sites/default/files/pub-pdf/2017-08-Laws%20and%20Policies-Digital_0.pdf
[52] https://hivhealthclearinghouse.unesco.org/library/documents/cse-scale-practice-case-studies-eastern-and-southern-africa.
[53] UNESCO.2017 CSE Scale Up in Practice: Case studies from Eastern and Southern Africa. https://hivhealthclearinghouse.unesco.org/library/documents/cse-scale-practice-case-studies-eastern-and-southern-africa.

CSE and youth-friendly services

One of the key calls in the ESA-CSE Commitment - and from youth organisations - relates to the need for youth-friendly services to address adolescents' sexual and reproductive health questions and needs. The focus on providing youth-friendly services, including mobile health services and youth corners, means that sexual and reproductive health service providers have to remember that sex and sexuality means different things for different young people. Service providers often have assumptions about the sexual behaviours of young people which are not always in line with reality. For example, the assumption that young people have sex frequently; only engage in heterosexual sex; take risks; or are egoistic pleasure-seekers. Existing gender inequalities that stem from rigid gender norms and harmful beliefs lead to some of these assumptions. Service providers who are involved in youth-friendly services need to think about and discuss these issues for instance. It is important to note that sexual and reproductive health services for young people must address issues of sexuality, sexual desires, and sexual enjoyment alongside education on sexual health and treatment and prevention of STIs.

Youth-friendly services

The International Planned Parenthood Federation (IPPF) provides guidelines on youth friendly services and the key elements that should be included for effective service delivery.

Youth-friendly service delivery is about providing health services based on a comprehensive understanding of what young people in any given society or community want and need. It is also based on an understanding of, and respect for, the realities of young people's diversity and sexual rights. A youth-friendly approach requires offering young people a wide range of sexual and reproductive health services, including:

- Sexual and reproductive health counselling.
- Contraceptive counselling and provision (including emergency contraception).
- Abortion services.
- Prenatal and postpartum services.
- Prevention, testing and counselling services for HIV and other STIs.
- Sexual abuse counselling.
- Relationship and sexuality counselling.

Youth-friendly service delivery should also take into account the special needs of young people including:

- Where possible, these services should be provided in an integrated manner at the same delivery point to allow for ease of access for young people.
- The financial barriers that young people can face should also be recognised and services should be provided free of charge or at a discounted rate to young clients.
- Services are only truly youth-friendly if young people themselves are involved in determining the content, scope, and monitoring and evaluation of such services.

There is unmistakable evidence that CSE has a positive impact on SRHR, including a notable reduction in STIs

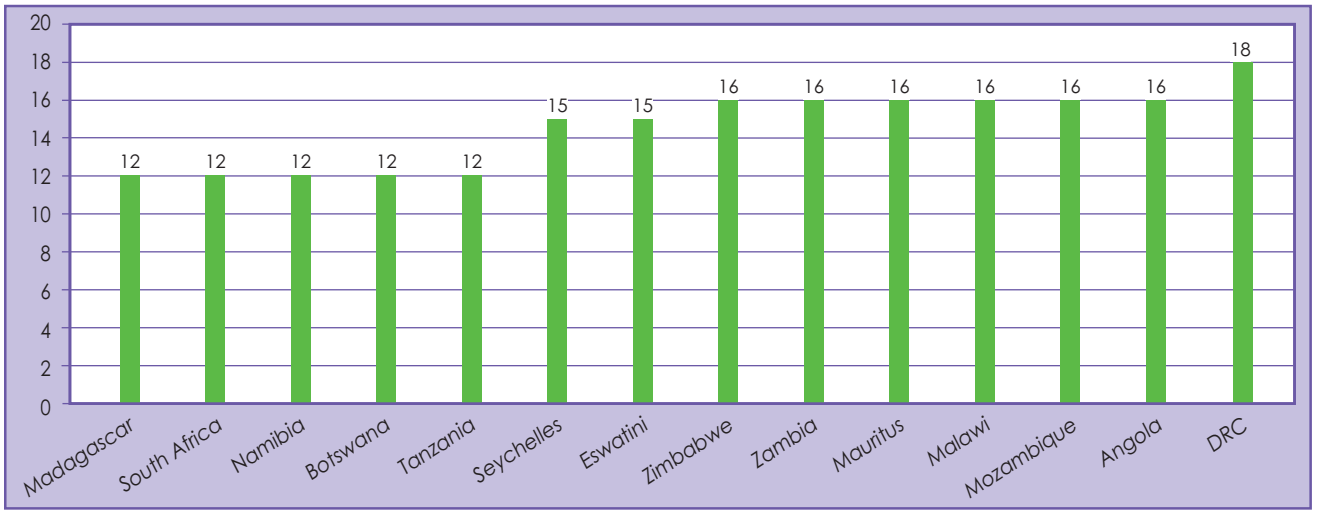
Ensuring that educators address the unique SRH needs of young men and adolescent boys is also part of a comprehensive gender-transformative approach. In applying this approach to SRHR, service providers should note that, in many contexts, women do not control decision making, including SRHR choices, yet they bear a significant burden linked to contraceptive use and childbearing (UNFPA and UNICEF, 2020).[54] Thus, promotion of safer sex activities remains critical for all adolescents, including young women and girls. Safer sex includes much more than protected sex; it is also about feeling safe and at ease with your partner, trust, communication, well-being, and happiness. These are often missing due to the skewed power dynamics in some sexual relationships.

Following the release of the SADC SRHR Strategy, several agencies have been working together to address these challenges and increase the range and quality of youth-friendly SRHR services. These groups place emphasis on tailoring services to embrace sexuality as a part of SRHR education and including initiatives for clinical staff to question personal standards of "normal" and "responsible" sexual behaviour for young people. A clear age of consent to access treatment and service remains important in improving adolescent access to SRHR services.

There is unmistakable evidence that CSE has a positive impact on SRHR, including a notable reduction in STIs, HIV transmission, and unintended pregnancy. CSE also improves knowledge and self-esteem, changes attitudes and harmful gender social norms, and builds self-efficacy. Curriculum that includes content about gender and rights, and access to a full range of high-quality, youth-friendly SRH services and commodities, makes it even more effective (UNESCO, 2015a; UNFPA, 2014). In many SADC countries, young people have their first sexual experiences while they are still in school, making the setting even more important for early access to contraceptives.

The COVID-19 period has restricted youth access to SRH services as stakeholders consider these services to be non-essential. In most cases, health facilities that would normally conduct outreach programmes on SRH ceased to do so during the lockdown period as COVID-19 awareness programmes took priority. This underscores the need to find ways to address the SRHR needs of youth during disasters and crises to prevent a regression on progress in this area.

Figure 3.1: Age of access to contraceptives across SADC



Source: Gender Links 2020.

[54] https://www.unfpa.org/resources/technical-note-partnering-men-and-boys-end-child-marriage-global-programme-end-child.pdf [Accessed 27 April 2020]

Figure 3.1 shows that five countries (Botswana, Madagascar, Namibia, South Africa, and Tanzania) provide contraceptives from the age of 12. Meanwhile, Eswatini and Seychelles start at age 15 and five countries allow for contraception from age 16, with the DRC only providing contraceptives at age 18. Researchers were unable to find information for Comoros or Lesotho.

Table 3.4: SADC countries with adolescent and youth SRHR policies[55]

Country	Stand-alone ASRHR policy or strategy
DRC	Yes, National Strategic Plan for Health and Wellbeing of Adolescents and Youth 2016-2020
Lesotho	Yes, National Health Strategy for Adolescents and Young People 2015-2020
Madagascar	Yes, Adolescent and Youth Health Strategy (2016-2020)
Malawi	Yes, National Youth Friendly Health Services Strategy 2015-2020
South Africa	Yes, Adolescents and Youth Health Policy 2016-2020
Zambia	Yes, National Adolescent and Youth Health Strategy (2016-2020)
Angola	No
Botswana	No
Comoros	No
Eswatini	No
Mauritius	No
Mozambique	No
Namibia	No
Seychelles	No
Tanzania	No
Zimbabwe	No

Source: African Health Observatory.

Table 3.4, shows that ten out of 16 SADC countries do not have stand-alone ASRHR policies. However, all countries do have well developed policy frameworks, which guide the delivery of ASRHR, CSE, and provision of youth-friendly health services. The National Adolescent Friendly Clinic Initiative (NAFCI) effectively implements **South Africa**'s Adolescent and Youth Health Policy.

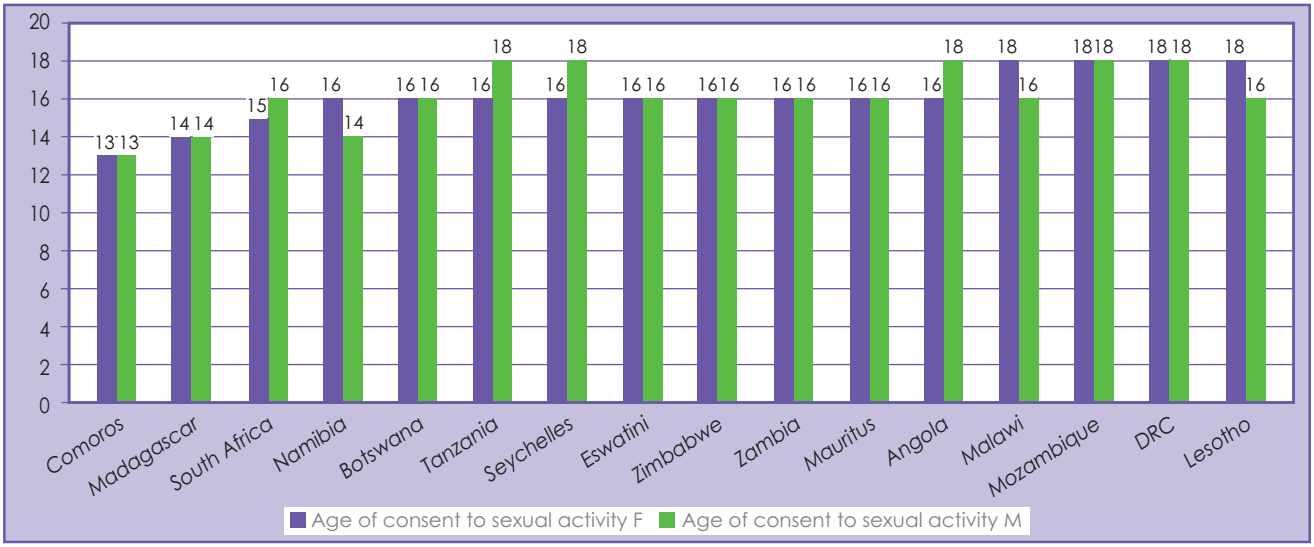
Malawi's National Youth Friendly Health Services Strategy 2015-2020 recognises that the health of young people is a key component of public health and ensures the provision of comprehensive sex education. The policy provides a framework for addressing threatening factors in adolescent growth, such as STIs, including HIV and AIDS, teenage pregnancies, unsafe abortion complications, nutrition inadequacies, alcohol and drug abuse, and mental health problems. Initiatives like #SheDecidesMalawi work to raise awareness about the harms of child marriages and unsafe abortion.

Malawi activist and sexual health champion Tikhala Itaye.
Photo courtesy of SheDecides

In an interview, Malawi activist and sexual health champion Tikhala Itaye notes, "there is a 'he' in 'She' Decides. It is not only about girls and women but men and young boys need to be part of this movement and we need equal empowerment of young people to ensure that we create a future where they are equal partners in the workplace, at home, and in leadership" (She Decides, 2019).[56]

[55] aho.afro.who.int/profiles information/index.php/ [accessed 28 April 2020]
[56] https://www.shedecides.com/champions/tikhala-itaye/ [accessed 28 April 2020]

Figure 3.2: Age of consent to sexual activity by sex



Source: GL Mapping of SRHR Policies and Laws 2018 updated 2020.

Figure 3.2 shows that the legal age of sexual consent remains high at 18, and equal for young men and women, in DRC and Mozambique. In several countries, the age of consent is different for men and women. These differences have unintended consequences, including leaving young girls vulnerable to abuse.

Mozambique passed a bill in July 2019 criminalising the marriage of citizens younger than 18 and proposing penalties for offenders and enablers of the practice. Laws in many countries do not explicitly provide for the ages of consent to sexual intercourse, they are rather inferred through provisions criminalising sex with an individual below a specific age, regardless of consent. This creates confusion about the age of consent to sex between, and with, young people and creates potential access barriers to appropriate services.

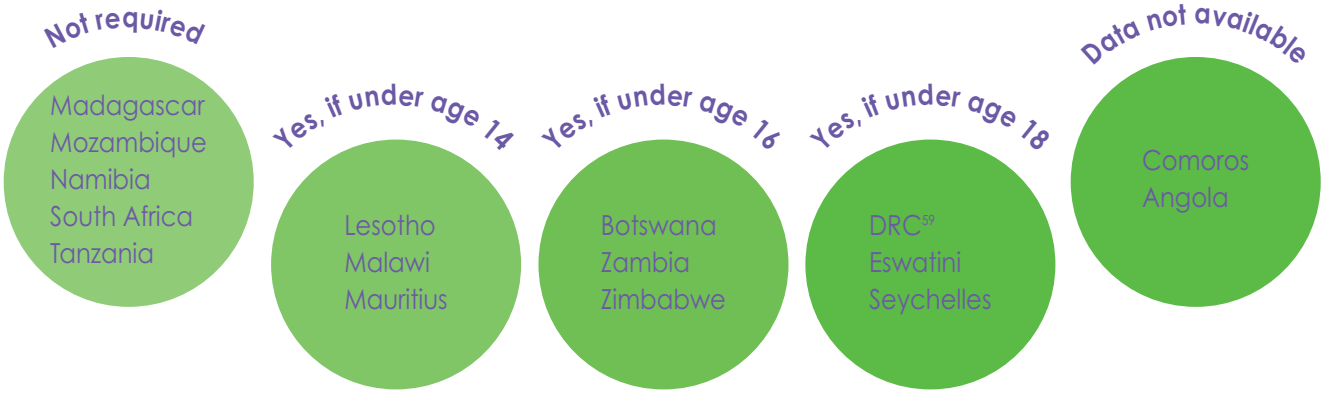
The regional trend of liberalisation of abortion laws continues. Since the ICPD, 50 countries have enacted laws expanding the grounds upon which abortion can be legal. However, barriers such as parental consent for minors remain in many countries. As is the case in DRC, Lesotho, and Tanzania, differences in male and female age of consent to sex have dire consequences.

Laws in many countries do not explicitly provide for the ages of consent to sexual intercourse

In one court case that affects age of consent in **Zimbabwe**, the *State v. B Masuku*, the High Court reviewed the case of a 17-year-old boy who had consensual sexual intercourse with his 15-year-old girlfriend and was consequently convicted of the offense of having sexual intercourse with a young person (High Court Ruling, 2015).[57] In her decision, Justice Amy Tsanga commented on the question of criminalisation of adolescent consensual sexual conduct. The various laws and policies in Zimbabwe criminalise adolescent consensual sex for both male and female adolescents younger than 16.

[57] http://zimlii.org/zw/judgment/harare-high-court/2015/106/ [accessed 28 April 2020]

Figure 3.3: Requirements for Parental consent for ASRHR in SADC[58]



Source: UNAIDS, 2020.

Figure 3.3 illustrates laws in all SADC countries on age of parental consent for adolescents to access SRH services. Two of the 16 countries have no data available on parental consent to SRHR: Angola and Comoros. Meanwhile, DRC, Eswatini and Seychelles require parental consent to access SRH services if children are younger than 18. In many cases, these countries discourage adolescent girls from accessing these important services (Vandermorris & McKinnon, 2018).

The **South Africa** Children's Act of 2005 provides that a child aged 12 years or older may consent to medical treatment without parental consent if he/she is of sufficient maturity and stage of development. South Africa also does not require parental consent to abortion, irrespective of the age of the child. Sections 129 to 134 of the South African Children's Act contain these comprehensive provisions, which experts consider best practice within adolescent SRHR. Laws and policies that require parental consent to access SRH services discourage adolescent girls from accessing the services they need to stay healthy (UNFPA - Africa, 2017).[60]

Junior Councillors at Harare City Council assisted with the ASRHR research. Photo: Colleen Lowe Morna

[58] http://www.unaids.org/sites/default/files/media_asset/unaids-data-2018_en.pdf [accessed 28 April 2020]
[59] https://www.who.int/bulletin/volumes/97/1/BLT-18-212993-table-T1.html [accessed 28 April 2020]
[60] https://esaro.unfpa.org/sites/default/files/pub-pdf/2017-08-Laws%20and%20Policies-Digital_0.pdf [accessed 28 April 2020]

ASRHR services still a challenge in many countries

Nearly two fifths of young people who sought Sexual and Reproductive Health (SRHR) Services in six Southern African countries were denied these services because they were not accompanied by a parent or family member. More than two thirds had to pay a fee for the health services they received. These services cost an average of $2, which is 9-20% of the daily income in the countries surveyed. But 89% of those who accessed services said that health personnel treated them with respect. 81% said they were accorded privacy and confidentiality.

These are among the preliminary findings of the Adolescent Sexual and Reproductive Health and Rights (ASRHR) Rapid assessment undertake in Botswana, Eswatini, Lesotho, Madagascar, Zambia and Zimbabwe from November 2019 to April 2020. The total number of respondents from the six countries is 9984, 5170 (52%) young women and 4808 (48%) young men and five people identifying as gender non-confirming (GNC). The study will be rolled out to Mauritius, Mozambique, Namibia and South Africa between June and August 2020.

The purpose of this research is to strengthen youth-led and focused efforts to promote ASRHR through gender and youth responsive local governance. The research included 9984 adolescents between ages 10 and 19 in six countries, 5170 (52%) females and 4808 (48%) males. The survey is being carried out with the Centres of Excellence for Gender in Local Government with the support of Hivos and Amplify Change. Other key preliminary findings include:

- 70% of the sample had a health facility within 10km of their homes while 29% did not have a health facility within 10km of their homes
- 64% of the respondents reported meeting peer counsellors in the health facilities they visited.
- 32% of the sample requested contraception and 84% of these received contraception.
- 6% of the female respondents requested a pregnancy test and 6% requested post-natal care.
- 42%, of respondents requested an HIV test and 16% requested a sexually transmitted infection (STI) test; most received these tests.
- 72% of the sample received materials tailor made for their needs. About a quarter of the sample did not receive youth friendly information that is relevant and responds to their needs.
- 51% of the sample received follow up appointments and 56% received a referral to another facility.

Currently five countries (Botswana, Lesotho, Madagascar, Zambia and Zimbabwe) have ASRHR policies in place, Eswatini does not have an ASRHR policy. Botswana's policy ended in 2016 and all the other countries' ASRHR policies expire in 2020. There is need to lobby for ASRHR policies that are youth friendly in all five countries.

At a policy and legislative level, it must be clear that young people can access SRH services without third party authorisation. Health workers insisting on a parent or family member being present will mitigate against young people going to health facilities. Only Madagascar provides for adolescent access to SRHR services without parental consent.

Source: Gender Links ASRHR Rapid Response Survey Preliminary Results 2020

Teenage pregnancy

While 12-year-olds can legally access contraceptives in many countries, adolescents face more obstacles than adults in obtaining contraceptives because of restrictive laws and policies, concerns about confidentiality, and stigma associated with sex at an early age (United Nations Population Fund ESA Regional Office, 2019). As a result, teenage pregnancy remains high in the region. Pregnancy among adolescent girls, particularly young adolescent girls, carries profound consequences for their physical health, the health of the child, and their future well-being. Pregnancy contributes to further excluding young women from school due to health issues, stigma, social roles and expectations for young women, and punitive regulations governing pregnancy and school attendance. In addition, unintended teenage pregnancies expose girls to other risks, such as HIV transmission (UNAIDS, 2015).

> During health emergencies, young girls face an increased risk of sexual exploitation and abuse

The SADC region has many policy documents, guides, and resources to support the reduction of teenage pregnancy. CSE plays a critical role in both preventing teenage pregnancy and supporting those who become pregnant at an early age. CSE should provide information about the physiological and emotional experiences during pregnancy as well as what is involved in child-rearing. It should also note that teenage pregnancy compromises women's educational, social, and economic prospects and advise adolescents to postpone pregnancy until they are better prepared.

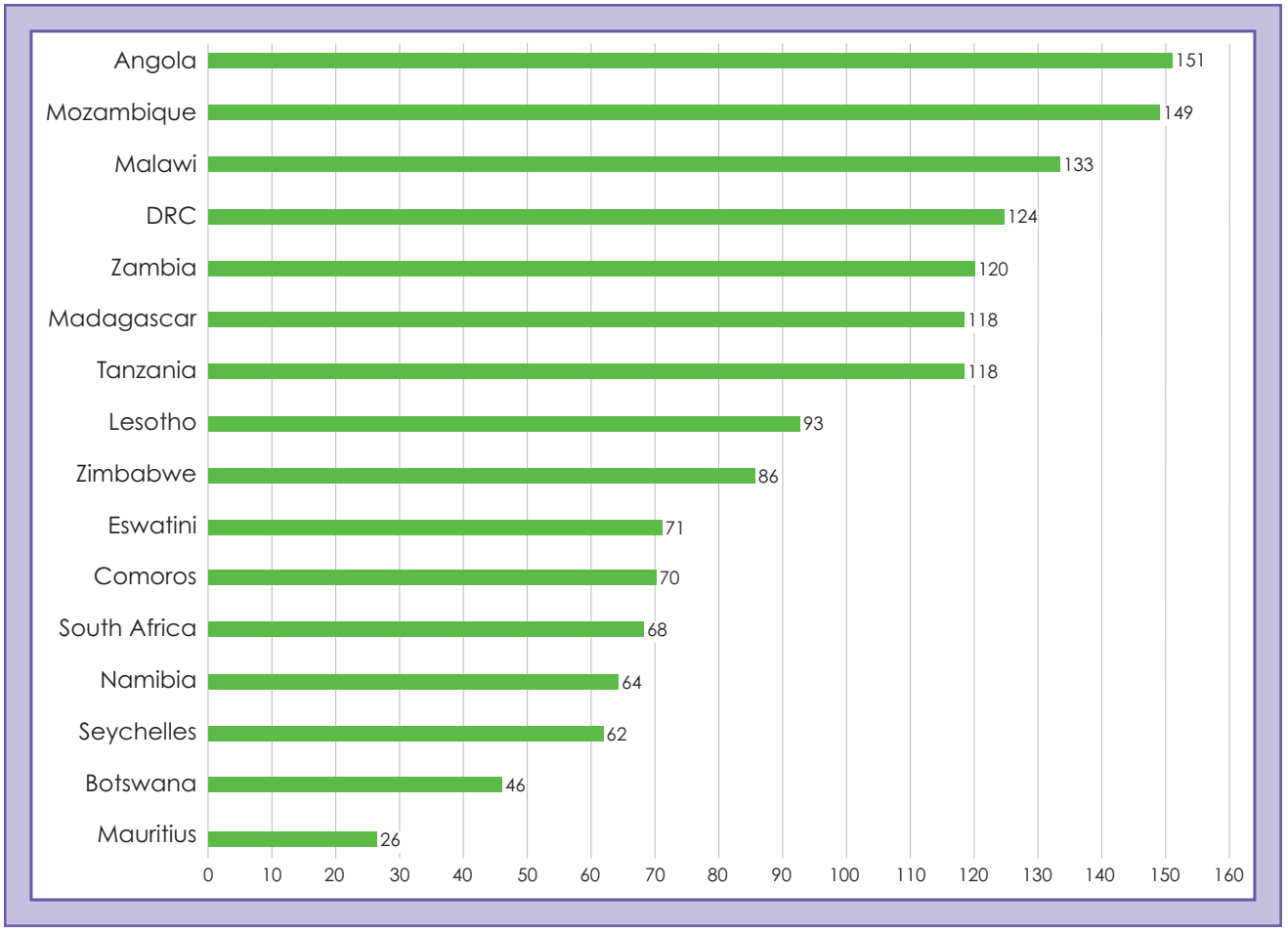
While the region continues to grapple with high rates of teenage pregnancy in non-disaster environments, experts worry that the COVID-19 crisis will exacerbate sexual exploitation of young girls and possibly lead to a spike in new teenage pregnancies. Homes are already unsafe places for too many young women in the region. Data shows that, during health emergencies, young girls face an increased risk of sexual exploitation and abuse.[61] Additionally, abusers may feel emboldened to act with increased impunity as access to social services dwindle and lockdown laws restrict external interactions. In the current situation, these laws have curtailed girls' ability to seek refuge outside the home, which may make it more difficult to escape from an abuser.[62]

Having the information, power and means to decide whether, when, and how often one becomes pregnant is a universal human right. That is what 179 governments agreed at ICPD and it remains a universal right that applies to all women and adolescent girls (United Nations Population Fund ESA Regional Office, 2019).[63] Governments should support this right by ensuring adequate access to necessary contraception and education on abstinence and safer sex practices, as well as appropriate support for young women who do become pregnant at a young age. This must include education, training and employment opportunities for young fathers (UNFPA ESARO, 2019).

[61] Foluyinka "Yinka" Fakoya, COVID-19 and Young Girls: Expect Increases in Child Marriage and Teen Pregnancy, April 2020
[62] Ibid
[63] https://esaro.unfpa.org/en/news/lesotho-youth-commitment-accelerating-promise-icpd-road-nairobi-0

The number of adolescent live births per 1000 population rates indicates early and unintended pregnancy, child marriages, and sexual violations against adolescent girls. The latter can result in increased baby dumping (UNESCO HIV and Health Education Clearinghouse 2017). It is paramount that relevant ministries follow national policies and advocate to end child marriages, support school re-entry, and ensure that girls forced by pregnancy to drop out of school can re-enter education after delivery. Other recommendations for reducing teenage pregnancy include ensuring readily available access to youth-friendly counselling and services, particularly availability of condoms and contraceptives.

Figure 3.4: Adolescent live births per 1000 population



Source: Southern Africa Gender Protocol Alliance mapping of SRHR Policies and Laws, 2018 updated 2020.

Figure 3.4 suggests that teen pregnancy strongly links to poverty, as the region's low- and lower-middle income countries (Angola, DRC, Malawi, Mozambique, and Zambia) have higher adolescent birth rates than middle income countries like Botswana, Mauritius, and South Africa. Additionally, the figures for Comoros, Eswatini, Lesotho, Namibia, Tanzania, and Zimbabwe, remain concerningly higher than average rates for the African continent rates.

Botswana: Okavango community tackles high teenage pregnancy rates

In Botswana's Okavango community, cultural barriers continue to contribute to high teenage pregnancy, which explains why stakeholders have begun using community-wide approaches to educate people on the topic.

As part of this approach, the Botswana Christian AIDS Intervention Programme (BOCAIP) in collaboration with the District Health Management Team, and the District Multi-sectoral Committee conducted community conversations in Xakao and Shakawe village on from 28 April to 2 May 2019. The communities shared their thoughts on high numbers of teenage pregnancy in the region, as well as the consequences faced by the young mothers, and the community at large. The communities then created action plans to address teenage pregnancy in their locality.

For the past three years, teenage pregnancy cases have been escalating in the district. Stakeholders in Botswana believe that changing community norms requires combining effective programmes aimed at eliminating harmful practices and advocacy that engages all community members.

BOCAIP chose this strategy to stimulate critical thinking and holistic and inclusive collective action that focuses on the root causes. Part of this solution requires engagement with men, women, boys, and girls in strengthening communities and reaching young people before it is too late. This means raising ideas during discussions that can be supported, and acted upon, by many different individuals and diverse groups.

SRH activists in Kgotla, Botswana, distribute teenage pregnancy and parent child materials at an event in 2018. Photo: Kgalalelo Gambule

Conducting different conversations with distinct groups - men only, females only, girl children only, community leaders and stakeholders etc. - enhanced the involvement of all the people that surround the girl child.

Source: Kgalalelo Gambule from Okavango Sub District Council as submission for the SADC Protocol @ Work Summit Application (Gambule, 2020).

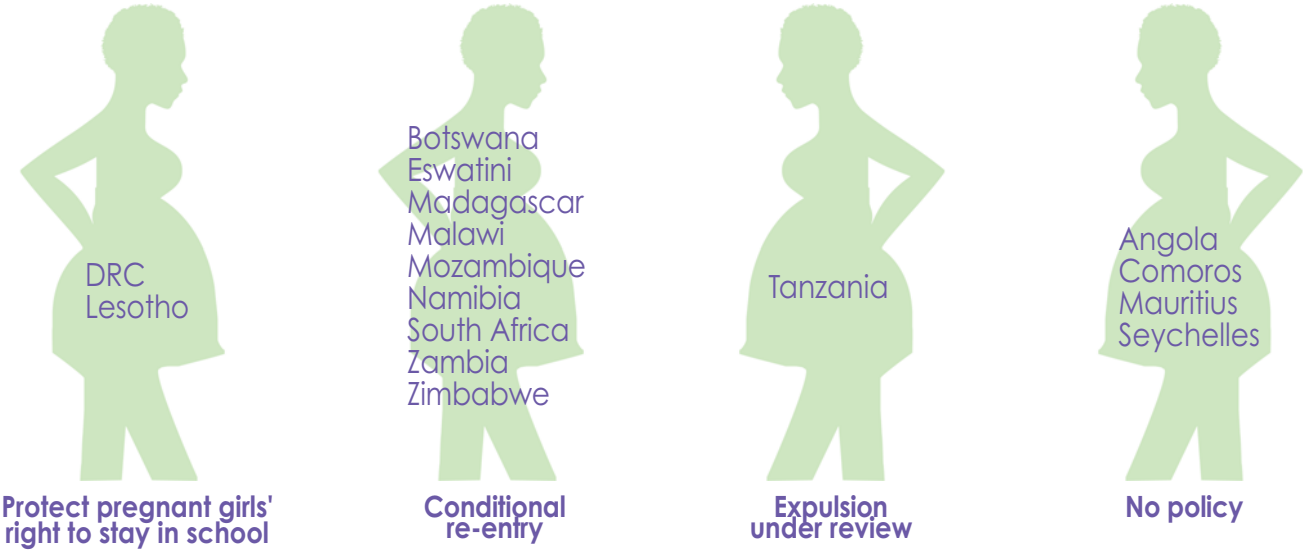
Policies on teenage pregnancy

Laws and policies can reflect or reinforce discriminatory norms and attitudes that block adolescent girls' access to re-entry into school or formal education after they fall pregnant and give birth. Conditional policies and laws can often further prevent adolescent mothers from

working or restrict their access to certain types of jobs due to their lack of completed educational qualifications.

In the SADC region and other developing countries, only a fraction of boys and girls complete upper secondary schooling: 20% of boys and 15% of girls (Human Rights Watch Report, 2018). As such, the South African government has focused on providing social and financial support for adolescent mothers. Meanwhile, in Zambia, teen mothers receive a choice of access to morning or evening school shifts, and in Malawi, pregnant girls and adolescent mothers can access school-based counselling services.

Figure 3.5: Breakdown of teenage pregnancy and school policies in SADC



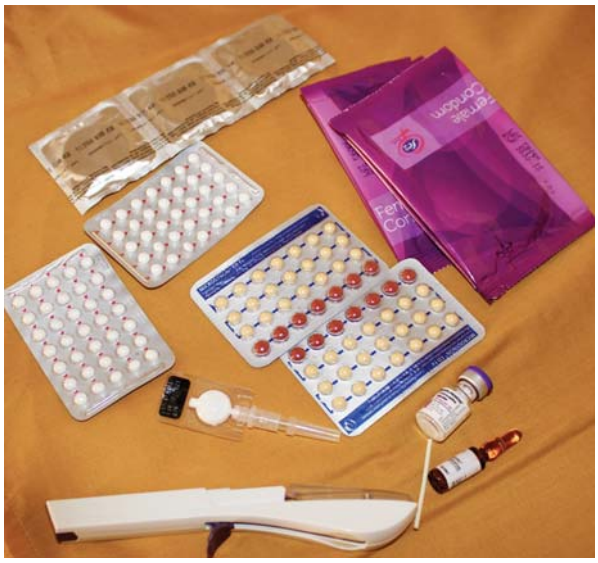
Source: Human Rights Watch Report 2018, Leave No Girl Behind in Africa Discrimination in Education against Pregnant Girls and Adolescent Mothers.

As noted in Figure 3.5, as of April 2020, Tanzania's government has been feeling the pressure to review its policy of expelling pregnant girls from school. Human Rights Watch reports that, following the approval of a World Bank education loan under the country's Secondary Education Quality Improvement Project (SEQUIP), the Tanzania government will be required to alter its policy of discriminating against pregnant students, adolescent mothers, and married girls. Following threats of arrest and detention, women's rights organisations in Tanzania have been working quietly on assisting pregnant teenage youth without public recognition and mention. The matter remains extremely sensitive among Tanzania's civil society and in its engagement with government.

Meanwhile, DRC and Lesotho protect pregnant girls' right to stay in school. In Lesotho, the Education Act of 2010 contains a re-entry provision. In DRC, while policies and laws exist to protect pregnant adolescents, the post-conflict reality means that vast gender and economic inequities still keep pregnant teenagers out of school. In the past five years, the number of programmatic initiatives to address adolescent and young people's sexual and reproductive health has steadily increased in the DRC, largely in urban areas such as the capital, Kinshasa.[64] Increasingly, decision-makers in the DRC have come to accept the importance of providing SRHR services and information to young people. The continued expansion of the DRC National Strategic Plan for Health and Wellbeing of Adolescents and Youth 2016-2020 is a crucial step toward that goal.

[64] USAID. Evidence to action (E2A): sexual and reproductive life stages Framework. 2017. [accessed 29 April 2020]

Lesotho's legislators rally to address worrisome levels of teenage pregnancy



Some of the contraceptive methods provided in Lesotho. Photo: Ntolo Lekau

At 17, Lerato Molise found herself pregnant by her ex-boyfriend, who then turned his back on her. Raising the child, Molise says, was one of the toughest experiences because she had no income. Using her hard-earned money, Molise's mother decided to take Molise to a catering school so that she could generate some income for her child.

Lesotho has many challenges linked to teenage pregnancy, and schools and parents force many young girls to drop out of school to raise their children. The highlands of the country, where health services are a distant cousin, remain the most affected by this issue. 'Mathato Nkuatsana, the adolescent health programmes manager at the Ministry of Health (MoH), says her ministry has established programmes to tackle the issue of teenage pregnancy in the country.

Such programmes include the Anti-Child Marriage Campaign outreach programme meant to scale up family planning services for adolescents and young people. Nkuatsana says her ministry also advocates for social behavioural change messages and condom distribution by civil society organisations. She says it has also established adolescent health corners in all hospitals in the country, except in Quthing district.

Chief Ntsane Makopela of Ha Makopela in Ts'anatalana Community Council says teenage pregnancy beleaguers the area, especially among girls aged between 13-14 years old. Makopela says some girls leave their children with their parents and go to South Africa to hunt for jobs as domestic workers. Because of this, his community holds pitsos (traditional meetings) to sensitise parents about teenage pregnancy. He added that once girls get impregnated, their education journey usually comes to a screeching halt.

Chair of Ts'anatalana Community Council Emile Tekane says teenage pregnancy also plagues his council. It has formed support group committees in different villages to sensitise young girls about the issue. Tekane says they also hold pitsos during which they talk with children together with their parents, urging them to avoid teenage pregnancy because it hinders hinder their academic journey. "We work closely with the Ministry of Health so that we can pass the message to youngsters," he says. Tekane says school-going children stay in rented homes, where they often have no adult supervision, to be closer to their schools. "Teachers have asked us to visit the children in their rented homes unannounced so that we could see what we can find," he says.

Source: Gerard Molupe as part of the Gender Links Media Articles (Molupe, 2020).[65]

[65] https://genderlinks.org.za/news/lesotho-teenage-pregnancy-growing-concern-in-tsanatalana/ [accessed 20 April 2020]

DRC has the fourth highest rate of teenage pregnancy in SADC

DRC has the fourth highest rate of teenage pregnancy in SADC. In 2017/2018, UNICEF reported that 27% of girls in DRC between ages 15-19 were pregnant (USAID, 2018).[66] Therefore, it is important that legislators reinforce the country's re-entry education policy and continue to expand provision of adolescent SRHR services and education.[67] According to a 2019 Guttmacher Institute report, of an estimated 563 100 total pregnancies in Kinshasa in 2016, 61% were unintended, corresponding to a rate of 147 unintended pregnancies per 1000 (Lince-Deroche et al., 2019).[68] This means the 2020 rate of 124 is an improvement. Young people and SRHR activists in the DRC have genuine concerns with the current situation, including fear of pregnancy, judgmental attitudes of health providers, and fear of side effects from teenage pregnancies.

As noted earlier, UNESCO has found that CSE expands education opportunities, challenges gender norms, and promotes gender equality, resulting in more responsible sexual behaviours and fewer teenage pregnancies. For these reasons and the findings above, it is more important than ever for lawmakers to implement the renewed commitments coming out of the ICPD 2019 conference: comprehensive and age-responsive information, education and adolescent-friendly comprehensive, quality, and timely SRHR services.[69] These basic policies will enable adolescents and youth to make free and informed decisions and choices about their sexual and reproductive lives, which will protect them from unintended pregnancies and facilitate a safer transition into adulthood (Nairobi Statement on ICPD25: Accelerating the Promise, 2019).[70] The region's lawmakers must continue to implement better policies to protect and assist in implementation of their universal health commitments.

Zambia has a conditional policy that allows pregnant learners to re-enter the same or any other school after they give birth (Southern Africa Gender Protocol Alliance SRHR Policies and Laws Survey, 2018). However, government bodies have reportedly not upheld the 1997 re-entry policy, which lawmakers meant to be a positive step toward upholding girls' basic right to education by expanding their future job options. According to a 2018 *Lusaka Times* investigation, "school officials are not trained on the policy guidelines and some have never even seen a copy of the policy. Government does not monitor school compliance and there are no consequences if they do not respect girls' right to be in school."[71] Many Zambians consider early unintended pregnancies a public health issue, which occurs because of gendered sexual norms which make young girls vulnerable to sexual relationships due to lack of resources, among many other factors. Interestingly, the number of girls marrying before age 15 has declined, yet the levels of teenage pregnancies has remained stable during the same period.[72]

Zimbabwe's 2019 Education Amendment Bill has a provision in clause 68D of the Education Bill stating that girls shall not be expelled from school for falling pregnant. It says: "No pupil shall be excluded from school for non-payment of school fees or on the basis of pregnancy."[73] The Gweru local government and junior councillors employ a participatory approach, whereby they

[66] https://www.unicef.org/drcongo/en/what-we-do/child-protection [accessed 20 April 2020]
[67] https://www.hrw.org/news/2019/06/16/africa-pregnant-girls-young-mothers-denied-school
[68] https://www.guttmacher.org/report/unintended-pregnancy-abortion-kinshasa-drc [accessed 25 April 2020]
[69] In line with international technical guidance; ref https://unesdoc.unesco.org/ark:/48223/pf0000260770
[70] http://www.nairobisummiticpd.org/content/icpd25-commitments [accessed 30 April 2020]
[71] https://www.lusakatimes.com/2018/08/07/zambian-goverment-failing-to-implement-the-re-entry-policy-for-young-mothers/ [accessed 25 April 2020]
[72] Population Council, UNFPA and Government of the Republic of Zambia 2017
[73] https://zimfact.org/factsheet-corporal-punishment-pregnancy-and-the-new-education-bill/ [accessed 25 April 2020]

consult youth in different decision-making processes. Junior councillors carry out activities, including interacting with vulnerable children to document needs. They also run donate a pad campaigns, advocate for girls' rights to freedom workshops, and other campaigns that promote hygiene, STI awareness and overall SRHR concerns affecting youth.[74]

Mozambique is one of two countries in SADC that has decriminalised abortion

Progress in **Mozambique** has led to increased awareness among girls and young women about mental health, psychological, and other consequences of teenage pregnancy and unsafe abortions. Advocacy initiatives have included raising awareness among youth about policy and law provisions and procedures so that they can demand justice in cases of abusive processes in communities. Mozambique is one of two countries in SADC that has decriminalised abortion[75] and yet teenage pregnancy remains high due to delayed implementation of youth-friendly SRHR spaces where adolescents could seek safe abortions. Mozambique has also rolled out civil society campaigns and mandatory sex education in schools and created a network of youth-friendly sexual health clinics across the country to curb ASRHR challenges.

Botswana's re-entry policy stipulates that pregnant girls must withdraw from school and later seek re-admission in the same school or to a different school. Other initiatives in the country include provision of reusable menstrual pads and discussions of power relations in relation to sexual consent. These strides have been possible due to the provision of sex education that encourages young people to delay their first sexual experience and helps them understand the risks of HIV and early pregnancy. UNDP asserts that CSE also builds communication skills, making it easier for young people to talk about sex and decide when and with whom to have sex, and to confidently say if they do not want to have sex.[76]

If the Ebola pandemic is any indicator, the COVID-19 pandemic may cause an upsurge in teenage pregnancy. Complications during pregnancy and childbirth are the leading cause of death for 15-19-year-old girls globally.

Studies from the Ebola response indicate that school closures and increased barriers to accessing contraception among adolescents resulted in increased sexual activity and unplanned pregnancies. UNFPA warns that the pandemic may result in 13 million more child marriages between 2020 and 2030 as poverty increases and programs designed to prevent them are scaled back due to lack of funds or restrictions on gatherings and movement[77]. For girls living in poverty, the breakdown of basic services in many communities may also lead to heightened pressure to engage in transactional sex with older men in exchange for financial or in-kind support, such as transportation, food or clothing.[78]

The Kenya Health Information System survey shows that a total of 3,964 girls aged 1 9 years and below were reported pregnant in Machakos County during the lockdown. Children Officer Salome Muthama said: "Most of these cases you will find involve children who were taken from urban centres in the wake of Covid-19 and left in the hands of their grandmothers in the countryside as the parents returned to the towns."[79]

[74] SADC Gender Protocol Application 2019 by Blessing Dumu
[75] GL Audit of SRHR Laws and Policies 2018: https://reproductiverights.org/worldabortionlaws
[76] https://botswana.unfpa.org/sites/default/files/pub-pdf/Investing%20in%20Young%20People%20UNFPA%20Botswana.pdf
[77] http://news.care.org/article/motherhood-too-soon-child-early-and-forced-marriage-and-adolescent-pregnancy-in-covid-19/
[78] https://msmagazine.com/2020/04/20/covid-19-and-young-girls-expect-increases-in-child-marriage-and-teen-pregnancy/
[79] https://www.africanews.com/2020/06/17/close-to-4000-school-girls-impregnated-in-kenya-during-covid-19-lockdown//

Seychelles grapples with rebellious educators who refuse to teach sex education

Teenage pregnancy is on the rise in Seychelles, partly because many teachers refuse to teach sex eduation, according to ministry officials.
Photo: Gender Links

The rate of teenage pregnancy in Seychelles has increased steadily over the years. Despite the inclusion of sex education in the school curriculum under the Personal, Social and Citizenship Education (PSCE) programme, the small island nation has yet to address the issue. The problem, says Jacques Koui of the Ministry of Education, is that teaching professionals often overlook sexuality and topics pertaining to sex and gender, which they dismiss as "vulgar."

Koui, who is the curriculum development officer for PCSE, explains that it encapsulates family life and health education, careers guidance and careers education, moral education, religious education, and citizenship education. The programme is available at primary and secondary levels, while Seychelles offers Citizenship Education (CE) as a standalone programme at post-secondary level.

"Sexuality is addressed as a vast spectrum under family life and health education and this covers puberty, adolescent sexual and reproductive health, sexually transmitted infections amongst others," Koui says. "PSCE is allocated two 40-minute periods per week at primary level and secondary level and considering all the elements that have to be covered, we cannot explore them all as broadly as we want."

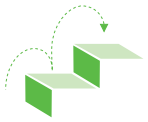
He says the ministry struggles with teachers who refuse to acknowledge and teach sexuality-related topics because of their religious beliefs or simply because they do not feel comfortable to do so. Koui notes that parents often do not talk about sex, limiting young adults' access to vital information and contraception. Seychelles law dictates that individuals aged 15 can access contraception with the consent of their parents. According to IPPF, it is unethical to give information and education on SRH without providing access to appropriate services, including contraceptives and counselling (2008).

Dean Padayachy, the founder of Brother Dudes, an NGO dedicated to helping young mothers in need of guidance and support, says lawmakers must revise the Seychelles curriculum to include broader CSE, and a rights-based and gender-focused approach to sex education, to empower young women.

Padayachy assists young, homeless and jobless mothers with shelter, finding employment, and other necessities. He notes that he encounters many underage girls who face hardship because they became mothers at a young age. One young mother Padayachy is assisting, who wished to remain anonymous, recounted her experience of her first pregnancy, at the age of 16. "Before my pregnancy, I led an active lifestyle, played a lot of sports and socialised with my friends. When I found out I was pregnant, I was lucky to have the support of my mother, but the baby's father cut me off. Neither he nor his family made any effort to be there for me or my child," she said.

"I'm not enthusiastic about making contraceptives available to young people as it might serve to encourage them to engage in sexual activities but improving sex education in schools is a good idea," she asserts. "The more informed someone is, they can act more responsibly."

Source: Laura Pillay as part of Gender Links #VoiceandChoice series.



Next steps

The global COVID-19 pandemic has affected everyday life across the SADC region, including schooling. This severely affects CSE given the many competing priorities in this regional state of disaster. Policy response and regulatory response will need to be even more intentional as the new stresses on health systems will disrupt the delivery of SRH services and information to young people. There is need to refocus and strengthen ASRHR strategies. Key next steps include:

- ***Intensify healthcare post-COVID-19:*** SRHR considerations must be embedded into national and local responses to COVID-19 and then continued post-pandemic.
- ***Governments need to ensure minimum interruption of CSE provision:*** It is important to respond to COVID-19 but government must also continue to provide access to CSE, contraceptives, safe abortion and sexual health - including menstrual health.
- ***Implementation of planned SRH programmes remains crucial to tackling the region's challenges and inequalities:*** It is necessary for lawmakers and other stakeholders to continue to develop programmes that effectively engage men to advance gender equality, challenge inequities, and promote access to SRHR services. It is crucial to increase men's knowledge of gender so they can reflect on gender norms in their own context.
- ***Increase availability of contraceptives:*** As governments continue to expand implementation of SRHR programming and youth-friendly services, it is vital they also address the persistent needs and challenges of adolescents and young people in both rural and urban areas, including access to modern contraception and other ASRHR services.
- ***Expand legal frameworks for CSE:*** Lawmakers must strengthen and enforce legal frameworks in health and education systems. This includes ensuring sufficient infrastructural and financial supports for SRH interventions.
- ***Enhance education and legislation to secure brighter futures for adolescents:*** If lawmakers fail to address teenage pregnancy and concerns about girls' inability to re-enter school following pregnancy, young women's future income earning prospects will continue to be lower than those of young men. This will negatively affect the region's economies and increase inequalities and wage gender gaps that will continue into future generations.