



## RECOMMENDATIONS

Based on the findings, the following recommendations were made:

- It is crucial that educators are given the necessary preparation and guidance to implement the life skills programme in order for the schools to successfully achieve the objectives of the curricula.
- A training programme should be mandatory for all teachers and should include aspects such as critical thinking and directing free and open discussions among students.
- Sexual health education should be taught by **certified, highly qualified, effective teachers** and include content specific standards for knowledge, skills and qualities that teachers need in order to prepare students to meet the challenges of the 21st century.
- In addition, **community members must be involved** in the implementation of the life skills programme. Youth are influenced not only by their educators, but also by their parents, spiritual leaders and peers. It is necessary that these community members play an active role in promoting healthy sexual behaviour in youth.
- **Curriculum guidelines** are needed for the development, review and adoption of curriculum.
- **Standards-based programmes for CSE** sexual health education should be offered as part of a planned, ongoing, systematic, sequential, and standards-based school health education programme. Standards represent an articulation of what a student should know and be able to do.
- Ongoing professional development must be provided for teachers, school management, the district Life Orientation officials, and school health and mental health services (Department of Health).
- Regular monitoring and evaluation is needed to determine how much of the curriculum is being delivered and whether instruction is consistent with the planned curriculum.
- Sufficient time and resources should be allocated for effective instruction and delivery of CSE in curriculum.

## OVERVIEW OF GOALS IN THE ACTION PLAN

Goal 1	To set up and foster inter-departmental collaboration and coordination within the Social Cluster and with all relevant external stakeholders and interest groups.
Goal 2	To ensure the development and management of relevant outcomes-based programmes to promote the focus on the incorporation of CSE in institutional curricula and programmes.
Goal 3	To define, coordinate and institutionalise an effective programme and support for programme implementation.
Goal 4	To recommend, commission and manage a comprehensive and integrated advocacy and communication strategy.
Goal 5	To develop and strengthen institutional capacity using targeted, structured and coordinated development and training programmes and processes.
Goal 6	To ensure policy coordination across departments and to strengthen institution-based policy development processes.
Goal 7	To provide adequate programme resourcing at institution level to support effective implementation and support of programmes.

### Implementation of the Action Plan is dependent on the following:



## CONTACT DETAILS

United Nations Population Fund (UNFPA)

5th Floor, Metropark Building, 351 Francis Baard Street, Pretoria, 0002, South Africa

Tel: +27 12 354 8401 • Fax: +27 12 354 8419

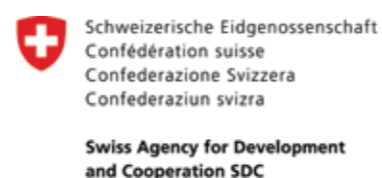
Email: [ngoma@unfpa.org](mailto:ngoma@unfpa.org)

[www.unfpa.org](http://www.unfpa.org)

| UNFPA South Africa

| UNFPA

### With Technical and Financial Support:



# Incorporating Comprehensive Sexuality Education within Higher and Basic Education Institutions in the KwaZulu-Natal Province





## INTRODUCTION

Evidence has shown that comprehensive sexuality education that is age-appropriate, gender-sensitive and life skills-based, can provide young people with the knowledge, skills and efficacy to make informed decisions about their sexuality and lifestyle. When young people are equipped with accurate and relevant information, when they have developed skills in decision-making, negotiation, communication and critical thinking, and have access to counselling and SRH/HIV services that are non-judgmental and affordable, they are better able to:

- Take advantage of educational and other opportunities that will impact their lifelong well-being;
- Avoid unwanted pregnancies and unsafe abortions;
- Improve their sexual and reproductive health and protect themselves against STIs, including HIV; and
- Understand and question social norms and practices and contribute to society.

The historic East and Southern Africa (ESA) Ministerial Commitment was endorsed and affirmed at the 2013 International Conference on HIV and AIDS in Africa (ICASA) on 7 December 2013 by 20 countries. Education and Health Ministers in African countries committed to accelerate access to CSE (Comprehensive Sexuality Education) and health services for young people in the region.

This Assessment was commissioned by the United Nations Population Fund (UNFPA). The objectives of this assessment were to:

- Undertake a rapid literature review of all policies, frameworks and research studies relevant to the delivery of CSE;
- Coordinate and convene a workshop with the DBE, DHET and DSD, Life Orientation educators and Curriculum developers to identify gaps and challenges in the delivery of CSE (including visits to six schools (focus group discussions with learners, educators and management); and
- Develop an action plan to address the gaps and challenges identified.

As defined by UNFPA, CSE:

**“is a right-based and gender-focused approach to sexuality education, whether in school or out of school. ... [It] aims to equip children and young people with the knowledge, skills, attitudes and values that will enable them to develop a positive view of their sexuality, in the context of their emotional and social development by embracing a holistic vision of sexuality and sexual behaviour, which goes beyond a focus on prevention of pregnancy and sexually transmitted infections (STIs).”**

## KEY FINDINGS

- South Africa does not have a widely adopted, detailed, scripted curriculum for sexuality education. What South Africa does have are the Curriculum and Assessment Policy Statements (CAPS) for four different grade levels, R-3; 4-6; 7-9 and 10-12. These specify broad topics to be covered during each grade, term and week and the number of hours allowed for different topics. However, they are not detailed scripted curricula and they do not specify particular activities that should be implemented.
- In Grades 4-6, about half the ITGSE topics are potentially addressed by CAPS, but many are not. In general, most topics dealing with sexuality are not covered. These include: anatomy and reproduction (including the structure and function of sexual and reproductive organs), pubertal changes, resisting unwanted sexual attention and abuse, enjoyment of sexuality during the life cycle (including masturbation), sexual response to stimulation, abstaining and contraception, commitment, marriage and parenting, STIs and living with HIV. Again, some, but not all, of these topics are covered in later grades.
- In Grades 7-9, some of the topics are covered, particularly those involving rights (including gender rights); common diseases (including HIV); support and care of people living with HIV; family; community and cultural values relating to sexual behaviour; peer pressure; risky situations; responses to peer pressure; and resources in the community for abuse. However, CAPS does not appear to cover adequately healthy and unhealthy relationships; pregnancy; methods of contraception; STIs, refusal skills; abstinence; risks of multiple and concurrent sexual partners, condoms, STI testing and community resources for reproductive health needs.
- In Grades 10-12, some of the topics are covered, particularly those involving human rights; gender; consequences of STIs (including HIV); risk behaviours that lead to pregnancy and STIs; and skills (including communication skills). In these grades, CAPS does not appear to cover healthy and unhealthy relationships adequately; chances of pregnancy; consequences of pregnancy; methods of contraception; STIs and HIV; influences on sexual decisions; how to recognise, avoid and get out of situations that might lead to unwanted or unprotected sex; refusal skills; abstinence; risks of multiple and concurrent sexual partners; condoms; STI testing and community resources for reproductive health needs.
- Fundamental to the inclusion of sexuality education in the curriculum, and ensuring articulation with the broad outcomes of the Life Orientation curriculum, is recognising and being able to teach the difference between sexuality education (lifelong) and sex education (physical aspect of sexuality education).
- While CAPS provides guidance to teachers, there is an absence of scripted curriculum to strengthen teachers' content knowledge on sexuality education.
- Behavioural change is hampered by social, cultural and economic contexts, yet these are seldom addressed in programmes. Since there

is an economic divide in the school system in South Africa, the same curriculum content may not be suitable for all.

- The variety of different Life Skills curricula currently being implemented by South African schools and institutions focus largely on HIV and AIDS awareness and information and do not sufficiently emphasise the importance of physical and mental wellness in youth. The curricula seem to be having a positive effect on students' knowledge and awareness of HIV and AIDS, but they do not adequately meet the goals of the national policy – namely, to promote healthy behaviour and positive attitudes.
- Schools and institutions located in poorer communities often lack the resources to provide adequate training for their teachers. In addition, these communities often have a more conservative method of educating, which is not compatible with the content and goals.
- Although there have been undertakings by the Department of Education to implement the Life Skills programme in schools, inadequate training and experience among educators continue to be a key issue. Moreover, educators often feel isolated and singled out as being the sole coordinators of sexual education, while also encountering a lack of support from colleagues.
- Teachers find it challenging to adapt the curriculum in an appropriate manner where the classroom environment often consists of large student groups from various diverse backgrounds, age groups and religious affiliations.
- Teachers find it challenging to implement the life skills curriculum while facing strong opposition among parents, religious groups and the community at large.
- Learners feel unsupported when dealing with difficult relationships, uninformed and unsympathetic parents, poor peer relations, unsafe schools; and no community-based activities to keep them safe.
- Lack of psycho-social support to deal with daily issues of counselling; reporting rapes; hungry learners; emotional distress of both teachers and learners; poor teacher training and preparation for CSE.
- No or low confidence in support services like SA Police Services; local clinics; hospital health services; traditional leaders; church groups; Home Affairs (legal documents to access grants).

