Comprehensive Sexuality Education as a Tool towards Gender Equality

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1. Introduction

The 25th anniversary of the 1994 Cairo International Conference on Population and Development (2019) was celebrated in Nairobi in 2019. At the Cairo conference, governments of the world pledged to recognize gender equality, reproductive health and women's empowerment as pathways to sustainable development. There is a growing realization that women's universal attainment of reproductive health rights is fundamental to achieving all the global development goals.

According to the United Nations[1], more women than men live in extreme poverty globally. This report also argues that sub-Saharan Africa hosts the majority of people living below the poverty line. In agreement with this sentiment, Maluleke (2014) highlighted that "the reality in South Africa is that poverty bears a feminine face ... poverty patterns are influenced by gender and this is the result of the past, where women were unable to access the same economic resources and opportunities as men ... " (p. 99).

South African society is among the world's most unequal societies due to its apartheid past. The apartheid regime thrived on the promotion of inequality in every sphere of life including access to education, economic empowerment, land, health, sports and recreation, as well as freedom of movement for Black people (Goldblatt and McLean 2011). White men enjoyed superiority over all other groupings in society. Black men were separated from their families to work in the mines and cities, thus creating a breakdown in family structures and the promotion of a militarized masculinity for Black men who were fighting the apartheid regime (Christopher 1988).

The advent of democracy in 1994 for South Africa heralded a call to redress apartheid inequalities. Towards this goal, the country adopted several structures and policies with the assistance of the international community (Ikejiaku 2009). While

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[1]   United Nations. Available online: https://www.un.org/en/global-issues/ending-poverty (accessed on 5 December 2019).

South Africa adopted its National Development Plan (NDP) in 2012 prior to the United Nations' adoption of the 2030 Agenda and the African Union's Agenda 2063, the South African NDP has 74% convergence with the SDGs (United Nations n.d.), highlighting South Africa's commitment to the United Nations 2030 Agenda (South Africa VRR 2019). The achievement of the United Nations 2030 Agenda is therefore of paramount importance to South Africa.

Despite the progress South Africa has made in its developmental journey since the 1994 democratic elections, there is still a lot to be done in terms of addressing past injustices such as the violent masculinities that were created by the apartheid regime which emasculated Black men and rendered Black women economically dependent on men. During the apartheid era, the top-salary and high-skill jobs were reserved for White men, while Black men worked in the mines and cities. White and Black women were relegated to service industries and the domestic workforce, respectively. While some White women worked as supervisors in government offices and some Black women held clerical jobs, their work sphere generally was in the background, supporting jobs held by White men. For those Black women who remained in homelands and rural areas, their job was within sustenance agriculture. As argued by MacKinnon's (2006) work in developing contexts, "women have historically been relegated to and identified with the private, excluded from, when present, subordinated in public" (p. 4). This system perpetuated the patriarchal hegemony of the masculine provider and female dependent.

Black men who worked in White households were called "boys" irrespective of how old they were. When men's culturally constructed masculinity is threatened, they perform the inscrutable masculinity, which, according to Morrell (1998), renders them unable to express their fears and emotions and causes them to enact violent outbursts of such suppressed emotions. Khau (2007, p. 60) posits that "men whose masculine identity and sense of self is predicated on exerting dominance and control over others express these characteristics even in their sexual interactions." This is not only true to South Africa but also many countries in the Global South, where STIs, HIV and AIDS remain high due to the violations of the reproductive health rights of women and girls (cf. Khau 2010; Piot and Bartos 2002; Simpson 2007; O'Donoghue 2002). Women are disproportionally affected by HIV in South Africa, where 4,700,000 of the 7,500,000 adults living with HIV (62.67%) were women in 2018 (UNAIDS 2019). However, UNAIDS (2019) claims that between 2010 and 2018, there has been a global reduction of 25% in young women newly infected with HIV. This reduction could be an indication of the effectiveness of school-based country initiatives to provide comprehensive sexuality education. The main challenge according to the UNAIDS

(2019) report is that women and girls are still deprived of their rights to sexual and reproductive health. Basile (2002) and Bergen (2007) have attested to the fact that some violations of women's and girls' rights are perpetuated by their intimate partners, thus making them extremely vulnerable in a context of total dependence on their partners economically.

Another causal factor to feminine poverty in many developing contexts is the number of adolescent and unwanted pregnancies. This does not bode well for young mothers and their children because of the challenges associated with adolescent pregnancies (Panday et al. 2009). While some African countries have laws permitting school attendance for girls during and after pregnancy, challenges still persist in reintegrating such girls due to stigma associated with teen pregnancy (Varga 2003). According to Kirby (2007), teenage pregnancy leads to the perpetuation of poverty through teen mothers dropping out of school and being unable to secure jobs to sustain their children's education. He argues that children born of teen mothers tend to have poor school attendance and performance and eventually drop out of school.

In order to address the injustices posed by patriarchy globally and apartheid in South Africa, UNESCO (2009) produced technical guidelines to help countries in implementing school-based comprehensive sexuality education to address adolescent pregnancies and STIs. While there is evidence of the effectiveness of school-based interventions in preventing early sexual debut (White and Warner 2015), there are still challenges in terms of implementing such interventions in schools.

In South African communities where comprehensive sexuality education (CSE) is implemented, access to reproductive health services is not inclusive of young people. This means that while young people may have knowledge of how to protect themselves, they cannot access contraceptives and condoms which are mostly available in clinics labeled as Family Planning Centers. In the context of South Africa and its neighboring countries, Family Planning Centers are seen as places for assisting married couples in spacing their families. As such, the staff in such centers are not trained to provide youth-friendly services, thus denying young unmarried people, most of whom are female, the resources they desperately need (Uugwanga 2016). This is because pre-marital sex is still seen as problematic and adolescent pregnancy is frowned upon. Hence, other services such as safe abortions are still illegal in many countries where pro-life groups, most of which are religion-based, mobilize governments to challenge women's rights to safe abortions (Ngwena 2004). In such situations, school-based sexuality education falls short in providing protection for young women.

On the plus side, South Africa legalized abortion for up to twelve weeks of pregnancy for any woman without question in 1997. However, this service is not free in medical clinics where women can get safe abortion services, and many health care workers and midwives refuse to offer such services due to religious reasons or lack of training. Thus, many poor women resort to so-called "backstreet" abortions which are cheaper but not safe, resulting in many deaths and future barrenness (Mhlanga 2003). For fear of such outcomes, some young women carry unwanted pregnancies to term, thus jeopardizing their educational and occupational prospects. This, according to Kirby (2007), creates perpetual poverty and gender inequality.

This chapter aims to discuss why comprehensive sexuality education is necessary in achieving the Sustainable Development Goals. This will be conducted by discussing what CSE is and why it is necessary within countries in the Global South including South Africa. I will also discuss studies identifying some of the challenges towards CSE in communities, followed by studies that address ways in which these challenges can be addressed. Finally, I will discuss the need for CSE in achieving the SDGs.

2. What Is Comprehensive Sexuality Education?

Weeks (2003) defines sexuality education as a lifelong program of acquiring information regarding one's identity and relationships. He posits that this type of education includes affection, body image, gender roles and sexual development within a human rights framework.

According to UNESCO (2009), good sexuality education develops learners holistically and equips them with skills to negotiate their relationships with others. On the other hand, Janssen (2009) argues that for sexuality education to be good, it should critique norms and address all sexualities positively. This would allow for schools and communities to challenge oppressive and negative sexuality norms that privilege certain sexualities over others, hence creating safe spaces for learners to construct their sexual identities without prejudice.

UNESCO (2009) also defines CSE as a subject in which children are taught about all the aspects of sexuality to enable them to make informed decisions regarding their sexualities. Unfortunately, this is not how CSE is seen by religious bodies and some government leaders who position it as a way of encouraging young people to engage in casual, permissive sexual behavior and premarital sex (Jakobsen and Pellegrini 2008; Lesko 2010).

Despite these definitions of CSE, UNAIDS (2019) highlights that global consensus has not been reached regarding its definition and teaching strategies. UNAIDS (2019) also argues that the different names given to school-based CSE in different countries

create an opportunity for teachers to gloss over some important content areas of the subject which they feel uncomfortable with.

The "rights-based" framework required for effective CSE creates controversy within communities regarding its content and pedagogy (Kirby 2008). In South Africa, the controversy of CSE surrounds the ages at which children should be introduced to certain content such as same-sex families and multiple gender identities (Baxen 2010). In a study conducted by Samelius and Wăgberg (2005) in developing countries, it was found that some South African participants had misconceptions regarding homosexuality and pedophilia, where there was no separation between the two. These authors also found that some church leaders openly condemned homosexuality and promoted negative views against it. The fact that CSE teaches about homosexuality and LGBTIQ places it in the center of debates regarding its fit for children in South African schools.

Despite the negative attitudes towards CSE discussed in this section, it is important to understand why there is a need for it in schools. The next section discusses the need for CSE in relation to HIV infections, especially among young people.

2.1. CSE in Relation to HIV Infections

The advent of HIV in Southern Africa more than thirty years ago heralded the need for research that explores the linkages between sexuality education and behavior change (UNAIDS 2010). With HIV infecting young and old people alike, there was a need for education-focused solutions to reducing new infections among the youth. Morrell's (2003) and Pattman's (2006) studies focused on the power dynamics within heterosexual relationships and how these enabled coercive and unsafe sexual practices among the youth. On the other hand, Buthelezi (2004) and Simpson (2007) explored some of the cultural practices which perpetuate the taboo nature of sex talk within communities and how such practices are implicated in the increasing numbers of new HIV infections.

Additionally, Piot and Bartos (2002) highlighted how HIV ravages the education sector in many developing communities. They discussed how HIV impacts the demand for education and negatively affects young girls who drop out of school to take care of sick relatives and other family responsibilities. HIV also depletes household resources and incomes through death and lack of employment, hence creating challenges for children's schooling. This group of young people end up not having access to school-based interventions such as CSE and thus become vulnerable to the virus.

To address the ravages of HIV, UNAIDS initiated youth-centered programs as a way of providing sexual and reproductive health education (UNAIDS 2010). These programs were rolled out in different countries to ensure universal sexuality education coverage and prevention of new infections. UNAIDS (2010) argued that success in preventing new HIV infections could be achieved through sexuality education and youth-focused HIV prevention efforts. It also argued that countries needed to reduce youth's HIV vulnerability by ensuring equitable access to education and employment and enabling legal environments.

Kirby's (2008) study highlighted the effectiveness of school-based sexuality education based on the reduction in youth-related HIV infections globally. According to UNAIDS (2019), global numbers of new HIV infections have dropped, indicating that the pandemic could be halted by 2030. To achieve this milestone, there is need for concerted efforts to sustain CSE and other youth-centered programs that provide youth friendly reproductive health services and information. Kelly (2002) has also highlighted the need for discussions that unpack harmful sexual practices and norms.

The next sections discuss these arguments by focusing on challenges to effective sexuality education in some African countries (South Africa, Uganda, Lesotho) and pedagogical strategies that were found to be effective for CSE.

2.2. Challenges to Effective CSE

Mitchell et al.'s (2004) study in South Africa investigated the construction of young people as unskilled in making decisions regarding their sexuality, which makes them vulnerable to HIV. They argue that the politics of innocence embedded in youth and childhood discourses within South African communities deny young people the agency to seek protective measures against sexual violence, STIs and HIV. In agreement with the above sentiments, Parikh (2005) reported that issues of morality played a huge role in community responses towards sexuality education in Uganda. Parents argued that such an education would lead young people to experimenting with sex and becoming promiscuous.

In a study conducted in Lesotho with women science teachers, Khau (2010) found that women teachers were uncomfortable with teaching sexuality education due to their positioning as mothers within communities. They argued that if they teach about sexuality, they are seen as leading children astray and corrupting their innocence, while some argued that they felt uncomfortable talking about sex across the age divide. Thus, teacher identities impacted on their confidence in teaching sexuality education (see also Baxen 2010). However, despite these challenges, teachers were aware of the need for sexuality education and were willing to be equipped with strategies to

overcome their discomforts. In Khau's (2010) study, it was found that teachers lacked the necessary training to address CSE, and hence this challenge was countered by offering training on strategies that enabled teachers to use learner-centered methods of teaching which made the learners producers of knowledge.

Epstein et al. (2003) argued that school-based sexuality education was the only subject requiring parental consent because of its sensitivity and the fact that it was seen as corrupting young children. Believing that children should be sexually unknowing makes it difficult to teach them about their sexuality. According to Epstein et al. (2003) and Paechter (2004), such a belief constructs children as sexually innocent and not needing to know about sexuality.

In another study, Khau (2012) found that past traditional practices and societal values impeded effective school-based sexuality education. Religious beliefs were the dominant driving factor in parents being opposed to comprehensive sexuality education, arguing that it would destroy the innocence of children and lead them astray. They advocated for abstinence-only education. In the same study, Khau also found that CSE was a direct contradiction to traditional Basotho practices in relation to sexuality and rites of passage. This created a rift between communities and schools in terms of implementing CSE in schools.

Young girls in some countries of the Global South including Lesotho, Zimbabwe and Mozambique practice inner labia elongation as a rite of passage. Khau (2012) found that the people of Lesotho practiced inner labia elongation as a way of reducing young women's sexual excitability and pleasure. This was used as a contraceptive measure. However, in CSE, learners are taught about other forms of contraception, and that sex is meant to be pleasurable for both partners. This goes against the traditional teaching that a woman who enjoyed sex was a bad woman (see Fine 1988). In such situations, Khau (2012) found that it was important for teachers to acknowledge indigenous ways of teaching sexuality education and incorporate these into CSE such that harmful practices, myths and misconceptions could be addressed and alternatives provided.

2.3. Effective Strategies in Teaching CSE

In a study conducted in 2002, O'Donoghue found that school programs on HIV and AIDS required participatory pedagogies and life skills training. He claimed that all education stakeholders needed to be skilled in such participatory techniques. In agreement, Yego (2017) conducted a study with secondary school teachers in Kenya exploring the teaching of sexuality education using participatory and visual methods. She used drawings, collages, songs and a participatory video. The teachers

argued that using participatory and visual methods made the teaching of sexuality education less stressful to them because the children became the producers of the knowledge. This allowed for free and open discussions in class which did not leave teachers feeling like they were leading children astray.

In another study in Zimbabwe, Gudyanga (2017) explored with women teachers the effectiveness of using participatory methods in teaching sexuality education to address teachers' challenges in this subject matter. He found out that the teachers felt relieved with the use of participatory methods because they used children's prior knowledge to produce artefacts and talk about them in class. This allowed for addressing sensitive cultural practices that teachers would have felt uncomfortable with in a normal lecture.

While these studies proved the effectiveness of participatory methodologies in teaching CSE, Uugwanga (2016) found out that understanding what young people needed to know was most effective in teaching sexuality education. She explored young people's needs using letters to an *agony aunt*, vignettes and drawings. She argued that most curricula are based on what adults think young people need to know and do not address the issues facing young people in their daily lives. In Uugwanga's (2016) study, young people were curious about non-normative sexualities and identities which were not covered in the Namibian curriculum, and these were issues they were grappling with in their own lives. All learners wanted to know more about LGBTIQ+ identities, different ways of engaging in sexual intercourse and the necessary protective measures. Uugwanga (2016) argued that a curriculum that addresses these issues would be beneficial for young people and would warrant teachers being trained on how to teach about such.

Having discussed what sexuality education is, the need for sexuality education, the challenges it faces and effective strategies in teaching, I now provide a summary that links sexuality education with the attainment of the SDGs.

3. Summary

There is growing evidence of the need for CSE in communities to address economic and social challenges faced by young girls and women. With the challenges faced by young people in getting sexual and reproductive health services, Uugwanga (2016) argued that health service providers should be trained to serve the needs of young people. She also pointed out that there is a need for a positive change of attitude in service providers when young people seek help, instead of stigmatizing them as promiscuous. Thus, there is a need for youth-friendly service providers who are not necessarily labeled as Family Planning, where young people can feel free to

access sexual and reproductive health services. This can greatly reduce the numbers of adolescent and unwanted pregnancies, STIs and HIV infections, thus allowing young people to contribute meaningfully to their economies.

Women and girls find themselves resorting to unsafe abortions or carrying unwanted pregnancies to term, increasing the burden on family resources and time that could be used for economic pursuits and self-actualization due to unfavorable abortion laws. With such laws in place, the face of poverty will remain that of a woman (Maluleke 2014). This means that there will be no gender equality in terms of equal access to education, access to jobs and housing or other resources. Thus, the attainment of many of the SDGs will not happen.

Access to CSE is an important stepping stone towards achieving gender equality and empowering all women and girls. It would ensure that communities and service providers become cognizant of the many challenges faced by young people and find strategies of how best to help them. As argued by UNESCO (2009), the rights-based approach taken to CSE is necessary in equipping youth with skills and the agency to choose life as they negotiate their sexual identities. Norm-critical and sex-positive sexuality education can help many communities to move away from the taboo nature of sex talk. This would create communities that acknowledge different ways of being and respect women's and girls' rights to sexual and reproductive health (Khau 2012). With CSE that employs participatory pedagogical strategies, there is hope for addressing harmful norms and stereotypes. This could lead to reducing the numbers of intimate partner violence perpetuated against women and girls, thus ensuring their safety such that they can achieve their full capabilities like their male counterparts (Basile 2002).

Communities that are open to talking about sexuality are necessary in a bid to attain gender equality. This would lead to young people having correct information to protect themselves against disease and unwanted pregnancies and knowing where to find resources such as condoms and contraceptives. Thus, these young people would become a productive workforce for their countries. Another advantage would be in addressing all forms of sexual violence, including gender-based violence, perpetuated against women and girls, and sexual minorities (Bergen 2007). While the burden of disease, poverty and illiteracy is negatively skewed against women and girls, it will be difficult to reach a state of equitable treatment of all (Khau 2010).

Unless investments are made to empower women and girls in promoting equal rights for all regarding sexual and reproductive health, it might be impossible to reach the Sustainable Development Goals by 2030.

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