How do we tell them?: Ensuring Reproductive Health among Adolescents in Kenya and Beyond

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Society must not shy away from discussing issues related to reproductive health with young people.

Introduction

In the realm of global health research, adolescent and reproductive health has emerged as an area of key concern, particularly in developing nations. In sub-Saharan Africa, for example, research shows that HIV and AIDS account for the second highest number of deaths. A quarter of these deaths represent people under the age of 25 years and 63% of this vulnerable population reside in Sub-Saharan Africa (Klep, Fisher and Kaaya, 2008).

Further, it has been observed that countries in Africa are often leading when it comes to adolescent morbidity, unsafe abortion, or deaths from reproductive health problems and they account for the largest number of youths between 15 and 24 years living with HIV; most of them are girls. This trend is worrying because young people under the age of 25 years constitute an important group in society, more so because the cohort comprises approximately half of the global population and they are the future adult citizenry (Klepp et al., 2008).

The adolescent population globally is faced with myriad challenges (Abma, 2008). For instance, a number of them are faced with sexually transmitted infections, unwanted pregnancies, unsafe abortions, contraceptives, sexual abuse, rape, female genital mutilation, maternal child mortality, among other problems. Recognition of the fact that the sexual and reproductive health needs of adolescent differ markedly from those of adults is crucial in ensuring that challenges facing the youth are countered. Indeed all stakeholders in society have a role to play to ensure that the youth lead a healthy sexual and reproductive life. The youth particularly ought to be sensitized about all issues related to their sexuality and reproductive health. In this regard, there have been many non-governmental organisations in many African countries whose agenda is sensitising the youth on reproductive health. This is a positive trend that needs to be encouraged given the centrality of this matter in nurturing healthy populations and, ultimately, states. The latter point is important if human resource capital as a factor of national economic wellbeing is taken into consideration.

This paper focuses on the sexual and reproductive health of adolescents, specifically addressing these questions: How might they be told about these issues? Who should tell them and when? What is already being done on the ground to address the issues at hand? The central thesis of this paper is that society must not shy away from discussing issues related to reproductive health with young people. The focus on adolescent sexuality is in line with one of the Millennium Development Goals which recognize the fact that the rights, safety,

health and well being of children and young people are imperative to the development of nations; they are intricately linked and complement each other.

Reproductive health and sex education: Demarcating the borders

In this paper, the term reproductive health is used to refer to a state of complete physical, mental and social well-being of the adolescent in all matters relating to the reproductive system that correspond to adolescence. Further, the definition implies that the adolescents have the right to be informed of contraceptives and other acceptable methods of fertility regulation.

The other term, sex education, is used to refer to teaching that increases adolescents' knowledge of the functional, structural and behavioural aspects of human reproduction. It encompasses education about human sexual anatomy, sexual reproduction, sexual intercourse, reproductive health, emotional relations, reproductive rights and responsibilities, abstinence and contraception. This type of education aims at reducing the risks of potentially negative outcomes of sexual behaviour such as unwanted or unplanned pregnancies and infections with sexually transmitted diseases. Sex education aims to contribute to young peoples' positive experience of their sexuality by enhancing the quality of their relationships and their ability to make informed decisions about their lives. Effective sex education is seen as that which contributes to these two aims thus helping adolescents to be safe and enjoy their sexuality, as discussed in this paper.

Youth and Sexuality: Global Trends

Teenagers in the present world are growing up in a sex-sated culture (Abma, 2008). Television, movies, music, magazines, books and billboards severally and in concert communicate messages about sex. Teenagers today see and hear sexual messages everywhere, and they are paying attention and thus it should not surprise that in their conversations, teenagers tend to mostly talk about sex and relationships with the opposite sex.

A number of researches and analyses of sexual behaviour and perspectives of teenagers have been conducted (see McDowell and Hostetler, 1994; Oindo, 2002; Abma, 2008; Bastien, Fisher, Mathews & Klepp, 2008). McDowell and Hostetler (1994), for example, report results of responses from 3,795 teenagers drawn from 13 Christian denominations in the USA who participated in a Churched Youth survey. The survey was divided into four categories: Love and Sex; Marriage and Family; Faith and Religion; and Attitudes and Lifestyles. According to this report

the youth today are not only playing loud music and wearing radical hairstyles; they have apparently graduated, to a level of adolescent aggression, promiscuity, cynicism and violence. The authors add that every year in America:

— 1000 unwed teenage girls become mothers
— 1106 teenage girls get abortions
— 4219 teenagers contract sexually transmitted diseases
— 500 adolescents begin using drugs
— 1000 adolescents begin drinking alcohol
— 135000 children bring weapons to school
— 3610 teenagers are assaulted; a significant number here are raped
— 2200 teenagers drop out of high school
— 6 teenagers commit suicide.
(McDowell and Hostetler, 1994:6)

Further, during the 24th Annual survey of High achievers (Guttmacher Institute, 2010), a a study of high school top achievers revealed alarming facts about todays' teenagers. One in five of the girls interviewed said they had been victims of sexual assault, knew someone bringing a weapon to school, knew someone who had contemplated suicide or they themselves had given it a thought.

The situation elsewhere is the same. In Australia, for instance, worried parents complain that sex is everywhere, from music videos to car commercials. But this does not necessarily mean that the young are better informed even with their environment being inundated by sex talk as the following statistics presented by Marie Stopes International show :

— 30% of Australian teens are not sure if they can contract sexually transmitted infections (STIs) from oral sex
— 45% of teens are not aware that that they can be infected with Chlamydia but have no symptoms
— 52% of teens think that by using a condom they won't contract herpes
— 22% of parents think that their teen is sexually active, but in reality 31% claim to be.
(See www.mariestopes.org)

Marie Stopes International further add that more than half of young Australians are sexually active by the time they are 16. Sexually transmitted infections (STIs) are also on the rise amongst young people, as are teen pregnancy and abortion rates. Considering these trends it may come as no surprise that 69% of teens in Australia feel that sex education in schools does not meet their needs.

In Asia the situation is no better. Teachers are wary of talking about sex with young people because they are uncomfortable with the subject or fear encouraging—or being seen as encouraging—youngsters to have sex at an early age (Sutthida, 2005). Hathairat Suda, a senior programme assistant with the Bangkok based Programme for Appropriate Technology on Health (PATH) advises on the need to educate young people on matters of their sexuality. He warns that if people wait for long to talk about sex with their children it might be too late since their children might be already at risk of reproductive health and sexual health problems (Sutthida, 2005).

During the 3rd Asia-Pacific Conference on Reproductive and Sexual Health, early education on reproductive and sexual health—especially during adolescence—was widely discussed. Participants agreed that young people in Asia were having their first sexual experiences earlier than ever and that information is needed to protect them from risky behaviour (Sutthida, 2005).

Although in many Asian societies, sex is a taboo topic in public discussion due to social-cultural and religious factors various advocacy groups are trying innovative ways of getting across messages on reproductive health. In Malaysia, for example, there are television shows promoted by Marina Mahathir, daughter of former Prime Minister Mahathir Mohamad (Sutthida, 2005). In the Philippines there is the use of theatre while in Indonesia there is lobbying by progressive religious groups. The programmes focus on creativity and pragmatism. Indonesia's Jery Lohy says the programme he is involved with conveys sensitive information about safe sex to young Christians without uttering the word 'sexual' and in its place using the terms 'biological' and/or 'reproductive health'. In Sri Lanka, the United Nations Population Fund (UNFPA) is trying out a pilot project on teaching sex education to children from the first grade and building on these sex-education messages in an appropriate fashion for each grade level thereafter (UNICEF, 2002).

The alarming statistics have occasioned a rise in the number of advocacy groups aimed at raising awareness about the many sex-related issues affecting the young among the world's population (Schaalma & Abraham, 2004). For example, the International Planned Parenthood Federation (IPPF) is the strongest global voice safeguarding sexual and reproductive health and rights for people. The network supports access to sexual and reproductive health services and rights in 41 member associations throughout Europe and Central Asia (Family Health International, 2005). The main objective of the network is to systematically and coherently bring together information on sexuality educa-

tion policies and programmes across Europe and Asia. As such, it is hoped that it will be a useful tool for both professionals and policy makers working in the field of young people's sexual and reproductive health and rights, and that it will enable them to make well founded cases for comprehensive sexuality education in schools.

Issues related to reproductive health and sexuality seem to be of great concern in many countries around the world. These nations seem to be in agreement that it is never too early to introduce sex education to young people as they grow up. Thus despite the many prohibitions regarding discussion of sex matters with children, for example in Africa and Asia, it is necessary to acknowledge that such culturally imposed silences leave the young exposed to great risk, physically and emotionally. We now turn to examine the nature of sex education in Africa.

Sex Education in Traditional African Society

The strong moral foundation on which the young people were raised in traditional African society has slowly tilted such that modern youth have but a shaky cushion to which they fall back when faced with challenges related to sexuality and reproductive health. In traditional African settings, for example, the role of advisors on matters of sexuality was played by aunts, uncles or grandparents who would explicitly sensitize the young people on sex and sexuality issues. During initiation rites (which usually took place when the young people were in their puberty), elders and other respected members of the society would discuss freely and openly issues that touched on sexuality, responsible sex, gender roles, and sexual expectations, among others.

In most traditional African societies, initiation rituals marked the inception of sexual relations (Van den Bergh, 2008). Sexual initiation seemed to be strictly controlled by older generations and transfer of knowledge on sexuality was their responsibility. There was a great diversity of rules and norms that guided sexuality in the said cultural contexts. This clearly means that the adult generations had an important role of guiding young people into adulthood and sexual life. However in the context of globalization some radical changes have occurred in regard to children's socialization into adulthood. In today's increasingly urbanizing and multi-ethnic and multi-cultural communities the inception of sexual relations seems to be regulated by the youth themselves.

Historically, sexual initiation was part of the rites of passage performed in most African Societies. These rituals were the necessary social preliminary to

the entry into adulthood and to the inception of sexual relations. Sexual initiation was controlled by parents and elders in the community. Formal instruction on sexuality was given during the initiation rites and it emphasized moral norms, sex and marital duties. In almost all traditional African societies, pregnancy before marriage was as shocking as it was forbidden and a huge premium was placed on girls' virginity (Wani, Jitta & Ssengooda, 2008).

Kenyatta (2004:155) notes that during initiation, the Kikuyu youth were taught rules and regulations governing sexual indulgence. After the initiation they were allowed to practice *ngwiko*, a restricted form of intercourse that involved intimate contact. This was permitted in order not to suppress entirely the normal sex instinct in the young people. Although the young man would undress and the young woman would remove the upper garments whereupon they would share a bed, there would be no sexual penetration. They would lie facing each other, rubbing their breasts together, and engaging in love making conversation till they fell asleep. As Kenyatta notes, from an early age, young people were taught to develop self control techniques in the matters of sex which thereby enabled a young man and woman to share a bed with without having intercourse. There were dire punishments awaiting those who violated these regulations.

Among the Nandi of Kenya, sex was discussed in a *sikiroini*, a special hut where young men were gathered for initiation into adulthood. They would be taught secrets of the community, family life and sexuality. The elders were entrusted to carry out this noble duty on behalf of the community (Kamaara, 2005). Matters related to sexuality were seen as very important because sexuality was the channel for procreation. The young initiates would be taught how to seduce girls and how to behave towards women.

For girls, premarital chastity and virginity were cherished ideals and social censure was directed against unmarried girls who became pregnant. For example, among the Zulu, there was only a choice between two alternatives: payment of a fine by the man responsible for the pregnancy or marriage. Among the Bemba, a girl becoming pregnant before marriage would be regarded with real horror. The Nupe prohibited premarital sex. Indeed initiation rituals represented moral schools where instructions were provided at puberty (Van den Bergh, 2008).

The colonial encounter in Africa brought about a break-up of family and traditional household patterns, in the sense of not only weakening of parental control, but also of the actual separations of husbands from wives and children

from parents and the extended family. Such a trend led to curtailment of traditional instruction at puberty and increased individual freedom of girls and boys from parental and adult authority (Van den Bergh, 2008). Thus, organization of social life outside the family that would have been used for inculcating norms and rules in the next generation has weakened. The import of this might be appreciated once it is accepted that it would be difficult for parents who have to go to work to always be available to meet the needs of their growing children as far as addressing matters of sexuality is concerned.

Related to the above point is the fact that today most adults fall short in their role of guiding the youth about sexual matters. Parents, teachers and health workers are not conveying information on youth sexuality and reproductive health. On the other hand, the youth often reject their parents' attitudes about sexuality as outdated (Wanja, 2009). Parent's responses to their children's crises of sexuality also tend to send confusing signals. For instance, when pregnancy occurs some of parents pay for their daughter's abortion so as to conceal the shameful fact and to allow them to go on with schooling. Still others chase away their daughters from home.

Nowadays various institutions and individuals in African settings seem to react with a discourse of silence when it comes to talking about sexuality with the young people. Their authority seems to rest on withholding from the youth this knowledge about sexuality and thereby support and justify their control of the youth.

The youth tend to resist traditional forms of authority, more so ideas of sexuality that they consider outdated (Wight & Abraham, 1998). Matters have been exacerbated by the breakdown of traditional institutions that previously guided them into adulthood. Thus the youth today seem to have an apparently uniform, self–regulated and unprotected entry into the sexual arena. This, perhaps more than anything else, makes it urgent to enable young people develop a sense of their sexual vulnerability as well as create and/or raise awareness of other aspects of their reproductive health.

Adolescence and Sexuality: The Modern Kenyan Context

The Centre for Adolescent Studies conducted a research involving 4,766 students in 1250 high schools in Kenya (Wanja, 2009). The location of the study was various regions in both rural and urban Kenya. The study findings indicate that 40% girls and 50% boys have had sex before the age of 19 years. 56% of those girls lose their virginity before the age of 16 years. Of great concern is the

fact that girls as young as 12 years are reported to be engaged in the sex trade in exchange for petty items such as French fries, cell phone airtime and sanitary pads. The results further show that adolescents who engage in sexual intercourse do not use protection even as they sleep with multiple partners (Wanja, *Ibid*).

This notwithstanding, the findings concur with Kenya's Ministry of Education observation that there is an increase in sex among adolescents. In addition, UNICEF reports that even as young people in Kenya continue having sex they lack vital information on sexual behaviour. Further, UNICEF notes that 14,000 girls aged 15 years and under are engaging in child prostitution countrywide.

To address the challenges facing the youth in Kenya, Life Skills education was introduced into the Secondary and Primary Schools curricular in 2008 to equip students and teachers with the adaptive abilities and positive behaviour that would enable them deal effectively with the demands and challenges of everyday life. Be that as it may, sex education is not explicitly taught in schools. Thus, there is need for advocacy for comprehensive sex education in schools to equip pupils with knowledge and skills that will enable them to make responsible choices in their lives. This would be one way of responding to the challenge posed by the availability of sexually explicit materials through the internet and other media. Furthermore effective sex education can provide young people with age appropriate, culturally relevant and scientifically accurate information.

From the assessment, sex education is hardly being taught in Kenyan schools. Some of the challenges that have contributed to this state include:

- Inadequate number of trained teachers on sexual and reproductive health
- Religious conservatism
- Lack of capacity in institutions (e.g. lack of training materials, proportionate teacher-student ratio)
- Cultural orientations such as early marriages and FGM
- Lack of skills to handle HIV and AIDS
- Abstinence based approach to sexuality education.

To work out such a comprehensive sexuality education curriculum, faith based organizations, parents, NGOs, the youth and Ministry of Education should all be involved. These consultations are in some sense already happening. There are a number of projects, for example, that document information on youth and reproductive health in Kenya and in many other African countries; The African Youth Alliance project supporting projects in Botswana, Ghana, Uganda and

Tanzania, the Scout movement in Kenya, and Program for Appropriate Technology in Health (PATH) which supports many projects on reproductive health in Africa. It should be possible to build on the work of these organizations by incorporating into the formal education curriculum any useful lessons they have gained from the field.

Accounting for Sexuality Trends among Adolescents in Kenya

A number of factors have contributed to the worrying findings tabulated in the statistics in the previous section, ranging from media handling of sex issues to lack of clear guidance on matters of sexuality and reproductive health. First, just like in other countries, there is easy access to pornography in Kenya. Adolescents are watching pornographic materials on their, phones and computers thus stimulating desire for sexual intercourse.

Second, adolescents tend to believe the many myths and stereotypes on sexuality that they hear around them. For example, there is the myth that if one has sex while standing, one cannot get pregnant. Another myth is that sex is important in strengthening relationships. Such myths and other information on sex from peers may lead to a rise in sexual activity among the young members of the population.

Third, there is hardly, if ever, any discussion of sexuality between parents and adults and this leads to ignorance on most of the issues that relate to adolescent sexuality and reproductive health. Most parents assume that teachers, for example, will educate their children on sex matters. Teachers, on the other hand, tend to believe that this sort of instruction should be the role of parents. In the end, the young are left without any instruction on the subject and they are largely left to their own devices. Eager peer teachers also come in handy here. Peers may not tell the whole truth or supply full information and the child is left to experiment to confirm some of the content.

Fourth, there is a lack of clinics that could provide health services for young people in Kenya. The adolescents do not know where to go for information on sexuality and reproductive health. Medical libraries are not available and the few health facilities are not adolescent-friendly. Further, sex education has not been seriously implemented in schools and the available content is very shallow. This leaves huge room for guesswork as young people have many unanswered questions. Curiosity and experimentation naturally creep in. In addition, western movies, music videos, radio stations, cyber sex and movie theatres advocate that it is cool and macho to indulge in sex carelessly.

The issues highlighted above suggest that the youth need accurate and constant information on sexual and reproductive issues. Merely being silent on sexual issues and not educating adolescents on their sexuality will only aggravate matters. Adolescents need to be told things as they are but at the right time and place by the right people. Parents and teachers are best-placed to impart this crucial education.

Who and how to tell the adolescents about sex and reproductive health?

The issue of adolescent sexuality and reproductive health calls for holistic interventions at different levels; transnational, national, community and individual. Adolescents should be put at the centre of attention, through multi-sectoral commitments, systematic involvement of local communities and intensive training of professionals (e.g. teachers, and health workers), religious and political leaders and media personalities in order for them to meaningfully advance the agenda of youth sexuality. Moreover, there is need to seriously identify the principal stakeholders in the field of adolescent sexual and reproductive health and to designate clear roles and responsibilities and thereafter, achieve consensus of action among the different stakeholders.

As Fisher, Mukoma and Louw (2008) observe, there is need to come up with a public adolescent sexual and reproductive health policy whose purpose will be to influence behaviour at individual and collective levels. Such a policy will assign a higher priority to adolescent sexual and reproductive health than is currently the case. Consequently, it will be possible to establish a set of goals to be achieved upon which future action can be based. This will enable the improvement of procedures for developing adolescent sexual and reproductive services and activities.

Sex education, which is sometimes called sexuality education or sex and relationships education, is the process of acquiring information and forming attitudes and beliefs about sex, sexual identity, relationships and intimacy. If sex education is going to be effective it needs to include opportunities for young people to develop skills, as it can be hard for them to act on the basis of only having information. The skills young people develop as part of sex education are linked to more general life-skills. Ability to communicate, listen, negotiate with others, ask for and identify sources of help and advice, are useful life-skills which can be applied to sexual relationships.

Sex education is also about developing young people's skills so that they make informed choices about their behaviour and feel confident in acting on

these choices. It is widely accepted that young people have a right to sex education. This is because it is a means by which they are helped to protect themselves against abuse, exploitation, unintended pregnancies, sexually transmitted diseases and HIV and AIDS. Providing sex education also helps to meet young people's right to information about matters that affect them, to have their needs met and to enjoy their sexuality and the relationships that they form.

Effective sex education develops young people's skills in negotiation, decision-making, assertion and listening. Other important skills include ability to recognize pressures from other people and to resist them, dealing with and challenging prejudice and the ability to seek help from adults—including parents, carers and professionals—through the family, community and health and welfare services. Sex education that works also helps equip young people with the skills to differentiate between accurate and inaccurate information, and to discuss a range of moral and social issues and perspectives on sex and sexuality, including different cultural attitudes and sensitive issues like sexuality, abortion and sexually transmitted diseases.

Sex education can take place in a variety of settings, both in and out of school. In the various contexts, different people have the opportunity and responsibility to provide sex education for young people. All stakeholders should be involved in telling the youth about sex. The parents are the first teachers, thus the primary responsibility for doing this rests on them.

Schools, parents, mosques, churches, NGOs and the media all have a role to play in adolescent sexuality education. The joint work of parents and schools in this regard is worth emphasizing. Parents should be involved in school programmes aimed at educating their children about reproductive health. In school the interaction between the teacher and young people takes a different form and is often provided in organized blocks of lessons. Such interaction is not well suited for advising individuals about their sexuality given that school instruction aims at providing information solely from an objective point of view. The most effective sex education acknowledges the different contributions each setting and instructional partner can make.

It is therefore vital that school programmes involve parents. Notifying them what is being taught and when can support the initiation of dialogue at home. Both parents and schools need to engage with young people about the messages that they get from the media and give them opportunities for discussion. This is notably possible through;

- Getting involved in the sexual education of their children
- Parents being invited to forums where sexual education is discussed
- Answering the children's questions about sex truthfully and appropriately
- Finding out the information children have on reproductive health and correcting it if wrong
- Gradually building on children's knowledge on reproductive health.

Parents can aid the instructional process by applying various methods of telling such as stories, their own life experience and songs, among others, to educate their children on reproductive health.

Peers, clubs and societies (on debate and music) are also worth mentioning given that they can be used as a useful resource to communicate information on reproductive health to their fellow youth. They should be trained to give accurate answers when approached by the adolescents. In the case of clubs/societies, the young people need to be involved in deciding discussion topics during meetings. They can also be involved in coming up with material for sex education.

Overall sexual and reproductive health behaviour is multifaceted; effective interventions must consequently be aimed at a number of levels. For example, individuals, adolescents, government settings, schools, family, health care institutions and communities collectively have a significant role to play in ensuring that adolescents are made aware of their own sexual and reproductive health. This concerted effort is necessary because personal, social, structural and environmental factors often beyond the scope of individual control are instrumental in making sense of the diversity of factors which combine to shape adolescent sexual behaviour. Thus, interventions require the combined effort of all stakeholders if issues related to reproductive health and sex education of the youth are to be effectively addressed.

Involving schools in educating young people on the matters of sex and reproductive health is timely. The society should tell it as it is and should be concerned that at the moment very few young people realize the difficulties they could face in trying to raise a family.

When and how start teaching sex education?

Sex education to the young people should start early. Sex education that works starts early, before young people reach puberty, and before they have developed established patterns of behaviour. However, the precise age at which information about sex and reproductive health should be provided depends on the phys-

ical, emotional and intellectual development of the young people as well as their level of understanding.

Further, what is covered in sex education, as well as how it is covered, depends to a large extent on (I) who is providing the education (II) when it is being provided (III) in what context, and (IV) what the individual young person wants to know. Parents and teachers should start as early as possible laying the foundation of sex education when the child is small and gradually increasing it as the child progresses in age. Emphasis should be on providing basic information to the child which in the long run provides the foundation on which more complex knowledge about sexuality is built up over time.

The importance of sex education beginning at a young age and that it should be sustained cannot be overemphasized. For example, when they are very young, children can be informed about how people grow and change over time, and how babies become children and then adults. Such information provides the framework through which they will evaluate more detailed information about puberty provided in the pre-teenage years. Children can be provided with information about for instance viruses and germs that attack the body. Such information provides the basis for talking to them later about infections that can be caught through sexual contact.

Young people should be equipped with the right information. This includes getting information about sex and sexuality from a wide range of sources including electronic media, television and magazines, as well as leaflets, books and websites (such as www.avert.org) which are intended to be sources of information about sex and sexuality. Providing information through sex education involves finding out what young people already know, adding to their existing knowledge and correcting any misinformation they may have. It is important also to provide information which corrects mistaken beliefs. Without correct information young people can put themselves at greater risk.

Information is also an important basis on which young people can develop well-informed attitudes and views about sex and sexuality. Young people need to have information on all the following topics:

I) Sexual development and reproduction: the physical and emotional changes associated with puberty and sexual reproduction, including fertilisation and conception, as well as sexually transmitted diseases and HIV.

II) Contraception and birth control: what contraceptives there are, how they work, how they are used, how to decide what to use or not, and how they can be obtained.

III) Relationships: what kinds of relationships there are, love and commitment, marriage and partnership and the law relating to sexual behaviour and relationships as well as the range of religious and cultural views on sex and sexuality and sexual diversity.

In addition, young people should be provided with information about abortion, sexuality, and confidentiality, as well as about the range of sources of advice and support that is available in the community and nationally. Sexuality and reproductive health education should start before puberty but the exact timing depends on the child's physical, emotional and intellectual development and their level of understanding. It is vital that all stakeholders maintain open relationship with children by being approachable, proactive and engaging children with sex issues and providing facts at all times.

Possible effects of educating adolescents on reproductive health

Educating young people about their sexuality has many advantages. A study done on a sample of 2,019 teenagers' ages 15 to 19 years in the USA (Abma J.C. 2006) indicates that male/female teens who received sex education in school were 71/59 per cent less likely to have sexual intercourse before age 15. Males who attended school, meanwhile, were 2.77 times more likely to rely upon birth control the first time they had intercourse if they had been in sex-education classes. The researchers found that sex education reduced by 91 per cent the risk that African-American females in school would have sex before age 15.

Effective sex education will ensure that the youth will be safe and healthy and that they will enjoy their sexuality. Also the risks of potentially negative outcomes from sexual behaviour: unplanned pregnancies and sexually transmitted infections will be reduced. Such education contributes to young people's positive experience of their sexuality and enhances the quality of their relationships. The youth's ability to make informed decisions over their lifetime is developed and they are given opportunities to develop life skills.

Furthermore young adolescents are able to communicate, listen, negotiate, and identify sources of help/advice on sex-related issues. They are taught how to recognise external pressure and how to resist it. They are taught to be assertive and principled and they are encouraged to seek help from adults. The youth by and by develop the ability to differentiate between accurate and inaccurate information. They can discuss moral and social issues and perspectives on sex and sexuality, cultural attitudes, abortion and contraception, among others. The

young people get information on sexual development, reproduction, physical and emotional changes associated with puberty, STIs, HIV and AIDS, birth control, relationships and laws pertaining to sexual behaviour and relationships.

Conclusion

Providing effective sex education can seem daunting because it means tackling potentially sensitive issues and involving a variety of people—parents, schools, community groups and health service providers. However, because sex education comprises many individual activities which take place across a wide range of settings and periods of time, there are many opportunities for diverse individuals to contribute to the process. The nature of individuals' contribution depends on their relationship, role and expertise in relation to the young people in question. For example, parents are best placed to provide continuity of individual support and education starting from early in their children's lives. School-based education programmes are particularly good at providing information and opportunities for skills development and attitude clarification in more formal ways, through lessons within a curriculum. On the other hand community-based projects provide opportunities for young people to access advice and information in less formal ways. Sexual health and other health and welfare services can provide access to specific information, support and advice. Sex education through the mass media, often supported by local, regional or national governments and non-governmental agencies, can help to raise public awareness of sexual health issues.

Further development of sex education partly depends on joining up these elements in a coherent way to meet the needs of young people. It is also necessary to pay more attention to the needs of specific groups of young people like young parents, as well as those who may be out of touch with services and schools as well as the socially vulnerable e.g. young asylum-seekers, young people in care, young people in prisons, and also those living on the street.

The circumstances and context available to parents and other sex educators are different from place to place. Practical or political realities in a particular country may limit people's ability to provide young people with comprehensive sex education combining all the elements in the best way possible. But the basic principles outlined here apply everywhere. By making our own contribution and valuing that made by others, and by being guided by these principles, we can

provide more sex education that works and improve the support we offer to young people. Effective sexual and reproductive health information should thus be a concerted effort. It is incumbent upon society to be innovative in the ways it discusses sexuality with the young.

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