

Improved safety and wellbeing of learners

# Information brief

## Understanding sexual and reproductive health education in secondary schools



Photo: Leh Wi Lan

### Introduction

Leh Wi Lan commissioned research on school exclusion, perceptions of violence and Sexual and Reproductive Health (SRH) education to inform the design and implementation of its work to:

1) strengthen responses to School-Related Gender-Based Violence (SRGBV) and challenge harmful gender norms and;

2) increase access to quality Child and Adolescent Health Skills education and remove barriers to school retention for adolescent girls.

The research was carried out in 11 schools and their communities in Western Area Urban, Western Area Rural, Koinadugu, Bombali, Bo, Karene and Falaba. It was designed to generate evidence on the complex factors that shape violence, exclusion or the successful delivery of SRH education, by learning from lived experiences, and to provide recommendations and potential strategies for addressing these challenges faced by Sierra Leone's learners.

This information brief explores findings from the research and summarises recommendations in relation to:

- 1) the delivery of the Child and Adolescent Health Skills curriculum and;
- 2) communication of SRH issues, so that all young people can make informed decisions.

### Summary of findings

- Current provision of SRH education is weak, leading to mixed levels of understanding amongst learners.
- There appears to be strong consensus within communities on the need for SRH education.
- Across nearly all stakeholders there is widespread agreement that SRH education should be provided by schools.
- There are differing visions for, and some concerns about, what the content of such SRH education should involve.
- There are questions regarding schools' existing capacity to deliver SRH education.

## Current levels of SRH knowledge amongst learners

There were mixed levels of knowledge about SRH among learners, though most understand the need to use contraception to avoid pregnancy and were aware of different types of contraceptives. Learners were aware of abortion and reported that parents sometimes encourage it of their daughters.

Most learners did not have a solid understanding of puberty and girls had limited information about the menstrual cycle. While they were aware of the importance of personal hygiene during menstruation, they reported not always being able to maintain this due to lack of access to menstrual pads.

### 'Female learners reported far more concerns about sex and SRH than male learners'

Female learners reported far more concerns about sex and SRH than male learners, including worries about sexually transmitted infections (STIs), peer pressure, relying on incorrect advice, and the negative impact sex could have on their future. They were also very distressed and anxious about sexual violence, rape and the pressure to enter a sexual relationship that they do not want, especially the associated risk of pregnancy. They reported that many girls experience such abuse.

While girls do have information about SRH matters, the fact that they are being forced into unwanted sexual relationships or exposed to sexual violence and exploitation means that they are unable to use this information to protect themselves. Meaningful SRH must be based on the realities of girls' experiences.

Male learners raised concerns that boys are not listened to when they ask questions about sex, and that SRH information provision is less targeted at them.

## Current sources of SRH information

Less reliable sources	Friends and peers
	Family and parents
	Adults in the community
	Older boyfriends
	Religious leaders' preaching
	Social media and Internet
More reliable and appropriate sources (not available in all communities)	Film and TV
	Radio programmes (provided by authorities and NGOs, so more reliable and appropriate)
	School teachers (extent of information varies between schools)
	NGOs (e.g. through life skills sessions, community outreach and sensitisation, community drama, school assembly presentations, and sometimes free contraception)
	Community Health Officer visits
	Community members and "School Mamas" trained by Leh Wi Lan



Photo: Leh Wi Lan

## Preferences regarding provision of SRH education

Almost all stakeholders agree that schools should play a central role in delivering SRH education. This was widely viewed as a means of:

- 1) ensuring all children get comprehensive and accurate information;
- 2) avoiding gaps in knowledge caused by cultural taboo;
- 3) reducing unplanned pregnancies.

Many stakeholders would like to see a health professional support SRH education in schools to ensure information provided is accurate and detailed. School staff suggested that school mentors and counsellors could also play a role.

Learners would like dedicated SRH classes that provide structured education to fill gaps in their knowledge. Female students would like this delivered by female teachers. They also want to receive SRH information from their mothers, although discussing such issues within families can be taboo.

Parents would like to provide SRH education to their children themselves, but recognise that they may lack the necessary information to do this. They reported concern that SRH education delivered in school might encourage children to have sex, so would like it to strongly promote abstinence.

Community leaders would like to see SRH as a mandatory part of the school curriculum, in combination with a robust community sensitisation programme.

Stakeholders identified a wide range of issues that an SRH curriculum should cover. While there was strong overlap between areas identified by different stakeholders, there were also some clear differences that could cause sensitivities.

Learners identified that they would like SRH education to cover:

- The menstrual cycle and menstrual hygiene (girls only identified this need)
- Type of relationships and what makes a healthy relationship
- Preventing pregnancy
- Preventing STIs
- Risks of engaging in early sex (e.g. emotional immaturity and early marriage)
- Information about sexual intercourse (boys reported wanting information on 'how to have sex').

**'Stakeholders agree that schools should play a central role in delivering SRH education'**



## Recommendations

- Provide teachers with training on information to impart and on respectful, sensitive and non-discriminatory delivery, which is followed up with refresher sessions, oversight and mentoring.
- Arrange separate sessions for girls and boys that are led by female and male teachers respectively. Schools could draw on female mentors/counsellors, health professionals or NGO staff where they have few female teachers.
- Take account of exploitative and violent contexts in which many girls have sex, provide girls with information about harassment and violence, and cover support services and reporting mechanisms.
- Sensitively address the issue of families encouraging girls to engage in sexual relationships for material gain amongst learners and families, with a focus on shifting norms around girls' value within families.
- Have health professionals visit schools to provide learners with more detailed information.
- Be age appropriate and suitable for learners' maturity level.
- Address specific SRH education needs of learners with disabilities and ensuring all materials are accessible.
- Take into consideration the traditional backgrounds of students and deliver necessary information without causing offense or alienating communities.
- Engage parents to overcome concerns that SRH education will have a negative effect and enable them to provide correct information and reinforce positive messages at home.
- Ensure rural communities without schools are reached by delivering to communities through radio programmes that encourage families to listen to together. This could prompt more discussion and openness.
- Funding and investment are needed for teacher training, staff time, development of materials and resources, input from experts and outreach to parents and communities.



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The second phase of the Leh Wi Lan programme is part of the Sierra Leone Secondary Education Improvement Programme II (SSEIP II), which is funded by UK International Development. This five-year programme supports Sierra Leone's Ministry of Basic and Senior Secondary Education (MBSSE) to deliver improved education outcomes at secondary level, with a focus on schoolgirls and learners with disabilities. Leh Wi Lan is implemented by a consortium of national and international organisations led by Cambridge Education.

