

ORIGINAL RESEARCH ARTICLE

In-school adolescents' perception of sexuality education in region 1 of the Gambia

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Abstract

Unmet sexual education needs of adolescents due to socio-cultural challenges have been ignored in different societies. This study investigated students' perception on the sexual education they received at school level, and what they really preferred and needed. In this qualitative study, five focus group discussions with 50 adolescents and 10 individual in-depth interviews were conducted among respondents aged 15-19 in both public and private schools in region 1, The Gambia. Data were analyzed using qualitative content analysis. The study results revealed that the adolescents were dissatisfied with the sexuality education in their schools. The emerged themes included: lack of priority for sexuality education, lack of appropriate educational materials and trained teachers and inconsistency of the sexuality education content with the adolescents' needs. The adolescents in this study showed great abilities to appraise sexuality education and health services delivered for them, and so any program for sexual health promotion in adolescents ought to address adolescents' needs, demands, and aspirations. (*Afr J Reprod Health* 2023; 27 [2]: 49-56).

Keywords: Adolescents, qualitative research, sexuality education and Gambia

Résumé

Les besoins d'éducation sexuelle non satisfaits des adolescents en raison de défis socioculturels ont été ignorés dans différentes sociétés. Cette étude a examiné la perception des élèves sur l'éducation sexuelle qu'ils ont reçue au niveau scolaire, et ce qu'ils ont vraiment préféré et dont ils avaient besoin. Dans cette étude qualitative, cinq groupes de discussion avec 50 adolescents et 10 entretiens individuels approfondis ont été menés auprès de répondants âgés de 15 à 19 ans dans des écoles publiques et privées de la région 1, en Gambie. Les données ont été analysées à l'aide d'une analyse de contenu qualitative. Les résultats de l'étude ont révélé que les adolescents n'étaient pas satisfaits de l'éducation sexuelle dans leurs écoles. Les thèmes qui ont émergé comprenaient : le manque de priorité pour l'éducation sexuelle, le manque de matériel pédagogique approprié et d'enseignants formés et l'incohérence du contenu de l'éducation sexuelle avec les besoins des adolescents. Les adolescents de cette étude ont montré de grandes capacités à évaluer l'éducation sexuelle et les services de santé qui leur sont dispensés, et donc tout programme de promotion de la santé sexuelle chez les adolescents doit répondre aux besoins, demandes et aspirations des adolescents. (*Afr J Reprod Health* 2023; 27 [2]: 49-56).

Mots-clés: Adolescents, recherche qualitative, éducation à la sexualité et Gambie

Introduction

Sexuality education has attracted growing interest and attention in the past decade. At the same time, young people themselves are increasingly demanding their right to it¹. Comprehensive sexuality education is a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes and values that will

empower them to improve their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and understand and ensure the protection of their rights throughout their lives². Sexuality education has been recognized by international organizations as a human right, a necessity for development, and a promoter of equity^{3,4}. Nevertheless, most young people do not receive sufficient education for their sexual lives. Globally, earlier sexual maturity and

marriage at later ages may cause earlier premarital sex. This exposes adolescents to serious threats including sexual coercion, unwanted pregnancy, unsafe abortion, and sexually transmitted infections (STIs)/HIV. Hence, lack of sexuality education may be critical⁴. Many studies have demonstrated that equipping adolescents with appropriate sexual information promotes their sexual health. This is achieved by abstaining or delaying sexual debut as well as establishing safe sex⁵.

Schools are unique settings which have so many advantages and strengths to provide school-based sexuality education including having an existing infrastructure, easy access to adolescents and parents, and also opportunities for long-term programs^{5,6}. Nonetheless, the Joint United Nations Programme on HIV/AIDS (UNAIDS) reported that more than half of the students throughout the world do not receive any school-based education for HIV prevention⁷. Part of the reason may be that the health messages are not tailored properly for the target audiences⁹. Sexual health services and information for adolescents should meet adolescents' needs rather than organizers' preferences¹⁰. Avusabo *et al.* entitled adults as "gatekeepers" of sexual education and services for adolescents, because they define the content and design of services¹¹.

The prevailing potential sources of sexuality education for the young people are their peers whom their knowledge are infirmed or equally ignorant, from school which is blamed for the lack of comprehensive sexuality education in most countries in sub-Saharan Africa and the social media¹². Sexuality education is a trusted source of information and guidance for adolescents and young people on sexual health, sexuality and relationships, and it can improve the sexual health of this population. Such education is most effective when informed by the views of young people themselves; however, there is limited research that investigates young people's experiences of school-based sexuality education. In the Gambia, adolescent sexuality education is a challenging issue because many institutions including schools, religious centers and traditional communities limit such communication which would not help to establish individual values and make sexually healthy decisions. There is a general belief that informing adolescents about sex and teaching them how to protect themselves would make them sexually

active¹³. Comprehensive Sexuality and Health Education programs in schools have started in the country since in the early 1990s.

The Gambia had been using the school curriculum to deal with high population growth rate, adolescent pregnancy and illegal abortion, drug abuse, high infant and maternal mortality rates, STIs/ HIV AIDs and Environmental degradation. This was through Ministry of Basic and Secondary Education (MoBSE) in the introduction of Population and Family Life Education (Pop/FLE) into the school system with the support of United Nations Populations Funds (UNFPA). The subject focuses on the interplay between population, fertility, mortality and migration as they affect the quality of life. A variety of didactical materials were developed and teachers trained on wide range of issues. However, the program faced difficulties to be institutionalized and integrated in the regular curricula. As such, young people remain in a critical situation of the sexual and reproductive health, including, unintended pregnancies, sexually transmitted diseases such as HIV/AIDS, early and risky sexuality, unintended pregnancies, rapes, assaults, abortions, baby dumping and so many vices due to lack of proper education as well as cultural and religious factors.

This critical youth sexual and reproductive health had led in 2017, to the re-orientation of the Population and Family Life Education (POP/FLE) with the adoption of new international standards promoting a comprehensive sexuality education (CSE). It has also resulted in the development of a Curriculum Framework on CSE by the Curriculum Directorate of MoBSE. The Curriculum Framework comprised of various themes such as: Bodies, Puberty and Reproduction; Interpersonal Relations and Communication; Society and culture; Factors of Vulnerability; Sexual and Reproductive Health; Gender; Human rights for sexual and reproductive health and well-being, and Guidance and Counselling. In 2017, The Gambia rolled out a new and ambitious framework for Comprehensive Sexuality Education (CSE) targeting in school adolescents children and adolescents enrolled in grades 4–12 in schools across the country. In The Gambia, sexual and reproductive health (SRH) knowledge is inadequate and unevenly distributed, leading to considerable SRH-related problems among Gambian adolescents. Since the launch of the revised Sexuality Education program, no efforts

have been made to evaluate it from the perspectives of recipients of the program. This is one of the first studies in The Gambia, which addresses this topic using qualitative method. We are hoping that the findings of this study would have some implications for legislators, policymakers, and programmers to design, and implement sexuality education programs for students.

Methods

The study was a qualitative approach in reflecting the perceptions of adolescents.

Study setting

The study was conducted in two (2) municipalities in region 1, The Gambia. Region 1 is one of the eight Local Government Areas (LGA) of The Gambia and is subdivided into wards. The region is an area which is known by diverse cultural constituents, it has a population of 322,735 inhabitants (Gbos, 2003) representing about 24 percent of the total population of the country. This region is considered to be the most densely populated in The Gambia. It was chosen for this study because the region has a large children and adolescent population.

Recruitment procedures

The data source for this study was focus group discussion (FGD) and In-Depth Interview (IDI). Purposeful sampling with maximum variation was planned with nineteen senior secondary and twenty-five upper basic schools in the 2 municipalities were included in the study. To achieve maximum variation, students (both male and female) were selected from classes with various grades and socio economic status through the assistance from school principals and teachers. Students who were interested and eligible to participate were sorted by the teachers. Participants were selected based on age, grade and socioeconomic statuses, aged 15 – 19, because we believed that they had reached puberty and most likely experience sexual issues to be able to express them.

Expressions were given that some adolescents might be unwilling to express their own experiences in group discussion, therefore individual in-depth interviews were conducted as well as FGDs. A total of five FDGs with 50

adolescents and 10 individual interviews were conducted between June and August 2022. Both FGDs and IDIs were administered using interview guides. The guide was anchored on the objectives of the study. The Guide was structured such that each discussion is used to tease out all the information needed in addressing the study objectives. It focused on generating information on the following: general issues concerning sexual and reproductive health education and perception on comprehensive health education services. The guide consists of both leading and probe questions divided in two parts with each part based on eliciting information on each of the main themes mentioned above. Moreover, the guide ensured that all relevant questions under each main theme are captured through probe questions. The KII guide was constructed to elicit information from issues on Comprehensive Sexual Education (CSE) in region 1 of The Gambia.

Each FGD included six to eight adolescents. Due to the sensitivity of the topic, official permission was obtained from the school authorities. The FGDs and individual interviews were conducted by the principal investigator, recorded by 2 research assistance and then transcribed verbatim. Each FGDs and individual interviews lasted about 30 to 45mins.

Data analysis

Data were collected and analyzed concurrently. All FGDS and interviews were considered as unit of analysis. All the transcripts were reviewed multiple times and interview write - ups were read word by word and units were identified. Data were coded using NVIVO, a qualitative data analysis software and then categorized through process of condensation and reduction.

Ethical consideration

Both verbal and written informed consent was obtained from all participants before administering the questionnaire. Given the sensitivity of the issues involved in the survey, permission to involve pupils under 18 years was not sought from their parent or guidance. However, the Parent-Teacher Associations (PTAs) which is a parent body of the school which includes parents of each child in the various schools, Headmasters/mistresses/principals

of the respective schools and the Regional Education office for Region 1 were contacted to obtain permission.

Informed consent and assent was obtained from all adolescents and their school principals and Parents Teachers Association (PTA). Also they had right to choose not to continue with the study whenever they decided. Ethical approval was approved by the Gambia Government joint MRC ethics committee and London School of Hygiene and Tropical Medicine.

Results

Some of the key perceptions of students regarding sexuality education have been selected to be presented. These perceptions have been categorized in six main categories described below.

Absence and not prioritizing adolescents' sexual education needs

Absence of health education, in particular sexuality education, was one of the least prioritized in The Gambian educational systems which some of adolescents mentioned. The students believed that many of their sexual issues and dilemmas could be sorted out through providing sexual education in their various schools. One of the students said:

"...Most problems could be sorted out if we are informed, communicated and educated about sexuality education, some problems can be solved, but unfortunately there is nothing like that in our schools... there is nobody to educate us" (Grade 11 female student).

Most students were unhappy with the curriculum including irrelevant subject which is missing their educational needs about their sexuality life. They believed that instead of educating theoretical and insensible scientific subjects, it is better to include life skills into their curricula. One student in this relation said:

"...Some topics have no benefit for the students throughout their life. For instance, we had a chapter in physics regarding 'mirrors.' My question is how much is it important to know about the type of pictures in a curved mirror, for instance? I think that these topics can be removed from our textbooks and issues related to the life skills could be included instead, you know" (Grade 12 female student).

Nearly all of the participants wanted sexuality education to be offered in their curriculum as a formal subject on its own such as other courses.

"...I wish we had a specific text book and a specific teacher for such things, in our schools" (Grade 10 female student).

Lack of appropriate educational materials and trained teachers

Adolescents emphasized that teachers need to be trained for teaching sexuality education. They reported that teachers have inadequate knowledge citing this as reason why they always skipped that chapter in the text books were sexuality education is integrated.

"We assume that the information we need is more than what the teachers teaches us. We know more stuffs on sex and sexuality. Teachers don't talk directly they just beat around the bush (Grade 12 male student).

Students believed that there is no any trustworthy and honest person at schools to assist them when they face any sexual challenges and also expressed their dissatisfaction with some judgmental behaviors from some teachers.

"Students are reluctant to seek assistance from teachers when they encounter some challenges that needs to address their sexual health because teachers are mostly judgmental towards their students" (Grade 11 female student).

Based on students' opinions, their textbooks are insufficient in providing sexuality education, but also they have no access to any appropriate facility for learning about sexuality education. Their books do not directly mention about sexuality education. They need books and materials that will meet their needs for better understanding of sexuality education.

Sexuality education not meeting the adolescents' needs

Students mentioned that one of the most obvious deficit is irregular of sexuality education teaching with their needs. Majority of the participants considered their needs is to obtain correct

information about sexuality, relationship, sexual desires and related issues, while teachers often limits and avoid discussing those subject matters. One of the participants mentioned:

“There are many students in school who've got boyfriends and girlfriends and indulged in risky behaviors... I will prefer teachers to educate us about sex and sexuality risk rather than teaching us only biology (giggling), it is much better” (Grade 11 female student).

Students also mentioned that inadequate explanation of subjects does not convince them and cannot answer to the several questions of their curious minds. They reported that their teachers do not explain sexuality topics in details. A student mentioned:

“Teachers always say this is not good, do not try it, but do not explain what is not good and what we should not do and why... they don't talk straight to the point and draw our attention to this matter that we might get a sickness, or get pregnant or may be faced by a physical or psychological problem” (Grade 10 female student).

Another student lamented that:

“When we were at the junior secondary school, the teachers and school principals advised us always to wear long and appropriate uniform and not short and tight uniforms but we always disobey and not knowing the consequence and risk behind it. We would have appreciate it if a proper and clear explanation was given” (Grade 10 female student 16 years).

Avoidance attitude of teachers

Cultures/taboo surrounding sexuality resulted in sexual silence. Most students pointed out to the teachers' and parents' avoiding response to their questions about sexual issues and forbidden sex topics in their textbooks as great challenges regarding sexual education. Students criticized their teachers for their avoiding response to students' questions about sex topics in this way:

“When they (the teachers) want to talk about sexual issues they avoid in discussing the topic, they even skip the chapter and maybe assuming that students

may ask something in this relation and they will not able to explain it openly” (Grade 11 female, student).

The way the teachers respond to sexual questions is an evidence for deleting sex topics at schools:

“The students asked about its meaning and the teacher said that it's not the right time for you to know about that. I stand up and said but I assume it's the right time. We have no understanding about men's sexual issues and in the near future we have to live with a man under the same roof!” (Grade 10, female student).

Another student described forbidden sex topics as an important factor in misunderstanding about HIV/AIDS and consequently increasing its prevalence in The Gambia.

“Our General science teacher do said that you should not have sexual relationship and didn't elaborate why and, didn't explain how. She just said no sexual contact” (Grade 9 male student).

Students emphasized that this control is due to the teachers' fear of principals to rebuke them for their openness.

“The female teachers should talk to us openly. They should not pay attention to the principal's advice regarding not talking about sexual issues explicitly” to us. It is important for us to know these issues at this stage in our life. (Grade 10 female student).

A further issue was delaying sexual education till the time of marriage. According to the students' views, sexuality education would be beneficial when it is timely taught. They expressed their preference to achieve sexual education in early ages, before initiating sexual debut. They argued that most adolescent girls, who experience sexual coercion, do not have enough knowledge about their opposite sex, importance of virginity, and consequences of unsafe sex, because of tender age. One adolescent indicated:

“Sexual health activist and educators are not sent to the schools to educate the students about sexual issues until the eleventh hour; the point is that we need to know just now, not at the time of marriage. So, how we should control our sexual desires?”

When we don't know how we should behave in our first sexual relationship and that how we should show our feelings? They just leave it to the eleventh hour, or perhaps we are 30 or 40 years after attempting lot of risky behaviors" (Grade 12 female student,).

Adolescents mentioned that the best time for sexual education is in the upper basic school and even in the lower basic school about some subjects such as puberty and menstruation.

Frightening/Panicking adolescents about sexual issues

Majority of the students believed that teachers were concerned about adolescents' becoming promiscuity, so they use panicking tactics to scare them from negative consequences of sexual relationships. Knowing that this generations of adolescents are very smart and are able to differentiate between reality and exaggerated issues. The participants alluded that the most important factor to trust adults and accepting their advice regarding sexual values is their honesty, one of the students said:

"Some of the teachers do try to inform us to be careful relating to the opposite sex to that extent that we sometimes get scared when we meet or communicate with a boy or man in the street..." (Grade 9 female, student).

One of the students mentioned that she learned lots of information about sexual issues, so she cannot be convinced by some teachers' who just want to make them scared of being involved in sexual topics. She said that:

"I've learnt that one of the terrible consequences of having sexual relationships is getting pregnant. It means that pregnancy is inevitable in case of having sexual intercourse, but I know that there are alternatives like contraceptives for not being pregnant and I've seen most adolescents used them" (Grade 11 female student).

Discussion

Students strongly revealed their urgent need to information, education and communication about sexual education relating to sexual desire, sexual

relationship, knowing the opposite site issues and virginity. The Gambian cultures share stigmatization of sexuality and condemnation of pre- and extramarital sex, especially for daughters whose family's honor depends on their chastity^{13,14}, and Muslims particularly have more fanatical beliefs to virginity standard¹⁵. Critical importance of virginity makes adolescents to rate this topic as the most important subject to include in sexual education content.

Students presented a sort of dissatisfaction and sadness with sexual education they received because of inadequacy, discontinuity, lack of educational materials, emphasizing on negative aspects of sexuality and not having enough depth about it. They perceived the lack of sexual health-related knowledge and skills of their school teachers and health educators to address their sexual education needs, particularly in relation to psychological aspects of sexual health. Most of these critiques have been also reported (more or less) by adolescents in the other studies across the world^{16,17}.

One of the most important reasons for the silence about sexuality is the concerns of adults that sexual education can encourage adolescents to be promiscuous and sexually active. But several research study showed that adolescents themselves do not think so. They believe that having early and accurate sexual information does not increase the likelihood of wanting to experience sex, whereas having limited knowledge increases students' curiosity and likelihood of desire to have sex¹⁶.

In this study, adolescents considered their teachers to be unqualified to educate sexual topics. In our communities, sexuality education has not been adequately provided both in students' curricula and training programs for teachers, inadequate knowledge and skills of teachers to teach sexual topics seems normal. But it is notable that adolescents' distrusting to their teachers and their dissatisfaction with teachers' judgmental reactions has been also reported in research studies which have been conducted in the settings in which sexuality education has been formally included in the school curricula. Studies have shown that, although teachers in different countries generally support the teaching of health education in schools, they encounter several obstacles¹⁸. These include difficulties in teaching some of the topics related to sexuality education, such as condom use,

masturbation, sexual orientation, abortion and contraception, and there are concerns that teachers find it difficult to move beyond didactic methods in their teaching of sexuality. They have recognized their teachers neither as the best educators for teaching sexuality education nor as possessing qualifications^{16,17}. On the other hand, most teachers prefer not to deal with sensitive subjects because they fear that society may reproach them¹⁷.

In addition, teachers need some trainings and skills to be able to teach sexuality topics successfully¹⁹. UNESCO emphasized the key role of well-trained and motivated teachers in the provision of effective sexuality education. Supporting teachers in this regard by establishing supportive rules helps them to deliver qualified sexual education⁵. This matter indicates that any sex education program should consider trained and skilled educators as an important part of program; otherwise, the program will not be effective and successful.

Adolescents' urgent need to sexuality education at lower and upper basic schools was found in this study; even some students believed that beginning of sexuality education in some topics such as puberty and menstruation at last years of primary schools would be more useful. They mentioned that delaying sexuality education to the time of marriage for marrying candidates is too late and pointless.

In fact, such evidences suggest this opinion that a kind of sexual education is avoiding to talk about it²⁵. Thus, controversy among adults about appropriateness of sexual education for adolescents is unanswered yet, but adolescents themselves were ever complaining about avoiding and forbidden in their parents and teachers^{28,26}. It seems that not educating sexual health issues to the adolescents does not warrant that they will not be exposed to such information. In most studies, adolescents have reported that they receive important information about sex topics from their friends, and media, which has never been provided formally at schools²⁸. Therefore, delivering information through official channels will be more acceptable. Bleakly et al. demonstrated that learning about sex from peers and media is related to the increased likelihood of having sex, whereas learning from adults (parents, teachers and religious leaders) is associated with delaying sex²⁷. Sexuality education needs to be understood by different stakeholders,

such as parents, teachers, community members, religious leaders and politicians, in order to promote comfort and understanding of what can be a sensitive topic. It is better to relate discussion to key findings. The main strength of this study was adopting a qualitative method in order to attain first-hand perceptions of students and hearing their voices directly.

Another importance of this study was that only a few studies have addressed adolescents' perspectives on their sexual information needs. This study, however, has some limitations. We included only one region out of six regions in The Gambia. Another limitation was that because study settings were restricted to urban settings, generalization of findings to The Gambia is not necessarily correct. Conducting another study that includes all regions both urban and rural students will be more comprehensive and presents interesting comparison between urban and rural' perspectives toward sexuality education.

Conclusion

Students showed disappointment with sexuality education they received in schools and evaluated it inadequate. Their views and suggestions provide insights for developing and tailoring sexuality education for students, therefore any program for sexual health promotion in adolescents ought to address adolescents' needs, demands, and aspirations. Sexuality education among adolescents and youth would provide students with life skills with which they can handle crisis situations. Adolescents have various needs with respect to sexual development and have a need to receive help in understanding their own changes of body and behavior and how to cope with these not only at the time but also how to integrate them into a mature personality in the future. Sexuality education is central to adolescents and young people's well-being, equipping them with the knowledge and skills they need to make healthy and responsible choices in their lives.

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