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The effectiveness of sexual and reproductive health education in Burundi: policy brief

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Annex 4.

POLICY BRIEF

May 2020

The effectiveness of sexual and reproductive health education in Burundi

Background

Adolescents and young people in Burundi face serious challenges related to sexual and reproductive health (SRH), including under-aged marriage, early and unwanted pregnancies, unsafe abortions, and sexual and gender based violence (SGBV). There are four main root causes of these SRHR problems: 1) Limited access to reliable and comprehensive SRHR information; 2) Limited access to youth friendly services; 3) Limited support from parents, teachers, religious leaders and community leaders to access information and services; 4) Unequal gender norms.

In answer to the urgency to address adolescents' and youth's SRHR needs, a consortium of CARE, UNFPA, Cordaid and Rutgers is implementing the joint programme "Menyumenyeshe" (2016-2020), financed by the Royal Netherlands Embassy in Burundi. The programme includes three main components: sexuality education, youth friendly services, and an enabling environment. This policy brief summarizes the results of a study into the effectiveness of the sexuality education component. In schools, the manual "Le Monde Commence par Moi" is being used. This curriculum, validated by the Ministry of Education,

includes among others lessons on self-esteem, gender equality, relationships, sexually transmitted diseases, prevention of unintended pregnancies as well as having goals for the future. It is provided in school clubs after regular school hours.

The study has applied a mixed method approach, using both quantitative and qualitative data collection. Across three provinces (Bujumbura Mairie, Gitega and Muyinga), 15 intervention and 15 comparison schools were selected for the study. A standardized questionnaire has been administered three times among young people aged 12-19 years old in grades 7-9 to assess the effectiveness of the programme:

- Before the first lesson (September-December 2018)
- After the lessons/before the end of school year (May-June 2019)
- Four months later (October 2019)

In addition, qualitative data has been collected to document perspectives of young people on the effectiveness, on the needs for SRH information, and on the quality of programme implementation.

Type of data collected

829 surveys at baseline; 585 young people interviewed 3 times (across 30 schools)
 45 Interviews with 30 school directors
 29 Interviews with teachers & peer educators in 15 schools
 38 Focus Group Discussions, including a question box
 6 observations of one lesson (6 schools)
 5 self-evaluation forms by teachers (5 schools)
 4 evaluation forms by club members (4 schools)
 84 individual interviews with 54 different club members
 8 focus group discussions with parents
 Informal interviews with NGO staff



There is a high need for sexuality education

Young people have a low level of knowledge on sexual and reproductive health. They are thirsty for knowledge on a broad range of topics: from factual information about pregnancies, menstruation and HIV/AIDS to advice on love and sexual relationships. Moreover, young people voice gender unequal attitudes and especially girls condone to some extent sexual and gender based violence. Young people have good intentions to use condoms in the future, but do not know how to use them properly, and have difficulty in accessing them. As such, sexuality education should pay attention to a broad range of topics, including the different types of contraceptives and how to use condoms correctly. Moreover, attention is needed to gender attitudes and communication skills.

Young people are thirsty for information and guidance

"I want to know how to use a male or female condom." (boy, Muyinga)

"How to avoid having sex with a girl who asks you?" (boy, Gitega)

"How do you know that you have fallen in love?" (girl, Bujumbura)

"I was told that when a boy grows up, he will get pubic hair. Why hasn't it happened to me yet?" (boy, Muyinga)

"Why is a boy aroused when he sees a girl? Is it the same for girls: does she get aroused when she sees a boy?" (boy, Muyinga)

There is strong variation in the quality of implementation

Some schools had only finished 5 out of 15 lessons before the summer break and/or did not mobilise many pupils from grades 7-9 to participate in the school club. The motivation and skills of teachers varied, as did the active involvement of school principals, and only half of the schools organised an exchange visit with a nearby health centre. Time spent per session varied from 30 minutes to 2 hours. The sexuality education sessions are organized after school hours; in schools where lunch is prepared for the pupils, participation in these sessions is better.

Fear-based messages, lack of materials and coaching of teachers are the main barriers

From the various qualitative data, we conclude that despite of the positive approach emphasized in the manual and the teacher, teachers tend to communi-

cate fear-based messages, which is the most prevailing form of (moral) education and upbringing in Burundian society. They focus on negative consequences of behaviour and not on possible alternatives. This negatively impacts young people as it does not empower them to make informed decisions and to navigate/manage various situations. It actually increases anxiety and they learn to avoid rather than deal with certain situations, including avoiding (any contact with) friends of the opposite sex. Agency is about being able to deal with situations in the best possible way. Young people need self-confidence and skills to do so, to deal with challenges they face, including the dilemmas of sometimes having to choose between to unideal options. Although most modern contraceptive methods are listed in the manual, teachers focus the main message on abstinence and little explanation is provided for each of the contraceptives. Condom demonstrations are usually not permitted within the school premises. Moreover, the lack of manuals and absence of visual aids are considered main barriers, especially since pupils do not have the opportunity to read the information themselves to strengthen the internalization of the messages.

Sexuality education had positive effects on....

- ✓ Knowledge: an increase of approximately 0.5 point on a scale of 0-8. The effect is strongest in Gitega, where the quality of implementation has overall been better. Also, the effect is mostly found among young people aged 15 and older, and is not apparent among the 12-14 year olds.
- ✓ The ability to pursue goals and overcome problems (mastery). This effect is only found among boys and not among girls, and the effect is not found in Muyinga.
- ✓ Communication with parents. At baseline, communication between parents and children on SRHR was very low. From the quantitative data we see a small and relatively weak positive effect of the programme on communication. The qualitative data confirmed the positive trend. Although children still find it difficult, there is now more communication with parents on the subject. Communication remains gendered: boys mostly talk to fathers and girls to mothers.
- ✓ Increased self-confidence, improved anger management, and reduced fear or anxiety about bodily changes, as voiced by a boy in Muyinga:

"I take it [the bodily changes] slowly as simple things, based on the lessons learned that you should not panic." (boy, Muyinga)

Sexuality education had little or no effects on....

- The attitudes towards sexual and gender based violence.
- The ability to speak up and be heard.
- Gender attitudes. The quantitative analysis does not show a robust effect on gender attitudes. From the qualitative data we learn that the lesson on gender was least appreciated as it was not well understood. The effects are diffuse: young people from schools where the implementation has been weaker generally reproduce unequal gender attitudes. Where implementation has been better,

pupils did show more positive and equal attitudes after the programme.

Results are expected to become stronger

Overall, the effects found in this study are underestimated. Not all schools in the study had implemented the programme fully, not all lessons had been taught yet, and for the teachers it was the very first time teaching this subject. As such, once teachers get more experienced and they implement all lessons as planned, the effects will likely be stronger.

Recommendations

Below is a list of recommendations to strengthen the implementation and sustainability of the current sexuality education programme in schools in Burundi.

Access to information

All adolescents and young people have the right to reliable information and to have their questions answered. To strengthen and increase the access to information, it is needed to:

- ✓ Increase the number of student manuals per school so that each pupil gets the opportunity to read the manual and look at illustrations. This will increase the understanding of the sessions and strengthen the internalisation of the messages. Moreover, provide the opportunity for students to take the manual home from time to time so they can re-read the information at their own pace and discuss the content with their parents or caregivers.
- ✓ Develop additional visual aids. For instance, some main pictures from the book at poster-size. This will help teachers to explain the information.
- ✓ More time should be spent on explaining contraceptive methods, including the use of condoms.
- ✓ More time should be spent on how to make menstrual pads.
- ✓ Increase the opportunities for young people to access information directly using a variety of communication channels. This will also strengthen the messages received via school clubs. For example through Facebook or YouTube videos where internet access is good, or through written materials (booklets) and radio programmes where internet access is low.
- ✓ Use the questions collected in the research and make a booklet answering the questions. This Q&A-booklet could then be distributed in the

schools, their libraries, as well as in youth clubs out of school and health centres.

Quality of information and education

The quality of the information and education provided largely determines the (potential) effects at the student level. There is a very important role for teachers in delivering the information in a quality way. There are some promising cases where implementation is already going rather well. In other schools, teachers are willing, but are struggling with organizing the lessons after hours and request more coaching, manuals and visual aids. There are some key points of attention.

- ✓ Increase the coaching and follow-up of teachers through the following ways:
 - Master trainers to observe lessons regularly, and provide feedback afterwards
 - Organize joint meetings with teachers from various schools, facilitated by master trainers, at least 3 times a year. During these meetings, teachers can discuss the things they find difficult and exchange best practices.
- ✓ In training and coaching of teachers, more attention should be focused on positive communication to reduce fear-based messages. It would be beneficial if teachers could facilitate more open discussions between pupils on how they can put the lessons into practice, based on various scenarios, including looking at alternative options (what can young people do/say yes to).
- ✓ Each school club should organise a visit to the nearest health centre and strengthen the referral to this health centre. A visit makes young people more at ease to visit a health centre when needed. Moreover, health staff can answer the more medically oriented questions.

- ✓ Train parents on SRH and how to communicate with their children on the topic. Consider organising intergenerational dialogues.
- ✓ Engage with religious leaders to ensure their messages strengthen the programme.

Reach & Sustainability of the programme

Although strategies have been and are being introduced to increase the sustainability of the interventions, the current programme is at a risk of discontinuation once donor money is no longer directed towards sexuality education, especially if this ceases at short term. Once NGO staff stop visiting schools for follow-up visits, schools may decide to halt implementing the programme. This means that currently, sustainability of the programme heavily depends on the motivation of teachers and directors. Therefore, measures are needed in order not to lose momentum, but to make the necessary investments to scale-up and sustain the current efforts.

- ✓ In order to motivate schools and young people, organise competition between schools, e.g. using quizzes to test the knowledge of the school club members.
- ✓ For the Ministry of Education, to integrate LMCpM as official school subject. This would have the following strong benefits:
 - The programme would be rolled out in all schools across the country
 - The programme would reach all pupils in the schools

- It would no longer be an additional burden to teachers after school hours.
- Time tabled hours would avoid young people being hungry and unconcentrated in class where there is no meal available.
- The programme would be sustainable and would not risk of fading out if donor attention reduces.

It would remain vital though to keep the participatory approach as didactic method.

- ✓ Integrate the programme at teacher colleges to strengthen and sustain the training of teachers.
- ✓ Increase the number of dedicated and knowledgeable staff to the programme at all levels (central Ministry, district, community, inspection).
- ✓ Increase the engagement of the full school (all teachers and supporting staff), as well as its direct environment (parents, local authorities, health centre). This would serve various goals:
 - To break the taboo to talk about sexuality.
 - To increase the support for the programme.
 - To strengthen rather than contradict the messages from the programme.
 - To strengthen the motivation and possibilities to continue with the programme.
- ✓ Organise more events in which school clubs can spread their messages beyond their school.
- ✓ Include young people in advocacy at various levels, for example to ask for better SRH investments in their community or at district level.

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