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BY
FATMA EL ZAHRAA GEEL

QUALITY SEXUAL EDUCATION NEEDED FOR ADOLESCENTS IN EGYPTIAN SCHOOLS

The severe lack of knowledge among adolescents regarding sexual and reproductive health (SRH) is a serious concern in Egypt, where half the population is younger than 25.¹ Yet the majority of youth are enrolled in school, presenting a valuable opportunity for the country's new government to address these issues directly: by ensuring that school curricula include comprehensive and age-appropriate SRH education that is culturally sensitive and responsive to the needs of young Egyptians. Without policy-level action, this opportunity to improve the health and well-being of individuals and to contribute to the country's social and economic development will be lost.

Only limited aspects of SRH topics are covered in Egyptian public schools—mainly in science courses for intermediate students. Very little is known about how well this material is taught or about students' reactions to it. Some anecdotes suggest that the SRH sections are often skipped because teachers are unprepared or embarrassed.

This working paper presents key findings and some recommendations based on a recent study conducted in three governorates of Egypt: Cairo, Giza, and Gharbia. The study, conducted by the author, shows that students find what they learn in school about SRH issues to be insufficient, and moreover, teachers and students are shy and embarrassed during these lessons.

Why School-Based SRH Education?

School-based, comprehensive SRH education is an important and cost-effective way to help young people improve their knowledge. Comprehensive SRH education includes sexual development, reproductive health, interpersonal relationships, affection, intimacy, body image, and gender roles. Such education also addresses the biological, sociocultural, psychological, and spiritual dimensions of sexuality. However, adolescent SRH education is controversial in Egypt, as it is in many parts of

the world. Some parents, religious and community leaders, policymakers, service providers, and young people have strong opinions about these issues. Some oppose programs that teach adolescent SRH issues because they believe these issues are taboo or are too embarrassing to discuss publicly. According to the 2009 *Survey of Young People in Egypt*, only one-quarter of males and females ages 10 to 29 had talked with their parents about changes during puberty, indicating that stigmas against discussing SRH are pervasive among Egyptian youth.²

Egyptian School Study

In-depth interviews were conducted from March to April 2011. Twenty tenth-grade students (12 male and eight female), 10 science teachers from intermediate schools, and four officials and supervisors from the ministry of education participated. The sample of students was drawn from nine public secondary schools—five in Cairo (one co-ed, one all-girls, and three all-boys); three in Gharbia (all-boys: two urban and one rural); and one co-ed school in rural Giza. The results of these in-depth interviews are presented here.

Students Know Little About Puberty

While the majority of female students said they already had information about the physiological

FATMA EL ZAHRAA GEEL participated in a joint PRB-Assiut University training on policy communication held in Hurghada, Egypt, in October 2011. She is a Ph.D. candidate on the Economic and Political Science faculty at Cairo University. Geel works at the Information and Decision Support Center of the Egyptian Cabinet in Cairo. This paper is based on results of her study funded by the Ford Foundation office in Cairo and technical assistance provided by the Population Council. She can be reached at fatmageel@idsc.net.eg.

changes of adolescence before their onset, when asked, they knew very little. Male students were upfront in their acknowledgement of how little information they had. Most of the male students said that they did not have any information about puberty before, during, or after its onset. A male student at an all-boys school said, *“No one told me anything, I was surprised.”* Although a few males and females were able to correctly explain some aspects of the physiological changes that occur during puberty, overall, participants knew very little.

Boys and Girls Rely on Different Sources of Information

Most female students living in urban areas referred to their mothers as the main source of information about SRH, followed by their friends and some relatives. A female student at a co-ed school in the Maadi area in Cairo said, *“My mother talked a lot with me before the puberty stage so I was not surprised when I started menstruating.”* Statements such as hers indicate the value of providing information about puberty to adolescents. All the girls from rural areas in Upper Egypt said that their peers, teachers, relatives, and books were their main sources of information. A female student in a co-ed school said, *“I discuss everything with my friends and sometimes with my female teacher.”*

In the case of male students in both urban and rural areas, the main source of information was their peers, followed by the Internet and teachers. Very few male students mentioned their families. A male student at a co-ed school said, *“We only talk with our peers.”* And another from an all-male school said, *“From my teacher or the Internet, although I don’t trust information from the Internet because it has a lot of bad information that can harm me.”*

Most students, particularly boys, preferred young teachers whom they felt more comfortable with, for SRH courses. A male student from a co-ed school said, *“I trust my teacher, he is young. I like to talk with him and ask him for different information. He talks with me clearly.”*

Teachers and Supervisors Believe in SRH Education

All teachers and supervisors interviewed believed that it is important to teach SRH in schools early, before boys and girls experience the psychological and physiological changes and potential problems of puberty. A female teacher at an all-girls school said, *“Yes, it is very important to provide them with SRH information at this stage, because if we don’t provide them with accurate information, they will look for the information from untrusted sources. It is better to start it in eighth grade, not ninth grade.”*

A male teacher at an all-boys school noted the importance of teaching adolescents SRH in schools, because not all adolescents talk with their parents; moreover, many parents lack

awareness and accurate knowledge about these subjects, often due to their illiteracy or low levels of education. He said, *“Yes, it is important for girls and boys to know signs of puberty before starting this stage, otherwise they are going to be shocked.”* Similarly, a supervisor agreed: *“Yes, it is so important to provide SRH information to adolescents. I hope to see teaching of these topics to students in primary schools.”* A female teacher at an all-girls school said, *“If we don’t provide them with the information, who will? Especially because in most cases mothers are not aware of such information.”*

Most teachers and school supervisors indicated that schools should not be the only source of SRH and information, and efforts should be made to strengthen the roles of both family and the media in reaching out to adolescents with accurate SRH information. They emphasized the interplay of multiple important sources of information, including family, school, and community. A female science supervisor said, *“Yes, it is very important to provide such information to adolescents, because those who don’t know are more exposed to risks and will try to get the information from untruthful sources.”* A male supervisor said, *“Family should be the first source of information, followed by religious organizations, and youth clubs. All these and other organizations should cooperate.”* A female biology supervisor said, *“Schools are the basic source of information because they provide accurate and scientific information—more than a family member would.”*

SRH Should Be Integrated Into Science and Religion Classes

Students generally had a positive attitude about SRH education in school. Some felt that it should be considered from a scientific perspective in order to give it prominence in the school curriculum. A female student at a co-ed school said, *“It shouldn’t be embarrassing for both teachers and community members to talk with us about this important issue because it is science, and there is no embarrassment in science. In some other countries, adolescents are studying more information and they consider SRH information to be part of life. It shouldn’t be against our norms, customs, and religions. Building the capacity of all community members is necessary.”* A student at an all-boys school said, *“Teachers should explain seriously and deeply, without embarrassment, because we have to know about these issues and a teacher is the most trustworthy source of information.”* Another male student at a co-ed school agreed: *“Science is the suitable subject to deal with such a topic, because we study science more seriously than religion and that will affect our understanding of the topic.”* Supervisors held similar attitudes. A female biology supervisor said, *“Our traditions and customs affected our attitudes about this sensitive topic and ability to talk about it, although there is no embarrassment in science.”*

At the same time, some of the supervisors and students suggested integrating some aspects of SRH information into the religion curriculum to make it more culturally acceptable. A male

chemistry supervisor said, *"I suggest integrating SRH within the religious curriculum to make it more acceptable, without removing it from science curriculum because it is basic science and relates to health."* A male student from a co-ed school said, *"The best way to learn about RH is to learn through the lessons of religion sessions, and that will help overcome the teacher's embarrassment."*

Current School Curriculum and IEC Materials Insufficient

The study clearly shows that adolescents have a great demand for SRH information. A girl at a co-ed school said, *"How to take care of my health and my body is the most important information I need to know during this current stage of my life."* Most male and female students felt they did not know enough for their age, and they could not tell what it was that they did not know. Not surprisingly, most girls could not give clear answers when they were asked about what kind of SRH information they would like added to the curriculum. A girl at a co-ed school said, *"What I studied about SRH are the reproductive systems of both males and females and sexually transmitted diseases. But I think there is a lot of information that we need to know that I don't know."* Several students expressed that SRH information should be provided within the cultural framework of their society.

When teachers were asked the same question about the adequacy and suitability of SRH information provided to students, they gave varied responses. Almost half of the teachers felt that the information was adequate, while others felt that the curriculum was inadequate. A male teacher at an all-boys school said, *"It is not adequate because they removed the sexually transmitted disease from this part, which was so important."* Another male teacher said, *"Female circumcision is not found in the curriculum and we try to cover it by ourselves."* A male teacher at an all-girls school said, *"Information on disadvantages of early marriage and pregnancy should be added."* In general, supervisors also agreed with the teachers about the inadequate curriculum. A male chemistry supervisor said, *"No, of course the information is not enough."* And a female science supervisor said, *"Yes, students need more and detailed information because the age they are in is so dangerous."*

Both teachers and supervisors admitted that there were no standards or guidelines for teaching SRH and that they had to determine such information on their own. A female biology supervisor said, *"Teachers are not qualified. The ministry of health should provide training courses on SRH for teachers to build their capacity and enable them to provide accurate information in a simple way."* They also suggested making SRH educational materials available in school libraries and holding seminars in schools, where specialists could present the information to students and teachers. A female teacher at an all-boys school said, *"Books and CDs in our library are important and boys can borrow them to be able to discuss the issues during class. Also,*

I would recommend seminars on SRH issues to be attended by specialists from outside of school to provide students and teachers with more and accurate information. Training courses are also required to build the capacity of teachers in teaching SRH sessions to their students." A female biology supervisor said it would be helpful *"to conduct seminars in schools to be facilitated by specialists... I was working in private schools and they were doing that, and students were interested and willing to attend and discuss different issues."*

Communication Challenges

Students, teachers, and supervisors highlighted communication challenges that they face, most notably being too embarrassed to talk about SRH. They all felt that teachers lack communication skills and are not prepared to discuss the subject with their students, and that schools did not provide teachers with adequate materials. All agreed that SRH classes should be held separately for boys and girls, and some indicated the importance of renaming such classes to "Family Health" to mitigate cultural sensitivities.

Teachers indicated that they often avoid teaching SRH lessons, especially when the students were of the opposite sex. A female teacher at an all-girls school said, *"I can teach the session easily because they are females, but male teachers sometimes feel embarrassment and ask us to teach instead of them."*

Improving SRH Education

One theme that came up consistently among students, teachers, and supervisors is that schools and teachers were perceived as safe and trustworthy sources of information. This and other findings indicate several next steps in improving the quality of SRH education for adolescents in schools in Egypt:

- Add more SRH information to school curriculum in order to meet students' needs, taking care that it is age- and culturally appropriate.
- Encourage cultural activities within schools that include special events dealing with SRH topics to increase knowledge among both teachers and students.
- Build teachers' communication skills to help improve teacher-student communication.
- Hold SRH sessions for boys and girls separately, have an instructor be the same sex as the students, and assign younger instructors to teach the sessions to reduce embarrassment and overcome barriers.
- Include some aspects of SRH information in religious lessons to make the topic more acceptable to discuss in school.
- Consider changing the title of the course from SRH to "Family Health" to help make it more acceptable to families and communities.

References

- 1 The World Health Organization defines “adolescents” as people between the ages of 10 to 19.
- 2 Population Council, *Survey of Young People in Egypt, Final Report, 2010* (Cairo: Population Council, 2010).

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PRB’s Middle East and North Africa (MENA) Program

PRB’s MENA program, initiated in 2001 with funding from the Ford Foundation, responds to the region’s need for timely and objective information on population, socioeconomic, and reproductive health issues. The project explores the linkages among these issues and provides evidence-based policy and program recommendations for decisionmakers in the region. Working closely with research organizations in the region, the project team produces a series of policy briefs (in English and Arabic) on current population and reproductive health topics, conducts workshops on policy communication and makes presentations at regional and international conferences.

In 2008, PRB invited researchers from the MENA region to participate in its summer policy communication workshop. Later, PRB and Assiut University, Egypt, held joint policy communication workshops in Assiut (December 2009) and in Hurghada (October 2011). The workshops (conducted in English) helped researchers identify the policy implications of their research findings, understand how research can influence the policy process, and communicate findings. Selected participants from the the workshops summarized the results of their research findings as part of PRB’s MENA Working Paper Series. The papers are available in English and Arabic at www.prb.org:

- *Quality Sexual Education Needed for Adolescents in Egyptian Schools*, by Fatma El Zahraa Geel
- *Minding the Gap in Alexandria: Talking to Girls in Schools About Reproductive Health*, by Sara A. Hanafy
- “Are Imams in Egypt Prepared to Help Stop the Spread of HIV/AIDS?” by Omaima El-Gibaly and Khaled Hemeйда
- “Domestic Violence High in Egypt, Affecting Women’s Reproductive Health,” by Eman M. Monazea and Ekram M. Abdel Khalek
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POPULATION REFERENCE BUREAU

1875 Connecticut Ave., NW
Suite 520
Washington, DC 20009 USA

202 483 1100 **PHONE**
202 328 3937 **FAX**
popref@prb.org **E-MAIL**
