Teaching Sexual and Reproductive Health in the Public Schools: Perception of Female Science Teachers in Sri Lanka

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Introduction

The demographic statistics in 2020 revealed that 1 in 4 persons in Sri Lanka are under the age of 15 years (5.5 million) (Census and Statistics Department of Sri Lanka, 2020). In another few years' time those young children will be in transition to adulthood. The passage to adulthood is complex and protracted (Furstenberg, 2015), which requires to ensure the transition for the young generation without facing obstacles. However, it was stated that, one major challenge that can be identified among the young children in Sri Lanka during this transition is insufficient knowledge on basic Sexual Reproductive Health (SRH) (UNFPA, 2017). A recent Sri Lankan study confirmed that children did not receive an adequate sexual education from the schools (Jayasooriya & Mathangasinghe, 2019). Another study among the secondary school children in the Colombo district revealed that the main sources of obtaining information about SRH are friends and peers than school teachers and parents (Abeywickrama, 2020). Moreover, a study taking a sample of 2,020 students (age range of 16-19 years) in public schools in the Badulla district showed that less than 1 percent of students had satisfactory

knowledge on SRH, and it further emphasized the necessity of addressing the lack of knowledge on SRH among adolescents (Rajapaksa-Hewageegana *et al*. 2015). However, the study of Abeywickrama (2020) disclosed that those secondary school children (both males and females) had considered the knowledge on SRH as important and it must be included as a subject in the school curriculum.

Sri Lankan parents too considered education on SRH as essential to protect and deter children from engaging in any precocious sexual activity, yet they are reluctant to openly discuss the topic with their children. Hence, parents would like outside sources such as teachers and doctors to play that educational role on behalf of them (Godamunne, 2008). Irrespective of the cultural taboos and resistance of talking about SRH related matters in the Asian society, empirical studies in Sri Lanka constantly insisted to bring that matter into the school curriculum. According to UNICEF 12 percent of the Sri Lankan women who are aged between 20-24 were either first married or in union before the age of 18 years, while 2 percent were before the age of 15 years (UNICEF, 2017). The National Child Protection Authority of Sri Lanka (NCPA) received a whopping total of 8,165 complaints of child abuse in 2020 out of which 518 were cases of sexual harassment, 373 cases of grave sexual abuse and 256 rape cases (NCPA, 2020).The number of HIV affected persons in Sri Lanka showed that there were 36 adolescents (age range of 15-24) out of 350 reported cases, 35 out of 289 cases and 54 out of 439 cases in the years of 2018, 2019 and 2020 respectively. Having understood the escalating trend in sexual abuse and sex related diseases among the children in Sri Lanka, there is a critical need of including SRH education as a compulsory component in the school curriculum in Sri Lanka. A situation analysis carried out on SRH education in Sri Lanka mentioned that principals, teachers, students, parents and experts in the health and education

sectors were of the opinion that school is the most appropriate place for SRH education (Hettiarachchi *et al.* 2013). Therefore, this paper intends to examine the perception among the female Science teachers about teaching sexual and reproductive health education in the public school curriculum.

Literature Review

Sexual and reproductive health is defined as a complete state of physical, emotional, mental and social well-being in relation to sexuality, and not merely the absence of disease, dysfunction or infirmity (WHO, 2017). Sexual health and reproductive health are intertwined concepts and mutually supportive and protective in practice. Thereby provisioning of comprehensive education and information on SRH can lead to address the knowledge gap, misconceptions, and also to promote empowering skills, positive attitudes and values, and healthy behaviours among the young generation (ibid).

Nevertheless, SRH education is usually considered as a politically confrontational issue in many countries, add to that several often competing and conflicting ideologies can be observed on the topic of the ideal and most appropriate method to teach SRH education (Iyer & Aggleton, 2014). Out of all the subjects planned and developed for the students in primary and secondary schools, SRH education has historically received a comparatively low attention on its educational planning, content theoretical basis, pedagogies, implementation, and evaluation (Goldman, 2010).

The Ministry of Education in Sri Lanka initially introduced SRH education into the school curriculum in 1994 and revised it in 1999. UNFPA (1998) stated that the teacher training programmes in SRH were mainly knowledge-based seminars and were not adequately focused to develop SRH teaching competencies. In

public schools in Sri Lanka, the SRH education is not offered as a separate subject but selected topics are included in the Science and Health and Physical Education curricula. It includes content on child protection, building relationships with others, appropriate behaviour, maintaining health and preventing disease, and growth and development (UNFPA, 2017). It was found that SRH information presented in the existing school text books was not properly explained and was difficult to understand by a non-medical person (Hettiarachchi *et al*. 2013). Additionlly, it was revealed that teachers often ask students to read SRH lessons at home and discuss with parents instead of teaching those components in the class room (Dawson *et al*. 2012).

Hammed *et al*. (2007) and Orji & Esimai (2005) stated that in the process of addressing SRH challenges of in-school adolescents, the teacher's role becomes critically significant. However, scholars have observed that teachers might be unable to consistently live up to this challenge due to various reasons including deficiency of knowledge on SRH education, the culture, values, and social beliefs that outline the mind-set of the teachers towards teaching SRH, and lack of confidence to teach SRH (Westwood & Mullan, 2007).

A Nepal study found that, many of the government school teachers are reluctant to talk about sensitive topics in SRH due to numerous reasons: teachers were afraid of the criticisms raised by their colleagues and the society, teachers lacked skills to deliver such topics/subjects, lack of resources for teaching such a subject (audio-visual aids) and teachers were uncomfortable in teaching SRH for boys (Pokharel *et al.* 2006).
In a Fijian study, school teachers have stressed that SRH must be taught in schools to address unplanned teenage pregnancies, sexually transmitted diseases and HIV prevention. Yet teaching of

SRH education in schools was challenging because of assigning SRH teaching for teachers whose expertise is from different backgrounds such as social science and commerce, time allocation for SRH education is insufficient, female teachers have difficulties in offering it to male students, no proper teaching guidebook is provided for SRH education by the education ministry (Ram & Mohammadenzhad, 2020)

According to Smith *et al*. (2011) Australian teachers reported feeling uneasy while presenting what they consider to be 'sensitive' topics related to SRH in comparison to 'non-sensitive' topics. Also 50 percent of the respondents suggested the necessity to be cautious in selecting and presenting sensitive material, fearing a school, community or a parental backlash. Another study conducted in rural Australia revealed that teachers are concerned about the confidence/comfort, parental backlash, time constraints and possibility of creating a negative impact on teacher–student relationships while teaching SRH content (Smith *et al*. 2013). A Nigerian study mentioned that Nigerian teachers perceived that school-based SRH education is necessary to improve the knowledge of adolescents (Aransiola *et al*. 2013). In addition to that Nigerian study respondents suggested that the SRH education could either be taught as a separate subject or integrated into the current curriculum.

Methodology

This paper adopts a qualitative research design which used a sample of ten female Science teachers from the public schools in Sri Lanka. Since most of the topics related to SRH are currently included in the Science curriculum in public schools, examining the perception of Science teachers would provide more insightful findings. The target population is female Science teachers in the

public schools in Sri Lanka and the sample size is 10 female Science teachers. For data collection, a semi-structured interview guide was used, and both the face-to-face interviews and telephone interviews were conducted, after getting informed consent from the participated teachers. Data collected were transcribed and thematically analyzed.

Findings and Discussion

The key themes emerged from the study are; need for SRH education in the school curriculum, students' curiosity in studying SRH, content of SRH education in school curriculum, feel uncomfortable in delivering sensitive topics, lack of training and resources for teachers to deliver SRH education, and pedagogical issues in SRH education.

Female Science teachers perceived that teaching SRH education is needed in the public school curriculum as students' knowledge on that is at a lower level. Teachers have noticed that students are curious and attentive to acquire knowledge on SRH and consequently, students are attempting to get SRH knowledge through informal sources such as friends and the internet which may mislead them. According to teachers, offering the SRH education should not be as a separate subject based on examination but to integrate it into the Science or Health and Physical Education curriculum as a life skill-based education. Also, they have mentioned that the SRH content included in the present Science and Health and Physical Education curriculum covers only on general health and biological matters like reproductive health components, preventive diseases which do not address the contemporary SRH information that young generation should be aware of. Further teachers emphasized that the SRH content must be developed which is appropriate for Sri

Lankan culture and value system instead of adopting a syllabus from western countries. The teachers feel that the appropriate age range for students to obtain the SRH knowledge is from grades 9 to 11. As mentioned in the literature (Pokharel *et al*. 2006; Ram and Mohammadenzhad, 2020), it was similarly found in the current study too; sometimes female teachers are facing difficulties in delivering SRH education to male students as they try to humiliate either female teachers or female students. Alternatively, some female Science teachers are of the view that offering SRH education through mature teachers would avoid embarrassment caused due to male students. Amidst obstacles, female Science teachers would prefer to teach SRH education to students but they are required to undergo a proper training to effectively deliver sensitive topics contained in SRH education. Further they perceived that conventional lecture-based delivery is ineffective for SRH education and new pedagogical approaches such as incident sharing, anecdotes and modern methods like using audio-video equipments may be successful in the delivering of SRH education.

Having realized the need of SRH education, today the Asian countries are attempting to integrate it into the school curricular (Pimpawun *et al*. 2019; Ram and Mohammadenzhad, 2020; Nadeem *et al*. 2021). Introducing comprehensive sexuality education in the school curriculum will provide a better knowledge about the cognitive, emotional, physical and social aspects of sexuality (UNESCO, 2009). The content in the SRH education is required to be scientifically accurate, easily understandable, unambiguous, culturally relevant, gender-sensitive, age-appropriate, and context-relevant (Thomas & Aggleton, 2016; Nadeem *et al*, 2021). Also, the topics covered in the syllabus are needed to sufficiently address the contemporary issues relevant to the adolescents (Pimpawun *et al.* 2019). As suggested by UNESCO (2009) when teaching of SRH in the school, it can be done by using a variety of delivery methods:

short lectures; class discussions; story-telling, drama sketches, risk simulations, videos, and other techniques.

Conclusion

The female Science teachers have espoused the importance of including SRH in the public school curriculum as a part of Science or Health and Physical Education subjects. Though they are willing to teach SRH education the obstacles arose with traditional SRH curriculum content, inappropriate pedagogy in teaching, lack of training and resources for teachers, and difficulties in dealing with sensitive topics would prevent them from effectively delivering the SRH education for the students in public schools. The implications derived from the study would provide insights for education and health policy formulators. Nevertheless, if we want to make an impact on children and adolescents before they become adults, it is essential to incorporate SRH into the school curriculum. More importantly, it is the right of the children to have adequate access for information essential for their health and development (UNESCO, 2009). Finally, the researchers are in the view of that the findings of this qualitative study can be further strengthened by increasing the sample size and considering the perception of male Science teachers in the public schools in Sri Lanka.

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