Sexual and Reproductive Health and Rights in the teacher training curriculum

BANGLADESH
In Bangladeshi society, sexuality, and especially young people’s sexuality, is a major taboo. Gender inequality is deeply engrained and is a leading driver behind poor adolescent reproductive health. Most people prefer not to talk about young people’s sexuality as they think that doing so will encourage young people to engage in early sexual activity. As a result, the vast majority of adolescents, who make up over 25% of the population, lack the information, skills, and services to make their own healthy choices. Adolescents in Bangladesh, and particularly girls, face enormous challenges: the country has the fourth highest rate of child marriage. The expectation is that girls start childbearing immediately after marriage, with high morbidity and mortality as a result. Sexual abuse—harassment and rape—is widespread and the majority of reported rape cases involve girls and women under the age of 20. In 2006, the Adolescent Reproductive Health (ARH) strategy stated that the mean age of sexual violence was only 11.9 years. Premarital sex, although a strong taboo in society, does increasingly happen, including commercial sex and men having sex with men. Because of a lack of awareness and information, most of these sexual acts are unprotected, resulting in sexually transmitted infections (STIs), including HIV, and unwanted pregnancies. The same ARH strategy quotes a staggering 88% of male adolescents as reporting that they know of someone suffering from an STI.

The policy context
Bangladesh has made major strides in extending access to education for girls, and its legal and policy framework (including its Population Policy, Youth Policy and National HIV/AIDS Policy) is fairly sound. But, as the ARH strategy noted, the policy framework is fragmented and implementation is lagging behind. Unfortunately, the very promising ARH strategy itself has also not been fully implemented. The political climate in Bangladesh, with an increasingly vocal (and sometimes violent) conservative religious opposition, means that the government feels it has to tread very carefully.

Developing a solution
In 2010, the Unite for Body Rights (UBR) Alliance was formed in Bangladesh, consisting of five partner organizations, all with a strong history in sexual and reproductive health service delivery. They set out to improve access to information and services in an enabling environment. For its information component, UBR first developed a standalone set of six modules on sexual and reproductive health and rights (SRHR) that was delivered by peer educators as an extracurricular activity. When, as a result of a UNICEF programme piloting life skills based education, some information on sexual and reproductive health was included in the national curriculum in 2013, the programme decided to switch tactics. Noticing that the biggest obstacle to a sound delivery of the curriculum was the fact that teachers felt uncomfortable teaching the topics and didn’t have the required skills, UBR developed a training package for teachers. This training proved very effective and because it was geared to the national curriculum, local education officials felt a higher sense of ownership about it. In addition to the package in support of delivering the standard curriculum, the programme has developed the computer-based ‘Me and My World’ curriculum. This comprehensive sexuality education (CSE) package is now being piloted in four schools in each of the 12 upazillas (sub-districts) in which the programme operates.
Successful joint advocacy to go to scale

In order to create an impact beyond the number of schools where UBR intervened directly, the programme decided to aim for the inclusion of SRHR in the teacher training curriculum. Achieving such integration of SRHR into regular teacher training would have a tremendous impact: all teachers in Bangladesh are required to have a Bachelor of Education, so on a yearly basis 16,000 new teachers would be equipped with the skills to teach SRHR.

This is how the programme went about achieving its objective. The advocacy team that was formed in early 2014 developed a Theory of Change, outlining a clear and comprehensive strategy and offering a framework for the entire programme, to understand how advocacy activities at various levels were complementary and interlinked. A twofold strategy was being developed. At upazilla-level support was built among teachers, headmasters, community leaders and – very importantly – local government officials. Programme staff encouraged them to ensure that the SRHR topics in the national curriculum were taught in all schools and that questions on SRHR would be included in school exams. The programme also solicited commitments from these officials during public events, which were then reported in local media (trained by the project).

As a second strategy, the most crucial players at national level were identified and targeted with advocacy messages on comprehensive sexuality education. Entry points were explored with key institutions like the Dhaka Teacher Training College (TTC), the National Curriculum and Textbook Board (NCTB) and the Teaching Quality Improvement (TQI) project. Evidence of the UBR programme’s success working with teachers was presented. Reports from teachers’ coordination meetings were used and the Chief Education Officer of Chattagong spoke positively about the training at an academic council meeting. In a joint effort, the UBR advocacy and CSE teams, explained the SRHR curriculum and showed the content to 23 master trainers, TQI directors and consultants. Showing this evidence was crucial in the advocacy strategy. All key targets came away with a very positive opinion about the training and SRHR. In order to be able to showcase evidence of the effect of teacher training, UBR also commissioned some research.

In some cases, it took many meetings before people became convinced of the need for sexuality education and of the success of the programme’s approach. Several crucial elements in achieving this early success were: patience and perseverance, using the right language in a non-confrontational approach, personal enthusiasm and deep commitment to the cause, and showcasing the need and the success on the ground. In the end, the Alliance managed to also build a support base at national level.

In order to build on these first entry points and to provide a basis for concrete collaboration the advocacy team produced two documents. The first one was a comparative statement that showed how the UBR teacher training curriculum relates to the content of the students’ curriculum. Secondly, a professor of the Dhaka Teacher Training College was engaged to prepare a proposal on how SRHR training could be integrated into the compulsory core topics of the Bachelor of Education curriculum. In the meantime, the long awaited national curriculum review committee started work, and UBR engaged early on in conversations with their chief consultant.
Agreement on the inclusion of SRHR in the teacher training curriculum is well underway
A senior delegation from UBR met recently with the Dean of the National University, who agreed that UBR could provide inputs on SRHR to the curriculum review process. The review committee in its turn accepted the comments made by UBR on the draft curriculum. After almost two years, UBR is getting very close to achieving its advocacy goal. Having methodically worked on its evidence, support base and collaboration models, the key institutions all seem very willing to take the next steps and actually introduce SRHR training into the official teacher training curriculum.

Continued efforts are needed
The devil is always in the detail. UBR is almost there. The year 2016 will be crucial to really implement and follow up on the promises made and to ensure that the content of the teacher training curriculum is of good quality and is comprehensive.

In its second phase, UBR is hoping to take things to the next level by offering its computer-based comprehensive sexuality education package (Me and My World) as part of the drive to digitalize Bangladeshi education – an effort that is being led by the very same TQI programme. UBR is also getting itself into a position to influence the next review of the national curriculum for students, expected to take place in 2017.
SRHR Alliance

What would your life look like if you had not received any comprehensive sexuality education, had no access to contraception, or if you, or your partner, had been pregnant or given birth without support? The Sexual and Reproductive Health and Rights Alliance, consisting of Rutgers, Amref Flying Doctors, CHOICE for Youth and Sexuality, dance4life and Simavi, works with 52 organizations in nine countries to address these issues.

The five-year international programme ‘Unite for Body Rights’ strengthens southern civil society organizations in the promotion of sexual and reproductive health and rights (SRHR) for all. The Dutch Ministry of Foreign Affairs made 44 million euro available for the period 2011–2015. The SRHR Alliance aims to reach 2.5 million people in nine countries in Africa and Asia, including Bangladesh. In each of these countries, organizations have joined forces in SRHR Alliances. The programme combines and strengthens three crucial aspects of SRHR: SRHR education, sexual and reproductive health services, and an enabling environment to seek health services. In order to work towards an improved enabling environment, advocacy is an important strategy. Capacity building of civil society organizations to advocate is therefore part and parcel of the UBR programme.

Rutgers in Bangladesh

Rutgers strengthens the capacity for advocacy of the SRHR Alliances in seven countries. Bangladesh is one of these countries. Rutgers has provided technical support to the Bangladesh SRHR Alliance in the development and implementation of the advocacy strategy on the inclusion of SRHR in the teacher training curriculum.
Rutgers’ advocacy mission

Everyone should have the opportunity to experience sexuality voluntarily, safely and pleasantly. And we pursue this aim with great passion. For several decades, the name Rutgers has been synonymous with open, candid and positive sexual education in the Netherlands. Nowadays we mainly support professionals in the care and education sectors in discussing sexuality with their target groups. We acquire knowledge and develop effective methods on the basis of research. Furthermore, we utilize our knowledge and expertise to influence policy-makers.

Rutgers’ success is also evident in other countries. This inspires us to cooperate with organizations throughout the world in improving sexual health and offering people freedom of choice in relationships, sexuality and the decision whether or not to have children.

References

[i] 65% of girls marry before their 18th birthday and 29% even before their 15th birthday – source GirlsNotBrides website.

[ii] Family Planning Association of Bangladesh (FPAB), Population Services and Training Center (PSTC), Christian Hospital Chandraghona (CHC), Duaththa Shaytha Kendra (DSK) and Reproductive Health Services Training and Education Programme (RHSTEP).