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# THE NEED FOR REPRODUCTIVE HEALTH EDUCATION IN SCHOOLS IN EGYPT

Providing sexuality and reproductive health education in schools is cost-effective because the majority of adolescents are enrolled in school.

**26**  
MILLION  
EGYPTIANS  
will reach age 15 during the next 15 years.

Comprehensive sexuality education helps empower young people to protect their health and well-being as they grow and take on family responsibilities.

One in five people in Egypt is between the ages of 15 and 24, a total of 16 million in 2012, according to the United Nations Population Division.<sup>1</sup> In the next 15 years, 26 million more Egyptians will reach age 15. Preparing these young people for the transition to adulthood, a time when sexuality and relationships are central, is a challenge. Currently, young Egyptians receive little accurate information about sexuality and protecting their health, leaving them vulnerable to coercion, abuse, unintended pregnancy, and sexually transmitted infections, including HIV.

Sexuality and reproductive health (SRH) are among the most fundamental aspects of life. Yet they often receive little attention in public policy discussions because of cultural and political sensitivities. In Egypt, traditional religious and family values, designed to protect young people, can restrict SRH education for youth. Egyptians commonly assume that young people do not need to know about SRH issues until they are married. This idea is rooted in traditional values and long-standing taboos surrounding sexuality that need to be examined in light of protecting health.

Providing SRH education in schools is a cost-effective way of reaching young people because the majority of adolescents are enrolled in school. This policy brief describes the current state of SRH education in schools in Egypt and presents the rationale and recommendations for improvements. It highlights portions of UNESCO's guidelines related to SRH education and describes the pioneering work of some nongovernmental organizations (NGOs) working in this field in the country.

## International Consensus

International consensus affirms that adolescents need and have a right to sexual and reproductive health (SRH) information and services. At the International Conference on Population and Development (ICPD) held in Cairo in 1994, governments from 179 countries, including Egypt, agreed that infor-

mation and services should be made available to adolescents to help them understand their sexuality and protect their health. Such agreement has been reiterated in a number of other international documents, most recently in that of the UN Commission on Population and Development, held in April 2012, and focused on adolescents and youth.<sup>2</sup>

Egyptian policymakers consented to these agreements with reservations, indicating that they would implement the recommendations within the framework of Islamic laws, a position frequently taken by governments of Muslim countries. The ICPD Programme of Action and other agreements clearly state that individual countries have the sovereign right to design their policies and programs in ways that conform to their laws, values, and cultures. Nevertheless, policies and programs should uphold individual rights and respond to the complex needs of adolescents—who are in the midst of a process of physical, cognitive, emotional, social, and moral maturation.

Since the ICPD, a number of NGOs in Egypt have taken pioneering steps in developing youth SRH programs, but very few of these have become national



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programs (see page 4). The new Egyptian government has the opportunity to build on local experiences and learn from those in other Muslim countries to develop SRH education for schools based on evidence of successful programs (see Box 1).

## Where Are Young Egyptians Getting Information?

In Egypt, young people receive very limited SRH education through the formal school system. Both national and subnational surveys have shown that young Egyptians lack basic information on SRH topics and often receive information from sources that may be misleading or inaccurate. Surveys also have shown that both young people and their parents would like more information on these topics to be taught at school.

A nationwide survey of more than 15,000 young people ages 10 to 29 conducted in 2009 by the Population Council in Cairo showed that schools do little to provide SRH information and that the information available to youth outside of school is not necessarily accurate or helpful.<sup>3</sup> The survey found that less than 15 percent of boys and 5 percent of girls received information on puberty in school. The survey also found that the most common reactions to menarche (the onset of a girl's period)—reported by 67 percent of female respondents—were shock, tears, or fear.

Three out of five female respondents identified their mothers as their main source of information about puberty, and less than 10 percent of young men spoke to their relatives about puberty. More-educated, wealthier, and urban youth were more likely to talk to their parents, but schools seemed an equally weak source of information for young people across socioeconomic groups. More than one-half of young men and one-fourth of young women relied mainly on friends for information. Less than 5 percent of young men turned to religious figures for information.

While girls are most comfortable talking to their mothers about puberty and other SRH issues, the mothers may well be sources of misinformation, perpetuating misconceptions about sexuality and health.<sup>4</sup> Television, by far the most popular leisure activity for Egyptian youth, may not necessarily provide accurate information or cover more sensitive SRH topics. Young people spend an average of two hours per day watching television, with young women watching slightly more than their male counterparts.

The media have a profound impact—both positive and negative—on young people's knowledge, beliefs, and attitudes related to reproductive health and sexual relationships.<sup>5</sup> For example, the Internet and social media can perpetuate misconceptions about SRH matters and can lure young people to inappropriate websites, particularly boys who use Internet cafes. Yet the media can also be used to disseminate accurate information about SRH issues.<sup>6</sup> Thus, in the information age, SRH education programs are critical to providing young people access to reliable sources of information and empowering them to make wise choices when using social media.

### BOX 1

## Sexuality and Reproductive Health Education in Schools in Selected Muslim Countries

**Tunisia** was the first Muslim country to introduce information on reproduction and family planning in its school curriculum in the early 1960s. By the early 1990s, reproductive health education for both girls and boys had been incorporated into the public school science curriculum.

**Turkey** stands out for its coverage of SRH topics in the school curriculum and the willingness and openness of teachers to discuss these issues in the classroom. Its “Puberty Project” provides sexuality education during the last three years of the eight-year primary school system, including such topics as understanding ejaculation and coping with pimples. Students receive a textbook on sexual health issues, and trained health experts visit classrooms—divided by sex and grade level—to talk to students and to answer questions. In each grade, both a male and a female teacher are trained and assigned to answer students' questions throughout the school year.

In **Iran**, all university students—male and female, regardless of their field of study—have been required since the mid-1990s to take a course titled “family planning” that covers broad reproductive health issues. More recently, a special course on HIV/AIDS was developed as an appendix to biology books, and 13,000 teachers and school physicians were trained to educate students in high schools.

In **Malaysia** the Ministry of Education integrated SRH education into the secondary school curriculum in 1989 as a package called “Family Health Education.” In December 1994, elements of this package were also introduced into primary schools curriculum as part of physical and health education. Muslim students are also exposed to sexual and reproductive health issues as a compulsory subject in Islamic education programs.

**Sources:** Farzaneh Roudi-Fahimi, *Facts of Life: Youth Sexuality and Reproductive Health in the Middle East and North Africa* (Washington, DC: Population Reference Bureau, 2011); and Azriani Rahman et al., “Knowledge of Sexual and Reproductive Health Among Students Attending School in Kelantan, Malaysia,” *Southeast Asian Journal of Tropical Medicine and Public Health* 42, no. 3 (2011): 718.

A series of small-scale studies in Egypt, in which focus groups discussed various aspects of youth SRH, showed that both students and teachers generally believe that SRH education should be part of the school curriculum. The studies also showed that parents usually prefer that their children receive reproductive health information from school teachers or health providers.<sup>7</sup>

## Why SRH Education and Why in Schools?

A large body of scientific research in both developed and developing countries has shown that SRH education programs have improved the overall health of young people.<sup>8</sup> Information provided to young people about their sexual and reproductive health can support them in developing values, attitudes, and practices that respect individuals and protect their health and rights. The attitudes they develop during adolescence will influence their lives as adults, affecting them as individuals and their future relationships as spouses and parents. Evidence from studies on SRH education for young people around the world shows that effective programs can:

- Reduce misinformation and increase accurate knowledge.
- Clarify and strengthen positive values and attitudes.
- Increase the skills needed to make informed decisions and act upon them.
- Improve perceptions about peer groups and social norms.
- Increase communication with parents or other trusted adults.

Rules about sexual behavior can differ widely across and within cultures. The UNESCO report *International Technical Guidance on Sexuality Education*, produced in collaboration with four other UN agencies, stresses the need for designers of SRH programs to make cultural relevance and local adaptation a priority and to engage and build support among local opinion leaders.<sup>9</sup> Effective sexuality education is important because cultural values and religious beliefs play an important role in shaping young people's understanding of SRH issues and their ability to manage relationships both with their peers and with adults.

In its two-volume *International Technical Guidance on Sexuality Education*, UNESCO emphasizes that sexuality education is not about promiscuity or encouraging young people to have sexual relationships. On the contrary, it gives young people the opportunity to explore their values and attitudes while building the skills to make decisions, communicate with others, and reduce the health risks related to sexuality. SRH education is defined as “an age-appropriate, culturally relevant approach to teaching about sex and relationships by providing scientifically accurate, realistic, nonjudgmental information.”<sup>10</sup>

School years are the most appropriate time for shaping attitudes and changing behavior for several reasons. Messages disseminated in schools are age-specific and tailored to the students' needs. Communities usually value schools and consider them to be a safe and trustworthy source of information. Also, schools have staff equipped with tools for teaching and learning. Finally, teachers are respected and trusted by pupils and are often role models for adolescents.

### Total Number of Students Attending Schools in Egypt, by Level, Academic Year 2011-2012

TYPE OF SCHOOL	NUMBER OF STUDENTS
Preliminary schools	9,500,000
Preparatory schools	4,153,000
General secondary schools	1,295,000
Technical secondary schools	1,260,000
<b>Total</b>	<b>16,208,000</b>

**Note:** Numbers are rounded to the nearest thousand.

**Source:** The Central Directorate of Essential Education, Directorate of Preparatory Education and Directorate of Secondary Education, Ministry of Education of Egypt.

Through both formal curricula and extracurricular activities, schools offer an appropriate setting to disseminate age-appropriate SRH information to young people before they become sexually active.<sup>11</sup> In Egypt, the majority of school-age children and youth are enrolled in schools. More than 16 million children were enrolled in preliminary, preparatory, or secondary schools during the academic year 2011-2012 (see table). According to the 2009 youth survey, 80 percent of boys and 74 percent of girls ages 15 to 17 were enrolled in schools. The rates were lower among older youth; only 27 percent of boys and 21 percent of girls ages 18 to 24 were enrolled.

The World Health Organization (WHO) recommends that SRH education be provided within the context of school programs and activities that promote health.<sup>12</sup> School-based SRH programs are more effective when they develop life skills and have several mutually reinforcing objectives.<sup>13</sup> They need to address a variety of health issues that young people may face, such as the use of tobacco and other drugs, nutrition, and the prevention of violence and of HIV/AIDS.<sup>14</sup> Chronic conditions such as diabetes and heart and lung diseases are increasing dramatically worldwide, and the four primary behavioral risk factors for these noncommunicable diseases—smoking, alcohol abuse, lack of exercise, and poor nutrition—are typically begun during the crucial stages of adolescence or young adulthood. When these unhealthy behaviors become habits, the stage is set for poor health later in life.

Also, educating children on healthy sexuality is an important way to protect them from physical and sexual abuse. UNICEF identifies this as a critical role for school teachers, both for helping prevent sexual abuse and for increasing the likelihood of reporting if abuse occurs.<sup>15</sup> This includes giving children “clear and helpful messages about their bodies, about issues of sexuality appropriate for their age, and about dangers they may face.” Providing children with a healthy attitude toward sex helps them

learn to make decisions about right and wrong, build vocabulary to communicate with responsible adults, and feel less shame if they have been abused.

Training teachers is key to the success of school-based SRH education because their knowledge, attitudes, and motivation affect their ability to teach sensitive subjects.<sup>16</sup> Training helps teachers enhance their knowledge about SRH matters and improve their communication skills so that they are confident managing a classroom discussion and answering questions. A recent study in three governorates in Egypt confirmed that teachers wanted training in providing SRH information and felt unprepared to undertake this role without it.<sup>17</sup>

## Current School Curriculum

In Egypt, health education is weak overall in the public school curriculum, and activities related to reproductive health are particularly inadequate. A few short lessons on reproductive health were first added to the school curriculum after the 1994 UN population conference. Reproductive health is part of the health education curriculum, which briefly introduces food groups and hygiene in grade 3. The digestive and respiratory systems are taught in grade 4, the urinary and cardiovascular systems in grade 5, and the locomotive and neurological systems in grade 6.

The science syllabus for the second year of preparatory school (grade 8) contains a description of the structure and functions of the male and female genital systems along with a brief mention of reproduction. The only genital diseases discussed are puerperal sepsis (genital infection after delivery) and syphilis. Teachers do not always present this lesson; they often ask pupils to read it at home or discuss it with their parents. If the lesson is given in class, the teachers usually do not allow questions or laughter. The information in this lesson is not tested in any examination. The topic is discussed again in 12th-grade biology, in the last year of secondary school. Family planning and the impact of population growth in Egypt are mentioned only in the syllabus of religious studies in grades 9 and 12.

## Filling the Gaps: Major NGO Initiatives

A number of NGOs have demonstrated the feasibility of SRH education through their pioneering efforts outside of the formal public school system. These organizations have responded to adolescents' need for SRH knowledge through community-based programs or by offering school-based or extracurricular activities in addition to the regular school curriculum.

As early as 1994, the Centre for Development and Population Activities (CEDPA) introduced the "Towards New Horizons" and "New Visions" programs in Egypt. Towards New Horizons, a nonformal education program for girls, was developed to reach underserved girls and young women who had limited access to education and little knowledge of reproductive health. The pro-

gram was implemented for 10 years in 21 governorates by 365 NGOs and youth centers, providing education to almost 77,000 girls and young women. The New Visions program for boys was added to increase gender sensitivity and reproductive health knowledge among young men. New Visions was implemented by 216 local NGOs and youth centers in 11 governorates, and reached nearly 16,000 boys and young men ages 12 to 20.<sup>18</sup>

The National Council for Childhood and Motherhood (NCCM) initiated reproductive health education in schools in 2003, with support from the UN Population Fund (UNFPA) and the Egyptian Family Health Society. Initially, the project was called "The Reproductive Health Component for Support of Egyptian Girls." The name later changed to the "Adolescents' Health Program" at the request of the local communities. Originally a one-year initiative, it was extended until the end of 2012 due to its positive impact and community acceptance. The program is now run in cooperation with several governmental agencies and local NGOs, providing SRH education as an extracurricular activity for both girls and boys in preparatory and secondary schools in 15 governorates. By the end of 2011, the program had conducted more than 700 seminars for almost 11,000 students.<sup>19</sup>

Since 2004, the Egyptian Family Planning Association (EFPA), an NGO based in Cairo, has run a SRH education project in schools in 10 governorates as an outreach component of EFPA's youth-friendly clinics. The health education sessions are conducted in the schools near the clinics. The topics include early marriage, personal hygiene, nutrition, female genital cutting, sexually transmitted infections, and smoking. Trained peer educators discuss the topics with the students, occasionally under the supervision of the clinic's female physician. Between 2004 and 2011, the program conducted 271 seminars for almost 8,200 male and female students.<sup>20</sup>

In 2010, the Alexandria Regional Centre for Women's Health and Development started a series of seminars with support from the Ford Foundation. Almost 2,000 girls in 10 secondary schools in the Alexandria Governorate have participated in these seminars given by trained physicians and teachers and covering issues related to puberty and adolescence. The project has been well accepted by students, parents, and school administrators.<sup>21</sup>

NGOs need to obtain permission from the Ministry of Education to work in schools, a lengthy and sometimes unsuccessful process. Some NGOs have received permission to provide SRH education in schools in several governorates, largely as part of community programs and involving a limited number of young people.

### THE LARGEST NGO EFFORT

The Egyptian Family Health Society (EFHS) has implemented one of the largest and most carefully studied SRH education projects in collaboration with the Ministry of Education, providing SRH and life-skills education in preparatory and secondary schools in 22 governorates. (The five frontier

## BOX 2

### Recommendations From the Youth and Adolescents' Health Conference, Cairo 2011

The Egyptian Family Health Society (EFHS) held the second national conference on youth and adolescent health in Cairo in December 2011, bringing together experts from Egypt and other countries. Representatives from the Egyptian government, nongovernmental organizations (NGOs), and the media attended. An important feature of the conference was the participation of Egyptian youth, both girls and boys, who voiced their opinions and concerns.

All of the participants fully supported young people's rights to have information and access to counseling and services related to both their general and reproductive health. The conference participants envisioned that the *World Programme of Action for Youth to the Year 2000 and Beyond*, first adopted by the UN General Assembly in 1995, would be used as the frame of reference for all organizations dealing with young people.

Also, participants affirmed their support for programs and activities conducted by government agencies, NGOs, and international development organizations to address the health needs of youth and adolescents. The participants also made the following recommendations:

1. Form a "National Task Force" to promote and coordinate activities related to reproductive health education.
2. Review and update school curricula to include health education issues as a basic subject.
3. Provide life-skills programs for young people both inside and outside schools.
4. Encourage youth-friendly centers to provide services that coincide with needs and expectations of youth, including premarital reproductive health care.
5. Improve the knowledge and skills of those working with young people regarding medical, social, and legal aspects of youth and adolescent health.
6. Include "Adolescent Medicine" in postgraduate studies in medical and nursing schools.



Egyptian Family Health Society

Participants at the Youth and Adolescents' Health Conference, Cairo 2011.

7. Encourage studies and research on youth health and use the findings to shape policies and programs.
8. Establish specific youth departments and programs in the different media outlets.
9. Use social media to provide health education and life-skills information.
10. Identify and replicate successful national, regional, and international experiences after adapting them to suit local culture.
11. Hold the Youth and Adolescents' Health Conference at regular intervals to monitor progress.

EFHS held its first national conference on the same topic 10 years earlier. It is planning to hold the third one in the series in 2013.

**Source:** Egyptian Family Health Society.

governorates, home to almost 2 percent of the population, have been excluded.) The project, started at the beginning of the academic year 2010-2011, aims to provide accurate and appropriate reproductive health information to adolescent students, correct their misconceptions, and respond to their questions and concerns. In each of the first two academic years, two waves of three seminars were held for a group of 50 to 60 boys or girls from each of the six selected schools from each governorate (three boys' schools and three girls' schools).

As part of the program, young, trained physicians provide information in an interactive and engaging manner. Two physicians from each governorate—one male and one female—were trained in communication skills and a participatory approach to teaching. The topics discussed during the seminars include nutrition, anemia, smoking, puberty, life skills, and reproductive anatomy and physiology. Discussions involve a number of other SRH and general health topics of interest to students. More than 2,000 seminars have been conducted during the 2010 to 2012 period in 667 schools and attended by almost 32,500 students; more than 17,000 girls participated.

## PROGRAM IDENTIFIES MISCONCEPTIONS AND DEFICIENCIES IN KNOWLEDGE

EFHS evaluated its program in five governorates at the end of the 2010-2011 school year, representing one of the largest studies of the impact of youth SRH education in Egypt. The study involved a sample of almost 7,000 students (nearly half female) who attended the seminars held during that period from the governorates of Port-Saied, Sharqeya, Giza, Minia, and Luxor. The students were given pre- and post-tests (at beginning and end of the seminar series) that evaluated their knowledge and misconceptions about SRH issues.

The EFHS evaluation showed a clear deficiency in knowledge of SRH among the adolescents studied and also a marked improvement after they attended the seminars. The boys answered 28 percent of questions correctly before the training and 76 percent correctly after the seminars. The girls scored 35 percent before the training and 80 percent after. Both boys and girls had numerous misconceptions. Before the training, for example, 76 percent of male students believed that acne is a result of sexual frustration, while 73 percent of girls thought that the hymen is formed at the time of puberty and 85 percent believed that menstrual blood is “rotten” blood released from the body every month.

To probe beliefs and attitudes, 25 focus group discussions were held with 161 students—some had attended the education sessions and some had not—and 45 parents. In-depth interviews were also conducted with 52 physicians who participated in the seminars along with 28 program coordinators from the Ministry of Education. The students who attended the seminars remembered most of the topics discussed and reported that they had been interested and attentive. “We were attentive because we were listening to information we did not know anything about,” said a female student. Another female student said, “We were not shy because the female physician was nice and explained the subject well.” A boy said, “At the beginning we took it lightly but gradually we were more serious and benefited much.”

Most of those who attended thought that the seminars were very important and needed to be offered to more students. They said that they talked to their parents, relatives, and friends about the topics discussed. They also asked that similar educational activities be conducted for their parents.

Parents mentioned that they would encourage their children to attend such educational activities. “Of course we agree that they get information from a reliable source,” said one parent. “There are certain difficult issues to be discussed by parents, it is better that they know about it from the seminars,” said another. “I do agree about sex education for boys and girls, it is protection for them,” said one mother when asked about seminar topics. Another mother said, “Topics should be suitable for their age.”



Armed Awadallah

A high school classroom discussion organized by the Cairo Family Planning and Development Association.

Almost all students and parents agreed that physicians are a more acceptable source than teachers for such information. “Physicians know how to answer any question” said one student. Another said “They (physicians) present the subject in an interesting way.” But there were mixed opinions about the best way for SRH information to be given in school, whether through seminars or as part of school curriculum. “Seminars give us the opportunity to discuss our questions,” said one student. Another added, “If it were in the curriculum, it means studying and forgetting it after the examination.” A parent said, “Seminars should be compulsory and taught to all students.”<sup>22</sup>

## Two Steps Forward, One Step Back

SRH education in schools in Egypt has experienced both progress and setbacks. In 2010, the press reported that the Minister of Education ordered the “removal of the contents related to male and female genital systems and sexually transmitted diseases from the school curriculum in the science books for grade 9.”<sup>23</sup> The order was not adopted, either because it was never actually given or because the minister retracted it. The only real change has been the inclusion of reproductive systems in the science books of grade 8 instead of grade 9, which child health advocates saw as a move in the right direction. However, in 2011, following the revolution and the subsequent political instability, the newly appointed minister ordered the removal of the same topics, along with family planning methods, from the 12th grade curriculum for the sake of shortening its contents.

EFHS has taken the biggest step toward implementing youth SRH education nationwide. It held a national conference on youth and adolescent health in Cairo in December 2011 (see Box 2, page 5). The 360 conference participants recommended that school curricula be revised to include SRH and

life skills for young people. EFHS has followed these recommendations and organized a meeting with experts from the “unit of curriculum upgrading” in the Ministry of Education. A task force has been formed with four curriculum experts and four SRH experts to define the health education and life skills topics to be included in the curricula of the primary, preparatory, and secondary schools. EFHS organized a workshop for the task force in March 2012, and the resulting document was presented to the Minister of Education.

## Conclusions

Adolescence is a critical period in girls’ and boys’ lives as they transition from childhood to the responsibilities of adulthood. With a better understanding of their bodies and of their own physical and psychological changes, young people can go through puberty more confidently. Comprehensive sexuality education helps empower young people to protect their health and well-being as they grow and take on family responsibilities. Providing SRH education in schools is cost-effective because the majority of adolescents are enrolled in school, and schools have the proper staff, settings, and environment for learning.

Protecting the individual’s health is an important principle in Islam and in other religions. It is from this perspective that religious, community, and political leaders in Egypt need to advocate for sexuality education in schools and in other programs for those who are not enrolled in schools. Using evidence from Egypt, SRH education programs can be developed in all schools to provide clear, age-appropriate, and science-based sexuality education that is culturally relevant and grounded in the universal values of respect and human rights.

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## PRB's Middle East and North Africa Program

The goal of the Population Reference Bureau's Middle East and North Africa (MENA) Program is to respond to regional needs for timely and objective information and analysis on population, socioeconomic, and reproductive health issues. The program raises awareness of these issues among decisionmakers in the region and in the international community in hopes of influencing policies and improving the lives of people living in the MENA region. MENA program activities include: producing and disseminating both print and electronic publications on important population, reproductive health, environment, and development topics (many publications are translated into Arabic); working with journalists in the MENA region to enhance their knowledge and coverage of population and development issues; and working with researchers in the MENA region to improve their skills in communicating their research findings to policymakers and the media. PRB's MENA program was initiated in 2001 with funding from the Ford Foundation office in Cairo.

### MENA Policy Briefs: Selected Titles

*Women's Need for Family Planning in Arab Countries* (July 2012)

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*Unintended Pregnancies in the Middle East and North Africa* (July 2010)

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These policy briefs are available in both English and Arabic and can be ordered free of charge by audiences in the MENA region by contacting the Population Reference Bureau via e-mail ([prborders@prb.org](mailto:prborders@prb.org)) or at the address below. They can also be viewed online at PRB's website ([www.prb.org](http://www.prb.org)).



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