



Project link:

# Coalition for sexual and reproductive rights,

case study in Colombia and Burundi

Share-Net  
International



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## Project Leaders

### **Gentile Fanny NAHIMANA**

Title: Founder and Executive Director

Organization: ZenPlanet Magazine

Location: Burundi

### **Estevan Marin Quintero**

Title: Legal and operational support

Organization: Fundación Barranquilla+20

Location: Colombia

## Collaborators:

### **Daniela Hernandez**

Title: Caloto, Cauca, Territorial Support

Organization: Fundación Barranquilla+20

Location: Colombia

### **Marta Carolina Ibarra**

Title: Expert Consultant

Location: Colombia

### **Jeanine IHORIHOZE**

Title: National Director of Basic Education

Location: Burundi

### **Bernard NAHIMANA**

Title: Director of the Zero Pregnancy Cell

Location: Burundi

### **Design:**

Jhon Cortés @jhoncortesdg

Organization: Fundación Barranquilla+20



## Acronyms and abbreviations:

- CMJ: Municipal Youth Councils (*Concejos Municipales de Juventud*)
- CBPR: Community-based participatory research
- SRHR: Sexual and Reproductive Human Rights (*Derechos sexuales y reproductivos*)
- CSE: Comprehensive sexuality education
- ESE: State Social Health Enterprise (*Empresa Social del Estado*)
- IE: Educational Institution or School (*Institución Educativa*)
- MEN: Colombian Ministry of Education (*Ministerio de Educación Nacional*)
- NGO's: Non-Governmental Organizations UN: United Nations
- CSO: Civil Society Organizations
- PEI: Institucional Educational Proyect (*Proyecto Educativo Institucional*)
- SEC: Municipal Secretariats Of Education
- WASH: Water, Sanitation and Hygiene
- ASBL: Non profit organization (*Association Sans But Lucratif*)
- CDSAJ: Youth Friendly Health Center (*Centre de Santé Ami des Jeunes*)
- CGE : School Management Committee (*Comité de Gestion de l'Ecole*)
- EADE: Children and Adolescents Out of School (*Enfants et Adolescents en Dehors de l'Ecole*)
- EDS : Demographic Health Survey (*Enquête Démographique de Santé*)
- ESC : Comprehensive Sex Education (*Education Sexuelle Complète*)
- HMIS: Health Management Information System
- ISTEEBU: National Institute of Statistics of Burundi (*Institut National des Statistiques du Burundi*)
- STI: Sexually Transmitted Infections (*Infections Sexuellement Transmissible*)
- SDG : Sustainable Development Goals (*Objectifs du Développement Durable*)
- HIV: Human Immunodeficiency Virus

## Acknowledgments

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We would like to highlight and extend our thanks to the Share-Net International Co-Creation Conference, where organizations, leaders, and professionals from Burkina Faso, Ethiopia, Jordan, Burundi, and Colombia, among others, came together for sexual and reproductive rights. It was in this scenario that we were able to identify the common that the challenge between Comprehensive Sexuality Education laws and policies and their implementation in our countries is a common challenge.

We extend our gratitude to the coalition of local governments, NGOs, families, young students, public servants, consultants, social, political, and religious leaders, and all

other actors involved. Their collaboration and efforts have provided the opportunity to scale up the implementation of Comprehensive Sexuality Education.

Although we have achieved significant progress, we acknowledge that the task is not yet complete. It is essential to continue promoting sexual and reproductive rights in every region. Now that we have identified the needs and challenges, it is time to implement and seek strategic partnerships that enable us to strengthen and develop the necessary actions to effectively ensure the right to comprehensive sexuality education.

Once again, we want to thank each of you for your valuable contribution and your ongoing commitment to the promotion of sexual and reproductive rights. Together, we can continue working to create more just inclusive, and healthy societies.



## Introduction

Existing evidence and various international treaties recognize the importance of guaranteeing sexual and reproductive rights to ensure well-being for all individuals. These rights refer to every individual's right to have autonomy over their own sexuality; to make informed decisions concerning sexual and reproductive health, and accessing to quality health and education services, free from discrimination and coercion.

Comprehensive sexuality education (CSE) plays a crucial role in the promotion and protection of sexual and reproductive rights. CSE is a comprehensive approach to education that addresses sexuality in all its dimensions: physical, emotional, social, cultural and nature. It aims to provide individuals with accurate and evidence-based information on sexuality, as well as to develop skills for making informed decisions,



maintaining healthy relationships, and protecting themselves against violence and exploitation in context of crisis (UNFPA, 2021).

Various international declarations and agreements have recognized the importance of sexual and reproductive rights and CSE. For instance, the 1994 International Conference on Population and Development and the 1995 Fourth World Conference on Women highlighted the importance of ensuring these rights as a fundamental part of sustainable development and gender equality. However, many countries face challenges in effectively implementing sexual and reproductive rights and CSE (UN, 1995). Barriers can include restrictive cultural norms, stigmatization and discrimination, lack of access to sexual and reproductive health services and infrastructure, insufficient training of healthcare professionals, and policies and legal frameworks that limit the full exercise of these rights (UNESCO, 2019).

Addressing these challenges globally and working towards the promotion and protection of sexual and reproductive rights and the effective implementation of CSE is paramount. This not only brings benefits on an individual level; it also contributes to sustainable development, gender equality, and the health and well-being of societies as a whole.

## What was the purpose of this research?

We conducted an international case study in which two youth-led NGOs from Burundi (Africa) and Colombia (South America) addressed Sexual and Reproductive Rights at the local level, specifically access to Comprehensive Sexuality Education. In both countries, the implementation of laws and policies regarding sexual and reproductive rights is inadequate. It is also intensified by complex government coordination and planning, as well as by a culturally engrained lack of awareness of its importance. Some of the challenges hindering effective implementation include the taboos

surrounding the matter and the insufficient support from public institutions to the organizations striving to implement CSE.

The purpose of this case study was to use access and dissemination of information to collectively identify local-level challenges in implementing Comprehensive Sexuality Education laws and policies, including the needs and desires of youths and the community. The goal was to formulate specific actions to overcome the identified gaps. Each case study offers an understanding of strengths, challenges, and resources for implementing Comprehensive Sexuality Education at a local level. They are based on the key steps that civil society organizations propose for support as outlined by Rutgers (2021): This is illustrated in Figure 1.

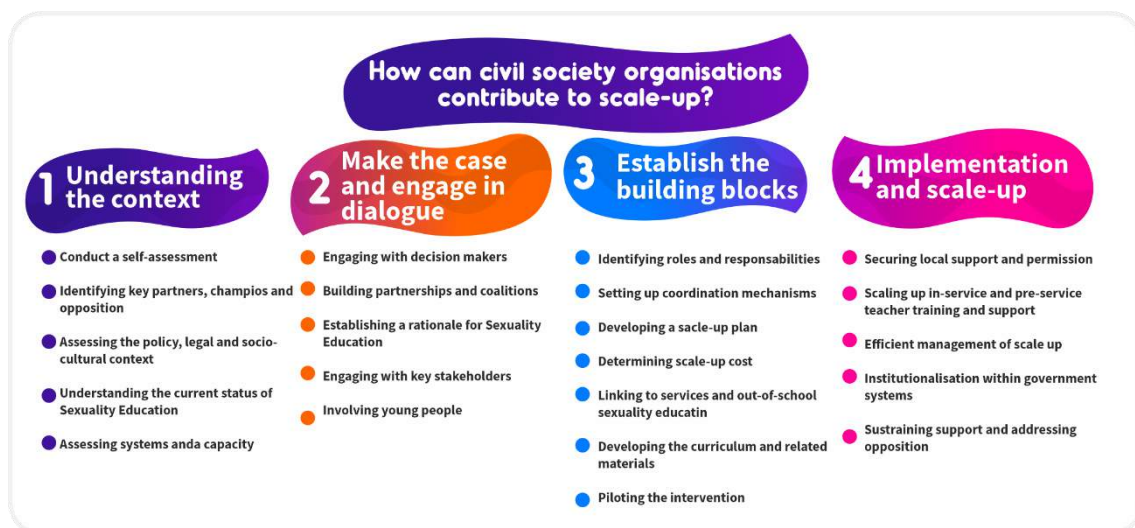


Figure 1. From: Scaling Up Sexuality Education Centers of Excellence Rutgers, 2021.

## Framework of action of Barranquilla+20 and Zen Planet Magazine.

Barranquilla+20 is a youth-led NGO based in the city of Barranquilla, Colombia. Since 2012, we have organized initiatives working in strategic lines such as climate change and gender equality, as well as in cross-cutting areas such as education, empowerment, governance, and Youth program planning. We are driven to preserve local knowledge and intergenerational equity with the purpose of building resilient cities and territories with low greenhouse gas emissions.

ZenPlanet Magazine is a publication addressed at teenagers in Burundi. Our mission focuses on contributing to the education of young people, establishing a framework to dialogue with youths, and empowering society with potential solutions for navigating adolescence. An informed, educated, and empowered teenage youth can better steer their lives and prepare for their future, all while considering the nations' future.

Our organizations employ strategies and are developing processes and projects to reduce the risks caused by inadequate comprehensive sexuality education in schools and communities, particularly in areas with high rates of gender-based violence, early unions, and child pregnancy. They are also characterized by focusing actions based on a comprehensive and territorial approach. For this case study, the voices and participation of youths, agencies, and local government were thus paramount to implementing actions. This involved identifying an appropriate working path that can enable a profound social transformation with an intersectional perspective and contribute to improving the living conditions of young people and their communities.

In the Burundi study, we created a coalition with institutional and civil society experts in the community of Kamenge, a village in the Bujumbura Mairie Province. The methodology included interviews, a review of the existing documents on CSE, workshops, and surveys. In Colombia, we used the Rutgers model for youth and social organizations' influence to scale up CSE, and implemented it through a community-based participatory research methodology involving key actors from the municipality





of Caloto in the Cauca department. As with the Burundi case, we created a local coalition to drive the actions we sought to develop.

## Comprehensive Sexuality Education in Kamenge, Burundi and Caloto, Colombia.

To the date hereof, Burundi still lacks a clear and specific law governing sexual education. All existing directives are based on customary law and are rooted in a culture that considers sexuality a taboo. Ministries such as the Ministry of Education, Ministry of Health, Ministry of Interior, Ministry of Youth, and Ministry of Gender lead sexual education, each according to their priorities. NGOs willing to work in this area do not receive sufficient government support because there is no official ministry before which to file for permissions or request any other assistance in their activities. The urgency to provide training in CSE to young people and assist their families in obtaining tools to educate their children also persists.

The case study in Burundi was conducted in Kamenge, in the north of the Bujumbura Province. The municipality has a population of 150,000 and is situated in areas where the rate of girl school dropouts is high due to pregnancies, early marriages, and teenage sex work. There are some initiatives led by women and young leaders. The case study in Kamenge enabled identifying gaps in the collaboration between government institutions, NGO interests, and the needs and desires of young people. The outcome of this study provided valuable information for policy advocacy, and its results will be used in drafting the CSE law.

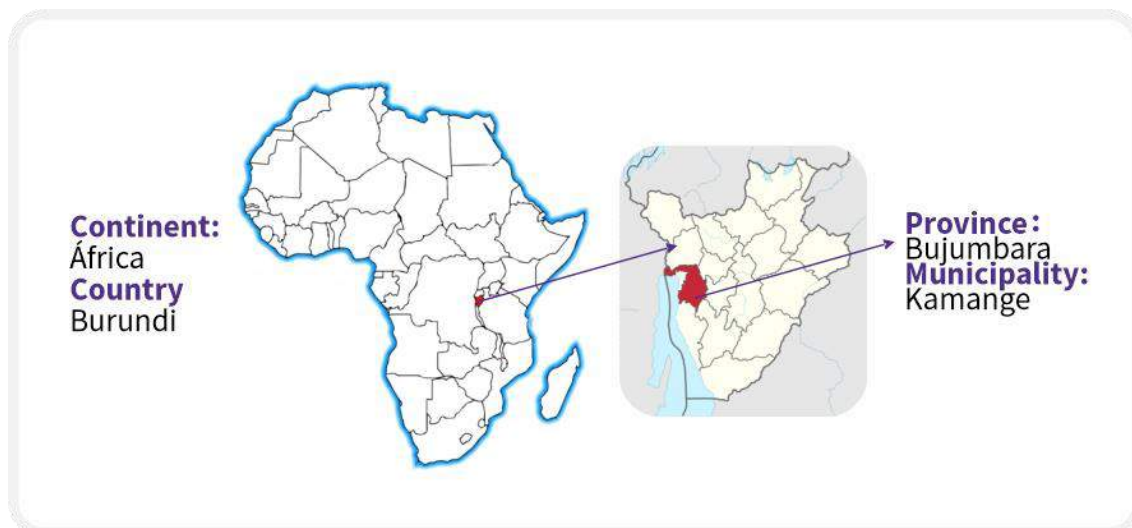


Figure 2. Map of Bujumbura, Burundi.

Colombia has had a comprehensive sexuality education law in force that is mandatory for all schools and grades since 1994 (Colombia, 1994). The current national standards policy, which has a comprehensive approach, was developed in 2008; the effectiveness assessment of undertaken in 2014 yielded positive results (PESCC, 2014). While Colombia has a law and a policy, ensuring the implementation of the national public policy is a challenge across the country due to decentralized policy management and the level of school autonomy under Colombia's education law (Colombia, 1994). This varies significantly from major cities to small municipalities in rural areas, where local capacities and political commitment change.

As a result, the study made in Colombia was also at the local level, more specifically in the Municipality of Caloto in the Department of Cauca. Caloto has a population of 30,000 and includes mestizo, indigenous, and Afro-Colombian populations; the 14 local public schools cover 6,107 students. Caloto lacks a local government strategy to support the implementation of CSE policies in the municipality. Consequently, the objective of the proposal in Colombia was to take part in identifying challenges in policy implementation and, based on this information, design an action plan to strengthen CSE in the municipality through a local coalition involving the local



government, NGOs, and youths. In this initiative, we used a Participatory Community-Based Research methodology.

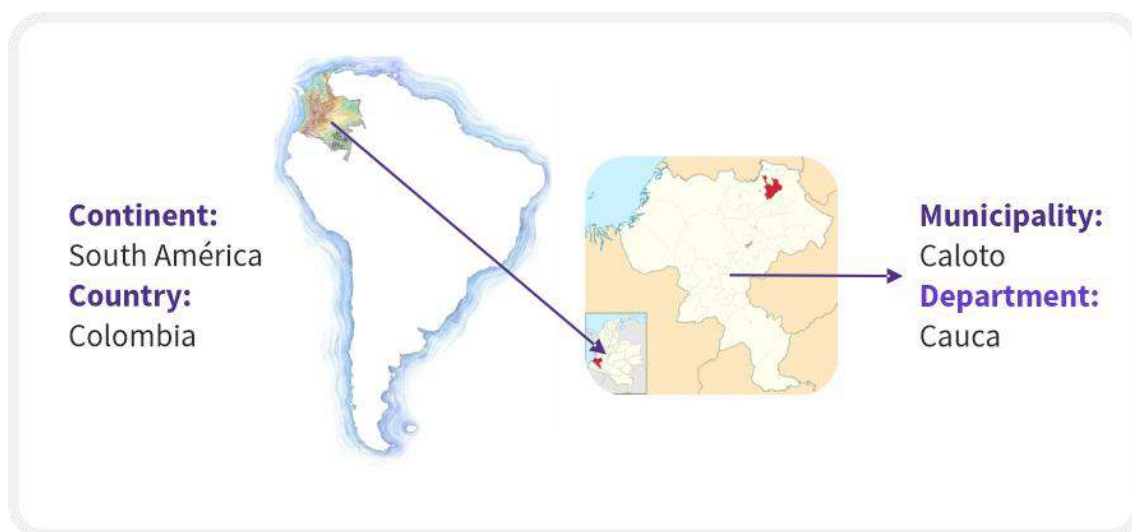


Figure 3, Geographic Location of Caloto, Colombia, South America.

## Methodological route of the case study

We undertook this multiple case study by applying the Rutgers framework for civil society organization (CSO) advocacy to strengthening sexuality education within education systems. Both case studies used the key steps for CSOs as a methodological guide to contribute towards and support the advancement of CSE according to country conditions, collect quality information, use it to define future actions, and present lessons learned from each process.

Community-based participatory research (CBPR) achieved two objectives:

- Addressing community challenges to propose methodologies grounded in the local context and a multidisciplinary research approach that captures the



factual issues associated with the low implementation of comprehensive sexuality education policies.

- Strengthening community and territorial participation to address the challenges in comprehensive sexuality education for populations in complex and vulnerable contexts.





# The Colombia case

We would like to start mentioning all the coauthors in the Colombian case since it was a participatory process and a cocreation among the coalition members.

### **Local Youth Leaders**

- Escipión Jaramillo School: Queli Viera, Student Representative
- Municipal Youth Council: Kelly Mina, Municipal Advisor

### **Municipal Institutions**

- Escipión Jaramillo School (Public School): Gustavo Jordán, Guidance Teacher
- Núcleo Escolar Education Institution (Public School): Mauricio Sánchez, Guidance Teacher
- Empocaloto Public Water Company (Private company): María Nury Sánchez

### **Local Government**

- Women and Youth Secretariat: Karen Salazar, Camila Jiménez, and Daniela Fernández
- Municipal Secretariat of Education and Culture: Carlos Márquez, Professional Support
- Municipal Secretariat of Health: Luz Ángela Salazar, Professional Support

### **Civil Society Organizations**

- Barranquilla +20: Daniela Hernández and Estevan Marín Quintero
- *Valientes* (Brave) Project/Profamilia NGO: Derly Hoyos, Social Advocate

### **Volunteer expert consultant**

- Dr. Marta Carolina Ibarra Ávila



## Description of the Colombian context and political framework.

In Colombia, comprehensive sexuality education is a relevant issue; it is recognized as a fundamental component in promoting the sexual and reproductive rights of individuals. Some important aspects of the current CSE in Colombia are stated below:

- Comprehensive sexuality education is supported under various laws and policies. Law 115 of 1994 states that CSE is mandatory in every public and private school in the country. Additionally, in 2008 the Ministry of Education issued guidelines and standards under which to implement CSE in school curricula. Eventhood it is not named CSE but Sexual Education in both public policy instruments, its principles in the law and the method for the law implementation in the MEN ´s guidelines and standards follow what later was name as CSE.
- The comprehensive approach that underpins CSE in Colombia covers biological, psychological, social, and cultural aspects of sexuality. It prioritizes principles such as human rights, gender equality, and participation of all school community members (students, teachers, and families).
- Regarding curricula, each school develops its own educational curriculum based on the competencies suggested by the Ministry of Education. These competencies address topics such as sexual anatomy and physiology, prevention of unwanted pregnancy, sexually transmitted infections, HIV/AIDS, sexual diversity, healthy relationships, sexual consent, prevention of gender-based violence, and self and environment care, human rights, and citizenship.
- The process to strengthen teacher capacities through technical support from the Ministry of Education and Certified Bureaus of Education is very limited. Progress in teacher training on CSE has been slow and Colombian universities do not cover properly teacher training on sexuality education.

- Compared to other countries, Colombia has made significant progress in CSE; however, there is still a need to accelerate and ensure the effective enjoyment of this right. Some of the most demanding challenges include resource scarcity, adequate teacher training, resistance from traditional sectors, stigma and limitations in addressing certain issues, as well as a lack of multisectoral and institutional coordination for implementing CSE at a national and subnational level.

It's important to stress that effectively implementing CSE requires ongoing collaboration between different actors in society, including the Ministry of Education, Certify Bureaus of Education, educational institutions (Universities and schools), teachers, students, local and regional institutions, and society at large. Promoting comprehensive sexuality education contributes to educating towards an informed, autonomous, and responsible citizenship in the realm of sexuality and sexual and reproductive rights; to guaranteeing human rights, and to sustainable development.

## Methodological development and results for each phase

In Colombia, we built a coalition with the relevant actors involved in CSE. The Municipal Secretariat of Women and Youth led the initiative, which was supported by Barranquilla+20, a youth-led NGO. All the activities were a coordinated group effort that followed the principles of Community-Based Participatory Research; they were undertaken under the voluntary guidance of an expert consultant in the methodology and CSE, thus leveraging the capacities of coalition members. The proposal was developed in six phases through participatory workshops:

- Phase 1. Preparing for and enrolling in the coalition



- Phase 2. Consolidating the coalition: organizing the team; identifying member resources, such as skills, time, knowledge; transparent budget management; and defining communication and work methodologies.
- Phase 3. Making a participatory diagnosis at a local level regarding the implementation of CSE policy.
- Phase 4. Defining participatory action planning by collectively analyzing prioritized activities at the local level to scale up CSE policy based on Colombian guidelines and law.
- Phase 5. Strengthening the coalition's capacities to implement the prioritized action for scaling CSE in the municipality.
- Phase 6. Socializing the process and results with the local community and key stakeholders at the departmental level.

## Phase 1: Initial stakeholder mapping

Phase 1 identified partakers in the coalition process according to their relevance in Comprehensive sexuality education (CSE). Approximately 22 individuals from eight institutions attended the event. The municipal mayor, Gonzalo Emilio Ramírez Velazco also attended and expressed his gratitude to the Barranquilla+20 Foundation for considering the municipality to develop a proposal as important as sexual and reproductive rights. Mayor Ramírez additionally acknowledged that the proposal contributes to reducing the high pregnancy rates among minors and early unions in the municipality.

Attendees to the meeting also discussed the objectives and scope of creating a "coalition for sexual and reproductive rights in the municipality." They welcomed the initiative and agreed on the importance of undertaking comprehensive sexuality education in the municipality.

*“The Project on Sexual and reproductive rights here in Caloto is of a high importance; youths currently need guidance to improve their quality of life.”*

Mayor of the Municipality of Caloto, Colombia



Figure 4. Photo of the proposal presentation event at the House of Women and Youth in Caloto on April 19, 2023.

Furthermore, the group viewed working alongside the competent entities to achieve better results as a priority for the municipality. *"The project is very interesting because it involves institutions, local organizations, NGOs, and the youth community who have a role to make the most of these spaces to learn and do good work."* (Attendee).



Figure 5. Photo of the proposal socialization event at the Women and Youth House, Caloto, on April 19, 2023.

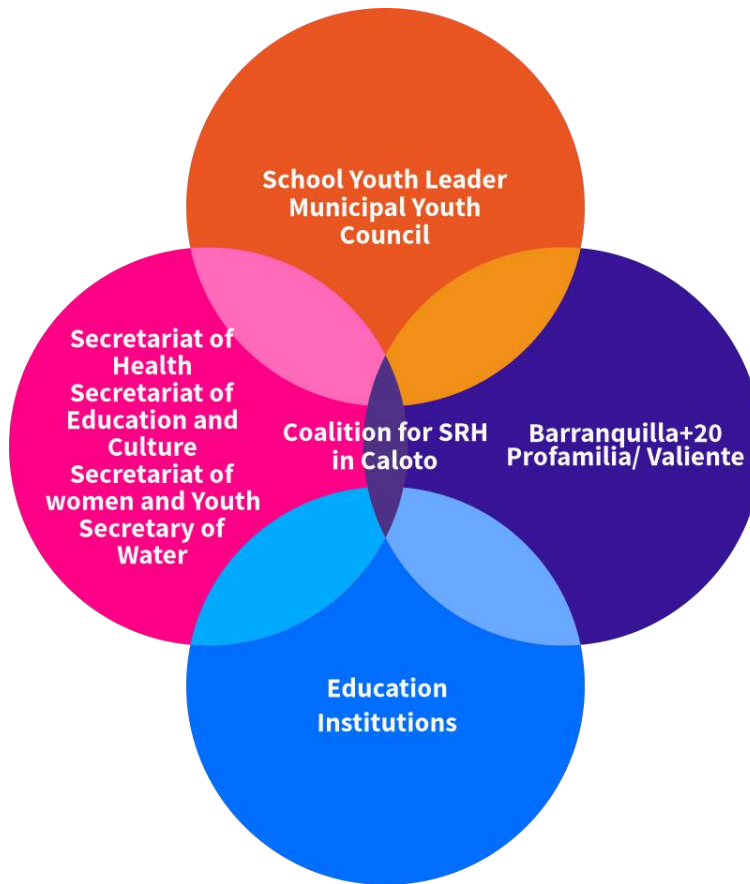
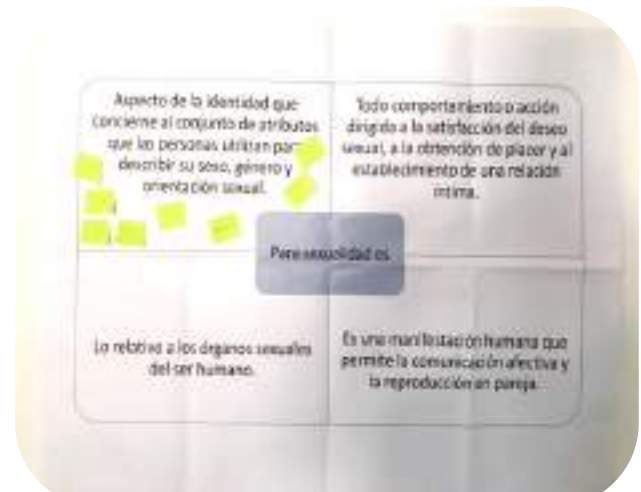


Figure 6. Sectors participating in the Coalition

## Phase 2: Coordination and planning

The first workshop involved the actors linked to the project. Dr. Marta Carolina Ibarra, who voluntarily joined the process and shared her work methodologies with the Coalition, provided guidance to develop the activities. In this context, we also held participatory workshops to create a link between people and institutions that are members of the working group.



*Figures 7 and 8 Images of a concept-affirming activity addressed at working on sexuality.*

We participatively built a joint understanding of CSE and its high-quality implementation. We also looked at the basic concepts, regulations and actors involved in CSE from a systemic perspective. The process allowed us to critically reflect on how CSE is addressed in the municipality.

*"We have had a certain taboo, but sexuality is not only the sexual act but also the knowledge and promotion of CSE. I have seen a certain embarrassment when it comes to sexual issues; I know girls and women who are embarrassed to go to a pharmacy for a condom or contraceptive; there is a lot of lack of knowledge." (Youth leader)*





Figure 9. Systemic analysis of the HIA in the municipality.

Once the actors and process involved in the CSE had been identified, the product of the workshop was addressed at defining the aspects to gather information about by using a research methodology: fast participatory local diagnosis.

The aspects defined were:

<b>Levels</b>	<b>Actors' opinions in regards to what would allow us to know the state of sexual education in the municipality</b>
	Through a survey to evaluate and analyze how much students know about sexuality.
<b>Students</b>	Carrying out a field work that allows observing and analyzing student behavior inside and outside of the classroom. For example, during recess and integration activities.
	Trying to reach students in a more interactive and entertaining way, to get their attention.
<b>Microsystem</b>	Knowing the teachers' attitude towards sexual education issues and recognizing whether it is the most preferable.





Knowing whether the information was received correctly; new teaching methods that teachers can use to guide.

Inquiring about how they are approaching laws and regulations on managing sexual and reproductive rights considering the students' life cycle.

Whether the manual of coexistence is adjusted to the SRHR.

Knowing whether the CSE project on education for sexuality is authorized by PEI (Spanish acronym for Institutional Educational Project); it entails a project that is transversal for the subject and can include interactive activities.

Check whether the topic of sexual education has been established within the PEI.

Strengthening the school family relationship; promoting activities focused on the orientation of CSE and SRHR

Check whether there is coordination between parents and school or schools and the public sector that allows guaranteeing the issue of sexuality.

### **Mesosystem**

Promoting sexual and reproductive health programs and the prevention of risk factors (WASH, STIs, teenage pregnancy, birth control, friendly services).

Restoration of rights through entities for the protection of the family and minors.

Inter-institutional support with articulated support provided by institutions or social organizations to the community

### **Exosystem**

Creating a public sexuality policy in the municipality, creating a care center for young people, youth house.

Creating a public youth policy with an inclusive and diverse approach (national, departmental, municipal and district).

Ensuring the inclusion of a SRHR approach in all the public policies of the municipality.



Strengthening support and communication networks between institutions and the community or civil society organizations through a decree.

## Phase 3 Participatory Design

In the second workshop, we shared the methodology for undertaking coalition activities, focusing on the principles of CBPR. Based on these principles and collectively considering the capacities and possibilities of each attendee, we defined the tools for data collection, established ethical protocols for each tool, and identified existing information that could be leveraged within the coalition's objectives. Each actor was responsible for an activity that would collect information from different levels of the socio-ecological model required to work in the coalition for sexual and reproductive rights (Annex 3. Instruments defined for data collection) (Annex 4. Survey to Assess Teacher Perceptions of Comprehensive Sexuality Education in Schools) (Annex 5. Group Interview to Identify Working Methodologies in Sexuality Education with Adolescents) (Annex 6. Guide for Documentary Review). The table in Figure 11 summarizes the aspects to be investigated and the data collection techniques defined for the fast local diagnosis implementation.

- Reduced CAP (Spanish acronym for *Encuesta de Capacidades Actitudes y Practicas* that means Capacities, Attitudes and Practice Survey) for students.
- Focal group
- Reduced CAP for teachers.
- Verification instrument
- Interviews
- Actor Mapping
- Record and consolidation matrix



Figure 11. Constructing the Schedule and Data Collection Instrument.

Last of all, we collectively constructed the work schedule, specifying the deadlines for each actor to search for and provide the information that would be analyzed for creating the initial diagnosis. In this same meeting, we shared the letter of commitment and informed consent, which incorporates the coalition's parameters and defines the commitments that each person undertakes to develop the coalition.

## Phase 4: Consolidation of Rapid Participatory Diagnosis Results at the Local Level

### Students

First of all, we analyzed the students' level. To collect this information, we considered a secondary source. The report form a survey previously used by Valiente, a CSE program implemented in the schools by Profamilia (Profamilia, Valiente, 2019). The outcomes revealed that 62% of the 1,168 from third to eight grade boys and girls surveyed in 2019 understand sexuality as synonymous with sexual activity; 62% find

information useful for understanding other people; 80% are aware of contraceptive methods; 80% understand interpersonal relationships; 60% grasp reproductive decisions and sexual rights; 42% comprehend self-care and sexual decisions, and 30% do not (Profamilia, Valiente, 2019).

A total of 152 (13%) of the 1,168 students surveyed reported being sexually active. Among those 152 students, 10%, stated they had their first sexual encounter between the ages of 7 and 8; 25.3% between the ages of 9-11; 53.2% between the ages of 12-14; and only 8.4% between 15 and 19 years old. Bearing this in mind, 24.7% reported that their partner was of a different age; 94% stated it was consensual; and 2.6% mentioned being forced into the relationship, leading to a high frequency of teenage pregnancies (Profamilia, Valiente, 2019).

On the other hand, we applied a survey to students in Sixth to Eleventh grades at Escipión Jaramillo School; to this effect, we divided the students into three age groups:

- Group 1 (12-14 years old)
- Group 2 (15-16 years old) and
- Group 3 (17-19 years old).

The sample consisted of 4 students from each level, for a total of 24 students per group. The institution has three grades per level, meaning 3 Sixth grades, 3 Seventh grades, 3 Eighth grades, 3 Ninth grades, 3 Tenth grades, and 3 Eleventh grades.

Out of the 24 students in the first group, 18 answered the question, "*¿How would you like to receive information related to sexual education?*" stating that they would prefer sexual education sessions to be conducted playfully, by using games and videos; the remaining six preferred short talks and group activities. The 24 students in the second group answered that they preferred receiving information playfully. In the third group, 12 students preferred a playful approach, while the other 12 preferred talks and group



activities. In conclusion, students agree that sexual education should be provided playfully, by using games, videos, and short talks in which they can participate.

When asked for the traits that the person conducting sexual education activities should have, 18 of the 24 students in the first group, answered that the person should be outgoing, open to discussing the topic, and preferably female, which would make them feel more comfortable. Two students preferred someone who is in no way related to the school, and four students emphasized the importance of receiving sexuality education from someone having extensive knowledge of the topic. In the second group, 18 students stated that the person should be outgoing; 20 students preferred someone external, and four preferred someone from the "Valiente" group. They all agreed that the person should be highly knowledgeable. In the third group, all 24 students believed it's important for the person to be outgoing and preferably female; 18 preferred someone external, and all agreed that the person should be well-trained on the topic. In conclusion, the person conducting sexuality education workshops and activities should be outgoing, open to discussing the topic, highly knowledgeable, and preferably external to the school.

Finally, when asked about their opinion on holding sexuality education sessions at school, all 72 students across the three groups considered it very good. They believed that these sessions would help them reinforce concepts they already know about the topic and learn much more information that would enable them to make better decisions.

## The school's policies

We reviewed the documents containing each PEI and Community Handbooks; we also conducted a survey to learn about some of the characteristics of the teachers responsible for sexuality education in the school environment. In both schools the PEI



states education in sexuality with a clear objective; both have a parents' school, but they have no defined curriculum by grade or a curriculum for working with families. On the other hand, the school's Community Handbooks are up to date; they have routes, and promoting coexistence can be reinforced.

## School Teachers

We also have the results of the survey applied to 23 teachers. We found that 87% are in high school and 13% work in primary. Regarding location, 91% work in urban areas and 8.7% in rural areas. We found that 78% of the teachers recognize sexuality as a part of education; 95.7% express that sexuality is important in every grade; and 91.3% believe that sexuality education is important. Additionally, 87% consider that sexuality education does not encourage students to begin having sexual relationships.

Regarding how they feel about including sexuality topics in their classes, 65.2% express feeling confident, 21.7% very confident, and 13% not very confident. When asked about how confident they feel answering sexuality education questions made by students, 65.2% feel confident; 26.1% very confident, and 8.7% not very confident. In addition, teachers believe that the taboos that exist in some families and among school administrators could become a barrier to providing sexual education in all areas of the school environment.

## School Family

Regarding families, we have results from both primary and secondary sources. In secondary courses, we found that 90% of the 1,168 students surveyed report having good communication with their mothers. Only 5.3% state that their caregivers are unaware of their problems, and 61.1% use dialogue as a corrective method; 70% use

dialogue to solve conflicts. Additionally, 50% of the students consider that their families participate in school activities (Profamilia, *Valiente*, 2019).

In the primary sources , we surveyed 16 families to understand their willingness to attend school activities with families. The results showed that 13 families responded that it is always or almost always convenient for them to attend school during school hours. Most of them reported that they do not have difficulties attending school meetings. In terms of accessing the internet service, six families find it easy, while for the other seven it is sometimes easy and sometimes difficult.

Out of the 16 families, eight listen to community radio; the majority, which is 25 families, watches videos and listens to audios through WhatsApp. Finally, half of the families find it suitable for the meetings to be held on Monday or Friday mornings.



## Health provider

The actions contemplated by the Municipal Health Department, also include "Health Education" as one of the actions' components. It intends to implement a mental health education process and targeted counseling for parents and students. This strategy promotes life skills and covers every grade in the schools and their branches in the prioritized micro-territories (indigenous and Afro communities).

Another component in the educational environment focuses on implementing a health education process addressed at teenagers and youths in every grade in the schools located in micro-territories. This process promotes sexual and reproductive health, sexual rights, reproductive rights, and life projects. Additionally, these processes are complemented by home and community visits to adolescent mothers who are in school, with the purpose of preventing subsequent adolescent pregnancies in the prioritized micro-territories (indigenous and Afro communities).



As for the search for defined care pathways for restoring sexual and reproductive rights in the municipality of Caloto, particularly in coordination with the education sector, we found that there is a preliminary/non-updated version of a gender-based violence care pathway. This pathway involves the Commissioner's Office, Police, Prosecutor's Office, Department of Education, educational institutions, the Department of Health, and the "La Niña María" healthcare provider.

## Local public policies

We reviewed the documents of the four existing public policies in the municipality and found that the early childhood, childhood, and adolescence policy establishes a national framework that incorporates and sets forth the protection and promotion of SRHR. However, there is no conceptual framework that recognizes these rights in the child and adolescent population, and there are no strategies and actions to guarantee SRHR.

On the other hand, the public policy for disability and social inclusion will include the creation of a strategy to implement the public policy with the purpose of recognizing and guaranteeing the SRHR of people living with a disabilities. In the public policy for women, one of the sections that describe each point of the policy includes sexual and reproductive health of women in Caloto. Last of all the public policy for mental health, does not include any SRHR related aspects within its tenets. It stresses the use of psychoactive substances, which increases the impact on the mental health of the population in Caloto.

The final conclusions of the findings are stated below:

Table. 2

Students	Microsystem	Mesosystem	Exosystem
<p>Their knowledge is very basic, and there is a social standard regarding the early initiation of sexual activities. There is an asymmetry in the age of the first sexual relationship, and they would like sexual education methodologies taught in educational centers to be participatory, interactive, and led by new individuals (external to the school).</p>	<p>We found that the PEI of both schools require need to include CSE in the curricula. It is necessary to verify that the routes stated in the manuals are aligned with those of the municipality. High school teachers in urban areas favor working on CSE, but it is unclear whether this is also true for primary teachers and teachers in rural areas. It is necessary to strengthen CSE capabilities among teachers, and increased support from the school authorities is paramount.</p>	<p>Regarding families, they have good communication with their children and express a willingness to attend school activities. However, there is a need to provide them with training in sexual education. On the healthcare side, there are actions available in the school environment addressed at adolescents, youths, and their families.</p>	<p>Finally, the existing gender-based violence response route needs to be updated. There is an opportunity to strengthen CSE in the new youth policy being developed in the municipality. Policies related to women, disability and nature are favorable to CSE. There is no policy instrument to strengthen intersectoral work in CSE, involving health sector, schools, protection, and the Women's Secretariat.</p>



## Phase 5: Action Plan:

Considering the findings in the previously diagnosis, the goal was to create an action plan that would result in improving comprehensive sexuality education in the schools located in the municipality of Caloto. We employed a participatory and constructive methodology. We then shared all the results and discussed, and together, we worked on the most feasible actions, taking into consideration three aspects: time, importance, and resources.

Action Plan			
GENERAL OBJETIVE	POPULATION	SPECIFIC OBJECTIVE	ACTIONS
Promote sexual and reproductive human rights in children, adolescents, and youths in the municipality of Caloto , Cauca	STUDENTS	Strengthening student knowledge and attitudes in relation to the development of sexuality, particularly in primary years.	Implementing CSE throughout the entire school trajectory in schools where the coalition has incidence and in urban and rural locations
		Positively influence the social norm to postpone the start of penetrative sexual activity	"Focused workshops from 3rd to 11th grade, with the support of the Women's Secretariat and the Health Secretariat on:
		Positively influence the social norm to reduce the age difference with the romantic and sexual partner.	- Healthy romantic relationships and sexual activity for each moment
		Speaking with nucleus Director of Departmental education and	during early adolescence (11 to



		seeking contact with the certified education secretariat of Cauca	14 years) and adolescence (15 to 19 years). - Spread the legal age of sexual consent in Colombia 14 years
		Positively influencing the intention to use condoms when sexual activity begins	- Care routes in cases of sexual violence. - Condom use. - itinerant stand for the promotion of sexual and reproductive rights
		Increasing menstrual education and environmental care.	"Intersectoral educational activities and Manufacture of reusable menstrual products "
	Schools	Formalizing the CSE curriculum in the PEI of the coalition schools to make actions sustainable.	Updating the PEI formally including the <i>Valiente</i> curriculum - Requesting approval from the school Board of Directors with the members of the Coalition and support of the Secretariat of Women and the Secretariat of Health.
		Strengthening teacher capacities to implement the defined CSE curriculum	- Training teachers in basic concepts of sexuality (free online courses) - Training teachers to implement the <i>Valiente</i> curriculum



		Knowing the perceptions and capacities of the teachers in the rural and primary context in relation to the CSE	<ul style="list-style-type: none"> <li>- Adjusting the survey and applying it to a larger sample of colleagues</li> <li>- Analyzing the results in a disaggregated manner according to school, level and context"</li> </ul>
		Increasing the commitment of the teaching directives with the CSE in the schools were the coalition works.	- Recognizing the work carried out by the Cauca SEC, director of the nucleus in the schools of the coalition
	Municipality	Family: Strengthening the capacities of families to talk about sexuality with their daughters and sons on issues relevant to the moment in the life course of their daughters and sons.	Holding workshops with families with support from the Women's Secretariat and the Health Secretariat in the coalition schools.
		Health services: Facilitating access to modern contraceptive methods for adolescents and youths.	Promoting demand induced to SSR of the students
		Having defined GBV care routes that are known by the community.	<ul style="list-style-type: none"> <li>- Updating GBV care routes.</li> <li>- Articulating schools in GBV care pathways.</li> <li>-Disseminating GBV care routes throughout the municipality's community.</li> </ul>
	Public Policy	Promoting access and sustainability of CSE pedagogical projects in the municipality's schools.	Including the promotion of CSE in the youth policy of municipality schools.



		Promoting intersectoral work for the implementation of the CSE in educational communities (students, teachers and families)	Municipal decree for intersectoral work in the strengthening and implementation of CSE, hiring times and personnel stability. Support phone numbers that cannot change.
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*Figure 12. Socializing results and diagnosis*

Once we finished the process of socializing the local diagnosis, we carried out a dynamic that consisted of giving each actor three pennants numbered 1,2,3. Next, we socialized each of the activities of the action plan with its corresponding scope and methodology that would enable achieving the objective Using the flags, the actors proceeded to vote (one) if they considered that the action was very difficult to achieve, taking into account the three aspects mentioned; (two) if they considered that the activity was complex; and (three) if the activity was easy to achieve taking into account the three key aspects.





Figure 14 and 15. Prioritizing and selecting an action

After finishing the voting process, we summed up to categorize the actions that complied with the three aspects mentioned for execution.

## Phase 6: First action planning

Once the voting process was finished, we prioritized the activities to be carried out in the work plan and supported the first action of the coalition. The purpose was to strengthen the CSE in the municipality and have a work route for the rest of the year and the inauguration of the new local government for the year 2024.

Priorization	Actions
	Updating the care routes for Gender-Based Violence (GBV)
1	Disseminating the care routes for Gender-Based Violence throughout the community of the municipality
1	Including the promotion of CSE in the youth policy of municipality schools.
2	Training teachers in basic concepts of sexuality (free online courses Coursera Uniandes)

Training teachers to implement the *Valiente* curriculum

- |   |   |
|---|---|
| 3 | Implement CSE throughout the entire school trajectory in IE of the coalition in urban and rural locations   |
| 3 | Recognizing the work carried out by the Cauca SEC, director of the nucleus in the coalition schools   |
| 4 | " Focused workshops from 3rd to 11th grade in context with support from the Women's Department and the Health Department on:<br>Healthy romantic relationships and sexual activity for each moment during early adolescence (11 to 14 years) and adolescence (15 to 19 years).<br>The age of legal sexual consent<br>Care routes in cases of sexual violence.<br>Condom use. -" |
| 4 | Updating the PEI formally to include the <i>Valiente</i> curriculum.<br>Requesting approval from the Board of Directors of Coalition schools with the support of the Secretariat of Women and the Secretariat of Health.  |
| 5 | Inductively promoting the students' SSR with Boothcamps to promote sexual and reproductive rights.  |
| 5 | Adjusting the survey and applying it to a larger sample of colleagues.<br>Analyzing the results according to school, level and context"   |
| 5 | Intersectorial education activities.<br>Manufacturing reusable menstrual products and practice climate action.<br>Promote the concept of positive masculinities.  |
| 5 | Drafting a municipal decree for intersectoral work in the strengthening and implementation of CSE, hiring times and the personnel stability, and unchanging support phone numbers.  |
| 6 | Holding workshops with families in Coalition schools, with support from the Women's Department and the Health Department.   |



## Sustainability:

Promoting leaders is essential to promote sustainability and recognition of the voices and actions that are mobilizing public policies in the region. In fact, this exercise was possible by strengthening activism, leaders, and NGOs with the trust woven between the parties involved.

The sustainability of the plan is crucial and it requires the commitments of all the actors to develop the actions in short and middle term. Finding synergy and allied organizations and entities to execute the action plan will be subject to the local government will through a decree that requires the care and promotion of comprehensive sexual education in the municipality's educational institutions. Likewise, availability of resources is ensured for the execution of the action plan in its strategic dimension.

## Final Recommendations: Colombia Case.

- It is critical to address cultural norms and taboos surrounding sexuality and to promote an openness to speaking and exchanging ideas about sexuality in the local context to foster understanding and acceptance of sexual and gender diversity.
- To strengthen teachers' and families' skills in comprehensive sexuality education: Providing ongoing and quality training to teachers and parents so that they acquire the knowledge, skills and competencies necessary to provide effective comprehensive sexuality education that is tailored to the needs of local students.



- To establish clear coordination mechanisms between the local government and NGOs to avoid duplicating efforts and thus maximizing available resources. This includes identifying specific roles and responsibilities, as well as defining joint actions to implement the CSE policy.
- To ensure the collaboration and articulation between the local government and NGOs that is essential to guaranteeing the effective implementation of comprehensive sexuality education policies. Working together, they will be able to use their strengths and resources to make a positive impact in promoting sexual and reproductive health and the exercise of sexual rights in the community.
- Continue with the jointly defined action plan.





# The Burundi case



## Analysis of Context

School-based Comprehensive Sexuality Education plays a crucial role in promoting the health and well-being of adolescents and youths. For many years, countries around the world have longed for their learners to have access to correct and complete information through a comprehensive sexuality education curriculum. This program, which has different names depending on the context of the country, often comes in response to urgent health and social problems, such as sexual violence often leading to early and unwanted pregnancies and/or HIV.

The practice of CSE is regulated by the laws and regulations of each country, which also result from its cultural values. In Burundi, this education is regulated at the level of different ministries according to their objectives and priorities. Having clear and harmonized regulations is both a strength and a weakness.

Most parents and educators still consider sexuality as a taboo subject that would be unseemly to discuss under social and moral propriety, which greatly impacts the supervision of adolescents and youths when they face the effects of globalization. This globalization, characterized by the similarity of educational systems, clothing styles, beliefs and interconnections has consequences for adolescents and youths who often want to copy cultures and civilizations from elsewhere, ignoring how they impact the human psyche.

Despite various challenges and gaps in the implementation of the CSE program for adolescents and youths, investing in their health, well-being, and education to take full advantage of the demographic dividend and create competent agents of change for the sustainable development of Burundi is paramount. With the purpose of facing these challenges and shortcomings, we set out to assess the needs of adolescents and youths in the implementation of this program in Burundi. The goal of the assessment is to be able to adopt effective strategies, allowing Burundian youth to become better equipped to become good leaders of the country.

Burundi is a country characterized by a very young population. It also has one of the highest demographic growths in Africa (3% per year). According to National Institute of Statistics of Burundi (*Institut National des Statistiques du Burundi – ISTEEDU*), demographic projections for 2020 are of a population of around 12.2 million, 50.6% of which are women and 41.5% are under the age of 15. Indicators related to gender-based violence are challenging, including for youths and adolescents and student pregnancies: 29% of adolescent girls have started childbearing by age 19 (DHS, 2016-17). The number of teenage pregnancies is an ongoing concern, and the maternal mortality rate is high, at 712 per 100,000 births, compared to the United Republic of Tanzania, where it is 398 (UNDP 2019).

Despite the absence of reliable statistics, figures show that school drop-outs and/or expulsions, clandestine abortions and cases of obstetric fistula are numerous. Only one in five adolescent girls and one in four adolescent boys complete basic



education in Burundi (ISTEEBU EDS 2016/17). The study on children and adolescents outside of school (EADE) reveals that children and adolescents aged 7-12 make up 17.8%, i.e. the age group with the lowest proportion of children and adolescents out of school, which certainly reflects the priority given to basic education in recent years. The proportion of EADE among 13–15-year-olds is 26.5%, followed by 16–19-year-olds, which fluctuates at 49.3%, the age of maturation and the start of sexual activity. The extent of EADS is nearly twice as high in rural areas (40.5%) as in urban areas (23.7%).

Maternities occur more and more precociously. Most adolescents living in rural areas in the hills have rather limited access to adolescent and youth health and well-being services and continue to see that their fundamental rights are not respected. Data from the Health Management Information System (HMIS, 2018) shows that 36% of patients admitted for STIs including HIV are adolescents and youths, while GBV and other forms of physical violence affect 40% of young people.

This context analysis enables identifying the following major problem: Youths and adolescents have poor access to correct and complete information on CSE as well as to health and well-being services. Violence in and around the school, including sexual violence is recurrent and is often sanctioned by unwanted and early pregnancies, which create obstacles to the education of young girls, etc. This form of sexual violence has also been directly linked to pregnancy-related school dropouts, but establishing whether these girls were able to return to school or not has not been possible. In rural areas, a teenage girl aged 16 to 19 is 1.3 times more likely to be out of school than teenage girls aged 16 to 19 who live in urban areas. Analysis of school completion risk factors shows that adolescent girls' specific risks of dropping out of school are almost equivalent to the risk of them entering early marriage.

School is an excellent entry point which, combined with other strategies, could substantially increase adolescents' access to CSE to improve their health and well-being.





We analyzed documents and collected interviews through different groups and actors in the sample area identified, to gather each other's opinions and contributions so that the implementation of this CSE can be effective in Burundi.

This assessment of the needs of adolescents in Comprehensive Sexuality Education is anchored first and foremost in Sustainable Development Goal 3 “Ensure healthy lives and promote well-being for all at all ages”, and more specifically aims achievement of target 3.7: “By 2030, ensure access for all to sexual and reproductive health-care services, including for family planning, information and education, and mainstreaming reproductive health into national strategies and programmes” and SDG 4: Ensure universal access to quality education on an equal footing and promote lifelong learning opportunities.

In addition, it is linked to the national strategic documents of Burundi:

- The National Multisectoral Strategy for the Health of Adolescents and Young People in Burundi, 2014.
- The 2022-2031 Education Sector Plan in its health risk component.
- National Health Policy, 2016-2025;
- National Youth Policy (2016-2026) in axis 3: access to quality health services adapted to young girls and boys.
- The National Development Plan 2018-2027.

These national reference documents provide specific guidelines and frame the main areas of intervention of programs and policies aimed at adolescents and young people, including access to health and respect for their rights to ensure their harmonious development.





## Methodological approach to the evaluation

Qualitative and quantitative research methods were favored for the collection, analysis and interpretation of secondary data (2020 ISTEERU population projections, HMIS data, 2018, data from the Demographic and Health Survey 2016-2017, data from the Study on Children and Adolescents outside of School, national strategic documents national and global reports on ESC) and primary (from the report of data on student pregnancies, survey needs assessment of young people working with ZenPlanet on putting CSE into practice). The data collection tools are notably consent note, survey questionnaires, the interviewer and supervisor handbooks. The survey questionnaire was developed. It included closed-ended and open-ended questions. The target population was estimated at 125 people, all categories combined.

The approach used in preparing the evaluation report comprises three main stages, namely literature review, and data collection and interpretation.

## Document review

Document review was a question of soaking up the subject through the existing documentation on CSE, particularly reports, studies, policy documents and strategies used in the implementation of CSE, as well as training tools. The report's bibliography lists the books and other documents consulted.

The analysis of secondary data and other reports made it possible to get an idea of the problem of CSE in Burundi, and especially of the challenges of its implementation as well as the gaps in its regulations. Similarly, policies and strategies initiated to improve CSE were identified and reviewed.

## Field investigation

Given the means available, the geographical scope of the assessment survey was reduced to a single area to undertake this assessment with the communities. Indeed, the Kamenge Zone of Ntahangwa Commune in Bujumbura City Hall was drawn as a sample from three zones of Bujumbura City Hall. This area was chosen randomly and according to the following criteria: (i) it is an emblematic area containing several aspects concerning SRH-related problems: unwanted and early pregnancies, and adolescent sex workers; (ii) a zone influenced by different cultures inked in Burundi; (iii) a densely populated area with approximately 150,000 inhabitants, etc.

## The target population consisted:

- In the school environment, of 66 adolescents and young students, six parent representatives, 18 teachers, two school clubs' supervisors of school clubs, and three school officials.
- In the community, of the first influencers in society: four health service providers and youth-friendly health centers, two agents of the Kamenge youth center, 10 locally elected officials, and five religious leaders present in the area.
- In public administration, of eight political leaders involved in the field of ESC (Ministries in charge of education; public health and the fight against AIDS; youth and culture, national solidarity and gender, justice, public safety, and community development).

The area of the evaluation survey is comprehensive sex education for adolescents and youths. The survey questionnaires were developed and administered to various stakeholders.

The object of the survey, the schools, and other structures to visit, the timetable for the visit, and the groups to meet were initially brought to the attention of the DPE, the DCE, the local authority so that they could request the officials concerned to make the necessary arrangements for the smooth running of the investigation.

## Data analysis and interpretation

First, the answers were coded to allow a systematic analysis of the information and to facilitate the entry and processing of the answers to the questionnaire.

The responses to the questionnaires were then analyzed according to the category of interviewees: adolescent and young students, parents of students, teachers, school club supervisors, school officials, young girls and women grouped in associations; according to health service providers from youth-friendly health centers, agents from the Kamenge youth center, local elected officials, and religious leaders as well as political leaders involved in the field of ESC. They were cross-referenced to identify commonalities and differences between the various stakeholders. The last step was the interpreting the data.

## Analysis of results

# Interpretation of Comprehensive Sexuality Education

Comprehensive Sexuality Education is defined as “a process of teaching and learning [...] beginning in childhood and continuing through adolescence and adulthood focusing on cognitive, emotional, physical, and social sexuality. It aims to equip children, adolescents and young people with knowledge, skills, attitudes, and values

that will enable them to thrive while respecting their health, well-being and dignity, to develop respectful social and sexual relationships, to reflect on the impact of their choices on their personal well-being and that of others and, finally, to understand their rights and defend them throughout their lives”.

The CSE addresses eight key concepts: interpersonal relationships; values, rights, culture, and sexuality; the notion of gender; violence and security; skills for health and well-being; the body and human development; sexuality and sexual behavior; sexual and reproductive health (*Hélène Beaucher, “An overview of sexuality education in the world”, International Review of Education of Sèvres, [Online], 89 | April 2022*)

Comprehensive sexuality education considers the dimensions of inclusivity in a non-stigmatizing approach to counter sexual and gender-based violence and promote gender equality. It sensitizes young people to the specific risks of sexuality, bringing awareness to sexually transmitted infections, such as HIV.

The CSE approach is to advocate for sexuality education beginning in early childhood and continuing through adolescence and adulthood, building on age-appropriate knowledge and skills, depending on a carefully planned process over time, like any other curriculum subject.

The results of the adolescent needs assessment survey show that 95.6% of students interviewed compared to 52.4% of teachers said they had heard of CSE. Of these, 47.7% learned it from their teachers; 24.6% learned it from their parents and the rest from others, including their classmates, school club supervisors, the media, and their brothers. Of the above, 39.7% only understand sexuality as sexual intercourse; 13.2% as cronyism; 14.7% mentioned the emotional and physical aspects while 32.4% did not even mention this topic.

In view of these different perspectives on students' CSE, their understandings are too dubious. As a principle, they should learn from their teachers and school club



supervisors. Unfortunately, 82.6% of teachers and supervisors interviewed versus 17.4% say they do not have enough knowledge about ESC.

## Needs and expectations of Comprehensive Sexuality Education stakeholders

### Students



*Students responding to the questionnaires at Municipal High School of Kamenge*

## Comprehensive Sexuality Education

The adolescents surveyed expressed their need for comprehensive sexuality education and suggested focusing their training on the following main themes: (i) cronyism (14.7%); (ii) the management of sexuality (13.2%); (iii) managing emotions (11.8%); (iv) sexual practices (11.8%); (v) parent-child dialogue (8.8%); (vi) sexual health (8.8%); (vii) prevention and fight against GBV, pregnancy/HIV/STI (4.4%).

In addition to the needs expressed above, the other actors would like the CSE of adolescents to also focus on the following themes: (i) exchanges on sexual life; (ii) family relationships; (iii) gender roles of children, children's rights including human rights; (iv) gender equality; and (v) bodily autonomy.

Faced with these educational needs of adolescents, 81% of their teachers are ready to give their best all the information on CSE being comfortable, while 19% are very reluctant (uncomfortable to share this information with pupils and children).

In addition, when provided with an opportunity for course sessions/animations on CSE, the students learn with interest since, as CSE allows them to discover certain notions of sexuality that are essential for self-management, and which promote responsible behaviors/attitudes in managing puberty.

## Dialogue between parents and children

Parents and families are essential in forming attitudes, standards and values relating to gender roles, sexuality and the status of adolescents and youths in the community (Svanemyr et al., 2015). They can play an important role in communicating with their children about sexuality, relationships, and well-being, especially with younger children.

In fact, 59.7% of adolescents interviewed said that they talk about comprehensive sex education with their parents. According to these adolescents, the exchanges are mainly abstinence-oriented (14.9%), the fight against HIV/AIDS and sexually transmitted diseases (14.9%), body change (3%), responsible behavior (7.5%), sex education (7.5%), friendships (6%), menstrual hygiene management (4.5%) family planning (1.5%).



When discussing these themes, parents advise their children not to indulge in sexual relations, to abstain until marriage, and that it is strictly forbidden to have sexual relations with someone who is not your spouse. These talks tend to revolve around relationships with cronies, particularly for the girls, who are also told that in most cases the boys cheat on the girls and get them pregnant. So, the parent's advice, is that it's good to be vigilant so as not to be deceived by the boys' cunning behavior.

These exchanges allow adolescents to adopt positive attitudes and avoid inappropriate behaviors that can lead to early and unwanted pregnancies and other related consequences.

In this same regard, the results of the evaluation survey sufficiently prove that adolescents discuss comprehensive sex education much more with educators, their friends/buddies, and their brothers/sisters than their parents. In fact, 91% of teenagers revealed that they discuss these issues with teachers, especially teachers of Science and Technology courses and those of Patriotic and Human Education. Those who do not talk about it with their educator, pointed out that it is because sexuality in Burundi is still taboo.

School officials said that family dialogue is essential. They firmly state that to teach children to know each other well and to develop self-esteem, talking to children at home is paramount; 95% of the students interviewed say that in the future, they will talk to their children about CSE.

These results sufficiently prove that an ongoing dialogue between parents and children is an essential element in improving the comprehensive sexuality education of adolescents.



## Dialogue between peers

Exchanges about CSE between peers, including brothers and sisters, classmates, boyfriends/girlfriends are more privileged than parents.

In fact, 64.2% admitted that they talk to their brothers and sisters about sex education; another 34.3% said they do not speak about it and 1.5% did not want to answer this question. As for their friends, 73.13% talk about sexuality, 13.43% do not talk about it and 13.43% did not express themselves on the subject.

The dialogue between boyfriends / girlfriends is most often centered on cronyism which is unfortunately oriented towards sexual relations. However, some adolescents advise each other and often discuss good friendships and mutual assistance and the consequences of sexual relations: early and unwanted pregnancies, HIV-AIDS, sexually transmitted diseases, discrimination, humiliation, loss of honor in the community. These tips allow them to avoid sexual relations while still on the school bench. Thus, they conclude, they agree to wait for the wedding day.

Mobilization and awareness-raising strategies on these aspects and promoting good friendships are essential to establish responsible attitudes and behaviors in adolescents.



*Students responding to the questionnaires at Mirango I Fundamental School*

## Correct and complete information

The sources of information on CSE are diverse. According to the needs assessment survey, 55.2% of the adolescents surveyed think that the information on CSE received from their friends is accurate, while 41.8% say the opposite and 3% do not give their opinion. 92.5% against 4.5% of these teenagers would like to have this information in textbooks while 3% expressed no wish to have it. 91% against 3% think that it is necessary for them to receive information on the CSE and 6% did not express any opinion. Among those who find that having information on CSE is a prerequisite, 64.1% wish to receive correct information on CSE, 18.8% on responsible behavior/attitudes, 9.4% on self-management in sexuality, 1.6% on how to have protection against HIV-AIDS and STIs.

A total of 53.7% say they look for information about CSE on social media or the Internet (Facebook, Instagram, Snapchat, and Google) against 44.8% who do not search on social media for this subject and the last 1.5% did not want to speak.

Of the service providers working in the fields of CSE, 50% affirm that adolescents do not have information on CSE since Sex Education is still taboo in Burundian society. Even at school the guidance is insufficient, others say they are sufficiently informed.

In addition to these sources of information, 38.8% feel much more at ease when talking with their classmates; 29.9% with their parents, including 14.9% with their mothers; 11.9% with their teachers; 9% with their brothers; 6% with their boyfriends/girlfriends and the rest with the rest of the world.

According to 59.7% of the teenagers surveyed on this subject, during these exchanges, they say that they will give correct and complete information, (9%) will give advice to help their children to adopt responsible attitudes and behaviors in their

environments. The majority of these adolescents say that dialogue with children is necessary between 10-15 years old, the age of puberty, or even from 3 years old.

## Teachers

Half of the teachers say that the textbooks made available to them include educational content on CSE. Regarding their appreciation of the subject content, 66.7% of these teachers did not express themselves on this subject; 23.8% say that it is good and 9.5% find that it is not too good. 76.2% of these teachers feel comfortable teaching these concepts in class. 95.2% say that CSE is useful for adolescents because they need enough knowledge about sexuality-related cognitive, emotional, physical, and social aspects. All the teachers and supervisors of the school clubs surveyed specify that at school, it is up to educators to provide CSE and at home it is up to parents and family members because all these actors are complementary for the well-being of adolescents.

Despite this willingness of educators and their obligation to educate, they face difficulties related to pedagogy, subject content, and social aspects. Some teachers interviewed stated that the difficulties they encountered included: documentation, which is almost non-existent; the management of overcrowded classes and the Burundian culture which still considers sexuality as taboo; others specify that some students do not interact with each other. However, others say that there are still students who are more attentive to the subject.

## Teaching skills

According to the results of the evaluation, 71.42% of the teachers interviewed reported that teachers need reinforcement of skills in CSE and that some of the textbooks do not consider the notions of CSE at the moment when 28, 6% did not speak.

## Improvement of teaching manuals

Also, 57.1% of teachers say that the educational content is not age-appropriate, that it is intended for adults. Their improvement by taking into account the needs expressed by young people remains to be desired.

## Cultural aspects

Burundian culture treats and considers sexuality as a taboo subject on which a total blackout is due both out of fear and modesty. Sexuality has always been considered as a subject that it would be inappropriate to discuss by virtue of social and moral propriety. For a long time, this approach made it possible to protect several generations against sexual vagrancy, including the time when girls and boys walked around in complete nudity. Several factors favored this strict application of culture such as education at home: the role of the aunt in the premarital supervision of nieces and that of the father towards his son in the same circumstances; this considered prohibitions and the good parental model, thus the absence of relations with the outside world.

The results of the CSE needs assessment survey confirm this aspect. In fact, 52.4% of teachers say that they face problems resulting from a culture challenged by

globalization, which risks inducing youths into inappropriate sexual behavior; however, another 33.4% of teachers did not answer.

Moreover, this tradition has influenced CSE skills for teachers because 52.4% say they never benefited from CSE during their adolescence or from their peers, parents, teachers and relatives, against 38.1% who had CSE opportunities; 9.5% did not answer this question.

The effects of globalization, characterized among others by the similarity of educational systems, clothing styles, beliefs, and interconnection, include the rapid learning of cultures and civilizations from elsewhere with its impact on the human psyche. It is thus essential to reconcile all these situations in order to make critical investments in the well-being and education of adolescents and youths in order to take full advantage of the demographic dividend and create competent and healthy agents of change.

## Service providers in the field of CSE

Health service providers in the field of ESC surveyed found that CSE is very useful for adolescents because it allows them to make decisions related to sexuality, their health and well-being and to adopt responsible attitudes and behaviors. However, they specify that the ESC must take into account the positive cultural aspects; this because the ESC of adolescents concerns everyone to properly prepare human capital capable of contributing to the sustainable development of the country. This observation was shared by the leaders of youth associations and the women interviewed.

These actors who deal with ESC for adolescents claim that their activities are supported by the Government and local authorities who actively contribute to their success.



Despite this, some parents do not get involved in the ESC of their children for reasons including ignorance or the fact that sexuality is still taboo in Burundian culture. According to them, other difficulties, particularly concern financial means, premises, equipment and most often the lack of sufficient skills for service providers.

To deal with these difficulties, action strategies and means of implementation to mobilize parents and adolescents to promote parent-child dialogue around CSE are prerequisites.

## Community leaders

As stated by 100% of the community leaders interviewed, the Representatives of the People and the administration of the KAMENGE zone are in favor of non-profit organizations that teach ESC to young people / adolescents. For community leaders, these non-profit organizations teach ESC for the public interest in general, and in the benefit of adolescents to prevent all forms of violence and their consequences, particularly HIV AIDS, early and unwanted pregnancies, early marriages and sexually transmitted diseases. Moreover, the number of pregnancies continues to decrease because of these teachings. The long-term outcome of CSE is the good health and well-being of adolescents.

A total of 87.5% of these community leaders find that parents should talk about CSE to their youth /teenage children to give them complete and correct information, thus reinforcing good habits; consequently, pregnancies could be significantly reduced. This proposal is supported by some Representatives of the People. According to community leaders, this would break down cultural barriers on CSE.

The local administration finds that non-profit organizations should be encouraged to talk about CSE to youths /adolescents. Their contributions complement parent and

teacher interventions, benefitting even the children whose parents still have difficulty talking about CSE with them.

## School management committee members

All the members of the School Management Committees interviewed agree that CSE should be taught to students to enable them to have CSE skills. Even so, providing level appropriate material would be wise; however essential providing pupils with CSE information may be, having age-appropriate material is paramount and requires special attention. CSE material should focus on abstinence and the consequences of early sexual intercourse when discussing CSE with students. According to these SMC members interviewed, poorly organized CSE can have advantages and disadvantages:

Benefits of learning about ESC for students:

- Good health and well-being of adolescents;
- Responsible behavior;
- Self-management;
- Fight against debauchery.

Disadvantages of learning about ESC for students:

- Degradation of morals/acclturation;
- Bad body management;
- Early and unwanted pregnancies;
- Sexual practices.

Unfortunately, CGE members have not yet discussed with parents the need to teach students about ESC and to talk about it with their children at home.

The members of the CGEs suggested the themes that students should be taught as a subject:

- Managing maturation and sexuality;
- Responsible citizenship (respect for Burundian culture);
- The prevention and fight against violence, HIV AIDS and Sexually Transmitted Diseases (STIs) and early and unwanted pregnancies.

They also listed what not to teach students about CSE:

- Sexual practices, the use of contraceptive methods such as condoms and others, sexual rights (50%)

## Religious leaders



*Christian Pastor of Protestant Church in Kamenge*

Catholic Priest Leader at Kamenge Parish



The religious interviewees are very concerned about the ESC of youths and adolescents because the mismanagement of sexuality is one of the main problems in youths. Interviewees stated that CSE is a prerequisite for adolescents/youths to build their personality in terms of sexual life. The different religions working in Burundi are in favor of CSE for the benefit of youths/ adolescents to deal with adultery and to promote their comprehensive development as human beings.

However, the religious approach to ESC is totally different from that of the non-religious associations because it is based on Christian morality and focuses on abstinence. This approach is compatible with the Burundian culture since it comes from the gospel, which must be embodied in the local culture. Unfortunately, the staff in charge of CSE for adolescents and youths is not yet trained.

## Decision-making institutions



*Director of Sexual education for youth at Health Ministry, Mr Sadiki*

The Ministry in charge of National Education has integrated the notions of CSE into the teaching and training curricula; this process continues. According to the Ministry of Public Health and the Fight against AIDS, this program exists for adolescents and youths and is implemented by the sectoral Ministries, development partners, local and international NGOs as well as community organizations and civil society.

However, this program raises mixed feelings. Some people are happy that adolescents and youths are given correct and complete information to make informed choices; others think the program promotes sexual promiscuity. Additionally, the program is not complete even if it also considers the Burundian culture. Parent-child dialogues need to improve. Last of all, even if the program exists, it is not broadcast to all teenagers due to financial constraints.

In addition to this program, national laws and regulations to facilitate young people's access to ESC and protect them against unwanted pregnancies require much more clarity by considering fundamental values of society.

## Organization of Comprehensive Sex Education

In its pedagogical organization, the school officials met stated that the CSE program exists at their school; that teachers in the various courses such as Civic and Human Education, Human Sciences and Technologies offer CSE related knowledge, and that local associations and NGOs in the field of CSE including ZenPlanet provide additional information. According to these same officials, this information is very useful and more beneficial to adolescents and youths to prepare them for a better future.

A total of 47.6% of teachers interviewed suggest that CSE should be taught as a subject using teaching tools and materials suitable for all levels of education; the remaining 52.4% said nothing about organizing this subject. School officials, school club supervisors, leaders of youth and women's associations support the proposal and suggest that school club activities promote dialogue between parents and children on CSE to reinforce the material learned in class.

For 38.1% of the officials and leaders, CSE should be an extracurricular activity; the remaining 61.9% made no statement on the matter, and 57.1% of this target

population, namely school officials and leaders of youth and women's associations, support the integration of ESC concepts into school programs to teach adolescents safe sexual behavior, the defense of their rights to health and well-being. According to the target population, adolescents and young people need correct, complete and age-appropriate information in order to prepare for a better future.

## SWOT Analysis

Strengths	Weakness
<ul style="list-style-type: none"> <li>▪ Orientations and Strategies Document;</li> <li>▪ Ownership by government structures;</li> <li>▪ Integration of CSE in curricula;</li> <li>▪ Existence of communication channels including community radios</li> </ul>	<ul style="list-style-type: none"> <li>- Insufficiency of Youth Friendly Health Center</li> <li>- Cultural weight;</li> <li>▪ Insufficient partners in CSE;</li> <li>▪ Low level of digital network coverage</li> </ul>
Opportunities	Threats
<ul style="list-style-type: none"> <li>▪ National networks of CSE stakeholders</li> <li>▪ International partnerships</li> </ul>	<ul style="list-style-type: none"> <li>▪ Social Media promoting open mindedness on sexual freedom.</li> </ul>

## Recommendations: Burundi Case

- To break down cultural barriers by closely supervising adolescents and youths to make them understand the issues surrounding comprehensive sexuality education in the face of modernity and Burundian culture while respecting human rights, women, and gender equality.



- To make parents aware of the importance of parent-child dialogue around CSE and thus fight against gender-based violence, including unwanted pregnancies.
- To sensitize parents to return to basic education at home as one of the safe ways to provide adolescents and young people with the tools necessary for enlightened learning and enable them to properly assimilate methods related to comprehensive sexuality education.
- To encourage adolescents and youths to strengthen dialogue among them by consistently referring to socio-cultural norms which favor frank dialogue between children of the same age.
- To integrate sexuality education into basic and post-basic education programs and even universities.
- To strengthen the capacities of the actors (teachers, peers, local supervisors, and parents) who will be involved in encouraging and supporting students in ESC and in including the making of the Washable and Reusable Sanitary Napkins.
- To revitalize health clubs in schools to promote local supervision of adolescents and youths in CSE.
- To organize age-appropriate animation and competition sessions on ESC in schools.
- To make available the appropriate and necessary CSE teaching materials and documents.
- To break down cultural barriers.



- To strengthen teachers' and parents' skills in CSE;
- To revitalize health clubs;
- To organize age and level-appropriate animation sessions on CSE in schools;
- To make the appropriate and necessary teaching materials and documents available for CSE.

## Final Case study conclusions:

### **In Colombia, the NGO Barranquilla+20 has played a crucial role:**

1. The first outcome of this effort was developing a knowledge product, which involved conducting a comprehensive diagnosis of the gaps and challenges faced in implementing comprehensive sexuality education in the educational ecosystem of Caloto, Cauca. This diagnosis provided valuable insights into the opportunities for improvement in this area.
2. Representatives of the local community in Caloto, Cauca actively participated in the data collection and analysis process, allowing them to become key stakeholders in comprehensive sexuality education. Their involvement ensured that the diagnosis was thorough and reflective of the local context.
3. Through a coalition of various actors, including local government, private sector, and students, there is a new collective understanding of the need for action and the use of available resources to bridge the gaps in comprehensive sexuality education in the schools of Caloto, Cauca.

## **Burundi, the NGO ZenPlanet Magazine has made significant strides:**

1. The research efforts in Burundi focused on employing both qualitative and quantitative methods for data collection, analysis, and interpretation. This approach allowed for a comprehensive recognition and diagnosis of the existing gaps in the laws concerning comprehensive sexuality education in the country.
2. The challenges encountered in the implementation of comprehensive sexuality education in Burundi were identified, providing valuable insights into the specific barriers and obstacles that need to be addressed.
3. Additionally, the research highlighted the existing strengths and positive practices in implementing a comprehensive sexuality education in Burundi. These strengths serve as a foundation for further improvements and scaling up of successful initiatives.

## **Reflections**

This collaborative approach has paved the way for targeted interventions and meaningful progress in implementing comprehensive sexuality education. By conducting rigorous research, involving local communities, and fostering collaboration among diverse stakeholders, these initiatives are making significant contributions to the advancement of comprehensive sexuality education and the promotion of sexual and reproductive rights in Colombia and Burundi.

Organizations from a different latitude can benefit from the knowledge products by gaining insights and practical guidance on addressing the gaps and challenges in comprehensive sexuality education at local level. They can use the findings and recommendations to inform their own programs, policies, and advocacy efforts,

ultimately contributing to the improvement of comprehensive sexuality education initiatives in their schools in alliance with local NGOs, involving the private and public sectors.

Moreover, the coalition formed in Colombia and Burundi will play a crucial role in taking action based on the knowledge product, implementing targeted activities and strategies to scale up comprehensive sexuality education in the two main schools. This collaborative effort involving local leaders, government representatives, teachers, youth representatives, and stakeholders will ensure the effective and sustainable implementation of comprehensive sexuality education in the regions where we worked.

By leveraging on the Rutgers methodological framework so that organized civil society can have advocacy actions in qualifying sexual education, each country understood the importance of systemically undertaking these exercises; this means that each country worked with all the actors that participate in these matters, using different methodologies according to the local resources, thus allowing reflection on the implementation of sexual education to go one step further.

There are substantial differences between the two regions; Colombia is a country with a clear national regulatory framework; there are specific reflections on what it should do to continue advancing in the process of consolidating the policy at a municipal level. Bujumbura in Burundi is systematic and rigorous in making contributions; it collects evidence and disseminates it to contribute towards consolidating a national comprehensive sexuality education policy.

The case study sets the stage to have the necessary tools to continue the monitoring process according to the needs of the municipality (in the Colombia case) and the needs of the country (in the Burundi case), where the model is a rural context with highly adverse conditions. In both cases the case study is making comprehensive



sexuality education available to the most vulnerable contexts where they are most needed.

There are still two work methodologies that can be replicated in different contexts in cases in which using the same Rutgers methodological framework but with different technical development is necessary. In cases where countries have policies but there are gaps in their implementation and when the methodology is evidence-based the discussion around of the importance of advancing in the creation and consolidation of national policies can happen.



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