Int. J. School. Health. 2023; 10(4)

Published online 2023 October.

Editorial

Sexual and Reproductive Health Education: Are We Concerned Enough?

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Received: July 01, 2023; **Revised:** July 05, 2023; **Accepted:** July 12, 2023

Keywords: Adolescent, Education, Reproductive health, School, Sexual heath

How to Cite: Mallik S, Chowdhury RG. Sexual and Reproductive Health Education: Are We Concerned Enough? Int. J. School. Health. 2023;10(4):179-180. doi: 10.30476/INTJSH.2023.99379.1325.

According to the UN Population Fund, adolescents comprise 16% of the world population, which translates to a figure of 1.8 billion (1). During the rapid transition from childhood to adulthood, this adolescent age group, especially girls, remains vulnerable to several health problems, such as early and unwanted pregnancy, unprotected sex leading to sexually transmitted infections and diseases like HIV/AIDS, malnutrition with anemia or overweight, substance abuse, mental health issues, and injuries and violence. Among 15-19-year-old girls, complications arising from pregnancy and childbirth are the second leading cause of death, only surpassed in importance by suicide (2).

Despite tremendous advances in sexual and reproductive services in recent times, adolescents are deprived of these services due to non-availability or lack of awareness about reproductive health. Many rely more on the Internet, pornographic materials, and peer conversations to obtain crucial but incorrect information about sexual and reproductive health (SRH). Various studies indicated that awareness of SRH among adolescents varies from 18.7% to 47.9% (3).

Efforts have been made to provide SRH education at the school level through interventions for adolescent health supported by international agencies in each country. However, introducing SRH education remains a significant challenge. While schools are the best platform to provide SRH education, many are not interested in including it in the curriculum. Parents, teachers, and politicians have also faced opposition; in some states in India, SRH education was even banned in schools (4). Nonetheless, studies showed that 70 to 90% of adolescent students prefer SRH education in school, and they prefer teachers or professionals as educators (5). Lack of trained teachers, unequal distribution of teachers, exclusion of SRH education from the curriculum, and varying class sizes for sex education are the major impediments to rendering comprehensive SRH education, as envisaged in the UNESCO report (6).

Life skill education has been considered an effective tool for the younger population to cope with various life risks and lead productive lives in society for several decades. However, global evaluations by UNICEF have shown that life skills education has not received priority in schools due to a shortage of teachers, extensive curricula, inadequate teaching materials, and a focus on traditional examinations. For out-of-school adolescents, life skill education has been controlled by Non-Governmental Organizations, where lack of coordination, reporting, and quality assurance have emerged as problems (7).

The impact of COVID-19 on youths in low-income countries has been profound, and comprehensive sex education (CSE) in schools suffered a setback due to its exclusion from virtual education platforms, leading to a generation of adolescents missing out on vital information during that period (1).

Myths and misconceptions still exist in the community about sex education in schools, with concerns that it may encourage sexual activity among adolescents. However, a systematic review indicated that sex education does not influence increasing sexual activity, unsafe sexual behavior, or STI/HIV infection rates. On the contrary, it has some positive effects on improving knowledge and attitudes related to SRH among young people (8).

Implementing a comprehensive school-based

SRH education with a life skills curriculum, parent education, teacher training, stress management, and crisis teams in schools can effectively prevent the majority of suicides and suicide attempts (9). Moreover, CSE has been shown to decrease early and unintended pregnancy, encourage delayed sexual exposure, promote increased contraceptive use among adolescent school children, enhance teachers' knowledge about sexual and reproductive health, and advocate for women's empowerment (10).

Improving adolescent health undoubtedly involves the role of SRH education at the school level. A comprehensive curriculum, life skill education, and teacher and parent orientation are also crucial issues. An appropriate SRH curriculum should include medically accurate, culturally relevant, and age-appropriate information, to be planned according to grade levels. The curriculum should not only address SRH but also promote gender equality and sensitize students to the sexual health services available in schools or communities. SRH education can be imparted through various exciting sessions such as brainstorming, quizzes, and poster presentations to increase student participation. A novel idea could be implementing telehealth programs linking schools in remote areas with the nearest health facilities, exploring the role of local family care practitioners. For out-of-school students, peer educators at the community level should receive proper incentives for the sustainability of the services.

Investing more in adolescent health is our primary responsibility for present, future, and intergenerational health benefits, economic gains due to increased productivity, and as a human right. This is essential for achieving the 17 sustainable developmental goals with their 169 adolescent health and rights targets. Today's adolescents are tomorrow's youth; undoubtedly, youth are the most significant change agents for any country.

Conflict of interest

The authors of this manuscript declares no relationships with any company whose products or services may be related to the subject matter of the article. Sarmila Mallik is a member of the editorial board.

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