



**Research Department**  
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**A BRIEF ON COMPREHENSIVE SEXUALITY EDUCATION-AN EFFECTIVE WAY TO PREVENT EARLY PREGNANCIES**

## What is Comprehensive Sexuality Education

CSE has been defined as “rights-based and gender-focused approach to sexuality education, whether in school or out of school”. This is not achieved by only focusing on prevention of pregnancy and sexually transmitted infections (STIs) but rather embracing a holistic vision of sexuality and sexual behaviour.<sup>1</sup>

## Why CSE Matters

Early and unintended pregnancy, gender-based violence and child marriage, continue to be a huge concern in Zambia. Nearly 30% of adolescent girls become pregnant by the age of 18 years according to the Zambia Demographic Health Survey (ZDHS 2018)<sup>2</sup>. The high rate of teenage pregnancy remains a significant concern and possess major development challenges. When adolescent girls fall pregnant, they drop out of school, this reduces opportunities to actualise their full potential and entangles them in a perpetual cycle of poverty and inequality.

However, through access to Comprehensive Sexuality Education (CSE) coupled with the re-entry policy implemented in the Zambian education system, it is hoped that many adolescent girls would reclaim their potential and dignity.

## Implementation of CSE in Zambia

In 2013, the Government of the Republic of Zambia through the Ministry of Education developed the CSE framework to enhance the provision of Reproductive Health and Sexuality Education (RHSE) that has been implemented since the existence of the education curriculum in 1964. The development of the school based CSE framework was in response to the Eastern and Southern African Commitments of 2013 to better health outcomes for adolescents and young people.

The theme of RHSE is integrated in the Zambian curriculum as a key part of the national commitment to addressing urgent health and social issues affecting young people, notably the HIV epidemic, teenage pregnancy, child marriage and gender-based violence appropriate content that is relevant for the Zambian context.

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<sup>1</sup> SIDA, 2016, HEALTH BRIEF -Comprehensive Sexuality Education, Stockholm, Sweden

<sup>2</sup>Zambia Demographic and Health Survey (ZDHS) 2018

## **Nexus between CSE and teenage pregnancy**

CSE provides the right information and skills for young people to make safe and healthy decisions about their bodies, their lives, and their futures. CSE accelerates efforts to eliminate new HIV infections, prevent early and unintended pregnancies (EUPs), help keep girls in school longer, and eliminate child marriage, gender-based violence (GBV), and other harmful norms and practices among adolescents and young people.

According to evidence adolescents who receive CSE are significantly less likely to become pregnant than adolescents who receive abstinence-only-until-marriage or no formal sex education. The common talk is that of instructing young people to focus on abstinence only. There is a danger in that sooner or later these young people indulge in sexual activity.<sup>3</sup>

For instance, Adolescent women (15-19) generally have poor knowledge of ovulation and are more likely to report an unintentional pregnancy than women between ages 20-24.<sup>4</sup> Therefore, the existing literature has shown the nexus between poor knowledge of reproductive health and poor reproductive health outcomes among young people, mostly in developing countries.

## **What parliamentarians can do**

Members of Parliament can actively engage in matters of RHSE by undertaking the following:

- i. Enhance their oversight work on CSE through the parliamentary Committee work, raising Private Members' Motions, Questions to the Vice-President and Ministers.
- ii. Advocating for increased funding towards RHSE. This way parliamentarians will be protecting the provision of sexual education information to adolescents.
- iii. Enhance representation by bringing several Questions for Oral/written answer drawn from their constituencies on matters of RHSE. Some of the key aspects at the constituency level include:
  - promoting youth friendly spaces in communities and at health facilities;
  - design tailored interventions for underserved and vulnerable adolescents;
  - conducting integrated outreaches to communities through recreational facilities and libraries;
  - strengthening linkages with RHSE stakeholders such as government ministries, non-governmental organisations, parents and community leaders to create a supportive environment;
  - promoting youth empowerment programmes and skills development centres; and
  - creation of safe boarding houses.

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<sup>3</sup> Kohler P and Manhart L, Abstinence-Only and Comprehensive Sex Education and the Initiation of Sexual Activity and Teen PregnanSy, 2008