

13. Innovative Approaches in Adolescent Sexual Education: Bridging the Gap Between Awareness and Action

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The importance of targeting adolescents and schoolchildren in HIV prevention efforts and sexual education programmes is globally recognised. While it is not realistic to expect that a education programmes alone can eliminate the risk of HIV and other sexually transmitted infections (STIs), unintended pregnancy, or coercive or abusive sexual activity and exploitation, properly designed and implemented education programmes can reduce some of these risks and underlying vulnerabilities (United Nations Educational, Scientific and Cultural Organization [UNESCO] 2009).

As a United Nations member state, Uzbekistan is committed to implementing the 2030 Agenda for Sustainable Development. The Resolution of the Cabinet of Ministers of the Republic of Uzbekistan approved national goals and objectives in the field of sustainable development for the period until 2030. In this document, Target 3.7 is formulated as follows: ‘By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, and raising the marriageable age for girls to eighteen years of age, and the integration of reproductive health into national strategies and programmes’ (LexUZ 2018).

There have been a few policy documents developed regarding sexual education and reproductive health in Uzbekistan. The Law of the Republic of Uzbekistan on Protection of the Reproductive Health of Citizens states that sex education shall be conducted based on approved special curricula, developed jointly by education authorities and government health agencies (LexUZ 2019).

Although we could not find any national guidelines on teaching reproductive health issues in open sources in order to be able to analyse the comprehensiveness of sex education programmes in Uzbekistan, a ‘Report of the Implementation of the Beijing Declaration and Platform for Action’ pays attention to the formal character of existing sex education that does not meet the modern standards (United Nations Economic Commission for Europe [UNECE] 2019).

We can see a gap between the declared priorities of state programmes and the actual implementation of effective practices to reduce the incidence of STIs and risky behaviour in Uzbekistan.

As another country in the post-Soviet space, Belarus has experienced similar problems. Approaches to sexual education in schools and information on transmission risks and safe behaviour are quite similar in Belarus and Uzbekistan. Both countries prioritise the importance of reproductive health issues and the prevention of risky behaviour among adolescents. At the same time, there is a gap between setting priorities and shaping the programmes according to the needs of the youth.

Some experts even assess current approaches to sexual and reproductive health and rights education in Belarus as being outdated and reiterating gender stereotypes (Belarusian Helsinki Committee 2023).

The United Nations Population Fund (UNFPA) recommends the following areas of work:

1. Increasing public awareness about safe and risky sexual behaviour, and manifestations of risky and unsafe sexual behaviour: focus on adolescents and youth, high school students in general secondary education institutions, students in specialised vocational and secondary education institutions, and university students.
2. Addressing gaps in knowledge, including misconceptions about the risk of contracting HIV infection and STIs during various forms of sexual contact. Here, the UNFPA stresses that young people under 30 are more vulnerable than other age groups, so they are the target group (UNFPA 2022).

According to the United Nations Children's Fund (UNICEF), adolescents in Belarus reported a lack of information and knowledge about mental health issues and stigma associated with mental disorders, drug use, conflicts with the law, HIV status, and non-traditional sexual orientation among peers (Ministry of Health of the Republic of Belarus/UNICEF in the Republic of Belarus 2019).

Thus, there is a need to have some tools to monitor the success of the infrastructure for the protection of reproductive health and the prevention of risky behaviour among adolescents. It is important to monitor the extent to which official training programmes actually meet the needs of adolescents.

To achieve this goal, our team (Darya Varabyeva, economist at the NGO 'Positive Movement', Katerina Parfeniuk, an activist, Aleksandra Korotkova, a social worker, and Tatsiana Pikirenia, executive director of the NGO

‘Positive Movement’) created a methodology of city quests for high school students (aged 15 to 16 years old) and performed it in Belarus in 2018. The pilot project made it possible to identify problems and convey them to decision makers. Based on these results, we feel that such a practice could be successfully applied in Uzbekistan and in other countries where there is a need to monitor the success of the implementation of HIV prevention programmes among adolescents.

We believe that the methodology described below is suitable for most teenagers, regardless of their social position or academic performance. It is a good tool for educational institutions and local authorities due to its affordability, ease of organization, and the engaging and entertaining nature of the activity, which makes it easy to involve schoolchildren. The exercise is also transparent due to the use of social media as a medium for sharing the experiences with others and the fact that it can be performed in an active format; and unbiased and purposeful because it is performed by the target audience of the education programmes and healthcare infrastructure. Furthermore, there are qualitative results that could be achieved when involving adolescents in monitoring activities: participants develop the skills needed to interact with service providers and advocate for the rights of adolescents.

Methodology

The purpose of the quests is to teach teenagers the skills they need to take care of their health, receive professional help, and reduce the risk of HIV transmission. The quest involves teams of schoolchildren (15 to 16 years old, several teams per school; we had four to six teams of up to 10 people each) exploring the city to try to access services related to sexual and reproductive health in various institutions, as well as find interesting spaces to spend leisure time and communicate with peers. The quest is limited to one day (24 hours); teams compete with each other to complete the tasks and share their experience on social media.

The quests were financially supported by the UNICEF Office in Belarus. To provide competitive motivation, prizes were provided for the teams that finished in first, second, and third places. The quests were developed and conducted by activists and specialists from the public organisation ‘Positive Movement’ in four cities in Belarus, and 135 teenagers (70 boys, 65 girls) participated. The results of the quests were presented on 19th Decem-

ber 2018 in Minsk, at a round table ‘The practice of socio-psychological work with youth to develop constructive life skills to overcome difficulties’, which included the participation of some of the teenagers who took part in the quests (Belarusian Public Association ‘Positive Movement’ 2018). The event was attended by social educators, school psychologists, specialists in educational and methodological schoolwork, teachers of additional education institutions, and experts in the field of psychology of adolescent behaviour. At the round table, the NGO ‘Positive Movement’ suggested that educational institutions use the quest methodology, as it showed effectiveness and was positively perceived by the teenagers themselves.

In our quests, tasks were divided into the following topics:

1. Testing for HIV infection.
2. Medical counselling on sexual and reproductive health issues.
3. Help in connection with violence.
4. Leisure activities.

Testing for HIV Infection

1. The team of schoolchildren needs to fill out a questionnaire about HIV infection, take a photograph and send it to the organisers for verification. We do not provide an example of a questionnaire here, since the questions we used in 2018 are somewhat outdated. However, we would like to point out that when developing a questionnaire, it is necessary to encourage adolescents to find reliable information about prevention, treatment, and living with HIV, so that in the process of answering the questions, the teams of schoolchildren correct any misconceptions they have surrounding the issue of HIV infection and sexual and reproductive health.
2. A team needs to find at least one place where they can anonymously and freely get tested for HIV, without the presence of parents. HIV testing in Belarus is voluntary, so the task does not require teenagers to actually take the test but rather just find such an opportunity and describe on social networks whether it was easy to find such places, how clear and friendly the consultation was at the healthcare institutions, whether they received answers to their questions, how much their motivation to take the test has increased/decreased, and other personal impressions.

During our quests, some HIV prevention departments based in state epidemiology centres refused to conduct HIV testing in the absence of parents. However, the schoolchildren managed to buy an HIV test at the pharmacy and used it.

Medical Counselling on Sexual and Reproductive Health Issues

1. The team needs to try to seek advice from a gynaecologist and urologist and share on their social networks about what kind of help these specialists provide and why they are relevant for teenagers. The text must be original, written by teenagers for teenagers; copying from other sources does not count.

From our quests we learned that in all four cities, adolescents were provided with medical consultation on sexual and reproductive health by either a gynaecologist or urologist.

Help in Connection with Violence

1. Teenagers need to film a video interview on their smartphone with any adult (a passer-by, parent, teacher, older brother or sister, etc.) and ask them the following questions:
 - a) What kind of violence can teenagers face?
 - b) Are you allowed to beat children, and if so, up to what age?
 - c) Who can help a teenager if they are faced with violence?
 - d) Any other questions they would like to ask.
2. The team must find a hotline that assists with issues of violence, call them, and leave feedback about this communication on their social networks.

The teams of schoolchildren managed to shoot videos on the problem of domestic violence. The majority of adults surveyed expressed a negative attitude towards violence against children, which our quest participants were very satisfied with.

At the same time, psychological support hotlines performed poorly. They either did not answer or gave advice that the adolescents rated as useless or even inadequate to their understanding of the situation. For example, one of the teams got a recommendation from a hotline specialist to obey all the demands of a family abuser, which the teenagers found weird.

Leisure Activities

1. Teams were asked to find a place where they would like to spend their leisure time. The place should be fun for them, free of charge, and accessible for the whole team. Teenagers should take photos and shoot videos at the locations, and tag them on their social networks.
2. In addition, the teams needed to share their opinion about the availability and quality of recreation options for teenagers in the city.

In our case, the quests turned out to be a very constructive way of checking the availability of services and assessing whether the conditions for receiving them met the needs of adolescents.

In large cities like Minsk, Gomel, and Vitebsk, teenagers noted that there were a lot of beautiful places, but there were no places where you could sit inside for free when it was cold outside. They also complained about the lack of places with free internet connection.

The experience of conducting quests has shown us that any initiative can be implemented with teenagers, including programmes to inform them about the risks of unsafe behaviour, if you create an environment that matches their interests and needs. In particular, free internet and heated public spaces can be easily organised in the existing urban infrastructure: in schools, cinemas, cultural centres, sports clubs, libraries, etc. Access to these places should be low-threshold (i.e. teenagers do not need to have a specific purpose to spend time there). Social issues such as domestic violence and health are of interest to teenagers, but they say the way this information is presented in schools, i.e. in a lecture format, lags behind modern trends and is irrelevant today.

To build a constructive dialogue with adolescents on sensitive topics such as HIV, sexual behaviour, and substance use, it is necessary to answer questions honestly, provide only reliable information, demonstrate a willingness to help instead of punish, maintain confidentiality, and welcome feedback and initiative.

Furthermore, direct feedback from the people who receive information and medical services is more important when there is no critical view from other stakeholders. Organising such quests can be a good alternative in countries where feedback from communities or public organisations is poorly developed.

Conclusion

Quests allow stakeholders to look at many problems through the eyes of teenagers and assess whether the surrounding infrastructure meets their needs and how efforts can be improved to prevent destructive forms of behaviour among young people.

Addressing these risks requires a multifaceted approach, including comprehensive sexual education, youth-friendly health services, empowerment programmes, and supportive legal and social environments. By targeting adolescents and schoolchildren with appropriate interventions, it is possible to significantly reduce their risk of HIV and STI transmission and support their overall health and well-being.

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