



**PARENTS' KNOWLEDGE,  
ATTITUDE AND PRACTICES (KAP)  
TOWARDS COMPREHENSIVE  
SEXUALITY EDUCATION  
IN SECONDARY SCHOOLS  
IN RWANDA**





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## ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ASRHR	Adolescent Sexual Reproductive Health and Rights
CSO	Civil Society Organization
CBC	Competence Based Curriculum
CSE	Comprehensive Sexuality Education
CRC	Convention on Rights of the Child
GBV	Gender Based Violence
HDI	Health Development Initiative
HIV	Human Immunodeficiency Virus
MINEDUC	Ministry of Education
NGOs	Non-Government Organizations
REB	Rwanda Education Board
RNEC	Rwanda National Ethics Committee
SEO	Sector Education Officer
SGA	School General Assembly
SGAC	School General Assembly Committees
SPSS	Social Package for Social Sciences
STI's	Sexually Transmitted Infections
YWCA	Young Women Christian Association
UNESCO	United Nations Education Scientific Cultural Organisation

## EXECUTIVE SUMMARY

In Rwanda, Comprehensive Sexuality Education (CSE) has been subsumed in the new Competence Based Curriculum (CBC) as one of the essential cross cutting components. The aim of the school based CSE is to equip children with knowledge, skills and values in an age appropriate and culturally gender sensitive manner so as to enable them to make responsible choices about their sexual and social relationships, explain and clarify feelings, values and attitudes, as well as to promote and sustain risk reducing behavior (Rwanda Education Board, 2015). Besides government initiatives, most often from the Ministry of Education (MINEDUC), some civil society organizations such as Health Development Initiative (HDI) support community and health systems strengthening to enrich community members as well as in and out - of - school adolescents with information on sexuality and reproductive health and rights.

Nonetheless, sexuality education is a controversial issue especially with regard to the age at which it should be imparted to children and the amount of detail to be revealed (Moronkola and Fakeye, 2008). Sexuality education is often construed by parents as 'promoting sex and immorality'; however, sexuality education can serve as an opportunity for parents to reinforce the efforts made by schools to equip children with adequate knowledge and skills on sexual matters.

Currently in Rwanda, studies on sexuality education focus mainly on views of adolescents and teachers in teacher training institutions (UNESCO, 2015; REB, 2017), while the attitude and perception of parents towards CSE in secondary schools has not yet been explored. Therefore, HDI has found it imperative to assess parents' knowledge, attitude and practices towards CSE in secondary schools in Rwanda. The objectives of the study were to determine parents' levels of knowledge and understanding of CSE; seek parents' opinions on the aspects of CSE that they felt were pertinent to be imparted to children in school as well as the appropriate level/age for the onset of sexuality education. The study was also conducted to inform HDI and partners in SRHR program planning and advocacy.

The study was conducted in 10 districts of Rwanda and involved 574 parents and 91 key informants (teachers and education officials). Parents and teachers were purposively selected from 40 schools. Data were collected using a structured questionnaire administered to parents and interviews with key informants. Prior to data collection, the study protocol was presented to the Rwanda National Ethics Committee for ethical approval.

### **Key findings**

More than two-thirds of parents (n=402, 70.03%) reported feeling sufficiently knowledgeable about adolescent sexual behavior. However, none of the parents sampled were able to identify any sexuality education related policies. Encouragingly, of the 360 participants who reported their awareness of the presence of CSE in school, 86.1% of parents (n=310) claimed to know CSE was being taught in schools. When disaggregated by geographical location and gender, there were no significant differences between within each category in regards to awareness of CSE.



The majority of parents (33.3%) thought that that CSE should be introduced in upper primary school (10 to 12 years-old), followed by 28.0% of parents who thought lower secondary (13 to 15 years-old). In relation to whether CSE is important to children in school, the majority of the parents (n=526, 91.6%) acknowledged CSE's relevance. Across all parents, only about one-quarter thought CSE promotes promiscuity (n=146, 25.4%), with a significant difference between parents from rural versus urban districts ( $p=.048$ ). Rural parents (n=92, 28.2%) were more likely to believe CSE promoted promiscuity compared to urban parents (n=54, 21.8%).

Furthermore, most parents (n=480, 83.6%) acknowledged that it is important to discuss sexuality issues with children. A greater proportion of urban parents (n=215, 86.7%) thought it was important to discuss sexuality with children, compared to 81.3% of rural parents (n=265), a difference approaching significance ( $p=.052$ ). Likewise, a considerable amount of parents (76.3%) indicated that they felt comfortable discussing sexuality matters with their children; however, when disaggregated by location, more rural parents (82.8%, n=270) felt comfortable discussing sexuality with their children, compared to 67.7% of urban parents (n=168), a highly significant difference ( $p=.000$ ).

Parents were further asked whether or not they *often* discuss sexuality matters with children at home.

While most parents recognize the importance of sexuality education, only 53.9% (n=194) discuss sexuality issues with their children at home, revealing that shyness, religion, and culture contributed to their decision. There was a highly significant difference ( $p=.000$ ) between parents from rural versus urban areas and between mothers and fathers ( $p=.001$ ). More rural parents reporting discussing sexuality issues at home: 42.7% of urban parents (n=79) compared to 65.7% of rural parents (n=115); and more mothers (n=121, 61.5%) reported having these discussions than fathers (n=73, 43.5%). Parents stated the main reasons that dissuaded them from these discussions included feeling shy as well as having difficulty navigating cultural norms and values.

Parents, teachers and education officials believed the thematic areas of CSE should align with what is already stipulated in the CBC as well as the ASRHR policy. However, among parents that thought contraception should not be taught, there was a significant difference ( $p=.000$ ) between rural and urban parents. A greater proportion of rural parents (n=65, 19.9%) compared to urban parents (n=17, 6.9%) thought the use of contraception should not be taught.

In conclusion, both mothers and fathers across rural and urban areas clearly understand the importance of CSE, but are not often engaging in conversations with their children around sexuality-related issues. When they do, more mothers and more rural parents have these dialogues. In regard to CSE content, contraception remains more sensitive to rural parents than urban ones.

Additionally, parents and key informants interviewed (teachers and SEOs) raised issues that they felt could jeopardize the teaching of sexuality in school, including: teachers lacking enough time due to heavy workloads, lack of relevant training, lack of sexuality related teaching materials, lack of clarity on the scope of teaching content, and strongly held cultural and religious beliefs.

Thus, at the political and organizational levels, it is recommended that HDI, MINEDUC, REB, Ministry of Health and other concerned actors should prioritize relevant training and teaching materials for CSE, design a comprehensive teaching manual on CSE, systematically monitor its implementation across schools, and develop awareness and sensitization strategies focusing on parents. Within families, it is recommended that more parents start talking openly about sexuality with their children, especially fathers and parents from urban areas. Since their still appears to be hesitancy around talking about contraception in the classroom, civil society organizations (CSO)s should leverage parent-evening nights as an opportunity to educate parents about family planning.

## 1. BACKGROUND AND RATIONALE OF THE STUDY

### 1.1 Overview of CSE

CSE provides students with opportunities to understand their values and to build decision-making, communication, and risk reduction in many aspects of sexuality (UNESCO, 2006). CSE programs work to delay initiation of sex, reduce the number of sexual partners and increase the use of condoms and other forms of contraception (Pearson, 2012). Studies on sexuality education in schools show that it encourages children to delay their sexual activity and to practice safer sex once they are active (Evans, Rees, Okagbue and Tripp, 1998). By teaching safe sexuality practices and healthy relationships, successful CSE reduces the sexual risk-taking behaviors, thereby decreasing incidences of unplanned pregnancies and STIs (Berger, 2008). Despite the advantages of having comprehensive and proactive conversations around sexuality, a study conducted in Nigeria and found that parents were inactive with respect to playing their role as primary sexuality educators for their children (Moronkola and Fakeye, 2008). This lack of parental involvement is especially detrimental given that educational institutions provide little or no sexuality education for young people, coercing students to consult their equally uninformed peers as the primary source of information on the issues. Given that sexuality education remains a controversial issue in many African communities, it is hypothesized that these same challenges are likewise experienced in Rwanda. There continues to be a widespread fear, even among educated parents, that discussing sexuality issues might trigger children's sexual interests. As such, parents fear and avoid holding open debates on sexuality related issues in hopes that their children will not engage in sexual activity (Sprinthall and Collins, 1995).

Nonetheless, research has shown that over 90% of children obtain information on sexuality from immature friends, pornographic literature, films, television and videos and less than 10% from parents and teachers (Bhonsle, 2004). With the absence of information from knowledgeable sources, these adolescents likely imitate and practice risky sexual behavior from uninformed sources. This persistent taboo to discuss sexuality issues may be contributing to the increased rate of teenage pregnancies, which has risen from 6.1% to 7.3% according to the latest Demographic Health Survey.

Consequently, providing children and young people with access to services and education about sexuality is now considered to be a pressing public health priority. To achieve optimum health outcomes, public health professionals consider schools to be the main site for the provision of sexuality education for young people (Selwyn and Powell, 2007).

### 1.2 Historical and cultural context of sexuality education in Rwanda

Similar to other African cultures, Rwandan adults do not discuss sexual matters with young children. Traditionally, information about sexuality issues is disseminated to adolescents by aunts. In fact, according to the Rwandan traditional norms and values, young boys and girls are not supposed to engage in premarital sex. Women or girls bearing children out of wedlock were once punished by exile or death. Given that virginity was associated with purity and goodness, sexuality itself was associated with shame and defilement. Although today the Rwandan

traditional measures against premarital sex are no longer upheld due to international laws that protect human rights, unmarried women engaging in sex or expressing sexual desire are viewed as “low status” (Carlson, 2016). Consequently, young people are afraid to ask questions relating to sexual issues from fear they will be seen as being “sexually immoral,” an idea reinforced from religious sentiments. However, premarital sex that occurs without young people educated on safe sexual relations embodies a threat to their health (Bennett, 2007). In addition, the absence of CSE for youth augments both the dangers that they may experience due to unsafe, premarital sex (Bennett, 2007).

In a 2017 baseline study conducted by REB and UNFPA, they determined the KAP of adolescents aged 10 to 19 years-old in primary and secondary schools to monitor the impact of school-based CSE. In regards to knowledge, findings showed that boys have more accurate knowledge of CSE concepts than girls; accurate knowledge of HIV was evident, yet attitudes toward HIV were variable; and most learned about sexuality from school teachers. Results also indicated that it was unclear if parents have the right information about sexuality given limited formal education.

In order to prevent young people from facing problems associated with lack of sufficient information on sexual and reproductive health, the Government of Rwanda introduced a new Competence Based Curriculum (CBC) with CSE as an integral component. The aim of the school based CSE is to equip children with knowledge, skills and values in an age appropriate and culturally gender sensitive manner so as to enable them to make responsible choices about their sexual and social relationships, explain and clarify feelings, values and attitudes, and promote and sustain risk reducing behavior (REB, 2015). In 2016, Rwanda’s CSE curriculum was officially launched through a three-day teacher-training program which equipped teachers and stakeholders in the education sector on key features of the new curriculum and learner-centered teaching methodologies. The training included deans of studies from 1,508 secondary schools from 30 districts.

Since 2016, CSE has been implemented in all public and private primary and secondary schools in Rwanda. To widen the scope of CSE impact, civil society organizations such as HDI have been extending the teachings of CSE to enrich community members as well as in and out-of-school adolescents with information on sexuality and reproductive health and rights.

Nevertheless, sexuality education remains a controversial issue, especially with regard to the age at which children should start receiving such information and the amount of detail to be revealed (Moronkola and Fakeye, 2008). Sexuality education is often construed by parents as a ‘promoting sex and immorality’ phenomenon (Moronkola and Fakeye, 2008); yet, they play a pivotal role in reinforcing the efforts made by schools to equip children with comprehensive knowledge and skills on sexual matters.

At present in Rwanda, studies on sexuality education focus mainly on views of adolescents and teachers in teacher education institutions (UNESCO, 2015; REB, 2017), while the attitudes and perceptions of parents towards CSE in secondary schools is not known. Therefore, HDI found

it imperative to assess parents' knowledge, attitude and practices towards CSE in secondary schools in Rwanda.

### **1.3 Objectives of the study**

The main objective of the research study was to assess the knowledge, attitudes and practices of Rwandan parents towards the implementation of the ongoing CSE in secondary schools.

#### ***Specifically, the study was conducted to:***

- » Determine parents' level of knowledge and understanding of CSE
- » Discover parents' views on the aspects of CSE that they feel are pertinent for their children to learn in school.
- » Seek parents' opinions on the appropriate level/age for the onset of CSE
- » Determine how comfortable parents feel talking to their children about sexuality issues

## 2. LITERATURE REVIEW

### 2.1. CSE Curriculum

In 2015, MINEDUC reviewed the Rwandan education system, specifically to ensure that the curriculum prepares students with relevant knowledge, appropriate attitudes, and skills to adapt and integrate in real life situations. Hence, CSE was introduced in schools as a viable strategy to adequately prepare youth for a smooth transition from adolescence to adulthood as well as provide accurate information for healthy sexual lives (REB, 2015).

CSE encompasses sexual and reproductive health, human growth and development, communication, relationships, gender, prevention of STIs, HIV and AIDS, unwanted pregnancies and gender based violence (GBV) among others. It supports a rights-based approach that promotes values such as respect, acceptance, tolerance, equality, empathy and reciprocity—all of which are inextricably linked to universally agreed human rights.

### 2.2. Policy Context

#### *Adolescent Sexual Reproductive Health and Rights (ASRHR) Policy (2012)*

The ASRHR Policy and its Strategic Plan stresses the importance of educating young people about family planning, which involves planning for a desired number of children, delaying age of first sexual initiation, birth spacing, and methods to have autonomy over reproductive decision-making. The policy emphasizes equipping adolescents with skills to be able to prepare for adulthood and family responsibilities, engage in responsible sexual behavior as well as positive cultural practices.

This policy takes into account a comprehensive core package of ASRHR information that should be provided to adolescents both in and out-of-school. This package has been defined by the Ministry of Health based on internationally recognized ASRHR packages and has been adapted to the Rwandan context. It includes among others information and counseling on ASRHR such as the male and female reproductive systems, sexuality and the stages of sexual development, family planning for adolescents, STIs, Human Papilloma Virus, and HIV and AIDS, gender, and GBV prevention and response, safe motherhood for adolescents, risky behavior of adolescents and life skills education.

#### *National School Health Strategic Plan (2013/14 – 2017/18)*

Reproductive health is one of the key priority intervention areas stipulated in the National School Health Strategic Plan (2013/14 – 2017/18) of Rwanda. The Strategic Plan emphasizes the promotion of a friendly sexual and reproductive health program for adolescents and young adults. While the National School Health Strategic Plan underscores the importance of sexuality and reproductive health programming in school, it cannot achieve the desired outcomes without involving parents. Parents need to be sensitized to actively take part not only in promotion of CSE but also in their children's education in general through the umbrella, the School General Assembly (SGA), commonly known as Parents and Teachers Associations (PTAs).

### **2.3. Studies on CSE**

According to the 2013 report, "Gender Assessment of HIV Response," conducted by RWAMREC, a local, male engagement NGO, gender differentiation is particularly pronounced among young people. Girls aged 18 to 19 are ten times more likely to be HIV positive than boys of the same age, and young women aged 20 to 24 are five times more likely to have HIV. The assessment revealed that girls become HIV positive at a younger age than men, although men report higher rates of early sexual debut. The study showed that early sexual onset is higher among young Rwandan women with no education (31% before age 18) than those with primary education (17%) or secondary or higher education, respectively (10%). Although early sexual debut has decreased in recent years, 17% of young women aged 15 to 24 reported engaging in sexual intercourse before age 18. Moreover, both girls and boys aged 12 to 16 reported experiencing violence and sexual harassment in schools of which teachings in CSE (i.e. on GBV and positive masculinity) could help prevent and mitigate (RWAMREC, 2010).

Due to the prevalence of early sexual initiation and adolescent HIV, CSE programs have become increasingly crucial to prevent the further proliferation of HIV/AIDS, STIs, and teenage pregnancies (Selwyn and Powell, 2007). Youth need to be provided information that is accurate and relative to the state of their society in order to lead healthy lives; nevertheless, this information must start at an appropriate age and be conveyed in an age appropriate manner. Other challenges include standardizing quality and comprehensive content across all types of education institutions, including public and private schools as well as religious-based institutions.

Concerning the age at which children should learn sexuality matters, studies show that some parents support sexuality education for high school students, while a significant number of sexual health educators believe that key issues regarding sexuality should be taught beginning from primary five or six (Darroch, 2000; Kirby 1991). Some key issues educators support include among others puberty, HIV transmission, resisting peer pressure, dating and nonsexual affection (Darroch, 2000). These findings seem to suggest that parents and teachers recognize the importance of sexuality education as a tool in adolescent development; as a result, the proper age for orientation to sexuality education has to be taken into consideration.

Furthermore, when analyzing sex education programs, quality of instruction constitutes a key factor in contributing to the effectiveness. Donovan (1998) found out that many educators and parents lack adequate training in the field of sexuality education, and there is little incentive and opportunity for teachers to receive appropriate training in this area. This lack of attention to training teachers and parents in sexuality education coupled with a lack of capacity may result in providing inaccurate and insufficient information to learners (Donovan, 1998).

### 3. METHODOLOGY

A mixed-methods approach was utilized. Qualitative data was collected through interviews with key informants who included teachers, Sector Education officer (SEOs), and Rwanda Education Board (REB) officials while quantitative data was obtained using questionnaires administered to parents.

#### 3.1. Participants of the study

While parents were the key study participants, the views of teachers, SEOs, and REB officials were sought to bolster insights on the role of parents and motivating their further engagement. Furthermore, it was especially imperative to also seek teachers' views on sexuality education because like parents, their personal, cultural, and traditional beliefs influence their comfort, willingness and ability to teach sexuality education in the classroom. Similarly, the views of education officials illustrated how CSE implementation was being reinforced across different settings.

#### 3.2. Geographical coverage

The study was conducted in 10 districts and 21 sectors that were selected based on urban-rural proportionality. The distribution of districts per province was likewise done proportionately, based on the number of districts per province (i.e. more districts were sampled from provinces with many districts than those with fewer).

*Table 1 : Distribution of Districts and Sectors Sampled*

Provinces	Districts	Sectors	
		Urban	Rural
Southern Province	Huye	Tumba, Gishamvu	
	Nyanza		Nyagisozi, Rwabicuma
	Gisagara		Kibilizi, Save
Eastern province	Nyagatare	Rwempasha, Nyagatare	
	Gatsibo		Rugarama
	Kayonza	Gahini	Nyamirama, Mukarange
Western Province	Ngororero	Gatumba, Nyange	Ngororero
	Karongi		Rubengera, Mubuga
	Nyabihu		Kintobo, Mulinga
Kigali City	Gasabo	Kinyinya, Kimironko	
<b>Total</b>	<b>10 districts</b>	<b>9 sectors</b>	<b>12 sectors</b>

#### 3.3. Sample and sampling procedures

The study involved a sample of 92 key informants and 574 parents (293 female and 281 male) selected from 40 schools—four per district. Schools sampled were comprised of 20 private and 20 public institutions. The sample for parents was statistically determined using a formula for



non-predetermined population (Rose, Spinks, Canhoto, 2015). Overall, 57 parents were surveyed from each district, except for Gasabo in Kigali where 60 parents were surveyed. Key informants were selected using non-probability sampling methods. In sum, 80 teachers (2 per school), 10 SEOs, and 2 REB/MINEDUC officials were interviewed.

### **3.3.1. Sampling techniques**

Both parents of children in secondary school and key informants were selected using purposive sampling techniques. Each of the schools were known to have CSE as an integral component. Similarly, education officials in charge of monitoring and supervision of the implementation of the CBC were preferred.

### **3.4. Methods of data collection**

The study involved collection of quantitative and qualitative data:

**Questionnaire:** The quantitative data were collected using the questionnaire approved by the Rwanda National Ethics Committee that was developed on the basis of the study objectives as well as other studies on sexuality education conducted globally (see Appendix).

**Interviews:** Participants were asked six questions from a structured questionnaire to garner which subjects teachers perceived to be important within CSE; the impact of CSE on students; challenges to teaching CSE; and potential solutions to mitigate challenges.

### **3.5. Recruitment and training of enumerators**

Two enumerators that had proven skill and experience in data collection were selected and provided with an interactive and practice-oriented training. Additionally, experienced supervisors supervised data collection, provided field-level technical guidance, and ensured the quality of the data at individual levels.

### **3.6. Pilot testing of tools**

A pre-testing of data collection tools involved 19 parents (11 females and 8 males) in one purposively selected school in Kigali City. This school was then excluded during the actual study. Pre-testing helped to refine the study tools to better ensure validity.

### **3.7. Data processing and analysis**

After collecting quantitative data, questionnaires were coded to facilitate data input for processing and analysis. Data were cleaned and entered into Social Package for Social Sciences (SPSS) version 16 in order to generate simple statistics, charts, and frequency tables. Similarly, qualitative data was coded and analyzed manually by eight people. This involved examining responses and identifying themes. After identifying these major and sub-themes, clusters of text with similar meaning were presented together and analyzed.

### **3.8. Ethical Approval**

The study was conducted upon receiving an ethical clearance from the Rwanda National Ethics Committee (RNEC). All study forms including the protocol, informed consent, questionnaire, and interview guides were submitted for review by RNEC. During the consenting process, the

enumerators explained to the participants the purpose of the study, the procedures, risks, and ability to opt-out at any time. After reading the consent form, the participants were given time to ask questions. Through the use of participant codes, no identifying information was collected from study participants.

## 4. RESULTS

### 4.1 Socio-Demographic Information

In order to fully understand parents' knowledge, attitude and practices (KAP) towards CSE, some key demographics such as gender and geographical location were considered. Almost an equal proportion of male (n=281, 49%) and female (n=293, 51%) parents were sampled. Nonetheless, when disaggregated by geographical location, more than half of the participants (n=326, 56.8%) were drawn from urban districts while 43.2% (n=248) were sampled from rural districts. This discrepancy is due to the fact that urban districts were more accessible.

When disaggregated by both gender and geographical location, it was found that there was no significant difference in the proportion of male and female participants between rural and urban districts. In urban districts, the proportion of male and female participants was the same (22%) whereas in rural districts, males constituted 27% and females 29%.

### 4.2 Parental Knowledge

Parents were asked how they perceived their own knowledge on adolescent sexual behavior as well as sexuality related government programs. More than two-thirds of parents (n=402, 70.03%) reported feeling sufficiently knowledgeable about adolescent sexual behavior. A slightly greater proportion of mothers (n=207, 70.6%) felt knowledgeable about adolescent sexual behavior compared to fathers (n=195, 69.4%). This suggests that mothers may dedicate more time and attention to the concerns of adolescents, or their children feel more comfortable confiding in their mother than their father. Interestingly, a greater proportion of parents from rural areas (n=237, 72.7%) reported feeling knowledgeable about adolescent sexual behavior compared to their urban counterparts (n=165, 66.5%). However, there were neither statistically significant differences between mothers or fathers ( $p = .406$ ), nor between parents living in rural and urban areas ( $p = .066$ ).

Figure 1: Parents' perceptions of their knowledge on adolescent sexual behavior, by gender

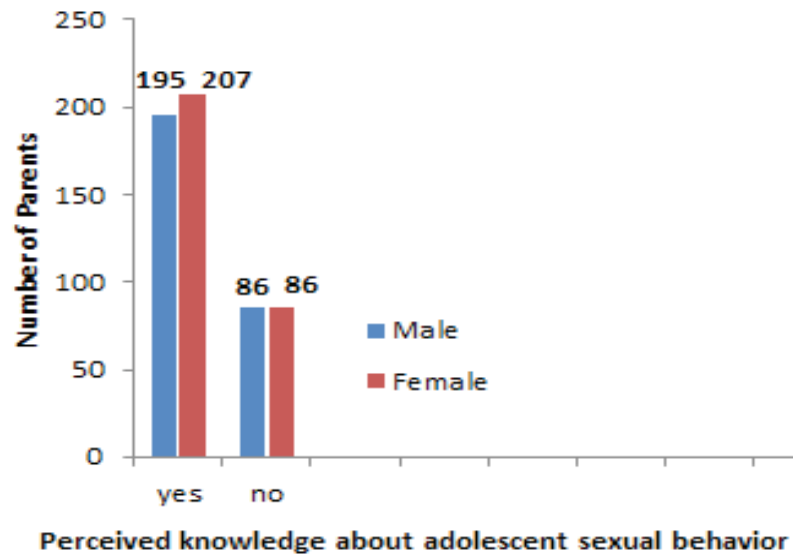
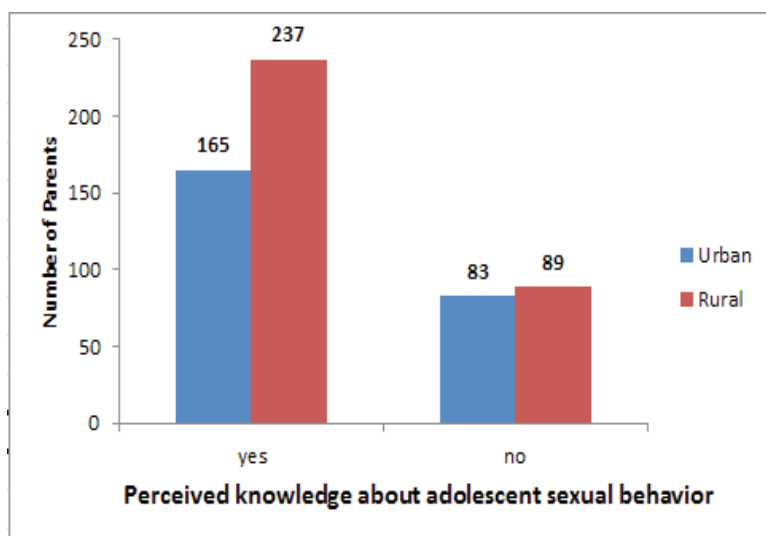


Figure 2: Parents' perceptions of their knowledge on adolescent sexual behavior, by location



Parents who perceived they had sufficient knowledge about adolescent sexual behavior were further asked to provide the source where they acquired such knowledge. Most parents learned through the radio (69%), community health workers (66%), aunts (34%), and parent evening meetings (23%).

Table 2: Sources of Information about Adolescent Sexual Behavior

Response	Percentage
Radio (URUNANA Program)	69%
Community health workers ("Abajyanama b'ubuzima")	66%
Paternal and maternal aunts	34%
Parent evening meetings (Mukagoroba k'ababyeyi)	23%
Community meetings (Umuganda)	17%
Elders	12%
Friends	12%
Training organized by schools through NGOs such as YWCA and Plan International	5%

When asked about CSE-related government programs and policies, parents were mainly cognizant of the national family planning program which is broadcasted on radio and television. Those who reported having adequate knowledge on adolescent behavior revealed that they acquired knowledge from gynecologists, midwives, and the media.

### 4.2.1 Parental Understanding of CSE

When asked how they understood CSE, nearly half of parents (48%) had a superficial understanding while others clearly understood what it entails. Some parents understood CSE in terms of only sexual intercourse (29%) and slightly less (23%) construed it in the context of sexual reproductive health. These mixed perceptions imply that there is a need to educate parents about what CSE includes.

Table 3: Parental Understanding of CSE

<p><b>Physical Changes During Puberty</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Imiterere y'umubiri. It means body make up.</li> <li><input type="checkbox"/> Ni ihindagurika ry' umubiri. It refers to physical body changes</li> <li><input type="checkbox"/> Numva ari igihe umwana amaze gukura. It is the time when a child has grown up</li> <li><input type="checkbox"/> Ni igihe cy' ubwangavu n'ubugimbi. It refers to adolescence period</li> <li><input type="checkbox"/> Numva ari imyaka y'ubukure. It is the age of maturity</li> </ul> <p><b>Menstruation Management</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Inyigisho zijyanye n' uburumbuke. It refers to education on ovulation</li> </ul> <p><b>Sexual Behavior</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Numva ari imyitwarire ku bijyanye n' imibonanompuzabitsina. It refers to sexual behaviour</li> <li><input type="checkbox"/> Kunezeza umubiri. It refers to sexual activity</li> <li><input type="checkbox"/> Ntekereza ko ari ibijyanye no gusambana. It refers to issues related to fornication</li> <li><input type="checkbox"/> Ibijyanye no gutwara inda. It refers to getting pregnant</li> <li><input type="checkbox"/> Ni inyigisho ijyanye n' ubuzima n' imyorororekere. It refers to reproductive health education</li> </ul> <p><b>Disadvantages of Unplanned Pregnancy</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ni ukwigisha abana kwirinda inda zitateguwe. It refers to educating children against unwanted pregnancies</li> <li><input type="checkbox"/> Numva ari ubutumwa butuma abana bamenya ibijyanye n' imikurire yabo n'uko bakwirinda inda zitateguwe. It refers to children's awareness on growth and how could prevent unwanted pregnancies</li> </ul> <p><b>Other</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> N' ibijyanye no gushaka no kubyara. It refers to marrying and producing children</li> <li><input type="checkbox"/> Sinabimenya. I don't know</li> </ul>
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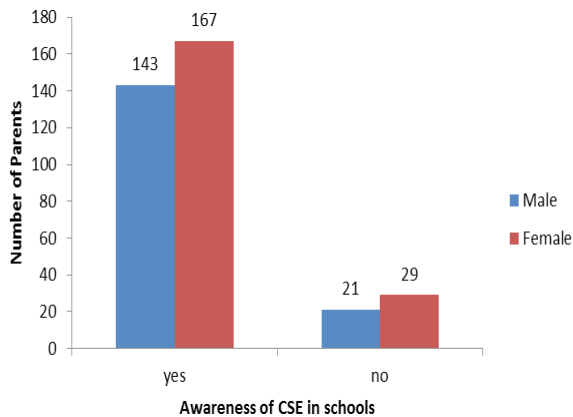
It is apparent that parents only have a narrow view of what CSE includes when the scope of the CSE actually encompasses much more nuanced subjects, such as gender, personal empowerment, and family planning. For example, the CBC emphasizes GBV and STIs to be among the areas of sexuality education; however, none of the parents mentioned these topics in their understanding of sexuality education.

Moreover, none of the participants were able to identify any policies related to sexuality education. It is hypothesized that the government, media, and CSOs could be increasing their efforts to sensitize the public to sexuality policies and programs.

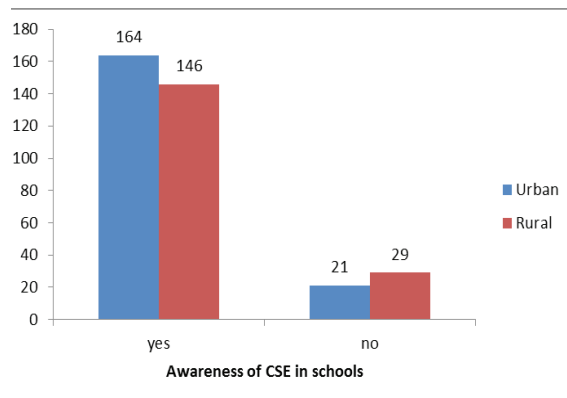
#### 4.2.2. Parental Awareness of CSE in Schools

Of the 360 participants who reported their awareness of the presence of CSE in school, 86.1% (n=310) were aware while 13.9% (n=50) of parents were not aware. By location, a greater proportion of parents from urban areas (n=164, 88.6%) were aware that CSE was taught compared to 83.4% (n=310) of rural parents; yet, there was no significant difference between the two ( $p = .1$ ). Between genders, a slightly greater proportion of fathers (n=143, 87.2%) compared to mothers (n=167, 85.2%) were aware of CSE in schools; nonetheless, the difference was not significant ( $p=.349$ ).

**Figure 3: Awareness of CSE implementation, by gender**



**Figure 4: Awareness of CSE implementation, by location**



According to the Law n° 23/2012 of 15/06/2012 relating to the organization of schools in Rwanda, parents should actively partake in the functioning of the school, follow up on their children’s instruction, and provide scholastic materials. Furthermore, the law stresses the need to recognize the central role that parents play in the School General Assembly Committees (SGAC). Here, parents have the opportunity to approve school activities and determine priorities; offer solutions to common problems faced by the school; and approve the budget.<sup>1</sup> Thus, they are in a strategic position to ensure CSE is integrated and implemented with high efficacy across grade levels.

Likewise, as the first educators of their children, parents must know what their children learn in order to further cultivate positive values, clarify misconceptions on sexuality and development, and offer advice to reduce risky sexual behaviour in the home. Moreover, parent can reinforce and add to CSE content discussed in schools in order to address additional questions their children may have.

**One SEO reaffirmed this sentiment in an interview, stating:**

*... Sexuality education is not only very crucial to students in school but also young boys and girls not in school. Parents should also be responsible and it should actually start from homes. A student should be taught about sexuality at school after they have at least received some notion from the parents. Although some parents may find it difficult to discuss this topic with their children for some reasons, I believe the initiation should be done by parents.*  
Sector Education Official

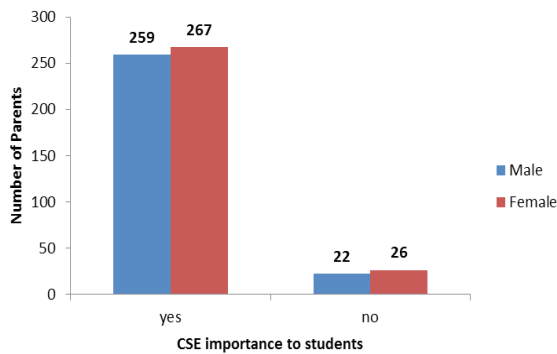
<sup>1</sup>MINEDUC School Management: Administration of Secondary Schools  
<http://www.rencp.org/wp-content/uploads/2010/06/MINEDUC-Administration-of-Secondary-Schools.pdf>

**4.3. Parental Attitudes**

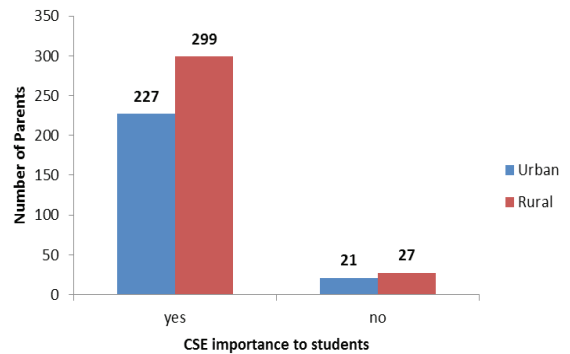
**4.3.1 Perceived Importance of CSE**

In response to the question 'Is sexuality education important to students in schools', the majority of the parents (n=526, 91.6%) acknowledged CSE's relevance, responding that it could help to reduce the frequency of unwanted teenage pregnancies. Almost an equal proportion on parents from rural and urban areas indicated the importance of CSE in school: 91.5% of urban parents (n=227) and 91.7% of rural parents (n=299), with no significant difference (p=.527). A slightly higher proportion of fathers (n=259, 92.2%) thought CSE was important to students while 91.1% of mothers (n=267) thought the same. There were no significant differences between the genders (p=.382).

**Figure 5: Importance of CSE to students, by gender**



**Figure 6: Importance of CSE to students, by location**



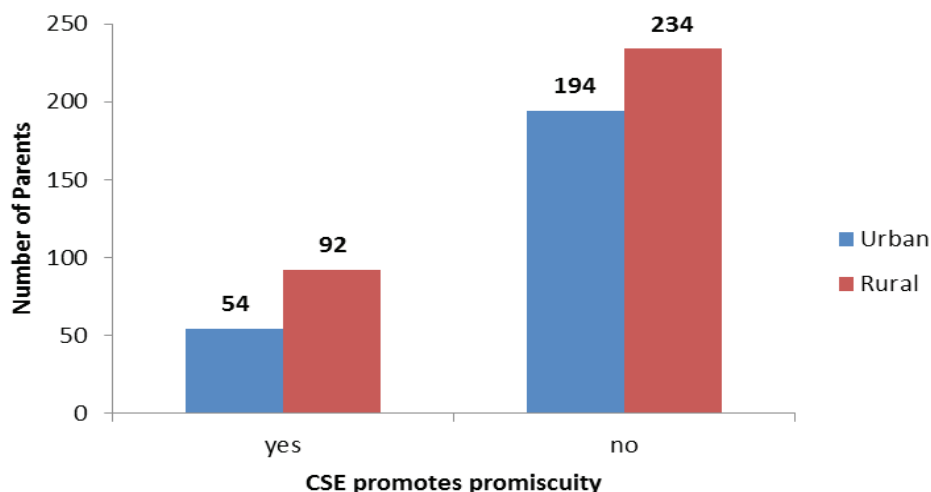
In addition to surveying parents, teachers and education officials at district and sector levels were interviewed to ascertain whether sexuality education is important to students in school. All the interviewees thought CSE was relevant in order to help mitigate students entering into unhealthy relationships and getting pregnant while still in school. Therefore, CSE could help students acquire sexuality related information and skills, reduce their risk of getting unwanted pregnancies, as well as contacting HIV and other sexually transmitted diseases.

**4.3.2 Perceived Consequences of CSE**

Across all parents, only about one-quarter thought CSE promotes promiscuity (n=146, 25.4%), with a significant difference between parents from rural versus urban districts (p=.048). Rural parents (n=92, 28.2%) were more likely to believe CSE promoted promiscuity compared to urban parents (n=54, 21.8%).

Similarly, only 23.5% of parents (n=135) that CSE would negatively impact Rwandan values and culture, with no significant differences among parents of different genders or locations. Due to the majority positive perception towards CSE, educators, government officials, and CSO members can leverage this attitude to expand policy discussions and more streamlined implementation of CSE.

Figure 7: Perception of CSE promoting promiscuity, by location



#### 4.3.3. Appropriate persons to teach CSE in schools

Since children spend most of their time in school, these institutions play a pivotal role in promoting and implementing sexuality education. Among 360 respondents, parents predominately thought that all teachers could deliver CSE (39.7%), teachers trained in sex education (36.7%) and female teachers (21.1%), respectively. Generally, the majority of the parents felt that all teachers were capable of delivering sexuality education because they believe that regardless of gender and training, teachers are professional and have the skills to impart CSE knowledge. Only 0.6% of parents thought both parents were most suitable to administer CSE.

By gender, most fathers (n=68, 41.5%) and most mothers (n=75, 38.3%) believed all teachers were suitable to impart CSE. When disaggregated by location, a greater proportion of urban parents (n=77, 41.6%) thought teachers trained in CSE were more suitable than all teachers to deliver CSE (n=62, 33.5%). Alternatively, a greater proportion of rural parents (n=81, 46.3%) reported the reverse: all teachers were more suitable than those trained to deliver CSE (n=55, 31.4%).

Nonetheless, the views of teachers and education officials at sector and district levels were different from those of parents. Education officials and teachers interviewed were in support of teachers who teach subjects such as Elementary Science and Technology, General Studies, Biology, and Languages. In all of these studies, CSE is supposed to be incorporated, as specified in the CBC.

#### 4.3.4. Essential elements of CSE

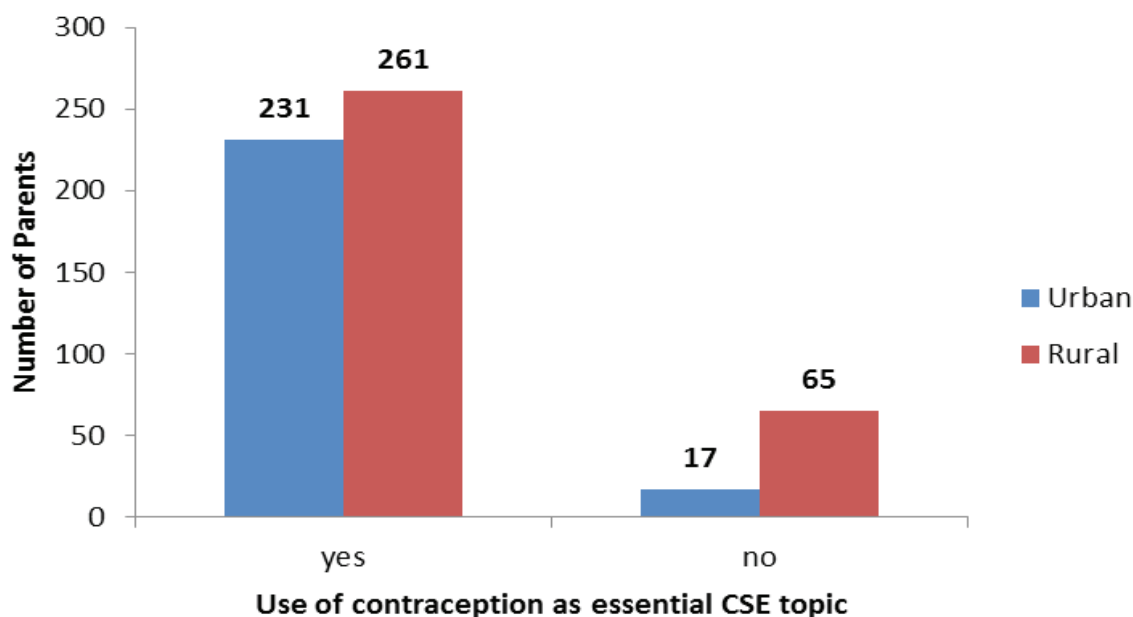
Parents thought the following subjects should be included in CSE instruction:

- » physical changes
- » associated with puberty and adolescence (97.6% of parents)
- » menstruation management (93.6% of parents)
- » sexually transmitted infections (93.6% of parents)
- » abstinence from pre-marital sex (92.5% of parents)
- » disadvantages of unplanned pregnancies (90.8% of parents)
- » use of contraception (85.7% of parents)



There was no significant difference between mothers and fathers among those that thought contraception should be taught. However, among those that thought contraception should not be taught, there was a significant difference ( $p=.000$ ) between rural and urban parents. A greater proportion of rural parents ( $n=65$ , 19.9%) compared to urban parents ( $n=17$ , 6.9%) thought the use of contraception should not be taught.

Figure 8: Use of contraception as an essential CSE topic



Besides the list provided to them in the questionnaire, some parents suggested other aspects which they thought were equally important, including:

- » Disadvantages of homosexuality (19%)
- » Consequences of abortion (8%)
- » Prevention of sexual gender based violence (4%)

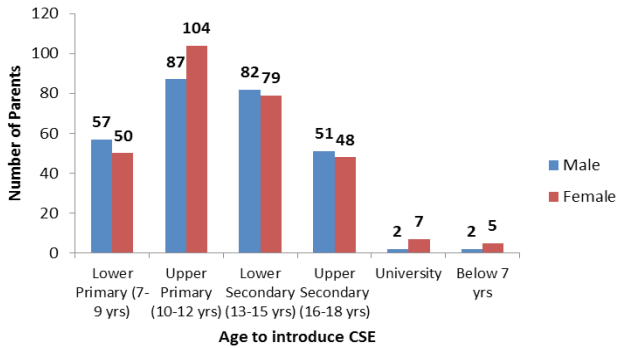
#### 4.3.5. Appropriate level and age for CSE initiation

The majority of parents (33.3%) thought that that CSE should be introduced in upper primary school (10 to 12 years-old), followed by 28.0% of parents who thought lower secondary (13 to 15 years-old), 18.6% thought upper primary (7 to 9 years-old), and 17.2% though upper secondary (16 to 18 years-old), respectively. Hence, most adults responded that CSE should be introduced from 10 to 15 years-old.

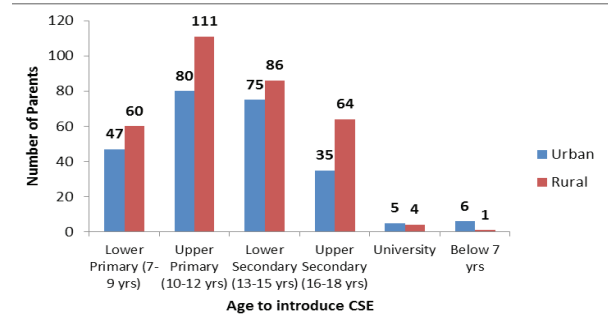
The main reason for this age preference was that it is the period adolescents start facing challenges regarding [sexuality](#) and [social life](#). For parents who wanted CSE to commence from lower primary (7 to 9 years-old), they wanted their children to grow up with a solid foundation and adequate knowledge about sexuality issues.

By gender, both parents thought upper primary was the most suitable age education level to introduce CSE (n=104 mothers, 35.5%; n=87 fathers, 31.0%). Likewise, both rural (n=111, 34.0%) and urban parents (n=80, 32.3%) believed the same age group to be the most appropriate.

**Figure 9: Age to introduce CSE, by gender**



**Figure 10: Age to introduce CSE, by location**

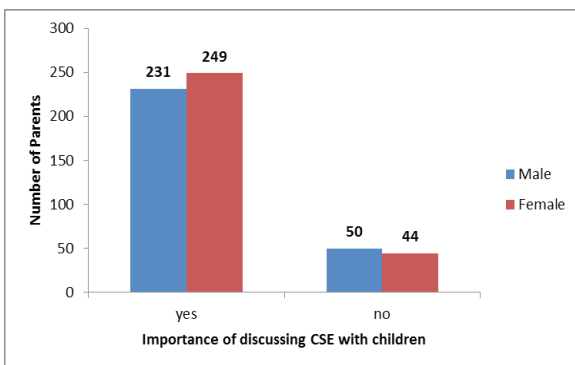


#### 4.4 Parental Practices

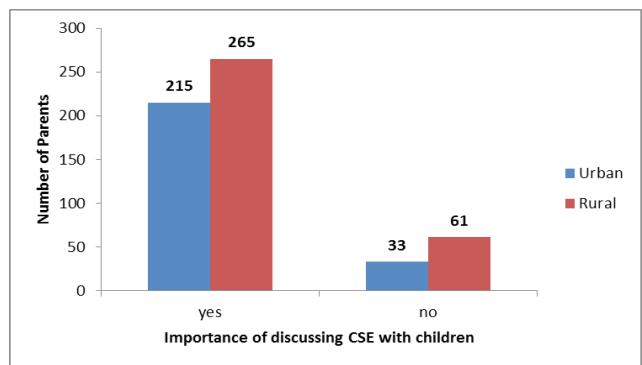
##### 4.4.1. Parent-child discussions about sexuality issues

The majority of the parents (n=480, 83.6%) acknowledged that it is important to discuss sexuality issues with children. A greater proportion of urban parents (n=215, 86.7%) thought it was important to discuss sexuality with children, compared to 81.3% of rural parents (n=265), a difference approaching significance ( $p=.052$ ). Almost the same proportion of mothers (n=249, 85.0%) and fathers (n=231, 82.2%) thought it was important to discuss sexuality issues with children, a difference that is not significant ( $p=.216$ ).

**Figure 11: Importance of discussing CSE, by gender**



**Figure 12: Importance of discussing CSE, by location**



Parents were asked whether or not they felt comfortable discussing sexuality issues with children. A considerable amount of parents (76.3%) indicated that they felt comfortable discussing sexuality matters with their children.

When disaggregated by location, 82.8% of rural parents (n=270) felt comfortable discussing sexuality with their children, compared to 67.7% of urban parents (n=168), a highly significant difference ( $p=.000$ ). A greater proportion of mothers (n=230, 78.5%) than fathers (n=208, 74.0%)

felt comfortable discussing sexuality issues with their children, although this difference was not significant ( $p=.122$ ).

Figure 13: Comfort discussing CSE, by gender

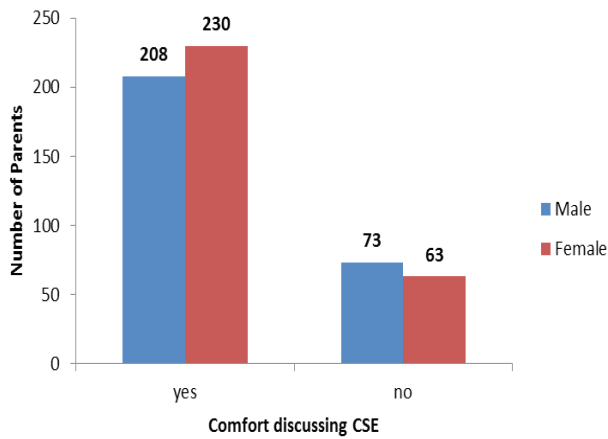
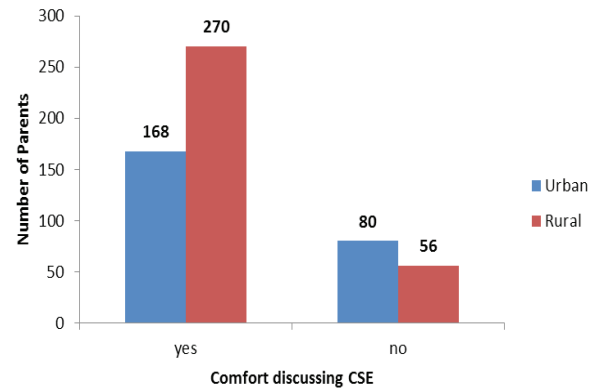


Figure 14: Comfort discussing CSE, by location



Parents were further asked whether or not they *often* discuss sexuality matters with children at home.

While most parents recognize the importance of sexuality education, only 53.9% (n=194) discuss sexuality issues with their children at home, revealing that shyness, religion, and culture contributed to their decision. There was a highly significant difference ( $p=.000$ ) between parents from rural versus urban areas and between mothers and fathers ( $p=.001$ ). More rural parents report discussing sexuality issues at home: 42.7% of urban parents (n=79) compared to 65.7% of rural parents (n=115); and more mothers (n=121, 61.5%) reported having these discussions than fathers (n=73, 43.5%). This finding suggests that children either feel more comfortable approaching their mothers or mothers engage in more probing about sexual issues.

Figure 15: Discussing CSE with children, by gender

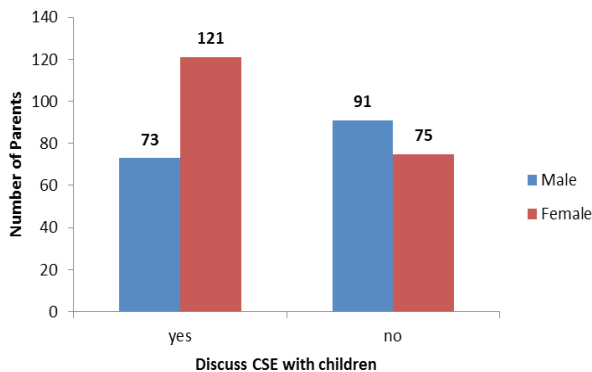
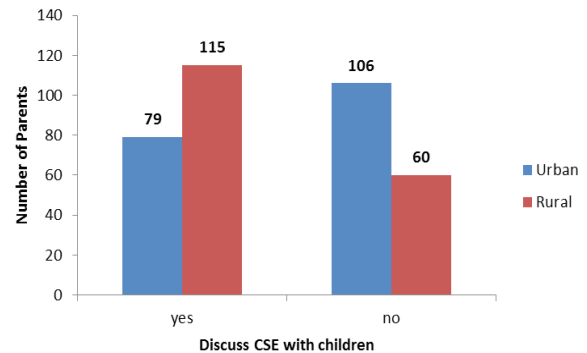


Figure 16: Discussing CSE with children, by location



Besides parents and teachers, it was imperative to seek opinions of education officials on perceived challenges to teaching sexuality education, whose views mirrored teachers and parents. For example, all the officials interviewed revealed that teachers needed more training in pedagogical

approaches to teaching the new CSE, since most were not trained.

It was further revealed that most of the cross cutting thematic areas in the CBC including CSE have no clear content and therefore teachers have to use their discretion to select the content for some topics on sexuality education. This may create inconsistency in what children learn in different schools and the same could apply to parents because they complement teachers' efforts.

*"...the CSE part is among the cross cutting components of the new curriculum that has no clear content for some topics. For some aspects teachers have to make decision on what is appropriate, which is a challenge to them. Another challenge is that some teachers feel uncomfortable to teach sensitive topics such as sexuality and genocide studies."*

**~Sector Education Officer**

## 5. DISCUSSION

### *Knowledge*

With respect to the content of sexuality education, parents, teachers and education officials' views were similar to the CBC and ASRHR policies. While 86.1% of parents (n=310) claimed to know CSE was being taught in schools, none of the parents sampled were able to identify any sexuality education related policies. This confusion is reflected within the CBC itself, as the curriculum lacks clear content for some of the thematic areas. As a result, teachers struggle to know what information should be covered given the fact that sexuality education is a contentious and new phenomenon in Rwandan schools.

### *Attitudes*

Across all parents, only about one-quarter thought CSE promotes promiscuity (n=146, 25.4%), with a significant difference between parents from rural versus urban districts ( $p=.048$ ). Rural parents (n=92, 28.2%) were more likely to believe CSE promoted promiscuity compared to urban parents (n=54, 21.8%).

For these parents, there is need to educate and demystify the beliefs parents hold about CSE and show them how the curriculum encompasses gender, menstruation management, anatomy, prevention of sexually transmitted diseases, and family planning.

### *Practices*

Although the majority of the parents (n=480, 83.6%) acknowledged that it is important to discuss sexuality issues with children, only 53.9% (n=194) discuss sexuality issues with their children at home, revealing that shyness, religion, and culture contributed to their decision. Mostly mothers and rural parents have these conversations at home, and in school, most parents believe that all teachers can deliver CSE material. Nonetheless, teachers and education officials thought that only teachers with disciplines in which CSE was integrated should bear the responsibility. Parents and key informants further raised some issues that they felt could jeopardize the teaching of sexuality issues in school, including teachers lacking enough time, training, and teaching materials as well as their own cultural and religious beliefs.

### **5.1. Strengths**

This study provided valuable insight into parents' perceived knowledge on CSE compared to their practices around sexuality-related discussions at home. Since the majority of parents believe to be knowledgeable about adolescent sexuality behavior and recognize the importance of CSE, there is evident parental buy-in around strengthening reproductive decision-making, gender norms, and disease prevention among their children. Nevertheless, there remains a wide gap between parents' support of CSE and how often they engage in these conversations at home. As a result, this study provides evidence to encourage CSOs to deliver tools and conduct trainings with parents around how to have these hard conversations with their adolescents. Because this study looked at results through a gender and location-based perspective, CSOs can better tailor trainings to specific populations.

## **5.2. Limitations**

In order to reach a large sample size in a short time span, the questionnaire had to be concise. As a result, enumerators did not ask about the parents' age, level of education, religion, the age/school level of their children, nor other proxies for income. Thus, it is difficult to extrapolate how their responses may have differed according to these different characteristics. Although the study covered a large geographical area that was proportional by urban/rural locales, it remains challenging to conclude if the current sample is representative of Rwanda's population at large due to the absence of other socio-demographic information.

If there was more time, the study could have asked questions that measured parents' actual knowledge on CSE topics, instead of how they *perceive* their knowledge. Furthermore, those results could elucidate what knowledge is commonly missing from parents—findings that could inform future trainings. Qualitative interviews could have also asked what topics within CSE parents and teachers wanted to learn more about.

## **5.3. Future Directions**

HDI recommends that further studies be carried out to explore the opinions of students towards CSE and how they perceive their parents' engagement with the material. A comprehensive study should be carried out to determine the degree to which CSE is integrated across schools, subjects, and grade levels. Furthermore, a more in-depth analysis of teachers' training in CSE needs to assess the gaps in their level of knowledge and confidence to discuss often taboo topics in the classroom.

## **Conclusion and Recommendations**

To be truly effective, CSE needs to have equal commitment in its implementation across the socio-ecological model. As a result, CSE will influence youth through their interpersonal relationships (parents, teachers, and local leaders), institutions (schools and religious centers), and policy.

This study demonstrates how parents' lack of discussions with their children around CSE may be stifling the extent to which CSE principles are adopted by children. Although most parents acknowledge that CSE does not promote sexual activity, they likewise want to avoid teaching the content to their children. As a result, CSE content often remains confined to the classroom, where students may not have a true safe space to explore their questions. In order to better meet students' needs, the following recommendations may help to improve the adoption, implementation, and monitoring of CSE both within and outside of schools.

### **Civil Society Organizations**

Due to the novelty of the CSE curriculum integration in schools, there are several opportunities for civil society organizations to engage parents on the promotion of sexuality education, both in and outside the classroom.

Almost a quarter of parents still believe that CSE promotes promiscuity and negatively impacts Rwandan values and culture. Hence, HDI in collaboration with partners should raise awareness

and sensitize parents about CSE and its importance. Platforms such as parent's evening forums commonly known as *umugoroba w' ababyeyi*, television, radio, newspapers, magazines, social media and billboards could be appropriate channels of disseminating information on CSE.

- » According to findings, parents felt that while discussions around sexuality were challenging to engage in, the responsibility fell predominately on female guardians. Therefore, HDI in collaboration with other CSOs such as RWAMREC should engage male guardians on issues of positive masculinity and sexuality education.
- » HDI should collaborate with different stakeholders and REB to harmonize the teaching guide and manual on CSE, especially for out of school adolescents and youth as well as parents. The materials should be user-friendly and written in Kinyarwanda.
- » HDI and other CSOs supporting education in Rwanda should collaborate with REB and train teachers on CSE. This capacity-building effort will help educate teachers on the importance and content of CSE beyond those who teach subjects where sexuality education is already integrated. By expanding trainings to all teachers, the CSE curriculum can be further standardized and harmonized across all types of schools and classroom settings. Moreover, teachers will gain the skills and confidence to appropriately administer the curriculum to students of different ages and grade levels.
- » CSOs should systematically monitor the implementation of CSE across schools in order to ascertain if there is a difference in content delivery and reception between public and private institutions and urban versus rural areas. Moreover, regular monitoring of CSE can help provide more timely feedback to teachers on what methods are most effective for adolescent understanding and behavior change.

### **REB/MINEDUC**

- » Because findings revealed that CSE fails to elaborate on the details of what teachers should cover in the CBC thematic areas, the MINEDUC and REB should ensure that a comprehensive guide is developed, disseminated, and practiced with teachers across the country.
- » In designing upcoming interventions at both a programmatic and political level, it is necessary to engage youth in this forum (i.e. design, implementation, monitoring, research, and advocacy) to ensure that material is appropriate, accessible, and relevant.
- » REB should collaborate with CSOs and develop a manual to train the School General Assembly Committee (SGAC) members on CSE so that they can educate parents on the scope of CSE. This will help to demystify the cultural beliefs held by parents about sex education among young people. In addition, REB should encourage school to make CSE an integral part of the SGAC and School General Assembly meetings so that parents understand their role as regards CSE.

- » REB should encourage District Directors of Education and Sectors Education Officers to liaise with local administrators at the district, sector, and village levels in order to sensitize community members about the scope and content of CSE as well as the role that adults have in providing young people with accurate CSE information. This grassroots sensitization can be done during the designated end of month communal work days (umuganda) and civic education (itorero).



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