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**Integrating Life Skills for Reproductive Health Education from a Gender Perspective**

**In Pre-University General Education Curricula in Lebanon**

**Prepared by**

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**Comprehensive Sexuality Education and the Integration of Sexual and Reproductive Health  
Concepts in Curricula and Textbooks**

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## **Introduction**

The need for adolescents to be aware [of reproductive health] is a top priority, as it is a precise and important matter. Therefore, awareness-raising efforts should focus on equipping Lebanese youth with life skills that enable them to confront problems related specifically to their lack of knowledge on reproductive health topics, based on the fact that this concept is an integral part of the concepts of general pre-university education curricula.

The project "Integrating Life Skills for Reproductive Health Education from a Gender Perspective in Pre-University General Education Curricula" falls within the framework of the National Reproductive Health Program and the framework of the cooperation program between the United Nations Population Fund and the Lebanese government. Upon its launch, the program adopted the recommendations issued by the International Conference on Population and Development (Cairo, 1994), particularly the definition of reproductive health as "a state of complete physical, mental and social well-being in all matters relating to the reproductive system, its functions, and processes. It is not merely the absence of disease or disability. Reproductive health also implies that people can have a satisfying and safe sexual life and that they can reproduce and have the freedom to decide if, when, and how many children they want." The program also relied on the evaluation study of the population situation in Lebanon.

Based on the foregoing, reproductive health and gender equality are among the important topics that the Ministry of Education and Higher Education has prioritized, and the Educational Center for Research and Development has addressed this issue and implemented supporting projects in cooperation with the United Nations Population Fund between 2004 and 2015. Several attempts were made at the Center to develop pre-university education curricula in general and to integrate the reproductive health curriculum specifically into general education curricula and textbooks. However, the integration process has not been achieved to date due to the obstacles and health, social and economic crises that have successively befallen Lebanon. Work on this topic is still ongoing within the project to renew the general pre-university education curricula that the Center is currently undertaking, in order to achieve the goal of reproductive health programs, which is to increase the provision of information and raise awareness among young people about reproductive health and sexual issues, through various activities and interventions aimed at providing information to young people.

Through various channels and from various reliable sources such as curricula, classroom and extracurricular activities, awareness campaigns in local communities and in the media, and other activities that reach young people in all Lebanese regions.

Accordingly, through our participation in the activities of this conference alongside sister countries: Jordan, Morocco, Egypt, and Tunisia, we hope to exchange joint knowledge production among ourselves and benefit from the various experiences and expertise in the field of sexual education and reproductive health, and in the mechanism of integrating this topic into curricula and textbooks. We also rely on the opportunity available within the activities of this conference to work with the participating delegations on common issues in the field of sexual

and reproductive health, and to strengthen and empower our capabilities in this field and come out with recommendations that help overcome the main obstacles and challenges that we may face in our country, identify knowledge gaps and assess lessons learned to achieve the integration of life skills related to reproductive health education from a gender perspective in general education curricula before the university level in Lebanon.

It is worth noting that this participation will play a pivotal role in influencing policies and practices in the field of comprehensive sexuality education at the national level in the countries of the region. This experience will contribute to strengthening the executive plans for sexual and reproductive health issues to achieve the Sustainable Development Goals 2030, especially the third goal concerned with health and well-being. Reproductive health education protects learners from many dangers, such as reducing child marriage, teenage pregnancy and abortion, and preventing the transmission of sexually transmitted infections. Ignoring reproductive health and sexual needs deprives learners of the right to make critical choices about their bodies and their future, which will have a later impact on the well-being of their families and future generations. This deprivation of these rights may also exacerbate poverty and gender inequality.

### **First: The Development of the Lebanese Experience in Integrating Concepts of Reproductive Health and Sexuality into Pre-University General Education Curricula**

#### *1- History of Sexuality Education in the World and in Lebanon*

The need to keep pace with young people in Lebanon in terms of their views on sexuality is becoming increasingly apparent, as their behavior and attitudes are dominated by tendencies of prevention and prohibition, despite the existence of literature on sexuality education in official discourse (2007, Kebbe). The initial perception formed in the consciousness of Lebanese youth about sexual issues is mostly dominated by the link with honor and chastity. Consequently, there are many cases of hymen reconstruction before marriage due to fear of persecution (2000, Khair-Badawi). Religion also has a negative impact on young people's views on sexual issues (2000, Mekhael), as sexual (relationships) according to religion remain confined to the marital institution. Religions endeavor to combat any modern and changing perspective on sexual issues, our understanding of them, and our approach to them (1992, Khair-Badawi). Even the view of Christianity and Islam on sexual relations as a means of procreation inherently rejects anything related to that goal. Thus, religions fight against contraception and do not acknowledge pleasure (1992, Khair-Badawi).

Lebanese law prohibits sexual (relationships) with minors under the age of 18 (505-509-510, penal code). All these concepts point to a pressing need to support Lebanese youth through sexuality education and to build their sexual culture, in light of the increasing sexual energy and social pressures at the same time. Meanwhile, the media broadcasts pornographic films and foreign series with a social orientation that completely contradicts the customs and traditions of our society.

### **The Need for Reconsideration**

The necessity of reconsidering sex education, according to Freud, Ellis and others at the beginning of the twentieth century (Pelège et Picod, 2006) (Brenot, 1996), (Béjin, 1996) is emphasized. Sex education entered schools in France as part of cognitive instruction within the framework of life sciences. After the liberation of social customs, the scope of sex education has broadened to include all the contents of the educational material, including the objectives, methods, skills, and assessment methods necessary.

The Universal Declaration of Human Rights and the Declaration of Economic, Social and Cultural Rights (Article 13) and the Convention on the Rights of the Child (Article 29) recognize the child's right to an education that allows him or her to affirm his or her personality and prepare him or her to reach maturity.

This brief historical development leads us to question the reality of the situation in Lebanon and the objectives, methods, skills and assessment methods of sexuality education in Lebanese schools. What is the impact of this on Lebanese youth in high school? This problem resulted from a long research and statistical investigation that we conducted in many Lebanese schools belonging to all sectors.

In the field of educational research, and from the perspective of our awareness and understanding of our civic responsibilities, we were struck by the number of students who spend their nights watching pornographic films broadcast by some media outlets after a late hour, or the series of television discussions on various sexual topics, including pregnancy and some of its special conditions, abortion, or even virginity... This indicates the extent of young people's ignorance of these topics in general and their lack of the required culture, in an atmosphere that prevents dealing with this issue and relegates it to the basket of social taboos. Some published statistical studies, including a survey of 1000 students on healthy living and a survey of 3635 young Lebanese people, showed that about half of the young people surveyed are willing to have a sexual relationship before marriage (Youth Day, June 17, 1997). Many of them are also drawn into premarital relationships in an unsafe way (Sibai & Kanaan, 1999).

The abolition of part of the human reproduction curriculum in the eighth grade of the basic education curriculum in the general pre-university education curricula in Lebanon sparked a storm of discussions at the national level in Lebanon.

All these elements prompted us to question how to ensure the necessary means for every young man and woman in Lebanon to live a safe sexual life as a right for each of them

## **2. Defining Sexual Education**

What exactly is sexual education? How do we understand it? Does it serve an educational purpose, or is it more instructional? Does it focus solely on general health principles, or does it encompass life education more broadly? What elements make it up, and what are the different levels referred to?

Defining sexual education requires considering the concept of sex and its connection to the community's traditions and social values. According to F. Payen (1999), sexual education is

rooted in practice and training (Brenot, 1996) (Béjin, 1996) within the social and cultural context of sexuality. Meanwhile, Thorogood sees the purpose as teaching young people what they need to know about sex, while Gardo-Khalliofi and Quinio define it as educating children and teenagers about reproductive health (Thorogood, 2000). These perspectives all highlight the importance of social life. From this viewpoint, sexual education allows adolescents to navigate the accompanying feelings, emotions, and anxieties they experience during this stage.

Some sociologists and psychologists also view it as an educational process that shapes attitudes, emotions, and understanding regarding relationships formed with others (Gardo-Khalliofi & Quinio, 2002).

Sexual education, from this perspective, goes beyond simply providing physiological or anatomical information related to sexual acts. It extends to encompass the value and relational aspects of sexuality. Brenot (1996) aligns with this perspective, while Desaulniers (1995) suggests that defining sexual education's objectives and the need for sexual reflection are key. Athea (2006) discusses the importance of sexual awareness for a positive approach to sexual experiences. Tremblay (2002) proposes a multifaceted approach to sexual education, emphasizing the importance of biological, psychological, and social skills alongside ethics.

It's important to note that these perspectives go beyond just sexual education itself. They advocate for building a comprehensive educational concept that integrates sexual education as a fundamental part of a society's structure within four main areas

The obstacles (Desaulniers), the social role (Payen), and the partial consideration (Gardo-Khallofi & Quinio) point out the variety of learning areas (Tremblay).

For us, sexual education in the context of guiding adolescents about sex aims to equip them with the necessary information, concepts, and skills to:

- Think critically about sex to avoid the confusing messages they receive daily about the topic, its outcomes, and the implications of sexual relationships.
- Approach sexual activity with confidence, understanding, and the ability to establish healthy relationships.
- Behave responsibly and avoid risky sexual behaviors, including harassment, exploitation, and sexual trafficking.

(Source: "Sexual Education for Adolescents: Reality and Numbers," Dr. Hiam Ishaq - Training and Liberation - Ali Khalifa, 2012)

### **The Reality of Integrating Reproductive and Sexual Health Concepts into Pre-University General Education Curricula in Lebanon**

The Educational Research and Development Center (ERDC) in Lebanon is committed to sharing its experience in this field. This report aims to reflect the progress achieved in the challenging area of integrating reproductive and sexual health concepts into pre-university general education curricula in Lebanon.

## 1. Gaining Support

The ERDC has actively sought the support of decision-makers and educational policymakers to introduce sexual education, including issues of gender, reproductive and sexual health, within educational activities. This effort included several strategies:

- Organizing seminars and various awareness campaigns on the importance of sexual education and its role in the healthy development of youth.
- Gathering and presenting social and scientific data to support decisions related to providing accurate and comprehensive information and integrating it into curricula and activities.

It is essential for decision-makers and opinion leaders to provide support and coordinate among themselves to create an enabling environment for supportive policies regarding comprehensive sexuality education. To achieve this, the following activities can be undertaken:

- **Engage in activities related to gaining the support of decision-makers and stakeholders regarding the importance of educating youth in the fields of reproductive health and gender issues.** This can be achieved by holding extensive meetings with all partners in the educational sector.
- **Conduct workshops for decision-makers in the educational sector.**
- **Produce an advocacy package for decision-makers consisting of a short film that highlights some issues emphasizing the importance of introducing reproductive health education topics into schools.** The package should also include two booklets—one directed at educational policy-makers and the other at community educators.

**This package defines the concept of reproductive health and focuses on the importance of developing a life skills-based reproductive health education curriculum from a gender perspective.** It also highlights the decisions and recommendations issued by international, regional, and national conferences that support this decision, including: the preamble to the Lebanese Constitution – paragraph B, the Educational Revival Plan, the National Population Policy Document in Lebanon 2001, the Arab Population Forum 2004, the International Conference on Population and Development, the Copenhagen Youth Declaration, the Convention on the Elimination of All Forms of Discrimination against Women, the Convention on the Rights of the Child, the Beijing Declaration on Equality, Development, and Peace for the 21st Century, among other agreements and laws that Lebanon is committed to at the local, regional, and international levels.

**This package also provides statistics and figures related to learners' interests in topics such as family planning, contraception, pregnancy and childbirth, and abortion, in addition to providing resources for learners to explore topics of reproductive health and how to teach these topics.**

All of the above emphasizes the importance of integrating population education, including gender issues and reproductive health, into educational curricula and within classroom and extracurricular activities, and supports this integration.

## Completed Studies

Four preliminary field survey studies were conducted as part of the preparatory activities project to understand the Lebanese context before integrating population education into school curricula and educational and extracurricular activities. These studies explored various aspects of reproductive health and gender issues:

- **Compiling Previous Expertise in Population Education in Schools – 2004 – Educational Research and Development Center (ERDC)**
- **Needs of School Teachers in the Field of Reproductive Health and Gender Issues – 2005 – Dr. Monique Chaaya and Dr. Rima Afifi** This study evaluated the knowledge, attitudes, and practices of teachers in primary and secondary schools across Lebanon regarding reproductive health and sex education, as well as their views on youth reproductive health.
- **Opinions of Parents of Students on Including Reproductive Health and Gender Issues in Schools – ERDC – 2006 – Dr. Salim Adib with contributions from Mrs. Vivian Chlela** This study surveyed parental views on integrating reproductive health and gender issues into schools by:
  - Investigating and studying parental attitudes towards gender roles, specifically the role of women in society.
  - Studying parental attitudes towards sex education and reproductive health, including the frequency and comfort level of their communication with their children on these topics.
  - Assessing parents' need for more information to facilitate effective communication with their children on reproductive health topics.
  - Examining demographic and socio-economic factors related to the aforementioned parental attitudes.
- **Population Issues, Including Reproductive Health and Gender in School Textbooks – ERDC – 2006 – Dr. Hala Noufal, Dr. Yolande Noufal, and Ms. Nihad Doumit** This study analyzed school textbooks to evaluate their content concerning population issues and the concepts of reproductive health and gender. The textbooks for primary and secondary education stages, prepared by ERDC following the issuance of new educational curricula in 1997, formed the framework of the study. Samples of textbooks were selected based on subject and grade level.

To review the textbooks' content, the selection process for the samples was based on whether the book contained issues or concepts related to population, gender, reproductive health, and sexuality.

## 2. Field Study on Sexual Education and Culture among Adolescents – Reality and Figures

A field study on "Sexual Education and Culture among Adolescents – Reality and Figures" was conducted in 2008 as part of Professor Hiam Ishaq's doctoral thesis. This study included a descriptive survey that assessed the current situation on a national level, the methods and concepts of sexual education used with adolescent students in Lebanese secondary schools, and analyzed the impact of these methods on shaping the sexual culture of Lebanese adolescents.

Professor Ishaq's study employed a statistical survey of a sample of 32 secondary schools chosen randomly from both public and private schools, including religious and secular institutions. Written questionnaires were distributed to 406 third-year secondary students and 32 principals.

The student sample distribution was as follows:

| <b>Geographic Distribution</b> |                                     |
|--------------------------------|-------------------------------------|
| <b>Province</b>                | <b>Percentage of the sample (%)</b> |
| Mount Lebanon                  | 33                                  |
| Bekaa                          | 15                                  |
| South                          | 16                                  |
| North                          | 23                                  |
| Beirut                         | 14                                  |

| <b>Distribution by School Sector</b> |                                     |
|--------------------------------------|-------------------------------------|
| <b>Sector</b>                        | <b>Percentage of the sample (%)</b> |
| Public                               | 68                                  |
| Private secular                      | 4                                   |
| Private Christian religious          | 26                                  |
| Private Islamic religious            | 2                                   |

| <b>Distribution of Students by Gender</b> |                                 |
|---|---------------------------------|
| <b>Gender</b>                             | <b>Percentage of Population</b> |
| Male                                      | 43%                             |
| Beirut                                    | 14                              |

| <b>Table of Distribution of Students by Specialization</b> |                                 |
|--|---------------------------------|
| <b>Specialization</b>                                      | <b>Percentage of Population</b> |
| General Sciences   | 8%                              |
| Life Sciences  | 27%                             |
| Economics and Sociology                                    | 35%                             |
| Humanities and Arts  | 15                              |

During the implementation of the field study, some school directors hindered the distribution of surveys to students despite Ministry of Education approval. Reasons cited included fear of parental reactions or inciting inappropriate behavior among students by asking questions that the school (educational or administrative body) felt unprepared to address.

## **Survey Results**

Below are the results of sorting the surveys distributed regarding information, attitudes, behaviors, and educational upbringing.

### **1.2.2 Knowledge:**



The survey included topics such as sexual relationships, contraceptive methods, masturbation, sexually transmitted infections, and sexual violence, to estimate Lebanese youth's knowledge about sexual health.

### **1.1.2.2 Sexual Relationships:**

Sexual relationships were defined as any interaction with or without penetration. This category of student knowledge included an understanding of foreplay and touching, full sexual intercourse with penetration, pregnancy, and the concept of a first relationship.

Here are some key findings:

- 9% of the surveyed students believed that foreplay and touching lead to pregnancy.
- 23% of them believed that any sexual relationship inevitably leads to reproduction.
- 72% believed that full sexual intercourse with a man inevitably leads to bleeding, indicating a lack of awareness that some women give birth without a hymen or with a stretchable hymen

These results clearly indicate that Lebanese students lack sufficient information on sexual relationships.

### **Contraceptive Methods Knowledge**

Contraceptive methods are temporary solutions that prevent pregnancy by hindering the sperm-egg meeting or fertilized egg implantation in the uterus. There are 16 different methods available.

- 76% of students correctly identified the purpose of contraception
- 14% confused these methods with abortion, suggesting a lack of differentiation between preventing pregnancy and terminating it medically. When asked about specific methods, students primarily mentioned
  - Condoms (41%),
  - Contraceptive pills (32%),
  - intrauterine devices (IUDs) (11%),
  - with only 7% mentioning other options.

This indicates some awareness of contraception but limited knowledge of the full range of available methods. A small percentage (3%) also struggled to differentiate between infertility and contraception.

### **Masturbation Knowledge**

Masturbation is self-stimulation of the genitals using hands, other body parts, or objects for personal pleasure. It's often a natural and healthy solitary activity that can precede sexual intercourse.

Survey results showed that

- 84% of students understood that masturbation is equally applicable to both genders,
- while 11% believed it to be exclusive to males and
- 4% thought it was only for females.

Interestingly, 46% of students surveyed believe masturbation is a source of infections, while 48% hold the opposite belief. This highlights a need for education to dispel myths surrounding healthy sexual practices.

### **Knowledge of STDs and Infections**

Students were asked to identify various STDs and infections. Here's a breakdown of their responses:

| <b>Types of STDs Mentioned</b>                                       | <b>Percentage of Population</b> |
|--|---------------------------------|
| Syphilis:  | <b>19</b>                       |
| Neurological and mental STDs:  | <b>30</b>                       |
| Microbial infections:  | <b>18</b>                       |
| Various pains (back and abdominal pain, muscle weakness, hair loss): | <b>16</b>                       |
| Various diseases (leprosy, anemia, immunodeficiency):                | <b>6</b>                        |
| Sexual diseases (impotence, premature ejaculation, infertility):     | <b>11</b>                       |

| <b>Types of Infections Mentioned</b> | <b>Percentage of Population</b> |
|--------------------------------------|---------------------------------|
| ○ Syphilis:                          | 84                              |
| ○ Cancer:                            | 6                               |
| ○ Hepatitis:                         | 4                               |
| ○ Other infections:                  | 3                               |
| ○ Other STDs:                        | 3                               |

When asked about the nature of sexually transmitted infections (STIs) and their types, it became clear that students are aware of what STIs are. However, according to the survey, they are not sufficiently knowledgeable about the different types and their prevalence. Out of at least 11 types of sexually transmitted diseases and infections, they only mentioned 5 types, with a significant emphasis on syphilis (85%) and minimal awareness of the other diseases (7%), even though some of them can be more deadly.

### 5.1.2.2 Sexual Abuse:

According to the Ministry of Social Affairs, sexual abuse includes: touching, invitation to caressing, caressing, certain relationships themselves, rape, incest, exhibitionism, etc.

The responses from the learners were as follows:

| <b>Cases of Sexual Abuse</b>        | <b>Percentage from the Sample (%)</b> |
|-------------------------------------|---------------------------------------|
| Certain relationships themselves    | 13                                    |
| Rape                                | 13                                    |
| Incest                              | 12                                    |
| Invitation to caressing             | 11                                    |
| Exhibitionism                       | 11                                    |
| Sodomy                              | 11                                    |
| Using children in pornography films | 11                                    |
| Prostitution                        | 11                                    |
| Child caressing                     | 8                                     |

The results indicate that learners are sufficiently informed about cases of sexual exploitation, abuse, and harassment. From the first-level results concerning sexual education (knowledge), we can conclude that the Lebanese adolescent does not have enough information to enable them to lead a safe sexual life. Hence, there is a need to introduce sexual education into schools.

### 2.2.2 Perceptions, Attitudes, and Values Among Learners:

This is the second level of culture that learners acquire, following the knowledge surveyed earlier. In this context, perceptions and attitudes regarding masturbation, premarital sexual relations, condom use, AIDS, and sexual harassment from the perspective of the Lebanese adolescent were surveyed.

### 1.2.2.2 Masturbation:

38% of surveyed learners believe that masturbation is a sin, indicating the significant influence of religious views on shaping learners' perceptions and attitudes.

#### **2.2.2.2 Premarital Sexual Relations:**

29% of surveyed learners express support for premarital sexual relations, while 71% reject them. Those opposed to premarital sexual relations base their stance on religion (79%), society (55%), or family (57%). Each of these factors exerts pressure and influences the formation of learners' beliefs. Supporters of premarital sexual relations argue that it allows individuals to gain sexual experience (75%), ensures future marital harmony (52%), fulfills sexual needs (28%), and provides liberation from various pressures and constraints (18%).

These results highlight that religion has a direct impact on shaping learners' perceptions and attitudes, particularly regarding masturbation and premarital sexual relations. This influence is part of the broader pressure exerted by religious authorities within the community and family. This dynamic may hinder the introduction of sexual education in schools, as some parents and religious figures believe that implementing sexual education encourages premarital sex.

#### **3.2.2.2 Condom Use:**

84% of surveyed learners support the use of condoms during intercourse. If a partner refuses to use a condom, 55% of learners believe they should persuade their partner, while 37% think they should immediately stop the intercourse. Only 5% have no objection to continuing without a condom.

#### **4.2.2.2 Attitudes Towards HIV/AIDS Carriers:**

27% of learners refuse to even care for an infected person, 19% refuse to form friendships with HIV carriers, and 15% refuse to share a classroom with HIV-positive individuals.

These percentages indicate that learners have a generally positive attitude towards condom use and a more cautious stance towards individuals living with HIV/AIDS.

#### **5.2.2.2 Sexual Harassment:**

69% of surveyed learners believe that individuals experiencing sexual harassment should report it to their families, while 68% prefer not to consult a specialized doctor, and 55% consider informing the security apparatus. % of them turn to a clergyman, 37% to a care center, 29% to a friend, 6% to school administration, and 2% choose to remain silent and keep the matter hidden...

The results of the second level of sexual culture (perceptions and attitudes) show that adolescents lack the perceptions and attitudes that enable them to lead a safe sexual life.

### **3.2.2 Social Behavior:**

How do adolescents behave regarding communicating with friends and family about sex, flirting, and sexual relationships?

#### **1.3.2.2 Communication:**

70% of surveyed learners communicate with their friends about their sexual interests, while 41% do the same with their families. 59% of those who do not communicate with their families cite various reasons, including:

| Reasons for Not Communicating with Family        | Percentage (%) | Difficulty in Communication in General |
|--|----------------|--|
| Considering the Topic of Sex as Taboo            | 56             | 37                                     |
| Considering the Topic of Sex as Private Matter   | 8              | 7                                      |
| Feeling Embarrassed to Approach the Topic of Sex | 7              |  |
| Not Seeing the Need to Discuss Sex with Family   | 2              |  |

Despite communication with family, learners communicate more with their friends. They are more likely to turn to experienced individuals in their surroundings or older peers rather than directly discussing with their parents. This underscores the urgent need for accompanying these youth and providing awareness, regardless of their parents' contribution, as the relationship between parents and children is often characterized by distance, especially during adolescence.

#### **2.3.2.2 Foreplay and Full Sexual Relations:**

43% of surveyed learners engage in foreplay, while 11% of them have had full sexual intercourse. The survey showed that the average age of first sexual intercourse among adolescents is 18 years old, with the youngest being 13 years old. This early age of sexual relations indicates the possibility of child sexual abuse being tolerated in our society.

67% of surveyed learners used condoms during their first sexual activity. Additionally, And 61% of the surveyed learners used condoms during their most recent sexual activity. This indicates that more than half of the surveyed learners are leading an active sexual life (foreplay or full sexual intercourse), and the vast majority of them do not resort to using protective measures. The proportion of condom use between their first and most recent sexual relationships suggests that adolescents are careless as they progress in their sexual activities and do not consider the consequences that may result from these practices (such as sexually transmitted infections and early pregnancy).

When asked about learners who engaged in sexual relations without using condoms and the reasons they cited to justify this, it becomes clear that their intentions and attitudes do not translate into behavior. For example, the percentage of learners who support condom use is much higher than the percentage who actually used them during their sexual relationships. This returns us to the characteristics of adolescence mentioned earlier and to the feeling of invincibility and the belief that the risk is far from them.

From this perspective, we need to deeply engage in sexual education and address the misconceptions that must be tackled to raise awareness among adolescents about the looming risks.

Survey of Directors Regarding the Topic.

#### **4.2.2 - What Do the Directors Say?**

Choosing the sample for the survey of directors involved tracking the same questionnaire elements implemented during the statistical study on the sample of learners from the schools above. The results are divided into three axes, which we will present sequentially: Directors' Views on Education and Sexual Culture in Schools, Elements and Methods of Sexual Education in Schools, and Difficulties Encountered in This Education.

##### **1.4.2.2 Directors' Views on Contributing Factors to Sexual Culture:**

66% of the directors we surveyed believe that the media plays a significant role in shaping adolescents' sexual culture, while 50% attribute this role to schools, and 44% to parents, and 37% to peers. 31% of them combine all these factors in contributing to building the sexual culture of learners.

Regarding the contributors to this sexual education, the directors' responses are as follows:

| Contributors to Sexual Education | Percentage (%) |
|----------------------------------|----------------|
| Parents                          | 97             |
| Schools                          | 84             |
| Media                            | 31             |
| Clergymen                        | 25             |
| Peers                            | 16             |

It appears from the directors' approach that their perspectives differ significantly from those of the learners regarding the specific determination of the social factors contributing, and they only converge on identifying the stakeholders for this education.

##### **2.4.2.2 Directors' Approach to Sexual Education:**

91% of the directors declare their positive approach to the topic of sexual education in schools. However, 6% remain undecided on this matter, and 3% express reservations and have a negative approach toward it, providing various reasons behind this reluctance, including:

Sure, here's the information presented in a table format in English:

| Reasons for Reservations About Sexual Education in Schools | Percentage (%) |
|--|----------------|
| Sexual education might encourage learners to engage in sex | 97             |
| Schools are ill-equipped for this education                | 84             |
| Schools are not responsible for this education             | 31             |

It is worth noting that several studies worldwide have shown that values-based sexual education programs do not encourage sexual activity; rather, they are quite the opposite, leading to delayed onset of sexual intercourse with age. (ONUSIDA, 1999)

#### 3.4.2.2 Distribute educational materials for adults involved in sex education in schools:

| Educational materials for adults involved in sex education in schools | Percentage % |
|---|--------------|
| Biology   | 64           |
| Sociology   | 28           |
| Civic Education   | 8            |

It is noted that in 60% of cases, sex education is integrated with other subjects, in 20% of cases, it is integrated with other subjects, and in 20% of cases, it takes the form of irregular workshops on specific topics such as health, conducted by community organizations and others. Only 14% of cases are structured.

All these results indicate that sex education in Lebanese secondary schools is limited to providing purely biological information found in the official curriculum. It does not extend to emotional and behavioral levels. The idea of cooperation between parents and schools exists but needs reinforcement, more coordination, and initiative.

Implementation of a study titled "The Development of Sexual Culture among Lebanese Youth during the Last Ten Years - 2018 - Dr. Hiyam Issa - Professor Eli Makhael - Professor Fatima Fadlallah". It is a comparative study conducted among sophomore, junior, and freshman students at the Faculty of Education - Lebanese University.

#### Research Summary:

Sexual culture remains a focal point of interest for many societies and organizations worldwide. In Lebanese society, there is a scarcity of research addressing sexuality, with even fewer studies focusing on the sexual culture among youth and its development over time.

The aim of this research is to study the development of sexual culture among Lebanese youth over the past ten years (between 2008 and 2018). It is a quantitative comparative study based on surveys distributed to sophomore, junior, and freshman university students.

The results show a significant increase in sexual knowledge without any noticeable change in attitudes. However, there is an apparent regression in sexual behaviors among youth. Based on these findings, the observed sexual culture, in terms of its components, indicates deficiencies and inadequacies in protecting youth facing daily sexual challenges. Therefore, there is a need for national-level efforts addressing all factors conducive to acquiring a healthy sexual culture.

Regarding the curriculum development, based on four studies conducted by the Educational Research and Development Center, the following aspects were addressed:

- Compilation of previous reports on sexual education in schools.
- Schools' needs regarding reproductive health and gender issues.
- Parents' opinions on reproductive health and gender education in schools.
- Issues related to sexual education and gender in school textbooks.

However, these studies did not delve into the perspectives of students and educators. Thus, a field study was conducted in 2008 titled "Education and Sexual Culture among Adolescents - Reality and Numbers" by Professor Hiyam Issa as part of her doctoral thesis. This study provided a statistical description of the national situation, attitudes, and concepts of sexual education among Lebanese adolescents in secondary schools. It analyzed the impact of these attitudes on the formation of Lebanese adolescents' sexual culture, serving as a primary basis for developing a reproductive health curriculum later on.

Therefore, based on the aforementioned, work was undertaken over two consecutive years to develop a comprehensive curriculum titled "Life Skills Curriculum for Reproductive Health Education from a Gender Perspective for Pre-University Education." Educational practitioners from both public and private sectors were engaged in its formulation through the organization of continuous and regular workshops. This curriculum was endorsed by a decree issued by Her Excellency Minister of Education and Higher Education, Mrs. Bahia Hariri, under decree number 18/M/2009 dated 26/8/2009. It's worth noting that valid scientific approaches were adopted based on specific health information when formulating the curriculum content and activities. Emphasis was also placed on setting measurable and achievable learning objectives relevant to each academic year, following the SMART (Specific, Measurable, Achievable, Relevant, Time-bound) criteria.

### **Documentation of best practices for developing the "Life Skills Curriculum for Reproductive Health Education from a Gender Perspective for Pre-University Education":**

This set of best practices involves compiling documents regarding the development of a curriculum addressing reproductive health issues while considering gender issues and promoting students' life skills. It is part of a project supported by the United Nations Population Fund, focusing on advocating for the integration of sexual education into school curricula and extracurricular activities.



These best practices are divided into three phases:

- 4.1 Project/Curriculum Planning Phase: This phase involves several steps:
  - 4.1.1 Securing support at the level of public policies.
  - 4.1.2 Securing support at the community level.
  - 4.1.3 Integrating the project into the appropriate organizational structure.
  - 4.1.4 Implementation of the project according to the adopted mechanisms:
  - 4.1.5 Utilization of acquired gains as a basis for evidence.
  - 4.1.6 Alignment of the project with other youth activities related to reproductive health.
  - 4.1.7 Planning for raising awareness levels.
  - 4.1.8 Planning for sustainability.
  - 4.1.9 Planning for future project expansion.
  - 4.1.10 Investment in documentation and dissemination.
- 4.2 Development of the Reproductive Health Curriculum: Developing the reproductive health curriculum involves several steps:
  - 4.2.1 Establishing a project-specific operating system.
  - 4.2.2 Conducting situation analyses and needs assessments.
  - 4.2.3 Involving relevant experts and professionals.
  - 4.2.4 Adopting a participatory approach.
  - 4.2.5 Optimal utilization of human and technological resources.
  - 4.2.6 Ensuring official approval of the reproductive health curriculum and its integration into mainstream education.
- 4.3 Content Formulation Phase of the Curriculum: Formulating the content of the curriculum involves several steps:
  - 4.3.1 Crafting the curriculum content and activities based on specific health information, skills, and behaviors.
  - 4.3.2 Emphasizing responsible behaviors.
  - 4.3.3 Creating connections between educational competencies related to health topics, relevant knowledge, attitudes, skills, and behaviors.
  - 4.3.4 -4.3.4 Adopting an approach that takes cultural mentalities into consideration.
  - 4.3.5 -5.3.4 Suggesting activities that support learners' knowledge, attitudes, and behaviors.
  - 4.3.6 -6.3.4 Using approaches specific to a defined age group.
  - 4.3.7 -7.3.4 Mainstreaming the concept of gender.
  - 4.3.8 -8.3.4 Using scientific and accurate information.

#### **-5 Production of Reference Guides:**

A reference guide on "Scientific Concepts in Reproductive Health" and another on "Life Skills" mentioned in the "Life Skills Curriculum for Reproductive Health Education from a Gender Perspective for Pre-University Educational Stages" have been produced. These two guides serve as essential references for curriculum authors and school textbook writers (optionally) with the aim of helping Lebanese youth from childhood to adolescence in their educational subjects and life paths to enable them to make responsible decisions to maintain their health

## **-1.5 Reference Guide 1 "Scientific Concepts in Reproductive Health":**

This guide is designed to assist educators in the educational sector in utilizing information related to reproductive health education in both classroom and extracurricular activities. It complements the topics of the reproductive health curriculum.

This reference guide comprises four parts according to pre-university educational stages. Each part starts with an overview of competencies, objectives, and content for each grade level in the addressed educational stage. The presented topics are divided into files, with comprehensive information provided in each file about the learner's health from physical, psychological, and social aspects. Care is taken to respect the age group targeted by the educational stage in terms of the information, guidance, and expressions used, focusing on the continuity of topics from one part to another, from one file to another, and from one educational stage to another.

This guide was built based on the reproductive health curriculum and the topics presented, structured according to the learners' age groups as follows:

- **The first cycle of basic education (from first to third grade):**

Topics covered in the first cycle: A. Competencies and objectives related to the scientific aspect of reproductive health education presented in the first cycle. B. The topics covered and their importance.

- Content of the first cycle:
  - File 1: Personal hygiene.
  - File 2: Basic needs for healthy growth and prevention of risks.
  - File 3: Excessive affection.
- The second cycle of basic education (from fourth to sixth grade):
  - Topics covered in the second cycle: A. Competencies and objectives related to the scientific aspect of reproductive health education presented in the second cycle. B. The topics covered and their importance.

### **Content of the second cycle:**

- File 4: Physical, psychological, and emotional changes during the growth period.
- File 5: Children's rights and duties.

- **The third cycle of basic education (from seventh to ninth grade):**

### **Topics covered in the third cycle:**

- A. Competencies and objectives related to the scientific aspect of reproductive health education presented in the third cycle.
- B. The topics covered and their importance.

## **2.5 Reference Guide 2 "Theoretical Concepts in Life Skills":**

This guide is intended for anyone interested in developing life skills among young people (ages 5 to 18) generally and in the educational sector specifically. It can benefit curriculum authors and textbook writers across all educational stages (in subjects such as Arabic and foreign languages, sciences, national education, civic education, and sociology), as well as trainers and educators in both curricular and extracurricular education. They can utilize the information developed in various chapters.

This guide is based on the "Life Skills Curriculum for Reproductive Health Education from a Gender Perspective for Pre-University Educational Stages" and aims to introduce life skills in general and reproductive health-related life skills from a gender perspective. The guide also aims to present and detail the life skills related to reproductive health from a gender perspective specific to each stage of basic education (first, second, and third cycles) and secondary education.

The guide details reproductive health life skills related to learning objectives, specific objectives, and content for each educational stage.

## **6 Capacity Building:**

The center has committed to making the training of curriculum authors and trainers for the continuous training project within the Preparation and Training Office at the center, and the training of teachers on reproductive health issues, an integral part of the teacher capacity-building plan in schools in Lebanon. Schools have emphasized the importance of investing in the capacity building of educational staff before adopting a reproductive health curriculum that addresses gender issues and provides learners with life skills. Based on statements from some schools, capacity-building activities have indeed taken place over the past years and will be activated alongside the project to renew pre-university general education curricula currently undertaken by the center.

Following the above, the center has implemented several training courses within the framework of capacity building, including:

- Training courses for curriculum and textbook authors with the aim of "integrating reproductive health and gender concepts" into the curricula as part of the curriculum and textbook redevelopment workshop.
- Training courses for trainers of the continuous training project at the center to work on "integrating reproductive health and gender concepts" into training plans and organizing training courses within the framework of reproductive health topics.
- Training a number of health guides and supervisors from the Guidance and Counseling Department at the Ministry of Education and Higher Education.
- Training a large number of school teachers to work on "integrating reproductive health and gender concepts" into curricular and extracurricular activities.

- Training theater teachers in several public and private schools to produce theatrical performances within the framework of reproductive health topics as part of the “Peer Education through Theater” project.
- Annual training courses have been conducted in various teachers' training centers in some provinces for second and third cycle teachers in different subjects, focusing on voice exercises, physical and visual coordination, and producing theatrical performances on reproductive health topics within the project "Peer Education through Theater."

## **7 Peer Education through Theater in the School Setting:**

### **7.1 Peer Education:**

Peer education is a mechanism that enables learners aged 15 to 19 to carry out organized awareness activities with their peers. These young men and women come from the same environment, or are of similar age or have shared interests. The awareness activities conducted by peer educators aim to achieve communication and interaction among them with a behavioral objective by developing the youth's knowledge, attitudes, and skills, enabling them to take responsibility for protecting their health. Peer education can occur in small groups or through individual communication in various settings, such as schools, universities, clubs, and other youth gathering places.

### **7.2 Peer Education through Theater:**

Theater captivates attention by engaging people in an experience, reaching into the core of their emotions, allowing it to influence their behavior in ways that other educational methods might not achieve. However, to effectively raise knowledge among the youth, it must deliver comprehensible messages that can be applied in daily life.

Theater in peer education seeks to achieve goals beyond entertaining the audience. It aims to increase knowledge and spark curiosity about different topics, influencing their attitudes and perspectives. According to research, the most successful educational theater programs targeting youth are those designed and performed by youth themselves after being trained in theater techniques and peer education. Theater facilitates the acceptance of health messages by the youth and their effective application. Therefore, the goal of using theatrical techniques is to improve learners' health by equipping them with the necessary skills.

### **7.3 Guide "Peer Education through Theater in the School Setting":**

Based on the above, a training guide has been developed to clearly and simply introduce the methodology of peer education through theater for application in schools to cover topics related to youth health in general and reproductive health in particular. This guide was the result of an initiative implemented by the Educational Center for Research and Development as part of the "Capacity Building of the Educational Center for Research

and Development in Integrating the Life Skills Curriculum for Reproductive Health Education into Pre-University General Education Curricula" project.

Accordingly, theatrical performances on reproductive health topics were produced by learners within the "Peer Education through Theater" project in several public and private schools after training theater teachers in these schools on the methodology of peer education through theater and enhancing learners' knowledge of various aspects of reproductive health, improving their attitudes and practices related to these topics. The topics covered in schools were based on the life skills curriculum for reproductive health education from a gender perspective issued by the Ministry of Education and Higher Education in 2009.

## **8 Coordination and Networking:**

Within this framework, the Educational Center for Research and Development has engaged in coordination and networking with numerous partners through:

- Facilitating participation and collaboration with national partners at all levels, such as the Directorate General of Education and its affiliated directorates at the Ministry of Education, the General Educational Inspectorate, private educational institutions, and educational inspection.
- Facilitating participation and collaboration with national partners at all levels, such as the Information, Education, and Communication Project in Reproductive Health and the Population Strategies Program of the Ministry of Social Affairs.
- Utilizing the expertise of several associations in the "Peer Education through Theater in the School Setting" project.
- Utilizing the expertise of several local and regional experts in reproductive health topics.

## **Thirdly: Areas of Sexual Education, Fundamental Concepts, and Required Competencies in Curriculum According to Age Groups**

### **1. Specialized Fields as the Theoretical Basis for Sexual Education:**

Definitions of sexual education refer to the various specializations involved in it. According to Brénot and Tremblay, the multidisciplinary approach to sexual education is due to the complexity of sexual life (Brénot, 1996) and the various factors that can affect our sexual experience (Tremblay, 2001).

According to M.P. Desaulniers (Desaulniers, 1995), the fields that underpin sexual education are: biology, human sciences (psychology, sociology, history, psychoanalysis, sexology), medical sciences, ethics, and theology.

In contrast, Chantal Picod, unlike Desaulniers, ignores psychoanalysis and theology and cites, in addition to biology, sexology, history, psychology, and ethics, anthropology and law as the disciplines forming the basis of sexual education (Picod, 1998).

Ronald Moglia reduces the number of fields underpinning sexual education to four, as he believes that sexual education should address the four dimensions of sexual life: biological, psychological, ethical, and cultural (Moglia, 1994).

For Bélanger and Picod, "the knowledge acquired from various disciplines (medicine, biology, human sciences, particularly psychology, psychoanalysis, anthropology, ethics, and sociology, without forgetting law and theology) allows us to understand what is at stake in sexual life and the need to adopt a comprehensive and complex approach to the three aspects of human sexual life: physiological, psychological-emotional, and socio-cultural" (Bélanger & Picod, 2006).

In the intervention with which André Giordan opened the conference on "State Education, Health, and Cultural Sciences," held from March 20 to 24, 2000, in France, he said: "In the face of problems fraught with risks, 'knowledge alone is not enough,' and indeed 'it is not enough even within a simple question related to knowledge transfer'." He proposes an integrated approach that includes the following elements: biology, psychology (interpersonal relationships), psychoanalysis (personal image), sociology (marriage), and anthropology (behavior with others) (Giordan, cited in Doolander and Tishi, 2001).

It is certain that all of the aforementioned fields are the basis of sex education, but to simplify and clarify our observations, we will categorize them into specific educational areas:

- 1.1 Biology or natural sciences and sex and medicine.
- 1.2 Psychology and psychoanalysis.
- 1.3 Sociology and law.
- 1.4 History and Anthropology.
- 1.5 Ethics.
- 1.6 Theology.

#### **1.1 Biology or natural sciences and sex and medicine:**

This field includes biology, medicine, and sexology.

Biology allows us to understand the anatomy and physiology of reproduction and understand how the body works from a sexual perspective, as well as to dispel many myths in society regarding the anatomy and physiology of sexual relationships (e.g., virginity, loss of virginity, size of genital organs, pleasure, etc.).

Medicine allows us to understand contraception methods, reproductive technologies, and assisted reproductive techniques, as well as to learn about methods of examination and care for sexually transmitted diseases.

Sexology allows us to understand and address sexual difficulties and functional disorders.

## **1.2 Psychology and psychoanalysis:**

Psychology allows us to understand the psychological development of children and adolescents, the development of sexual identity, gender roles and identity, the study and learning of self-esteem, and the study and learning of relationships between individuals: means of communication, conflict, and participation.

Psychoanalysis allows the person responsible for sex education to acquire several skills such as communication, listening, emotional neutrality, which is necessary for freedom of expression in young people, and to determine inappropriate sexual experiences or education (Doolander and Tishi, 2001).

## **1.3 Sociology and law:**

There is a close connection between sex education and the culture of the society in which it takes place. Sex education must be based on social foundations revolving around:

- Studying representations, ethics, and social behaviors related to our sexual lives.
- Studying the standards associated with sexual life in different societies.
- Shedding light on gender roles (male and female).
- The law regulates our sexual lives in relation to marriage, family, and society.

## **1.4 History and anthropology:**

In this category, in addition to history, we include anthropology to refer to the development of ideas and sexual identities (history) of different populations, so that we can study and confront value systems and sexual behaviors different from our own (anthropology) (Beccaud, 1998). This is done in order to broaden our understanding of sex education.

## **1.5 Ethics:**

Although the emotional domain can be part of psychology, which studies relationships between individuals, we mention it separately to highlight it because without it, sex education would be reduced to simple information.

Thus, in educating about sexual life, we can only consider the emotional domain, which informs us about feelings, emotions, pleasure, love, respect, shame, fear, and aggression.

Thus, ethics is placed in the same category as the emotional domain because it is considered a domain of reflection that dictates rules of behavior that allow us to judge our feelings and act responsibly (Desaulniers, 1995).

## **1.6 Theology:**

Theology provides a psychological interpretation of the world based on faith, and thus can be attributed a special meaning to human sexual life. It relies on faith and then

regulates human sexual practices. Based on what precedes, theology can be integrated into some practices of sex education as it can be excluded from others, depending on the orientation of responsible individuals and the objectives of this education (Desaulniers, 1995).

## **2. Sex Education Fields and Basic Concepts and Competencies Required in the Curricula According to Age Groups:**

Sex education fields, basic concepts, and required competencies are directly addressed in the "Curriculum for Life Skills Education for Reproductive Health from a Social Gender Perspective for Pre-University Education," which was developed through continuous work over two consecutive years to produce it. The curriculum development was extended to involve all educational stakeholders from both public and private sectors through the organization of successive and continuous workshops. This curriculum was endorsed by a circular issued by Her Excellency the Minister of Education and Higher Education, Mrs. Bahia Hariri, number 18/M/2009, dated August 26, 2009.

The developers of the curriculum defined educational objectives into two categories: objectives related to scientific knowledge about reproductive health, and objectives related to life skills associated with reproductive health. The merger of these educational objectives ultimately led to achieving a set of competencies related to reproductive health topics.

### **The objectives agreed upon in the field of reproductive health education are related to the following issues:**

1. Personal hygiene.
2. Prevention of pregnancy, including protection against sexual assault and infection.
3. Awareness of physiological and emotional changes in adolescents, including gender differences and acceptance of them.

### **The objectives related to life skills associated with reproductive health education are related to the following issues:**

1. Communication.
2. Dealing with others.
3. Gaining support.
4. Negotiation and refusal skills.
5. Decision-making and critical thinking.
6. Adaptation and self-management.
7. Stress management and increased self-confidence and self-control.
8. Assuming responsibility and making a difference or change.

The developers of the curriculum aimed to employ life skills existing in the curriculum to change the desired behaviors of learners by influencing their attitudes and behaviors related to various reproductive health issues.



Most of the proposed methods in the curriculum aim to encourage learners to think critically and consider situations from different angles to prevent them from being negative. The curriculum included three basic education sessions and a secondary education stage, for two years of consecutive education, distributed within detailed tables of learning objectives, specific objectives, content, activities, and a special section for notes.

The topics covered and their contents within the education sessions and according to the age groups of the learners were in accordance with the following:

- **Topics covered in the first session:** Personal hygiene, basic needs for a healthy lifestyle, and prevention of overexaggerated risks.
- **Topics covered in the second session:** Physical, psychological, and emotional changes during adolescence and children's rights and duties.
- **The topics raised in the third episode are as follows:** the male and female reproductive system, their functions, sexually transmitted diseases, life problems and behaviors faced by young people, exploitation and sexual abuse.
- **The topics raised in the secondary education stage** include gender discrimination in society and the laws related to it, violence and sexual assault, childbirth and prevention of sexually transmitted diseases, reproductive health, and family planning methods.

#### **Fourth: Evaluation of Lebanon's Experience in Integrating Concepts of Reproductive Health and Sexual Education into Pre-University General Education Curricula**

Regarding Lebanon's experience in integrating concepts of reproductive health and sexual education into pre-university public education curricula, the progress made by the Educational Research and Development Center in collaboration with the United Nations Population Fund is mentioned. All elements of integration work in public education curricula and textbooks have been completed, including curriculum development, capacity building, training, awareness raising, and producing supporting evidence.

However, there are many challenges and difficulties encountered in the integration work, including :

##### **1. Challenges Related To Educators.**

59% of school principals indicate the presence of difficulties and challenges with students when addressing the subject, while 41% do not indicate such difficulties. The most common challenge is the disparity in levels among students (49%), followed by misinformation and disinformation among students (26%), the fact that sex is a taboo subject in society (18%), and the difference in social and religious levels among students (7%).

Therefore, these difficulties faced by students can only be overcome through unified sexual education from an early age. Hence, there is a necessity to introduce sexual education in Lebanese schools starting from kindergarten onwards, as confirmed by most of the specialized researchers we consulted (2007).

## **2. Operational Difficulties and Challenges**

56% of the principals interviewed faced operational difficulties while trying to enhance students' knowledge, skills, and attitudes towards sexual education through classroom and extracurricular activities. The encountered difficulties were distributed as follows: lack of staff (32%), content development (24%), lack of time (16%), lack of tools (14%), and lack of knowledge about relevant methods (14%).

## **3. Community-Related Challenges**

According to the surveyed principals, religious authorities pose the main challenge to developing sexual education curricula in Lebanese schools. The biggest obstacle hindering the development of sexual education in Lebanese schools is the "pressure exerted by religious authorities on the programs" (37%), followed by the fact that sexual education is a "taboo subject in Lebanese society" (29%), then "parental resistance" (25%), "financial difficulties" (5%), "lack of educational guidance" (2%), "absence of a qualified sexual education program" (2%), and "lack of competencies" (2%).

## **4. The Challenges of Integrating Reproductive and Sexual Health Concepts into Lebanon's Pre-University Education Curriculum by the Educational Center for Research and Development**

The greatest challenge lies in the multiple failed attempts by the Educational Center for Research and Development to develop pre-university education curricula, and consequently, to integrate reproductive health curricula into the general education curriculum and textbooks. These failures are attributed to several reasons, including the continuous changes in political and educational decision-makers, which affected advocacy efforts, logistical difficulties, lack of funding, and other obstacles that prevented the full integration of reproductive health curricula into the general education system and textbooks.

## **Fifth: The State's Future Prospects for Integrating Sexual Education into School Curricula - "Towards an Educational Strategy for Introducing Sexual Education into Schools"**

Based on the aforementioned points, it is necessary to propose an educational strategy that includes introducing sexual education as a curriculum and a teaching subject into schools. This strategy is based on theoretical research and the available literature we reviewed in this field, and on the data obtained from completed investigative studies, and

by considering Lebanon's experience, especially after the failed attempts by the Center to revise pre-university education curricula for various reasons. This strategy can encompass two levels: the national general level and the specific school level. It is built on four phases: knowledge, planning, implementation, and monitoring.

### **1. Knowledge:**

This phase involves studying the current situation to understand the state of sexual education in the learners' culture and the social factors affecting it, as well as what is included in the curriculum in Lebanon and worldwide for planning purposes.

In this context, several field studies and statistical investigations have been conducted. We also have facts and figures that highlight the essential need to educate Lebanese adolescents on sexual topics. Relying solely on information from textbooks outside the scope of sexual education is limited and has no direct impact on the learner and their sexual culture and awareness. Therefore, this area needs to be developed.

Field research has shown that peers, media, and religious figures do not contribute sufficiently to building an adequate sexual culture among adolescents. Parents are also unable to provide sexual education to their children, based on survey results about children's views and their relationship with their parents. Furthermore, work with school principals has shown a lack of fruitful cooperation between parents and schools in this area, which also necessitates educating parents.

The Lebanese society, with its culture and traditions, is not yet adequately prepared for this education. Hence, raising awareness about the importance of sexual education is urgent. It is also worth noting the experiences in foreign communities, such as in Canada, where sexual education has made significant progress compared to other countries, thanks to its introduction into schools from early childhood education. These experiences can be leveraged in Lebanon.

### **2. Planning:**

Planning allows us to move from the current reality, shaped by field studies, to the desired future state.

The results we have concluded show that adolescents in Lebanon lack sufficient sexual culture, and naturally, they need to see sexual education integrated into school curricula.

This phase includes planning to prepare society, parents, the media, and schools.

#### **2.1 Preparing Society:**

Lebanese society is still not ready to talk about sexual topics and is not adequately prepared to introduce sexual education into schools. School principals are not optimistic and are concerned about parents' reactions to introducing this education into schools.

Therefore, Lebanese society needs to be made aware of the necessity of preparing for sexual culture to incorporate sexual education components into schools.

This preparation involves conducting advertising campaigns (television programs, talk shows, newspaper and magazine articles, radio programs, websites, etc.) and national dialogues that bring together all stakeholders in sexual education (youth, parents, representatives from educational institutions, religious figures, NGOs, and relevant ministries).

## **2.2 Preparing Parents:**

The worst thing that sexual education in schools could face is the absence of cooperation between parents and the school. The conflicting messages that might reach the learner could be the biggest obstacle to achieving the desired goals of this education. Therefore, we propose organizing regular meetings and seminars in schools under the auspices of the Ministry of Education to inform parents about new developments and prepare them accordingly.

## **2.3 Preparing the Media:**

The media is a key player in disseminating information within the youth community. Therefore, it must participate in the process of sexual education. To do this correctly, the media needs to be prepared through conferences and workshops involving representatives from all media outlets, in collaboration between the Ministry of Education and the Ministry of Information.

## **2.4 Preparing Schools:**

For schools, it is necessary to ensure the project's requirements for delivering sexual education and providing what is needed to complete the necessary activities. This means providing resources and training teachers on their use through training courses conducted by the Training and Development Office at the Educational Center for Research and Development, led by specialized trainers. Preparing schools also involves training principals to accept the subject and know how to deal with their surrounding community if there is resistance.

## **3. Implementation:**

Implementation involves taking the previously mentioned steps, which are sequentially preparing society for the changes brought by sexual education, raising awareness among parents and the media, equipping schools, and reviewing the life skills curriculum related to reproductive health education from a gender perspective, which was issued in 2009 in collaboration with specialists.

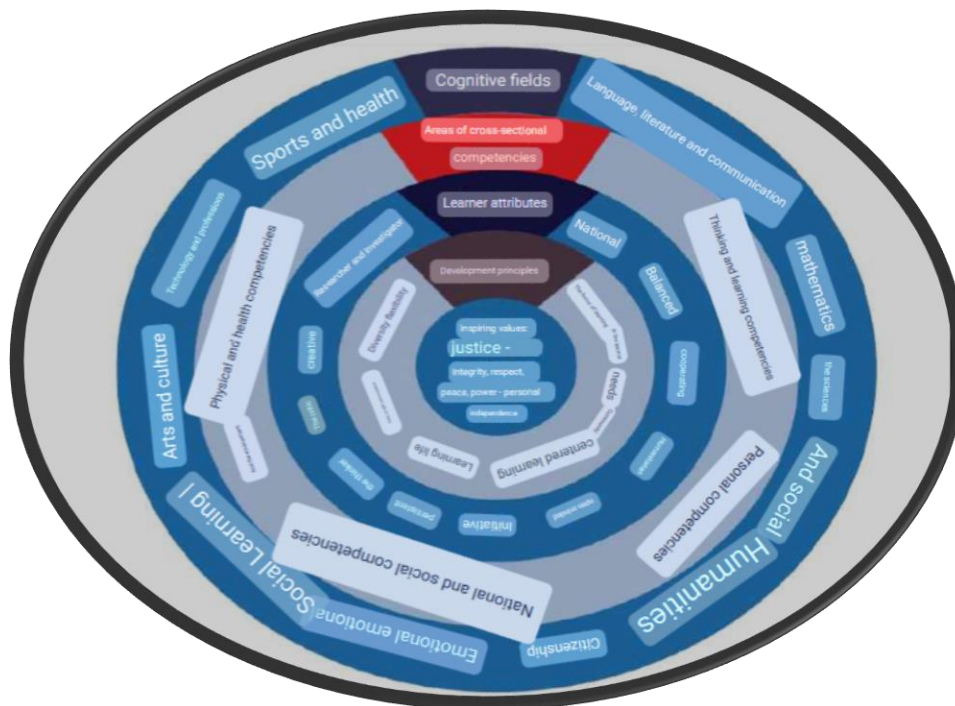
## **4. Monitoring:**

Monitoring is the final phase of the educational strategy accompanying the introduction of sexual education into schools. Monitoring involves testing the curricula in model schools to apply them and studying the possibilities of evaluating them after a period of implementation and follow-up.

## Six: Guide to Implementing Sexual Education in School Curricula

### 1. Highlighting the Project for Developing General Pre-University Education Curricula Currently Being Implemented by the Center

The national framework clearly and comprehensively outlines the development of the Lebanese curriculum, envisioning a learner and citizen who is conscious, creative, and proactive, and who possesses advanced readiness to face a changing future full of challenges and crises. To achieve this vision, the national framework has defined a set of principles that will be adopted during the curriculum development process, revolving around a set of ethical and moral values and fundamentals. Additionally, the framework has identified a range of knowledge fields and essential competencies to achieve this vision, as illustrated in the diagram below.



The national framework has emphasized the importance of education and health and considered them fundamental pillars for the development of human capital, which impacts productivity and the country's economic development, as well as ensuring individual well-being. Investing in education and health is seen as a way out of poverty and essential for improving living standards. Thus, this framework establishes the sufficiency of health, "physical and mental health," which contributes to the holistic development of individuals by promoting healthy habits and activities that align with a healthy and active lifestyle within a community open to all possibilities while considering the influence of others and media in shaping an individual capable of discerning positions and adopting values that endorse personal responsibility for preserving one's health and that of others within the framework of ethical principles, social justice, social inclusion, and in line with our national values.

## **2. Revisiting the Curriculum of Life Skills Education with a Focus on Reproductive Health Education from a Social Gender Perspective: Issued in 2009**

It has become crucial to review the curriculum of life skills education focusing on reproductive health education from a social gender perspective, issued in 2009, and adapt it according to educational approaches intended for adoption by the center for preparing learners immersed in the required sexual culture, equipped with information enabling them to prevent risks associated with their sexual lives, and to have attitudes and positions that ensure openness. All these elements should reflect in the general behavior of learners and maintain balance across all levels.

It should not be overlooked that learners may have a wide range of attitudes during sexual education lessons, leading to the reinforcement or prevention of learners' growth (Rogers, 1996), which can range from acceptance and satisfaction to active rejection (Tremblay, 2001). Therefore, learners need to be prepared with the necessary methods to ensure the content is not lost and the desired message is conveyed through the best means.

**It is expected that concepts related to sexual education will fall under the reviewed sufficiency associated with health, "physical and mental health," which will be part of a separate module, including life and social activities throughout all educational stages in pre-university education curricula in Lebanon.**

President of the Educational Center for Research and Development - Lebanon

Professor Hiam Isaac