

# THEME PAPER

## Education and Adolescents\*

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## **1. INTRODUCTION**

Education is usually considered as learning which is imparted through schools and other formal academic institutions. However, the education process starts in the family which is the first agent of socialization affecting behaviour, including reproductive behaviour. Formal and non-formal education continue the socialization process in a systematic manner. Informal education, exposure to the media, and social interaction are also important instruments to complement the education process initiated in the family and the school (UN, 1997).

"Adolescence" has been defined as including those between 10 and 19 years of age; "youth" as those between 15 and 24; and "young people" as a term that covers both age groups (WHO/UNFPA/UNICEF Statement, 1989).

In this paper the linkages between Education and Reproductive Health are established conceptually followed by an analysis of why education is essential for adolescents. In the next section the Education Profile of Adolescents is drawn with as much data that could be gathered from the Country Papers and other sources. The Institutionalization of Population Education is dealt with in Section 4. The fifth section discusses the Educational Interventions needed to promote the Reproductive Health of Adolescents, and the gaps between what is and what should be in regard to relevant educational interventions in the SAARC Region. Finally, future actions are suggested which are open for discussion.

## **2. THE IMPORTANCE OF EDUCATION**

### **2.1 Consensus on Education**

Consequent on a number of empirical and other research studies in developed and developing countries, there is a consensus that education is one of the most important factors contributing to an improvement of the quality of life of society. It is acknowledged as an integral component of social and economic development as it facilitates the better use of resources and helps individuals and society to realize their potential. It has been identified as a key variable that affects mortality, fertility and migration trends, although its impact is enhanced or reduced according to the social and cultural conditions of every country. Education has also been identified in many studies as one of the most powerful determinants of reproductive behaviour.

Especially since the last three decades, an increasing number of countries, including those of South Asia, have become aware about their population issues and have adopted actions to respond to them in a culturally-appropriate manner. In the search for appropriate strategies, scholars and officials have arrived at a consensus on the critical value of education.

Among the many reports on the effect of education on individuals and society at large are The Report on the World Social Situation (1997) and the paper on "Gender, Education and

Development" presented at the Expert Group Meeting on Gender, Education and Training (Turin, Italy, 10-14 October, 1994). Both concluded that education broadens the capacities of both men and women to understand themselves, to take advantage of new opportunities and to plan their future lives.

The importance of education in the development of human resources has been highlighted in several sections of the International Conference on Population and Development (ICPD) Programme of Action (POA). Principle 10 of the POA affirms that: "Everyone has the right to education, which shall be directed to the full development of human resources, and human dignity and potential, with particular attention to women and the girl child. Education should be designed to strengthen respect for human rights and fundamental freedoms, including those relating to population and development. The best interests of the child shall be the guiding principle of those responsible for his or her education and guidance that responsibility lies in the first place with the parents."

Chapter XI of POA deals exclusively with "Population, Development and Education". It says, among other things, that education is a key factor in sustainable development and that the relationship between education and demographic and social changes is one of interdependence. The content of the educational curricula and the nature of the training received should prepare youth for today's complex world. The curriculum should be improved so as to promote greater responsibility and the awareness on the interrelationships between population and sustainable development, health issues, including reproductive health; and gender equity.

## **2.2 Population Education**

Within the rubric of general education the countries of South Asia have added a special component focussing on population issues in selected subjects. The generic term used is Population Education but there is considerable variation between countries on the content. The existence of and need for Population Education is prioritized in the ICPD Programme of Action (Paras 11.9 & 11.10). It says that "to be most effective, education about population issues must begin in primary school and continue through all levels of formal and non-formal education." With financial and technical assistance from UNFPA, all the seven South Asian countries are implementing population education programmes.

The Appendix to this paper cites other relevant provisions of the ICPD Programme of Action on Education, including Population Education.

## **2.3 Education and Reproductive Health**

### **2.3.1 Education and Mortality**

Maternal mortality is one of the leading causes of death among women in their reproductive years. Childrens deaths during infancy constitute a large proportion of deaths in developing countries. Original research results as well as reviews on the impact of education on mortality have shown that:

- (I) Women's education is strongly associated with child survival between the ages of 6 and 60 months (Cleland and Harris, 1996).
- (ii) The more educated the woman, the lower is the rate of maternal mortality (Hobcraft, 1992).
- (iii) Father's education is also associated with lower mortality levels (United Nations, 1985).

### **2.3.2 Education and Fertility**

Among the more recent studies which provide empirical evidence on the linkages between female education and fertility are the Demographic and Health Survey (DHS) (UN, 1995) and the overview by Shireen J. Jejeebboy (1995) on the links between women's education, autonomy and reproductive behaviour. The principal findings of these and other studies are:

- (i) Education is inversely correlated with fertility levels. DHS data (1995) show that women with no education would have twice the number of children of women with ten or more years of schooling. Female education is found to be more strongly associated with fertility reduction than male education.
- (ii) The relationship between education and fertility is always strong but varies across countries.
- (iii) Education "restructures" family relationships. Educated women and men tend to perceive marital life as a relationship among equals.
- (iv) Increased women's education has been found to be correlated with enhanced women autonomy which in turn is associated with later age at marriage, smaller families, increased use of contraception and a tendency to educate their children better, particularly their daughters.
- (v) Father's education is also associated with smaller family size ideals.

### **2.4 Education and Adolescents**

The issue of adolescent fertility is emerging as one of the leading concerns in South Asia. The urgency is exacerbated by the rapid growth of the adolescent population in these countries. In South Asia, on the whole, adolescents form 20-23 percent of the population, although there are variations between countries with Sri Lanka at the lower end of the continuum and Maldives at the higher end. The population projections for adolescents for the years 2010 and 2020 are a cause for concern in Bhutan, Maldives, Nepal and Pakistan, but Bangladesh and India cannot afford to be complacent either. Eventually in all these countries the number of adolescents will start to decline, but for the next 20 years or so, there will be an increase in the proportion of adolescents in the population of the SAARC

countries. World-wide, about one-fifth of the world's population are adolescents (WHO, 1995). At least 13 million births occur to adolescents every year. It was projected (UNESCO, 1991) that there will be about 320 million women aged 15-19 by 2020, of whom around three-quarters are in Asia. Since education is inversely correlated with fertility levels, it is evident that globally and within South Asia, the education that adolescents receive will affect their reproductive behaviour and will, in turn, have a significant impact on present and future societies in which they live. Given the already well-established correlation between education and demographic and social changes, the quantity and quality of the education adolescents receive upto the secondary level, particularly for girls, emerges as a priority concern. The ICPD POA gives the following advice in Para 4.18 "Beyond the achievement of the goal of universal primary education in all countries before the year 2015, all countries are urged to ensure the widest and earliest possible access by girls and women to secondary and higher levels of education, as well as to vocational education and technical training, bearing in mind the need to improve the quality and relevance of that education."

In a further fine-tuning of population education to the needs of adolescents, the ICPD POA mentions about the need for programmes for the education and counselling of adolescents concerning responsible sexual and reproductive behaviour (Paras 7.47 & 7.48). Para 11.24 specifically talks about the importance of age appropriate education, especially for adolescents, in the home and through all levels and channels of formal and non-formal education.

### **3. THE EDUCATIONAL PROFILE OF ADOLESCENTS**

The above review of the results of empirical and other research studies clearly illustrate the crucial role played by education in shaping future population trends. In this section, with the data available an attempt has been made to prepare an educational profile of the region at the primary and secondary levels.

#### **3.1 Primary Education**

Universalization of Primary Education (UPE) has been a priority objective of the countries of the Region. All the countries have been taking various measures for attaining UPE by the year 2000. Progress in this direction is impressive in the countries. Since the enrolment of boys was already high in primary schools, the emphasis is placed on the enrolment of girls. Further, stress is being put on making educational provision for deprived children. The general policy in the countries of the Region is to make free primary education widely available to all the children. Bangladesh has enacted a law (in 1993), to implement compulsory Primary Education. Sri Lanka has made education up to age 14 compulsory for ensuring primary and secondary school attendance by children of school age. Nepal has recently introduced a pilot programme on compulsory primary education in some districts.

According to the UNICEF data, 1998 (Table 1) the gross enrolment ratio (GER) at primary level exceeded 100% in India, Maldives, Nepal and Sri Lanka. Pakistan has been making progress in attaining UPE. Except for Maldives and Sri Lanka, the GER specific for girls is lower than the ratios for the boys, indicating that girls' education is still well behind that of the boys.

**Table 1: Basic Education Data, 1995**

Country	Gross Primary Enrolment Ratio (%), 1990-95			Gross Secondary Enrolment Ratio (%), 1990-95		Adult Literacy (%) of Population 15 Years and Over		
	Total	Male	Female	Male	Female	Total	Male	Female
Bangladesh	79	84	73	25	13	38	49	26
Bhutan	25	31	19	7	2	42	56	28
India	102	113	91	59	38	52	66	38
Maldives	134	136	133	49	49	93	93	93
Nepal	109	129	88	46	23	28	41	14
Pakistan	69	94	42	33	17	38	50	24
Sri Lanka	105	106	104	71	79	90	93	87

Source: UNICEF, *The State of the World's Children*, 1998.

- Note: 1) Bhutan has 6 years Primary Education Cycle, GER reported to be 72% in Country Paper.
- 2) Secondary education in Bhutan includes junior secondary, and senior secondary (total 6 yrs.).

The Net Enrolment Ratio (NER) data are not consistently reported in the Statistical Reports of different countries. However, where available, it is observed that there are wide divergences between the Gross and Net Enrolment Ratios. The Net Ratio that restricts enrolment to particular primary age group (6-10 years) is currently 70%, while the Gross Ratio is 114% in Nepal (Educational Statistics Report, 1996). In Bangladesh for the year 1990 at the Primary Level the GER for Males and Females together was 79 while the NER was 70. For boys it was GER 84, NER 74; for girls it was GER 73, NER 66. This would indicate that there are a large number of children in the age-group 6-10 who are not enrolled in schools, and thus deprived of basic education opportunities. This is likely to be the situation in the other South Asian countries also, except Sri Lanka. For instance during the Education for All Summit it was expected that in the year 2000, Bangladesh, India and Pakistan would account for 41.08% of the total estimated school age population in the 9 High Population Countries. The following table gives the total School Age Population for 1993 and 2000 (projected) and the number of children of Primary School Age who will/may be out of school.

**Table 2: School Age Population and Out of School Children of Primary School Age (in Millions)**

Country	1993		2000	
	School Age Population	Children Out of School	School Age Population	Children Out of School
Bangladesh	17.6	5.9	19.7	3.6
India	102.1	12.5	106.7	8.5
Pakistan	19.3	11.8	23.9	12.2

Source: EFA in the 9 High Population Countries: Analysis and Synthesis, Pages 4 and 19, 1993.

One of the problems of primary education in several of the countries of the Region is the incidence of high dropout and repetition rates. In Bhutan, dropout rate at grade VI was about 9%, in India dropout rate (grade I-V) was about 36%; in Nepal, dropout rate was high (23%) at grade I, averaged 5% for grades II to IV, and was 15% at grade V, (Educational Statistics Report, Nepal, 1996). Dropout rate was quite low in Sri Lanka (2.4% for grades II-V).

The causes for high dropout rates in the countries of the Region, except Sri Lanka are well known. Some of them are household work burden on the children, irregular running of schools, poverty of the households, caste and ethnic discrimination, presence of underaged children in schools, and also the generally poor environment of the school. Large projects aimed at improving quality of primary education are being implemented in several of the countries of the Region. The enactment of compulsory primary education law in Bangladesh and plans for similar provision in Nepal are aimed at controlling the dropout rates.

Gender disparities in primary education are being reduced due to growing awareness about the importance of girls' education as well as increased provision of schools in the rural areas. In Nepal, the appointment of female teachers is one of the strategies being implemented. However, generally girls are still disadvantaged as compared with boys both in terms of enrolment and retention in the school system.

One of the important indicators of success of primary education is the primary school completion rate. Because of successive dropouts at various grades, and also tendency to repeat classes, this rate is low in several of the countries in the Region. Sri Lanka, is the exception. According to recent estimates for Nepal, the completion rate at primary level is 37%. (Nepal: Human Development Report, 1998).

The primary school completion rate is directly related to the survival rates to the final grade of the primary cycle (Table 3). The survival rates as well as the completion rates have to be raised substantially in the countries of the Region, where currently the rates are well below 50%, again, with the exception of Sri Lanka. It is obvious that unless students

complete their primary education, access to secondary education to boys and girls, who would mostly be adolescents, could not be universal.

**Table 3: Retention/Survival to Grade V, 1990-1995**

Country	Proportion of Grade I Students Reaching Grade V (in %)
Bangladesh	47
Bhutan	82
India	62
Maldives	93
Nepal	52
Pakistan	48
Sri Lanka	98

Source: UNICEF, *The State of the World's Children*, 1998.

### 3.2 Secondary Education

From the stand point of adolescents' education, secondary level education is of great importance. Countries in the Region have different structures of primary and secondary education. Bangladesh, India and Nepal have 5 years of Primary Education and 5 years of Secondary Education. In India and Nepal, Secondary Education is followed up by 2 years of Higher Secondary Education. Bhutan has a 6 years primary education cycle, and 6 years of secondary education (junior and senior secondary). In Maldives, grades I-VII constitute the Primary Education (Basic Education Cycle). Sri Lanka has 5 years Primary, 6 years Secondary and two years Higher Secondary structure.

According to UNICEF data (1998) in Table 1, the gross secondary enrolment ratio exceeded 45% for boys in India, Maldives, Nepal and Sri Lanka. The gross enrolment ratios for girls were much lower compared to that for the boys except in Maldives and Sri Lanka. Maldives had GER (Secondary) of 49% both for boys and girls. Sri Lanka's achievement is exemplary in that the GER exceeds 70% both for boys and girls; in fact, GER for girls is even higher than for the boys (Table 1).

In general, participation of secondary age group population in secondary education is below 50% in all the countries of the Region excepting Sri Lanka. This means that 50% or over of the adolescent population are not attending formal schools. Besides, there are considerable gender disparities in secondary level enrolments in all countries of the Region excepting Maldives and Sri Lanka. In Pakistan, the GER stood at 33% for boys and 17% for females. Net Enrolment Ratios for the secondary level are available for Bangladesh. For boys and girls together the GER is 19 and NER is 18; for boys the figures are GER (25) and NER (23) while for girls the corresponding figures are 23 and 13. This implies that in Bangladesh, although there is considerable attrition after the primary level, secondary level students tend to stay within the system.

Various factors hinder participation of girls in secondary education relative to that in primary education. Some of these are: long distance to secondary schools from homes, perceived low returns to investments on girls education by parents, lack of female teachers in schools, concern for safety of girls, and early marriages. In the context of Nepal, the Nepal Human Development Report, 1998 makes the following observation with respect to girls participation in secondary education: "The on-set of adolescence, which marks the period of gender seclusion, early marriage and appropriate preparations for early marriage - and the ideology and practice of a dependent and non autonomous marital life severely and systematically discourage continued enrolment of girls in secondary schools" (p. 83).

Some additional information on adolescents' education are available in the Country Reports. In Bangladesh, 23% of the 15-19 years old women have 7 or more years of schooling at present. This reflects considerable improvement over the previous generations. In India, the GER in middle level (VI-VIII grades) of secondary education was 67.2% (79% for boys and 55% for girls). Further, in India, in High and Higher Secondary education (corresponding to age group 15 to 18 years), the GER was 32.6% (41.5% for boys and 23.3% for girls) in 1994/95. In Nepal, about 54% of the 10-14 age group population, and 26% of the 15-19 years age group were attending schools/educational institutions according to the 1991 census. There was higher attendance levels for males of both the age groups than for the females in the corresponding age groups. Further, large proportions of these age groups in the urban areas were in schools compared to those in the rural areas.

Countries in the Region have taken various measures with respect to expansion and improvement of secondary education. Some of these are as follows:

- Bangladesh has provided (i) scholarships for girls students to study at secondary level; (ii) provided free secondary education for girls up to grade X, in places outside municipal areas ; (iii) set up a girls school in each Thana.
- Bhutan has a plan for establishing vocational institutes for providing skill training to dropouts from junior secondary schools.
- Nepal has implemented free secondary education for boys and girls in public secondary schools. A secondary education development project is also being implemented for improving the quality of secondary education.
- Sri Lanka has enacted a law making education compulsory up to age 14 years.

In general, the adolescents have much greater educational opportunities than in previous years. Further opportunities for secondary education particularly for the girls are needed. The quality of secondary education should also be raised so as to ensure that majority of the secondary level students are able to successfully complete this level of education.

A number of issues in secondary education can be enumerated. These are:

- Growing demand for secondary education in all the countries of the Region
- Relatively lower level of participation of girls compared to that of the males
- Dropout tendencies among the students in early grades of secondary level (as noted in Bhutan); high dropout rate in middle level of secondary education and high school level in India
- Earlier school leaving by boys (compared to the girls) at the secondary level, noted in Sri Lanka
- High rates of examination failures in the School Leaving Certificate examination (in Nepal).

### **3.3 Literacy and Non-Formal Education Opportunities for the Adolescents**

According to the UNICEF data, 1998 (Table 1), adult literacy rates (for 15 years and over population) are particularly high (90% or over) in Maldives and Sri Lanka. The rate in other countries varies from 28% (Nepal) to 52% (India). A recent estimate of adult literacy rate in Nepal puts the rate at 40%. The significant growth of primary education in recent decades as well as implementation of various literacy and NFE programmes have helped to increase the adult literacy rates in the countries of the Region.

#### **3.3.1 Non-formal Education Opportunities for the Adolescents**

Literacy rates among adolescents in all the countries of the region are high. This has been the result of enhanced participation of children in primary education. Within the adolescent age group, a larger proportion of males are literate compared to the proportion of females.

In Bangladesh, 49% of 10-19 years are literate; in Bhutan the general literacy rate was 54% (1997). In India, 66% of males in the age group 10-19 years were literate compared to 44% of females in the age group in 1981. In Nepal, the total literacy rate for 10-14 years age group was 63.2%, and that for 15-19 years age group was 54.6%. In India there were considerable differences between literacy percentages of males and females in these age groups. In Sri Lanka 83% of 10-14 years age group population, and about 87% of 15-19 years age group population were literate in 1991. There were very small differences in the proportion of males and females literate in these age groups in Sri Lanka. (Please see Table 4).

Table 4: Literacy Among the Adolescents

Age-group	India, 1981			Nepal, 1991			Sri Lanka, 1991		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
10-14	66.9	44.9	55.9	76.0	49.3	62.7	83.7	82.3	83.0
15-19	66.1	43.3	54.7	71.5	38.6	55.1	88.3	85.1	86.7

Source: Country Reports

All the countries in the region have their respective programmes of non-formal education addressed to the adolescent population. The programmes are implemented by government agencies and by the NGOs.

In Bangladesh, besides the literacy programmes for adults, there are programmes specially addressed to the women. A large number of Ministries and NGOs are involved in these programmes. In Bhutan, the NFE programmes are targeted to those who did not attend school as well as to the school dropouts. About 70% of participants in NFE programmes in Bhutan are women. In Nepal, several innovative alternative programmes of education for out of school children are in operation; besides, there is a large Adult Education programme in which the government and non-government agencies take part.

The Non-formal Education Centre in Maldives has developed a programme of accelerated instruction in which the courses of Grade I-VII are condensed into a 3 year education programme. This programme is meant to meet the needs of the large overaged school population and out of school boys and girls.

In Sri Lanka, the NFE activities are directed towards skills development. The Ministry of Education conducts about 400 literacy classes in the country, 50% of participants in these classes belong to school going age. Sri Lanka is considering introduction of 'open schools' programme for those who have left the formal school.

A large proportion of the adolescents in the countries of the Region have either left schools, or are not enrolled in schools. Many adolescents are already working in various occupations in order to help support their families. These adolescents need to be reached through non-formal programmes.

### 3.3.2 Implications for Reproductive Health Education

The adolescents particularly in the age group 15-19 years need to be provided information on reproductive health issues in courses on health education, through population education activities and non-formal programmes. It would help them in avoiding early marriages, early child bearing, risks of unprotected sex and contracting STDs/HIV/AIDS. It is imperative, therefore, that they have access to and are retained in the education system, whether formal or non-formal.

#### 4. INSTITUTIONALIZATION OF POPULATION EDUCATION

Population education is no stranger to the countries of South Asia Region, some of which have had Population Education activities since the 1970s. UNFPA has been funding these programmes in most countries. The focus has tended to be on the formal school system through the integration of population messages in the school curriculum in different subjects but mainly Science and Social Studies. UNFPA assistance in the non-formal education sector and the adult education sector came later. The population education content gets reconceptualized over time and requires constant updating. The latest reconceptualization took place after the ICPD in 1994. Population education content includes, among others, environment/population linkages, family life and human sexuality concerns, AIDS education, gender issues, reproductive health concerns, the need for male participation in RH programmes, education for adolescents. Population Education more than ever before helps the target population to make informed and responsible decisions with regard to population-related behaviours with the objective of improving the quality of life of the individual and society at large. Since national cultural and religious sensitivities have to be respected, the actual messages vary from country to country within the South Asian countries.

In developing Population Education programmes in the region the objective has been to develop national capacities and to **integrate** the messages into the general education system so that the programmes get institutionalized. This has been accomplished to a great extent as will be seen below.

In Bangladesh, population education has already been institutionalized in the formal school from grades 1-10. During UNFPA's Fifth Country Programme (1998-2002) the contents will be revised and updated in the light of the ICPD Programme of Action. Population Education will be introduced in the higher secondary, technical/vocational and madrasah systems of education.

By the end of UNFPA's Third Country Programme in Bhutan (1998-2002) it is expected that population education would have been fully institutionalized in the education system of the country in the formal school system from grades 1-10, and in pre and in-service teacher training. The area of non-formal education will be assisted, and post-literacy materials on RH issues will be included.

In India, population education has been institutionalized in the formal school system and adult education sections and the programmes are moving into innovative areas during the next cycle. Adolescence Education is being introduced into the formal school curriculum.

By the end of the Second UNFPA Country Programme (1998-2002) in the Maldives, it is expected that population education would have been institutionalized in the formal school system and, to a lesser extent perhaps, in the non-formal education sector.

In Nepal, the emphasis during the present phase (1997-2000) of the programme will be on institutionalization of population education through **integrating** population education contents in the National Curriculum and textbooks, teacher training, strengthening of national capabilities and through innovative activities.

Last, but certainly not the least, population education has been institutionalized in the formal school system of Sri Lanka. During the last programme the focus was on family life education. The present programme has moved onto Reproductive Health.

Adolescence Education, sometimes referred to as Family Life Education though they are not necessarily synonymous, which is age-appropriate education for adolescents, has had to be approached cautiously because of the sensitivity of the content. Appropriate messages for young people particularly in the age-group 15-19 years would include prevention of early marriages, dangers of early child bearing, unwanted pregnancies, unsafe abortions, promoting the use of contraceptives. It is easy to understand the hesitancy of most South Asian countries to talk about these issues in the classroom. However there is a consensus that adolescents need to be better prepared on reproductive health matters, to meet the risks and challenges they will inevitably face. Some of the countries in the South Asia Region have introduced Adolescence Education using innovative strategies. Sri Lanka's most recent programme is actually called Reproductive Health Education in Schools. In Bangladesh, a pilot project on education for adolescents through their parents is proposed to be initiated. India will be introducing adolescence education in the formal school curriculum. The Maldives intends to cater to the Reproductive Health Education (RHE) needs of adolescents in school and out-of-school using innovative strategies. In Bhutan, RH issues will be included in what students of grades 11 and 12 of the general stream, colleges and specialized institutes learn. Contents relating to adolescents have been included at the secondary level in Nepal.

## **5. EDUCATIONAL INTERVENTIONS NEEDED TO PROMOTE THE REPRODUCTIVE HEALTH OF ADOLESCENTS AND THE EXISTING GAPS**

### **(i) Achieving Universal Primary Education**

The Delhi Declaration (1993) signed at the conclusion of the Education for All Summit recognized that the education systems in the nine most populous countries (these include Bangladesh, India and Pakistan from the SAARC Region) had made great strides in offering education to substantial numbers but had not yet fully succeeded in providing quality education to all the people, indicating the need for developing creative approaches, both within and outside the formal systems. It called upon the community of nations to join in reaffirming the commitment to the goal of education for all and in intensifying the efforts of these populous countries to achieve education for all by the year 2000 or at the earliest possible moment. None of the three countries listed above are likely to achieve Universal Primary Education (UPE) by 2000 but they are getting there.

Two critical indicators for determining the access of children to basic education are the net (age-specific) primary enrolment ratio and the primary education completion rate. Unfortunately, in the virtual absence of data on net enrolment ratios in South Asia, it is difficult to assess accurately the gap in the achievement of UPE. GERs are misleading and the completion rates would also need to be interpreted carefully.

(ii) **Quality of Education and Learning Achievement**

Children who complete the primary cycle do not always master essential learning and life skills. Numerous factors influence what and how much is learned in school. Mastery of life skills gets affected when there is an inflexible curriculum developed to move children from one grade to another, rather than to help them face the challenges of everyday life. Quality of education and even retention are affected by the availability of essential inputs: teachers with the necessary training and skills, learning materials of interest and quality, and adequate buildings and equipment.

Unfortunately in most of the South Asian countries quality is sacrificed for quantity. The **general** standard of teachers is less than desired and their commitment in question; textbooks are scarce and, often, of poor quality; the classrooms are ill-equipped and audio-visual aids conspicuously absent. Rote learning is encouraged and an enquiring mind frequently discouraged. Consequently, completion of primary or even secondary education does not mean that the student has mastered the necessary learning and life skills.

- (iii) The statistics in Section 3 of this paper show that even though the enrolment and retention of girls is catching up with the boys, in 5 out of the 7 countries the girls still lag behind. Equal access to primary and secondary education is needed to promote the reproductive health of adolescents. In Section 2 the strong correlation between education and reproductive health has been described. The disparity of access to schooling by gender should be reduced. Equally important is the need to reduce disparities caused by geographical remoteness, cultural diversity and special disadvantages, such as those of working children and of those with special learning needs.
- (iv) Adequate financial resources for education are essential. In most of the South Asian countries the existing resources are inadequate to provide essential inputs in the quantity and of the quality required. All too often provision of basic primary education takes precedence in the allocation of scarce financial resources at the expense of secondary education. Of course, primary education is of paramount importance but there should be adequate allocations for secondary education as well. The implications of insufficient facilities in secondary schools on the education of adolescents are easy to see.
- (v) For adolescents and adults the critical indicator is the rate of illiteracy which remains comparatively high in the South Asian countries. A dual approach is called

for. While measures must be taken to expand primary education and improve the retention capacity of the school, targeted functional literacy and adult education programmes are required to serve adolescents and adults who have missed out on school.

- (vi) Despite the best of intentions, it may not be possible for the large-scale educational endeavours to be managed entirely by government machinery. There has to be involvement of the private sector in which Non-Governmental Organizations (NGOs) can play a key role, particularly in the area of adolescence education. As stated in the ICPD Programme of Action (Section 7.37) "Educational efforts should begin with the family unit, in the schools at an appropriate age, but must also reach adults, in particular men, through non-formal education and a variety of community-based efforts." The family and the community play an important role in the reproductive health of adolescents.
- (vii) The special needs of adolescents have to be understood and met. This calls for multi-strategy interventions. In the countries of South Asia the concerns of adolescents are only now beginning to assume their rightful importance. Educational interventions needed to promote the reproductive health of adolescents would include:
  - ▶ the review/development of curricula and educational materials to ensure adequate coverage of important population-related issues and to counteract myths and misconceptions about them
  - ▶ counselling services by professionals and/or teachers. Counselling by peers can also be effective
  - ▶ teachers trained in how to deal with adolescence-related issues in the classroom
  - ▶ appropriate audio-visual programmes
  - ▶ fora for adolescents to ask questions and get honest answers. The Question Box Method and Telephone Hotline are two examples of how to help adolescents unobtrusively
- (viii) Educating parents on RH issues. The experience in Iran during the past few years and more recently in Sri Lanka, has shown the effectiveness of educating adolescents on RH issues through their parents, mostly mothers. Several parents are unaware of RH facts themselves and are unable to guide their children. When they get educated on RH issues, effective population education will begin, as it should, in the home.
- (ix) Making appropriate use of co-curricular and extra-curricular activities. Adolescence is a period of great energy which should be channelized constructively.

Participation in field projects, dramas, role playing exercises, games and sports, social service programmes and so on will have a positive impact on adolescents.

## **6. FUTURE ACTIONS**

Following from the assessment of needs and gaps in Section 5 of this paper, listed below are suggested future actions which would, it is expected, cumulatively contribute to the Reproductive Health of Adolescents.

- (i) Ensuring basic education for every child, girl or boy. Quality primary education provides a solid foundation for improving the quality of a nation's human resources.
- (ii) Flexible non-formal programmes are required where children cannot be adequately served because conventional schools cannot be expanded fast enough to accommodate all children or where, as in the case of working and street children the methods and timings of the conventional school are unsuited.
- (iii) Promote as effectively as possible within the context of each country, the retention of girls and boys till the end of secondary school. Most of these students will be adolescents.
- (iv) Supporting adult education and literacy programmes for youth and adults. In general unschooled adolescents, young adults and young parents, especially young mothers, who are frequently adolescents, are likely to be the most motivated clientele for literacy programmes.
- (v) Improvement in the quality and relevance of education and periodically updating of the population education messages to cater to emerging concerns. The curricula and content of primary and secondary schooling should include the knowledge and skills learners need to cope with demands of daily life and to promote their reproductive health.
- (vi) Effective teaching training programmes in the transaction of population education/family life education/adolescence education in the classroom.
- (vii) A special effort needs to be made to ensure that girls complete school through the formal or non-formal system, or, if out of school, that they enrol in literacy programmes. Education of both boys and girls is important but the education of girls has been shown to have a stronger effect on reproductive practices.
- (viii) The need to reach excluded or less-served groups and serve their learning needs through creative alternative approaches, need to be accorded increased priority. The RH needs of adolescents of other marginalized groups such as street and working children, remote or nomadic populations, disabled children, ethnic minorities are unlikely to be reached by the simple expansion of the education system.

- (ix) All sectors of society need to be rallied appropriately in the endeavour to educate adolescents on their reproductive health. The involvement of the family, the community, voluntary organizations, NGOs in the RH Education of Adolescents will help break down barriers built up by tradition, cultural practices and sometimes, religion.
- (x) Maintaining a comprehensive education data base for adolescents. As of now Net Enrolment Ratios are generally not available for the South Asian countries. Data disaggregated by sex and for rural/urban areas is frequently not maintained.

## **7. CONCLUSION**

The retarding effect of rapid population growth on economic and social development has been acknowledged by the countries of South Asia. In their search for actions that would be effective and acceptable, the critical value of education has been recognized. All studies on the relationship between education and population point to the fact that education is associated with lower infant/child and maternal mortality, lower fertility, delaying marriages and facilitating the access to contraceptive knowledge and services. Given the fact that adolescents in South Asia, except for Sri Lanka, are comprising an increasingly large proportion of the population and will continue to do so for the next 15-20 years, it is of paramount importance that they should have access to quality education which will give them the necessary life skills, and that they should be retained in the education system at least till the end of the secondary level. Since there is a time lag before formal and non-formal education produce significant behavioural changes, we have to start NOW.



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## APPENDIX

### Relevant provisions of the ICPD Programme of Action on education (United Nations, 1994):

Principle 8. "... All couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so."

Principle 10. " Everyone has the right to education, which shall be directed to the full development of human resources, and human dignity and potential, with particular attention to women and the girl child. Education should be designed to strengthen respect for human rights and fundamental freedoms, including those relating to population and development. The best interests of the child shall be the guiding principle of those responsible for his or her education and guidance; that responsibility lies in the first place with the parents."

3.8. "Political commitment to integrated population and development strategies should be strengthened by public education and information programmes".

3.17. Investment in human resource development, in accordance with national policy, must be given priority in population and development strategies and budgets, at all levels, with programmes specifically directed at increased access to information, education, skill development, employment opportunities, both formal and informal, and high-quality general and reproductive health services, including family planning and sexual health care, through the promotion of sustained economic growth within the context of sustainable development in developing countries and countries with economies in transition."

4.18. "Beyond the achievement of the goal of universal primary education in all countries before the year 2015, all countries are urged to ensure the widest and earliest possible access by girls and women to secondary and higher levels of education, as well as to vocational education and technical training, bearing in mind the need to improve the quality and relevance of that education."

4.19. "Schools, the media and other social institutions should seek to eliminate stereotypes in all types of communication and educational materials that reinforce existing inequities between males and females and undermine girls' self-esteem. Countries must recognize that, in addition to expanding education for girls, teachers' attitudes and practices, school curricula and facilities must also change to reflect a commitment to eliminate all gender bias, while recognizing the specific needs of the girl child."

4.20. "Countries should develop an integrated approach to the special nutritional, general and reproductive health, education and social needs of girls and young women, as such additional investments in adolescent girls can often compensate for earlier inadequacies in their nutrition and health care."

4.21. "Governments should strictly enforce laws to ensure that marriage is entered into only with the free and full consent of the intending spouses. In addition, Governments should strictly enforce laws concerning the minimum legal age of consent and the minimum age at marriage and should raise the minimum age at marriage where necessary. Governments and non-governmental organizations should generate social support for the enforcement of laws on the minimum legal age at marriage, in particular by providing educational and employment opportunities."

6.15. "Youth should be actively involved in the planning, implementation and evaluation of development activities that have a direct impact on their daily lives. This is especially important with respect to information, education and communication activities and services concerning reproductive and sexual health, including the

prevention of early pregnancies, sex education and the prevention of HIV/AIDS and other sexually transmitted diseases. ... In addition, there is a need for educational programmes in favour of life planning skills, healthy lifestyles and the active discouragement of substance abuse."

7.22. "Governments are encouraged to focus most of their efforts towards meeting their population and development objectives through education and voluntary measures rather than schemes involving incentives and disincentives."

7.32. "Information, education and counselling for responsible sexual behaviour and effective prevention of sexually transmitted diseases, including HIV, should become integral components of all reproductive and sexual health services."

7.37. "Support should be given to integral sexual education and services for young people, with the support and guidance of their parents and in line with the Convention on the Rights of the Child, that stress responsibility of males for their own sexual health and fertility and that help them exercise those responsibilities. Educational efforts should begin within the family unit, in the community and in the schools at an appropriate age, but must also reach adults, in particular men, through non-formal education and a variety of community-based efforts."

8.4. "... Governments should strengthen health and nutrition information, education and communication activities so as to enable people to increase their control over and improve their health. Governments should provide the necessary backup facilities to meet the demand created."

9.22. "Measures should be taken to ensure that internally displaced persons receive basic education, employment opportunities, vocational training and basic health-care services, including reproductive health services and family planning."

10.12. "In order to promote the integration of documented migrants having the right to long-term residence, ... efforts should be made to enhance the integration of the children of long-term migrants by providing them with educational and training opportunities equal to those of nationals, allowing them to exercise an economic activity, and facilitating the naturalization of those who have been raised in the receiving country..."

10.25. "...Refugees should be provided with access to adequate accommodation, education, health services, including family planning, and other necessary social services. ..."

11.5. "The objectives [in the area of education, population and sustainable development] are:

(a) To achieve universal access to quality education, with particular priority being given to primary and technical education and job training, to combat illiteracy and to eliminate gender disparities in access to, retention in, and support for, education;

(b) To promote non-formal education for young people, guaranteeing equal access for women and men to literacy centres;

(c) To introduce and improve the content of the curriculum so as to promote greater responsibility and awareness on the interrelationships between population and sustainable development; health issues, including reproductive health; and gender equity."

11.6. "The eradication of illiteracy is one of the prerequisites for human development. All countries should consolidate the progress made in the 1990s towards providing universal access to primary education, as agreed upon at the World Conference on Education for All, held at Jomtien, Thailand, in 1990. All countries should further strive to ensure the complete access to primary school or an equivalent level of education by both girls and boys as quickly as possible, and in any case before the year 2015. ..."

11.8. "Countries should take affirmative steps to keep girls and adolescents in school by building more community schools, by training teachers to be more gender sensitive, by providing scholarships and other appropriate incentives and by sensitizing parents to the value of educating girls, with a view to closing the gender gap in primary and secondary school education by the year 2005. Countries should also supplement those efforts by making full use of non-formal education opportunities. Pregnant adolescents should be enabled to continue their schooling."

11.12. "Effective information, education and communication are prerequisites for sustainable human development and pave the way for attitudinal and behavioural change. ..."

11.13. "Effective information, education and communication activities include a range of communication channels, from the most intimate levels of interpersonal communication to formal school curricula, from traditional folk arts to modern mass entertainment, and from seminars for local community leaders to coverage of global issues by the national and international news media. ... Schools and religious institutions, taking into account their values and teachings, may be important vehicles in all countries for instilling gender and racial sensitivity, respect, tolerance and equity, family responsibility and other important attitudes at all ages. ..."

11.16. "Information, education and communication efforts should raise awareness through public education campaigns on such priority issues as: safe motherhood, reproductive health and rights, maternal and child health and family planning, discrimination against and valorization of the girl child and persons with disabilities; child abuse; violence against women; male responsibility; gender equality; sexually transmitted diseases, including HIV/AIDS; responsible sexual behaviour; teenage pregnancy; racism and xenophobia; ageing populations; and unsustainable consumption and production patterns. More education is needed in all societies on the implications of population-environment relationships, in order to influence behavioural change and consumer lifestyles and to promote sustainable management of natural resources. The media should be a major instrument for expanding knowledge and motivation."

11.21. "The interpersonal communication skills- in particular, motivational and counselling skills- of public, private and non-governmental organization service providers, community leaders, teachers, peer groups and others should be strengthened, whenever possible, to enhance interaction and quality assurance in the delivery of reproductive health, including family planning and sexual health services. Such communication should be free from coercion."

11.24. "Age-appropriate education, especially for adolescents, about the issues considered in the present Programme of Action should begin in the home and community and continue through all levels and channels of formal and non-formal education, taking into account the rights and responsibilities of parents and the needs of adolescents. Where such education already exists, curricula and educational materials should be reviewed, updated and broadened with a view to ensuring adequate coverage of important population-related issues and to counteract myths and misconceptions about them. Where no such education exists, appropriate curricula and materials should be developed. ..."

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Source: Linkages between Population and Education, UN, December 1997.