

Promoting Adolescent sexual and reproductive health in the Democratic Republic of Congo. Analysis of youth sex education and national policy for adolescent health documents.

This study analyzes the Democratic Republic of Congo national sex-education programme and adolescent sexual and reproductive health policy. The documents seem comprehensive; there are gaps on the ground. There are discrepancies between knowledge and behavior, and between the national policy and the implementation. Only 10 out of 512 health zones have started implementing the youth health package in few of their health centers. In conclusion, there are needs for integration between school and youth health centers using mobile clinics, school visits to promote dissociation between sexual intercourse and unintended pregnancy; and between sexual intercourse and STDs/HIV. The 1994 International Conference on Population and Development emphasized that women and men should have the capability to reproduce, the freedom to choose whether, when and how many children to have and be able to enjoy a healthy sex life.

Introduction

Adolescents and young adults (aged 10-24) represent 27% of the population worldwide. Since the mid-1990s, the proportion of Governments that viewed adolescent sexual and reproductive health as a major concern has been rising worldwide. Adolescents and young adults faced two major challenges: early pregnancy and childbearing; and HIV/AIDS due to dissociation between union and sex intercourse. Youths aged 15-24 account for an estimated 45% of new HIV infections worldwide and about 16 million girls aged 15 to 19 give birth every year.

Though the majority of countries have developed adolescent and youth policies to tackle adolescent sexual and reproductive health challenges, there are few systematic analyses of these tools. This study aims to fill this gap regarding the Democratic Republic of Congo where females aged 15-24 who were sexually active in 2013 had on average 2.5 sexual partners, but only 11% among them have used a condom during the last sexual intercourse. The average number of sexual partners is estimated at 7.0 for young males among whom 22% have used condom during the last sexual intercourse. In 2013, the adolescent fertility was estimated at 138.

Specific objectives include:

- Depict the national program for sex education module by grade levels
- Describe spatial distribution of youth-friendly family planning services in DRC
- Identify integration and discrepancies between the school based component and the health facility based services.

Indeed, the DRC national policy on adolescent and youth health is built on two pillars: the Education and the family life course and the national health services for youth.

Context

The total population of the DRC is estimated at 71.2 millions according to the 2014 Population Reference Bureau (PRB, 2014). In 2050, DRC will be the 9th most populous country in the world. The country has poor reproductive health indicators. A woman in the DRC faces a one in 30 chance of dying from complications arising from pregnancy or childbirth over her lifetime - nearly 200 times that of women in Europe

or North America. Even if a new mother survives childbirth, poor health and lack of access to high quality prevention and treatment services can have tragic consequences for her child; there is over a one in ten chance that her baby will not live celebrate his or her fifth birthday.

The Democratic Republic of Congo is a fragile and a conflict-ridden nation, struggling with leadership and governance. Its people have been victims of horrific violence, stunning gender inequality, and some of the worst health conditions in the world. The country has had the worst Human Development Index (HDI) and Global Peace Index (GPI) in decades. Though the country is considered to be the richest country in the world in terms of natural resources, citizens of the DRC are among the poorest in the world. In 2014, the DRC Human Development Index was estimated at 0.338 and ranked 186th country out of 187. The country has the higher Global Hunger Index (GHI) worldwide that has increased from 24.7 in 1990 to 41.0 in 2010 (UNDP, 2014; Institute for Economics and Peace 2014).

The DRC's GPI score deteriorated in 2010 and the country remains among the ten lowest ranked nations in the 2014 GPI (Institute for Economics and Peace, 2014). Since 1996, the DRC has been hit by conflict, which has devastated and destabilized the country. People continue to live in crisis conditions in many parts of the country.

Data and Methods

This study uses national sex education published books and the national policy documents for adolescents sexual and reproductive health documents. We performed content and thematic analyses to summarize the information.

DRC national program for sex education module by grade levels

Sex education module is part of the Education and the family life course. The Educating and family life course was designed in 1970 to promote an integrated education (physical, spiritual and mental or intellectual) according to human dignity.

In 1989, the Ministry of Primary and Secondary Education created the National Commission for Education and Family life course to develop the curriculum, Design and produce manuals and materials and train teachers.

The programme starts at the 5th year of Primary school and continues until the end of secondary school.

- Self identification in relation to the environment and others
- Acceptability and tolerance
- Self protection and protect others against the childhood diseases, STDs, HIV / AIDS and avoid sexual violence
- Time management
- Being sensitive to the beautiful in nature and art
- Enjoy their rights and fulfill their duties
- Criticize the different messages from the media
- Protect life
- Maintain harmonious relations with other family and community
- Assume and live their sexuality responsibly;
- Promote respect for gender in all situations and in all circumstances of life.

Box 1 - Education and Family Life course themes in DRC

<ul style="list-style-type: none"> • Family and school • Fight against stigma and discrimination • Childhood diseases • STI /HIV / AIDS 	<ul style="list-style-type: none"> • Relationship with others • Being a boy or a girl • My specificities • My image 	<ul style="list-style-type: none"> • Communication • Violence against children • Child labor • Anatomy and physiology of genital organs • Personality • Living together in diversity • Social Construction of Gender • Love and Friendship • Abuse and exploitation of minors • Living together 	<ul style="list-style-type: none"> • Media and self-image • Gender and Sexuality • Love and Sexuality • Sexuality and Media • Long term engagement • Reproduction • Family planning • Gender issues in legal texts • Gender and medias • HIV and Gender
<ul style="list-style-type: none"> • Fight against sexual abuse • Time and goods management • Environment • Rights and duties • Child and the media • Living beings 	<ul style="list-style-type: none"> • Sex and Gender • Hosting arrangements and principles • My Body • My identity • Puberty and adolescence • Human sexuality 		

The DRC sex education is comprehensive programme, including major sexual and reproductive health issues such as homosexuality, family planning, STDs/HIV/AIDS, risk behavior, unintended pregnancy and abortion.

Adolescent Health services

In 2003, the Ministry of Public health set up the National Programme for Adolescent Health. In 2009, the country developed a national programme to promote adolescent health. This policy is based on 8 principles: equity, responsibility, integration, appropriation, decentralization, collaboration, partnership and gender.

Data from the 2007 Demographic and Health Survey (DHS) confirmed high knowledge of contraceptive use, HIV/AIDS and Family planning issues among adolescents and youth in DRC. Likewise, the proportion of modern contraceptive use is higher among unmarried sexually active women aged 15-24 compared to their counterpart in union. However, adolescent fertility is still high, prevalence of unintended pregnancy and out-of-wedlock childbearing, especially among adolescent are high.

Poor and low implementation process of the national health policy for adolescent and youth

Five years after the development of the national policy for adolescent sexual and reproductive health, the country counts:

- Only 4 Youth Health Centers: Kinshasa (Matete), Matadi (Bas-Congo), Katanga (Katuba) and Bandundu (Bandundu). Seven other provinces do not have youth health centers.
- Less than 30 health centres from 10 Health zones out of 512 are implementing adolescent and youth health package for sexual and

reproductive health.

- The programme relies more on external funders and receives only little support from the government.

In conclusion, there are needs for integration between school and youth health centers using mobile clinics, school visits to promote dissociation between sexual intercourse and unintended pregnancy; and between sexual intercourse and STDs/HIV. The 1994 International Conference on Population and Development emphasized that women and men should have the capability to reproduce, the freedom to choose whether, when and how many children to have and be able to enjoy a healthy sex life.