

Sexuality Education Approaches: What would be applicable to North of Africa and Middle East?

By Ahmed Ragaa Abdel-Hameed Ragab, MD; PhD

Professor of Reproductive Health, Al-Azhar University, Cairo Egypt

Background: In this paper, Middle East and North of Africa are not presented from demographic dimension, rather from cultural one, where the most dominant religion is Islam. Consequently, the paper will discuss applicability of sex education approaches from Islamic perspectives but within the Middle East and North of Africa context.

Introduction: The HIV epidemic has been spreading steadily that is now, no country in the world is immune. The number of people living with HIV continues to rise every year. With the wide spread of HIV/AIDS, sex education became an important part of HIV/Prevention. Sex education enables people to acquire knowledge and develop skills that they can use to protect themselves and others. It minimizes the risks that they might face in the course of their sexual experiences. However, there is a wide disagreement on what form of sex education should take. In addition there is a wide debate on the advantages and disadvantages of adopting abstinence-based approach or a more comprehensive approach. The Current paper examines the sex education approaches and look for their suitability for application in the Middle East and North of Africa.

Sex Education Approaches: Two main approaches are currently in use: an abstinence-based approach to sex education, on one hand, focuses on teaching young people that abstaining from sex until marriage is the best means of ensuring that they avoid infection with HIV, other sexually transmitted diseases and unwanted pregnancy. A comprehensive approach to sex education, on the other hand, do explain to young people the potential benefits of delaying having sex until they are emotionally and physically ready and how to protect themselves from infections and pregnancy when they do decide to have sex.

Both approaches seems to share the view that sex education is a key approach to tackle the HIV infection and both approaches emphasizes the potential benefits of

delaying having sexual intercourse that will help young people avoid HIV, other STDs and unwanted pregnancies. Consequently, abstinence-based and comprehensive approaches can be reconciled into one approach called abstinence plus (Halperin et al, 2004). However, critical examination of both approaches, one can conclude that these are superficial similarities and both approaches will never be joined together. In fact there are profound differences in the values and attitudes of supporters of both approaches.

Several studies affirmed that comprehensive sex education on one hand can reduce behaviors that put young people at risk of HIV. STDs and unwanted pregnancy and, on the other hand, does not lead to the earlier onset of sexual activity of young people (Collins Et al, 2002; Kirby et al, 1994). In contrast, there is no much evidence for the effectiveness of abstinence education (Collins et al, 2002, Kirby, 2001). This should not be taken as a conclusion that comprehensive approach for sex education is better; rather it should be taken as a lack of researches from other countries, as most of the studies are from USA and Europe.

Middle East and North of Africa Perspectives:

Despite their geographical spread and diverse politics, countries in the region share certain characteristics that shape the sexual and reproductive behaviour of adolescents. Population are predominantly Muslim. Premarital sex is generally a taboo.

The region faces many challenges: strong taboos attached to HIV/AIDS make it harder to measure the scope of the problem and plan accordingly. Extreme stigma not only marginalizes PLWA, but also inhibits people from going for testing.

PLWA are commonly expelled from their homes, are sometimes fired from their jobs and even have trouble in getting medical care for fear of infection by health professionals.

The Reality of and the Need for sex education in the region:

Adolescents in the region do not have enough information about their bodies, maturation, or other aspects of reproductive health to help them successfully and prepare them for future reproductive health roles. As Egyptian boy or girl reach puberty, they are given a little if any information about sexuality and reproductive health (Ragab and Mahmoud, 2006). Half of Tunisian males age 17-24 and 70% of

female believe that using contraception can be dangerous to health (Soweid, and Manayan , 2004). In a study from Iran, twenty eight percent of the sample reported having engaged in sexual activities; boys ages 15-18 were able to answer an average of only one of three questions correctly about when a woman can get pregnant; three of 10 questions naming contraceptive methods, four of nine questions about HIV/AIDS, STDs and their symptoms; and 1.5 questions about condom use (Mohammadi et al, 2006). Evidence shows that withholding information from young people only increases the likelihood that if and when sexual initiation occurs, it will be unprotected (Kirby, 2001).

Because there is little information on sexuality and reproduction available from reliable media sources or the school curriculum, most of young people report that what knowledge they do have has been learned on their own or through observation. Information acquired in this way is always inaccurate and thus potentially harmful (Ragab and Mahmoud, 2006).

Because of the steady rising of the age at marriage, the economic burden of marriage and the high level of unemployment, new patterns of marriage/secret marriage are emerging. These patterns do not differ from any casual sexual relations and carry the same dangers of contacting STDs and unwanted/unintended pregnancies. These patterns of marriage aimed at overcoming the problem of religious justification. Religion of Islam allows men and women to marry conditioned by eye witnesses. Consequently a boy can ask a girl to marry him ‘urfi/secret marriage’ and she would accept in front of at least two of their friends, some would write a piece of paper containing the agreement. Although, this type of marriage is religiously allowed, however, its abuse caused many legal and health problems. Other types like ‘Mesyar’ or “Muta” marriages which are temporary type of marriage in which the duration of marriage is predetermined carry the same risks. It is safe to argue that there is a need not for abstinence only approach, but for a more comprehensive type of sex education approaches in the region.

HIV/AIDS situation in the Middle East and North of Africa: In early phases of the epidemic, obedience to Islamic Teachings was thought to offer the best protection (Ragab and Mahmoud, 2006). Denial characterized the early phases, especially

among the policy makers and the community leaders, “it is not in our countries”, “it is a foreign problem” were the answers that were given in a study by Ragab and Mahmoud, (2006) in Egypt. HIV was presented as a disease brought from countries where sexual morale were decadent (Kandela, 1993).

Currently, all countries of the region compile statistics on reported cases of HIV/AIDS, but case definitions are inconsistent and local capacity of diagnosis and reporting is uneven (Obermyer, 2006). Nearly all countries screen blood donors, but epidemiological surveillance is lacking and monitoring of special risk group is infrequent and at times hampered by local sensitivities (Obermyer, 2006).

Estimates of WHO and UNAIDS show that HIV Prevalence is low in the region (0.2%) (UNAIDS, 2006). It has been hypothesized that the low prevalence of HIV in the region is somewhat linked to Islam and its influence on the behaviors that affect transmission (Obermyer, 2006). Gray (2004) comparative analysis of data from African Countries showed that the prevalence of HIV was negatively associated with the percentage of the population that is Muslim. However, the study affirmed that the link between being Muslim and sexual risk factors is ambiguous and variable.

The most recent estimates of the number of PLWA in the region is about half a million (UNAIDS, 2006), the reliability of the estimates is questionable, because of the nature of the syndrome and the strong stigma that may hinder many of those who are suspicious of being infected from being tested (Obermyer, 2005, UNFPA, 2004). Furthermore, the prevalence of sexually transmitted infections is relatively high and indicative of unprotected extramarital sex (Heikel, et al 1999).

The region faces tremendous challenges which have potential implications for the spread of HIV: war related forced migration, economic and physical embargo in some places, rapid urbanization and poverty in many countries as well as well as a population structure in which the majority are young people. In addition there are hundreds of thousands of travellers and workers from high prevalent countries who enter and leave each year. Furthermore, there is an evidence of increasing injecting drug use which carries the potential for HIV transmission. In addition, men who have sex with men became significant recently. The issue of blood safety remains of persistent concern in the region, where millions of blood units are donated each year

and screening is still far from comprehensive in several countries.

Opportunities within the region for sex education: Human life is highly valued in Islam; it is considered a gift from Allah. Muslim believe that bodies are trust from Allah that must be returned one day and they will be asked, among others, how looked after it. Therefore they should avoid any act which will harm their health.

Islam, also, appreciates the sexual desires that humans have. Therefore, it encourages that these desires be fulfilled. Like other heavenly religions, Islam encourages marriage, so that through marriage, sexual desire can be fulfilled. The Prophet (PBUH) has always encouraged discussions on matters which help protect sexual health. Muslim men and women never felt shy to ask the prophet (PBUH) about intimate sexual matters. The Holy Qur'an has discussed reproduction and sexual health in several verses.

Contrary to a recent impression about Islam and Muslim Population, Islam is a religion that is full of compassion, love and mercy. The Prophet Muhammed (PBUH) reminded his followers that” “You will not enter the paradise until you believe, and you will not believe until you love one another”. In another statement by him, it has been said: “Allah shows compassion only to those who are compassionate”. Love and compassion are the qualities of a good Muslim and are needed by PLWA. These facts would be of much help for sex education programs.

Sex Education in the Region: The potential for reaching the young people in the schools varies substantially along with rates of school attendance in the region. Discrimination against girls in schooling is still striking in some countries of the region. Yemen, for example, 73% of the boys are enrolled but only 32% of girls (UNISCO, 2004). Sex education topics are rare in the region due to political and religious opposition, and sexual and reproductive health topics are often skipped because teachers are unprepared pr embarrassed to teach them. Although Algeria, Morocco, Tunisia, and Bahrain have included a human reproduction and health education module in their national school curricula, courses are aimed at high school and university students (DeJong et al, 2007).

Sex Education in Islam:

Sex education in Islam was provided side by side with other teachings. Followers of

Islam never felt shy to ask the Prophet or His wife 'Aisha' questions related to their intimate sexual matters. Clear instruction of the Prophet (PBUH) was given regarding sexual rights for both men and women. Ensuring mutual satisfaction was mentioned clearly by the Prophet (PBUH) and the rights for women to achieve their orgasms were strongly emphasized. Islam forbids all acts which were believed to harm the sexual health like sex out of wedlock, sex with a menstruating woman, homosexuality, sex with animals and anal intercourse. It is safe to argue that, while Islamic Sex education not only put a high value on abstinence and be faithful approaches, it is also a comprehensive type conditioned by the marital status, sexual intercourse would be practiced only within marital relations. The following subsections describe the components of this approach supported by evidences from the texts.

It is not abstinence only; rather it is a comprehensive one: At the time of the Prophet, comprehensive package of sex education was given side by side with other teachings of Islam. The followers (men and women) used to ask about their sexual problems, and the Prophet used to clarify what was obscure. In addition, women used to ask 'Aisha', the Prophet's wife, about some aspects of reproductive health. Many aspects of sex education is mentioned in the Quran and the Hadith (Sayings of the prophet). Among these are:

- The Importance of the Foreplay (there are explicit **instruction on the importance of foreplay**)

- Sexual Positions (Any position is allowed except anal intercourse)

- Family Planning (Azl that means 'Withdrawal' is allowed and by analogy other temporary methods of birth control are allowed)

- The Rights and Duties in Sexual Relations:** All scholars indicate that the right to sexual enjoyment is one of the wife's rights (Omran, 1992). They never denied her right to sexual fulfilment. Sexual fulfilment for women was understood to depend on the completed act of intercourse, something which withdrawal was not (Mussallam, 1978). Accordingly, some scholars disallowed withdrawal without the consent of the wife as they believe that it would interfere with her right for enjoyment. However, these rights are balanced by women's duties; some Hadiths state that a woman should

not refuse her husband. This balance between rights for enjoyment sex between married couples and men duties to ensure women's orgasm and women's duties not to refuse sex aim at both having enjoyable and health sexual life. By ensuring sexual satisfaction of women, men ought not to enforce women on sex and by not refusing husband call for sex, men are not going to have extra-marital sexual affairs. The challenge is that making these rights and duties widely known, in most of the cases, the duties of women are the only known teachings.

-Islam and Sex Outside Marriage: Islam forbids all types of sex outside marriage: premarital and extramarital. Islam advocates a number of specific measures to reduce the temptations towards it. First, the Prophet advised all followers (especially the youth) to get married if they could, so that their natural desires have a legitimate fulfillment; second, the polygamy practice which is allowed by Islam would lead to reduction of unmarried women in a society; third, there are directions for women to cover themselves and to appear in a modest way so as not to attract men; fourth, forbidding of mixing the boys and the girls after puberty excludes the boy/girl friend system; fifth, alcohol drinking, mixed parties, dancing between men and women which provide the situations from which illegitimate sexual relations could begin are forbidden; sixth, a meeting between a man and a woman alone is forbidden. Seventh, Islam restrains women from practicing tricks for stimulating sensual passion through her speech, also, by the manner of walking, or by indecent exhibition. Furthermore, the Prophet instructed his followers if they got excited to have sexual intercourse with their wives. Sex outside marriage is considered in Shari'a not only as a sin but also as a crime which is punishable under law.

In Conclusion, Critical examination of Islamic teaching showed that there are elements for a comprehensive package of sex education. The Middle East and north of Africa have all the potentials for rapid spread of HIV/AIDS. Within the context of the challenges that Middle East and North of Africa face, it is safe to conclude that, a package of comprehensive sex education is needed for the region. However, in order to overcome the expected resistance, abstinence should be in the center of the package.

References:

- Collins, C., Alagiri, P. and Summers, T. (2002): abstinence only vs. comprehensive sex education: What are arguments? What is the evidence? University of California, AIDS Research Institute.
- Gray P (2004): HIV and Islam: is HIV prevalence lower among Muslims? *SOC. Sci Med.* 2004;58(9): 1751-6.
- Halperin, D. T., Stineger, M. J., Cassell, M. M. et al. (2004): The time has come for common ground on preventing sexual transmission of HIV, *The Lancet* 364; 1913-1915.
- Heikel J, Sekkat S, Bouqdir, F et al (1999): The prevalence of sexually transmitted pathogens in patients presenting to a Casablanca STD clinic. *Eur. J. Epidemio.* 1999; 15:711-5.
- Jocelyn DeJong, Bonnie Shepard, Farzebah Roudi-Fahimi and Lori Ashford (2007): Young People' Sexual and Reproductive Health in the Middle East and North of Africa. MENA Policy Brief. Washington DC: Population Reference Bureau.
- Kandela, P (1993): Arab Nations: Attitude to AIDS: *Lancet*, 1993;341: pp 884-5.
- Kirby, D (2001): The National Campaign for the Prevention of Teen Pregnancy, Emerging Answers: Research findings on Programs to Reduce Teen Pregnancy, 2001, <http://www.teenpregnancy.org>.
- Kirby, D., Short, L., Collins, J., Rugg, D., Kolbe, L. Howard M et al (1994): School-based programmes to decrease sexual risk behaviors:, a review of effectiveness, public health Report 109 pp. 336-360
- Mohammadi, M; Mohamed, K.; Farhani, F; et al, (2006): Reproductive Knowledge, Attitude and Behaviour among Adolescents Males in Tehran Iran. In the *International Family Planning Perspectives*. V 32, Number 1, March 2006: 35-44.
- Mussallam B (1978): *Sex and Society in Islam*. Cambridge University, London, New York.
- Obermyer, C (2006): Analysis and Comment: HIV in the Middle East. *BMJ* 2006, 333:851-845 (21 October), doi:10.1136/bmj.38994.400370.7c
- Omran (1992): *Family Planning in the Legacy of Islam*, UNFPA

Ragab, A., Mahmoud, M. (2006): Sex Education for Young People in Egypt: A community Based Study. In The Proceeding of A conference Cairo Demographic Center Cairo-Egypt pp 559-569

Soweid, R., and Manayan T., (2004): Inventory of knowledge, attitude and behavior studies related to sexual and reproductive health of young people in the Arab States, Beirut: UNFPA and the American university of Beirut

UNESCO Institute of Statistics (2004): Global Education Digest 2004: Comparing Education Statistics Across the World. Montreal: UNESCO Institute of Statistics Table 5.

UNAIDS and WHO (2006): AIDS epidemic update 2006, Geneva.

UNFPA (2004): Young People and HIV/AIDS in Egypt: Findings of a qualitative research, UNFPA Cairo Office Publications.

The views expressed in this paper are solely those of the author and do not necessarily reflect the views of the ARSRC or any organisation providing support