FINAL TECHNICAL REPORT GAMBIA MINISTRY OF BASIC AND SECONDARY EDUCATION

Phebian Ina Sagnia , Momodou Jeng

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GRANT / SUBVENTION: - STRENGTHENING ACCESS TO QUALITY COMPREHENSIVE HEALTH EDUCATION IN THE GAMBIA

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Prepared by: Phebian Ina Grant Sagnia Principal Investigator and Momodou Jeng, Project Leader

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Address of Research Institution: Willy Thorpe Place Building, ECOWAS Avenue, Banjul, The Gambia

Researchers: Phebian Ina Grant - Sagnia and Momodou Jeng

phebiang@yahoo.com and jengsowe@gmail.com

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Executive Summary

This report describes the project research, problems, objectives, methodology, implementation, outputs and outcomes of the five years implementation research project funded by the International Development Research Center (IDRC). The overall aim of this project was to understand the underlying factors that affect the implementation of comprehensive health education for adolescents in and out of school; then to use the information generated to design and implement relevant school and community-based programs that will include teacher and community-based trainings on sexuality education and discussion sessions with adolescents and youth networks to strengthen access to quality comprehensive health education, information and services among in and out of school adolescents in Region 1, The Gambia.

The five-year project *"Strengthening Access to Quality Comprehensive Health Education in The Gambia"* was implemented in Region 1 from January 2020 to December 2024 by the Ministry of Basic and Secondary Education (MoBSE) and partners. It provided sexual and reproductive health (SRH) education to schools (both Upper Basic Schools [UBS] and Senior Secondary Schools [SSS]) including Special Needs Schools, Madrassas, out-of-School Adolescents, Media Personnel and Policy Makers, and other stakeholders through various teaching methods, presentations, Radio and Television shows, drama and Poetry, and community engagement.

The study covered **43 schools and 28 communities** in Region 1 of The Gambia that received Comprehensive Health Education (CHE) as part of the project. The CHE package of interventions was co-created using information obtained at the baseline stage. Data was collected using mixed methods (both quantitative and qualitative data). The quantitative data was guided by three different validated questionnaires at baseline, midline and endline, targeting students, teachers, and principals of these schools. All school heads were included, and teachers and students were selected through a random sampling technique. The qualitative data was collected via Focus Group Discussions (FGDs) and Key Informant Interviews (KII) with **40 out-of-school adolescents** and **35 key informants** targeted at seven different levels (Non-governmental Organizations [NGOs], Community Service Organizations [CSOs], Ministry of Basic and Secondary Education [MoBSE], Curriculum Developers, Community Leaders, Religious Leaders, and Health Workers). Nine data collectors, three supervisors, and one field coordinator were recruited, and they received training on the data collection tools. The quantitative data was collected with the aid of a computer-assisted personal interview (CAPI) tool through an App ensuring robust quality control measures, while the FDGs and KIIs were audio recorded. Data collected from the quantitative survey was stored in a server that was downloaded and prepared for analysis. The objectives of the evaluation guide data analysis. Quantitative data was analyzed using descriptive statistics. A comparison between the baseline and midterm survey was made to assess the impact of the program on knowledge and attitude on SRH. Qualitative data were analyzed using the thematic/content analysis method. Both verbal and written informed consent were obtained from all participants before administering the questionnaire and interviews. Permission was also sought from the respective school heads and Parent-Teacher Associations (PTA) as well as the MoBSE authorities.

Key Informant Interview (KII) with Curriculum Developers, program implementers, and CSOs revealed that the awareness of CHE policy is increasing among shareholders. Most of the stakeholders involved in the study acknowledged that policy reforms are being untaken to change CHE in schools. However, the debate on whether CHE should be taught as a standalone subject or should be integrated into other subjects is still rife. Additionally, even the proponents of making it standalone acknowledged the difficulty of doing this as the curricula are overloaded.

Regarding the design, structure, and content of the CHE framework for schools, various stakeholders (curriculum developers, implementers) have indicated that the CHE in schools is more inclusive as several issues on sex and reproductive health are now covered and various types of students are targeted. The sources of support for CHE identified by non-government stakeholders include funding, coordination, and availability of teachers. Some of the stakeholders in government highlighted the factors that support CHE as those that are participant driven like the willingness of community members to engage in CHE activities. The main source highlighted by many of the stakeholders remains to be the culture and beliefs of people. The key stakeholders of the CHE project highlighted that although CHE has improved coordination among stakeholders, coordination is still a challenge.

In terms of reaching out to out-of-school children, the suggestions given include targeting sports events that people go to. Sensitization talk shows targeting community radio programs and organizing out-of-school sensitization events at the community level. The activities used by the CHE project have all been heralded as very good.

Concerning the impact of the CHE interventions, the various stakeholders indicated that the current CHE project is very good as it is very innovative and targets all relevant stakeholders fundamental to the enhancing understanding of Comprehensive Sexuality Education (CSE). The training of teachers, the radio and TV talk shows, the training for adolescent girls (e.g. making sanitary pads, etc.) have all been reported as very effective in increasing awareness and knowledge of CSE.

Although the CHE project was regarded as very good by all stakeholders, most of them are concerned that the activities are concentrated in one region. Hence, they think the entire country is not benefiting from it as they should. Therefore, a lot of them made a call for the activities to be extended to other regions so that more adolescents can benefit from it. People also liked all the interventions in the CHE project, but they want it extended to other regions.

Participants in the qualitative data collection highlighted that the understanding of CHE is improving among community members and the **"silence syndrome"** is also slowly fading away as people with a better understanding of CHE are now open to talking about it, they don't regard it as a taboo anymore. Hence, those involved have appreciated what the program has done for them. Likewise, the religious and cultural leaders involved in the CHE program acknowledged how the program has helped in changing mindsets on SRH.

The **Focus Group Discussion (FGD)** with adolescent girls and boys engaged in the CHE project revealed that they do understand what SRH is about. Some of them mentioned issues like understanding one's body, and girls taking pills to control their mensuration or to avoid being impregnated, among others. On the source of information on SRH, the analysis showed that adolescents get information on SRH from sources such as Radio, TV, social media, community, and parents. Among these sources, most adolescents trust more information from their parents followed by health workers or experts. Although parents are trusted more, concerns that parents do not adequately engage their children on SRH issues remain. Hence, most of the adolescents recommended community outreach programs by health experts targeting parents as one of the methods through which information on SRH can be made more available to adolescents. The awareness of the CHE project among adolescents is very good as the majority acknowledged participating in the CHE activities and according to them it has broadened their understanding of SRH issues.

Overall, the project showed a positive impact on the SRH of in- and out-of-school adolescents on the project sites as observed from both the quantitative and qualitative data. However, some challenges remain, particularly on the teaching of some themes, provision of teacher training, and access to teaching materials.

In **conclusion, the endline evaluation highlights** the positive impact of the CHE project on adolescents' access to SRH information and services in Region 1. However, some challenges remain in teacher training, teaching certain topics, and access to materials. To ensure young people make informed decisions, CHE should focus on equipping them with positive attitudes, and values that support informed decision-making. Expanding the project to rural areas and strengthening stakeholder engagements will lead to sustained national impact.

Research Problem

The project was developed in the context of growing concerns about adolescent sexual and reproductive health (ASRH) in The Gambia, particularly due to rising rates of infections, early sexual activity, teenage pregnancies, and unsafe abortions. Teenage pregnancies, affecting 18% of adolescent girls aged 15-19, contribute to maternal deaths and lead to social consequences such as expulsion from home, dishonour, and neglect.

Key challenges include:

- Lack of timely sexual and reproductive health (SRH) information from parents.
- Limited access to youth-friendly SRH services.
- Misinformation about sex, contributing to HIV/AIDS trends.
- Low comprehensive knowledge of HIV transmission (27% of women, 36% of men).

To address these issues, the New Education Policy (2016-2030) has emphasized the need for Comprehensive Sexuality Education (CSE), leading to the adoption of a curriculum framework for basic and secondary education. However, limited evidence exists on the availability and accessibility of SRHR services and the effectiveness of CSE implementation.

The adoption of the Comprehensive Sexuality Education (CSE) curriculum in The Gambia was driven by several pressing factors:

1. **Rising Adolescent Sexual and Reproductive Health (SRH) Issues** – Increasing rates of teenage pregnancies, unsafe abortions, sexually transmitted infections, and gender-based violence highlighted the urgent need for structured education on SRH.
2. **Limited Access to SRH Information and Services** – Many adolescents, especially in rural areas, lacked access to accurate and youth-friendly SRH services, leading to misinformation and risky behaviours.
3. **Policy Commitment** – The New Education Policy (2016-2030) emphasized the importance of integrating sexuality education into the school curriculum to equip young people with knowledge and skills for informed decision-making.
4. **International and Local Advocacy**– Organizations like UNFPA and civil society groups actively pushed for evidence-based sexuality education programs to improve adolescent health outcomes.
5. **Pilot Programs and Research** – Initial trials of CSE, including life lesson trials linked to events like World AIDS Day, demonstrated the need for a structured curriculum to maximize impact.

The curriculum aims to provide adolescents with age-appropriate, culturally relevant, and scientifically accurate information to promote healthy relationships and informed choices.

Project Objectives

Aim

The overall aim of this project has been met and it was to understand the underlying factors that affect the implementation of comprehensive health education for adolescents in and out of school; then to use the information generated to design and implement relevant school and community-based programs that will include teacher and community-based trainings on sexuality education and discussion sessions with adolescents and youth networks to strengthen access to quality comprehensive health education, information and services among in and out of school adolescents in Region 1. The project has designed and implemented a package of interventions for adolescents in the 43 schools and out of school adolescents in the 28 communities on comprehensive health education

Specific objectives

1. To improve knowledge around suitability, adequacy, and factors facilitating or impeding implementation of policy frameworks on health education among in and out of school adolescents in Region 1.
2. To use the research findings to inform the design and implementation of relevant school and community-based programs on comprehensive health education that targets both in and out of school adolescents in Region 1.
3. To assess the effect of the interventions on access to information and utilization of the available sexual and reproductive health services among in and out of school adolescents in Region 1.
4. To use the lessons learned to identify the relevant factors to consider in effective coordination across various partners and in sustaining and scaling up of the programs to other Gambian regions.

The above objectives were met through the findings of the baseline research. The project has designed and implemented a package of interventions including schools and community engagements on comprehensive health education activities. The CHE project successfully enhanced knowledge on policy frameworks for health education, using research findings to guide the design and implementation of school and community-based programs in Region 1. It effectively assessed the impact of interventions on access to sexual and reproductive health services, while lessons learned informed strategies for coordinating stakeholders and expanding programs across other Gambian regions for long-term sustainability.

Methodology

The study methodology involved a mixed methods approach which involved four phases:

1. Phase 1: In the initial phase, for objective 1, a mixed method approach to triangulate and provide a more in-depth understanding of the research topics was collected in 43 schools and 28 communities in region 1. A random sample survey with 1505 students, 129 teachers and 43 school principals collected quantitative data. Focus group discussions with 40 out of school adolescents and 35 Key Informant interviews were also used to collect qualitative data.
2. Phase 2: In Phase 2, the qualitative and quantitative data collected in Phase 1 was analyzed to inform the design of the relevant school and community-based programs that were implemented in Region 1 as described in Objective 2. A Project Coordination Committee (PCC) comprising partners that have an effective role in the implementation of the project was established by the research team during the initial exploratory phase of the project. A co-creational approach includes the use of diverse participatory methodologies such as the Most Significance Change (MSC) technique and the Participatory and Appreciative Action and Reflection (PAAR) methodology was used by members of the PCC to design the relevant school and community-based programs based on the findings derived from Phase 1 and through an iterative process of ongoing learning and monitoring.
3. Phase 3: The research team assessed the effect of the implementation of the school and community-based programs using a mixed method for objective 3.
4. Phase 4: In Phase 4, for objective 4, a simple score that assess potential for effective coordination across various partners, contextual relevant was used to prioritize (3 or more)

school and community-based programs that could be consider for scale up to other regions in The Gambia.

Project Implementation and Management

The section of the report gives a detailed review of the implementation activities. The activities were achieved from January 2020 to December 2024.

Community Mapping Exercise

The community social mapping exercise was a key participatory action research method used in the project on Strengthening Access to Quality Comprehensive Health Education in The Gambia. Its purpose was to understand community dynamics and identify influential individuals for project engagement at the local level. The exercise was widely attended, with active participation from community members and associations. It successfully facilitated the selection of community representatives, who acts as a bridge between the project team and beneficiary communities, fostering community buy-in and ownership.

Establishment of a Project Coordinating Committee (PCC)

The Project Coordinating Committee (PCC) consists of key partners from the Ministry of Education, Ministry of Health, Ministry of Youths and Sports, Gambia College, NGOs/CSOs, and UNFPA. It plays a vital role in ensuring the effective and coordinated implementation of project activities. The PCC also acts as a conflict-resolution mechanism between executing and non-executing partners and serves as a governing board, meeting quarterly to provide guidance and support for the project's success.

Research Ethical Approval

Before the research began, the project proposal was submitted to the Gambia Government Joint Medical Research Council (MRC) Ethics Committee for ethical approval, ensuring compliance with research guidelines and ethical standards.

Training of Data Collectors

Data collectors received training on data collection techniques through group discussions and simulation exercises focused on study tools. They conducted a practical pre-test by administering questionnaires at a non-sample schools. Afterwards, the team gathered to review and discuss their experiences, ensuring the tools' effectiveness before official data collection.

Official Project Launching

The Comprehensive Health Education Project, themed "Strengthening Access to Quality Comprehensive Health Education," was officially launched in Banjul by First Lady Fatoumatta Bah Barrow, alongside key government officials, including Ministers of Health, Youths and Sports, the Deputy Mayor of Banjul, and Senior Officials from the Ministry of Basic and Secondary Education (MOBSE). The event was attended by educators, students, local leaders, religious figures, community members, and the media, reflecting widespread support and engagement from various stakeholders in promoting health education access across The Gambia.

In Photo: Launching of CHE in Banjul, The Gambia, September, 2021

Dissemination of Research Findings

The dissemination meetings were conducted widely with all stakeholders (Schools, communities, NGOs/CSOs, Ministry of Health, Ministry of Youths and Sports and Ministry of Basic and Secondary Education, CHE implementing Partners and policy makers) highlighted in the project in Region 1 to share research findings on Comprehensive Health Education (CHE).

The dissemination recommendations emphasize stakeholder engagement, urging CSOs and NGOs to collaborate in Comprehensive Health Education (CHE) implementation through community groups. Government coordination should ensure strategic leadership and funding for Sexual and Reproductive Health (SRH) programs. Encouraging adolescent participation will empower youth to lead health discussions and act as role models. Capacity building should include training media personnel and integrating CHE into college curricula. Community-based strategies, such as TV, radio, storytelling, and cultural outreach, will promote awareness. Establishing youth-friendly centers with SRH services and product dispensers is crucial. A social movement should push policymakers to take concrete action on SRH policy implementation, reinforcing CHE accessibility, government commitment, youth empowerment, and inclusive community interventions.

Co-Created Package of intervention

A co-created package of interventions was developed through an event that engaged diverse stakeholders in region 1, focusing on strengthening Comprehensive Health Education (CHE) for both in-school and out-of-school adolescents. The approach was divided into three key phases: **1. Teacher Training** – Educators were trained on CHE based on research findings to enhance knowledge delivery. **2. Institutional Collaboration**– A formal partnership was established with Gambia College School of Education to support the project. **3. Community Engagement** – Forums and discussion sessions were conducted to involve community members in the process. A participatory method was used to ensure continuous interaction, allowing Community-Based Committees (CBCs), civil society organizations, UN agencies, and government partners to actively co-create interventions based on real-time project findings. The consensus panel approach guided stakeholders in prioritizing interventions using three critical criteria: **- Sustainability** – Ensuring long-term impact and continuity**. - Feasibility** – Practicality in implementation within local contexts. **- Acceptability & Scalability** – Alignment with cultural values and potential for expansion. This collaborative and evidence-based approach has laid the foundation for effective CHE integration, ensuring strong community participation, institutional backing, and policy-driven strategies for lasting change.

School based implementation

The Interschool Drama and Poetry Competition was organized across 43 piloted schools, allowing students to creatively present research findings on Comprehensive Health Education (CHE). The initiative aimed to bridge the gap in adolescent-parent communication on Sexual and Reproductive Health (SRH) topics, such as puberty, menstruation, pregnancy prevention, STIs, GBV, and contraceptive use. Through performance-based learning, students engaged with key CHE themes, enhancing their understanding. The competition strengthened health education, fostered stakeholder partnerships, and promoted community involvement. Beyond its immediate impact, the initiative set the stage for continued research, advocacy, and collaborative efforts to improve adolescent well-being.

In Photo: Interschool drama and poetry competition, 2023

Community based intervention

The community intervention demonstrated a strong commitment to advocacy, sensitization, and gamification, engaging 28 communities through interactive dialogues, sessions, and performances on critical topics like Gender Based Violence and Sexual Exploitation and Abuse. The involvement of National Assembly members, cultural and religious leaders, women leaders, ward councillors, and youth leaders helped amplify the message. Out-of-school adolescents and Islamic students also participated, expressing that they had gained valuable insights in engaging ways. With over a thousand individuals reached, the initiative successfully deepened understanding and community support for adolescent sexual and reproductive health, leaving a lasting impact.

In Photo: Community Participation Banjul North, 2022

Supervisions for school and community-based package of interventions

School based package of Intervention

Series of supervision was conducted across 43 piloted schools and 28 communities, where the Comprehensive Health Education (CHE) initiative received widespread praise from both schools and

communities. Principals unanimously recommended that CHE be expanded to other regions for broader impact. Given the influence of religious teachers in shaping student perspectives, it was advised that they receive training to support CHE sensitization efforts. Additionally, it was suggested that key CHE topics be integrated into existing subjects to enhance learning accessibility and effectiveness.

Regular meetings and ongoing feedback with community members and school boards

Regular meetings between the project team, community members, and school boards in piloted areas revealed that Comprehensive Health Education (CHE) programs have had a significant impact on individuals and communities. These programs have raised awareness on critical topics such as sexual and reproductive health, gender-based violence, menstruation, societal norms, and self-awareness, empowering people to make informed health decisions. By addressing these concerns, CHE has contributed to healthier, more knowledgeable communities, fostering long-term positive change.

Training of out of school adolescents and community women on re-usable sanitary pads.

The CHE project identified menstrual hygiene challenges affecting young girls and women, leading to a targeted training for community participants from the twenty-eight communities on reusable sanitary pads. This initiative aimed to address accessibility issues, reduce school absenteeism, and promote cost-effective, eco-friendly alternatives. Through hands-on workshops, trainees learned production techniques, hygiene maintenance, and storage practices, empowering them with practical skills to enhance menstrual health and community education. Many young women missed school due to lack of access to sanitary pads, with financial constraints limiting parental support. The training, facilitated by community facilitators, was applauded by the deputy mayor, who emphasized its economic benefits and the potential for income generation through pad production. The reusable pads meet international standards, made from 100% cotton materials that prevent irritation, are eco-friendly, chemical-free, cost-effective, and washable. Trainees learned hygiene practices, pad usage, storage, and care while crafting hand-sewn pads and storage bags. This initiative promotes sustainability, accessibility, and empowerment, equipping women with practical skills to enhance menstrual health and education retention.

In Photo: Community training on re-usable sanitary Tallinding of Kanifing Municipal Council, 2023

Development of teaching material for CHE in schools and out of school; booklets, games/plays.

The Comprehensive Health Education (CHE) project, in collaboration with Girl's Pride The Gambia, developed **FUNNEH Board GAME**, a racing board game designed to educate and engage communities on global health and planetary health issues. The game serves as a tool for breaking taboos and stigma surrounding sexual and reproductive health (SRH) by encouraging discussions in schools, homes,

workplaces, and communities. Topics covered in the game include menstrual hygiene, gender-based violence (GBV), female genital mutilation (FGM), child marriage, teenage pregnancy, STIs & HIV, contraception, and mental health. Schools received question-and-answer booklets alongside the game for structured learning.

CHE also organized an interschool game competition focused on menstrual health and hygiene management, hosted by MOBSE in region 1, with students, teacher coordinators, judges, volunteers, and facilitators participating. During the orientation, attendees learned game rules, objectives, and benefits, with students testing and praising the game for its educational value.

This initiative has successfully engaged schools and communities, fostering awareness, dialogue, and interactive learning on SRH topics, while strengthening youth education and empowerment.

In Photo: Funneh board game and adolescents, Region one Directorate, May, 2024

Training of schoolteachers on re-usable Sanitary pads

A five-day intensive training equipped Home Economics teachers from the 43 diverse schools including upper basic, senior secondary, private-public, Islamic, and special needs schools with skills to sew reusable sanitary pads. The training emphasized hygiene management, addressing challenges in sanitary pad disposal within schools.

During the training, teachers developed Pretty Girls' Corner, a school-wide initiative to train students in pad-making while establishing sanitary pad banks in Home Economics labs. Students will sew and contribute pads for themselves and friends, ensuring accessibility, self-care education, and menstrual hygiene support. The school initiative project which derives from the CHE project aims to keep girls in school during their periods and empower them through practical learning, fostering a culture of sustainability and health awareness.

In Photo: Teacher training on re-usable sanitary**,** Curriculum Directorate Hall, MoBSE, 2022

Gender Equality and Inclusion

The Comprehensive Health Education (CHE) project employed a participatory mixed-method approach, integrating quantitative and qualitative data collection in schools and communities. This approach prioritized gender issues, amplifying the voices of in-school and out-of-school adolescents on sexual and reproductive health (SRH) while addressing communication barriers between youths and parents.

The research team-maintained gender balance, with male and female investigators conducting interviews and focus group discussions. The quantitative data collection ensured representative sampling from 43 schools, considering ethnicity, grade, religion, and sex, enabling robust cross-group analysis. Meanwhile, qualitative data collection included structured focus groups for boys and girls and key informant interviews, strategically sampling based on ethnicity, sex, education, and occupation for meaningful comparisons. A gender-based approach was integrated, conducting separate focus groups to encourage free expression and equitable representation. The project also analyzed power dynamics in decision-making on comprehensive health and sexuality education for both school and out-of-school settings, ensuring an inclusive and culturally sensitive research framework.

Project Outputs and Dissemination

Scientific conference presentations/speaker:

1. How is CSE being implemented and developed in Africa? Let's look at the case of The Gambia. Can you tell us about the process of developing the CSE programme in The Gambia? 10th Africa Conference on Sexual Health and Rights ACSHR 2022: Ingredients for a positive narrative on CSE: building on evidence, country programmes and political commitment. Conference organized by Purposeful and convened by the African Federation for Sexual Health and Rights in partnership with the Government of Sierra Leone, the United Nations Spotlight Initiative, partners across the Continent and co-programmed with the WOW Foundation.
2. In school adolescents' perception of sexuality education in region 1 of The Gambia conference is themed "Localization of Global AYSRHR Commitments " The Reproductive Health Network Kenya (RHNK) on Adolescents Youth Sexual Reproductive Health and Rights (AYSRHR) Scientific Conference, held in Diani Reef Hotel, Kwale County, sixth Scientific Conference, June, 2023.

3. Supporting research and capacities to address sexual and reproductive health challenges in Africa. Comprehensive Health Education in The Gambia. 11th Edition of the African Conference on Sexual and Reproductive Health Rights under the theme "Sexual and Reproductive Health and Family Well-Being in Africa", at Palais des Congres, le Bouregreg, Rabat-Sale February, 2024.

In Photo: Phebian Presenting on sexual and reproductive health rights and CHE in a Rabat, Morocco.

Published Journal Papers:

1. **Phebian I.G. Sagnia** and Momodou Jeng - In-school adolescents' Perception of Sexuality Education in Region 1 of The Gambia: DOI: 10.29063/ajrh2023/v27i2.5
2. **Phebian Ina Grant Sagnia,** Burama L. J. Jammeh, Alphonsus Rukevwe Isara - Knowledge and Attitudes Concerning Sexual and Reproductive Health among In-School Adolescents in The Gambia. *The Texilia international Journal of Public Health ISSN: 2520-3134 DOI: 10.21522/TIJPH.2013.10.02.Art012*
3. **Phebian Ina Grant Sagnia,** Fatou Dally Bittaye, Michael Hamadi Secka, - Knowledge and Teachers' Perceptions and Suggestions Towards Sexuality Education in The Gambia. ***(Inpress)***

Newspaper Articles

1. https://www.voicegambia.com/2023/07/27/che-project-mobse-hold-midline-research-findings-dissemination-forum/
2. https://www.voicegambia.com/2023/08/08/credd-applauds-school-principals-for-their-commitment-to-che-project/
3. https://www.voicegambia.com/2023/08/14/stakeholders-agitate-for-che-as-a-standalone-subject/?amp=1
4. https://www.voicegambia.com/2023/08/18/18-percent-of-adolescent-women-are-mothers-with-first-child/
5. https://thepoint.gm/africa/gambia/national-news/che-engages-journalists-research-findings
6. https://www.voicegambia.com/2023/10/16/na-advises-mobse-to-include-che-in-draft-budget/?noamp=mobile
7. https://www.voicegambia.com/2023/10/13/teachers-submit-more-recommendations-for-che-project/
8. https://thepoint.gm/africa/gambia/national-news/credd-shares-midline-research-findings-report-with-utg-students
9. https://www.voicegambia.com/2023/08/28/che-principal-investigator-discusses-challenges-affecting-sexual-and-reproductive-health-of-adolescents/?amp=1
10. https://www.voicegambia.com/2023/08/18/18-percent-of-adolescent-women-are-mothers-with-first-child/

11. https://www.voicegambia.com/2023/11/17/credd-holds-final-dissemination-of-che-midline-research-findings-with-islamic-christian-religious-teachers/
12. https://www.voicegambia.com/2023/12/12/sos-and-st-charles-eliminate-other-schools-to-emerge-che-drama-competition-champions/?noamp=mobile
13. https://www.voicegambia.com/2024/01/30/over-80-religious-teachers-trained-in-che/?noamp
14. https://www.voicegambia.com/2024/05/30/partners-celebrate-menstrual-health-hygiene-day-to-raise-awareness-about-menstrual-hygiene-management/
15. https://thepoint.gm/africa/gambia/national-news/che-hosts-inter-school-competition-to-promote-menstrual-health-awareness-in-gambia

Social media samples

1. www.youtube.com/@comprehensivehealtheducati5504
2. https://www.tiktok.com/@comprehensivehealthedu01?_t=8XtqCCaTKzN&_r=1
3. https://youtu.be/CFG4cBtIVJI
4. https://x.com/che_gambia/status/1711794638246289868?s=48
5. https://m.facebook.com/story.php?story_fbid=pfbid0RdpD5DnwXrZpHmHVtvZ12VARLqj7QJSfeRbGNDr1nLtjFFdcz4QdYHwh8pW6Dg1ql&id=100063583532395
6. The principal investigator taking National Assembly Members through the background of CHE in Then Gambiaɢᴍ https://vm.tiktok.com/ZMj4Hd6hB/

Capacity program

The CHE project has strengthened capacity building for its team, including the co-principal investigator, Ministry of Basic and Secondary Education students, and data collectors involved in the research process. The co-principal investigator completed a short fellowship in implementation research, gaining expertise in research methodologies. Additionally, four curriculum officers from the Ministry of Education pursued postgraduate programs in Health Promotion and Education and a Diploma in Gender and Development at the University of The Gambia. Data collectors acquired valuable skills in research ethics and comprehensive health and sexuality education, ensuring effective data collection and handling of sensitive topics. This capacity-building effort has significantly enhanced the team's ability to implement and expand CHE initiatives.

Project Outcome

The Comprehensive Health Education (CHE) project has significantly raised adolescent awareness of Sexual and Reproductive Health (SRH), with many acknowledging their participation and improved understanding. Focus group discussions (FGDs) revealed adolescents grasp key SRH topics, yet parental engagement remains limited, prompting calls for community outreach programs led by health experts. Stakeholders praise the CHE interventions for being innovative and inclusive, with teacher training, media campaigns, and skills-based activities proving effective in boosting awareness and knowledge. However, concerns persist over the regional concentration of activities, prompting calls for nationwide expansion.

Effect of CHE programs on students' knowledge and attitude on SRH

Comparison of socio-demographic characteristics of adolescents at baseline, midline and end line

The demographic characteristics of adolescents sampled from CHE intervention schools showed consistent trends across surveys. A total of 1,388 students participated in the baseline survey, 1,505 in the midline, and 40 in the endline.[1] Most students were 16 years or older, with percentages at 64.5% (baseline), 57.3% (midline), and 62.5% (endline). The mean age slightly varied, recorded at 16.5 years (baseline), 16.0 years (midline), and 17.5 years (endline). Across all surveys, female students comprised more than half of the participants, with 58.8% at baseline, 58.5% at midline, and 57.5% at endline, maintaining a gender-balanced representation.

Effect of CHE on Knowledge of SRH issues among in-school adolescents

The study tracked in-school adolescents' knowledge of Sexual and Reproductive Health (SRH) across baseline, midline, and endline surveys, revealing notable improvements. All adolescents surveyd at midline and endline had taken part in the project's CHE interventions. HIV transmission awareness remained high, with 100% of students recognizing unprotected sex as a risk by endline. Knowledge about needle-sharing risks improved significantly, rising from 64.1% at midline to 95.0% at endline. Mother-to-child transmission awareness also increased to 77.5% at endline, while blood transfusion risks were more understood, reaching 92.5% at endline. Misconceptions disappeared, with no students believing in transmission via mosquito bites, witchcraft, or curses.

HIV prevention awareness showed mixed trends, with 77.5% recognizing condom use, while knowledge of monogamy as prevention rose to 60%. However, abstinence awareness declined, dropping to 32.5% at endline. Access to HIV testing and reproductive health services improved significantly, with 80% knowing where to get tested and 42.9% identifying a comfortable place for pregnancy prevention services. Family planning service awareness fluctuated but ended higher at 45.2%. Overall, the findings highlight strong progress in HIV awareness and SRH knowledge, reinforcing the importance of continued education and access to services for adolescent well-being.

Effect of CHE on Attitude towards SRH Issues among in-school adolescents at baseline, midline and endline

The findings highlight positive shifts in attitudes towards sexual consent, family planning (FP), gender-based violence (GBV), and HIV awareness across the baseline, midline, and endline surveys.

Key Improvements:

- Sexual Consent Understanding: Misconceptions declined, with fewer students believing that "no" means "yes," and disagreement with this idea rising to 57.5% at endline, reflecting better awareness.
- Family Planning Perception: The belief that carrying FP indicates promiscuity dropped significantly, and acceptance of FP for pregnancy prevention rose from 45.6% to 65.0% at endline.
- HIV Awareness & Acceptance: Support for remaining friends with someone living with HIV increased to 75.0%, signaling reduced stigma.
- Gender-Based Violence Attitudes: The idea that a man can beat his partner for refusing sex dropped to just 5.0% at endline, showing stronger rejection of GBV.
- Student Autonomy & Relationships: Knowledge about FP policies in schools improved, while the ability to ask a partner about HIV testing increased to 65.0% at endline.

[1] The endline study had a lower number of participants, due to many students who had participated in the CHE interventions leaving their schools, as well as financial constraints faced by the project in the final stage of implementation.

- School Safety & Expression: While self-expression improved, bullying and concerns about physical harm persisted, indicating the need for continued intervention.
Overall, the findings underscore growing awareness and improved attitudes, but they also highlight ongoing challenges in school safety and FP accessibility, reinforcing the need for continued education and intervention strategies.

The Qualitative findings indicate a positive cultural shift, as taboos surrounding SRH discussions are fading, allowing communities, religious, and cultural leaders to support open dialogues. The program's impact has been widely appreciated, reinforcing the need for continued advocacy and broader implementation. When asked about the CHE project, some of the adolescent revealed that what they know about the project is that it is "*increasing awareness of SRH,"* especially among out of school adolescent. Some of them said they know the project is "*saving lives*." This perception might be driven by the fact that unhealthy SRH behavior exposes teenagers to lot of risk including teenage pregnancy and maternal mortality. Hence, increase in awareness causing better SRH behavior can reduce such risk. There are other participants in the adolescent FGD who also said that the CHE project is promoting development of the country. In as much as the project is empowering youths, especially adolescent girls who disproportionately faced several SRH challenges, the project can be regarded as an added impetus to development of the country, which is in line with the perception of the participants in the FGDs.
Almost all participants in the FGDs agreed that parents should be offered training on SRH. This shows that the activities of the CHE project that involve outreach to parents to sensitize them on SRH is very apt as it will increase awareness for parents to talk to their child and make them aware of key SRH issues that they need to know. While providing her opinion on this, a FGD participant said "*Parents need to be well trained so that they can explain to us their children.*"

Moreover, all adolescent in the FGDs appreciated the CHE project and particularly the females. They indicated that the project is very useful for them as it is enabling them to know about SRH and also educate others. In one of the female FGDs, a participant said "*this project is very important especially to us the female adolescents because it can help us to learn and teach other about SRH*." Another one highlighted that "*since this project is here to sensitize us the adolescent, it is very important and interesting*."
Some of the community members highlighted that most people in the community agree that sexual and reproductive health education is important. The issues they are faced with are similar and hence similarity in perception on some on the issues. There is also an increase in awareness due to this intervention and similar ones. Hence, a lot of people know that SRHE is really important.

Overall Assessment and Recommendation

Implementation of the CHE program in schools and communities has registered significant achievements. The initiatives have had a profound impact, leading to increasing awareness of sensitive topics and empowering adolescents to make informed decisions about their health and well-being. By addressing issues such as sexual and reproductive health, gender-based violence, menstruation, societal and cultural norms, and self-awareness, the program has helped create healthier and more informed communities. One notable impact of the programs is the reduction of stigma and shyness surrounding topics like menstruation and sexual health. By fostering open and honest discussions, CHE has helped establish a more supportive and understanding environment, enabling individuals to address these topics without fear or embarrassment. The CHE program extended beyond classroom teaching, incorporating supportive school policies, parental engagement, and collaboration with health organizations. By fostering multi-stakeholder involvement and

ensuring continuous program evaluation and improvement, CHE can create lasting, positive impacts on individual and community well-being.

The Lesson Learnt the approach and activities planned by Comprehensive Health Education (CHE) worked in meeting the overall project objectives. This is attributable to the good practices and the lessons learnt herein include the following: Involvement of the community during implementation of project activities brought about ownership of the project and sustainability. Religious leaders, community leaders, Women groups, traditional leaders and youth groups attended project trainings organized by the project. In these trainings, they shared experiences in implementing their activities and gave in put in the project plans. In addition, the project trained youth leaders and women leaders who in turn were a useful human resource and offered assistance to both the project and community wards e.g. they supported project activities like health education talks which were inline with the CHE research findings. Involving youth groups and women groups in project activities with supportive supervision made them to be communicating on sexuality education issues.

Conclusion

This report provides insight into the effects of the interventions on access to information and utilization of the available SRH and identification of facilitates and barriers to the effective implementation of CHE for in- and out-of-school adolescents in region 1 of the Gambia. Overall, the project showed positive impact on SRH of adolescents in and out-of-school in the project sites as observed from both the quantitative and qualitative data. However, some challenges remain, particularly on the teaching of some themes, the provision of teacher training and access to teaching materials. To ensure that adolescents have adequate SRH information and education to make informed decisions about their SRH, CHE must include core elements that equip young people with adequate knowledge, attitude and positive value that promote respectful social and sexual relationships. Therefore, to overcome these challenges, stakeholders must work together to leverage the strengths and support mechanism, as well as address the challenges for better and sustained impacted. A scale-up of the project to other areas of the country, particularly in rural areas, was highly recommended for national impact.

Annex:

Basline Survey Results Summary

One thousand, five hundred and five students were involved in the study.r About two-thirds were female (n=880, 58.5%), 57.3% were more than 15 years old (n=862) and 67.4% are mainly from public schools (n=1015). The teachers involved in the survey were those teaching subjects such as Health Science, General Science, Home Science, Physical Education, Social and Environmental Studies, and Biology. Of the 128 teachers surveyed, 66.4% were male (n=85) and were mainly classroom teachers (n=74, 57.8%). The 43 principals involved in the evaluation were mostly males (n=27; 71.1%) and most spent less than 10 years as principals in the current schools (n=29, 76.4%).

Most of the **students showed good knowledge** of ways of getting HIV infection. For instance, 84.2 % (n=1266) and 64.1% (n=963) know that HIV can be gotten through unprotected sex and injection with an infected needle, respectively. However, knowledge of other sources of infection such as mother-to-child (n=578, 38.5%) was low. Most of the students knew that correctly using a condom can reduce the chances of an HIV infection and less than half knew that it can also be reduced by not having sex at all (n=644, 42.8%) and having only one sex partner (n=726, 48.3%). Less than one-third of the students knew where to get an HIV test (n=436, 29.0%) and most heard about Oral contraceptive pills (n=681, 50.3%) and Condoms (n=1184, (78.7) as ways of preventing pregnancy. However, a low proportion of students had knowledge on other methods of preventing pregnancy such as Intra-uterine devices (IUCD) (n=199, 16.1%), emergency contraceptives (n=420, 33.7%), Female sterilization (n=468, 37.1%), and implant (Jadelle, Implanon) (n=277, 22.6%). Less than half (n=504, 43.5%) of the students knew when it was possible for the girl to get pregnant. Most of the students (n=1285, 85.4%) knew HIV/AIDS to be sexually transmitted but few know of other STIs such as syphilis (n=268, 17.8%) and Gonorrhea (n=277, 18.4%).

The general student attitude on SRH is fair. About half (n=739, 49.1%) agree that making family planning available to young people makes them have love affairs but most (n=1083, 72.0%) disagree with a man beating his partner if she refused to have sex with him.

The **teacher's attitude** revealed that most agree that boys and girls should remain virgins until married (n=99, 77.3% and n=102; 79.7%, respectively) and that it is important they are taught about healthy sexuality (n=125; 97.7%). Similarly**, the principals** also agree that "young women/girls should remain virgins until they get married" (n=37; 97.4%), that "it is important that boys and girls are taught about healthy sexuality as a normal part of growing up" (n=37; 97.4%), and "it is important to teach students about how to use contraceptive methods to avoid pregnancy" (n=25; 65.8%) and "it is important to tell students where they can go to access confidential, youth-friendly sexual and reproductive healthcare services" (n=32; 84.2%).

The overwhelming majority (n=1371; 91.1%) of the students reported having CHE sessions in school during school hours but would like to have learned earlier (n=678; 45.0%). **Aspects of CHE** learned were puberty/physical changes in the body (n=1177, 78.2%), menstruation (n=1137, 75.5%), reproductive organs (n=1123, 74.6%), pregnancy and childbirth (n=907, 60.3%), and HIV/AIDS (n=1240, 82.4%). Both the teachers (n=92, 71.9%) and principals (n=31; 93.9%) reported using mainly a National Curriculum and half of them view the content as adequate but 28.3% (n=26) of the teachers and 31.3% (n=10) of the principals express that some aspects are missing.

Most of the students reported that **messages such as** "having sex is dangerous for young people" (n=837; 55.6%), "don't have sex before you are married" (n=958; 63.7%), and "it is best that young people avoid having sex, but if they do have sex, they should use condoms" (n=741; 49.2%) were very strongly communicated during CHE classes, while "recognizing forced sexual contact" (n=845; 56.1%), "how to talk to a partner about getting an HIV test" (n=912; 60.6%) and "what to do if you get

pregnant / if you make a girl pregnant" (n=852; 58.6%) were not communicated in class. On aspects of pregnancy and contraceptives taught in class, most of the teachers (n=88, 69.3%) "emphasize that contraceptives can be an effective means of preventing pregnancy for sexually active people" and mainly teach methods such as condoms (n=67, 63.8%), oral contraceptives (n=65, 61.9%) and abstinence (n=67, 63.8%).

On the methods and **quality of teaching**, few students reported having a health provider (n=549; 36.5%), religious leader (n=216; 14.4%), or peer health educator (n=190% 12.6%) give talks or organize activities related to health education. The main way of delivering CHE classes was "listen to lecture /talk" (n=826; 60.2%). A few students reported receiving CHE sessions through "role Playing, debate" (n=377; 27.5%). **All the teachers are of the opinion that CHE should be taught in the school**, mainly because "topics are just as important as other subjects' (n=110; 85.9%), and "Parents don't teach their children" (n=82; 64.1%), and "Students need to know how to prevent unwanted pregnancies" (n=85; 66.4%). %). Most of the teachers expressed that they require, more factual information (n= 75; 58.6%), more training (n=98; 76.6%) and more teaching materials/strategies (n=91; 71.1%); and areas that they require support includes information on Puberty/physical changes in the body (n=49; 43.4%), Reproductive organs (n=46; 40.7%), Menstruation (n=51; 45.1%), Pregnancy and childbirth (n=47; 41.6%) and HIV/AIDS (n=47; 41.6%). On teacher training, teachers reported receiving pre-service training (n=71; 55.5%) which was mostly for about 4 – 6 days (n=34; 47.9%), and 37% (n=48) receiving in-service training which lasted mostly 2 -3 days (n=45; 39.5%). The school's policy on pregnant students was favorable. The principals reported that a pregnant student is asked to stay home from school until she gave birth (n=24; 64.9%) and would allow a boy who gets a pregnant girl to continue his studies (n=16; 42.1%). They also reported that their school has a child protection policy (n=30; 78.9%), and a policy on sexual harassment of students by teachers, which included "teachers found to be harassing students are immediately fired or transferred" (n=16; 42.1%) or "given several warnings before they are fired" (n=15; 39.5%).

The teaching of SRH outside of the school was generally poor. Most of the students reported receiving SRH topics from friends (997, 72.0%) or through teachers or counselors (n=1233, 86.8%). Other sources of information outside of school were mainly family members, community or youth, and information from trained peers was low among the students.